



Centre for
Homelessness Impact

The effectiveness of interventions to improve the welfare of those experiencing and at risk of homelessness: An updated evidence and gap map

Dr. Howard White, Dr. Ashrita Saran,
Ashwani Verma, Kusha Verma

**Global Evidence and
Gap Map of Effectiveness
Third Edition**



About this report

The mission of the Centre for Homelessness Impact is to improve the lives of those experiencing homelessness by ensuring that policy, practice and funding decisions are underpinned by reliable evidence.

To achieve this mission the Centre will contribute to the building of an evidence architecture for use by policy makers and practitioners. As first steps toward constructing this architecture, the Centre has been working with the Campbell Collaboration and Heriot-Watt University to produce and maintain with an annual update two evidence maps. These maps document the available evidence related to (1) the effectiveness of interventions to improve the welfare of individuals and families who are experiencing homeless or at risk of homelessness, and (2) issues arising in the implementation of programmes for anyone experiencing homelessness.

This report is the third edition of the report which presents the findings from the first of these maps, that is the evidence and gap map on effectiveness. This edition includes 134 additional studies, bringing the total number of studies included in the map to 394. It also includes a network analysis of study authors and their home institutions.

The categorisation of the interventions in the map has been revised in the light of user feedback on the first two editions of the map. Specifically, we have adopted a new set of intervention categories, each with several sub-categories. The map now contains 43 interventions as row headings, compared to just 16 in the previous versions. There have also been minor adjustments in the outcome classifications.

The second report in this series, on the process evaluations map, will also be updated to include critical appraisal and additional studies.

These studies included in this map underpin other digital tools created by the Centre- the Evidence Finder, a visual dashboard of all the studies included in the maps; and the Intervention Tool, which provides summaries for practitioners around the evidence for 20 of the most common interventions in homelessness. The Tool will be expanded as more evidence becomes available.

The Evidence and Gap Maps, the Evidence Finder and the Intervention Tool are available on the Centre for Homelessness Impact's website:
<https://www.homelessnessimpact.org/>

About the Centre for Homelessness Impact

The Centre for Homelessness Impact champions the creation and use of better evidence for a world without homelessness. Our mission is to improve the lives of those experiencing homelessness by ensuring that policy, practice and funding decisions are underpinned by reliable evidence.

About the authors

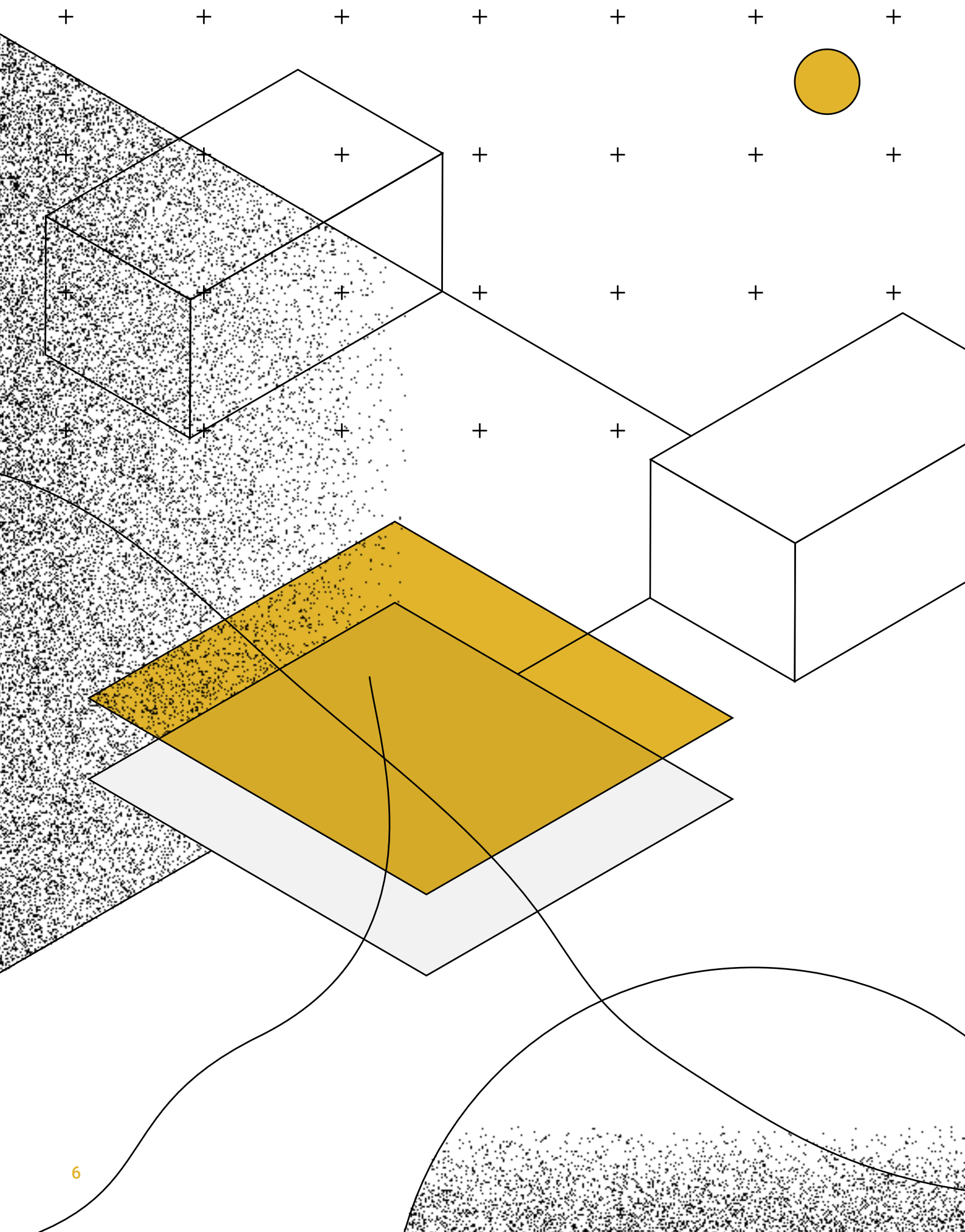
Professor Howard White is Chief Executive Officer of the Campbell Collaboration. Previously he was the founding Executive Director of the International Initiative for Impact Evaluation (3ie) and before that led the impact evaluation programme of the World Bank's Independent Evaluation Group.

Dr. Ashrita Saran is Acting Director of Campbell South Asia. She previously worked for Cochrane South Asia and the Public Health Foundation of India.

Kusha Verma and Ashwani Verma are Research Associates at Campbell South Asia.

Acknowledgements

Assistance and advice in preparing the map was provided by Aya Noubani, Audrey Portes, Lama Hishi, Rana Charide, Jill Adona, Lovely Tolin, Nina Ashley dela Cruz, Sylvia Kiconco, Robert Apunyo, Guillermo Rodriguez-Guzman, Thomas Gesmond, and Yashika Konjia. Thanks also to James Thomas (EPPI Centre, UCL) for assistance in the machine learning search.



Foreword

In 2018 the Centre for Homelessness Impact joined forces with the Campbell Collaboration to create the first Evidence and Gap Maps for Homelessness in the world. At the time no reliable tools existed to guide decision-makers to high quality research, inform research priority setting, and help to identify key “gaps” where little or no evidence from impact evaluations and systematic reviews is available.

Our Evidence and Gap Maps were designed in response to this challenge, and provide an invaluable resource to inform a strategic approach to building the evidence base in homelessness.

This third edition of Effectiveness Studies Map includes now 394 studies – 173 more than two years ago. I am thrilled to see the marked increase in the number of rigorous studies. Although over 85% of all the studies included in the map are still from North America and less than 5% from the UK, the trend is moving in the right direction with a rise of over 50% since we created the map (28 vs 12).

These maps tell you what studies exist rather than what they say and the new edition highlights a higher concentration on areas where previous iterations of the map did not include that many studies; such areas include ‘substance misuse’, ‘education and skills’, and ‘case management’ rather than mostly focusing on ‘accommodation’ and ‘health services’.

I urge the homelessness field to reflect on the findings presented in the maps to act to continue improving the evidence architecture, but most importantly to embed reliable evidence and data in decision-making processes and structures.

The need for better use of reliable evidence in homelessness is abundantly clear, especially in light of the ongoing COVID-19 pandemic. I am looking forward to working side-by-side with leaders at all levels of government and across the field to move us closer to a society that leaves no one behind through the use of better evidence.

Dr Ligia Teixeira
Chief Executive, Centre for Homelessness Impact

Contents

Executive Summary _____ **10**

Chapter 1 _____ **12**

About Evidence and Gap Maps

- The challenge of an evidence-based approach to ending homelessness
- What is an Evidence and Gap Map?
- What evidence is included?
- How to use evidence and gap maps

Chapter 2 _____ **23**

The Homelessness Evidence and Gap Map

- What does the homelessness map show? An overview
- How did we create the Centre’s evidence and gap map?
- EGM findings: further detail
- Where are the gaps?
- Network analysis

Chapter 3 _____ **38**

Next Steps

Appendix _____ **39**

Intervention definitions

Outcome definitions

Data tables

Executive Summary

The Centre for Homelessness Impact is working with the Campbell Collaboration, Heriot-Watt University and Queen's University Belfast to create Evidence and Gap Maps on homelessness. Evidence and Gap Maps provide quick and efficient tools to highlight what evidence exists for specific interventions and outcomes.

This report presents the third edition of the Centre's first map, which focuses on effectiveness studies, in the form of systematic reviews and impact evaluations. It shows relevant evidence organized into an interactive online matrix capturing where there is evidence for different categories of intervention and how they affect a range of outcomes. This third edition of the effectiveness map includes 394 studies, including 134 new studies identified through an updated search conducted from March to June 2020.

The last twenty years have seen a growth of rigorous studies of effectiveness, measuring impact not inputs. More recently in the United Kingdom and the United States, the What Works movement prioritises making the evidence from existing reviews accessible through developing user-friendly evidence tools. While homelessness has been part of this evidence revolution, this report shows that it has been lagging behind other fields and that more local evidence is needed, as well as the evidence architecture to facilitate use of that evidence.

The Evidence and Gap Maps are a first step toward building the infrastructure necessary to end homelessness more effectively.

The first edition of this map contained 221 studies and the second 260 studies, and this third edition has 394 studies, i.e. including an additional 134 studies identified through a new search. As in previous versions of the map, this evidence is not evenly distributed, and the studies mostly do not allow us to have high confidence in study findings.

The evidence is most heavily concentrated in (1) services and outreach interventions, followed by (2) health and social care interventions and (3) accommodation and accommodation-based interventions, especially for health and accommodation outcomes. In this edition of the map the intervention category education and skills reaches a threshold of 50 studies in a cell (for health outcomes) to count as a well evidenced area.

Within these categories, evidence is focused on some types of intervention. Yet there can be vast discrepancies in the number of studies for different interventions. For instance, while there are many studies of Housing First, there are none on reconnection programmes and just one review which includes soup kitchens in its scope. Where there are such evidence gaps primary studies are needed. Where there are many studies a systematic review would be useful for guiding policy.

But even where there is evidence the critical appraisal finds that the majority of studies only allow low confidence in study findings. This low confidence largely results from the lack of any power calculation and high levels of attrition amongst study participants.

The most comprehensive systematic review of the sector to date, published by the Campbell Collaboration in 2018, reports that many interventions are effective in improving housing stability. But not everything works, and not everything is equally effective. The map shows that very few high-quality evaluations exist in the UK despite the significant number of resources devoted to evaluation each year. And most importantly, data on cost effectiveness is lacking.

The Centre for Homelessness Impact has carried out a consultation exercise to identify priority evidence needs for which evidence is lacking and then fill those gaps, either directly or indirectly. It is also working with key stakeholders to support them in undertaking rigorous evaluation of their programmes. The Centre believes an end to homelessness is an achievable goal, one it will help attain through its contribution to building the evidence architecture for homelessness.

Chapter 1

About Evidence and Gap Maps

Large numbers of people are affected by homelessness. Over half a million in the United States and some 178,000 households in Great Britain approached their local authority for statutory assistance last year.¹ Although these numbers are contested, what is certain is that they only represent a fraction of the problem. There are many people living in unsafe or precarious situations. Crisis estimates there are 160,000 households experiencing the most acute forms of homelessness including rough sleeping, sofa surfing and sleeping in cars and tents.² Added to this are people living in unstable housing or at risk of homelessness: Shelter estimated 320,000 people to be experiencing homelessness across Britain at the end of 2018.³

Covid-19 has had a huge impact on the homelessness sector. Across the UK, local authorities moved to house people sleeping rough in temporary accommodation. This shows it can be done when there is political will and so may positively affect our approach to those living on the street. But the negative economic impact of covid-19, and the strain put on families under lockdown, puts many more people at risk of homelessness, so a substantial increase in homelessness must be expected.

The social costs and consequences of homelessness are substantial. People affected by homelessness die at a much younger age than the general population⁴. Spending to reduce homelessness has been estimated to save the public purse close to £20,000 per homeless person.⁵

Such calculations assume that programmes to reduce homelessness are effective. Yet, to date, relatively few interventions have been rigorously evaluated and fewer still have shown positive results. This statement may come as a surprise to many, since there are numerous evaluations of programmes for the homeless.

But testing whether programmes are effective – that is the impact of these programmes – requires certain evaluation designs to be used - see Box 1 on evaluation approaches. Evidence from such studies are driving the emerging ‘What Works’ movement across the world.

¹ Figures taken from the Ministry for Housing Communities and Local Government, Live tables on homelessness; The Scottish Government, Homelessness statistics; The Welsh government, Homelessness statistics.

² Bramley, G. (2017) Homelessness projections: Core homelessness in Great Britain

³ Shelter: Homelessness in Great Britain – the numbers behind the story, 2018.

⁴ Crisis: Homelessness kills: An analysis of the mortality of homeless people in early twenty-first century England

⁵ Crisis: cost of homelessness.

Box 1 Different types of evaluation studies

Formative evaluations

Formative evaluations are used in the early stages of a new programme, or an existing programme in a new context, to test its feasibility. Common problems exposed by formative evaluations are that interventions: (1) have low acceptability amongst the target population, (2) are not implementable because of, for example, over-complex designs or unrealistic demands on available resources, e.g. the time of case workers, and (3) technical aspects that fail under field conditions. The results of formative evaluations inform the decision whether to continue with a programme, and any changes which may be needed in design.

Process evaluations

Process evaluations may be conducted at any time during an intervention. They are mostly based on qualitative data from interviews with beneficiaries, implementers and other key stakeholders. Process evaluations document issues which may have arisen in the design and implementation of the programme, and so are useful for mid-course corrections or planning scale up.

Impact evaluations

Impact evaluations are usually conducted at the end of an intervention, or some time after it has been completed. They measure what difference the programme made, usually focusing on higher-level outcomes, such as housing stability and health status. Impact evaluation designs usually include an explicit counterfactual measured using a comparison group. Random assignment into the intervention and a comparison group which receives an alternative intervention or ‘usual services’ is considered to be the most rigorous approach when feasible and ethical. The findings inform decisions whether to continue or scale up programmes, or to look for other, more effective, approaches.

As documented below and in the companion report on the implementation issues map, most evaluations of homelessness interventions in the UK have been process evaluations, not impact evaluations.

The Centre has brought the homelessness sector into the ‘What Works’ movement and so contribute to ending homelessness by identifying the most effective approaches to provide secure and stable housing for all. There is also a need for rigorous evidence of effective approaches to help address the problems many homeless people face which result in them falling back into homelessness.

Until the publication of the first edition of this map in 2018, there was no single resource which allowed policymakers, practitioners and researchers to access the available relevant evidence as to which programmes work.

The Centre for Homelessness Impact is a 'one stop shop' for evidence for policymakers and practitioners in the sector. To support this approach the Centre has been working with the Campbell Collaboration and Heriot- Watt University, to produce and maintain two evidence maps on homelessness. This report presents the third edition – that is the second annual update – of the map of effectiveness studies of what works to improve the welfare of those experiencing homelessness. We start with some background on evidence-based policy and practice.

The rise of Evidence-Based Policy and Practice

The language of evidence is now common across many sectors around the world. Its origins in social policy can be traced to the New Public Management agenda of the 1980s. This approach led to the adoption of 'the results agenda' and focussed on measuring success by outcomes instead of inputs such as how much of the programme budget has been spent. But to measure impact we cannot simply rely on measuring how outcomes have changed over time, since they are subject to change even in the absence of intervention. To deal with this challenge we require impact evaluations (see Box 1).

Most impact evaluations compare what happens to a group benefitting from a programme to that which happens to a similar group who do not participate. This group of non-participants is called the 'comparison group' or 'control group'. The comparison group cannot just be any group of non-participants, they should have the same characteristics as those who benefit from the programme – similar employment histories or educational background, for example. A good way to ensure comparability between the groups is to identify those who are eligible for the programme and then assign them at random to the programme and control groups. This is called a randomised controlled trial (RCT).

Randomised controlled trials of social programmes have been undertaken since the 1940s but have seen a resurgence since the 1980s, especially in the last 15 years, with growing use in policy. A striking example of their use can be found in 'hotspot policing' that focuses police on high-crime hot spots. An RCT conducted in Minnesota in the late 1980s showed the approach reduced crime. Subsequent trials across the United States and in other countries found similar results, as summarised in a Campbell Collaboration review published in 2008. Based on this evidence, hot spot policing has been widely adopted.

More importantly, a culture of evidence use is now commonplace in policing, and several countries now have Societies for Evidence based Policing, bringing together researchers and working police officers. Similarly, courses on evidence-based policing are offered in leading research institutions.

For example, in 2011 Stephen Williams, a police officer from Trinidad and Tobago, attended a course at the University of Cambridge delivered by Larry Sherman, the professor who conducted the 1980s Minnesota study. A year later, Williams became

acting Commissioner of the Trinidad and Tobago police and invited Sherman to give a series of courses on evidence-based policing. Subsequently Sherman and Williams implemented an RCT of hot spot policing in the country, rolling the programme out based on its findings.

Impact evaluations have also played an important role in other sectors in developing countries. The best-known examples are studies of conditional cash transfers (CCT), which are grants made to poorer families on the condition that they fulfil certain pre-specified conditions – like sending their children to school. The first such study was an RCT of the Progresa programme in Mexico, which started in the mid-1990s. The study showed the positive impact of the CCT on poverty, and access to health and education. These findings convinced the new government – and successive governments – to maintain the programme. A similar story can be told about Colombia's CCT, Familias en Acción. In Brazil, the president commissioned an impact evaluation of the Bolsa Familia programme to be able to address critics of the programme, especially those who argued it discouraged the poor from entering the labour market. The study showed it did not, and Bolsa Familia continued to expand, reaching over 12 million families by 2012.

The above examples are cases in which programmes have been widely tested.

Another study in Minnesota tested the impact of mandatory arrest of suspected perpetrators of domestic violence. Reoffending by those subject to mandatory arrest was just 13 percent compared to 26 percent for those subject to existing practices of either counselling or temporary removal from the scene. The study attracted widespread attention. By the early 2000s, 75 percent of police districts had mandatory arrest programmes. But studies of the programme in five cities found mandatory arrest to be no better than the alternatives and in two cases it was worse. The authors of the original Minnesota study said they thought the evidence from their study did not warrant a scale up of the programme. Evidence-based policy is not a blueprint approach. What worked in one place has to be tested for adoption elsewhere.

For example, with Nurse Family Partnership, in which nurses make home visits to young mothers from disadvantaged backgrounds, three studies in the United States found positive impacts from the intervention. NFP was widely adopted on the basis of this evidence. But RCTs of NFP in the UK and the Netherlands found its effects to be weak or non-existent. The likely explanation is the difference in context. The control group in these studies get 'usual services', which in European countries includes good quality health services – including health visitors for young mothers. In other words, the control group gets services very similar to NFP so the programme has no impact in that context.

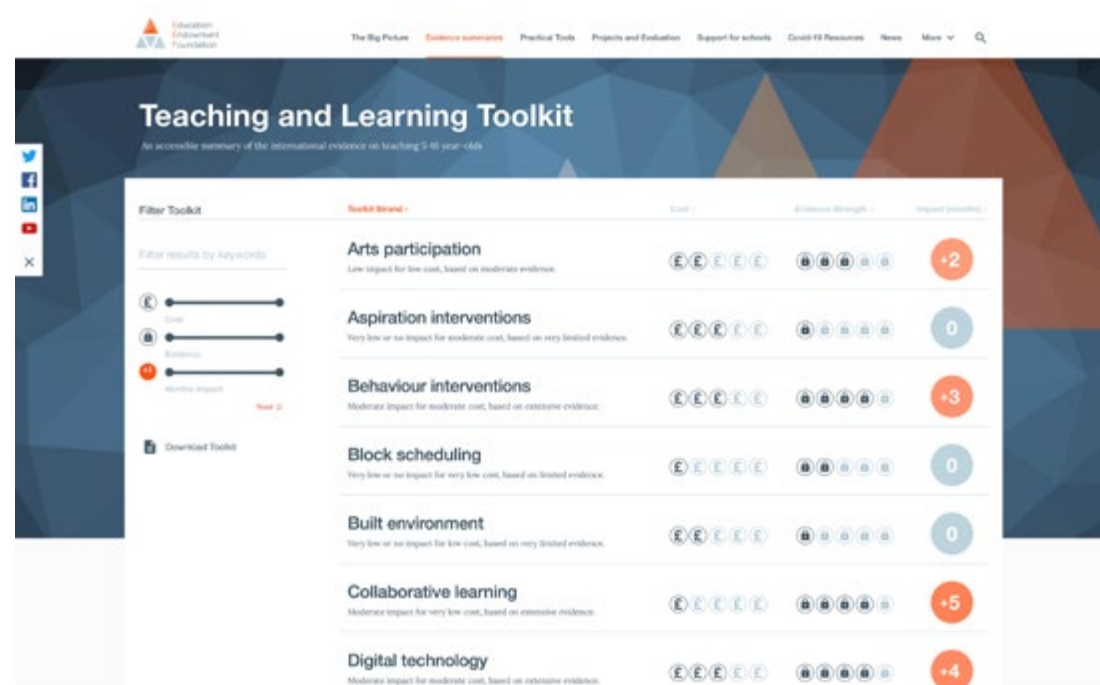
An evidence-based approach should not rely on single studies. In order to guide policymakers considering adopting new programmes or redesigning existing ones it is useful to pull together all existing evidence on programme effectiveness. This is true for homelessness just as much as it is for fields like policing and international development. This summarizing of the available body of evidence is done by systematic reviews. The

systematic approach of systematic reviews avoids possible sources of bias in traditional literature reviews.

A good systematic review does not just consider the average effect of a programme from all available studies, but analyses the reasons for variations in effect which may do with programme design, implementation, population characteristics or contextual factors.

But systematic reviews are often long academic reports which are not likely to be read by policymakers and practitioners. Knowledge brokering is necessary to make this evidence available to intended users in an accessible form. In the last few years evidence platforms, or evidence portals, have become widely available, like those provided by the What Works Centres in the United Kingdom and the What Works Clearinghouses in the United States. The Education Endowment Foundation's Teacher and Learning Toolkit is a leading example. A survey by the UK National Audience Office found that 66 percent of school managers reported using the toolkit to help decide how to allocate school resources.

Education Endowment Foundation's 'Teaching and Learning Toolkit'



<https://educationendowmentfoundation.org.uk/evidence-summaries/teaching-learning-toolkit#closeSignup>

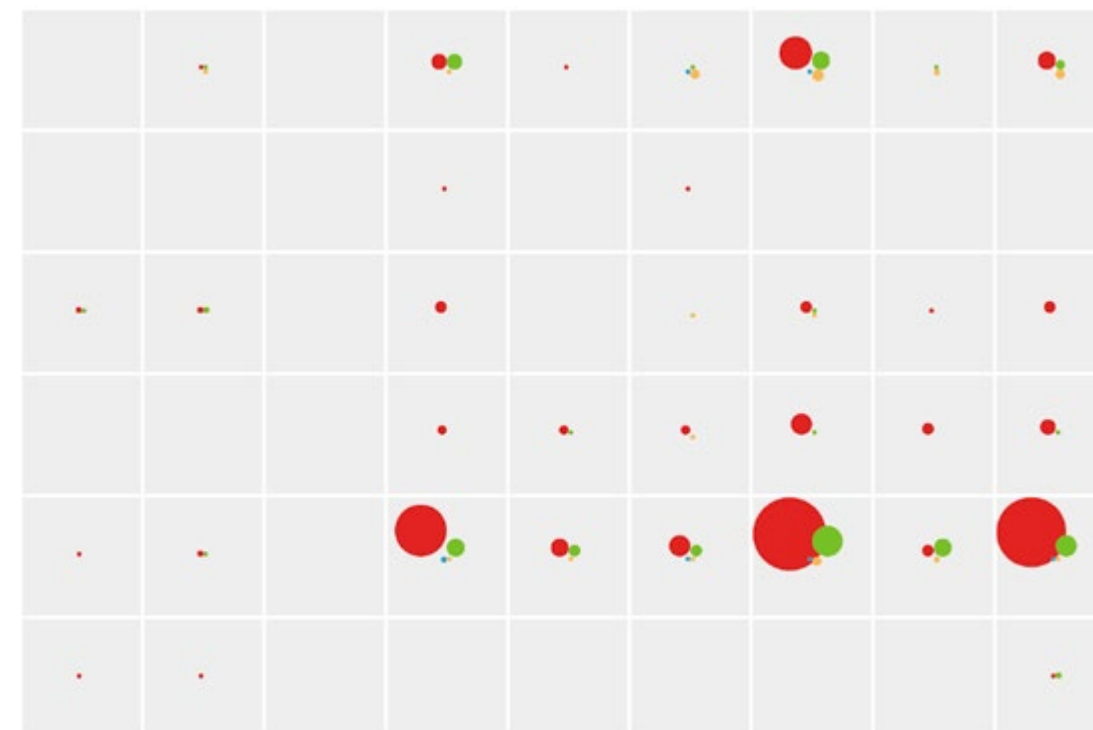
Prior to the tools developed by the Centre in recent years, there was no such evidence architecture for the homelessness sector. The Centre for Homelessness started building this architecture by investing in the two Evidence and Gap Maps which were used to commission a series of systematic reviews and to inform the content of the intervention tool.

What is an Evidence and Gap Map?

An Evidence and Gap Map (EGM) is a presentation of the available, relevant evidence for a particular sector. We say 'relevant evidence' is because different types of evidence are needed to address different questions, so maps are made for particular research questions using different types of evidence. We have produced maps for both impact evaluations (the effectiveness map) and process evaluations (the implementation issues map).

The map is a table or matrix which provides a visual presentation of the evidence. In the homelessness map the rows are intervention categories and the columns are indicator categories. The indicators also have sub-categories. For example, the 'employment and income' indicator has four sub-categories: (1) access to welfare benefits, (2) earned income, (3) employment status (paid and unpaid work), and (4) forced labour and sex work.

Illustrative Evidence Gap Map



The map has additional dimensions which capture study or intervention characteristics, like study design, location and population sub-group. These characteristics can be applied as ‘filters’ in the online versions so that only studies which apply to the specific groups chosen are shown in the map.

The online versions of the map are interactive so that users may click on entries to see a list of studies for any cell in the map. Clicking on study names shows the database record for the study which include the URL to link to the study itself.

The use of evidence and gap maps

Evidence and gap maps:

- **Guide users to available relevant evidence to inform strategy and programme development.** Using a map is an efficient and reliable way for policymakers and practitioners to find evidence of what works. The map structures the evidence to guide the user to the area they are interested in and the studies have been screened to ensure that only relevant studies are included. In a map of effectiveness studies like the homelessness map, only impact evaluations and systematic reviews of effects are included.
- **Tell users where there is no relevant evidence or where there is demand for evidence-based programmes.** If a map shows there is no evidence for a particular intervention/outcome combination then it is not possible to select or design programmes based on available evidence as it simply does not exist. There is also no point in conducting systematic reviews in these areas as they will be what are known as ‘empty reviews’. Rather, new primary studies are needed.
- **Identify areas with many primary studies and no reviews so that reviews are feasible and useful.** Areas with several existing reviews can be candidates for reviews of reviews which summarise the evidence for existing systematic reviews.
- **Provide the basis for evidence-based decision-making products.** Decision-makers may not read research reports. Evidence-based decision-making products enable them to make evidence-based decisions without reading the underlying research. The Centre’s Intervention Tool is an example of such a product.

Examples of the use of maps

The Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) uses mapping to identify ‘scientific uncertainties’ – that is areas in which evidence is lacking – and then runs an annual research competition to fill priority gaps. For example, in one year SBU identified gaps in the evidence base with respect to ADHD and then, through a consultation exercise, identified the top ten priority evidence needs for which evidence was lacking.⁶

Evidence and Gap Maps of the sort published by the Campbell Collaboration were first developed in recent years in the field of international development by the International Initiative for Impact Evaluation (3ie). 3ie has used maps to shape grant programmes for research in areas like agricultural innovation, immunisation, and water supply and sanitation.

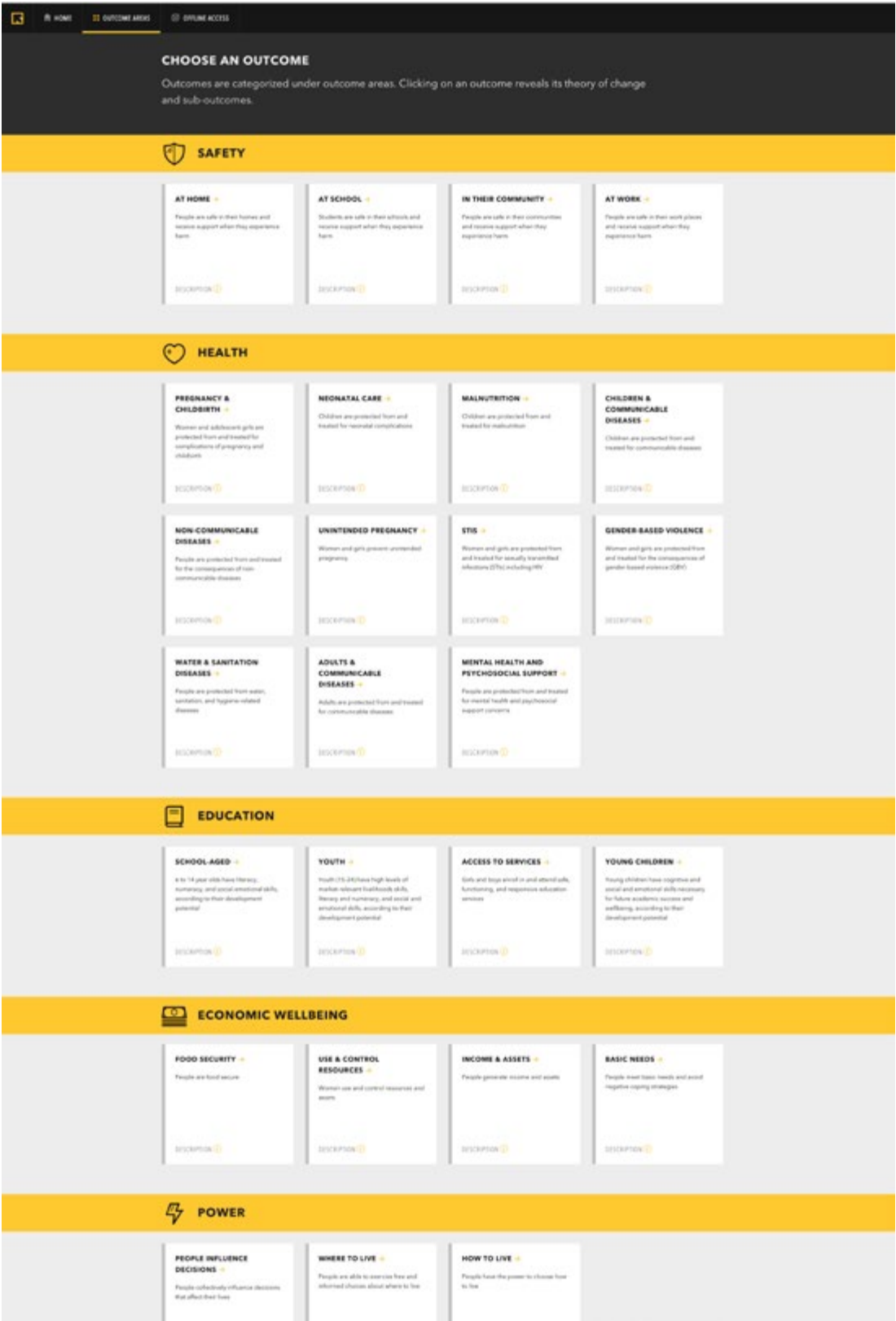
The International Rescue Committee (IRC), an international NGO focused on humanitarian and post-conflict interventions, has used maps as the basis for developing an evidence-based outcome framework. The outcome framework is used with evidence maps across a range of intervention categories, such as health and education, to guide IRC programme managers to relevant evidence as to which approaches to use to achieve specific outcomes

And a map of interventions for people with disabilities has been used by DFID to shape a new £7 million research programme and to identify topics for rapid reviews for a planned global summit. The rapid reviews are being turned into full Campbell reviews in a follow on project. The decision to produce a map on disability was itself the result of gaps identified in a ‘map of maps’.⁷

¹ 6 Jacobson S et al. Int J Technol Assess Health Care 2016; 32: 152-159.

¹ 7 A Map of Evidence Maps Relating to Sustainable Development in Low and Middle-Income Countries: Evidence Gap Map Report (Phillips et al., 2017).

International Rescue Committee's Outcomes and Evidence Framework



What evidence is included in the map?

The Evidence and Gap Map of the Effectiveness of Interventions for Homelessness shows the available evidence on the success of interventions in improving the lives of those who experience, or are at risk of experiencing, homelessness.

The map shows both impact evaluations and systematic reviews of impact evaluations. Impact evaluations are studies using quantitative approaches to measure what difference the programme made to outcomes like housing stability (see Box 1 above). Systematic reviews are studies which summarise all available relevant evidence for a particular issue or question, using a systematic approach to identify, codify, and summarise all relevant studies in a topic. Systematic reviews which summarise evidence from impact evaluations are called 'effectiveness reviews'. See Box 2 for examples of studies included in the map.

The Campbell Collaboration is an international research network which publishes best practice standards for systematic reviews and evidence maps. Campbell Systematic Reviews are the global repository of policy-relevant reviews and maps. All reviews and maps produced by the Centre will be produced to Campbell standards and published in Campbell Systematic Reviews.

Box 2 Examples of studies included in the map

Impact evaluations

'Housing Placement and Subsequent Days Homeless Among Formerly Homeless Adults with Mental Illness' (Goldfinger, 1999)

'Randomized Trial of Intensive Housing Placement and Community Transition Services for Episodic and Recidivist Homeless Families' (Levitt, 2013).

Systematic reviews

'Effective Interventions for Homeless Youth: A Systematic Review' (Altena et al., 2016)

'Interventions to Improve the Health of the Homeless: A Systematic Review' (Hwang et al., 2005).

An example of an RCT is a study of Housing First in five Canadian cities: 'A Multiple-City RCT of Housing First with Assertive Community Treatment for Homeless Canadians With Serious Mental Illness' (Aubry et al., 2015). Participants in the study were homeless or precariously housed people with serious mental illness and were referred to the study team by health and social service agencies. Of 950 referrals classified as high-need participants, 460 were randomly assigned to receive Housing First with Assertive

Community Treatment (ACT) with the remaining referrals receiving the usual services provided to this group.

Where randomisation is not feasible, there are non-experimental approaches which use statistical methods to try to ensure the comparability of the comparison group. These approaches have technical names like 'propensity score matching' and 'regression discontinuity designs'. Our evidence standards classify these different methods by the quality of evidence they provide (see Box 3). Different standards will be applied to our map of process evaluations.

How will the Centre for Homelessness Impact use Evidence and Gap Maps?

The Centre will improve the welfare of people affected by homelessness by providing evidence-based resources for policymakers and practitioners. The evidence and gap maps are the first part of that evidence architecture. They have been a building block for the Centre's Intervention Tool.

The maps are informing the development of an outcomes and impact framework that takes a systems wide perspective towards ending homelessness. This will help guide the Centre's investments and strategic collaborations. It may also provide a resource to aid the improvement of local and national government, foundations, and organisations in the third and private sectors.

In addition, the maps identify the evidence to be used in the Centre's online evidence resources and inform the future policy- oriented research programme of the Centre. The Centre is also commissioning new studies to assess the effectiveness of programmes for those affected by homelessness. The maps, which will be updated annually, will inform the identification of priority areas where evidence is currently lacking.

The maps also show that there are considerable bodies of evidence in some areas, but comparatively few systematic reviews – and that the reviews are concentrated in health and supported accommodation interventions. The majority of reviews are of, at best, moderate quality. Most of the available evidence has not been synthesised sufficiently well to draw out available lessons for policy and practice. The Centre has already commissioned three new systematic reviews, which are based on studies contained in the maps, which will be published during 2020, and is in the process of commissioning a fourth.

Chapter 2

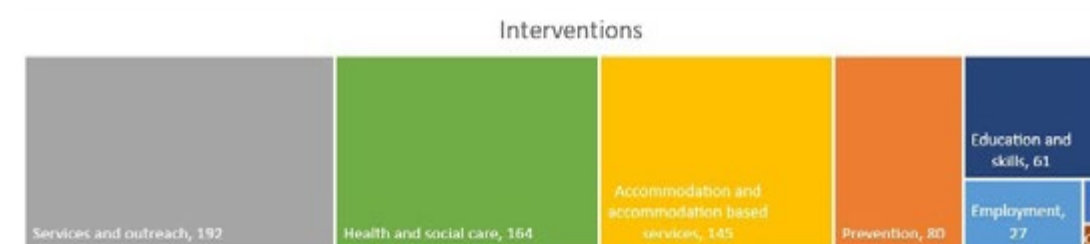
What does the homelessness map show? An introductory overview

There is a substantial body of evidence. The latest version of the map contains 394 studies, compared to 221 studies in the first edition (2018) and 260 in the second edition (2019). The 394 studies comprise 45 systematic reviews and 349 primary studies, but this evidence is unevenly spread by intervention category and geography.

We categorise the studies in nine intervention categories (Legislation, Prevention, Services and Outreach, Accommodation and accommodation based services, Employment, Health and social care, Education and skills, Communications and Financing) and 43 sub-categories. More details on the definitions of each of these categories can be found in Appendix 1.

The largest intervention categories are 'services and outreach' and access to 'health and social care' with 192 studies and 164 studies respectively. The third largest category is 'accommodation and accommodation-based services' with 145 studies (see Figure 1).

Figure 1 Number of studies by intervention

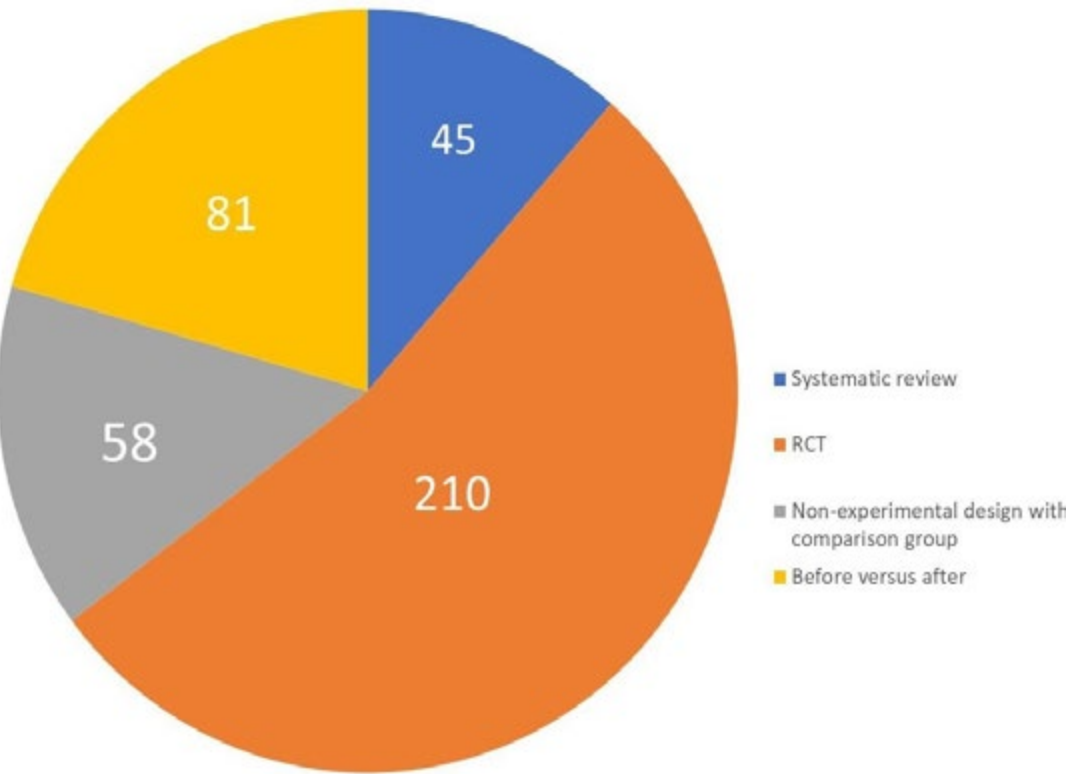


Other categories have only a few studies. For instance, Legislation has only three studies and Communication just two.

The coverage for sub-categories is also very uneven. While some interventions, notably Housing First, have 60 studies, other very common interventions such as hostels do not have more than one study -a systematic review- included in this map (for more detail on specific interventions and sub-categories see below).

Of the 349 primary studies, 210 are randomized controlled trials, which demonstrate the feasibility of this evaluation method in the sector (see Figure 2).

Figure 2 Number of studies by study design



The number of studies has risen over time. The map contains an average of 3 studies a year before 2000, six a year from 2000-05, 13 a year from 2006-10, 20 a year in the years from 2011-14 and 35 a year from 2015-2019 (Table 1).

Table 1 Number of studies by time period

Period	No. of included studies
1990-94	3
1995-99	25
2000-04	33
2005-09	60
2010-14	90
2015-20	182

How did we create the Centre’s evidence and gap map?

The Evidence and Gap Map is based on a review of the global evidence from a systematic search of electronic databases, selected websites and journals. In addition to updating the database search and screening the references in newly identified systematic reviews and other literature reviews (e.g. Evans, 2019), we used the results from the machine learning-based search functionality in EPPI Reviewer which is based on the Microsoft Academic database for over 2 billion studies. More details on the search strategy used can be found in the published protocol White et al. (2019).

This updated map contains the 260 studies from the previous map plus an additional 134 studies identified through a new search. This new search was conducted up until March 2020 and identified 3,234 potentially relevant new studies, this number reduced to 2,106 once duplicates were removed (see Figure 3).

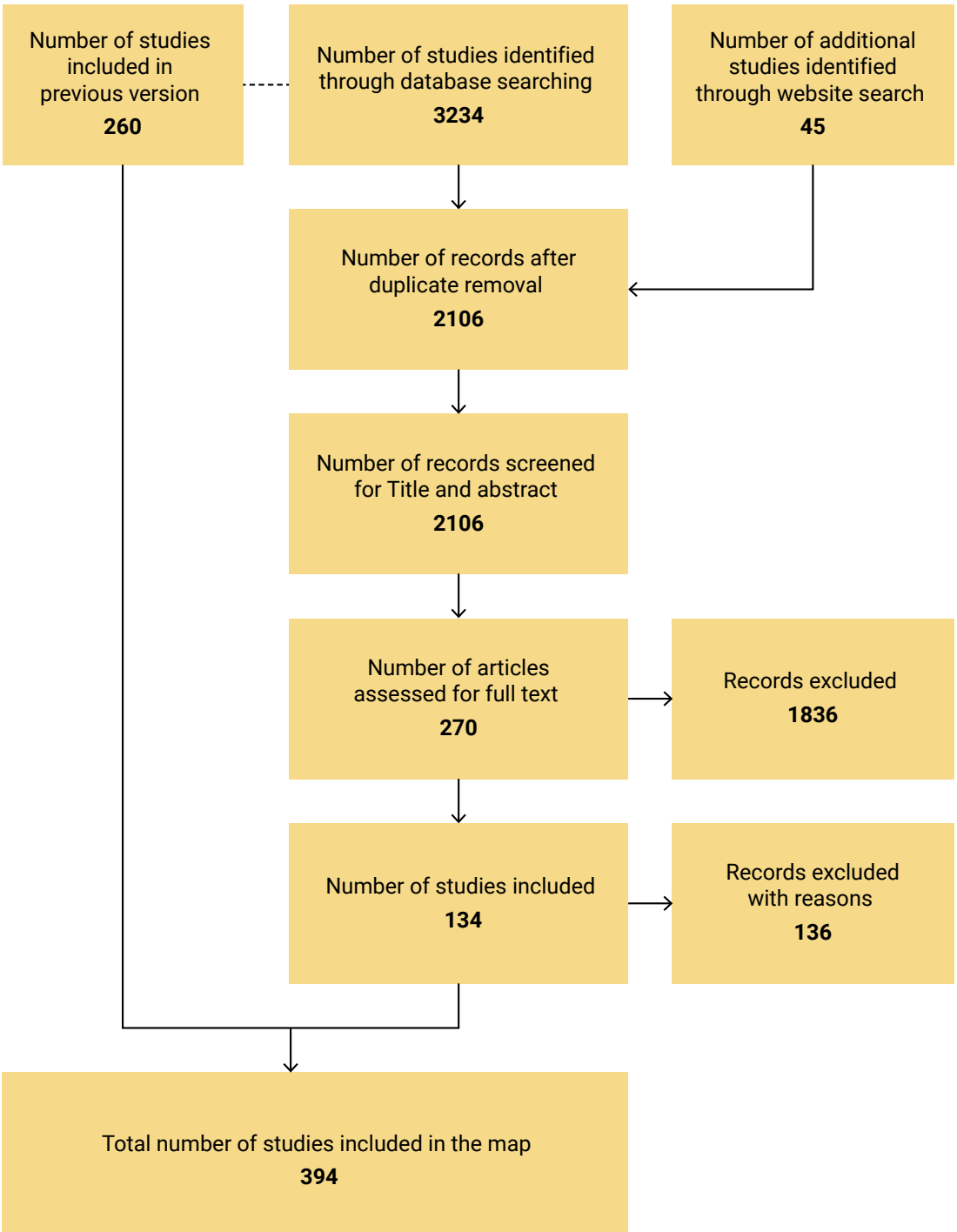
These 2,106 studies were screened by two screeners for relevance against our inclusion criteria. That is the study had to be a study of the effectiveness of interventions to improve the wellbeing of people experiencing or at the risk of experiencing homelessness.

The screening is a two stage process. All 2,106 new records were screened by title and abstract, leaving 270 studies to be screened for full text. Of these 136 were excluded, and 134 new studies included, bringing the total count of included studies for this effectiveness map to be 394.

To minimise the risk of missing studies and to minimise the role of judgement, screening and coding is done by two researchers independently. Any discrepancies in their answers are discussed and referred to a third party if they cannot agree.

Each included study was double-coded, meaning that two people record the details of the study, including the intervention category it refers to, the indicators it measures, and data on the other filters described above.

Figure 3 : PRISMA flow chart



In addition to updating the search we also revised the map framework, that is the intervention and outcome categories. The original categories were developed through a process of examining existing classification system and stakeholder consultation including two workshops convened specifically to develop the map categories. After publication of the second edition, the Centre reconsidered the framework, proposing a more elaborated set of intervention categories, with 43 named interventions as row headings compared to 16 in the earlier versions.

EGM findings: further detail

Table 2 shows the aggregate map, showing the intervention- outcome matrix. Areas with a high level of evidence (50 or more studies) are found under health and social services, services and outreach and accommodation and accommodation-based services, with the main outcomes being housing stability, health, and capabilities and well-being. Having 50 studies for education and skills shows the emergence of a new well-evidenced area in this edition of the map.

Table 2 Aggregate Evidence and Gap Map

	Capabilities & Wellbeing	Cost	Crime & justice	Employment and income	Health	Housing stability	Public attitudes, engagement
Legislation	0	1	0	1	0	2	0
Prevention	27	12	14	19	51	53	0
Services and outreach	71	31	21	37	154	113	0
Accommodation & accommodation based services	58	25	19	32	100	99	0
Employment	10	3	4	15	23	18	0
Health and social services	58	25	14	27	156	53	0
Education and skills	38	4	11	12	47	17	0
Communication	1	2	0	0	2	0	0
Financing	0	0	1	0	1	1	0

Other areas of the map, notably in legislation, communication and financing are largely empty.

The sub-categories for interventions and indicator sub-categories which are the most heavily populated cells on the map are the following:

- There are many studies of the effect of physical and mental health services on the range of health outcomes, especially mental health status (57 studies). Other outcomes that are usually assessed in these studies are substance abuse (47 studies), physical health and nutrition (39 studies), and access to mainstream services (37 studies). There are also 36 studies on the impact of these interventions on housing stability.

- There are many studies on addiction support for people at risk of or experiencing homelessness especially on substance abuse (70 references), with a reasonable number of studies also exploring the impacts of these interventions on other outcomes such as mental health (36 studies) and accommodation status (30 studies).
- There is also a good deal of evidence for case management interventions across a range of outcome sub-domains, notably accommodation status (81 studies), most health sub-domains (notably mental health with 67 studies and substance abuse with 69, but also access to mainstream health care and physical health and nutrition with 37 and 32 studies respectively). There is also a reasonable amount of evidence regarding impact on overall wellbeing (30 studies) and employment status (27 studies), but less on the other areas of wellbeing, on employment and income, or on cost.
- A similar pattern is observed for Housing first with 44 studies on housing stability, 31 for mental health and 29 for substance abuse. There are also 20 studies for access to mainstream health and 15 for physical health and nutrition. However, there is not much evidence on employment status (6 studies).
- A similar pattern is identified for social housing with or without support for which there are 35 studies regarding housing stability, 21 on mental health and 21 on substance abuse. And 14 and 15 studying access to mainstream health and physical health and nutrition respectively.

Where is the evidence from?

The evidence comes largely from North America. Over 80 per cent of studies (352) refer to interventions in North America (Table 3), compared to just 11 from Australia, 49 for the whole of Europe. There are 28 studies from the UK included in this version of the map of which 13 are systematic reviews. So, there are 15 UK primary studies in the map.

Table 3 Number of studies for selected countries

Country	Primary study	Systematic review	Total	Share total studies
Australia	5	6	11	2.8
Canada	45	12	58	14.2
Netherlands	8	1	9	2.2
United Kingdom	15	13	28	6.9
United States	265	38	302	74.0

Evidence-based policy and practice is not a blueprint approach. European countries, including the UK, should learn from the North American experience but not simply copy it. The map demonstrates the need for more primary studies of promising interventions in different contexts across Europe. The map also shows that rigorous impact evaluations of these programmes are possible, including RCTs.

Where are the gaps?

There are many blank cells in the map, which lay mainly in the less well populated intervention and indicator categories. The largest gaps are for legislation, financing and communication. There is also a lack of evidence on prevention and employment. There are few studies related to justice indicators, public attitude and perception and cost.

Another striking gap is the relative lack of systematic reviews. In health it is sometimes the case that there are more reviews on a subject than there are primary studies. But the homelessness map shows many areas in which there is a wealth of primary studies (though mainly of North American evidence) which have not been subject to detailed review.

More detailed analysis of gaps will require intervention and outcome-specific analysis. For example, there are several studies of Critical Time Interventions but nearly all these studies refer to transitions from mental health facilities or analyse mental health outcomes. There is a much smaller evidence base for those leaving prison or the military⁷.

The quality of studies included in the map: confidence in study findings

How do we assess confidence in study findings?

Decision-making is preferably guided by high quality evidence. For this reason evidence synthesis often includes a process called critical appraisal. Critical appraisal is the assessment of study quality using explicit, transparent assessment criteria. This is done using a checklist, commonly referred to as a tool. The critical appraisal tool has to be appropriate for the study design. So, two separate critical appraisal tools are used to assess the quality of studies in evidence map: one for primary studies and one for systematic reviews.

The critical appraisal tool used for primary studies is one developed by the Campbell Collaboration for use with maps and reviews. The tool has been developed with the intention of being short, focused on some major issues related to the confidence we can have in the study findings. Indeed, it is more appropriate to speak about confidence in study findings rather than quality which implies a judgement on the research team: researchers may face many constraints in implementing studies so the best study possible under the circumstances may still be one in which we cannot have high confidence in study findings.

The tool for primary studies has seven items which relate to 1) study design, 2) blinding, 3) power calculations, 4) attrition, 5) description of the intervention, 6) outcome definition and 7) baseline balance. A fuller description of these items is given in the technical appendix. Each of these seven items is rated as implying high, medium or low confidence in study findings. Overall quality is assessed using the ‘weakest link in the chain’ principle: our confidence in study findings can only be as high as the lowest rating given to any of the critical items (which are numbers 1, 4, 6 and 7).

For systematic reviews we use AMSTAR 2 (‘Assessing the Methodological Quality of Systematic Reviews’). This checklist has 16 items which cover: (1) PICO in inclusion criteria, (2) ex ante protocol, (3) rationale for included study designs, (4) comprehensive literature search, (5) duplicate screening, (6) duplicate data extraction, (7) list of excluded studies with justification, (8) adequate description of included studies, (9) adequate risk of bias assessment, (10) report sources of funding, (11) appropriate use of meta-analysis, (12) risk of bias assessment for meta-analysis, (13) allowance for risk of bias in discussing findings, (14) analysis of heterogeneity, (15) analysis of publication bias, and (16) report conflicts of interest.

Confidence in study findings

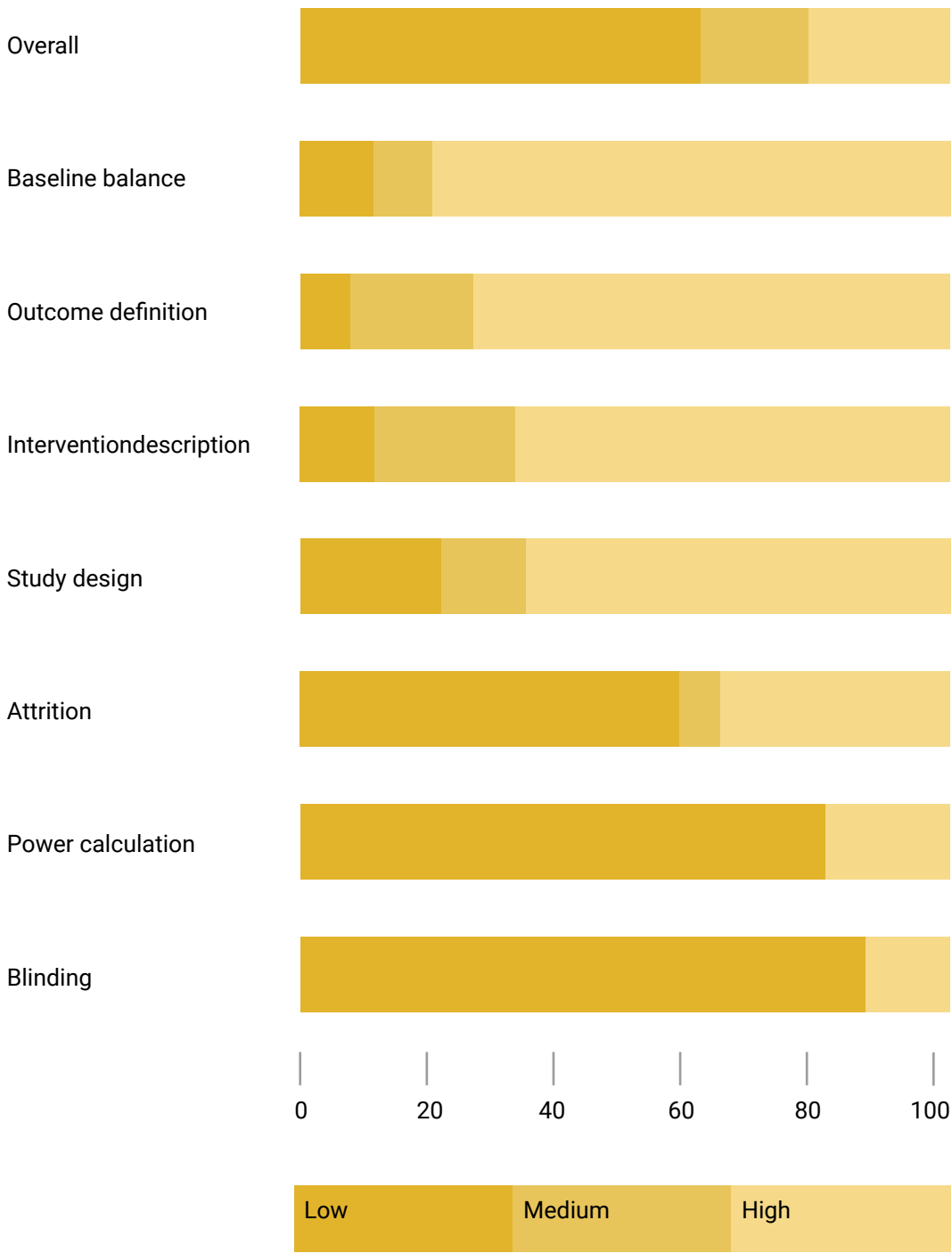
Figure 4 shows the results of the critical appraisal of the 349 included primary studies. Over 50 per cent of all studies are rated as low confidence in study findings, with around one fourth being each of medium confidence and high confidence respectively.

This suggests that while the number of studies is relatively large, there are some existing challenges that limit the confidence that can be placed on some of these studies and underscore the need to invest in more, better studies of effectiveness.

The high number of studies for which we have low confidence is largely driven by two factors: attrition and absence of power calculations. Attrition is rarely reported in the studies, and differential attrition (the difference in the rate of attrition between the treatment and control groups) was reported in only a few studies. However, it is often possible to calculate attrition from the data presented in the tables and text. Where this can be done, high rates of attrition are common: Bond et al. (1990) report 34 per cent attrition at 12 month follow up for their study of Assertive Community Treatment. It is not surprising that attrition is high for many of these interventions since they target people with unstable lifestyles, many with histories of mental health issues and substance abuse. Differential attrition is also likely as there is less regular contact with the control group, and they are not receiving the intervention which, if successful, would stabilise their lifestyle.

However, high attrition is not necessarily a problem for all studies: the case, as shown by the fact that one-third of studies are rated as high confidence on this criterion. This success may depend on the intervention, e.g. targeted at prisoners who only attrite by refusal, but cannot disappear for follow up; but it may also reflect the methods used to track study participants, e.g. by offering some types of incentives. This would be a useful topic for a methods study to inform future research designs.

Figure 4 Confidence in study findings: primary studies



Sample size is important to be confident in study findings. Studies with small sample sizes may be underpowered which means that there is a risk that they will fail to find a significant effect for interventions which work. The required sample size depends on a number of factors. The research design for primary studies should use information on these factors for what is called a power calculation which gives the required sample size. Most studies fail to report any power calculation.

Box 3 Assessing the quality of evidence: study design categorisation

Each study in the map has a rating for the quality of evidence. The quality ratings refer to how confident we can be in the study findings.

One important factor which has an impact on the overall quality ratings is the study design. The categories are:

High reliability

- Randomised control trials: A study in which people are randomly assigned an intervention. One group receives the intervention being tested, and a second control group receives a dummy intervention, or no intervention at all. These groups are compared to assess how effective the experimental intervention was.
- Natural experiments: A study in which people are exposed to either experimental or control conditions by natural factors. While not controlled in the traditional sense, the assignment of interventions may still resemble randomised assignment. These groups are compared to assess how effective the experimental intervention was.

Medium to high reliability

- Regression discontinuity design: A study in which people are assigned to intervention or control groups based on a cut-off threshold before the start of the test. Comparing the results from either side of the threshold (those who have received an intervention and those who haven't) provides an estimate of the intervention's effect where randomisation isn't possible.
- Interrupted time series: A study that measures a particular outcome at multiple points in time, both before and after the introduction of an intervention. This aims to show whether the effect of the intervention is greater than any pre-existing or underlying factors over time.

Network Analysis

An addition to this latest edition of the effectiveness map is a network analysis of authors and organizations. This analysis not only shows the authors and institutions which have the largest number of studies in the map but also clusters of authors and institutions which co-author papers together. The results of the network analysis are thus of interest to those wishing to identify active researchers and research institutions in the field. The results of the analysis will be used in the dissemination of the map and the Centre's other evidence products.

Network analysis of included studies by authors

There are 61 studies in which one author had more than one study in the area. Vicky Stergiopoulos (Li Ka Shing Knowledge Institute of St. Michael's Hospital, Toronto, Canada), who has co-authored 16 papers, has the largest number of publications included in the map. She is followed by Robert Rosenheck (Yale School of Medicine) who has 15 publications, 3 as lead author and 12 as co-author, Joseph E Schumacher (University of Alabama at Birmingham, United States of America) who has 14 publications, four as lead author and ten as co-author and Julian M Somers (Simon Fraser University, Canada) who has 13 publications, two as lead author and eleven as co-author (see Table A.5).

Of the six organizations that have over 10 publications included in the map; two are from Canada and four from the United States of America (see Table A.6).

Co-authorship network of included studies

Figure 5 shows giant components' i.e. the components in the network that include the largest number of authors. Smaller components are not shown. Each node represents individual authors with at least three publications. Links between the nodes (edges) represent a co-authored publication. The node size is scaled by betweenness centrality; high betweenness centrality indicates that an author is frequently identified if you want to connect other authors in the co-authorship network with one another, and he/she lies "between" them as an intermediary. So for example, an author who has co-authored five papers all with the same co-author has less betweenness centrality than one who has co-authored five papers, each with a different co-author, as that author is a node linking the other four co-author, i.e. she lies "between" them as an intermediary. Most influential co-authorship networks or the most co-occurrences are seen from Vicky Stergiopoulos and from Julian M Somers as depicted in Figure 5.

Figure 5 Group component of individual co-authored publication

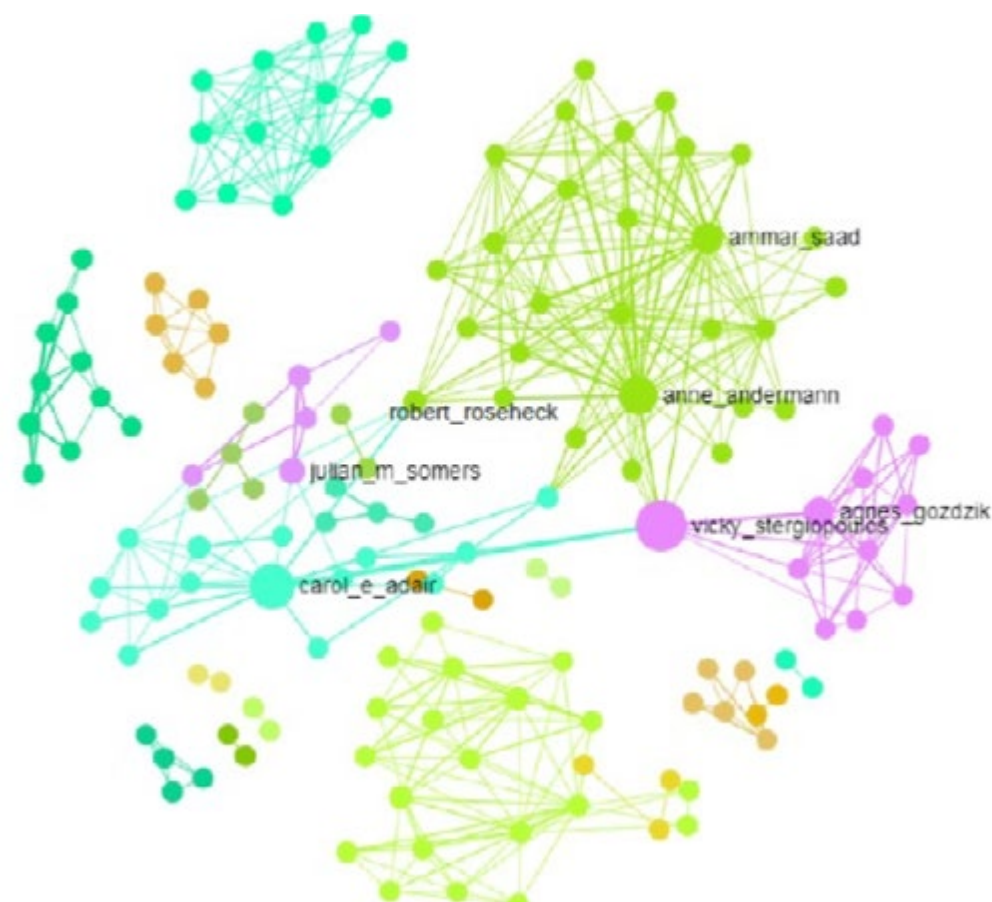
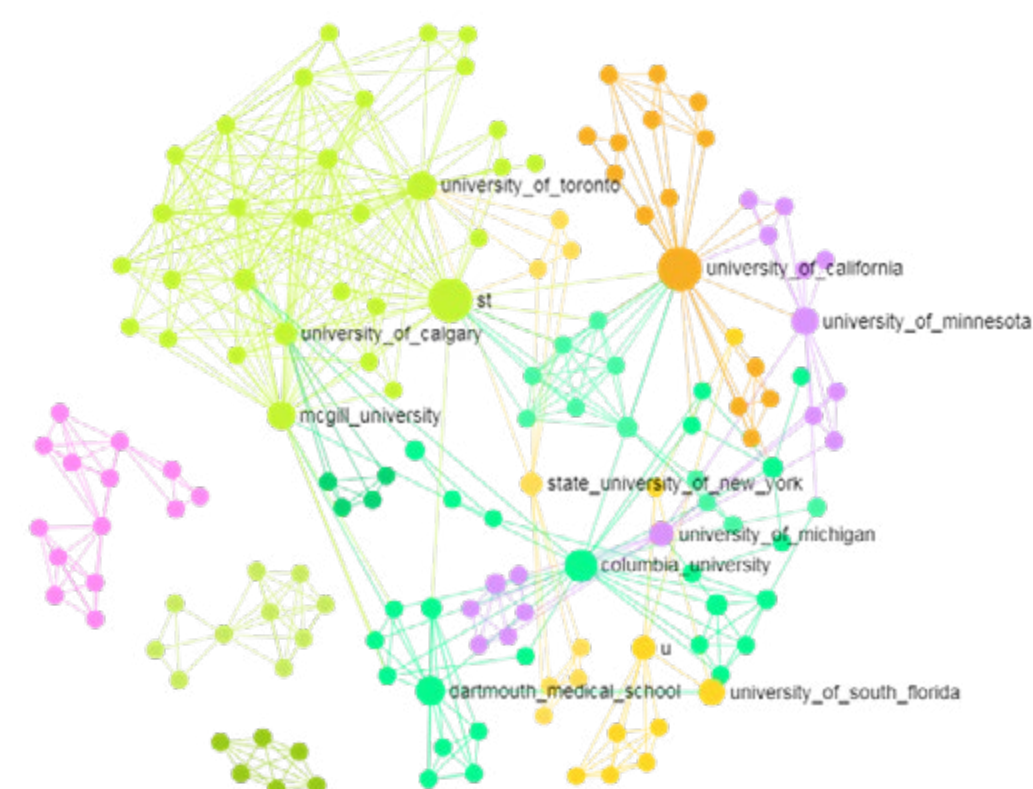


Figure 6 Co-authored publication by research institute



Analysis of included studies by organization

The largest number of publications in the map from a single institution is from the University of California (23) and followed by University of Toronto (22) and The Ohio State University (22) (see Table A.7).

Of the five organizations which have over 10 publications included in the map; two are from Canada and three from the United States of America.

Co-authorship network by research organization

Figure 6 shows giant components i.e. the components in the network that include the largest number of publications, and smaller components are not shown. Each node represents individual research organizations with more than two publications. Links between the nodes (edges) represent co-authored publications between organizations.

Chapter 3

Next Steps

The evidence map provides a valuable snapshot of the available evidence on the effectiveness of interventions for the homeless, but it does not tell us what that evidence says. It also assesses the quality of the evidence base. The maps have been used as a building block for the Centre to construct an evidence architecture for the field. As the maps are updated each year the growing evidence base allows the Centre to enrich and strengthen its other evidence products: from commissioning new systematic reviews where there is a substantial critical mass to updating the intervention tool to incorporate new insights from studies.

The Centre’s work is based on co-creation of evidence products to support relevance and use of the Centre’s work. This approach has underpinned the development of the evidence map framework and will be part of translating the evidence into evidence products.

The map also points to evidence gaps. The Centre for Homelessness Impact has carried out a consultation exercise to identify priority evidence needs for which evidence is lacking. The Centre is now working to fill those gaps, either directly or indirectly. It will also work with key stakeholders to support them in undertaking rigorous evaluation of their programmes.

To better populate the map, the Centre is working with the Campbell Collaboration and other teams to produce a series of systematic reviews for key interventions in the sector. The first set of reviews are on discharge programmes, improving access to health and social services and accommodation and accommodation-based interventions – these will be published later in 2020.

The Centre believes an end to homelessness is an achievable goal, one it will help attain through its contribution to building the evidence architecture for homelessness. Our work on the evidence maps to date has helped illustrate this. There is evidence available – much more than many people may have suspected. Whilst most of this evidence is from North America we can learn from it, and it shows the sorts of studies which can also be conducted in the UK. The maps will continue to be an important part of the Centre’s work and guide the community’s use of evidence.

Appendix 1

Intervention categories and description

Intervention	Intervention sub-category	Definition
Legislation		Marked if any sub-category in this category is marked
	Housing/Homelessness Legislation	Legislation pertaining to availability of / access to housing, or the rights of those experiencing homelessness
	Welfare Benefits	Legislation for welfare programmes to help people experiencing homelessness, or to help prevent people who are at risk of becoming homeless from losing their home.
	Health and social care legislation	Legislation for access to health and social care to help people experiencing homelessness, or to help people who are at risk of becoming homeless.
Prevention		Marked if any sub-category in this category is marked
	Welfare and Housing Support	State contribution towards housing costs and other welfare payments and services, whether directly made to tenants or indirectly paid to service provider (e.g. landlords - examples in the UK: Local Housing Alliance, Universal Credit, etc; US: vouchers) from the state or non-state actors. This includes other welfare benefits such as childcare if studied in the context of homelessness.

Intervention	Intervention sub-category	Definition
	Housing supply	Policies promoting the development of new housing supply that is affordable and accessible (whether for social or private purposes) - this includes the construction, conversion of homes, and repurposing. Interventions comprise changes to legislation, financing mechanisms and other support for developers and those conditioning units for these purposes.
	Family mediation and conciliation	Counselling and mediation of conflicts, usually between young people and their family so they may avoid becoming homeless or reduce other risky behaviours. (Landlord-tenant mediation is a separate category)
	Landlord-tenant mediation	Mediation between landlords and tenants to encourage landlords to accept tenants with history of homelessness, substance abuse etc and to address conflicts. This may include, but is not limited to mediation around arrears, noise and substance abuse, damage to property, eviction, etc. Mediation with neighbours is also included here.
	Discharge interventions	Provision of services, including accommodation, to people being discharged from institutions (care, hospitals, prison, armed forces) to avoid people being discharged into homelessness. This may include coordination between agencies, accommodation, and other services tailored to their needs. It refers to both interventions whilst in the institution and community-based interventions focused on recently discharged persons.

Intervention	Intervention sub-category	Definition
Services and outreach		Marked if any sub-category in this category is marked
	Direct feeding (e.g. soup runs)	Provision of food in street and day centre settings to people experiencing homelessness.
	In-kind support (exc. food)	Provision of clothing, hygiene products, household items etc., but excluding food
	Day centres	Centres open only during the day to provide food and services for people experiencing homelessness. This code is used if the day centre itself is being evaluated in the study rather than being the setting for the intervention.
	Outreach	Outreach refers to work with people sleeping rough or in temporary or unstable accommodation. Outreach workers go out, including late at night and in the early hours of the morning, to locate people who are rough sleeping or work with day centres, shelters etc. The role of outreach teams varies but usually outreach workers seek to engage with people and check their immediate health and wellbeing, collect basic information about their situation, facilitate access to emergency accommodation or other accommodation (such as hostels or Housing First), and inform them about day centres and other services they might have available. Outreach models vary and may include enforcement (e.g. police officials) to remove people from the streets or enforce specific behaviours.

Intervention	Intervention sub-category	Definition
	Reconnection of people experiencing street homelessness	Reconnecting people experiencing homelessness (rough sleepers) or at risk of homelessness (e.g. dischargees) to their 'home' location (usually another city, state or country where they have networks, access to services, etc) by providing the cost of transport for relocation.
	Psychologically informed environments	Psychologically informed environments are interventions designed to take into account the psychological profile of the client. Community Reinforcement Approach (CRA) is included here.
	Case management (inc. Critical Time Intervention)	Individual-level approach to ensure coordination of services. The case worker (can be social worker or dedicated case worker from another agency) works directly with the client to ensure that the client has access to all applicable services e.g. health, training and social activities. A specific application of the case work approach is critical time intervention (CTI) which provides a person (or family) in transition between types of accommodation and at risk of homelessness with a period of intensive support from a caseworker. The caseworker will have established a relationship with the client before the transition – for example, before discharge from hospital or prison. Critical time intervention involves three stages: (1) direct support to the client and assessing what resources exist to support them, (2) trying out and adjusting the systems of support as necessary, and (3) completing the transfer of care to existing community resources.

Intervention	Intervention sub-category	Definition
	Service coordination, co-location or embedded in mainstream services	System-based approaches to ensuring coordination of service delivery. Coordination may refer to ensuring communication between relevant services. Coordination also includes providing services in the same location or adjacent to mainstream services. Co-location refers to multiple services being available in the same physical location (e.g. housing and job search services in the same location) . Embedded refers to services being integrated in the same place (e.g. housing and other services within a hospital context). A specific example is coordinated assessment. Refers to case workers making broad assessments of people at risk as homelessness on different factors that affect their risk. Try to ensure different services employ the same assessment tools to standardise practice.
	Veterinary services	Access to veterinary services for pets of people experiencing homelessness
	Legal advice	Legal assistance and advice delivered away from primary service/office to the homeless population.
Accommodation and accommodation-based services	Shelters	Homeless shelters are a basic form of temporary accommodation where a bed is provided in a shared space overnight. One of the key features of a homeless shelter is that it is transitional and an option for those homeless who are not yet eligible for more stable accommodation. Shelters are not usually seen as stable forms of accommodation as the individual must vacate the space during daytime hours with their belongings. One of the key differences with hostels is the need to vacate the premises during the day.

Intervention	Intervention sub-category	Definition
	Hostels	Hostels for homeless people are designed provide short-term accommodation, usually for up to two years depending on available move-on accommodation. Typically shared accommodation projects with individual rooms and shared facilities including bathrooms and kitchens. Hostels have staff on site 24 hours a day and during the daytime provide support to residents on issues including welfare benefits and planning their move from the hostel into more medium to long-term accommodation.
	Temporary accommodation	Temporary accommodation includes a range of housing options which are more stable than shelters or hostels, such as transitional housing and residential programmes.
	Host homes	Emergency Host homes are emergency short-term placements in volunteers' own homes in the community for people who are homeless or at risk of homelessness. Hosting services are often aimed at young people with low support needs, but exist for other groups too, such as people who have been refused asylum.
	Rapid Rehousing	Rapid rehousing places those who experiencing homelessness into accommodation as soon as possible. The intervention provides assistance in finding accommodation, and limited duration case work to connect the client to other services.

Intervention	Intervention sub-category	Definition
	Housing First	Housing First offers accommodation to homeless people with multiple and complex needs with minimal obligations or conditions being placed upon the participant. Housing First provides safe and stable housing to all individuals, regardless of criminal background, mental instability, substance abuse, or income.
	Social housing (with or without support)	Housing that is provided in the social sector. It may sometimes be provided alongside support services, this may be temporary or permanent. Examples of support that may be provided are health and money management (excluding Housing First and Rapid Rehousing). This is based on an institutional setting.
	Private Rental Sector (with and without support)	Housing that is provided in the private rental market where the tenant is fully responsible. This may or may not include additional support services as the focus is on the type of tenancy agreement (private).
	Continuum of Care	An approach to accommodation whereby people experiencing homelessness move through different forms of transitional accommodation until they are deemed 'housing ready' (e.g. stopped substance abuse) and allocated independent settled housing.
Employment	Mentoring, coaching and in-work support	Mentoring and coaching to support job search including activities like practice interviews, review CVs, etc and on the job support for work performance.
	Flexible employment	Employment which can accommodate needs for the person experiencing homelessness.

Intervention	Intervention sub-category	Definition
	Vocational training and unpaid work experiences	Unpaid job placement or vocational training to provide work experience for people experiencing, or at risk of, homelessness.
	Paid work experiences	Paid job placement to provide work experience for people experiencing, or at risk of, homelessness.
Health and social care	Health services (physical and mental)	Providing direct access to, or facilitating access to, physical and mental health services for people experiencing homelessness.
	End of life care	End of life care for people experiencing or at risk of homelessness.
	Addiction support	Services for people experiencing, or at risk of, homelessness who have substance misuse problems (including alcohol and other substances)
Education and skills	Life and social skills training	Life and social skill training including socio-emotional skills, financial literacy (money management), tenancy management, and how to deal with one's home; for people experiencing or at risk of homelessness
	Mainstream education	General education at all levels for people experiencing, or at risk of, homelessness including children in families at risk of or experiencing homelessness.
	Homelessness awareness programmes in schools	School-based programmes to raise awareness of homelessness [Not interventions to help school aged children attend school; these are under mainstream education).
	Recreational and creative activities	Recreational, social (e.g. social clubs) and creative (e.g. theatre) activities for people experiencing homelessness.

Intervention	Intervention sub-category	Definition
Communication	Advocacy campaigns	Campaigns by 3rd sector organisations which aim to improve awareness of the general public of homelessness, its causes, and its solutions, and promote rights of the homeless.
	Public information campaigns	Campaigns by government organisations which aim to improve awareness of the general public of homelessness, its causes, and its solutions, and promote rights of the homeless.
	Service availability	General communication activities to raise awareness amongst people experiencing homelessness, or at risk of homelessness, of the services available to them. Does not include case management, discharge etc which provides information or connects individuals to services.
Financing	Social Impact Bonds	Performance-based financing for organisations commissioned to provide services to people experiencing homelessness. Not these are not interventions in themselves, but payment mechanisms for service deliverers.
	Direct financial support from public	Money given directly by individuals to those experiencing or at risk of homelessness

Appendix 2

Outcome categories and description

Outcomes	Outcome sub-category	Definitions
Capabilities and Wellbeing	Social connectedness and social networks (including loneliness)	Community engagement and social connectedness e.g. social networks and loneliness.
	Education, skills and self care	Improved skill and self care including all life skills
	Overall Wellbeing and Quality of Life	Overall wellbeing or quality of life including happiness.
Cost		Cost related outcomes/indicators. This includes cost effectiveness, cost per participant and saving.
	Cost Effectiveness	Cost effectiveness as cost per outcome in absolute or relative terms
	Cost per Participant	Cost per participant.
	Saving	Cost savings from interventions (e.g. "this policy would reduce the number of ambulance/ police incidents and save the government money").
Crime and justice		Crime and justice outcomes/indicators. This includes arrest and imprisonment, recidivism and victims of crime.
	Offending, arrest and imprisonment	Any measure or record of any recognized crime (violent/non-violent/any other offence), arrest, conviction and imprisonment
	Anti-social behaviour and delinquency	Non-criminal anti-social and disruptive behaviour, such as public drunkenness. Delinquency refers to non-criminal anti-social behaviour by youth.

Outcomes	Outcome sub-category	Definitions
	Recidivism	Tendency of a convicted criminal to reoffend
	Victims of crime	Outcomes/indicators about those experiencing and at risk of homelessness being victims of crime.
Employment and income		Employment and income outcomes/ indicators. This includes access to welfare benefits, earned income, employment status, forced labour and sex work.
	Access to Welfare Benefits	Access to welfare benefits as outcomes/ indicators.
	Earned Income	Earned income (e.g. salary or wages)
	Employment Status	Employment status (e.g. employed full time, self-employed, unemployed, etc)
	Forced Labour and Sex Work	Forced labour and sex work (e.g. slavery or prostitution)
Health		Health outcomes/indicators. This includes abstinence from substance abuse, access to mainstream health care, harm reduction, mental health status and physical health and nutrition status.
	Substance Abuse	Abstinence from substance abuse including both alcohol and tobacco (e.g. 12 months without alcohol or drugs)
	Access to Mainstream Health Care	Access to and utilization of mainstream health care as outcomes/indicators (e.g. registered with a local general practice doctor).
	Mental Health Status	Mental health status (e.g. diagnosed with conditions such as depression, anxiety, psychosis, personality disorder, etc).

Outcomes	Outcome sub-category	Definitions
	Physical Health and Nutrition Status	Physical health or nutrition (e.g. life expectancy, dietary intake, anthropometric indicators).
	Risky behaviour	Risky behaviour as outcomes/indicators (e.g. early onset of sexual activity or unsafe sexual practices, risky driving, antisocial behaviour etc)
Housing Stability		Housing stability outcomes/indicators. This includes accommodation status and satisfaction with housing.
	Accommodation Status	Accommodation status or quality of housing as outcomes/indicators (e.g. living independently, living in temporary accommodation, sleeping on the streets).
	Satisfaction with Housing	Satisfaction with housing (subjective, objective measures are in accommodation status).
Public attitudes and engagement		Public attitudes and engagement. This includes fundraising, public understanding, support for intervention, and engagement in homelessness related activities.
	Fundraising and direct giving	Charity fundraising
	Public Understanding	Public understanding as outcomes/indicators (e.g. hostility or empathy towards homeless people).
	Engagement in Homelessness Related Activities	Public engagement in homeless related activities as outcomes/indicators (e.g. number of volunteer applicants).

Appendix 3

Data tables

Table A.1 Number of studies by study design

Study design	Count: 394
Systematic review	45
RCT	210
Non-experimental design with comparison group	58
Before versus after	81

Table A.2 Geographical distribution of studies

Europe	49
United Kingdom	28
Netherlands	9
Spain	2
France	5
Denmark	3
Czech Republic	1
Ireland	2
Germany	1
East Asia and Pacific	15
South Korea	3
Australia	11
Japan	1

North America	353
United States	303
Canada	57

Table A.3 Interventions

Legislation	Number of studies
Housing/homelessness legislation	0
Health and social care legislation	1
Welfare benefits	2
Prevention	Number of studies
Welfare and Housing support	51
Family Mediation and conciliation	7
Discharge interventions	28
Housing supply	0
Landlord-tenant mediation	3
Services and outreach	Number of studies
Direct feeding e.g. soup runs	1
In-kind support (exc. Food)	5
Outreach	64
Psychologically informed environments	6
Case management (inc. Critical Time Intervention)	137
Service coordination, co-location or embedded in mainstream services	6

Veterinary services	0
Day centres	6
Reconnection of people experiencing street homelessness	0
Legal advice	5
Accommodation and accommodation based services	Count
Shelters	11
Hostels	1
Temporary accommodation	21
Housing first	60
Social housing (with or without support)	56
Private Rental Sector (with and without support)	9
Continuum of Care	13

Host homes	0
Rapid rehousing	8
Employment	Number of studies
Mentoring, coaching and in-work support	8
Vocational training and unpaid work experiences	9
Paid work experiences	14
Flexible employment	2
Health and social care	Number of studies
Health services (physical and mental)	112
Addiction support	82
End of life care	1
Education and skills	Number of studies
Life and social skills training	55
Mainstream education	3
Homelessness awareness programmes in schools	0
Recreational and creative activities	9
Communications	Number of studies
Advocacy campaigns	0
Public information campaigns	0
Service availability	2
Financing	Number of studies
Social Impact Bonds	1
Direct financial support from public	0

Table A.4 Outcomes

Category	Number of studies
Capabilities and Wellbeing	138
Education, skills and self care	52
Overall well being and quality of life	79
Social connectedness and social networks (including loneliness)	35
Cost	59
Cost effectiveness	29
Cost per participant	33
Saving	18
Crime and justice	44
Offending, arrest and imprisonment	23
Recidivism	8
Victims of crime	9
Antisocial behaviour and delinquency	8
Employment and income	69
Access to welfare benefits	3
Earned income	12
Forced labour and sex work	0
Employment status	62
Housing stability	187
Accommodation status	181

Category	Number of studies
Satisfaction with housing	17
Health	296
Access to mainstream health care	84
Mental health status	165
Physical health and nutrition status	95
Risky behaviour	20
Substance abuse	157
Public attitudes and engagement	0
Engagement in homelessness related activities	0
Fundraising and direct giving	0
Public understanding	0

Table A.5 Authorship of included studies
(only authors with 4 or more publication are listed here)

Author name	Author Country	Number of studies as First Author	Number of studies as Co-author	Total number of unique publications included in the map
Vicky Stergiopoulos	Canada	6	10	16
Robert Rosenheck	United States of America	3	12	15
Joseph E Schumacher	United States of America	4	10	14
Julian M Somers	Canada	3	11	14

Author name	Author Country	Number of studies as First Author	Number of studies as Co-author	Total number of unique publications included in the map
Natasha Slesnick	United States of America	7	4	11
Jesse B Milby	United States of America	5	6	11
Adeline Nyamathi	United States of America	9	0	9
Stephen W Hwang	Canada	2	7	9
Sam Tsemberis	United States of America	1	8	9
Tim Aubry	Canada	4	4	8
Robert J Calsyn	United States of America	1	7	8
Gary A Morse	United States of America	4	4	8
Dennis Wallace	United States of America	0	8	8
Benissa E Salem	United States of America	0	6	6
Carol E Adair	Canada	0	6	6
W Dean Klinkenberg	United States of America	0	6	6
Travis P Baggett	United States of America	0	6	6
Barbara Leake	United States of America	0	5	5
Robert E Drake	United States of America	1	4	5

Author name	Author Country	Number of studies as First Author	Number of studies as Co-author	Total number of unique publications included in the map
Judith RLM Wolf	Netherlands		5	5
Yuchiao Chang	United States of America	0	4	4
Wesley J KasproW	United States of America	0	4	4
Vachan Misir	Canada	0	4	4
Tejinder P Singh	United States of America	0	4	4
Susan E Collins	United States of America	2	2	4
Sungwoo Lim	United States of America	4	0	4
Stefan G Kertesz	United States of America	3	1	4
Seema L Clifasef	United States of America	1	3	4
Nancy A Rigotti	United States of America	0	4	4
Daniel K Malone	United States of America	0	4	4

Table A.6 Authorship of included studies (only organization with 10 or more publications are listed here list of studies included in the Evidence Gap Map

Organization	Country	Total number of unique publications included in map
University of Toronto	Canada	23
University of California	United States of America	22
The Ohio State University	United States of America	22
Simon Fraser University	Canada	15
University of Alabama at Birmingham	United States of America	15
University of Minnesota	United States of America	11
Calgary University	Canada	10
Columbia University	United States of America	10
University of South Florida	United States of America	10
Sue And Bill Gross School of Nursing	United States of America	10

Appendix 4 List of primary studies from UK

- Aldridge R, Yates S, Hemming S, Possas L, Ferenando G, Garber E, Hayward A, McHugh T, Lipman M, and Story A. (2014). Impact of peer educators on uptake of mobile x-ray tuberculosis screening at homeless hostels: a cluster randomised controlled trial. *Thorax*, 69, pp.A44-a45.
- Cooley, S.J., Quinton, M.L., Holland, M.J., Parry, B.J. and Cumming, J., 2019. The experiences of homeless youth when using strengths profiling to identify their character strengths. *Frontiers in psychology*, 10, p.2036.
- Cox S. (2018). Exploring the use and uptake of e-cigarettes for homeless smokers. <http://www.who.int/trialssearch/Trial2.aspx?TrialID=ISRCTN14140672>
- Craig, T.K., Garety, P., Power, P., Rahaman, N., Colbert, S., Fornells-Ambrojo, M. and Dunn, G., 2004. The Lambeth Early Onset (LEO) Team: randomised controlled trial of the effectiveness of specialised care for early psychosis. *Bmj*, 329(7474), p.1067.
- Dunn, R.J., 2019. Military veteran transition into employment and civilian engagement: a walking with the wounded evaluation (Doctoral dissertation, King's College London).
- Garety P A, Craig T K, Dunn G, Fornells-Ambrojo M, Colbert S, Rahaman N, Reed J, and Power P. (2006). Specialised care for early psychosis: symptoms, social functioning and patient satisfaction: randomised controlled trial. *British Journal Of Psychiatry*, 188(1), pp.37-45.
- Howard L, Flach C, Leese M, Byford S, Killaspy H, Cole L, Lawlor C, Betts J, Sharac J, Cutting P, and McNicholas S. (2011). Effectiveness and cost-effectiveness of admissions to women's crisis houses compared with traditional psychiatric wards: pilot patient-preference randomised controlled trial. *The British Journal of Psychiatry*, S01(S06_1_TP), pp.32-40.
- Killaspy H, Bebbington P, Blizard R, Johnson S, Nolan F, Pilling S, and King M. (2006). The REACT study: randomised evaluation of assertive community treatment in north London. *BMJ (clinical research ed.)*, 332(7545), pp.815-820.
- Killaspy H, Ritchie C W, Greer E, and Robertson M. (2004). Treating the homeless mentally ill: does a designated inpatient facility improve outcome?. *Journal of Mental Health*, 13, pp.593-599.
- Marshall M, Lockwood A, and Gath D. (1995). Social services case-management for long-term mental disorders: a randomised controlled trial.. *Lancet*, 345(8947), pp.409-412.
- Paisi M, Witton R, Burrows M, Allen Z, Plessas A, Withers L, McDonald L, and Kay E. (2019). Management of plaque in people experiencing homelessness using 'peer

education': a pilot study. *British Dental Journal*, 226, pp.860-866.

Parkes, T., Matheson, C., Carver, H., Budd, J., Liddell, D., Wallace, J., Pauly, B., Fotopoulou, M., Burley, A., Anderson, I. and MacLennan, G., 2019. Supporting Harm Reduction through Peer Support (SHARPS): testing the feasibility and acceptability of a peer-delivered, relational intervention for people with problem substance use who are homeless, to improve health outcomes, quality of life and social functioning and reduce harms: study protocol. *Pilot and feasibility studies*, 5(1), p.64.

Shaw J, Conover S, Herman D, Jarrett M, Leese M, McCrone P, Murphy C, Senior J, Susser E, Thornicroft G, and Wright N. (2017). Critical time Intervention for Severely mentally ill Prisoners (CriSP): a randomised controlled trial. *Europe PMC*, 21(2), pp.187-193.

Stringer, C., Loosemore, M., Moller, E., Jackson, S.E., López-Sánchez, G.F., Firth, J., Johnstone, J., Stubbs, B., Vancampfort, D. and Smith, L., 2019. Promoting physical activity in vulnerable adults 'at risk' of homelessness: a randomised controlled trial protocol. *BMJ open*, 9(3), p.e026466.

Tempier R, Balbuena L, Garety P, and Craig T J. (2012). Does Assertive Community Outreach Improve Social Support? Results From the Lambeth Study of Early-Episode Psychosis. *Psychiatric Services*, 63(3), pp.216-222.

Appendix 5 List of included studies

- Adams-Guppy J R, and Guppy A. (2015). A systematic review of interventions for homeless alcohol-abusing adults. *Drugs: Education, and Prevention & Policy*, 23(1), pp.15-30.
- Aldridge R, Yates S, Hemming S, Possas L, Ferenando G, Garber E, Hayward A, McHugh T, Lipman M, and Story A. (2014). Impact of peer educators on uptake of mobile x-ray tuberculosis screening at homeless hostels: a cluster randomised controlled trial. *Thorax*, 69, pp.A44-a45.
- Altena A M, Brilleslijper-Kater S N, and Wolf J R. (2010). Effective Interventions for Homeless Youth: A systematic review. *American Journal of Preventive Medicine*, 38(6), pp.637-645.
- Appel P W, Tsemberis S, Joseph H, Stefancic A, and Lambert-Wacey D. (2012). Housing First for Severely Mentally Ill Homeless Methadone Patients. *Journal of Addictive Diseases*, 31(3), pp.270-277.
- Aquin J P, Roos L E, Distasio J, Katz L Y, Bourque J, Bolton J M, Bolton S L, Wong J Y, Chateau D, Somers J M, and Enns M W. (2017). Effect of Housing First on Suicidal Behaviour: A Randomised Controlled Trial of Homeless Adults with Mental Disorders. *Canadian Journal of Psychiatry*, 62(7), pp.473-481.

Arnold E M, Swendeman D, Harris D, Fournier J, Kozina L, Abdalian S, and Rotheram M J. (2019). The Stepped Care Intervention to Suppress Viral Load in Youth Living With HIV: Protocol for a Randomized Controlled Trial. *JMIR Research Protocols*, 8(2), pp.e10791.

Ashwood J S, Patel K, Kravitz D, and Adamson D M. (2019). Evaluation of the Homeless Multidisciplinary Street Team for the City of Santa Monica. : RAND.

Aubry T, Bourque J, Goering P, Crouse S, Veldhuizen S, LeBlanc S, Cherner R, Bourque P É, Pakzad S, and Bradshaw C. (2019). A randomized controlled trial of the effectiveness of Housing First in a small Canadian City. *BMC Public Health*, 19, pp.1154.

Aubry T, Goering P, Veldhuizen S, Adair C E, Bourque J, Distasio J, Latimer E, Stergiopoulos V, Somers J, Streiner D L, and Tsemberis S. (2016). A Multiple-City RCT of Housing First With Assertive Community Treatment for Homeless Canadians With Serious Mental Illness. *Psychiatric services (Washington, and D.C.)*, 67(3), pp.275-281.

Aubry T, Nelson G, and Tsemberis S. (2015). Housing first for people with severe mental illness who are homeless: A review of the research and findings from the At Home-Chez soi demonstration project. *The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie*, 60(11), pp.467-474.

Aubry T, Tsemberis S, Adair C E, Veldhuizen S, Streiner D, Latimer E, Sareen J, Patterson M, McGarvey K, Kopp B, and Hume C. (2015). One-year outcomes of a randomized controlled trial of housing first with ACT in five Canadian cities. *Psychiatric services (Washington, and D.C.)*, 66(5), pp.463-469.

Baer J S, Garrett S B, Beadnell B, Wells E A, and Peterson P L. (2007). Brief Motivational Intervention With Homeless Adolescents: evaluating Effects on Substance Use and Service Utilization. *Psychology of addictive behaviors*, 21(4), pp.582-586.

Baggett T P. (2020). Lung Cancer Screening Navigation for Homeless People. *National Library of Medicine*, , pp..

Baggett T P, Chang Y, Yaqubi A, McGlave C, Higgins S T, and Rigotti N A. (2017). Financial incentives for smoking abstinence in homeless smokers: a randomized controlled trial. *Journal of general internal medicine. Conference: 40th annual meeting of the society of general internal medicine, and SGIM 2017. United states*, 32, pp.S193-s194.

Baggett T P, McGlave C, Kruse G R, Yaqubi A, Chang Y, and Rigotti N A. (2019). SmokefreeTXT for Homeless Smokers: Pilot Randomized Controlled Trial. *Jmir Mhealth and Uhealth*, 7(6), pp.e13162.

Baggett T P, Yaqubi A, Berkowitz S A, Kalkhoran S M, McGlave C, Chang Y, Campbell E G, and Rigotti N A. (2018). Subsistence difficulties are associated with more barriers to quitting and worse abstinence outcomes among homeless smokers: evidence from two studies in Boston, Massachusetts. *BMC Public Health*, 18, pp.463.

Baker J, Travers J, Buschman P, and Merrill J A. (2018). An Efficient Nurse Practitioner-Led Community-Based Service Model for Delivering Coordinated Care to Persons With Serious Mental Illness at Risk for Homelessness. *Journal of the American Psychiatric Nurses Association*, 24(2), pp.101-108.

Ballard C A. (2003). Counseling outcome research: The use of the Addiction Severity Index in a homeless population. *Doctoral Dissertation. St. Mary's University*.

Barger M K, Weinrich S, Bormann J E, Bouvier M, and Hardin S B. (2015). Mantram Repetition Program Decreases Insomnia Among Homeless Women: A Pilot Study. *Journal of Psychosocial Nursing & Mental Health Services*, 53(6), pp.44-9.

Barker S. (2019). Peer Support and Homelessness . : University of Southampton, pp.. Available at: <https://eprints.soton.ac.uk/427593/>.

Bartle-Haring S, Slesnick N, Collins J, Erdem G, and Buettner C. (2012). The utility of mentoring homeless adolescents: a pilot study. *American Journal of Drug & Alcohol Abuse*, 38(4), pp.350-8.

Bassuk E L, DeCandia C J, Tsertsvadze A, and Richard M K. (2014). The effectiveness of housing interventions and housing and service interventions on ending family homelessness: A systematic review. *American Journal of Orthopsychiatry*, 84(5), pp.457-474.

Basu A, Kee R, Buchanan D, and Sadowski L. (2012). Comparative cost analysis of housing and case management program for chronically ill homeless adults compared to usual care. *Health services research*, 47(1pt2), pp.523-543.

Baxter A J, Tweed E J, Katikireddi S V, and Thomson H. (2019). Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials. *Journal of Epidemiology and Community Health*, 73, pp.A66-A66.

Bean K F, Shafer M S, and Glennon M. (2013). The impact of housing first and peer support on people who are medically vulnerable and homeless. *Psychiatric Rehabilitation Journal*, 36(1), pp.48-50.

Beattie K, McCay E, Aiello A, Howes C, Donald F, Hughes J, MacLaurin B, and Organ H. (2019). Who benefits most? A preliminary secondary analysis of stages of change among street-involved youth. *Archives of Psychiatric Nursing*, 33, pp.143-148.

Beggs A E, and Karst A C. (2016). Effectiveness of Pharmacy Student-Led Health Education in Adults Experiencing Homelessness. *Journal of Health Care for the Poor & Underserved*, 27(3), pp.954-960.

Beieler A, Magaret A, Zhou Y, Schleyer A, Wald A, and Dhanireddy S. (2019). Outpatient Parenteral Antimicrobial Therapy in Vulnerable Populations– People Who Inject Drugs and the Homeless. *Journal of Hospital Medicine*, 14, pp.105-109.

Beiser M E, Smith K, Ingemi M, Mulligan E, and Baggett T P. (2019). Hepatitis C treatment outcomes among homeless-experienced individuals at a community health centre in Boston. *International Journal of Drug Policy*, 72, pp.129-137.

Bell J F, Krupski A, Joesch J M, West I I, Atkins D C, Court B, Mancuso D, and Roy-Byrne P. (2015). A randomized controlled trial of intensive care management for disabled Medicaid beneficiaries with high health care costs. *Health Services Research*, 50(3), pp.663-689.

Bell S, and Shinn M. (2013). Family options study: Interim report. US Department of Housing and Urban Development. Washington, , pp..

Bender K, Begun S, DePrince A, Haffeejee B, Brown S, Hathaway J, and Schau N. (2015). Mindfulness intervention with homeless youth. *Journal of the Society for Social Work and Research*, 6(4), pp.491-513.

Bender K A, DePrince A, Begun S, Hathaway , Haffeejee B, and Schau N. (2018). Enhancing risk detection among homeless youth: a randomized clinical trial of a promising pilot intervention. *Journal of interpersonal violence*, 33(19), pp.2945-2967.

Benston E A. (2015). Housing Programs for Homeless Individuals With Mental Illness: Effects on Housing and Mental Health Outcomes. *Psychiatric Services*, 66(8), pp.806-816.

Biederman D J, Gamble J, Wilson S, Douglas C, and Feigal J. (2019). Health care utilization following a homeless medical respite pilot program. *Public Health Nursing*, 36(3), pp.296-302.

Birnie S. (2009). A comprehensive costing analysis of intensive case management for individuals with severe mental illness and a history of homelessness, including cost-effectiveness as compared to standard care. Doctoral Dissesrtation. University of Ottawa.

Bitter N A, Roeg D P, Nieuwenhuizen C V, and Weeghel J V. (2015). Effectiveness of the Comprehensive Approach to Rehabilitation (CARE) methodology: Design of a cluster randomized controlled trial. *BMC Psychiatry*, 15(1), pp.165.

Bond G R, Witheridge T F, Dincin J, Wasmer D, Webb J, and De Graaf-Kaser R. (1990). Assertive Community Treatment for Frequent Users of Psychiatric Hospitals in a Large City: A Controlled Study. *American Journal of Community Psychology*, 18(6), pp.865-891.

Bradford D W, Gaynes B N, Kim M M, Kaufman J S, and Weinberger M. (2005). Can shelter-based interventions improve treatment engagement in homeless individuals with psychiatric and/or substance misuse disorders?: a randomized controlled trial. *Medical care*, 43(8), pp.763-768.

Braucht G N, Reichardt C S, Geissler L J, Bormann C A, Kwiatkowski C F, and Kirby Jr M W. (1996). Effective services for homeless substance abusers. *Journal of Addictive Diseases*, 14(4), pp.87-109.

Brian A J, and Ludwig J. (2012). The Effects of Housing Assistance on Labor Supply: Evidence from a Voucher Lottery. *American Economic Review*, 102(1), pp.272–304.

Brown M, Rowe M, Cunningham A, and Ponce A N. (2018). Evaluation of a Comprehensive SAMHSA Service Program for Individuals Experiencing Chronic Homelessness. *Journal of Behavioral Health Services & Research*, 45, pp.605-613.

Brown M M, Jason L A, Malone D K, Srebnik D, and Sylla L. (2016). Housing first as an effective model for community stabilization among vulnerable individuals with chronic and nonchronic homelessness histories. *Journal of Community Psychology*, 44(3), pp.384-390.

Brown R T, Miao Y, Mitchell S L, Bharel M, Patel M, Ard K L, Grande L J, Blazey-Martin D, Floru D, and Steinman M A. (2015). Health outcomes of obtaining housing among older homeless adults. *American Journal of Public Health*, 105(7), pp.1482-1488.

Brown S, and Wilderson D. (2010). Homelessness prevention for former foster youth: Utilization of transitional housing programs. *Children and Youth Services Review*, 32(10), pp.1464-1472.

Buchanan D, Doblin B, Sai T, and Garcia P. (2006). The Effects of Respite Care for Homeless Patients: A Cohort Study. *American Journal of Public Health*, 96(7), pp.1278-81.

Buchanan D, Kee R, Sadowski L S, and Garcia D. (2009). The health impact of supportive housing for HIV-positive homeless patients: a randomized controlled trial.. *Am J Public Health*, 99(S3), pp.S675-S680.

Burnam M A, Morton S C, McGlynn E A, Petersen L P, Stecher B M, Hayes C, and Vaccaro J V. (1996). An experimental evaluation of residential and nonresidential treatment for dually diagnosed homeless adults. *Journal of Addictive Diseases*, 14(4), pp.111-134.

Burt M R. (2008). Evaluation of LA's HOPE. : Urban Institute, pp.. Available at: urban.org/sites/default/files/publication/31556/411631-Evaluation-of-LA-s-HOPE.PDF.

Burt M R. (2012). Impact of Housing and Work Supports on Outcomes for Chronically Homeless Adults With Mental Illness: LA's HOPE. *Psychiatric Services*, 63, pp.209-215.

Calsyn R J, Morse G A, Klinkenberg W D, Trusty M L, and Allen G. (1998). The Impact of Assertive Community Treatment on the Social Relationships of People Who Are Homeless and Mentally Ill. *Community Mental Health Journal*, 34(6), pp.579–593.

Calvo F, and Carbonell X. (2018). Using Facebook for Improving the Psychological Well-Being of Individuals Experiencing Homelessness: Experimental and Longitudinal Study. *JMIR Mental Health*, 5, pp.e59.

Campbell D J, Campbell R B, Ziegler C, McBrien K A, Hwang S W, and Booth G L. (2019). Interventions for improved diabetes control and self-management among those experiencing homelessness: protocol for a mixed methods scoping review. *Systematic Reviews*, 8, pp.100.

Carpenter V L, Hertzberg J S, Kirby A C, Calhoun P S, Moore S D, Dennis M F, Dennis P A, Dedert E A, Hair L P, and Beckham J C. (2015). Multi-component smoking cessation treatment including mobile contingency management for smoking cessation in homeless veteran smokers. *The Journal of clinical psychiatry*, 76(7), pp.959.

Castillo E G, Shaner R, Tang L, Chung B, Jones F, Whittington Y, Miranda J, and Wells K B. (2018). Improving Depression Care for Adults With Serious Mental Illness in Underresourced Areas: Community Coalitions Versus Technical Support. *Psychiatric Services*, 69, pp.195-203.

Chambers D, Cantrell A, Preston L, Peasgood T, Paisley S, and Clowes M. (2018). A systematic review of the evidence on housing interventions for 'housing-vulnerable' adults and its relationship to wellbeing. *National Institute for Health Research*, , pp..

Chan B, Edwards S T, Devoe M, Gil R, Mitchell M, Englander H, Nicolaidis C, Kansagara D, Saha S, and Korthuis P T. (2018). The SUMMIT ambulatory-ICU primary care model for medically and socially complex patients in an urban federally qualified health center: study design and rationale. *Addiction Science & Clinical Practice*, 13, pp.27.

Chapleau A, Seroczynski A D, Meyers S, Lamb K, and Buchino S. (2012). The Effectiveness of a Consultation Model in Community Mental Health. *Occupational Therapy In Mental Health*, 28(4), pp.379-95.

Chetty R, Hendren N, and Katz L F. (2016). The effects of exposure to better neighborhoods on children: New evidence from the Moving to Opportunity experiment. *American Economic Review*, 106(4), pp.855-902.

Chinman M J, Rosenheck R, Lam J A, and Davidson L. (2000). Comparing Consumer and Nonconsumer Provided Case Management Services for Homeless Persons with Serious Mental Illness. *The Journal of Nervous and Mental Disease*, 188(7), pp.446-53..

Chu H. (2019). Test-and-treat for Influenza in Homeless Shelters. *National Library of Medicine*, , pp..

Chung T E, Gozdzik A, Lazgare P L I, To M J, Aubry T, Frankish J, Hwang S W, and Stergiopoulos V. (2017). Housing first for older homeless adults with mental illness: a subgroup analysis of the at home/Chez Soi randomized controlled trial. *International journal of geriatric psychiatry*, 33(1), pp.85-95.

Clark R E, Weinreb L, Flahive J M, and Seifert R W. (2018). Health Care Utilization and Expenditures of Homeless Family Members Before and After Emergency Housing. *American Journal of Public Health*, 108, pp.808-814.

Clarke G N, Herinckx H A, Kinney R F, Paulson R I, Cutler D L, Lewis K, and Oxman E. (2000). Psychiatric hospitalizations, arrests, emergency room visits, and homelessness of clients with serious and persistent mental illness: findings from a randomized trial of two ACT programs vs. usual care. *Mental health services research*, 2(3), pp.155-164.

Coldwell C M, and Bender W S. (2007). The effectiveness of assertive community treatment for homeless populations with severe mental illness: A meta-analysis. *American Journal of Psychiatry*, 164, pp.393-399.

Collins J M, Onwubiko U, and Holland D P. (2019). QuantiFERON-TB Gold Versus Tuberculin Screening and Care Retention Among Persons Experiencing Homelessness: Georgia, 2015–2017. *American Journal of Public Health*, 109, pp.1028-1033.

Collins S E, Clifasefi S L, Nelson L A, Stanton J, Goldstein S C, Taylor E M, Hoffmann G, King V L, Hatsukami A S, Cunningham Z L, and Taylor E. (2018). Randomized controlled trial of harm reduction treatment for alcohol (HART-A) for people experiencing homelessness and alcohol use disorder. *Alcoholism-Clinical and Experimental Research*, 42, pp.199A-199A.

Collins S E, Saxon A J, Duncan M H, Smart B F, Merrill J O, Malone D K, Jackson T R, Clifasefi S L, Joesch J, and Ries R K. (2014). Harm reduction with pharmacotherapy for homeless people with alcohol dependence: protocol for a randomized controlled trial. *Contemporary clinical trials*, 38, pp.221-234.

Conrad K J, Hultman C I, Pope A R, Lyons J S, Baxter W C, Daghestani A N, Lisiecki Jr JP, Elbaum P L, McCarthy Jr M, and Manheim L M. (1998). Case Managed Residential Care for Homeless Addicted Veterans. *Medical care*, 36(1), pp.40-53.

Cooley, S.J., Quinton, M.L., Holland, M.J., Parry, B.J. and Cumming, J., 2019. The experiences of homeless youth when using strengths profiling to identify their character strengths. *Frontiers in psychology*, 10, p.2036.

Coren E, Hossain R, Pardo J P, Veras M M, Chakraborty K, Harris H, and Martin A J. (2015). Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people (Project record). *Health Technology Assessment Database*, 8(4), pp.1140-1272.

Corinth K. (2017). The impact of permanent supportive housing on homeless populations. *Journal of Housing Economics*, 35, pp.69-84.

Cornes M, Aldridge R, Byng R, Clark M, Foster G, Fuller J, Hayward A, Hewett N, Kilmister A, Manthorpe J, Neale J, Tinelli M, and Whiteford M. (2018). Improving Hospital Discharge Arrangements for People who are Homeless: The Role of Specialist Integrated Care. *International Journal of Integrated Care (IJIC)*, 18, pp.1-2.

Cox G B, Walker R D, Freng S A, Short B A, Meijer L, and Gilchrist L. (1998). Outcome of a Controlled Trial of the Effectiveness of Intensive Case Management for Chronic Public Inebriates. *Journal of Studies on Alcohol*, 59(5), pp.523-532.

Cox S. (2018). Exploring the use and uptake of e-cigarettes for homeless smokers. <http://www.who.int/trialssearch/Trial2.aspx?TrialID=ISRCTN14140672>

Craig, T.K., Garety, P., Power, P., Rahaman, N., Colbert, S., Fornells-Ambrojo, M. and Dunn, G., 2004. The Lambeth Early Onset (LEO) Team: randomised controlled trial of the effectiveness of specialised care for early psychosis. *Bmj*, 329(7474), p.1067.

Cross R L, White J, Engelsheer J, and O'Connor S S. (2018). Implementation of Rocking Chair Therapy for Veterans in Residential Substance Use Disorder Treatment. *Journal of the American Psychiatric Nurses Association*, 24, pp.190-198.

Cruwys, T., Dingle, G.A., Hornsey, M.J., Jetten, J., Oei, T.P. and Walter, Z.C., 2014. Social isolation schema responds to positive social experiences: Longitudinal evidence from vulnerable populations. *British Journal of Clinical Psychology*, 53(3), pp.265-280.

Cunningham, M., Gillespie, S. and Anderson, J., 2015. Rapid Re-housing: What the research says. *Housing and Housing Finance*, pp.3-15.

Currie L B, Patterson M L, Moniruzzaman A, McCandless L C, and Somers J M. (2018). Continuity of Care among People Experiencing Homelessness and Mental Illness: Does Community Follow-up Reduce Rehospitalization?. *Health Services Research*, 53, pp.3400-3415.

Danielle V, Brown M, Adenuga P, Scartozzi A, and Watson D P. (2018). Permanent Housing Placement and Reentry to Services Among Family Recipients of Homelessness Prevention and Rapid Re-Housing Program (HPRP) Assistance. *The Journal of Primary Prevention*, 39(6), pp.591-609.

Dasinger L K, and Speiglmán R. (2007). Homelessness Prevention: The Effect of a Shallow Rent Subsidy Program on Housing Outcomes among People with HIV or AIDS. *AIDS and Behavior*, 11(2), pp.128-39.

Deborah D, Margaret L, William CH, and Kristin LS. (2011). Helping adults who are homeless gain disability benefits: the SSI/SSDI Outreach, Access, and Recovery (SOAR) program. *Psychiatric Services*, 62(11), pp.1373-1376.

Donkoh, C., Underhill, K. and Montgomery, P., 2006. Protocol: Independent living programmes for improving outcomes for young people leaving the care system. *Campbell Systematic Reviews*, 2(1), pp.1-17.

Drake RE, McHugo G J, Clark R E, Teague G B, Xie H, Miles K, and Ackerson T H. (1998). Assertive community treatment for patients with co-occurring severe mental illness and substance use disorder: a clinical trial. *American Journal of Orthopsychiatry*, 68(2), pp.201-15.

Dunn R J. (2019). Military veteran transition into employment and civilian engagement: a walking with the wounded evaluation. : King's College London, pp.. Available at: <https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.797782>.

Duwe G. (2013). A randomized experiment of a prisoner reentry program: updated results from an evaluation of the Minnesota Comprehensive Offender Reentry Plan (MCORP). *Justice Quarterly* : JQ, 29, pp.347.

Duwe, G., 2013. An Evaluation of the Minnesota Comprehensive Offender Reentry Plan (MCORP) Pilot Project. St. Paul, MN: Minnesota Department of Corrections.

Edie A H, and Carmody K A. (2018). Collaboration to Promote Early Childhood Well Being in Families Experiencing Homelessness. *Clinical Trials*. Gov.

Essali, A., Tarboush, M. and Awad, M., 2012. Specialist interventions for homeless people with severe mental illness. status and date: New, published in, (12).

Essock S M, Mueser K T, Drake R E, Covell N H, McHugo G J, Frisman L K, Kontos N J, Jackson C T, Townsend F, and Swain K. (2006). Comparison of ACT and Standard Case Management for Delivering Integrated Treatment for Co-occurring Disorders. *Psychiatric services*, 57(2), pp.185-96..

Felton, C.J., Stastny, P., Shern, D.L., Blanch, A., Donahue, S.A., Knight, E. and Brown, C., 1995. Consumers as peer specialists on intensive case management teams: impact on client outcomes. *Psychiatric Services*.

Ferguson K M. (2018). Nonvocational outcomes from a randomized controlled trial of two employment interventions for homeless youth. *Research on Social Work Practice*, 28(5), pp.603-618.

Fletcher J B, and Reback C J. (2013). Antisocial personality disorder predicts methamphetamine treatment outcomes in homeless, substance-dependent men who have sex with men. *Journal of Substance Abuse Treatment*, 45, pp.266-272.

Fowler P J, and Chavira D. (2014). Family Unification Program: Housing Services for Homeless Child Welfare-Involved Families. *Housing Policy Debate*, 24(4), pp.802.

Frisman L K, Mueser K T, Covell N H, Lin H J, Crocker A, Drake R E, and Essock S M. (2009). Use of integrated dual disorder treatment via assertive community treatment versus clinical case management for persons with co-occurring disorders and antisocial personality disorder.. *J Nerv Ment Dis*, 197(11), pp.822–828.

Garety P A, Craig T K, Dunn G, Fornells-Ambrojo M, Colbert S, Rahaman N, Reed J, and Power P. (2006). Specialised care for early psychosis: symptoms, social functioning and patient satisfaction: randomised controlled trial.. *British Journal Of Psychiatry*, 188(1), pp.37-45.

Gerod H, Sarah W, Hannah G, and Sungwoo L. (2018). Housing versus treatment first for supportive housing participants with substance use disorders: A comparison of housing and public service use outcomes. *Substance Abuse*, , pp.1-7.

Gesmond T. (2017). The impact of Housing First on financial poverty and the take-up of income support: evidence from a French randomized controlled trial.

Getty C A, Morande A, Lynskey M, Weaver T, and Metrebian N. (2019). Mobile telephone-delivered contingency management interventions promoting behaviour change in individuals with substance use disorders: a meta-analysis: (Alcoholism and Drug Addiction). *Addiction*, 114, pp.1915-1925.

Goeman D, Howard J, and Ogrin R. (2019). Implementation and refinement of a community health nurse model of support for people experiencing homelessness in Australia: a collaborative approach. *BMJ Open*, 9, pp.e030982.

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E. and Aubry, T., 2014. National at home/Chez Soi final report. Calgary, AB: Mental Health Commission of Canada, 48.

Goldfinger S M, Schutt R K, Tolomiczenko G S, Seidman L, Penk W E, Turner W, and Caplan B. (1999). Housing placement and subsequent days homeless among formerly homeless adults with mental illness.. *Psychiatric services*, 50(5), pp.674-679.

Goodman S, Messeri P, and O’Flaherty B. (2016). Homelessness prevention in New York City: On average, it works. *Journal of housing economics*, 31, pp.14-34.

Grace M, and Gill P R. (2014). Improving Outcomes for Unemployed and Homeless Young People: Findings of the YP Clinical Controlled Trial of Joined Up Case Management. *Australian Social Work*, 67(3), pp.419-437.

Grajo, L.C., Gutman, S.A., Gelb, H., Langan, K., Marx, K., Paciello, D., Santana, C., Sgandurra, A. and Teng, K., 2020. Effectiveness of a Functional Literacy Program for Sheltered Homeless Adults. *OTJR: Occupation, Participation and Health*, 40(1), pp.17-26.

Greenwood R M, Schaefer-McDaniel N J, Winkel G, and Tsemberis S J. (2005). Decreasing Psychiatric Symptoms by Increasing Choice in Services for Adults with Histories of Homelessness. *American Journal of Community Psychology*, 36(3-4), pp.223–238.

Greiner D J, Pattanayak C W, and Hennessy J. (2012). The limits of unbundled legal assistance: a randomized study in a Massachusetts district court and prospects for the future. *Harv. L. rev.*, 126, pp.901.

Greiner, D.J., Pattanayak, C.W. and Hennessy, J.P., 2012. How effective are limited legal assistance programs? A randomized experiment in a Massachusetts housing court. *A Randomized Experiment in a Massachusetts Housing Court* (September 1, 2012).

GResnick S, and Rosenheck R A. (2008). Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, 59(11), pp.1307-1314.

Gubits D, Shinn M, Bell S, Wood M, Dastrup S R, Solari C, Brown S, Brown S, Dunton L, Lin W, and McInnis D. (2015). Family options study: Short-term impacts of housing and services interventions for homeless families. US Department of Housing and Urban Development, and Office of Policy Development and Research, , pp.308.

Gubits D, Shinn M, Wood M, Bell S, Dastrup S, Solari C, Brown S, McInnis D, McCall T, and Kattel U. (2016). Family options study: 3-year impacts of housing and services interventions for homeless families. Available at SSRN 3055295, , pp.275.

Gubits D, Shinn M, Wood M, Bell S, Dastrup S, Solari C, Brown S, McInnis D, McCall T, and Kattel U. (2018). What interventions work best for families who experience homelessness? Impact estimates from the family options study. *Journal of Policy Analysis and Management*, 37(4), pp.835-866.

Gulcur L, Stefancic A, Shinn M, Tsemberis S, and Fischer S N. (2003). Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes. *Journal of Community & Applied Social Psychology*, 13(2), pp.171–186.

Guo X, Slesnick N, and Feng X. (2014). Reductions in depressive symptoms among substance-abusing runaway adolescents and their primary caretakers: A randomized clinical trial. *Journal of Family Psychology*, 28(1), pp.98-105.

Gutman S A, Raphael-Greenfield E I, Berg J, Agnese A, Gross S, Ashmi S, Ogunye O, Shin C, and Weiss D. (2018). Feasibility and Satisfaction of an Apartment Living Program for Homeless Adults With Mental Illness and Substance Use Disorder. *Psychiatry*, 81, pp.228-239.

Hadenfeldt C, Knezevich E, and Black S. (2019). Diabetes Risk Assessment, A1C Measurement, and Goal Achievement of Standards of Care in Adults Experiencing Homelessness. *Diabetes Educator*, 45, pp.295-301.

Hamilton K, Tolfree R, and Mytton J. (2018). A systematic review of active case-finding strategies for tuberculosis in homeless populations. *International Journal of Tuberculosis & Lung Disease*, 22, pp.1135-1144.

Hanratty J, Miller S, Keenan C, Cowman J, Hamilton J, and Mackie P. (2020). Protocol: Discharge programmes for individuals experiencing, or at risk of experiencing, homelessness: A systematic review.. *Wiley Campbell systematic review*.

Harpaz-Rotem I, Rosenheck R A, and Desai R. (2011). Residential treatment for homeless female veterans with psychiatric and substance use disorders: Effect on 1-year clinical outcomes. *Journal of Rehabilitation Research & Development*, 48(8), pp.891-899.

Hatcher S. (2019). Narrative Exposure Therapy Study for PTSD Among the Homeless Population. *National Library of Medicine*.

Hawk M, Maulsby C, Enobun B, and Kinsky S. (2019). HIV Treatment Cascade by Housing Status at Enrollment: Results from a Retention in Care Cohort. *AIDS & Behavior*, 23, pp.765-775.

Heerde J A, Hemphill S A, and Scholes-Balog K E. (2018). The impact of transitional programmes on post-transition outcomes for youth leaving out-of-home care: a meta-analysis. *Health & Social Care in the Community*, 26, pp.e15-e30.

Helfrich C A, Chan D V, and Sabol P. (2011). Cognitive Predictors of Life Skill Intervention Outcomes for Adults With Mental Illness at Risk for Homelessness. *The American Journal of Occupational Therapy*, 65(3), pp.277–286.

Herman D B, Conover S, Gorroochurn P, Hinterland K, Hoepner L, and Susser E S. (2011). A Randomized Trial of Critical Time Intervention to Prevent Homelessness in Persons with Severe Mental Illness following Institutional Discharge. *Psychiatric Services*, 62(7), pp.713–719..

Herman D B, Conover S, Gorroochurn P, Hinterland K, Hoepner L, and Susser E S. (2011). Randomized trial of critical time intervention to prevent homelessness after hospital discharge. *Psychiatric services*, 62(7), pp.713-719.

Heuvelings C C, Greve P F, Vries S G, Visser B J, B  lard S, Janssen S, Cremers A L, Spijker R, Shaw E, Hill R A, and Zumla A. (2018). Effectiveness of service models and organisational structures supporting tuberculosis identification and management in hard-to-reach populations in countries of low and medium tuberculosis incidence: a systematic review. *BMJ Open*, 8, pp.e019642.

Holtgrave D R, Wolitski R J, Pals S L, Aidala A, Kidder D P, Vos D, Royal S, Iruka N, Briddell K, Stall R, and Bendixen A V. (2013). Cost-Utility Analysis of the Housing and Health Intervention for Homeless and Unstably Housed Person Living with HIV. *AIDS and Behavior*, 17(5), pp.1626–1631.

Holubowich C, and Betsch E J. (2016). Interventions to improve access to primary care for people who are homeless: a systematic review (Structured abstract). *Health Technology Assessment Database*, 16(9), p1.

Howard L, Flach C, Leese M, Byford S, Killaspy H, Cole L, Lawlor C, Betts J, Sharac J, Cutting P, and McNicholas S. (2011). Effectiveness and cost-effectiveness of admissions to women's crisis houses compared with traditional psychiatric wards: pilot patient-preference randomised controlled trial. *The British Journal of Psychiatry*, S01(S06_1_TP), pp.32-40.

Hunter S B, and Scherling A. (2019). Los Angeles County Office of Diversion and Reentry's Supportive Housing Program. *Objective Analysis. Effective Solutions.*, , pp.6.

Hunter S B, Scherling A, Felician M, Baxi S M, and Cefalu M. (2020). Breaking Barriers: A Rapid Rehousing and Employment Pilot Program for Adults on Probation in Los Angeles County. , , pp.85.

Hurlburt, M.S., Hough, R.L. and Wood, P.A., 1996. Effects of substance abuse on housing stability of homeless mentally ill persons in supported housing. *Psychiatric Services*.

Hurlburt M S, Wood P A, and Hough R L. (1996). Providing Independent Housing for the Homeless Mentally Ill. *Journal of Community Psychology*, 24(3), pp.291–310.

Hwang S W, Gogosis E, Chambers C, Dunn J R, Hoch J S, and Aubry T. (2011). Health status, quality of life, residential stability, substance use, and health care utilization among adults applying to a supportive housing program.. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 88(6), pp.1076-1090.

Hwang S W, Stergiopoulos V, O'Campo P, and Gozdzik A. (2012). Ending homelessness among people with mental illness: the At Home/Chez Soi randomized trial of a Housing First intervention in Toronto. *BMC public health*, 12(1), pp.787.

Hyun M S, Chung H I C, and Lee Y J. (2005). The effect of cognitive-behavioral group therapy on the self-esteem, depression, and self-efficacy of runaway adolescents in a shelter in South Korea. *Applied Nursing Research*, 18(3), pp.160-166.

Ijadi-Maghsoodi R. (2020). Helping Families Pilot of a Family Resilience Program for Families Experiencing Homelessness and Parental Substance Use. National Library of Medicine.

Ijaz, S., Thorley, H., Porter, K., Fleming, C., Jones, T., Kesten, J., Mamluk, L., Richards, A., Marques, E.M. and Savović, J., 2018. Interventions for preventing or treating malnutrition in homeless problem-drinkers: a systematic review. *International journal for equity in health*, 17(1), p.8.

Riccio, J., Verma, N. and Deitch, V., 2019. The Rent Reform Demonstration: Interim Findings on Implementation, Work, and Other Outcomes. PD&R, November.

Jones A L, Thomas R, Hedayati D O, Saba S K, Conley J, and Gordon A J. (2018). Patient predictors and utilization of health services within a medical home for homeless persons. *Substance Abuse*, 39, pp.354-360.

Jones K, Colson P W, Holter M C, Lin S, Valencia E, Susser E, and Wyatt R J. (2003). Cost-effectiveness of critical time intervention to reduce homelessness among persons with mental illness. *Psychiatric Services*, 54(6), pp.884-890.

Jonker I E, Sijbrandij M, Van Luijtelaa M J, Cuijpers P, and Wolf J R. (2015). The effectiveness of interventions during and after residence in women's shelters: A meta-analysis. *European Journal of Public Health*, 25(1), pp.15-19.

Kadoura W E. (2015). The brighter future for homeless families and their preschoolers' program in salt lake city, Utah. Doctoral Dissertation. The University of Utah.

Karper L, Kaufmann M, Millspaugh G, Vega E, Stern G, Stern G, Ezrow DJ, Giansante S, and Lynch M. (2008). Coordination of care for homeless individuals with comorbid severe mental disorders and substance-related disorders. *Journal of Dual Diagnosis*, 4(2), pp.142-157.

Kashner T M, Rosenheck R, Campinell A B, Suris A, Crandall R, Garfield N J, Lapuc P, Pyrcz K, Soyka T, and Wicker A. (2002). Impact of work therapy on health status among homeless, substance-dependent veterans: A randomized controlled trial. *Archives of General Psychiatry*, 59(10), pp.938-945.

Kaspro W J, and Rosenheck R A. (2007). Outcomes of critical time intervention case management of homeless veterans after psychiatric hospitalization. *Psychiatric Services*, 58, pp.929-935.

Kaspro W J, Rosenheck R A, Frisman L, and DiLella D. (2000). Referral and housing processes in a long-term supported housing program for homeless veterans. *Psychiatric Services*, 51(8), pp.1017-1023.

Keenan, C., Miller, S. and Hanratty, J., 2019. Accommodation-based interventions for individuals experiencing, or at risk of experiencing, homelessness: a network meta-analysis. *The Campbell Collaboration*.

Kendzor D E, Allicock M, Businelle M S, Sandon L F, Gabriel K P, and Frank S G. (2017). Evaluation of a shelter-based diet and physical activity intervention for homeless adults. *Journal of Physical Activity & Health*, 14, pp.88-97.

Kennedy D P, Hunter S B, Osilla K, Maksabedian E, Golinelli D, and Tucker J. (2016). A computer-assisted motivational social network intervention to reduce alcohol, drug and HIV risk behaviors among Housing First residents. *Addiction science & clinical practice*, 11(1), pp.4.

Kenny D A, Calsyn R J, Morse G A, Klinkenberg W D, Winter J P, and Trusty M L. (2004). Evaluation of treatment programs for persons with severe mental illness: moderator and mediator effects. *Evaluation review*, 28(4), pp.294-324.

Kerman N, Aubry T, Adair C E, Distasio J, Latimer E, Somers J, and Stergiopoulos V. (2020). Effectiveness of Housing First for Homeless Adults with Mental Illness Who Frequently Use Emergency Departments in a Multisite Randomized Controlled Trial. *Administration and Policy in Mental Health and Mental Health Services Research*, , pp.1-11.

Kerrigan A J, Kaough J E, Wilson B L, Vaughn Wilson J, and Bostick R. (2004). Vocational Rehabilitation of Participants with Severe Substance Use Disorders in a VA Veterans Industries Program. *Substance Use & Misuse*, 39(13-14), pp.2513-2523.

Kertesz S G, Larson M J, Horton N J, Winter M, Saitz R, and Samet J H. (2005). Homeless Chronicity and Health-Related Quality of Life Trajectories Among Adults With Addictions. *Medical Care*, 43(6), pp.574-585.

Kertesz S G, Mullins A N, Schumacher J E, Wallace D, Kirk K, and Milby J B. (2007). Long-term housing and work outcomes among treated cocaine-dependent homeless persons. *The Journal of Behavioral Health Services & Research*, 34(1), pp.17-33.

Kertesz S G, Posner M A, O'Connell J J, Swain S, Mullins A N, Shwartz M, and Ash A S. (2009). Post-hospital medical respite care and hospital readmission of homeless persons. *Journal of Prevention & Intervention in the Community*, 37, pp.129-142.

Killaspy H, Bebbington P, Blizard R, Johnson S, Nolan F, Pilling S, and King M. (2006). The REACT study: randomised evaluation of assertive community treatment in north London. *BMJ (clinical research ed.)*, 332(7545), pp.815-820.

Killaspy H, Ritchie C W, Greer E, and Robertson M. (2004). Treating the homeless mentally ill: does a designated inpatient facility improve outcome?. *Journal of Mental Health*, 13, pp.593-599.

Kirst M, Zerger S, Misir V, Hwang S, and Stergiopoulos V. (2015). The impact of a Housing First randomized controlled trial on substance use problems among homeless individuals with mental illness. *Drug and Alcohol Dependence*, 146(9), pp.24-29.

Kisely S R, Parker J K, Campbell L A, Karabanow J, Hughes J M, and Gahagan J. (2008). Health impacts of supportive housing for homeless youth: A pilot study. *Public health*, 122(10), pp.1089-1092.

Kling J R, Liebman J B, and Katz L F. (2007). Experimental analysis of neighborhood effects. *Econometrica*, 75(1), pp.83-119.

Klinkenberg W D, Calsyn R J, and Morse G A. (1998). The Helping Alliance in Case Management for Homeless Persons with Severe Mental Illness. *Community Mental Health Journal*, 34(6), pp.569-578.

Koffarnus M N, Wong C J, Diemer K, Needham M, Hampton J, Fingerhood M, Svikis D S, Bigelow G E, and Silverman K. (2011). A randomized clinical trial of a Therapeutic Workplace for chronically unemployed, homeless, alcohol-dependent adults. *Alcohol and alcoholism (oxford, and oxfordshire)*, 46(5), pp.561-569.

Kozloff N, Adair C E, Lazgare L I P, Poremski D, Cheung A H, Sandhu R, and Stergiopoulos V. (2016). Housing first for homeless youth with mental illness: analysis from a randomized controlled trial. *Journal of the american academy of child and adolescent psychiatry*. Conference: 63rd annual meeting of the american academy of child and adolescent psychiatry. United states. Conference start: 20161024. Conference end: 20161029, 55(10), pp.S149.

Kozloff N, Adair C E, Lazgare L I P, Poremski D, Cheung A H, Sandu R, and Stergiopoulos V. (2016). "Housing First" for Homeless Youth With Mental Illness. *Pediatrics*, 138, pp1-10.

Krabbenborg M A, Boersma S N, Beijersbergen M D, Goscha R J, and Wolf J R. (2015). Fidelity of a strengths-based intervention used by dutch shelters for homeless young adults. *Psychiatric services (washington, and D.C.)*, 66(5), pp.470-476.

Krabbenborg M A, Boersma S N, van der Veld W M, van Hulst B, Vollebergh W A, and Wolf J R. (2017). A Cluster Randomized Controlled Trial Testing the Effectiveness of Houvast: A Strengths-Based Intervention for Homeless Young Adults. *Research on Social Work Practice*, 27(6), pp.639-652.

Kranenburg G D V, R H S, Brink V D, Mulder W G, Diekman W J, G H M, Pijnenborg, and Mulder C L. (2019). Clinical effects and treatment outcomes of long-term compulsory in-patient treatment of treatment-resistant patients with severe mental illness and substance-use disorder. *BMC Psychiatry*, 19, pp.270.

Kreindler S A, and Coodin S. (2010). Housing histories of assertive community treatment clients: program impacts and factors associated with residential stability. *Canadian Journal of Psychiatry*, 55(3), pp.150-156.

Kushel MB, Colfax G, Ragland K, Heineman A, Palacio H, and Bangsberg DR. (2006). Case management is associated with improved antiretroviral adherence and CD4(+) cell counts in homeless and marginally housed individuals with HIV infection. *Clinical Infectious Diseases*, 43(2), pp.234-242.

Kyle T, and Dunn J R. (2008). Effects of housing circumstances on health, quality of life and healthcare use for people with severe mental illness: a review. *Health & Social Care in the Community*, 16(1), pp.1-15.

Lako D A, Beijersbergen M D, Jonker I E, de Vet R, Herman D B, van Hemert A M, and Wolf J R. (2018). The effectiveness of critical time intervention for abused women leaving women's shelters: a randomized controlled trial. *International Journal of Public Health*, 63, pp.513-523.

Lapham S C, Hall M, and Skipper B J. (1996). Homelessness and substance use among alcohol abusers following participation in Project H&ART. *Journal of Addictive Diseases*, 14(4), pp.41-55.

Larimer M E, Malone D K, Garner M D, Atkins D C, Burlingham B, Lonczak HS, Tanzer K, Ginzler J, Clifasefi S L, Hobson W G, and Marlatt G A. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA: Journal of the American Medical Association*, 301(13), pp.1349-1357.

Latimer E A, Rabouin D, Cao Z, Ly A, Powell G, Adair C E, Sareen J, Somers JM, Stergiopoulos V, Pinto AD, and Moodie E E. (2019). Cost-effectiveness of Housing First Intervention With Intensive Case Management Compared With Treatment as Usual for Homeless Adults With Mental Illness: Secondary Analysis of a Randomized Clinical Trial. *JAMA Network Open*, 2, pp.e199782-e199782.

Currie, L.B., Moniruzzaman, A., Patterson, M.L. and Somers, J.M., 2014. At Home/Chez soi project: Vancouver site final report. Mental Health Commission of Canada.

Leclair M C, Deveau F, Roy L, Goulet M H, Latimer E A, and Crocker A G. (2019). The Impact of Housing First on Criminal Justice Outcomes among Homeless People with Mental Illness: A Systematic Review. *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie*, 64, pp.525-530.

Lee D, and McGuire M. (2017). Intergovernmental Alignment, Program Effectiveness, and US Homelessness Policy. *Publius-the Journal of Federalism*, 47(4), pp.622-647.

Leff H S, Chow C M, Pepin R, Conley J, Allen I E, and Seaman C A. (2009). Does One Size Fit All? What We Can and Can't Learn From a Meta-analysis of Housing Models for Persons With Mental Illness. *Psychiatric Services*, 60(4), pp.473-482.

Lehman A F, Dixon L B, Kernan E, DeForge B R, and Postrado L T. (1997). A randomized trial of assertive community treatment for homeless persons with severe mental illness.. *Arch Gen Psychiatry*., 54(11), pp.1038-1043..

Lemoine C, Loubiere Sandrine, Tinland A, Boucekine M, Girard V, and Auquier P. (2019). Long-term effects of a housing support intervention in homeless people with severe mental illness. *European Journal of Public Health*, 29(Supplement_4), pp.ckz185-086.

Lennon M C, McAllister W, Kuang L, and Herman D B. (2005). Capturing intervention effects over time: reanalysis of a critical time intervention for homeless mentally ill men. *American Journal of Public Health*, 95(10), pp.1760-1766.

LePage J P, Bluit M, McAdams H, Merrell C, House-Hatfield T, and Garcia-Rea E. (2006). Effects of increased social support and lifestyle behaviors in a domiciliary for homeless veterans. *Psychological Services*, 3(1), pp.16-24.

LePage J P, and Garcia-Rea E A. (2012). Lifestyle Coaching's Effect on 6-Month Follow-Up in Recently Homeless Substance Dependent Veterans: A Randomized Study. *Psychiatric Rehabilitation Journal*, 35(5), pp.396-402.

Lester K M, Milby J B, Schumacher J E, Vuchinich R, Person S, and Clay O J. (2007). Impact of behavioral contingency management intervention on coping behaviors and PTSD symptom reduction in cocaine-addicted homeless. *Journal of Traumatic Stress*, 20(4), pp.565-575.

Lettner B H, Doan R J, and Miettinen A W. (2016). Housing outcomes and predictors of success: the role of hospitalization in street outreach. *Journal of Psychiatric and Mental Health Nursing*, 23(2), pp.98-107.

Lewis J R, Boyle D P, Lewis L S, and Evans M. (2000). Reducing AIDS and Substance Abuse Risk Factors among Homeless, HIV-Infected, Drug-Using Persons. *Research on Social Work Practice*, 10(1), pp.15-33.

Lim S, Gao Q, Stazesky E, Singh T P, Harris T G, and Seligson A L. (2018). Impact of a New York City supportive housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness. *BMC Health Services Research*, 18, pp.15.

Lim S, Singh T P, and Gwynn R C. (2017). Impact of a Supportive Housing Program on Housing Stability and Sexually Transmitted Infections Among Young Adults in New York City Who Were Aging Out of Foster Care. *American Journal of Epidemiology*, 186(3), pp.297-304.

Linn J G, Neff J A, Theriot R, Harris J L, Interrante J, and Graham M E. (2003). Reaching impaired populations with HIV prevention programs: a clinical trial for homeless mentally ill African-American men. *Cellular and molecular biology (noisy-le-grand, and france)*, 49, pp.1167-1175.

Lipton F R, Nutt S, and Sabatini A. (1998). Housing the Homeless Mentally Ill: A Longitudinal Study of a Treatment Approach. *Psychiatric Services*, 39(1), pp.40-45.

Lipton F R, Siegel C, Hannigan A, Samuels J, and Baker S. (2000). Tenure in supportive housing for homeless persons with severe mental illness. *Psychiatric Services*, 51(4), pp.479-486.

Louden-Gerber G M. (2009). A group forgiveness intervention for adult male homeless individuals: Effects on forgiveness, rumination, and social connectedness. . The University of Texas at San Antonio.

Lowry, I.S., 1982. Experimenting with Housing Allowances: A Final Comprehensive Report of the Housing Assistance Supply Experiment. Rand.

Luchenski S, Maguire N, Aldridge RVW, Hayward A, Story A, Perri P, Withers J, Clint S, Fitzpatrick S, and Hewett N. (2018). What works in inclusion health: overview of effective interventions for marginalised and excluded populations. *Lancet*, 391 North American Edition, pp.266-280.

Luffborough I I I, and E Douglas. (2017). Faith and homelessness: Examining the influence of the faithbased component of a transitional housing program on the attitudes and behaviors of homeless men. Doctoral Dissertation. University of San Diego.

Lutze F E, Rosky J W, and Hamilton Z K. (2014). Homelessness and reentry: A multisite outcome evaluation of Washington State's reentry housing program for high risk offenders. *Criminal Justice and Behavior*, 41(4), pp.471-491.

Ly A, and Latimer E. (2015). Housing First impact on costs and associated cost offsets: A review of the literature. *The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie*, 60(11), pp.475-487.

Lynn C J, Acri M C, Goldstein L, Bannon W, Beharie N, and McKay M M. (2014). Improving youth mental health through family-based prevention in family homeless shelters. *Children and Youth Services Review*, 44(8), pp.243-248.

Mackelprang J L, Collins S E, and Clifasefi S L. (2014). Housing First Is Associated with Reduced Use of Emergency Medical Services. *Prehospital Emergency Care*, 18(4), pp.476-482.

Mackie P, Johnsen S, and Wood J. (2019). Ending street homelessness: What works and why we don't do it. *European Journal of Homelessness _ Volume*, 13(1), pp..

Maddock A, Hevey D, and Eidenmueller K. (2017). Mindfulness training as a clinical intervention with homeless adults: A pilot study. *International Journal of Mental Health and Addiction*, 15(3), pp.529-544.

Malte C A, Cox K, and Saxon A J. (2017). Providing intensive addiction/housing case management to homeless veterans enrolled in addictions treatment: A randomized controlled trial. *Psychology of Addictive Behaviors : Journal of the Society of Psychologists in Addictive Behaviors*, 31(3), pp.231.

Marcus S M, Weaver J, Lim S, Duan N, Gibbons R D, and Rosenheck R. (2012). Assessing the causal effect of Section 8 housing vouchers as the active ingredient for decreasing homelessness in veterans with mental illness. *Health Services and Outcomes Research Methodology*, 12(4), pp.273-287.

Mares AS, and Robert RA. (2011). A comparison of treatment outcomes among chronically homelessness adults receiving comprehensive housing and health care services versus usual local care. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(6), pp.459-475.

Maria D S. (2019). Development and Piloting of a Just-in-Time, Personalized HIV Prevention Intervention for Youth Experiencing Homelessness and Unstable Housing. National Library of Medicine.

Maria H. (2011). Impacts of Heading Home Hennepin's Housing First programs for long-term homeless adults. *Housing Policy Debate*, 21(3), pp.405-419.

Marseille P H D. (2019). Alternative Care to the Accompaniment Called "Place of Respite" in the Resolution of the Psychotic Crises of Homeless People With Severe Mental Pathology. National Library of Medicine.

Marshall M, Lockwood A, and Gath D. (1995). Social services case-management for long-term mental disorders: a randomised controlled trial.. *Lancet.*, 345(8947), pp.409-412.

Martinez T E, and Burt M R. (2006). Impact of permanent supportive housing on the use of acute care health services by homeless adults. *Psychiatric Services*, 57, pp.992-999.

Mary L. (2018). The impact of length of stay on recovery measures in faith-based addiction treatment. *Public Health Nursing*, 35, pp.396-403.

Vijayaraghavan, M. and Apollonio, D.E., 2019. Engaging adults experiencing homelessness in smoking cessation through large-scale community service events. *Health promotion practice*, 20(3), pp.325-327.

Vijayaraghavan, M., Elser, H. and Apollonio, D., 2019. Interventions to reduce tobacco use in people experiencing homelessness.

McCarthy E. (2007). Role of the case management relationship in helping homeless mothers with addictive disorders. Doctoral Dissertation. University of Connecticut.

McCay E, Quesnel S, Langley J, Beanlands H, Cooper L, Blidner R, Aiello A, Mudachi N, Howes C, and Bach K. (2011). A Relationship-Based Intervention to Improve Social Connectedness in Street-Involved Youth: A Pilot Study. *Journal of Child & Adolescent Psychiatric Nursing*, 24(4), pp.208-215.

McCracken L M. (2003). Evaluation of the effectiveness of the therapeutic community model as a novel treatment in the homeless. . University of Texas Southwestern Medical Center at Dallas.

McHugo G J, Bebout R R, Harris M, Cleghorn S, Herring G, Xie H, Becker D, and Drake R E. (2004). A Randomized Controlled Trial of Integrated Versus Parallel Housing Services for Homeless Adults With Severe Mental Illness. *Schizophrenia Bulletin*, 30(4), pp.969-982.

Medalia A, Saperstein A M, Huang Y, Lee S, and Ronan E J. (2017). Cognitive skills training for homeless transition-age youth: Feasibility and pilot efficacy of a community based randomized controlled trial. *Journal of Nervous and Mental Disease*, 205, pp.859-866.

Meurice M E, Goad L M, Barlow P B, Kerestes C A, Stockdale C K, and Hardy-Fairbanks A J. (2019). Efficacy-based Contraceptive Counseling for Women Experiencing Homelessness in Iowa City, Iowa. *Journal of Community Health Nursing*, 36, pp.199-207.

Milburn N G, Iribarren F J, Rice E, Lightfoot M, Solorio R, Rotheram-Borus M J, Desmond K, Lee A, Alexander K, Maresca K, and Eastmen K. (2012). A family intervention to reduce sexual risk behavior, substance use, and delinquency among newly homeless youth. *Journal of Adolescent Health*, 50(4), pp.358-64.

Milby J B, Schumacher J E, McNamara C, Wallace D, Usdan S, McGill T, and Michael M. (2000). Initiating abstinence in cocaine abusing dually diagnosed homeless persons. *Drug and Alcohol Dependence*, 60(1), pp.55-67.

Milby J B, Schumacher J E, Raczynski J M, Caldwell E, Engle M, Michael M, and Carr J. (1996). Sufficient conditions for effective treatment of substance abusing homeless persons.. *Drug Alcohol Depend.*, 43(1-2), pp.39-47.

Milby J B, Schumacher J E, Wallace D, Freedman M J, and Vuchinich R E. (2005). To house or not to house: the effects of providing housing to homeless substance abusers in treatment. *American Journal of Public Health*, 95(7), pp.1259-65.

Milby J B, Schumacher J E, Wallace D, Frison S, McNamara C, Usdan S, and Michael M. (2003). Day treatment with contingency management for cocaine abuse in homeless persons: 12-month follow-up. *Journal of consulting and clinical psychology*, 71(3), pp.619-621.

Milby J B, Schumacher J E, Wallace D, Vuchinich R, Mennemeyer S T, and Kertesz S G. (2010). Effects of sustained abstinence among treated substance-abusing homeless persons on housing and employment.. *Am J Public Health.*, 100(5), pp.913-918.

Miller S, Keenan C, Hanratty J, Mackie P, Maddock A, Hamilton J, and Coughlan C. (2020). Protocol: Improving accessibility of health and social services for individuals experiencing, or at risk of experiencing, homelessness: A Systematic Review. *Campbell Wiley Systematic Review*.

Mills Gregory, Gubits Daniel, Orr Larry, Long David, Feins Judie, Kaul Bulbul, Wood Michelle, and Jones Amy. (2006). Effects of housing vouchers on welfare families. Washington, DC: US Department of Housing and Urban Development, and Office of Policy Development and Research. Retrieved October, 8, pp.2010.

Milton A, and Dennis M. (1993). The use of shelters as substance abuse stabilization sites. *The journal of mental health administration*, 20(2), pp.126-137.

Moes J. (2019). Proper fitting shoes: Reducing pain, increasing activity, and improving foot health among adults experiencing homelessness. *Public Health Nursing*, 36, pp.321-329.

Montgomery A E, Hill L L, Kane V, and Culhane D P. (2013). Housing chronically homeless veterans: Evaluating the efficacy of a Housing First approach to HUD-VASH. *Journal of Community Psychology*, 41(4), pp.505-514.

Montgomery A J. (2019). Decreasing the risk of maltreatment for children experiencing homelessness: An evaluation of Triple P in shelters. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 80, pp.No Pagination Specified.

Moore K A, Young M S, Barrett B, and Ochshorn E. (2009). A 12-Month Follow-Up Evaluation of Integrated Treatment for Homeless Individuals With Co-Occurring Disorders. *Journal of Social Service Research*, 35, pp.322-335.

Morse G A, Calsyn R J, Allen G, Tempethoff B, and Smith R. (1992). Experimental comparison of the effects of three treatment programs for homeless mentally ill people.. *Hosp Community Psychiatry.*, 43(10), pp.1005-1010..

Morse G A, Calsyn R J, Klinkenberg W D, Cunningham J, and Lemming M R. (2006). Integrated treatment for homeless clients with dual disorders: a quasi-experimental evaluation. *Journal of Dual Diagnosis*, 4(3), pp.219-237.

Morse G A, Calsyn R J, Klinkenberg W D, Helminiak T W, Wolff N, Drake R E, Yonker R D, Lama G, Lemming M R, and McCudden S. (2006). Treating homeless clients with severe mental illness and substance use disorders: costs and outcomes. *Community Mental Health Journal*, 42(4), pp.377-404.

Munthe-K H M, Berg R C, and Blaasv  r N. (2018). Effectiveness of interventions to reduce homelessness: a systematic review and meta-analysis. *Campbell Systematic Reviews*, 14(1), pp.1-281.

Murdoch M, Sayer N A, Spont M R, Rosenheck R, Noorbaloochi S, Griffin J M, Arbisi P A, and Hagel E M. (2011). Long-term outcomes of disability benefits in US veterans with posttraumatic stress disorder.. *Archives of General Psychiatry.*, 68(10), pp.1072-1080.

Naomi Z, Erica E, Heidi A, and Tal G. (2019). The Effects of the ACA Medicaid Expansion on Nationwide Home Evictions and Eviction-Court Initiations: United States, 2000–2016. *American Journal of Public Health*, 109, pp.1379-1383.

Naranbhai V, Karim Q A, and Meyer-Weitz A. (2011). Interventions to modify sexual risk behaviours for preventing HIV in homeless youth. *Cochrane Database of Systematic Reviews*, , pp.CD007501.

Nelson S E, Gray H M, Maurice I R, and Shaffer H J. (2012). Moving Ahead: Evaluation of a Work-Skills Training Program for Homeless Adults. *Community Mental Health Journal*, 48, pp.711-22.

Kerman, N., Sylvestre, J., Aubry, T. and Distasio, J., 2018. The effects of housing stability on service use among homeless adults with mental illness in a randomized controlled trial of housing first. *BMC health services research*, 18(1), p.190.

Nordentoft M, Øhlenschläger J, Thorup A, Petersen L, Jeppesen P, and Bertelsen M. (2010). Deinstitutionalization revisited: a 5-year follow-up of a randomized clinical trial of hospital-based rehabilitation versus specialized assertive intervention (OPUS) versus standard treatment for patients with first-episode schizophrenia spectrum disorders. *Psychological Medicine*, 40(10), pp.1619-1626.

Norris-Shortle C, Melley A H, Kiser L J, Levey E, Cosgrove K, and Leviton A. (2006). Targeted Interventions for Homeless Children at a Therapeutic Nursery. *Zero to Three*, 26, pp.49-55.

Nyamathi A, Flaskerud J H, Leake B, Dixon E L, and Lu A. (2001). Evaluating the impact of peer, nurse case-managed, and standard HIV risk-reduction programs on psychosocial and health-promoting behavioral outcomes among homeless women. *Research in Nursing & Health*, 24, pp.410-422.

Nyamathi A, Kennedy B, Branson C, Salem B, Khalilifard F, Marfisee M, Getzoff D, and Leake B. (2013). Impact of nursing intervention on improving HIV, hepatitis knowledge and mental health among homeless young adults. *Community mental health journal*, 49, pp.178-184.

Nyamathi A, Liu Y, Marfisee M, Shoptaw S, Gregerson P, Saab S, Leake B, Tyler D, and Gelberg L. (2009). Effects of a nurse-managed program on hepatitis A and B vaccine completion among homeless adults. *Nursing Research*, 58, pp.13-22.

Nyamathi A, Nahid P, Berg J, Burrage J, Christiani A, Aqtash S, Morisky D, and Leake B. (2008). Efficacy of nurse case-managed intervention for latent tuberculosis among homeless subsamples. *Nursing Research*, 57, pp.33-9.

Nyamathi A, Salem B E, Zhang S, Farabee D, Hall B, Khalilifard F, and Leake B. (2015). Nursing Case Management, Peer Coaching, and Hepatitis A and B Vaccine Completion Among Homeless Men Recently Released on Parole: Randomized Clinical. *Nursing Research*, 64(3), pp.177.

Nyamathi A, Shin S S, Smeltzer J, Salem B, Yadav K, Krogh D, and Ekstrand M. (2018). Effectiveness of Dialectical Behavioral Therapy on Reduction of Recidivism Among Recently Incarcerated Homeless Women: A Pilot Study. *International Journal of Offender Therapy & Comparative Criminology*, 62, pp.4796-4813.

Nyamathi A M, Christiani A, Nahid P, Gregerson P, and Leake B. (2006). A randomized controlled trial of two treatment programs for homeless adults with latent tuberculosis infection. *International journal of tuberculosis and lung disease*, 10, pp.775-782.

Nyamathi A M, Reback C J, Shoptaw S, Salem B E, Zhang S, Farabee D, and Khalilifard F. (2016). Impact of Community-Based Programs on Incarceration Outcomes Among Gay and Bisexual Stimulant-Using Homeless Adults. *Community Mental Health Journal*, 52(8), pp.1037-1042.

Nyamathi A M, Shin S S, Smeltzer J, Salem B E, Yadav K, Ekstrand M L, Turner S F, and Faucette M. (2017). Achieving drug and alcohol abstinence among recently incarcerated homeless women: A randomized controlled trial comparing dialectical behavioral therapy-case management with a health promotion program. *Nursing Research*, 66, pp.432-441.

Nyamathi A M, Zhang S, Salem B E, Farabee D, Hall B, Marlow E, Faucette M, Bond D, and Yadav K. (2016). A randomized clinical trial of tailored interventions for health promotion and recidivism reduction among homeless parolees: Outcomes and cost analysis. *Journal of Experimental Criminology*, 12, pp.49-74.

O'Toole T P, Johnson E E, Borgia M L, and Rose J. (2015). Tailoring Outreach Efforts to Increase Primary Care Use Among Homeless Veterans: results of a Randomized Controlled Trial. *Journal of general internal medicine*, 30, pp.886-898.

O'Campo P, Stergiopoulos V, Nir P, Levy M, Misir V, Chum A, Arbach B, Nisenbaum R, To M J, and Hwang S W. (2016). At Home/Chez Soi randomised trial: How did a Housing First intervention improve health and social outcomes among homeless adults with mental illness in Toronto? Two-year outcomes from a randomised trial. *BMJ open*, 6(9), pp.e010581.

O'Connell M J, Kaspro W J, and Rosenheck R A. (2012). Differential impact of supported housing on selected subgroups of homeless veterans with substance abuse histories.. *Psychiatr Services*, 63(12), pp.1195-1205..

Ojo-Fati O, John F, Thomas J, Joseph A M, Raymond N C, Cooney N L, Pratt R, Rogers C R, Everson-Rose S A, Luo X, and Okuyemi K S. (2015). Integrating smoking cessation and alcohol use treatment in homeless populations: study protocol for a randomized controlled trial. *Trials*, 16(1), pp.385-385.

Okuyemi K S, Goldade K, Whembolua G L, Thomas J L, Eischen S, Sewali B, Guo H, Connett J E, Grant J, Ahluwalia J S, and Resnicow K. (2013). Motivational interviewing to enhance nicotine patch treatment for smoking cessation among homeless smokers: a randomized controlled trial. *Addiction*, 108(6), pp.1136-1144.

Osypuk T L, Joshi S, Schmidt N M, Glymour M M, and Nelson T F. (2019). Effects of a federal housing voucher experiment on adolescent binge drinking: a secondary analysis of a randomized controlled trial: (Alcoholism and Drug Addiction). *Addiction*, 114, pp.48-58.

O'Toole T P, Buckel L, Bourgault C, Blumen J, Redihan S G, Jiang L, and Friedmann P. (2010). Applying the chronic care model to homeless veterans: effect of a population approach to primary care on utilization and clinical outcomes.. *Am J Public Health*., 100(12), pp.2493-9.

O'Toole T P, Johnson E E, Borgia M, Noack A, Yoon J, Gehlert E, and Lo J. (2018). Population-Tailored Care for Homeless Veterans and Acute Care Use, Cost, and Satisfaction: A Prospective Quasi-Experimental Trial. *Preventing Chronic Disease*, 15(2), pp.1-11.

Oves D L, and Self-Brown S. (2014). Impact of maternal health literacy training on the behaviors of women who have been homeless. *International Journal of Child Health and Human Development*, 7(3), pp.297-311.

Padgett D K, Gulcur L, and Tsemberis S. (2006). Housing first services for people who are homeless with co-occurring serious mental illness and substance abuse. *Research on Social Work Practice*, 16, pp.74-83.

Padgett D K, Stanhope V, Henwood B F, and Stefancic A. (2011). Substance use outcomes among homeless clients with serious mental illness: comparing Housing First with Treatment First programs.. *Community Ment Health J.*, 47(2), pp.227-232.

Paisi M, Witton R, Burrows M, Allen Z, Plessas A, Withers L, McDonald L, and Kay E. (2019). Management of plaque in people experiencing homelessness using 'peer education': a pilot study. *British Dental Journal*, 226, pp.860-866.

Palepu A, Patterson M, Moniruzzaman A, and Somers J M. (2013). Housing first among homeless persons with concurrent disorders among participants of the Vancouver at home study. *Journal of general internal medicine*., 28, pp.S91.

Palmer C, Phillips DC, and Sullivan JX. (2019). Does emergency financial assistance reduce crime?. *Journal of Public Economics*, 169, pp.34-51.

Parkes, T., Matheson, C., Carver, H., Budd, J., Liddell, D., Wallace, J., Pauly, B., Fotopoulou, M., Burley, A., Anderson, I. and MacLennan, G., 2019. Supporting Harm Reduction through Peer Support (SHARPS): testing the feasibility and acceptability of a peer-delivered, relational intervention for people with problem substance use who are homeless, to improve health outcomes, quality of life and social functioning and reduce harms: study protocol. *Pilot and feasibility studies*, 5(1), p.64.

Parriott A, Malekinejad M, Miller A P, Marks S M, Horvath H, and Kahn D G. (2018). Care Cascade for targeted tuberculosis testing and linkage to Care in Homeless Populations in the United States: a meta-analysis. *BMC Public Health*, 18, pp.485.

Patterson M, Moniruzzaman A, Palepu A, Zabkiewicz D, Frankish C J, Krausz M, and Somers J M. (2013). Housing First improves subjective quality of life among homeless adults with mental illness: 12-month findings from a randomized controlled trial in Vancouver, British Columbia. *Social Psychiatry and Psychiatric Epidemiology*, 48(8), pp.1245-1259.

Patterson M L, Moniruzzaman A, and Somers J M. (2014). Community participation and belonging among formerly homeless adults with mental illness after 12 months of Housing First in Vancouver, British Columbia: A randomized controlled trial. *Community Mental Health Journal*, 50, pp.604-611.

Pauly J B, Moore T A, and Shishko I. (2018). Integrating a mental health clinical pharmacy specialist into the Homeless Patient Aligned Care Teams. *The Mental Health Clinician*, 8, pp.169-174.

Petering R, Wenzel S, and Winetrobe H. (2014). Systematic review of current intimate partner violence prevention programs and applicability to homeless youth. *Journal of the Society for Social Work and Research*, 5, pp.107-135.

Peterson P L, Baer J S, Wells E A, Ginzler J A, and Garrett S B. (2006). Short-Term Effects of a Brief Motivational Intervention to Reduce Alcohol and Drug Risk among Homeless Adolescents. *Psychology of Addictive Behaviors*, 20(3), pp.254-264.

Pickett-Schenk S A, Cook J A, Grey D D, and Butler S B. (2007). Family Contact and Housing Stability in a National Multi-Site Cohort of Homeless Adults with Severe Mental Illness. *Journal of Primary Prevention*, 28, pp.327-39.

Pietrusza L M, Puskar K R, Ren D, and Mitchell A M. (2018). Evaluation of an Opiate Overdose Educational Intervention and Naloxone Prescribing Program in Homeless Adults Who Use Opiates. *Journal of Addictions Nursing*, 29, pp.188-195.

Piña G, and Pirog M. (2018). The Impact of Homeless Prevention on Residential Instability: Evidence From the Homelessness Prevention and Rapid Re-Housing Program. *Taylor & Francis Group*, , pp.501-521 .

Podymow T, Turnbull J, Coyle D, Yetisir E, and Wells G. (2006). Shelter-based managed alcohol administration to chronically homeless people addicted to alcohol. *CMAJ Canadian Medical Association Journal*, 174, pp.45-9.

Poremski D, Rabouin D, and Latimer E. (2017). A randomised controlled trial of evidence based supported employment for people who have recently been homeless and have a mental illness. *Administration and Policy in Mental Health and Mental Health Services Research*, 44, pp.217-224.

Poremski D, Stergiopoulos V, Braithwaite E, Distasio J, Nisenbaum R, and Latimer E. (2016). Effects of Housing First on Employment and Income of Homeless Individuals: results of a Randomized Trial. *Psychiatric services (Washington, and D.C.)*, 67(6), pp.603-609.

Pottie K, Mathew C M, Mendonca O, Magwood O, and Saad A. (2019). Protocol: A comprehensive review of prioritized interventions to improve the health and wellbeing of persons with lived experience of homelessness. *Campbell Systematic Reviews*, 15(3), pp.e1048.

Pratt R, Pernat C, Kerandi L, Kmiecik A, Strobel-Ayres C, Joseph A, Rose S A E, Luo X, Cooney N, Thomas J, and Okuyemi K. (2019). Addressing Smoking in Sheltered homeless with Intensive Smoking Treatment.

Randers M B, Petersen J, Andersen L J, Krustup B R, Hornstrup T, Nielsen J J, Nordentoft M, and Krustup P. (2012). Short-term street soccer improves fitness and cardiovascular health status of homeless men. *European Journal of Applied Physiology*, 112(6), pp.2097-106.

Rash C J, Alessi S M, and Petry N M. (2017). Substance abuse treatment patients in housing programs respond to contingency management interventions. *Journal of Substance Abuse Treatment*, 72, pp.97-102.

Rash C J, Petry N M, and Alessi S M. (2018). A randomized trial of contingency management for smoking cessation in the homeless. *Psychology of Addictive Behaviors*, , pp.No Pagination Specified.

Rashid S. (2004). Evaluating a Transitional Living Program for Homeless, Former Foster Care Youth. *Research on Social Work Practice*, 14, pp.240-248.

Reback C J, Peck J A, Dierst-Davies R, Nuno M, Kamien J B, and Amass L. (2009). Contingency management reduces substance use and increases healthy behaviours among homeless, out-of-treatment MSM. *Journal of substance abuse treatment*, 29(3), pp.123.

Rew L, Fouladi R T, Land L, and Wong Y J. (2007). Outcomes of a brief sexual health intervention for homeless youth. *Journal of Health Psychology*, 12(5), pp.818-832.

Rew L, Powell T, Brown A, Becker H, and Slesnick N. (2017). An Intervention to Enhance Psychological Capital and Health Outcomes in Homeless Female Youths. *Western Journal of Nursing Research*, 39, pp.356-373.

Rezansoff S N, Moniruzzaman A, Fazel S, McCandless L, Procyshyn R, and Somers J M. (2016). Housing first improves adherence to antipsychotic medication among formerly homeless adults with schizophrenia: Results of a randomized controlled trial. *Schizophrenia Bulletin*, 43(4), pp.852-861.

Riccio, J. and Deitch, V., 2019. The Rent Reform Demonstration: Early Effects on Employment and Housing Subsidies. PD&R, November.

Ricelli S E. (2017). Problem-solving therapy to foster resilience among Veterans who are homeless or at-risk for homelessness: A pilot randomized controlled trial. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 78, pp.No Pagination Specified.

Ripka, Š., Černá, E., Kubala, P., Krčál, O. and Staněk, R., 2018. The Housing First for Families in Brno Trial Protocol: A Pragmatic Single-Site Randomized Control Trial of Housing First Intervention for Homeless Families in Brno, Czech Republic. *European Journal of Homelessness _ Volume*, 12(1).

Rog D J, Marshall T, Dougherty R H, George P, Daniels A S, Ghose S S, and Delphin-Rittmon M E. (2014). Permanent Supportive housing: assessing the evidence. *Psychiatric Services*, 65(3), pp.287-294.

Rolston H, Geyer J, Locke G, Metraux S, and Treglia D. (2013). Evaluation of the homebase community prevention program. Final Report, Abt Associates Inc, and June, 6, pp.2013.

Rosenheck R, Frisman L, and Kaspro W. (1999). Improving access to disability benefits among homeless persons with mental illness: an agency-specific approach to services integration.. *American Journal of Public Health*, 89(4), pp.524-528.

Rosenheck R, Kaspro W, Frisman L, and Liu M W. (2003). Cost-effectiveness of supported housing for homeless persons with mental illness. *Archives of general psychiatry*, 60(9), pp.940-951.

Rosenheck R A, and Mares A S. (2007). Implementation of supported employment for homeless veterans with psychiatric or addiction disorders: Two-year outcomes. *Psychiatric Services*, 58, pp.325-333.

Rothbard A B, Min S Y, Kuno E, and Wong Y L I. (2004). Long-term Effectiveness of the ACCESS Program in Linking Community Mental Health Services to Homeless Persons With Serious Mental Illness. *The Journal of Behavioral Health Services & Research*, 31, pp.441-449.

Rotheram M J, Fernandez M I, Lee S J, Abdalian S E, Kozina L, Koussa M, Comulada W S, Klausner J D, Arnold E M, Ocasio M A, and Swendeman D. (2019). Strategies to Treat and Prevent HIV in the United States for Adolescents and Young Adults: Protocol for a Mixed-Methods Study. *JMIR Research Protocols*, 8, pp.e10759.

Roy M, Fiona K, Brendan B, and Garcia I E. (2018). Changes in the self-rated well-being of people who move from congregated settings to personalized arrangements and group home placements. *Journal of Intellectual Disabilities*, 22(1), pp.49-60.

Russolillo A, Patterson M, McCandless L, Moniruzzaman A, and Somers J. (2014). Emergency department utilisation among formerly homeless adults with mental disorders after one year of Housing First interventions: a randomised controlled trial. *European Journal of Housing Policy*, 14(1), pp.79-97.

Sacks S, Sacks J Y, McKendrick K, Pearson F S, Banks S, and Harle M. (2004). Outcomes from a Therapeutic Community for Homeless Addicted Mothers and Their Children. *Administration and Policy in Mental Health*, 31(4), pp.313-338.

Sadowski L S, Kee R A, and VanderWeele T J. (2009). Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults A Randomized Trial. *Jama-Journal of the American Medical Association*, 301(17), pp.1771-1778.

Sajatovic M, Levin J, Ramirez L F, Hahn D Y, Tatsuoka C, Bialko C S, Cassidy K A, Fuentes-Casiano E, and Williams T D. (2013). A Prospective trial of customized adherence enhancement plus long-acting injectable antipsychotic medication in homeless or recently homeless individuals with schizophrenia or schizoaffective disorder. *The Journal of Clinical Psychiatry*, 74(12), pp.1249-1255.

Samuels J, Fowler P J, Ault-Brutus A, Tang D, and Marcal K. (2015). Time-Limited Case Management for Homeless Mothers With Mental Health Problems: Effects on Maternal Mental Health. *Journal of the Society for Social Work and Research*, 6(4), pp.515-539.

Sanbonmatsu, L., Katz, L.F., Ludwig, J., Gennetian, L.A., Duncan, G.J., Kessler, R.C., Adam, E.K., McDade, T. and Lindau, S.T., 2011. Moving to opportunity for fair housing demonstration program: Final impacts evaluation.

Saxon A J, Malte C A, Sloan K L, Baer J S, Calsyn D A, Nichol P, Chapko M K, and Kivlahan D R. (2006). Randomized Trial of Onsite Versus Referral Primary Medical Care for Veterans in Addictions Treatment. *Medical care*, 44(4), pp.334-342.

Scheibin F. (2020). A three-month Electronic Nicotine Delivery System (ENDS)-based intervention in a homeless context: efficacy, challenges and opportunities. *National Library of Medicine*.

Schumacher J E, Mennemeyer S T, Milby J B, Wallace D, and Nolan K. (2002). Costs and effectiveness of substance abuse treatments for homeless persons (Structured abstract). *Journal of Mental Health Policy and Economics*, 5(1), pp.33-42.

Schumacher J E, Milby J B, Wallace D, Meehan D C, Kertesz S, Vuchinich R, Dunning J, and Usdan S. (2003). Meta-Analysis of Day Treatment and Contingency-Management Dismantling Research: Birmingham Homeless Cocaine Studies (1990-2006). *Journal of Consulting and Clinical Psychology*, 75(5), pp.823-828.

Schumacher J E, Milby J B, Wallace D, Simpson C, Frison S, McNamara C, and Usdan S. (2003). Diagnostic compared with abstinence outcomes of day treatment and contingency management among cocaine-dependent homeless persons. *Experimental and clinical psychopharmacology*, 11(2), pp.146-157.

Schumacher J E, Usdan S, Milby J B, Wallace D, and McNamara C. (2000). Abstinence-contingent housing and treatment retention among crack-cocaine-dependent homeless persons. *Journal of substance abuse treatment*, 19, pp.81-88.

Schutt R K, Goldfinger S M, and Penk W E. (1997). Satisfaction with residence and with life: when homeless mentally ill persons are housed. *Evaluation and Program Planning*, 20(2), pp.185-194.

Seema L C, and Collins S E. (2019). The life-enhancing alcohol-management program: Results from a 6-month nonrandomized controlled pilot study assessing a community based participatory research program in housing first. *Journal of Community Psychology*, , pp.No Pagination Specified.

Seidman L J, Schutt R K, Caplan B, Tolomiczenko G S, Turner W M, and Goldfinger S M. (2003). The effect of housing interventions on neuropsychological functioning among homeless persons with mental illness. *Psychiatric services (Washington, and D.C.)*, 54(6), pp.905-908.

Sekiguchi T, Hagiwara Y, Sugawara Y, Tomata Y, Tanji F, Yabe Y, Itoi E, and Tsuji I. (2019). Moving from prefabricated temporary housing to public reconstruction housing and social isolation after the Great East Japan Earthquake: a longitudinal study using propensity score matching. *BMJ Open*, 9, pp.e026354corr1.

Seron C, Frankel M, Ryzin G V, and Kovath J. (2001). The impact of legal counsel on outcomes for poor tenants in New York City's housing court: results of a randomized experiment. *Law and Society Review*, , pp.419-434.

Shaw J, Conover S, Herman D, Jarrett M, Leese M, McCrone P, Murphy C, Senior J, Susser E, Thornicroft G, and Wright N. (2017). Critical time Intervention for Severely mentally ill Prisoners (CrISP): a randomised controlled trial. *Europe PMC*, 21(2), pp.187-193.

Shelley D, Cantrell J, Wong S, and Warn D. (2010). Smoking cessation among sheltered homeless: a pilot. *American Journal of Health Behavior*, 34, pp.544-52.

Shern D L, Felton C J, Hough R L, Lehman A F, Goldfinger S, Valencia E, Dennis D, Straw R, and Wood P A. (1997). Housing Outcomes for Homeless Adults With Mental Illness: Results From the Second-Round McKinney Program. *Psychiatric services*, 48(2), pp.239-241.

Shern D L, Tsemberis S, Anthony W, Lovell A M, Richmond L, Felton C J, Winarski J, and Cohen M. (2000). Serving street-dwelling individuals with psychiatric disabilities: Outcomes of a psychiatric rehabilitation clinical trial. *American Journal of Public Health*, 90(12), pp.1873-8.

Shinn M, Samuels J, Fischer S N, Thompkins A, and Fowler P J. (2015). Longitudinal Impact of a Family Critical Time Intervention on Children in High-Risk Families Experiencing Homelessness: a Randomized Trial. *American journal of community psychology*. 56 (3-4) (pp 205-216), and 2015. Date of publication: 01 dec 2015., 56(3-4).

Siegel C E, Samuels J, Tang D I, Berg I, Jones K, and Hopper K. (2006). Tenant Outcomes in Supported Housing and Community Residences in New York City. *Psychiatric Services*, 57(7), pp.982-991.

Silva E N, Pereira A C E D S, Araújo W N D, and Elias F T S. (2018). A systematic review of economic evaluations of interventions to tackle tuberculosis in homeless people. *Pan American Journal of Public Health*, 42, pp.e40.

Slesnick N, Dashora P, Letcher A, Erdem G, and Serovich J. (2009). A review of services and interventions for runaway and homeless youth: Moving forward. *Children and Youth Services Review*, 31, pp.732-742.

Slesnick N, and Erdem G. (2012). Intervention for Homeless, Substance Abusing Mothers: Findings from a Non-Randomized Pilot. *Behavioral Medicine*, 38, pp.36-48.

Slesnick N, and Erdem G. (2013). Efficacy of ecologically-based treatment with substance-abusing homeless mothers: Substance use and housing outcomes. *Journal of substance abuse treatment*, 45(5), pp.416-425.

Slesnick N, Guo X, Brakenhoff B, and Bantchevska D. (2005). Outcome of CRA with Homeless Adolescents: preliminary findings. 67th annual scientific meeting of the college on problems of drug dependence, 2005 jun 18-23, orlando, and florida, , pp..

Slesnick N, Guo X, Brakenhoff B, and Bantchevska D. (2015). A comparison of three interventions for homeless youth evidencing substance use disorders: results of a randomized clinical trial. *Journal of Substance Abuse Treatment*, 54, pp.1-13.

Slesnick N, Prestopnik J L, Meyers R J, and Glassman M. (2007). Treatment outcome for street-living, homeless youth. *Addictive behaviors*, 32(6), pp.1237-1251.

Smelson D A, Chinman M, Hannah G, Byrne T, and McCarthy S. (2018). An evidence-based co-occurring disorder intervention in VA homeless programs: outcomes from a hybrid III trial. *BMC health services research*, 18(1), pp.332.

Smelson D A, Perez C K, Farquhar I, Byrne T, and Colegrove A. (2018). Permanent Supportive Housing and Specialized Co-Occurring Disorders Wraparound Services for Homeless Individuals. *Journal of Dual Diagnosis*, 14(4), pp.247-256.

Smith J E, Meyers R J, and Delaney H D. (1998). The community reinforcement approach with homeless alcohol-dependent individuals.. *Journal of Consulting and Clinical Psychology*, 66(3), pp.541.

Somers J M, Moniruzzaman A, and Palepu A. (2015). Changes in daily substance use among people experiencing homelessness and mental illness: 24-month outcomes following randomization to Housing First or usual care. *Addiction*, 110, pp.1605-1614.

Somers J M, Moniruzzaman A, Patterson M, Currie L, Rezansoff S N, Palepu A, and Fryer K. (2017). A randomized trial examining housing first in congregate and scattered site formats. *PloS one*, 12(1).

Somers J M, Rezansoff S N, Moniruzzaman A, Palepu A, and Patterson M. (2013). Housing first reduces re-offending among formerly homeless adults with mental disorders: results of a randomized controlled trial. *Plos one*, 8, pp.e72946.

Song J, Ratner E R, Wall M M, Bartels D M, Ulvestad N, Petroskas D, West M, Weber-Main A M, Grengs L, and Gelberg L. (2010). Effect of an End-of-Life Planning Intervention on the completion of advance directives in homeless persons: a randomized trial. *Annals of Internal Medicine*, 153, pp.76-84.

Sonja L R. (2018). A transitional housing program for older foster youth: How do youth fare after exiting?. *Children and Youth Services Review*, 88, pp.361-365.

Sosin M R, Bruni M, and Reidy M. (1996). Paths and impacts in the progressive independence model: a homelessness and substance abuse intervention in Chicago. *Journal of Addictive Diseases*, 14(4), pp.1-20.

Sosin M R, George C C, and Grossman S F. (2012). Social services in interim housing programs and shelters. *Housing Policy Debate*, 22, pp.527-550.

Speirs V, Johnson M, and Jirojwong S. (2013). A systematic review of interventions for homeless women. *Journal of Clinical Nursing*, 22, pp.1080-1093.

Srebniak D, Connor T, and Sylla L. (2013). A pilot study of the impact of housing first-supported housing for intensive users of medical hospitalization and sobering services. *American Journal of Public Health*, 103(2), pp.316-321.

Starks S L. (2012). Cost and effectiveness of full service partnerships: Assertive community treatment of severe mental illness following the California Mental Health Services Act. . University of California, Los Angeles.

Steele R W, and O'Keefe M A. (2001). A program description of health care interventions for homeless teenagers. *Clinical Pediatrics*, 40, pp.259-263.

Stefancic A, and Tsemberis S. (2007). Housing First for long-term shelter dwellers with psychiatric disabilities in a suburban county: a four-year study of housing access and retention. *Journal of primary prevention*, 28(3-4), pp.265-279.

Stephen M, Steven M C, and Dennis C P. (2003). The New York-New York housing initiative and use of public shelters by persons with severe mental illness. *Psychiatric services*, 54(1), pp.67-71.

Stergiopoulos V, Dewa C S, Tanner G, Chau N, Pett M, and Connelly J L. (2010). Addressing the needs of the street homeless: a collaborative approach. *International Journal of Mental Health*, 39, pp.3-15.

Stergiopoulos V, Gozdzik A, Misir V, Skosireva A, Connelly J, Sarang A, Whisler A, Hwang S W, O'Campo P, and McKenzie K. (2015). Effectiveness of housing first with intensive case management in an ethnically diverse sample of homeless adults with mental illness: A randomized controlled trial. *PLoS One*, 10(7), pp.e0130281.

Stergiopoulos V, Gozdzik A, Misir V, Skosireva A, Sarang A, Connelly J, Whisler A, and McKenzie K. (2016). The effectiveness of a Housing First adaptation for ethnic minority groups: findings of a pragmatic randomized controlled trial. *BMC Public Health*, 16(1), pp.1-11.

Stergiopoulos V, Gozdzik A, Nisenbaum R, Durbin J, Wang S H, O'Campo P, Tepper J, and Wasylenki D. (2018). Bridging Hospital and Community Care for Homeless Adults with Mental Health Needs: Outcomes of a Brief Interdisciplinary Intervention. *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie*, 63, pp.774-784.

Stergiopoulos V, Hwang S W, Gozdzik A, Nisenbaum R, Latimer E, Rabouin D, Adair C E, Bourque J, Connelly J, Frankish J, and Katz L Y. (2015). Effect of Scattered-Site housing using rent supplements and intensive case management on housing stability among homeless adults with mental illness. *Jama*, 313(9), pp.905-915.

Stergiopoulos V, Mejia-Lancheros C, Nisenbaum R, Wang R, Lachaud J, O'Campo P, and Hwang S W. (2019). Long-term effects of rent supplements and mental health support services on housing and health outcomes of homeless adults with mental illness: extension study of the At Home/Chez Soi randomised controlled trial. *The Lancet. Psychiatry*, 6, pp.915-925.

Stringer, C., Loosemore, M., Moller, E., Jackson, S.E., López-Sánchez, G.F., Firth, J., Johnstone, J., Stubbs, B., Vancampfort, D. and Smith, L., 2019. Promoting physical activity in vulnerable adults 'at risk' of homelessness: a randomised controlled trial protocol. *BMJ open*, 9(3), p.e026466.

Sullivan C M, Goodman L A, Virden T, Strom J, and R Ramirez. (2018). Evaluation of the effects of receiving trauma-informed practices on domestic violence shelter residents. *American Journal of Orthopsychiatry*, 88, pp.563-570.

Susser E, Valencia E, Conover S, Felix A, Tsai W Y, and Wyatt R J. (1997). Preventing Recurrent Homelessness among Mentally 111 Men: A "Critical Time" Intervention after Discharge from a Shelter. *American Journal of Public Health*, 87(2), pp.256-262.

Tabol C, Drebing C, and Rosenheck R. (2010). Studies of "supported" and "supportive" housing: A comprehensive review of model descriptions and measurement. *Evaluation and Program Planning*, 33(4), pp.446-456.

Taylor H, Genevieve D F, Benjamin H F, Harmony R, Eric R, and Suzanne W L. (2019). Los Angeles housing models and neighbourhoods role in supportive housing residents social integration. *Housing Studies*, 34(4), pp.609-635.

Taylor, J., 2014. Housing assistance for households experiencing homelessness. In *National Alliance to End Homelessness National Conference on Ending Family and Youth Homelessness*. New Orleans, LA.

Tempier R, Balbuena L, Garety P, and Craig T J. (2012). Does Assertive Community Outreach Improve Social Support? Results From the Lambeth Study of Early-Episode Psychosis. *Psychiatric Services*, 63(3), pp.216-222.

Thomas Y, Gray M, and McGinty S. (2011). A systematic review of occupational therapy interventions with homeless people. *Occupational Therapy In Health Care*, 25, pp.38-53.

Thompson Jr R G, Elliott J C, Hu M C, Aivadyan C, Aharonovich E, and Hasin D S. (2017). Short-term effects of a brief intervention to reduce alcohol use and sexual risk among homeless young adults: Results from a randomized controlled trial. *Addiction Research & Theory*, 25, pp.24-31.

Thulien N S, Kozloff N, McCay E, Nisenbaum R, Wang A, and Hwang S W. (2019). Evaluating the Effects of a Rent Subsidy and Mentoring Intervention for Youth

Transitioning Out of Homelessness: Protocol for a Mixed Methods, Community-Based Pilot Randomized Controlled Trial. *JMIR Research Protocols*, 8(12), pp.e15557.

Tinland, A., Loubiere, S., Boucekine, M., Boyer, L., Fond, G., Girard, V. and Auquier, P., 2019. Effectiveness of a Housing Support Team Intervention with a Recovery-Oriented Approach on Hospital and Emergency Department Use by Homeless People with Severe Mental Illness: A Randomized Controlled Trial. *French Housing First Study, Effectiveness of a Housing Support Team Intervention with a Recovery-Oriented Approach on Hospital and Emergency Department Use by Homeless People with Severe Mental Illness: A Randomized Controlled Trial* (July 11, 2019).

Tomita A, and Herman D B. (2012). The impact of critical time intervention in reducing psychiatric rehospitalization after hospital discharge. *Psychiatric Services*, 63(9), pp.935-937.

Tomita A, and Herman DB. (2015). The role of a critical time intervention on the experience of continuity of care among persons with severe mental illness after hospital discharge. *Journal of Nervous and Mental Disease*, 203, pp.65-70.

Tomita A, Lukens E P, and Herman D B. (2014). Mediation Analysis of Critical Time Intervention for Persons Living With Serious Mental Illnesses: Assessing the Role of Family Relations in Reducing Psychiatric Rehospitalization. *Psychiatric Rehabilitation Journal*, 37(1), pp.4-10.

Tomita A M. (2011). Examining the impact and theoretical pathway of critical time intervention on psychiatric re-hospitalization outcomes among formerly homeless individuals with severe mental illness. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 72, pp.2159.

Toro P A, Rabideau J M P, Bellavia C W, Daeschler C V, Wall D, Thomas D M, and Smith S J. (1997). Evaluating an Intervention for Homeless Persons: Results of a Field Experiment. *Journal of consulting and clinical psychology*, 65(3), pp.476-484.

Trusty M L. (1997). An experimental comparison of three types of case management for homeless mentally ill persons.. *Psychiatr Serv.*, 48(4), pp.497-503.

Tsai J, Kaspro W, and Rosenheck R A. (2011). Exiting homelessness without a voucher: A comparison of independently housed and other homeless veterans. *Psychological Services*, 8, pp.114-122.

Tsai J, Mares A S, and Rosenheck R A. (2010). A Multisite Comparison of Supported Housing for Chronically Homeless Adults: 'Housing First' Versus 'Residential Treatment First'. *Psychological Services*, 7(4), pp.219-232.

Tsemberis S, Gulcur L, and Nakae M. (2004). Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis. *American Journal of Public Health*, 94(4), pp.651-6.

Udodirim O, Kristin W M, Rose-Marie S F, and David H P. (2019). Using Directly Observed Therapy (DOT) for latent tuberculosis treatment A hit or a miss? A propensity score analysis of treatment completion among 274 homeless adults in Fulton County, GA. *PLOS ONE*, 14(6), pp.e0218373.

Vallesi S, Flatau P, Thielking M, Mackelprang J L, Taylor K M, Sala L L, Spiers J, Wood L, Martin K, Kragt D, Lester L, Whittaker E, and Courtney R J. (2019). A mixed methods randomised control trial to evaluate the effectiveness of the journey to social inclusion - phase 2 intervention for chronically homeless adults: study protocol. *BMC public health*, 19, pp.334.

Van Vugt M D, Kroon H, Delespaul P A, and Mulder C L. (2012). Consumer-providers in assertive community treatment programs: associations with client outcomes. *Psychiatric Services*, 63(5), pp.477-481.

Vet R D, Beijersbergen M D, Jonker I E, Lako D A, van Hemert A M, Herman D B, and Wolf J R. (2017). Critical Time Intervention for Homeless People Making the Transition to Community Living: A Randomized Controlled Trial. *American Journal of Community Psychology*, 60(1-2), pp.175.

Wade BP. (2009). The effectiveness of the advocacy and benefits homeless programs in reducing homelessness or at-risk for homelessness. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 70, pp.3217.

Weber J J. (2019). A systematic review of nurse-led interventions with populations experiencing homelessness. *Public Health Nursing*, 36, pp.96-106.

Weissman E M, Covell N H, Kushner M, Irwin J, and Essock S M. (2005). Implementing peer-assisted case management to help homeless veterans with mental illness transition to independent housing. *Community Mental Health Journal*, 41(3), pp.267-276.

William N E, Sullivan J X, and Wallskog M. (2016). The impact of homelessness prevention programs on homelessness. *Science*, 353(6300), pp.694-699.

Winn J L, Shealy S E, Kropp G J, Felkins-Dohm D, Gonzales-Nolas C, and Francis E. (2013). Housing Assistance and Case Management: Improving Access to Substance Use Disorder Treatment for Homeless Veterans. *Psychological services*, 10(2), pp.233-240.

Wolff N, Helminiak T W, Morse G A, Calsyn R J, Klinkenbert W D, and Trusty M L. (1997). Cost effectiveness evaluation of Three approaches to case management for homeless mentally ill clients. The American journal of psychiatry, 154(3), pp.341-8.

Wolitski R J, Kidder D P, Pals S L, Royal S, Aidala A, Stall R, Holtgrave D R, Harre D, and Courtenay-Quirk C. (2010). Randomized Trial of the Effects of Housing Assistance on the Health and Risk Behaviors of Homeless and Unstably Housed People Living with HIV. AIDS and Behavior, 14(3), pp.493-503.

Wong C J, Kolodner K, Fingerhood M, Bigelow G E, and Silverman K. (2005). A Therapeutic Workplace for Homeless Alcohol-Dependent Individuals. Proceedings of the 67th annual scientific meeting of the college on problems of drug dependence, 2005 june 19-23, orlando, florida, and USA.

Wood M, Turnham J, and Mills G. (2008). Housing affordability and family well-being: Results from the housing voucher evaluation. Housing Policy Debate, 19(2), pp.367-412.

Woodhall-Melnik J R, and Dunn J R. (2016). A systematic review of outcomes associated with participation in Housing First programs. Housing Studies, 31(3), pp.287-304.

Yamin S, Aubry T, Volk J, Jetté J, Bourque J, and Crouse S. (2014). Peer Supportive Housing for Consumers of Housing First Who Experience Ongoing Housing Instability. Canadian Journal of Community Mental Health, 33, pp.61-76.

Ybarra M, Bosi A T B, Korchmaros J, and Emri S. (2019). Text Messaging-Based Smoking Cessation Program for Homeless Youth. National Library of Medicine, , pp..

Zalta A. (2019). Homeless Youth Study - Stepping Stone 2.0. National Library of Medicine. Clinical trials <https://clinicaltrials.gov/ct2/show/NCT03776422>

Zhang J, and Slesnick N. (2018). Substance use and social stability of homeless youth: A comparison of three interventions. Psychology of Addictive Behaviors, 32, pp.873-884.

Zhang S X, Shoptaw S, Reback C, Yadav K, and Nyamathi A M. (2018). Cost-effective way to reduce stimulant-abuse among gay/bisexual men and transgender women: A randomized clinical trial with a cost comparison. Public Health, 154, pp.151-160.\

Zhuo W L, Mott S, Magwood O, Mathew C, Mclellan A, Kpade V, Gaba P, Kozloff N, Pottie K, and Andermann A. (2019). The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: a systematic review. BMC Public Health, 19, pp.1528.

Additional reference

Evans W.N. Philips D.C. and Ruffini K.J. (2019) Reducing and Preventing Homelessness: A Review of the Evidence and Charting a Research Agenda NBER Working Paper No. 26232, Cambridge: NBER.



Centre for Homelessness Impact

www.homelessnessimpact.org

© CHI 2020

978-1-9995928-9-9

Registered Charity Numbers:

E&W1183026, SC049501

Company Number: 11732500