

Iowa Center of Excellence for Behavioral Health's

Iowa Permanent Supportive Housing Program Guide

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INTRODUCTION

The purpose of this guide is to:

- Define Permanent Supportive Housing (PSH).
- Describe the evidence and who PSH serves.
- List outcomes associated with the model.
- Provide a landscape of PSH programming in Iowa.
- Disseminate the fidelity scale to evaluate programs.

The contents of this guide are informed in part by informational documents from the Corporation for Supportive Housing (CSH), Substance Abuse and Mental Health Services Administration (SAMHSA), and Iowa’s PSH Statewide Advisory Committee, hosted bimonthly by CEBH. The PSH Statewide Advisory Committee discusses programming, standards, fidelity, and outcomes in programs across Iowa.

Acronyms

Some acronyms used throughout this document are:

- ADA (Americans with Disabilities Act)
- CEBH (Iowa’s Center of Excellence for Behavioral Health)
- CSH (Corporation for Supportive Housing)
- EBP (Evidence-Based Practice)
- MH (Mental Health)
- PSH (Permanent Supportive Housing)
- SAMHSA (Substance Abuse and Mental Health Services Administration)
- SED (Serious Emotional Disturbance)
- SMI (Serious Mental Illness)
- SSA (Social Security Administration)
- QA (Quality Assurance)

PSH OVERVIEW

Permanent Supportive Housing (PSH) is an evidence-based practice that takes a Housing First approach (i.e., minimal barrier) and has been proven to be an effective model for increasing housing stability among individuals with disabilities experiencing chronic homelessness (Rog et al., 2014).

Evidence Supporting PSH

Across studies, PSH programs have been shown to decrease rates of homelessness and high-cost service utilization, such as hospitalizations and incarceration (Martinez & Burt, 2006; Culhane, Metraux, & Hadley, 2002; Tsemberis, Gulcur, & Nakae, 2004). PSH programs provide housing stability with standard, nonrenewable leases and voluntary, flexible support services (e.g., harm reduction principles, case management, vocational rehabilitation) (Tsemberis, Gulcur, & Nakae, 2004; Martinez & Burt, 2006). Effectively, the savings from decreasing high-cost service utilization makes PSH both a person-centered and cost-effective model of care (Gulcur et al., 2003; Larimer et al., 2009).

Who PSH Serves

According to the Iowa PSH definition, PSH is for individuals with complex, multi-occurring conditions (i.e., serious mental illness, psychiatric disabilities) experiencing chronic homelessness. Further, the Corporation for Supportive Housing (CSH) reports PSH has been shown to be most effective for “individuals and families trapped in a cycle of crisis and housing instability due to extreme poverty, trauma, violence, mental illness, addiction or other chronic health conditions, housing can entirely dictate their health and health trajectory. For these populations, housing is a necessary precursor of health” (CSH, 2014).

What PSH Does

PSH provides qualifying individuals permanent housing with access to supportive services. Individuals also receive assistance in becoming fully integrated into their community. There are different approaches to PSH including project-based rental assistance, sponsor-based rental assistance, and tenant-based rental assistance. These strategies can be provided in single-site or scattered-site housing settings. PSH programs follow core pillars that allow individuals access to a standardized, trauma-informed, and evidence-based service.

Outcomes

When PSH is implemented to meet fidelity standards, there are multiple positive outcomes that occur for tenants. A diagram from the [CSH 2022 Standards Guidebook](#) demonstrating five of these positive outcomes is below.



Figure 1: Visual of the five primary positive supporting housing outcomes.

LANDSCAPE OF PSH IN IOWA

Iowa’s PSH Statewide Advisory Committee spent months curating a research-informed, Iowa-aligned definition and standards to further support and expand PSH throughout Iowa. Increased efforts to set forth uniform requirements and standards for PSH programs in Iowa were necessary to increase the effectiveness of PSH, create ethical uniformity, and expand to additional funding streams.

Definition of PSH

PSH is an evidence-based, minimal barrier housing intervention prioritized for individuals with complex, multi-occurring conditions that meet fidelity to established standards. Individuals in PSH programs live with affordability, autonomy, and dignity through the combination of person-centered, flexible, voluntary support services and have a legal right to remain in their housing, as defined by the terms of a standard, renewable lease agreement. Access to and maintenance of housing is available to individuals who meet PSH eligibility criteria and is not based on housing readiness requirements, such as sobriety, behavioral, and/or program compliance.

Core Pillars and Standards of PSH

Minimal Barrier

- Decent and Safe Housing
- Access to Housing
- Access to Services

Voluntary

- Functional Separation of Housing and Services
- Flexible, Voluntary Services

Affordable

- Affordable Housing
- Affordable Services

Integrated

- Housing Integration
- Integrated Service Options

Informed Choice

- Housing Options and Choice of Living Arrangements
- Individual Rights
- Choice of Services

PSH Programs in Iowa

Using information compiled by an environmental scan conducted by CEBH and reviews conducted by the PSH Statewide Advisory Committee, 11 agencies were identified as providing PSH in alignment with the above stated core pillars and standards. These agencies combined provide services coverage to 27 out of Iowa’s 99 counties (see Figure 2).

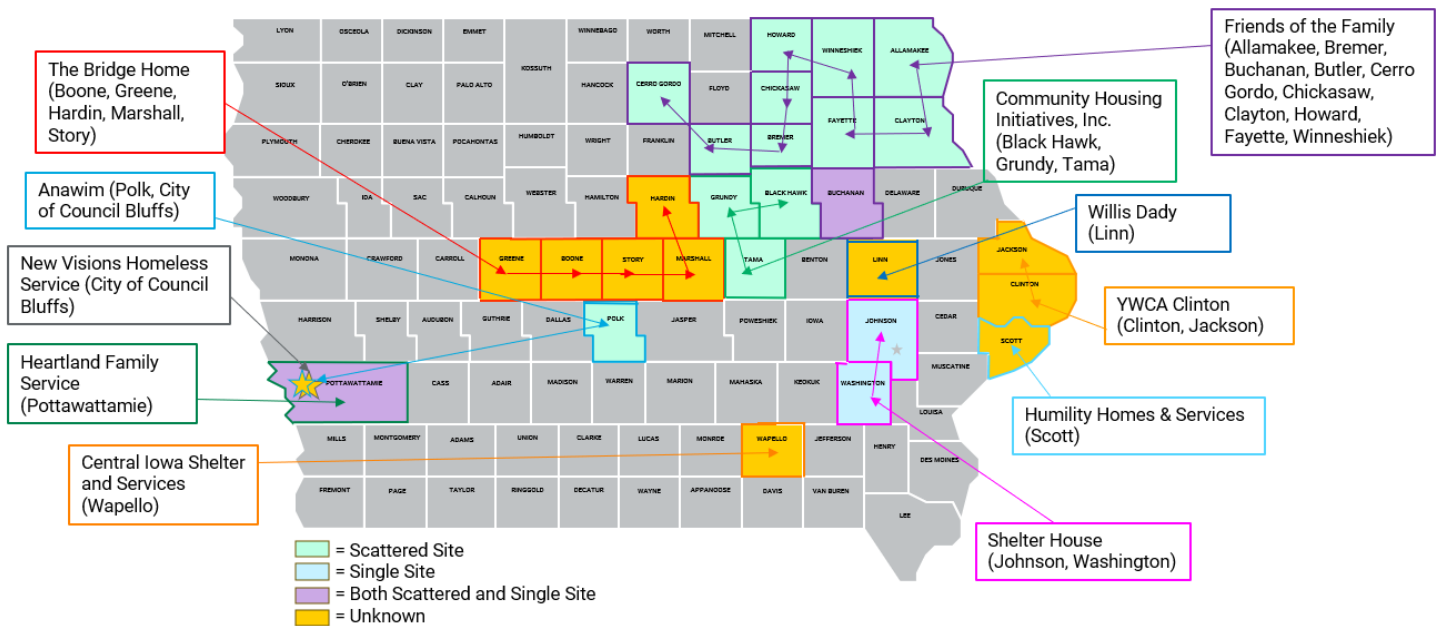


Figure 2: Map of PSH providers by county in Iowa.

Note: Data in this map were collected from environmental scans in 2023-2024.

PSH FIDELITY OVERVIEW

Evidence-based practices utilize fidelity scales to help evaluate programs and services to determine whether, and how closely, they are adhering to the standardized practices of the specific model. For the PSH Fidelity Scale, the principles of PSH are defined within criterion which differentiate the programs implementing the model fully versus those who are not providing PSH. Research has demonstrated programs who rate at a higher fidelity are expected to have better outcomes than those programs who rate at a lower fidelity score.

Purpose of Fidelity Reviews

Conducting a fidelity review is lengthy and can be burdensome. Although it is meant to be a tool for improving the program’s outcomes, it is human to feel judged. When this is a concern, it is common to ask “Is a review worthwhile? Why should our program need one?”

It cannot be stressed enough how useful it is to receive feedback from outside sources on ways to improve the PSH program because the outcomes from research studies prove this in turn improves clients’ lives. Many community-based evidence-based practices use fidelity scales to create a system that can replicate outcomes for programs regardless of implementation location. There are multiple studies which have reliably established the relationship between programs with higher fidelity and higher housing retention rates, shown reductions in the use of crisis services and institutions, and demonstrated improvements in health and social outcomes (USICH, 2023).

The specific feedback fidelity reviews can provide is the absolute best approach to enhance the quality of services. When PSH teams implement changes based on the recommendations received in the PSH Fidelity Report, it has been repeatedly evidenced that programs can achieve high fidelity.

Additionally, when programs and leaders promote fidelity reviews there is a more far-reaching dedication to the assurance of quality in PSH services. Those PSH teams who use information to inform practice and monitor their progress provide a higher standard of excellence for all clients served within PSH.

PSH Fidelity Scale Summary

There are seven sections in the PSH Fidelity Scale. Each section has criteria which are rated on a 4-point Likert scale, where “1” is considered no implementation to “4” which is considered full implementation with the ratings in between demonstrating gradually increased levels of



application. Each item is anchored in measurable elements of the PSH model. The PSH programs that rate at a higher fidelity have been proven to have better outcomes than the programs that rate lower.

Below is a list of the sections and their dimensions, which are described in more detail in the “PSH Fidelity Items” portion of the guide.

1. Housing Options & Choice of Living Arrangement

- 1.1. Housing Options
- 1.2. Choice of Living Arrangements

2. Functional Separation of Housing and Services

- 2.1. Functional Separation

3. Decent, Safe, and Affordable Housing

- 3.1. Housing Affordability
- 3.2. Decent and Safe Housing

4. Housing Integration

- 4.1. Housing Integration

5. Individual Rights

- 5.1. Individual Rights

6. Access to Housing and Services

- 6.1. Access to Housing
- 6.2. Privacy

7. Flexible, Voluntary Services

- 7.1. Voluntary Services
- 7.2. Choice of Services
- 7.3. Integrated Service Options
- 7.4. Access to Service Options

PSH FIDELITY ITEMS

This portion of the manual provides a more holistic breakdown of each fidelity item with the standards, indicators, and rationale for each dimension.

1. Housing Choice

1.1. Housing Options

This dimension pertains to the core pillar of **Informed Choice** with meeting two key standards: 1) *individuals have a choice of housing type and living arrangement*; and 2) *individuals can wait for their unit of choice without risking discharge from the program or losing priority for services or units*.

Fidelity Indicators of this Dimension:

- a. Individuals choose among types of housing.
- b. Individuals have choice of unit within the housing model.
- c. Individuals can wait for the unit of their choice without losing their place on eligibility lists.

Rationale

Ideally, Permanent Supportive Housing should consider individual preferences for type of housing at intake or entry into programs. The clinically unwarranted segregation of people with disabilities has been found to violate the Americans with Disabilities Act (ADA). Choice in housing is consistent with federal policy and the Olmstead Supreme Court decision of 1999. Also, consumer preference and consumer outcome studies draw similar conclusions – consumers prefer and have better outcomes in situations where their type of housing (i.e., single site, scattered site, etc.), and outcomes supporting participants satisfaction is higher.

1.2. Choice of Living Arrangements

This dimension pertains to the core pillar of **Informed Choice** with meeting one key standard: 1) *individuals have a choice of housing type and living arrangement*.

Fidelity Indicator of this Dimension:

- a. Individuals control the living arrangements for their household.

Rationale

Consumer preference studies and consumer satisfaction surveys indicate better results when consumers control elements of their living arrangements. Other consumer preference and consumer outcome studies demonstrate the importance of choice in housing. Tanzman (1993) reviewed a number of preference studies with similar conclusions – consumers prefer and have better outcomes in situations where their choice has been solicited and supported.

2. Functional Separation of Housing and Services

2.1. Functional Separation

This dimension pertains to the core pillars of **Voluntary** and **Integrated** with meeting three key standards: 1) *housing management staff has no role in providing support services, and service staff has no role in housing management*; 2) *options for services are integrated within the community*; and 3) *social and clinical service providers are readily accessible and mobile*.

Fidelity Indicators of this Dimension:

- a. Housing management staff do not have any authority or formal role in providing social and/or clinical services.
- b. Social and/or clinical service providers do not have any authority or formal role in providing housing management functions.
- c. Social and/or clinical services are integrated within the community. To further facilitate a sense of home, services and housing should not be collocated.

Rationale

Separating the functions of housing, social, and/or clinical services allows housing providers to focus on housing concerns (e.g., rent, maintenance, leases) and service providers to focus on service concerns (e.g., treatment planning, case management). This helps to prevent confusion among individuals and provider staff about their roles. In accordance with consumer choice, programs must also have the capacity to deliver services to participants based on their preferences, whether in the community or in program offices.

3. Decent, Safe, and Affordable Housing

3.1. Housing Affordability



This dimension pertains to the core pillar of **Affordable** with meeting one key standard: 1) *individuals pay a reasonable amount of their income for housing (30% or less of their income for housing costs).*

Fidelity Indicator of this Dimension:

- a. Individuals pay a reasonable amount of their income for housing.

Rationale

The Housing and Urban Development (HUD) definition of a cost burden is met when individuals pay more than 30% of their income toward housing costs (rent or mortgage plus basic utilities). Further, a severe cost burden exists when more than 50% of income is used for housing costs. Cost burdens lead to financial instability which, in turn, may lead to housing instability. To the extent that housing is affordable, individuals have the opportunity to increase community integration and improve their financial condition.

3.2. Decent and Safe Housing

This dimension pertains to the core pillar of **Minimal Barrier** with meeting one key standard: 1) *all housing units meet habitability standards and meet accessibility needs of the individual.*

Fidelity Indicator of this Dimension:

- a. Housing meets HUD’s Housing Quality Standards (HQS) and/or Housing Habitability Standards.

Rationale

HUD sets Housing Quality Stands (HQS) and Housing Habitability Standards (HHS) for use by Public Housing Agencies (PHAs). Permanent Supportive Housing should meet the standards most applicable to their program.

4. Housing Integration

4.1. Housing Integration

This dimension pertains to the core pillar of **Integrated** with meeting two key standards: 1) *housing units are in the most integrated setting appropriate to the needs of individuals eligible for PSH; and 2) housing type(s) available are scattered site and/or single site.*

Fidelity Indicator for this Dimension:

- a. Housing units are integrated into their community.

Rationale

Client preference studies show that clients strongly prefer traditional housing and supports over a congregate residential services approach, and they want to live alone or with someone of their choice, rather than with groups of people who have psychiatric disabilities. If single-site housing is pursued, many successful examples of integrated housing exist as models. Clients want a variety of support services that they can call on, but many do not want to live in staffed settings. Also, the Olmstead Supreme Court decision interprets the ADA’s anti-discrimination provision to require providing services in the “most integrated setting.”

5. Individual Rights

5.1. Individual Rights

This dimension pertains to the core pillar of **Minimal Barrier** with meeting two key standards: 1) *all housing units must follow Fair Housing Laws; and 2) housing readiness is not based on sobriety, behavioral, or program compliance.*

Fidelity Indicators for this Dimension:

- a. Individuals have legal rights to the housing unit per local and federal landlord/individual laws.
- b. Tenancy is not contingent on compliance with program provisions.

Rationale

While research studies have not specifically examined the link between rights of tenancy and outcomes, this element of Permanent Supportive Housing is consistent with federal community integration policy. Restrictions, special provision in leases, or “house rules” beyond regular conditions normally allowed by landlord-individual law create an improper coercive relationship in which people can lose their housing if they refuse to follow treatment recommendations; they have little opportunity to challenge or appeal such decisions.

6. Access to Housing and Services

6.1. Access to Housing



This dimension pertains to the core pillar of **Minimal Barrier** with meeting two key standards: 1) *housing readiness is not based on sobriety, behavioral, or program compliance; and 2) access to and maintenance of housing is available to individuals eligible for PSH.*

Fidelity Indicators for this Dimension:

- a. Individuals are not required to demonstrate housing readiness to gain access to units.
- b. Individuals with obstacles to housing stability have priority.

Rationale

Demonstrations of housing readiness are barriers to consumers with significant functional impairments. Permanent Supportive Housing must be responsive to the needs of all people with disabilities.

6.2. Privacy

This dimension pertains to the core pillar of **Minimal Barrier** with meeting one key standard: 1) *individuals have control over service staff entry to housing unit.*

Fidelity Indicator for this Dimension:

- a. Individuals control staff entry into the unit.

Rationale

Clients want a variety of services they can call on, but they do not prefer to live in staffed facilities. Who controls access to the housing unit is a diagnostic indicator of how programs are operating.

7. Flexible, Voluntary Services

7.1. Voluntary Services

This dimension pertains to the core pillars of **Informed Choice** and **Voluntary** with meeting three key standards: 1) *individuals may choose from an array of services, including the option of no services, based on level of acuity; 2) individuals are offered routine opportunities to modify their service selections; and 3) individuals are informed of service changes and aware of newly available services.*

Fidelity Indicators for this Dimension:

- a. Individuals are involved in their service planning.
- b. Individuals have the opportunity to modify service selection.

Rationale

Choice is a key predictor of success in terms of community integration, residential stability, and client satisfaction.

7.2. Choice of Services

This dimension pertains to the core pillars of **Informed Choice**, **Integrated**, and **Affordable** with meeting three key standards: 1) *individuals may choose from an array of services, including the option of no services, based on level of acuity; 2) service mix is highly flexible and can adapt type, location, intensity, and frequency based on individual's changing needs and preferences; and 3) all available funding streams for services are exhausted for the most effective service delivery and utilization. Individuals are informed of service changes and aware of newly available services.*

Fidelity Indicators for this Dimension:

- a. Individuals are able to choose the services they receive.
- b. Services can be changed to meet individuals' changing needs, preferences, and funding stream.

Rationale

The services individuals receive must be seen as necessary from the perspective of clients. Once clients are asked about needs and preferences about program services, it is important the program can deliver a variety of services sufficient to meet those preferences.

7.3. Integrated Service Options

This dimension pertains to the core pillar of **Integrated** with meeting one key standard: 1) *options for services are integrated within the community.*

Fidelity Indicator for this Dimension:

- a. Services are person-centered and integrated into the community.

Rationale

Consumer-driven services emphasize choice, flexibility, and community integration.

7.4. Access to Service Options

This dimension pertains to the core pillars of **Voluntary**, **Integrated**, and **Minimal Barrier** with meeting three key standards: 1) *caseload is on average 15 individuals or less per housing staff member*; 2) *housing management staff, service provider staff, and natural supports collaborate for the most effective service delivery and utilization*; and 3) *services are provided by a team and available 24/7*.

Fidelity Indicators for this Dimension:

- a. Services are provided with optimum caseload sizes.
- b. Housing management staff, service provider staff, and natural supports collaborate for the most effective service delivery and utilization.
- c. Services are provided 24 hours a day, 7 days a week.

Rationale

To maintain housing for people with serious mental illness, services and supports must be readily available. Permanent Supportive Housing is designed to improve housing stability for people with significant functional impairments. Housing will not be retained if consumers do not have supports and services.

GLOSSARY

Americans with Disabilities Act (ADA): A federal civil rights law that prohibits discrimination against people with disabilities in everyday activities (e.g., employment, public services, public transit, telecommunications).

Co-occurring disorders: The condition in which a person has a co-existing mental illness and substance use disorder. Also called “dual diagnosis”.

Corporation for Supportive Housing (CSH): The national leader in supportive housing, focusing it on person-centered growth, recovery and success that contributes to the health and wellbeing of the entire community. CSH provides resources that help communities create and model cost-effective supportive housing to address many challenges including homelessness, unnecessary institutionalizations, mental health needs, substance use recovery, crime, family separations and poverty.

Evidence-based practice: The thoughtful integration of the best scientific research with clinical expertise and client needs and values to curate guidelines aimed at improving outcomes for clients. These practices are found to have the best cost-to-benefit ratio and the safest means of providing valuable services.

Fidelity scale: Tools to assess the quality of implementation in a program to the evidence-based practices model. The Iowa IPS Fidelity Scale is a translation of the eight practice principles into 25 items to provide useful feedback in how to follow the critical components of IPS for the best outcomes for clients.

Fidelity action plan: A written plan created by the organization’s steering committee in consultation with technical assistance providers which outlines next steps to reach and sustain high fidelity and improved outcomes. A plan is comprised of detailed steps, the people involved, and a timeframe for completion.

Fidelity item anchor: The individual score (1 – 4) within each fidelity scale criterion.

Fidelity item component: Some of the fidelity scale criterion have four or five measures, which are referred to as components.

Housing First: A homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform



from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the understanding that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Housing and Urban Development (HUD): A federal agency responsible for national policy and programs that address America’s housing needs, that improve and develop the Nation’s communities, and enforce fair housing laws.

Olmstead Decision: The 1999 Supreme Court decision that determined unnecessary segregation of individuals with disabilities in institutions is discrimination under the American’s with Disability Act (ADA). This means when treatment professionals determine community placement is appropriate and the individual does not oppose being served in the community, reasonable accommodations must be met meaning having a comprehensive, effectively working plan for placing qualified people with disabilities in the least restrictive settings possible.

Permanent Supportive Housing: Permanent supportive housing (PSH) is an evidence-based, minimal barrier housing intervention prioritized for individuals with complex, multi-occurring conditions that meet fidelity to established standards. Individuals in PSH programs live with affordability, autonomy, and dignity through the combination of person-centered, flexible, voluntary support services and have a legal right to remain in their housing, as defined by the terms of a renewable lease agreement. Access to and maintenance of housing is available to individuals who meet PSH eligibility criteria and is not based on housing readiness requirements, such as sobriety, behavioral, and/or program compliance.

Substance Abuse and Mental Health Services Administration (SAMHSA): An agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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