

The Role of Housing and Services in Ending Family Homelessness

Ellen L. Bassuk and Stephanie Geller

National Center on Family Homelessness

Abstract

This article reviews what is known about the role of housing and services in reducing family homelessness. People in families comprise 33 percent of the homeless population, but few resources are available to fully meet their needs. Some researchers have suggested that the vast majority of these families do not need services and that housing vouchers alone can end most family homelessness.

The literature on the effects of housing subsidies and services on homeless families is limited compared with the literature on homeless individuals. Evidence suggests that access to housing vouchers seems to increase residential stability and that case management and other services also contribute to residential stability and other desirable outcomes, including family preservation and reunification. Additional research is needed to better understand the role of housing and services in stabilizing different subgroups of families, as well as which approaches are most cost-effective.

Keywords: Families and Children; Homelessness; Housing

Introduction

Homelessness, once viewed as endemic and situational, has become a recalcitrant, expensive, and disturbing social problem without a ready solution. Homeless people pepper the landscape in rural, suburban, and urban communities across the country, reflecting the profound gap between rich and poor and the gravity of the affordable housing crisis. At the same time, the homeless population has become more heterogeneous and needs have become more complex. Large numbers of women and children are now among their ranks. The National Survey of Homeless Assistance Providers and Clients, a survey of homeless service users conducted in the late 1990s, found that 33 percent of the users of homeless services are members of families that include minor children (Burt, Aron, and Lee 2001). Projections from this survey indicate that in a typical year, between 900,000 and 1.4 million children are homeless with their families and that almost half of these children are less than six years old (Burt, Aron, and Lee 2001).

A number of studies have described the characteristics and needs of homeless families and investigated predictors of family homelessness (Bassuk et al. 1996, 1997; Rog et al. 1995; Shinn et al. 1998; Weitzman 1989; Weitzman, Knickman, and Shinn 1992). These studies describe the typical homeless family as one headed by a single woman who is in her late twenties and has two children. Risk factors associated with family homelessness include minority status, childhood sexual abuse, foster care placement during childhood, recent eviction, frequent moves, recent pregnancy or birth, and recent hospitalization for a mental health or substance abuse problem.

Despite the growing number of homeless families and their acute needs, resources available to help them are limited. The overarching problem is the severe lack of resources available to address homelessness and housing needs in general. In most U.S. cities, emergency shelter requests have increased, as have requests for permanent housing. In some cities, applicants for assisted housing (public housing, Section 8 certificates, and vouchers) face long waiting lists, while in others, the waits are so long that applications are no longer being accepted (U.S. Conference of Mayors 2005).

Recently, “Housing First” has become the state-of-the-art approach for addressing family homelessness. Founded on the belief that housing is a basic human right and that client choice should be honored, this approach was originally developed for homeless individuals with serious psychiatric problems often co-occurring with substance use disorders. Housing is offered first without any formal service requirements. Engaging clients in respectful relationships is an integral part of the strategy, beginning with the selection of an apartment. At the same time, “other services are provided in vivo by program staff using an assertive community treatment [ACT] team format” (Tsemberis and Eisenberg 2000, 489). Clients meet with their ACT team regularly but can accept or refuse other services, such as mental health and substance abuse treatment, without jeopardizing their housing status. In actuality, the implementation of Housing First varies considerably across communities and depends on the availability of resources.

The use of Housing First models has gained momentum from federal policy initiatives focused on chronically homeless adults who have a disabling medical condition, mental illness, or substance abuse problem. This group has been shown to make disproportionate use of costly resources such as homeless shelters, emergency room services, and inpatient care (Culhane and Kuhn 1998; Culhane, Metraux, and Hadley 2002). Their direct and rapid placement in permanent supportive housing programs has been shown to be nearly cost-neutral by reducing the excessive use of services (Culhane, Metraux, and Hadley 2002; Rosenheck et al. 2003).

Housing First is often described by contrasting it with the linear residential treatment model, which assumes that homeless people become ready for permanent housing by learning an array of skills that will make them more able to maintain their homes. In this model, housing and clinical status are related; clients are required to participate in various activities or services related to their clinical needs and often have little choice about residential options. Theoretically, clients progress from emergency shelter to transitional housing and, ultimately, to permanent housing. In actuality, the choice of housing options may be primarily related to availability and lengthy waits for housing subsidies instead of actual need. Many communities now have continuum of care plans that incorporate Housing First and components of a linear residential treatment model (e.g., transitional housing). In such plans, Housing First is viewed as another housing option useful for certain subgroups.

In more and more communities, however, Housing First has become the preferred strategy for stabilizing homeless adults with disabling conditions. With preliminary success in helping these clients achieve residential stability, focus has shifted to the needs of homeless families. Beyond Shelter, a Los Angeles-based nonprofit organization, now offers information and training to communities interested in implementing the Housing First model, which is slowly becoming a more common strategy for addressing the needs of homeless families. Some researchers have suggested that traditional systems have relied too heavily on services and proposed that subsidized, affordable housing may be sufficient for addressing the needs of most homeless families (Culhane 2004; Shinn 2004; Shinn and Baumohl 1999). These researchers argue that many families are successfully rehoused without the aid of services and that it may not be necessary to expend costly resources on services since many families exit homelessness and remain housed without them.

This article reviews what is known about the role that housing subsidies and services have in reducing homelessness among families. We begin by discussing what is known about housing and services strategies that work for homeless individuals, since there are more rigorous studies describing this population. We follow this with a thorough review of the literature investigating the effectiveness of housing and services for homeless families. Finally, we discuss the implications of these findings for research and policy.

Background

Studies of homeless adults as a reference point

Most of the studies on how housing subsidies and services contribute to residential stability and other desirable outcomes have examined programs that

target homeless singles—not families. Further, most of these studies focus on the severely mentally ill segment of the homeless population. Although homeless families and singles have different characteristics and needs, these studies serve as a helpful reference point.

Studies suggest that programs combining housing subsidies with services are effective in ensuring residential stability for homeless individuals with severe mental illness (Clark and Rich 2003; Hurlburt, Hough, and Wood 1996; Metraux, Marcus, and Culhane 2003; Rosenheck et al. 2003; Shern et al. 1997). Rosenheck et al. (2003) found that case management alone does not have the same effect as case management coupled with housing. However, no parallel studies compare the effect of housing combined with case management and other services versus housing alone, so we do not know what additional effect (if any) case management may have on residential stability in this population. Also, findings demonstrating the effectiveness of intensive case management (ICM) have been inconsistent. Hurlburt, Hough, and Wood (1996) found that the intensity of case management did not affect residential stability, while Lehman et al. (1997) and Shern et al. (2000) documented a significant impact. Other researchers have found that homeless individuals who received immediate housing with no prerequisite for treatment were more likely to remain stably housed than their counterparts who received housing contingent on treatment and sobriety (Tsemberis and Eisenberg 2000; Tsemberis, Gulcur, and Nakae 2004). Overall, we can say with assurance on the basis of these studies that housing subsidies increase residential stability for homeless individuals with severe mental illness, but that the role of services is less clear.

Are housing subsidies alone sufficient to address family homelessness?

Some researchers (Culhane 2004; Shinn 2004; Shinn and Baumohl 1999) have used these findings to argue for a change in priorities for the entire homeless population. They argue that the current system may rely too heavily on services and that more emphasis should be placed on providing affordable housing both to the entire homeless population and to homeless families in particular. In 1998, Shinn and Baumohl presented a paper titled “Rethinking the Prevention of Homelessness” at the National Symposium on Homelessness Research. This paper, later published as Shinn and Baumohl (1999), argues that subsidized housing is more effective in preventing homelessness than anything else. The authors review the research and conclude that “subsidized housing [is] very nearly both necessary and sufficient to stabilize formerly homeless families” (Shinn and Baumohl 1999, 13–13).

More recently, at the 2004 National Alliance to End Homelessness Conference, various presenters discussed how best to address family homelessness.

First, Shinn (2004) summarized her own research on families in homeless shelters in New York City (Shinn et al. 1998) and concluded that subsidized housing “cured” homelessness for families without additional services. This conclusion came with the caveat that subsidized housing helped families achieve residential stability, but that they still had very low levels of employment and high levels of family separation. She noted that services might help families achieve other desirable outcomes. Second, Culhane (2004) lent support to this argument, saying that “services appear to have no impact on the *housing* outcome” and that in fact “housing subsidies are necessary and sufficient to end homelessness for nearly all homeless families,” whereas “services are not sufficient, and their necessity for the housing outcome has not been demonstrated.”

Given current resource limitations and the debate on the role that housing subsidies and services play in meeting the needs of homeless families, the time is right for a thorough review and analysis of the studies that address the impact of housing subsidies and services on housing stability and other outcomes for homeless families.

Methods and Findings

We exhaustively reviewed the literature exploring the effects of housing subsidies and services on housing stability and other outcomes for homeless families. We selected studies that were primarily quantitative, had samples exceeding 50 families, investigated housing and/or service variables, and were published in the United States from 1990 through the present.

Although we have amassed considerable information about homeless families in the past 15 years, relatively few studies address the effectiveness of housing and services for homeless families and children. We review these studies here. The research designs and findings are described in detail and are also summarized in tables A.1 and A.2, respectively. Both the tables and the narrative discuss first those studies that examine only housing subsidies, then those that examine only services, and finally those that examine both housing subsidies and services (the largest body of studies).

Studies examining the role of housing subsidies

The first group of studies investigated the impact of housing subsidies alone on residential stability and the likelihood of shelter reentry. These studies did not evaluate the effect of services, such as case management or mental health services.

Wong, Culhane, and Kuhn (1997) investigated the predictors of exit from and reentry into family shelters in New York City by reviewing 24,640 administrative records from 1988 to 1993. The study focused on the relationship between the type of housing obtained by families after shelter discharge and the likelihood of readmission. The types of exits examined were (1) exits to subsidized housing (48 percent), (2) exits to unknown arrangements (41 percent), (3) exits to apartments families found by themselves or to their former residence (7.5 percent), and (4) other exits, including involuntary exits (arrests), discharges to shared lodging (doubling up with family or friends), and discharges to domestic violence shelters (3.5 percent). After two years, the rate of shelter readmission was lowest for those discharged to subsidized housing (7.6 percent) and highest for those discharged to unknown housing arrangements (37 percent). Those discharged to a prior residence had a reentry rate of 13 percent, while those discharged to other destinations had a reentry rate of 30 percent. The authors concluded that obtaining subsidized housing is associated with a substantially lower likelihood of reentering shelter.

Shinn et al. (1998) examined predictors of shelter entry and subsequent residential stability. This study looked at 266 families that requested shelter at three of four emergency assistance units in New York City (the entry point for all family shelters except a few small ones specializing in domestic violence) and compared them with 298 families randomly selected from the city's welfare caseload. Interviews were conducted with both groups at baseline and almost five years later. Families were eligible for follow-up if they had been on welfare within the previous six months, had no previous shelter experience, and included children or a pregnant woman. A major variable of interest was receipt of subsidized housing, which was determined both by self-reports and by a review of city records.

These authors examined residential stability among the 244 families that entered shelter at least three years before the follow-up interview. Overall, 80 percent were in their own apartments, and 61 percent had been there for at least 12 months and were deemed stable. The odds of residential stability were 20.6 times higher for families that received subsidized housing than for those that did not. Among the former, 97 percent were in their own apartments and 80 percent were deemed stable. By contrast, 38 percent of families that did not receive subsidized housing were in their own apartments, and 18 percent were stable. Two variables were strong predictors of receipt of subsidized housing: longer length of shelter stay and whether the family stayed the longest time in a nonprofit "tier 2" shelter with additional services and more extensive efforts to secure housing. However, domestic violence was associated with a reduced likelihood of receiving subsidized housing.

These two studies suggest that families exiting shelter are more likely to secure an apartment and maintain stable housing and less likely to be readmitted to a shelter if they receive subsidized housing.

Studies examining the role of services

The second group of studies we examined focused on the role of services in helping families locate and retain housing. These studies did not specifically look at the role of housing subsidies in increasing residential stability.

Helvie and Alexy (1992) investigated whether a new shelter policy offering families after-shelter case management affected their length of stay in shelter or their retention of permanent housing. This policy provided one year of ICM to families after they left shelter. Case management included helping them locate services and fill out applications, providing transportation when necessary, and acting as an advocate or support person. The case manager initially talked with families once a week, then once every other week, and then less frequently near the end of the year, since most families had established links to community agencies by that point.

The study compared 82 families that had stayed at the shelter before 1990 when this policy was instituted with 96 families that were admitted after that date. Before the case management program, families' average length of stay was 31.1 days. After the program was implemented, the average length of stay was 22.8 days. The authors surmised that staff members were more willing to discharge families when they knew that case management was available. Before the program began, 40 percent of families were placed in permanent housing (subsidized housing or rental units paid for by the resident) after leaving shelter, but this increased to 67 percent once the program was in place. According to the authors, these findings suggest that after-shelter case management can decrease length of stay and help families obtain permanent housing, but findings should be interpreted cautiously since other extraneous factors, such as changes in the local economy or the amount of available housing, might have influenced the outcomes.

The Substance Abuse and Mental Health Services Administration (SAMHSA) Homeless Families Study, still in progress, focuses specifically on homeless families in which the mother has psychiatric and/or substance use disorders (SAMHSA Homeless Families Coordinating Center 2005). This eight-site study is designed to explore the impact of comprehensive, multi-faceted, time-limited case management. The interventions differ by site but share several key characteristics. Case managers engage mothers, assess their needs, track their progress, and intervene when problems arise. Case management addresses basic needs, housing, mental health, substance abuse, and

trauma issues in a coordinated way and is individualized and family oriented. The study focuses on how the interventions affect residential stability and other outcomes, including mothers' psychological distress, recovery from trauma, and substance use. Although the study is ongoing, it has identified key elements of case management services that foster residential stability, including small caseloads, a focus on getting and keeping housing, training and other administrative support, experienced case managers with strong advocacy and networking skills and experience with child and parenting issues, and the availability of peer support.

Both of the studies that examine the role of services focus specifically on after-shelter case management. Helvie and Alexy's (1992) study suggests that after-shelter case management may provide families with the support they need to leave shelter earlier and obtain permanent housing. Although the Homeless Families Study has not been completed, early findings suggest that providing high-quality case management with support focused on getting and keeping housing fosters residential stability.

Studies examining both housing subsidies and services

In recent years, a few published studies have examined the combined effects of housing subsidies and services such as case management and mental health care. Some of these studies were designed to explore the relative effects of subsidies versus services, while others were designed as a combined intervention focusing on services-enriched housing, permanent supportive housing, or a similar model.

Weitzman and Berry's (1994) study focused on high-risk families exiting shelters in New York City. Families were considered high risk if they had three or more identified risk factors (pregnancy, a child less than a year old, a parent with a psychiatric history, or no history of primary tenancy). The study examined the effect of ICM services on housing stability, family reunification, children's school attendance, and use of primary care by comparing 84 families receiving ICM and public housing with a group of 85 high-risk families that were also exiting shelters for public housing and may or may not have been receiving services in the community. The ICM focused on helping families make a positive and lasting transition to permanent housing. Services were provided by four different agencies, varied from agency to agency, and included parent support groups, mental health services, job training, self-help groups, and tenant organizing activities. Across all the agencies, services were based on family-defined needs, were provided from 4 to 10 hours per week over a two- to three-month period, and were delivered in the home by case managers who worked with four families at a time and were available 24 hours a day and

seven days a week. Both groups were interviewed at baseline and again at 3 and 12 months.

After one year, the families receiving ICM were more likely to be living in the apartment they had originally obtained (85 percent versus 69 percent) and were slightly more likely to be primary tenants (87 percent versus 80 percent). There were no measurable effects on other program goals, including family reunification, school enrollment and attendance, or use of primary health care services.

The Homeless Families Program (Rog and Gutman 1997; Rog et al. 1995) was the first large-scale demonstration program providing services-enriched housing to homeless families. The goals were to develop and restructure comprehensive service systems for homeless families and to provide services-enriched housing that would help them achieve residential stability, foster greater use of services, and help them move toward self-sufficiency.

The initiative was implemented at nine sites. Each site could use its own eligibility criteria as long as the families served had been living on the street or in a shelter for at least a month and had one or more risk factors (a mother under 21 years of age, a history of recurring homelessness, no experience renting or owning, chronic physical or mental problems, or one or more children living apart). Families received a Section 8 certificate, case management, and access to various services deemed necessary to maintain residential stability and foster economic self-sufficiency. Case management was intensive and long term and involved assessing a family's needs, coordinating services, and monitoring progress. Services varied by site and by family, but often included health, mental health, and substance abuse services; child care; transportation; and parenting and family planning services.

Of the 1,670 families accepted into the program, 1,298 entered services-enriched housing. Outcome data were available for 601 families at six sites for which public housing authorities could provide information about residential status. Over the study period, families increased their access to and use of a variety of services; the biggest increase was in mental health and substance abuse services. The proportion of employed mothers increased from 13 to 20 percent, although many families made erratic progress toward self-sufficiency and remained largely dependent on federal and state support. At the 18-month follow-up, 85 percent of families were stably housed, but stability rates had dropped off. By the 30-month follow-up, although more than 80 percent of families were still in permanent housing, less than 65 percent were in stable permanent housing at three of the sites. Families that had lost housing had often experienced severe violence, had a pregnant member, or had a baby at the time the family entered the program.

The Family Reunification Program (Rog, Gilbert-Mongelli, and Lundy 1997) involved a collaboration between local housing agencies and child welfare agencies. The goal was to reunify or stabilize inadequately housed families by providing special funding for Section 8 rental assistance. Families were eligible to participate if they were homeless, were living in substandard housing, or had been or were in danger of being involuntarily displaced within six months because of actual or threatened violence. In addition, lack of adequate housing had to be a primary factor in the imminent removal or delayed reunification of a family's children. Of the 1,646 families at 31 sites, 46 percent were doubled up or living in overcrowded situations, 22 percent were literally homeless, 26 percent lived in their own house or apartment, 5 percent lived in an institution, and 1 percent were in some other type of situation. Families received Section 8 housing assistance and child welfare and other services. Housing search assistance was the most commonly received of the other services, followed by adult and family counseling and mental health services, help obtaining entitlements, parenting classes, and help meeting other basic needs such as food and clothing, transportation, and child education.

After 12 months, 85 percent of all families and 88 percent of the families that were literally homeless at intake remained housed. In addition, 62 percent of families in need of reunification had all their children reunited, and 90 percent of the families at risk of having their children placed in foster care were stabilized. The study found a strong relationship between residential stability and family unification, with those families retaining housing more likely to be reunified and stabilized than those that were not residentially stable.

Several researchers have conducted different analyses of data collected through the Study of Alameda County Homeless Residents Project, a three-wave, longitudinal study of homeless adults who resided at one of Alameda County, CA's, emergency shelters or received services at one of the meal programs or drop-in centers. This study used data collected at baseline and during follow-up interviews approximately 4 and 12 months later to identify predictors of homeless exits and reentries. Wong and Piliavin (1997) present data on three groups—single men, single women, and female heads of family. Their analysis of data from 66 female heads of family shows that access to both government housing subsidies and case management and advocacy services is associated with a lower hazard rate of returning to homelessness for this group. Returns to homelessness are defined as stays on the street lasting one or more days following a homeless exit.

Zlotnick, Robertson, and Lahiff (1999) do not focus specifically on female heads of family, but rather on the full sample of 397 adults. They find that a

history of homelessness of less than one year, receipt of subsidized housing, and consistent receipt of entitlement income were the three most important predictors of exits from homelessness into stable housing. Exits from homelessness are defined as a minimum of 30 consecutive days in the same house, apartment, or room. (Stays in institutional settings are not considered residential exits.) A respondent is considered to be residentially stable if he or she exits into an apartment, house, or rented room and lives there throughout the balance of the follow-up period.

The Urban Institute and Harder+Company Community Research recently conducted an evaluation of the Family Permanent Supportive Housing Initiative (Nolan et al. 2005). This program serves families with parents who have disabilities that interfere with their capacity to maintain stable housing and provide for their children. Families have histories of long-term repeated homelessness—on average four episodes of shelter use and four years of homelessness over their lifetime. The programs provide permanent supportive housing with access to services and other aids, both on site and off site, and primarily voluntarily. Families pay up to 30 percent of their total income toward rent, and the remainder is subsidized through other local, state, and federal sources (Section 8). Services vary by site and may include case management; health care; food assistance; mental health, employment, or domestic violence services; substance abuse treatment; literacy programs; parenting skills training; youth recreational activities; money management classes; and housing retention.

The findings describe 100 predominantly female-headed families from seven permanent supportive housing program sites located in San Francisco. At the time of the interview, these families had lived in permanent supportive housing for an average of 2.2 years. The findings suggest that programs are effective in stabilizing chronically homeless families in permanent housing. One- and two-year housing retention rates exceed 90 percent for those sites that have been open long enough to collect such statistics.

Despite high levels of education, good work histories, and available services, most families are still struggling to become self-supporting. Only 30 percent of mothers are employed, 69 percent have monthly incomes of \$1,000 or less, and 74 percent rely on public assistance for cash income. There are, however, several indicators that mothers and their children are faring well in these settings. The majority of minor children (78 percent) live with their mothers. According to mothers' reports, most children attend school regularly (96 percent), are in excellent or very good health (76 percent), and are read to every day (54 percent). Most mothers are also doing well, reporting that they experience low levels of mental health distress (83 percent) and good, very good, or excellent health (56 percent).

Philliber Research Associates (2006) conducted another multisite evaluation of permanent supportive housing programs targeting families. This evaluation focused on five supportive housing programs, three in California and two in Minnesota. Most of the families were headed by a single parent (60 percent), and many had special needs, including drug abuse (44 percent), mental illness (29 percent), and alcohol abuse (27 percent).

Programs provided supportive housing for families and typically offered case management services. They also offered adults a range of other services such as outreach, housing stability or family reunification assistance, recreational opportunities, job skill development, mental health counseling, parent support or substance abuse groups, services, and referrals to community-based organizations. Children's services included child care, after-school enrichment, and child case management. At both of the Minnesota sites, case management and services were essentially mandatory. At the California sites, participation was voluntary.

The evaluation examined the impact of supportive housing on housing stability, family preservation and reunification, and self-sufficiency. Families were interviewed at entry and then either a year later or at program exit. Findings were reported for individual programs. After one year, housing stability rates at the five programs ranged from a low of 67 percent to a high of 95 percent. Family reunification rates were tracked at four of the five programs and ranged from 0 to 73 percent. Impacts on self-sufficiency were assessed by tracking employment rates and mean monthly incomes. All programs saw increases in employment rates, although even at follow-up, employment rates were 50 percent or lower. Mean incomes increased for every program but one, but they still remained low (below the federal poverty level for a family of four).¹

Most of these studies examined the effects of an intervention that included both subsidized housing and various services and uniformly suggest that providing housing subsidies along with case management and other services increases residential stability and decreases shelter returns. The findings relating to other outcomes are mixed, with some studies showing desirable outcomes such as increased use of services (Rog and Gutman 1997; Rog et al.

¹ In February 2006, the Corporation for Supportive Housing released a paper (Bassuk et al. 2006) summarizing and analyzing the findings from three sets of evaluation studies assessing the impact of permanent supportive housing on families. These studies included those reported by Nolan et al. (2005) and Philliber Research Associates (2006), which are described here, and a study by the National Center on Family Homelessness, which has not yet been released but focuses on two programs in Minnesota.

1995), employment (Philliber Research Associates 2006; Rog and Gutman 1997; Rog et al. 1995), and family reunification and stability (Philliber Research Associates 2006; Rog, Gilbert-Mongelli, and Lundy 1997), and others finding increases in housing outcomes alone (Weitzman and Barry 1994). Only Weitzman and Berry (1994) examined the effect of services (in this instance ICM) separately from the effect of housing subsidies; they found that families receiving ICM in addition to housing subsidies had better housing outcomes than those receiving housing subsidies alone.

Limitations of these studies

When assessing the findings from the studies described here, various limitations must be considered.

1. Most important, with the exception of Weitzman and Berry's (1994) report, no studies compared housing and services with housing alone. In fact, few studies had comparison groups or manipulated conditions at all. Most examined the effect of housing subsidies, services, or a combination of the two, but did not compare their findings with a comparable group receiving a different (or no) intervention.
2. Most studies did not address the question of what we mean by services. In most studies, the nature, intensity, and frequency of service were inadequately described. It was difficult to analyze the effects of various service types because several reports described large, multisite projects, and sites offered different types and intensities of services (Nolan et al. 2005; Philliber Research Associates 2006; Rog, Gilbert-Mongelli, and Lundy 1997; Rog and Gutman 1997; Rog et al. 1995; Weitzman and Berry 1994).
3. The nature and intensity of efforts needed to engage clients in relationships with service providers, a critical component of service use, was rarely explicitly addressed in the research literature. Most important, unobtrusive client contacts that might be considered administrative, but that occurred regularly were not addressed. Services seemed to be considered only when they consisted of structured office appointments or fell under the rubric of case management/housing assistance. With Housing First models that are often coupled with ACT teams in particular, engaging clients is a primary activity that often has a fluid structure and is responsive to evolving client needs. As the literature has documented, engagement in relationships may be the linchpin for stabilizing clients (Rapp and Goscha 2004; Rosenheck et al. 1995). Overall, these service distinctions have not been addressed in the literature, but may be essential to fully understand the role of services

in stabilizing clients in housing and the cost of various housing or service models.

4. In most studies, homeless families were viewed as homogeneous. Studies either treated all homeless families as having the same needs or focused on a subgroup presumed to have “special needs.” For example, some focused on families exiting shelters and others on high-risk families with mothers who have disabilities or other risk factors for homelessness, such as pregnancy or the recent birth of a baby (Nolan et al. 2005; Philliber Research Associates 2006; Rog and Gutman 1997; Rog et al. 1995; Weitzman and Berry 1994). Other studies focused on families that might be presumed to have fewer needs, such as first-time shelter users (Shinn et al. 1998). Differences in findings may therefore reflect the different needs of specific subgroups of homeless families rather than the effectiveness of the interventions, and the results of these studies may not be generalizable to other subgroups.
5. Follow-up periods varied considerably, but were often too short (generally only a year) to determine the long-term impact of housing and services. The one notable exception is Shinn et al.’s (1998) study, which followed families entering shelter for nearly five years.
6. Outcome measures were often limited to residential variables (living in permanent housing, residential stability, or shelter readmission). Housing stability is a critical outcome, but not the only one. A few studies moved beyond residential stability and looked at mothers’ mental health, employment, and economic situation (Nolan et al. 2005; Philliber Research Associates 2006; Rog and Gutman 1997; Rog et al. 1995), the stability of the family unit, or children’s well-being (Nolan et al. 2005; Philliber Research Associates 2006; Rog, Gilbert-Mongelli, and Lundy 1997; Weitzman and Berry 1994). These studies examined other outcomes such as family reunification, school enrollment and attendance, children’s health, mothers’ enjoyment of parenting, and frequency that mothers read to their children or participated in other “family time” activities.

Conclusion

In contrast to studies of homeless adults with mental illness, research on the effects of housing subsidies and services on homeless families is very limited. Existing studies often lack the methodological rigor of those focusing on individuals. For example, several studies of the homeless population with mental illness randomly assign participants to experimental and control groups

(Hurlburt, Hough, and Wood 1996; Lehman et al. 1997; Rosenheck et al. 2003; Shern et al. 2000; Tsemberis, Gulcur, and Nakae 2004). Other studies examine the effects of housing subsidies and services separately (Clark and Rich 2003; Hurlburt, Hough, and Wood 1996; Rosenheck et al. 2003). Finally, many examine housing stability as well as other outcomes (Clark and Rich 2003; Lehman et al. 1997; Rosenheck et al. 2003; Shern et al. 2000). By contrast, no family studies randomly assign participants to control and experimental groups; most do not even have comparison groups.

Only a few studies of families examine the effects of housing subsidies and services separately (Weitzman and Berry 1994) or look at outcomes other than exits from homelessness and residential stability (Nolan et al. 2005; Philliber Research Associates 2006; Rog, Gilbert-Mongelli, and Lundy 1997; Rog and Gutman 1997; Rog et al. 1995; Weitzman and Berry 1994). Further, the nature of services has not been adequately defined.

Despite the methodological limitations of the studies conducted thus far, we can draw some conclusions about the effectiveness of subsidized housing and services for homeless families and children. Access to housing vouchers seems to decrease the likelihood of shelter readmission and increase the likelihood of residential stability for homeless families (Shinn et al. 1998; Wong, Culhane, and Kuhn 1997). However, for some families, housing vouchers alone may not be enough to ensure residential stability over the long term (Rog and Gutman 1997; Rog et al. 1995). While there is little doubt that vouchers are essential, some of the literature suggests that case management and other services may also contribute to long-term housing stability (Weitzman and Berry 1994). At the very least, case management focused on retaining housing seems to be helpful (SAMHSA Homeless Families Coordinating Center 2005). Case management combined with some unspecified combination of services may also foster other desired outcomes such as family preservation and reunification (Nolan et al. 2005; Philliber Research Associates 2006; Rog, Gilbert-Mongelli, and Lundy 1997).

On the basis of this review, we can conclude that our knowledge is not yet sufficient to determine the most effective approaches for ending family homelessness. Additional work is needed to answer the following critical questions:

1. Do families that receive a housing subsidy and appropriate services do better than families that receive just a subsidy? If so, how much better do they do, and what aspects of their lives improve (income, mental health, stability)? Do the benefits warrant the increased cost of providing services?
2. How should services be defined?

3. What specific types and mixes of services will help homeless families achieve residential stability and other desirable outcomes?
4. How can different types of families be matched to the housing and service types and mixes that would most help them achieve residential stability and other desirable outcomes?
5. What is the most cost-effective way to allocate scarce resources?

Additional rigorous research is needed to answer these questions. First, we need more experimental studies that use random assignment and allow us to examine how housing subsidies and services operate both independently and together and how they affect residential stability and other desired outcomes.

Second, we need studies that better define services and provide detailed descriptions of the type, amount, and intensity of the service being delivered. Many previous studies stated that they provided “case management,” “advocacy services,” or “family preservation services” without defining what they mean, how often the service was delivered, and with what intensity. Further, studies must attempt to capture the range of services, including the more informal and administrative aspects of interacting with clients that often fall under the heading of engagement, as well as brokering case management models and more intensive *in vivo* interventions such as those provided by ACT teams. It may well be that outcomes would differ based on these factors and that some service types, amounts, and intensities have better outcomes or are more cost-effective than others.

Third, researchers have largely viewed the homeless family population as homogeneous. Additional work on typologies that stratify the characteristics and service needs of homeless families might help better align the allocation of housing subsidies and services with different levels of needs. For example, we know that interpersonal violence and victimization impede a mother’s capacity to become self-supporting, form sustaining relationships, access care, and parent without a range of supports (Bassuk, Melnick, and Browne 1998; Bassuk, Perloff, and Dawson 2001; Bassuk et al. 2001; Browne, Salomon, and Bassuk 1999). We also know that first-time homeless mothers who experienced partner violence after being rehoused are more than three times as likely to experience a second homeless episode (Bassuk, Perloff, and Dawson 2001). Families with many children tend to need more services and are more likely to have longer shelter stays. Other subgroups may also need additional services to achieve housing stability.

For example, Tull et al. (2004) has suggested that intensive services (permanent housing combined with intensive home-based case management) provided

for approximately six months to homeless mothers with histories of domestic violence reduced the likelihood of returning to the perpetrators of the violence. The results of the Homeless Families Program (Rog and Gutman 1997) suggest that for a subset of homeless families (those who experienced severe violence or a recent pregnancy or birth), residential stability could not be maintained with the housing and supports provided. Additional services might be needed for these families. Studies that focus on families with different characteristics and needs could help providers and policy makers better understand which housing models and services are most effective for which families.

Fourth, more studies need to follow families long enough to establish whether they can maintain residential stability for several years and what, if any, services help them do so. Few existing studies follow families long enough to establish that they can maintain stable housing for more than about a year.

Fifth, studies need to examine outcomes other than residential stability, such as employment and improved mental health for parents, and improved developmental outcomes, emotional stability, and health for children. Putting a roof over a family's head does not ensure that the family will become self-sufficient or that parents and children will recover from the experiences that led to homelessness or homelessness itself.

Finally, additional cost-effectiveness studies that examine where resources are going, what potential offsets can be achieved, and what specific outcomes are might help policy makers make more informed clinical, budgetary, and policy choices.

Federal, state, and local resources are clearly limited, but the studies conducted thus far do not provide enough information to justify a one-size-fits-all approach to ending family homelessness. While Housing First models hold considerable promise, we do not yet know the mix and intensity of services (no services, moderate or intensive services) that work for families with different needs. It is not clear that housing subsidies alone will ensure residential stability for most homeless families. In fact, there is some evidence that active outreach and engagement, case management, and other services contribute to residential stability and other desirable outcomes, including family preservation and reunification and maternal and child well-being.

In seeking compassionate and effective solutions for such a large part of the homeless population, additional evidence must be gathered from both research and practice to ensure the most rational allocation of resources. Until we have more information about outcomes, policy makers cannot make informed decisions about which housing or service approaches are cost-effective and which produce the best outcomes for different subgroups of homeless families.

Appendix

Table A.1. Studies on the Effectiveness of Housing and Service Interventions for Homeless Families: Research Design

Authors	Research Design	Sample	Housing	Services	Limitations
Studies Examining Housing Subsidies					
Wong, Culhane, and Kuhn (1997)	Administrative records review Two-year follow-up	24,640 families in the New York City shelter system from 1988 through 1993	A variety of housing arrangements, including subsidized housing		More than 40 percent of exits were described as families exiting to "unknown arrangements." The administrative data did not include information on services received or on families' physical or behavioral health.
Shinn et al. (1998)	Comparison group No random assignment Average 4.85-year follow-up	Treatment: 266 first-time shelter requesters Comparison: 298 families randomly selected from the public assistance caseload	Subsidized housing		The shelter sample excluded small shelters specializing in domestic violence, so results may not be generalizable to this group. Services were not examined. Residential stability was the sole outcome examined.
Studies Examining the Role of Services					
Helvie and Alexy (1992)	Comparison group No random assignment Follow-up period unclear	Treatment: 96 families receiving after-shelter case management Comparison: 82 families leaving the shelter before case management was available		Case management for up to a year after leaving the shelter	Changes in the local economy, housing availability, and other factors may have influenced outcomes. The follow-up period was short.
SAMHSA Homeless Families Coordinating Center (2005)	No comparison group Study in progress	High-risk families in which mothers have psychiatric and/or substance abuse disorders at eight sites participating in the Homeless Families Program		Comprehensive, multifaceted, time-limited case management	Services varied from site to site and were not clearly defined.

Table A.1. Studies on the Effectiveness of Housing and Service Interventions for Homeless Families: Research Design *Continued*

Authors	Research Design	Sample	Housing	Services	Limitations
Studies Examining Both Housing Subsidies and Services					
Weitzman and Berry (1994)	Comparison group No random assignment One-year follow-up	Treatment: 84 high-risk families receiving ICM at four sites Comparison: 85 high-risk families not receiving ICM	Subsidized public housing, some with on-site services and some in scattered sites	ICM for two to three months after exiting the shelter	Families were not randomly assigned to treatment and comparison groups and differed in terms of risk factors (e.g., drug history, two or more administrative case closings, and repeat shelter use), neighborhood in which they were housed, and housing type.
Homeless Families Program (Rog and Gutman 1997; Rog et al. 1995)	No comparison group 18- and 30-month follow-ups	601 high-risk families at six sites participating in the program	Section 8 certificate	Case management and "services deemed necessary to maintain their residential stability and foster their economic self-sufficiency" provided for one year	Amount, types, and intensity of case management and other services are inconsistent across sites and families. There is no comparison group, so it is not possible to distinguish the effects of housing versus services.
Family Unification Program (Rog, Gilbert-Mongelli, and Lundy 1997)	No comparison group One-year follow-up	1,646 families in imminent danger of having a child placed or reunification delayed at 31 sites participating in the program	Section 8 certificate	Services differing by site but commonly including housing search assistance, mental health services, help obtaining entitlements, and parenting classes	Sample included families that were not homeless. Services varied from site to site and were not clearly defined. There is no comparison group, so it is not possible to distinguish the effects of housing versus services.
Alameda County Homeless Residents Project (Wong and Piliavin 1997; Zlotnick, Robertson, and Lahiff 1999)	No comparison group Two follow-ups: wave 1 follow-up from 92 to 367 days and wave 2 follow-up from 115 to 678 days	397 homeless adults seeking shelter or meals at social service agencies in Alameda County, CA (subsample of 66 women with children)	Housing subsidy	Case management and advocacy services	Services were poorly defined. The follow-up duration varied considerably from family to family. There is no comparison group, so it is not possible to distinguish the effects of housing versus services.

Table A.1. Studies on the Effectiveness of Housing and Service Interventions for Homeless Families: Research Design *Continued*

Authors	Research Design	Sample	Housing	Services	Limitations
Studies Examining Both Housing Subsidies and Services (continued)					
Family Permanent Supportive Housing Initiative (Nolan et al. 2005)	No comparison group Retrospective testimony after an average of 2.2 years in the program	100 families with disabilities at seven permanent supportive housing programs for families in San Francisco	Permanent supportive housing	Services differing by program but generally including case management, health care, food assistance, mental health services, and more	Data are based on retrospective testimony.
Philliber Research Associates 2006	No comparison group Follow-up at one year or at program exit, varying by program	233 families at five permanent supportive housing programs for families in California and Minnesota	Permanent supportive housing	Services differing by program but typically including case management and a range of other services for adults and children	Services varied from program to program. The follow-up duration varied by program. Impacts were reported by program rather than for all families and programs combined.

Table A.2. Studies on the Effectiveness of Housing and Service Interventions for Homeless Families: Findings

Authors	Intervention(s) Examined	Findings		
		Residential Stability	Economic Self-Sufficiency	Service Use
Studies Examining Housing Subsidies				
Wong, Culhane, and Kuhn (1997)	Subsidized housing	Obtaining subsidized housing is associated with a substantial reduction in shelter reentry.		
Shinn et al. (1998)	Subsidized housing	Families that received subsidized housing were more likely to be in their own apartment and over 20 times more likely to have achieved residential stability than families that did not.		Family Well-Being

Table A.2. Studies on the Effectiveness of Housing and Service Interventions for Homeless Families: Findings *Continued*

Authors	Intervention(s) Examined	Findings			
		Residential Stability	Economic Self-Sufficiency	Service Use	Family Well-Being
Studies Examining the Role of Services					
Helvie and Alexy (1992)	After-shelter case management	Families that received case management had shorter lengths of stay in shelter (22.8 versus 31.1 days) and a higher likelihood of placement in permanent housing (67 percent versus 40 percent).			
SAMHSA Homeless Families Coordinating Center (2005)	Comprehensive, multifaceted, time-limited case management	Small casebeads, a focus on getting and keeping housing, administrative support, and experienced case managers are key elements of case management services that foster residential stability.			
Studies Examining Both Housing Subsidies and Services					
Weitzman and Berry (1994)	Subsidized housing + ICM versus subsidized housing only	Families receiving ICM were more likely to be living in the same apartment (87 percent versus 69 percent) but only slightly more likely to be primary tenants (87 percent versus 80 percent).		No difference in appropriate utilization of health care services was noted.	No differences in the rate of family preservation and reunification or in children's school enrollment and attendance were found.
Homeless Families Program (Rog and Gutman 1997; Rog et al. 1995)	Section 8 certificate + case management and other services deemed necessary	A total of 85 percent achieved residential stability after 18 months, but stability dropped at some sites at 30 months, especially for families that had experienced severe violence or a recent pregnancy or birth.	The number of working mothers increased from 13 percent to 20 percent, but most families still relied on federal and state support.		
Family Reunification Program (Rog, Gilbert-Mongelli, and Lundy 1997)	Section 8 certificate + family preservation services	After 12 months, 85 percent of all families and 88 percent of literally homeless families remained housed.			Some 62 percent of families had all of their children reunited, and 90 percent had all of their children preserved in the home. Residential stability and family unification were strongly related.

Table A.2. Studies on the Effectiveness of Housing and Service Interventions for Homeless Families: Findings *Continued*

Authors	Intervention(s) Examined	Findings			
		Residential Stability	Economic Self-Sufficiency	Service Use	Family Well-Being
Studies Examining Both Housing Subsidies and Services (continued)					
Alameda County Homeless Residents Project (Wong and Piliavin 1997; Zlotnick, Robertson, and Lahiff 1999)	Subsidized housing and case management and advocacy services	Receiving subsidized housing and case management and advocacy services was associated with a reduced likelihood of shelter reentry for female heads of family; for the entire sample, subsidized housing was associated with exits from homelessness and with residential stability.			
Family Permanent Supportive Housing Initiative (Nolan et al. 2005)	Permanent supportive housing with extensive voluntary services	Families have retained stable tenancy for an average of 2.2 years.	Some 30 percent of mothers were employed, but 69 percent still have monthly incomes of \$1,000 or less, and 74 percent of mothers relied on public assistance for cash income.	The most frequently accessed services were health care, free food or groceries, mental health services, and employment services.	Some 83 percent of mothers exhibited low levels of mental distress; 56 percent of mothers were in good, very good, or excellent health; 78 percent of minor children lived with their mothers; 96 percent of mothers reported that their children attended school regularly; 76 percent of mothers rated their children's health as "excellent" or "very good," and 54 percent of mothers read with their children every day.
Philliber Research Associates 2006	Permanent supportive housing Mandatory services for some programs and voluntary services for others	After one year, residential stability rates ranged from 67 to 95 percent.	All programs saw employment rates increase, but were still 50 percent or lower. Mean incomes increased, but remained below the federal poverty level for a family of four.	Services varied by program.	For the four programs that tracked family reunification, rates ranged from 0 to 73 percent.

Authors

Ellen L. Bassuk is the Founder and President of the National Center on Family Homelessness and an Associate Professor of Psychiatry at Harvard Medical School. Stephanie Geller is a Research Associate at the National Center on Family Homelessness.

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