

MHDCJS HOUSING SUBCOMMITTEE's White Paper, August 2019

Recommendation

Develop and fund an “innovation pool” to build community capacity in two distinct areas for supportive housing.

1) State supportive services for local communities by a) education, capacity building, and pre-development in supportive housing; and b) data integration and resource collection.

2) COMMUNITY solicitation grants for a) supportive services (tenancy support) for supportive housing programs; and b) evidence-based innovative homeless prevention programs.

This approach will strengthen communities across the state in accessing supportive housing opportunities and resources. It will significantly increase a community's capacity to innovate within an evidence-based framework and sustain programs over time; ensuring homelessness is both rare and brief. The program ultimately gives communities the tools to minimize the possibility of individuals falling into, or recidivating into, the justice system.

Impact of Bill

The impact of this bill is to foster and fund supportive housing opportunities and build capacity through training and technical assistance, seed money, direct funding for program development and technical assistance during implementation. This will allow communities that previously did not have the ability to enter into the housing arena to both prevent homelessness and address their current homeless population. This effort will bolster data collection, evaluation, and access to resource information and availability of supportive housing programming. This data will allow the state to see the potential impacts on housing to some of the hardest to serve -- “frequent utilizers” of local public services, such as jails and emergency rooms, who are released to the street homeless, continuing the cycle of homelessness and contact with first responders. This bill also allows communities to go further upstream to help individuals who are in danger of becoming homeless to remain stable and housed.

Background Research

A. Summary of national research on homelessness and supportive housing

National data shows that the number of Americans caught in a revolving door between the streets, shelters, and jails may reach the tens of thousands. Roughly 48,000 people entering shelters every year are coming nearly directly from prisons or jails. Of the 11 million people detained or incarcerated in jails every year, as many as 15% report having been homeless. (National Alliance to End Homelessness; Homelessness and Incarceration Are Intimately Linked. Mindy Mitchell, March 29, 2018)

People experiencing homelessness are more likely to report having a criminal record than the general public (Burt et al 1999, Metraux and Culhane 2006). In addition, those who have experienced homelessness are overrepresented among those incarcerated in prisons or jails (Greenberg and Rosenheck 2008). Homelessness can be both a cause and consequence of having a criminal record. Among ex-offenders, those with mental illness have higher than average rates of homelessness and housing insecurity (Aidala et al., 2014; Brown et al., 2013; Council of State Governments, 2006; Fries et al., 2014; Herbert et al., 2015; MacDonald et al., 2015). Homelessness is not just a public safety issue but also a public health issue.

Homelessness is intrinsically linked to sustained deterioration of mental and physical health (Oppenheimer, Nurius & Green, 2016), costs communities roughly \$30,000 per person experiencing chronic homelessness per year (Gibbs), and tears away at familial ties and community vitality.

Safe and stable housing is viewed as the foundation for individuals to prepare and proactively engage the process of reentry. Housing is important because it can provide a sense of security that gives social and psychological refuge from external threats and enhance overall well-being (Lee, Tyler, & Wright, 2010; Shaw, 2004). A home provides a place of consistency and control to engage in the day-to-day routines important to building social networks and establishing an identity of personal worth (Shaw, 2004). Residential stability provides a base from which to seek employment, focus on treatment, establish a social network within the community, and to comply with community

supervision. (Faith Lutz; Jeffrey Rosky; Zachary Hamilton: Homelessness and re-entry; CRIMINAL JUSTICE AND BEHAVIOR, Vol. 41, No. 4, April, 2014, 471–491).

It is clear that incarceration and homelessness are interrelated (Greenberg & Rosenheck, 2008; Kushel et al., 2005; Metraux & Culhane, 2004, 2006; Tsai & Rosenheck, 2012). Housing programs can reduce the cycling of offenders between prison, jail, homeless shelters, and other public services.

Supportive housing as a practice is defined as combining affordable housing with access to supportive services. Through these additional supportive services, and a housing-first approach, participants gain the opportunity to live stable, productive, and fulfilling lives. There are two primary models, rapid rehousing and permanent support housing.

Specifically, *rapid rehousing* “provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person.” (<https://endhomelessness.org/ending-homelessness/solutions/rapid-rehousing/>). *Permanent supportive housing* is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services. <https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/>. Between these two models, the majority of persons experiencing or at-risk of homelessness can be housed and stabilized.

One of the more enduring paths to ending homelessness—is to address the systemic problems that cause it. Failures of the social safety net is one of the major causes of homelessness. Research shows that it is critical intervene with people experiencing crises before they show up at the shelter door. Studies indicate that prevention is most effective when given to people at highest risk of becoming homeless. People often become homeless after they exit systems that have provided them with a place to stay, including foster care, prisons, hospitals, or military active duty. The key first step to preventing homelessness is to strengthening the social safety net. One such approach is to ensure that supportive services intended to help people maintain stable housing are easily accessible and targeted to address the specific needs of people in the community. <http://www.evidenceonhomelessness.com/topic/homelessness-prevention/>

Another are that research shows is critical in addressing homelessness is to address the data silos that prevent delivery of coordinated care. Silos make it nearly impossible for providers, pharmacies, and other stakeholders to work together for truly coordinated care. Siloed systems prevent all players from accessing and interpreting important data sets, instead, encouraging each group to make decisions based upon a part of the information rather than the whole. This results in short-term fixes that don't actually do anything to improve the sustainability of operations, or to resolve the root problem. For patients this is really bad news, as it results in delays in diagnosis and delays in access to treatments and appropriate care.

<https://healthitanalytics.com/news/healthcare-big-data-silos-prevent-delivery-of-coordinated-care>

B. Colorado-specific statistics

Colorado is experiencing a homelessness crisis due to a combination of rising housing costs, increased behavioral health needs, underfunded re-entry programs, and the lack of a robustly funded, statewide supportive housing infrastructure. Currently there over 10,000 persons experiencing homelessness in Colorado (https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/colorado/?emailsignup&gclid=CjwKCAjwqNnqBRATEiwAkHm2BNgePP0WZKU7u8YaT97LK73vZ48YjZmCIJ0xtW40tLBS4yPYRzkSfxoCOZ0QAvD_BwE). Even more Colorado residents are unstably housed and on the verge of homelessness. Many of these individuals have mental illness, substance abuse challenges, or other

disabilities that make it extremely difficult to house them without a coordinated approach that links them to both housing and robust supportive services.

A study of homelessness in seven Colorado jails by Jack Reed, Division of Criminal Justice; Department of Public Safety, 2018: https://cdpsdocs.state.co.us/ors/docs/reports/2018_Jail_Homelessness_Study.pdf found that nearly 40% (39.7%) of 491 inmates across facilities reported that they will be homeless after release from jail. Over 60% of homeless respondents reported needing mental health treatment compared to approximately 45% of non-homeless respondents. Across all facilities, non-homeless respondents were statistically significantly more likely to be charged a violent crime. In contrast, across all facilities, homeless inmates were significantly more likely to be charged with a drug crime and/or trespassing. A larger proportion of inmates reported needing mental health treatment upon release from jail than drug treatment, and the difference in this reported need was significantly greater for homeless than non-homeless respondents. Over 60% of homeless respondents reported needing mental health treatment compared to approximately 45% of non-homeless respondents.

The recently released Colorado Department of Corrections (DOC) Annual Statistical Report for FY2017 (<https://drive.google.com/file/d/1opCqREUJL0YboXoJrqZtHkQnV5n9a85k/view>) reported the mental health needs of DOC inmates on a scale of 1 to 5. Mental health needs in 2017 for Levels 3 to 5 (moderate to severe) showed 78.7% for the female population has moderate to severe mental health needs; 43.7% of the male inmate population had moderate to severe mental health needs. (pages 17&32). The 2017 Report states that mental health needs for both genders have steadily increased over time. The average daily DOC cost per inmate per day is \$104.51. The cost of San Carlos mental health facility for men is \$265.53 per day. (page 8). Colorado Department of Adult Parole reports, from a point in time review on 7/31/19, that the DOC population paroling to “unsheltered homelessness” is 218 people, and those releasing to “short term, temporary housing” is 903 people, for a total of 1,121 out of the 7,885 people on adult parole.

The Colorado State Legislature has made significant investments in nationally recognized best practices in homeless service provision known as supportive housing. Supportive housing reduces emergency system utilization while increasing health outcomes for participants and is an effective tool in disrupting the cycle of incarceration, hospitalization, and institutionalization that often accompanies homelessness. Supportive housing is one critical element within the continuum of affordable housing options necessary to ensure everyone has a safe place to call home allowing early intervention for homeless prevention and preventing individuals from falling into the justice system.

Colorado’s recent legislative investments have increased the number of supportive housing opportunities available to Coloradans experiencing homelessness across the state. The Homeless Solutions Program (HSP) was created through an appropriation of Colorado’s Marijuana Tax Cash Fund and the Housing Assistance for Persons Transitioning from the Criminal or Juvenile Justice System Cash Fund. In 2017, the general assembly, based on the support and introduction by this task force’s Legislative Oversight Committee sponsorship, enacted a SB17-21 provision requiring that, at the end of the 2016-17 fiscal year, the state treasurer transfer unexpended and unencumbered money appropriated for community corrections programs to a new fund; this fund is dedicated to assisting persons transitioning from the criminal or juvenile justice systems. SB18-016 ensured that the transfer occurs at the end of each state fiscal year. The work by this task force, and its legislative oversight committee, on SB17-21 and SB18-16 lead to the creation and passage of HB19- 1009, which broadens SB17-21 to include housing for people recovering from substance use disorders.

Unfortunately, many communities still struggle to access these funds and replicate housing solutions at the scale needed to make homelessness rare and brief. This bill addresses many of the barriers that communities across the state have in accessing these housing opportunities.

Subcommittee Process

To research the issue of why certain communities did not, or could not, access existing housing opportunities, our MHDCJS Housing Subcommittee convened innumerable meetings over the past year. Members of MHDCJS’

housing sub-committee represent the Division of Criminal Justice (DCJ), Health Care Policy and Finance (HCPF), Volunteers of America (VOA), Colorado Coalition for the Homeless (CCH), Equitas, Family member with mental health issues in the justice system, Metro-Denver Housing Initiative (MDHI- continuum of care/HUD), Latino Coalition, Community Behavioral Health Centers (CBHC), Colorado Dept. of Human Services, Department of Local Affairs (DOLA) Division of Housing (DOH), and attorneys practicing in mental health and justice arena. Other expert stakeholders were brought in where gaps existed and specific topic expertise was needed. Specifically, several subcommittee members attended DOLA/DOH's stakeholder meetings across the state to listen to direct providers, non-profit agency heads, shelters, and multiple housing project directors. The subcommittee is facilitated by DCJ-EPIC (Evidence-Based Practices Implementation Specialists). Part of our subcommittee's process was to list the gaps in housing and a list of actions /solutions to address the gaps from each of our respective positions. These actions/solutions were then rated in terms of level of need and level of impact. As a group, we then rated and prioritized the actions/solutions the committee should address. During this process, we also looked at the priorities that were compiled in the statewide housing stakeholder meetings. It should be noted that our subcommittee's priorities were consistent with the state stakeholder meetings' priorities.

The sub-committee determined that many communities across the state did not have the ability, manpower, or skill set to meet the requirements of the majority of current housing solicitations. Applicants that applied for the housing solicitations were most frequently communities which included large non-profits with housing experience, extensive knowledge and experience in housing voucher management, the Homeless Management Information System (HMIS) re-entry systems, Medicaid billing, supportive services, and staff to carry out the project. Communities without these resources found it an overwhelming task to even begin to learn all these skill sets, let alone address their limited critical resources and staff to coordinate and implement the project.

To allow all communities across the state to make use of the work that Colorado has recently done in the housing arena, it is essential to provide funding for mentorship and technical assistance to increase capacity in the areas of housing navigation, landlord tenant advocacy and recruitment, evidence based supportive services, Medicaid billing, and housing voucher administration. This assistance and increased funding will aid communities in preventing homelessness and decreasing the risk of those individuals falling into the juvenile and criminal justice systems.

Legislative Recommendation

To implement this recommendation, it is recommended that legislation in Title 24 of the Colorado Revised Statutes place the responsibility with the Department of Local Affairs, Division of Housing (DOLA/DOH) to organize collaboration, solicit grants, and to sub-contract as necessary to carry out the "innovation pool" in all four domains, in order to address Colorado communities' barriers in accessing housing grants and funding sources. In addition, the Department of Health Care Policy and Financing may seek any state plan amendments, federal waivers, waiver amendments, or other actions within its authority that may be necessary to implement this bill. Tenancy support services will be defined by DOLA DOH, allowing DOLA DOH to expand providers able to seek re-imburements, i.e. social workers, case managers, housing counselors/navigators, etc. to carry out the intent of the bill. These professional will aid those individuals who are most needy and at risk of becoming homeless, or are homeless and at risk of falling into the criminal or juvenile justice system or recidivating into it.

Declaration

Therefore, the legislature declares that it is in Colorado's best interest to create assistance and opportunities for communities across the state who are struggling to access federal and state housing and supportive services funds through training and technical assistance, seed money, direct funding for programmatic support, supportive services, housing consulting services for program development, data collection, access to and evaluation of supportive housing programming and its potential impacts on housing some of the hardest to serve; and to provide state level collaboration and funding to interface between data systems, including but not limited to HB19-1287 data system, HMIS, and LINC (linked information network of Colorado).

To accomplish this, there will be developed and funded an "innovation pool" of resources in two distinct areas for supportive housing:

1) State supportive services for local communities by a) education, capacity building, and pre-development in supportive housing; and b) data integration, coordinated entry system, and resource collection.

AND

2) Community solicitation grants for a) Supportive services for supportive housing programs; and b) evidence-based innovative homeless prevention programs.

This effort will strengthen communities across the state in accessing supportive housing opportunities and resources, while significantly increasing capacity to innovate within an evidence-based framework and sustain programs over-time, making homelessness rare and brief, thereby minimizing the possibility of individuals falling into, or recidivating into, the justice system.

Specifically, these areas break down into four domains where communities can apply for assistance and /or funding in any of the four domains:

1). Funding for education, capacity building, and pre-development in supportive housing. This funding would pay for a statewide technical assistance program, modeled after the currently successful Pathways Home Supportive Housing Toolkit launched in 2014, to provide homeless service providers, law enforcement agencies, re-entry programs, municipal court programs, and other grass roots housing entities the ability to increase understanding of supportive housing interventions in their region, better leverage existing state and federal funding sources, and develop and implement a robust, innovative continuum of supportive housing interventions applicable to their community. It is anticipated that a minimum of the equivalent of two full-time positions skilled, and experienced in the below areas to teach and give specific technical support. Cost estimated to be approximately \$175,000

a. Tool Kit Training and Technical Assistance: DOLA DOH will ensure qualified and expert technical assistance and training is dedicated to a Toolkit-like training and individualized technical assistance, to engage with community partners through regularly occurring outreach events, trainings, and intensive technical assistance focused on established best practices in homeless service provision. The training and technical assistance will focus on competency in the implementation and utilization of the below areas, but not limited to:

- i. Supportive housing; including but not limited to rapid rehousing, Housing first, harm reduction, and trauma-informed care.
- ii. Coordinated entry.
- iii. Landlord engagement and recruitment.
- iv. Input and management of HMIS data.
- v. Medicaid system utilization, management, and billing.
- vi. Supportive housing program services, implementation and evaluation.
- vii. Help to communities to explore feasibility and design programming and services options in an evidence-based, innovative manner fitting the communities' needs.

b. Pre-development: Grants and loans available to support communities as they work to develop supportive housing interventions. This funding source would be used to cover the costs associated with planning and developing supportive housing interventions and programs. A grant fund solicitation to expand best practices to up to six new projects to be funded with direct technical assistance from supportive

housing consultants and approximately \$30,000 for the equivalent of halftime position annually to support program coordination at the local community level.

- i. All pre-development grant recipients will meet as a group at least one time per year to share their ideas, successes, and barriers with other grant recipients.
- ii. All pre-development grant recipients will be required to learn and use HMIS, coordinated entry and Medicaid billing, follow appropriate evidence-based practices, and collect all data as requested by the department.

2). Funding for supportive services (tenancy supportive services) in supportive housing. Presently there exists limited funding for the critical supportive services needed to ensure that people with complex mental and/or behavioral health needs can stay housed. This is especially true in non-metro communities where there is a shortage of Medicaid funded behavioral health services. A recent study conducted for the City of Denver by the Corporation for Supportive Housing, a national expert in the supportive housing field, verified that it costs at minimum \$7,200 a year for supportive services funding per supportive housing unit in Colorado. In addition, rural areas also struggle finding providers equipped or authorized to receive Medicaid reimbursement, or who receive adequate Medicaid reimbursement for services provided specifically in a housing related environment. Supportive services include, in-reach/outreach, housing search and counseling, engagement, and ongoing supports. These four elements, known collectively as ‘Tenancy Support Services’, are essential to ensuring supportive housing participants have access to the supports they need to secure and retain stable housing. Securing adequate local investment for supportive services in non-metro communities is currently a significant barrier in program replication. This bill would authorize the Department of Health Care Policy and Financing to seek any state plan amendments, federal waivers, waiver amendments, or other actions within its authority that may be necessary to implement any part of this bill. Tenancy support services will be defined by DOLA DOH allowing additional providers to be able to seek re-imbursements i.e. social workers, case managers, housing counselors/navigators, etc. to foster tenancy support services to the most needy individuals, at risk of becoming homeless, or are homeless and at risk of falling into the criminal or juvenile justice system, or recidivating into it.

This bill would allow for 3 to 6 new projects totaling 1million for each project annually.

- i. All grant recipients will meet as a group at least one time per year to share their ideas, successes, and barriers with other grant recipients and to learn from each other.
- ii. all grant recipients will be required to learn and use HMIS, coordinated entry, Medicaid, housing voucher administration if appropriate, follow appropriate evidence-based practices, and collect all data as requested by the department.
- iii. Supportive services reimbursed under this grant section will focus on non-clinical case management tenancy support services, including but not limited to tenancy supportive services, vocational/occupational training, clinical services, reasonable indirect costs, and daily living activities:(basic personal *everyday activities* including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, and transferring).
- iv. DOLA DOH will collaborate with HCPF to explore the possibility of expansion of new Medicaid providers/contracts and waivers based on the barriers faced by these new projects.

3) Homeless prevention. (3 projects of \$500,000 annually each for a total of \$1.5 million per year and 4.5million in a total for three years) These dollars will fund expansion of innovative evidence housing projects such as “transformational” housing, focusing on homeless prevention. Limited funding currently exists to support families and other caregivers as they work to keep vulnerable individuals in their homes. Preventing these individuals from entering the homeless system through more intensive interventions would

generate cost savings as well as improved health outcomes and housing stability. Potential projects can be rapid rehousing programs and the creation of pilot programs for rural communities. Many communities do not need large supportive housing developments and would like to experiment with innovative models like co-housing; or much smaller apartment complexes, family reunification models, Host Homes, Safe at Home, Circles of Support, co-housing, or other innovative approaches, implemented through evidence-based practices.

Funding in this category would provide for three community-driven new evidence-based programs to analyze and develop smaller scale supportive housing models and interventions. The Department of Health Care Policy and Financing may seek any state plan amendments or federal waivers or waiver amendments that may be necessary to implement this bill and that tenancy support services” will be defined by DOLA/DOH, allowing DOLA/DOH to expand providers able to seek re-imbursements i.e. social workers, case managers, housing counselors/navigators, etc. to carry out the intent of the bill to foster tenancy support services to the individuals most at risk of becoming homeless, or are homeless and at risk of falling into the criminal, or juvenile justice system, or recidivating into it.

- i. All grant recipients will meet as a group at least one time per year to share their ideas, successes, and barriers with other grant recipients and to learn from each other.
- ii. All grant recipients will be required to learn and use HMIS, coordinated entry, Medicaid, housing voucher administration if appropriate, follow appropriate evidence-based practices, and collect all data as requested by the department.

4) Contract for the design and implementation for data Integration and resource collection. This funding would be used to increase participation in regional homeless data systems, supporting accurate reporting, program evaluation, and needs analysis. This funding would also further the creation of an interface of data systems related to supportive housing best practices, trainings, and resources that could be accessed statewide.

Bill would enable expert individuals to be contracted or hired to assess how Colorado communities can increase the usage of the newly created statewide HMIS and coordinated entry system, to better track populations in need, and those that would be served by this more robust supportive housing programmatic framework. After the initial HMIS assessment the communities receiving technical assistance support would also receive an additional funding to increase their capacity for data collection with the goal of creating a robust program evaluation that can show effectiveness and cost savings for local communities that are using supportive housing with high utilizer populations. This funding would also further the creation of a resource library related to supportive housing best practices, trainings, and resources that could be accessed statewide. Consultant would also work with HMIS administrative teams within the state’s Continuum of Care (CoC) regions to determine sufficient funding to augment the new HMIS system to increase HMIS usage and support across the state.

a. Data Integration. Available to support communities working to integrate data systems for those experiencing homelessness with other community resources.

- i. Connecting housing resources with Behavioral Health Capacity Tracking System Created by House Bill 19-1287 to help families, law enforcement agencies, counties, court personnel, and emergency room personnel to locate appropriate treatment options for individuals experiencing behavioral health crises.

ii. HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

a. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

b. Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and assistance based on their strengths and needs.

c. HUD encourages (but does not require) CoCs to use their HMIS as part of their coordinated entry process.

iii. 211 - A simple and easy-to-remember number and web site that people can access when they need help or want to give help.

Database holds information about more than 8,000 services supported by more than 2,800 agencies across the state of Colorado.

Callers can speak live with referral specialists and receive comprehensive community information by dialing the three-digit number 2-1-1, or they may access health and human services online.

Accessible in nearly 100 percent of land-lined home phones and is a free, confidential call.

b. Resource Collection. Establish a resource bank on best practices in homeless service provision, which will be accessible to all statewide community partners. This will be based on existing systems, such as 211 and coordinated with other appropriate systems including but not limited to the data system authorized by HB19-1287.

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