

Comments on Rosenheck (and Tsemberis)

How to House the Homeless
Conference

Sherry Glied

- Cost effectiveness
- Populations
- Methods
- Targeting

Rosenheck

- “It's a triumph. What thoroughness! What realism! Knew when to stop, too - didn't cut the pages. But what do you want? What do you expect?” **The Great Gatsby, Ch. 3**

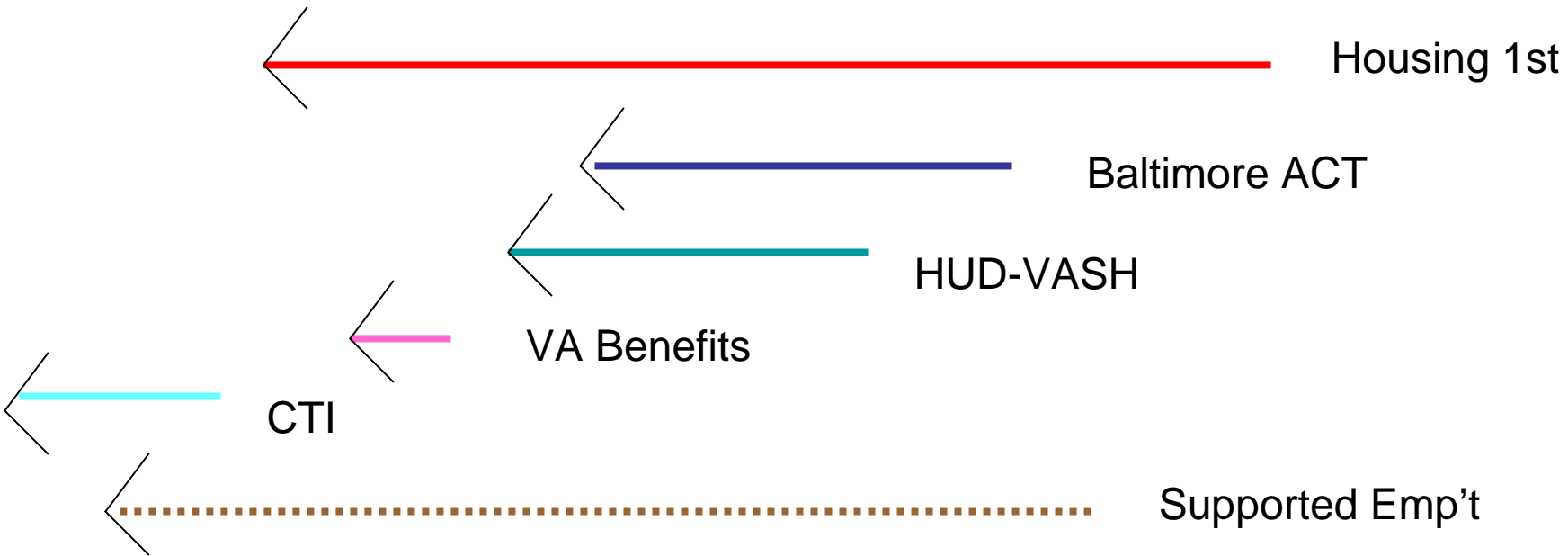
Assessment

- Effectiveness, cost-effectiveness (per unit outcome)
- Acceptability curves
 - Social value of a night housed
 - A few interventions, well-targeted
 - Cost saving or nearly so (CTI, Baltimore ACT)
 - Better interventions, less targeted
 - \$45 - \$100 per night housed
 - Housing to QALY
 - @ .5 [stroke] == \$33,000 - \$73,000
 - @ .7 [blindness] == \$55,000 - \$122,000

Populations

	Control % homeless	% point Δ	% Δ
Housing 1st	78%	50	64
VA Supp. Emp.	67%	24	36
Baltimore ACT	57%	16	28
HUD-VASH	47%	12	26
VA Benefits	35%	6	17
CTI	21%	15	71

Time Homeless



0%

100%

Is single adult homelessness:

- A housing market problem?
- A government organization problem?
- An income support problem?
 - Low wage work
 - Inadequate or unavailable benefits
- A mental health/substance use problem?
- A bit of everything?
- None of the above?

How can we use evidence from programs?

- Analysis of data
 - Variation
 - Cross-sectional
 - Time series
 - Problems
 - Limited data
 - Limited N
- Experimental findings
 - If this works, what does it tell us about the problem?

If this works...it must be...

Systems integration	government organization
Supported housing	housing market
Case management	Mental health/SA
Benefits	Income
Supported emp't	Income

What have we learned?

- It isn't a government organization "system" problem
 - ~~System thinking~~

How much of the variation in housing outcomes can housing support explain?

- HUD VASH – 8 pp ↑ housing from control group base of 57% [veterans]
 - $.08/.43$ of homelessness = housing
 - 20%
- Housing First – 48 pp ↑ from control group base of 22% [SMI]
 - $.48/.78$ of homelessness = housing
 - 60%
- HF to HUD pop'n
 - $(+.7-.57)/.43$
 - 30%

How much variation can mental health explain?

- CTI – 71% of homelessness addressed
- Baltimore ACT (combo) – 28% addressed
- HUD-VASH -- 4 pp ↑ case management from control group base of 53%
 - 8% addressed
- CTI in HUD-VASH population
 - 32%

How much variation can income and supported work explain?

- VA Benefits – 9.37 vs 31.8 homeless days in 3 months
 - 17%
- VA Supported employment – 34 days in stable housing vs. 29.6 days in 3 months
 - 36%

Targeting

- Services as targeting
 - Moving away from experiment rules leads to population dilution
 - Services and congregant housing may mitigate

Conclusions: Dan is Right!

- Housing or income work first
 - There is a population that just needs housing
 - Case management may help afterward
- ⇒ Homelessness is mainly a housing problem
- ⇒ Homelessness among mentally ill people also is due to MH problems
- ⇒ Almost all deinstitutionalized in community housing