

**Online eTable 1 Unpublished HF cost-offset studies**

No.	Study	Population	Supported or Supportive housing	Number of participants E =experimental C=comparison	Observation period	Study design	Perspective	Measured costs	Main results
<b>Studies with experimental designs</b>									
1	Goering, 2014(1) At Home/Chez Soi project Vancouver, BC Winnipeg, MA Toronto, ON Montreal, QC Moncton NB  Note 1) Refer to published article Stergiopoulos et al., 2015 for moderate need group results.  Note 2) Site results for high need group presented in the following rows (1A, 1B, 1C, 1D, 1E)	Homeless and mentally ill with severe mental health problems (high need) Recruited mostly from shelters and the streets	Supported housing (scattered-site with rent subsidies) HF with Assertive Community Treatment (ACT)  E=301	receiving treatment as usual C=649	3 to 6 months before, 21 or 24 months after (Stergiopoulos et al., 2015)	Randomized controlled trial All data are self-reported (as in (Stergiopoulos et al., 2015))	Societal (Stergiopoulos et al., 2015)	Health and social services: ED, hospitalization (psychiatric and physical), visits to community health centers, visits to day centers, shelters, rehabilitation centers, Justice services: Police contacts, arrests, court appearances, police cell, detention centers, prison Welfare and disability payments Employment earnings (Stergiopoulos et al., 2015)	Cost savings for non-HF intervention = \$21,375 HF/ACT cost: 22 257\$ HF net cost = 882\$
1A	Currie et al., 2014 (2)  Vancouver	Same as above	Same as above E=90 receiving supported housing (scattered site)	Receiving treatment as usual C=100	Same as above	Same as above	Same as above	Same as above	Cost reduction for non-HF intervention = \$24,190 HF/ACT cost: \$ 28,282 HF net cost = \$4092
1B	Distasio et al., 2014 (3)  Winnipeg	Same as above 68% aboriginal	Supported housing E=100	Same as above C=100	Same as above	Same as above	Same as above	Same as above	High need group Cost reduction for non-HF intervention: 17 527\$ HF/ACT cost : 18, 840\$ HF net cost = \$1313
1C	Stergiopoulos et al., 2014 (4)  Toronto	Same as above	Same as above E = 97	Same as above C=100		Same as above	Same as above	Same as above	Cost reduction for non-HF intervention = 31 747\$ HF cost (ACT) = 21 089\$ HF net cost = \$10,658
1D	Latimer et al., (5)  Montreal	Same as above	Same as above E=81	Same as above  C= 82	Same as above	Same as above	Same as above	Same as above	E-total cost=\$64 655 C-total cost= \$67 652  Cost reduction for non-HF

									<i>intervention = \$25,479</i> <i>HF intervention cost = \$22,482</i> <i>HF net cost = 2997\$</i>
1E	Aubry et al., 2014 (6)  Moncton	Same as above but including some moderate-need participants and some rural homelessness	Same as above E=100 (24 rural)	Same as above C=101 (19 rural)	Same as above	Same as above	Same as above	Same as above	<i>Cost reduction for non-HF intervention = \$16,089</i> <i>Cost of HF= \$20,771</i> <i>Net cost= \$4682</i>

**Studies with quasi-experimental designs involving a comparison group**

2	Krisiloff & Boyce, 2012 (7) Project 50 Skid Row, LA	Homeless Top 50 highest hospital service users	Supportive housing with multi-disciplinary Team providing intrgrated health, mental health and substance abuse services	E=50 C=46 receiving treatment as usual	5 years	Comparison group with similar age and gender distribution, as well as similar histories of county departmental service use but on average had a lower vulnerability score	Government	Alcohol and drug, incarceration, medical, mental health	Over a two-year study period, Project 50 yielded total cost offsets of 3,284 M\$, which is 108% of the money the program actually spent (3.045M\$) in providing its participants with permanent housing and supportive services. (Surplus of \$4774 per occupied unit over a two year period)
3	Levanon Seligson et al., 2013(8)  New York City  (Population A only)	Chronically homeless single adults with SMI or who are dually diagnosed with a mental illness and a substance use disorder – those least likely to be placed excluded from comparison	Supportive and supported housing	E = 431 C = 1,366 homeless receiving treatment as usual	1 year	Propensity score matching to compare placed and unplaced individuals Administrative data	Not stated Government -subsidized health care, social services and jail services	Total Medicaid, state psychiatric centers, shelters, food stamps, cash assistance, jail	After adjustment, total measured costs are \$38,592 per person per year on average for controls, \$38,714 for placed individuals, thus lower by \$878. Intervention cost is \$15,064. All costs are lower in placed group, except for cash assistance and food stamps. Largest difference is shelters, \$10,332 vs \$416, or \$9,916 less (p<0.05)
4	Becker, 2015(9)  Anchorage, AK  United States  Aubry et al, Forthcoming(10)  Five Canadian cities	Homeless with mental health and addiction problems	Supportive housing	E=29 C=12 homeless receiving treatment as usual (wait-list)	3 years	3 year follow-up post entry into HF program Administrative data	Health insurer	Hospital cost (ED, inpatient, outpatient)	E1=\$27,217 E2=\$29,360 E3=\$60,912  C1=\$24,919 C2=\$39,121 C3=\$60,309

**Studies with pre-post designs, no comparison group**

5	Mondello, Gass, McLaughlin, & Shore, 2007(11)  Mondello et al., 2009  Greater Portland, ME  United States	Urban homeless (24% chronic homeless)	Supported (mostly scattered site with voucher) and supportive housing	2007 study E=99  2009 study E=97	1 year before 1 year after 2 years after	Pre-post Administrative data	Not stated	Healthcare, mental healthcare, ED, jail, ambulance, police	2007 study  Pre-HF E=\$28,045 Post-HF E= \$27,101  Cost decrease of \$14,036, offsetting intervention cost of \$13,092  Net cost offset =-\$944  2009 study  Pre-HF E=\$26,986 Post-HF E=\$26,851  Cost decrease of \$13,492, offsetting intervention cost of \$13,359  Net cost of HF = \$133
6	Mondello et al., 2009 (12)	Rural homeless	Supported (mostly scattered site with voucher) and supportive housing	E=155	Same as above	Same as above	Same as above	Same as above	Pre-HF E=\$18,949 Post-HF E=\$16,198 Cost decrease of \$7260 offsetting intervention cost of \$4,509  Net cost savings of HF = \$2751
7	Hirsch, 2008 (13) Rhode Island, NY United States	Chronic Homeless HF program clients	Supported (scattered and congregate)	E=48	1 year before, 1 year after	Pre-post	Government	Hospital, mental health overnight, alcohol/drug overnight, ED, jail/prison, shelter	Average cost per client pre-HF: 31 617\$ Average cost per client post-HF: 23,671\$ Cost savings = 7946\$ per client
8	United Way of Greater Los Angeles, 2009 (14)  Los Angeles  United States	Chronic homeless	Case management	E=4	2 years before, 2 years after	Pre-post	Government	Inpatient treatment / detox admission; alcohol & drug outpatient treatment/detox; ED, hospitalization, mental health clinic, arrest, jail, prison, arrests	Pre-HF total E=187,288\$ Post-HF E= 107,032\$  Cost savings of 80,256\$ (43%) over two years

9	Vaughn & Walsh, 2009 (15)  Asheville, NC  United States	Chronic homeless	Supported housing (scattered site) supportive housing with case management	E=25	4 years	Pre-post 2 years before HF and 2 years after HF interviews	Government	Substance abuse service, shelter, jail, ED, outpatient, HIV services, psychiatric hospital, inpatient mental health, outpatient mental health	Pre-HF E= \$631,379 Post-HF E= \$570,938  Cost savings of \$60,441 (9.5%).
10	Nogaski, Rynell, Terpstra, & Edwards, 2009 (16)  Illinois  United States	Homeless or at risk of homelessness with mental illness and/or who are formerly incarcerated	Mostly supportive housing	E=177	2 years before, 2 years after	Pre-post	Government	Medicaid, state prison, county jails, mental health hospitals, uncompensated hospital services paid by hospital, substance abuse treatment services	Cost decrease for all variables following
11	The National Center on Family Homelessness, 2009 (17)  Minnesota  United States	Homeless with complex needs including children and families	Supported housing with case management	E=518 C= ?	2003 to 2008, varying follow-up periods	Pre-post Difference in difference	Government	Income support, medical, mental health, chemical dependency, pharmacy, detox, child welfare, prison/jail	Net cost = \$4,408
12	Mercer Alliance to End Homelessness, 2011 (18) New Jersey  United States	Chronic homeless	Supported housing Scattered site Rental assistance with case management	E=15	1 year before, 1 year after	Pre-post	Health insurer	Hospital overnight, mental health overnight, ER, alcohol/drug overnight, jail/prison overnight, shelter overnight	Pre-HF E=\$ 30,239 Post-HF E= \$2223 HF cost: \$18,587 Savings per tenant per year: 9429\$
13	Guerin, 2011 (19)  Albuquerque, New Mexico  United States	Homeless with behavioral health disorder HF program clients of the Supportive Housing Coalition of New Mexico	Supported housing (scattered site) with case management	E=33	More than 365 days	Pre-post comparison One year before HF, one year after HF Administrative data and self-reported (interview)	Government	ED, inpatient medical, inpatient behavioral health, outpatient medical, outpatient behavioral health, detoxification services, ambulance services, fire department response services, ACT, jail bookings, case management, shelter, arrests	Pre-HF E = 717,006\$ Post-HF E = \$ 689,857  HF cost savings = \$27,149\$ (-3.8%)
14	Corry, K., 2012 (20) Project 25 San Diego United States	Homeless heavy services users of health and justice services	Supported housing	E=25		Pre-post 1 year before (2010), 1 year after (2011)	Government	Psychiatric hospital, arrests, jail, detox/sobering centers, crisis house, PERT visits, shelter	Pre-HF E = 317,904\$ post-HF E=: 97,437\$

15	Eide Bailly, 2013 (21)  Cooper House  North Dakota	Chronic Homeless	Supportive housing Mental health technician and case management	E=42	1 year before, 1 year after	Pre-post study Administrative data	Government	Jail, shelter, detox, clinic, ED, hospitalization, arrests, administration	Pre HF total group cost: \$552,895 Post HF total group cost: \$348,755  Cost decrease of \$204,140
16	Sillanpaa, 2013 (22) Finland	Long term homeless, alcohol abuse and mental illness	Supportive housing	E=15	5 months before, 5 months after	Pre-post Administrative data	Government	Institutional care, shelters, welfare services for alcohol, police arrests, GP visits, nurse visit, hospitalization, ER, specialized health care visits, ambulance, rents, support service	Pre-HF E= 155,884 euros Post-HF E= 95,987\$  Net cost savings with HF 59,897euros
17	Mason & Grimbeek, 2013 (23)  Brisbane, Queensland  Australia	Chronic homelessness, low income, barriers to sustaining housing Have experienced abuse, neglect and dysfunction in their family of origin	Supported and supportive housing	E=7		Pre-post Pre HF (12 months) Year 1 support (0-12 months) Post Year 1 Support (12-24 months) Administrative and self-reported data	Government	General health, drugs & alcohol, mental health, legal events, case worker, brokerage funds	Total annual cost decrease over the three periods, from approximately \$15,000 to \$8,500. Cost categories such as general health, mental health and case workers either remained about the same or increased slightly Outcomes support the cost-effectiveness of moving homeless individuals into housing with support
18	Calgary Homeless Foundation, 2013 (24)  Calgary, MA  Canada	Homeless with complex needs		E = 176		Pre-post 12 months before, 12 months after Data collection not specified	Societal Government -subsidized health care, social services and jail services	Hospitalization, ambulance, ER, jails, police, courts, shelter	Pre-HF E= \$55,403 Post -HF E=\$21,271 including HF costs  HF net cost savings=\$34,132
19	Massachussets Housing and Shelter Alliance, 2014 (25)  Massachusetts  United States	Chronic homeless with disabling condition	Supported housing (Congregate and scattered site) medical and mental health care, substance abuse treatment, case management, vocational training and life skills training	E=766	2 years	Pre-post One year before and one year after (2009) Administrative data Self-reported	Health insurer	Medicaid billing claims (in-patient, outpatient, transportation to medical visits, ambulance, pharmacy, dental care) Shelter, incarceration	Pre-HF E=\$ 33 190 per person. Post-HF E=24 072\$  Cost decrease of \$24,586 offsetting HF intervention cost of \$15,468  Net cost savings are 9118\$ per person.

20	Montgomery, 2014 (26) HF Pilot Bedford/Boston, MA Chicago, IL Dallas, TX, Bronx, NY, Detroit, MI Los Angeles Philadelphia, PA New Orleans, LA San Francisco, CA Washington, DC Portland, OR Syracuse, NY Bay Pines, FL Denver, CO	Homeless veterans HUD-VASH clients	HUD-VASH vouchers + case management	E=700	2 years	Pre-post One year before HF, one year after HF	Healthcare insurer (HUD- VASH)	In-patient and outpatient costs (mental health, substance abuse, medical)	Total cost pre-HF: 23,472\$ Total cost post-HF: 16,041\$ Cost savings = \$7431
21	Thomas, Shears, Clapsadl Pate, & Priester, 2014 (27)  Moore County, N.C.  United States	Chronic homeless with disabling condition	Supportive housing	E=73	1 year before, 1 year after	Pre-post	Health system	Hospital billing (hospitalization and ED)	Pre-HF: E=\$41,542  Post-HF E=\$12,472  Cost decrease of \$29,070
22	Dunthorn et al. Publication date not available (28)  Knoxville, Tennessee  United States	Chronic homeless	Supportive housing	E=41	1 year before, 1 year after	Pre-post	Government	Community costs (case management, shelter, supportive services, jail stays and emergency medical services)	Pre-HF E=\$16,322  Post-HF E=\$20,676 Net cost of HF = \$4354

**Online eTable 2 Unpublished studies –HF Impact on costs**

Study no.	Author	Population	Healthcare	Inpatient psychiatric	Inpatient physical	ED	Justice	Outpatient clinic	Shelter	Other	Net impact on overall costs
<b>Unpublished studies - experimental</b>											
1	Goering et al., 2014 (1) AH/CS – All sites combined, High needs <sup>1</sup>  The following rows detail study results by sites (3A, 3B, 3C, 3D)	Homeless and mentally ill with high needs			-		Incarceration (-)	Office visits non-HF (-) Home visits non-HF (-)	-		+
1A	Currie et al., 2014 (2) Vancouver	Same as above		-	-	-		Non-study visits (-)	-	SRO (-) Drug and alcohol treatment (-)	+
1B	Distasio et al., 2014 (3) Winnipeg	Same as above More aboriginal		-	-		Incarceration (-)	Visits non-HF (-)		Office visit in community center (-) Transitional housing (-) Drugs or addiction treatment or residential recovery program (-)  Day center visits (+)	+
1C	Stergiopoulos et al., 2014 (4)  Toronto	Same as above		-	+		Court appearance (+)	Office visits non-HF (-) Home visits non-HF (-)	-		-
1D	Latimer et al., (5) Montreal	Same as above		-			Court appearance (-)	Non-HF office visits (+)	-	Social housing (-) Day centre (+) Psychiatric residential program (+)	+
1E	Aubry et al., 2014 (6) Moncton	Same as above More rural		-	-			Non-HF office visits (-)		Detox (-)	+
Summary of unpublished studies - experimental	Unpublished studies – experimental: Sites overall results presented in study 1										

<sup>1</sup> These reports (1, 1A, 1B, 1C, 1D and 1E) are part of the same AH/CS trial as the studies reported in the article (Stergiopoulos et al. 2015 (study no. 3) and Aubry et al. 2015 (study no. 4).

Study no.	Author	Population	Healthcare	Inpatient psychiatric	Inpatient physical	ED	Justice	Outpatient clinic	Shelter	Other	Net impact on overall costs
<b>Unpublished study - quasi-experimental with comparison group</b>											
2	Krisiloff & Boyce, 2012 (7)	Homeless high service users	Medical treatment (-) Mental health treatment (-)				Incarceration (-)			Substance abuse treatment (-)	-
3	Levanon Seligson et al., 2013 (8)  (Population A only)	Chronically homeless single adults with SMI or who are dually diagnosed with a mental illness and a substance use disorder	-	State psychiatric centers (-)			Jails (-)		-	Food stamps (+) Cash assistance (+)	-
4	Becker, 2015 (9)	Homeless with mental health and addiction problems						+			
Summary of unpublished studies – quasi-experimental with comparison group (3)			2 -	1-			Incarceration (2 -)	1 +	1-	Substance abuse treatment (1-) Food stamps (1+) Cash assistance (1+)	2-
<b>Unpublished studies with pre-post design</b>											
5	Mondello et al., 2007 (11)	Urban homeless, 24% chronic 1 year before and after	Physical healthcare (-) Mental healthcare (-) Ambulance (-)			-	Incarceration (-) Police (-)				-
6	Mondello et al., 2009 (12)	Rural homeless	Physical healthcare (-) Mental healthcare (-) Ambulance (-)			-	Incarceration (-) Police (-)				-
7	Hirsch et al. 2008 (13)	Chronic homeless	Hospital (-)		-	-	Incarceration (-)		-	Substance abuse (-)	-
8	United Way of Greater Los Angeles (14)	Chronic homeless	Physical healthcare (-) Mental healthcare (-)				-			Substance abuse (-)	-
9	Vaughn &	Chronic	ED and inpatient (-)	-			Incarceration	Outpatient	-	Substance abuse (-)	-



Study no.	Author	Population	Healthcare	Inpatient psychiatric	Inpatient physical	ED	Justice	Outpatient clinic	Shelter	Other	Net impact on overall costs
	Walsh, 2009 (15)	homeless	Other in-patient psychiatric services (+)				(-)	physical (-) Outpatient mental health (+)		HIV services (-)	
10	Nogaski et al., 2009 (16)	Chronic homeless or at risk with mental illness and/or formerly incarcerated		-	-	-		Outpatient physical (-) Outpatient mental health (-)			
11	The National Center on Family Homelessness, 2009 (17)	Homeless with complex needs including children and families Single adults reported here only		-	+		Incarceration (-)	physical (+) mental health (+)		Substance abuse (-) Detox (-) Income support (+)	
12	Mercer, 2011 (18)	Homeless		-	-	-					-
13	Guerin, 2011 (19)	Homeless with behavioral health disorder	Hospital (+) Ambulance (-)		-		Incarceration (-)	Outpatient physical (-) Outpatient mental health (+)	-	Substance abuse (-) Detox (-)	-
14	Corry, K. 2012 (20)	Homeless high service users of health and justice services	Ambulance (-) Inpatient(-)			-	Police arrest (-) Incarceration (-)	N/A		N/A	-
15	EideBailly, 2013 (21)	Chronically homeless	Inpatient (+)			-	Incarceration (-) Police arrests (-)	-		Shelter (-) Detox (-)	-
16	Sillanpaa, 2013 (22)	Long term homeless with mental illness and alcohol abuse	Inpatient (-) Ambulance (-)			-	Police arrest (-)	GP visits (+) Nurse visits (+) Specialized healthcare (-)		Institutional care, shelters, welfare services for alcohol abusers (-)	-
17	Mason & Grimbeek, 2013 (23)	Chronic homeless with low income and barriers to sustaining housing				-	Legal events – justice & police (-)	Outpatient appointment (+)		Substance abuse (-)	-
18	Calgary Homeless Foundation, 2013 (24)	Homeless with complex needs	Inpatient(-)			-	Police (-) Incarceration (-)		-		-
19	Massachussets	Chronic	Medicaid (-)				Incarceration		-		-

Study no.	Author	Population	Healthcare	Inpatient psychiatric	Inpatient physical	ED	Justice	Outpatient clinic	Shelter	Other	Net impact on overall costs
	Housing and Shelter Alliance, 2014 (25)	homeless with disabling condition					(-)				
20	Montgomery, 2014 (26)	Homeless Veterans	Mental healthcare (-) Medical healthcare (-)	-			N/A	N/A		Substance abuse (-) Medical +	-
21	Thomas et al., 2014 (27)	Chronic homeless	ED and inpatient (-)								
22	Dunthorn et al. (28)		Mental healthcare (-)	-						Community services (-)	
Summary of unpublished studies with pre-post design (18)		Mostly chronic homeless	Physical healthcare (3-) Mental healthcare (5-) Other inpatient psychiatric services (1+) Inpatient (3-/1+) Medicaid (1-) Hospital (1-/1+) Ambulance (4-) ED and inpatient medical (2-)	6 -	4- / 1+	10 -	Incarceration (10-) Police (6-) Police and justice (1-)	Outpatient physical (3-/1+) Outpatient mental health (1-/3+) Outpatient (1+) GP visits (1+) Nurse visits (1+) Specialized healthcare (1-)	5-	Substance abuse (7-) Detox (3-) HIV (1-) Income support (1+)	14 -

Note :

<sup>1</sup> Complementary data were obtained from the national and site-level At Home/Chez Soi reports. In these reports, only cost differences of \$1,000 or more are indicated. Thus, absent signs mean the cost difference was smaller than that amount. In these reports, multiple imputation was not used to deal with missing data, and no differences were tested statistically.

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