Canada’s At Home / Chez Soi Housing First Project for Homeless Persons with Mental Illness: Moving Evidence into Policy and Practice

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Overview of the Presentation

- Homelessness and Housing First
- At Home /Chez Soi programs and research
- At Home/Chez Soi findings
- Scaling out and scaling up Housing First
L’itinérance et Logement d’abord
Homelessness and Mental Illness

- Homelessness is a significant social problem in Canada (Estimates of 60,000 individuals per night, Gaetz et al., 2016)
- Prevalence of mental illness and substance abuse/dependence is high and associated with poorer outcomes
- Chronic and episodic homelessness – account for the majority of shelter days and are high users of health, criminal and social services
Meet the Outsider Who Accidentally Solved Chronic Homelessness

- Consumer choice
- No pre-conditions or housing “readiness”
- Rent supplements, rapid housing
- Separation of housing and support
- Recovery
- Community integration
- Harm reduction
From the Staircase Model to Housing First

Itinérance → Refuge → Logement transitoire → Logement permanent

Engagement en traitement + stabilité psychiatrique + abstinence
Why Consumer Choice in Housing First?

- Moral value of consumer self-determination
- Previous research consistently shows that about 85% of consumers of mental health services (both homeless and not homeless) want to live in their own apartments
- Previous research shows that the more choice consumers have over their housing and support, the better the outcomes they experience (see research by Nelson, Greenwood, etc.)
- Supported housing – Choose-get-keep approach (Carling, 1995)
L’approche Logement d’abord

HF = Logement + Soutien

Logement d’abord

ACT ou ICM
Types of Support Services

**Assertive Community Treatment (ACT)**
- Multi-disciplinary team / wrap around service
- Services and crisis coverage are available 24/7
- Staff to client ratio of 1:10

**Intensive Case Management teams (ICM)**
- Case managers with individual caseloads
- Outreach and coordination with other services
- Teams available 12 hours per day
- Staff to client ratio of 1:15
At Home / Chez Soi
Programs and research
Projet de démonstration At Home / Chez Soi

- La plus grande étude de ce genre dans le monde
- Le budget fédéral de 2008 a accordé 110 millions de dollars sur 5 ans à la Commission de la santé mentale du Canada
- Une recherche-action sur le processus de soutien aux personnes atteintes de maladie mentale sévère qui quittent l'itinérance
Research Design

- Pragmatic, randomized controlled trial in 5 cities (Vancouver, Winnipeg, Toronto, Montréal, Moncton)
- Housing First vs. Treatment as Usual (TAU)
- Tested at two levels – high needs (ACT) and moderate needs (ICM)
- Local adaptations – Toronto, Winnipeg
- Study of outcomes, costs, and implementation
At Home / Chez Soi: Participants

- 2148 participants (2009-2013)
  - 1158 en logement d’abord (HF)
  - 990 en traitement habituel (TAU)
- Principalement d'âge moyen
- 32% des participants sont des femmes
- Durée moyenne de vie sans-abri de 5 ans
- Tous ont un ou plusieurs problèmes de santé mentale grave
- La majorité ont un trouble concomitant
- Plus de 90% ont eu au moins un problème de santé physique chronique
Qualitative Research in At Home / Chez Soi

In the At Home/Chez Soi project, qualitative research played a prominent role in understanding the complexity of:

- the conception of the project
- planning the project
- implementation and fidelity (early and late)
- consumer narratives of outcomes
- program sustainability, policy changes, scaling out and up
Involvement of People with Lived Experience

Guiding Principle # 1 in Request for Applications

Ensure people with lived experience of mental illness and homelessness are collaborators in the planning and delivery of all supports and services and inform the research questions and methods used in the demonstration projects.
Involvement of People with Lived Experience

Ways in which people with lived experienced participated in the project


- As peer support workers

- As research interviewers
Involvement of People with Lived Experience

Ways in which people with lived experienced participated in the project


- Consumer Research Consultant

- Focusing the Frame project in Winnipeg – photo voice
My Kitchen

I love to cook. On the street it's hard to get a decent meal. Now my fridge is full and I can choose what and when I eat. I'm so much healthier now, and I get so much satisfaction in doing something I love to do. I can even invite people over for a meal. Beats the hell out of a food kitchen.
Involvement of People with Lived Experience

Ways in which people with lived experienced participated in the project


- On National Working Group

- In “Here At Home,” NFB production
Résultats
# Fidelity Standards for Housing First Approach

<table>
<thead>
<tr>
<th>Fidelity Domains</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Housing Choice and Structure</td>
<td>Standards focusing on the provision of housing to consumers (e.g., housing choice, housing availability, integrated housing)</td>
</tr>
<tr>
<td>Separation of Housing and Services</td>
<td>Standards focusing on the relationship between housing and support provided by program (e.g., no housing readiness, standard tenant agreement, commitment to re-house)</td>
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<tr>
<td>Service Philosophy</td>
<td>Standards focusing on the principles and values guiding the delivery of services (e.g., service choice, harm reduction, assertive engagement, person-centered planning)</td>
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<tr>
<td>Service Array</td>
<td>Standards focusing on range of services available to consumers (e.g., psychiatric services, integrated substance abuse treatment, nursing services, supported employment services)</td>
</tr>
<tr>
<td>Program Structure</td>
<td>Standards focusing on service delivery characteristics (e.g., frequency of contact with participants, participant / staff ratio, team approach, peer specialist on staff)</td>
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Résultats – Fidélité des 13 programmes At Home / Chez Soi

- ÉF1=10 mois
- ÉF2=27 mois

* Haute fidélité = 3.5 ou plus
% de temps passé en logement stable

HF = 73%
TAU = 32%
Housing First is Effective in Cities of Different Sizes and Composition Across Canada

- **Vancouver**
  - Pop: 578,000

- **Winnipeg**
  - Pop: 633,000

- **Toronto**
  - Pop: 2,503,000

- **Montreal**
  - Pop: 1,621,000

- **Moncton**
  - Pop: 107,000
Résultats

Les participants HF ont signalé des améliorations plus importantes que les participants TAU au niveau:

- Fonctionnement communautaire
- Qualité de vie
Résultats des entrevues qualitatives (N=197)

- Changement positif – “This is the first time, you know, that I’ve had a home… And, this is the first place like I… feel like I love to go home…I feel so safe. And…being safe is a major issue for me, you know?”

- Changement neutre ou mixe – “That’s what life is, cause it’s just like I said, like picking up, losing it all, picking up, losing it all, picking up, losing it all.”

- Changement négatif – “They discharged me to a hotel. I left the next day. It was noisy, bug-infested, full of drugs.”
Comparaison des trajectoires d'un sous-groupe de participants de At Home / Chez Soi (n = 197) (Nelson et al., 2015)
Cost Offsets Vary Depending on Need Level

Cost Analysis: HF with ACT

- Housing First costs $22K per person per year
- $10 CAD invested in HF with ACT saved $9.60 (96%) CAD

Cost Analysis: HF with ICM

- Housing First costs $14K CAD per person per year
- $10 CAD invested in HF with ICM saved $3.42 (34%) CAD

Cost Analysis: High Users of Services

- Top 10% average over $225K in year prior to study
- $10 CAD invested in HF saved $21.72 CAD
Scaling Out and Scaling up

Housing First: Moving Evidence into Policy and Practice
Systems Theory, Scaling Out, Scaling up

• Following At Home/Chez Soi, we were interested in scaling out and scaling up Housing First across Canada

• Lee and Westley (2011) use systems theory and complexity theory to understand social innovation and its diffusion. They make a distinction between:
  • Scaling out – replication and diffusion of an innovation across settings
  • Scaling up – moving an innovation into a broader system and creating transformative change
Context

- Existing research and theory – findings of At Home/Chez Soi
- Climate – conservative federal government, Housing First as a “curious case” (Macnaughton, Nelson, & Goering, 2013; Stanhope & Dunn, 2011)
- Macro-policy – federal government announces renewal of Homelessness Partnering Strategy (HPS) in March, 2013 federal budget, but calls for a shift in funding to Housing First
- Funding – $600 million for 5-year renewal
Knowledge Synthesis and Translation System

• Peer-reviewed publications
• Reports and summaries written in accessible language and readily available on the websites of the Mental Health Commission of Canada and the Homeless Hub
• Integrated Knowledge Translation with PMO and provincial policy-makers
• Canadian Housing First Toolkit (2014), http://www.housingfirsttoolkit.ca/
Guide sur l’approche Logement d’abord au Canada

Ce guide a été mis au point pour aider les collectivités canadiennes qui souhaitent adopter l’approche Logement d’abord

Aperçu
- Grandes Lignes
- Question Clés
- Annexes et ressources

Plan
- Aperçu
- Tâches de planifications
- Défis et stratégies
- Annexes et ressources

Réaliser
- Réaliser
- Tâches d’exécution
- Défis et stratégies
- Annexes et ressources
- Sous les projecteurs

Évaluer
- Messages Clés
- Tâches d’évaluation
- Défis et stratégies
- Annexes et ressources
- Sous les projecteurs

Soutenir
- Messages Clés
- Qu’est-ce que la durabilité?
- Défis et stratégies
- Exemples de cas de durabilité

Ressources
- Annexes et ressources
Overview Module – Key Questions

2. WHAT IS THE GOAL OF HOUSING FIRST?

The goal of Housing First for individuals with mental health and addiction challenges who have experienced chronic homelessness is to promote recovery. This is accomplished first by ending their homelessness and then by collaborating with them to address health, mental health, addiction, employment, social, familial, spiritual, and other needs.

View a TED talk from Dr. Sam Tsang about the goal and origins of Housing First/Pathways to Housing.

3. WHAT IS THE PROBLEM THAT HOUSING FIRST SEeks TO ADDRESS?

Housing First was developed to address the problem of chronic homelessness. Individuals who have experienced chronic homelessness have been found to represent only 11 per cent of the population of shelter users but account for 50 per cent of shelter stays.5,6

This group, which includes a disproportionately high number of people with serious mental illness (and often addictions), represents a subset of the homeless population who tend to stay homeless for long periods of time and who are considered “difficult to house.” People who are chronically homeless tend to cyclically use emergency health services, hospitals, and the justice system, resulting in substantial costs. Housing First addresses the social circumstances of adults who are chronically homeless and living with mental health and addiction issues by first ending homelessness and then supporting participants in their recovery or recovery. While the model was originally developed to
Support System

- Support system – Training and technical assistance (TTA) consultation provided by Pathways to Housing Institute (Sam Tsemberis)
- funded by the Mental Health Commission of Canada (2013-2016), 18 communities targeted
- and now the Canadian Alliance to End Homelessness (2016-2018) in more communities
Delivery System

• Delivery system – 61 Canadian communities receive Homelessness Partnering Strategy funding
• Shift to Housing First approach and focus on chronically and episodically homeless
• In the 10 largest communities, 65% to Housing First
• In the remaining 41 communities and in Aboriginal communities, 40% to Housing First
Research

Transforming Treatment Services and Housing for People with Mental Illness in Canada: A Systems Approach to Integrated Knowledge Translation

- 3-year study (2013-16), funded by the Canadian Institutes of Health Research, Partnerships for Health Systems Improvement (CIHR PHSI)
- examined 6 of the 18 TTA communities in order to understand the process of change
- Fraser, Saskatoon, Winnipeg, Waterloo, York, and Halifax
Research – Data Collection

- Multiple case study approach
- Initial training needs assessment focus group
- TTA workshop evaluations
- Field notes
- Program fidelity assessments
- Key informant and focus group interviews to evaluate the process of TTA, the impacts, and the factors influencing the impacts on the communities
All have made significant progress in implementing Housing First

• Fraser Valley – several new or enhanced ACT and ICM HF teams with high fidelity; centralized intake

• Saskatoon – new ICM HF team with high fidelity; centralized intake

• Winnipeg – sustained 3 AHCS HF programs; added 5 new HF teams; centralized intake; HF support team
Where Are the Communities Now?

• Waterloo – enhanced HF program, now using rent subsidies; centralized intake through registry week

• York – early stages of implementation of ICM HF program

• Halifax – new ICM HF program in early stages of implementation
Restructuration du système: Approche logement d’abord

Environnement moins restrictifs au environnement plus restrictifs

- Traitement résidentiel dans la communauté (personnel clinique)
- Logement permanent (sites uniques avec services intégrés)
- Logement permanent (sites dispersés avec support portable)
- Soins institutionnels à long-terme
At Home / Chez Soi: Remerciements

• Équipe du Projet At Home/Chez Soi :

• Directeur national du projet– cette position a été tenue par Jayne Barker, Ph.D. la période 2008-2011 (anciennement avec la Commission de la santé mentale du Canada). Le chef de projet actuel est Cameron Keller, vice-président santé et l'itinérance, la Commission de la santé mentale du Canada

• Directrice nationale de la recherche - Paula Goering, RN Ph.D., Centre for Addiction and Mental Health and University of Toronto

• Équipe du Projet - comprend également environ 40 chercheurs de partout au Canada et aux États-Unis en plus de 5 coordonnateurs de site (dans chaque ville où l'étude est réalisée) et de nombreux directeurs des services et fournisseurs de logements ainsi que des personnes ayant de l'expérience vécue.

• La production de cette présentation est rendue possible grâce à une contribution financière de la part de Santé Canada.

• Les opinions exprimées aux présentés sont celles des présentateurs.
MERCI!

Pour plus d’information

Visitez: www.mentalhealthcommission.ca
(pour de l’information détaillée et les rapports)

Visitez: www.nfb.hereathome.ca
(pour de brefs vidéos à propos du projet et des participants)

Visitez: www.housingfirsttoolkit.ca
(Pour la boîte à outils canadienne Logement d’abord)
Merci pour votre attention!