



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

THE AT HOME/CHEZ SOI RESEARCH PROJECT METHODOLOGY¹

What is the At Home/Chez Soi demonstration project?

At Home/Chez Soi is a 4-year national research project studying which approaches best help people experiencing homelessness and mental health problems to secure and maintain housing and to move forward in their lives. The project is designed to deliver and evaluate the “Housing First” approach to ending homelessness. It compares this approach to the usual housing and support services currently available for people experiencing homelessness and mental health problems in these cities. The research project is built on existing knowledge of the Housing First approach and applies it in five cities across Canada: Vancouver, Winnipeg, Toronto, Montréal and Moncton.

Funded by the Mental Health Commission of Canada, the At Home/Chez Soi project is the largest project of its kind in this country. The project started in 2009 and the data collection ended on March 31st, 2013.

What is the “Housing First” Approach?

The “Housing First” approach involves providing homeless people who have mental health issues with immediate access to subsidized housing, together with supports. No pre-conditions, such as bringing substance abuse under control or being stabilized on medications, are imposed. People have a choice as to where they would like to live and must agree to pay a maximum of 30% of their income for housing in the private market.

A “Housing first” approach creates a recovery-oriented culture that puts participant/tenant choice at the centre of all its considerations with respect to the provision of housing and support services. Research conducted in the United States reveals that programs providing housing combined with supports to people with severe mental illness are effective in reducing homelessness and hospitalizations. It also produces other positive outcomes such as well-being.

Why conduct a new study on the “Housing First” approach? What are the objectives?

Previous studies on the “Housing First” approach were conducted in United States. Studies focused on changes in outcomes related to housing stability, housing problems, psychiatric

¹ For detailed information regarding the At Home/Chez Soi protocol, the reader can consult: Goering, P. N., Streiner, D. I., Adair, C., Aubry, T. et al. “The At Home/Chez Soi trial protocol: a pragmatic, multi-site, randomized controlled trial of a Housing First intervention for homeless individuals with mental illness in five Canadian cities” in *British Medical Journal Open* 2011;1:e000323. Retrieved February 21, 2013: <http://bmjopen.bmj.com/content/1/2/e000323.full>

symptoms, substance use, service utilization and perceived housing choice. In addition to measuring these outcomes in the Canadian context, the At Home /Chez Soi project examined these aspects as well as other important outcomes such as community integration, social functioning employment, recovery and physical health. As well, the cost-effectiveness of the program compared to usual care was evaluated. Finally, the At Home/Chez Soi study evaluated the implementation of the project for each of the cities to provide data to support future implementation of the Housing First approach in Canada.

Quantitative and qualitative data will inform policy and decision makers about whether a complex housing and support intervention works under real life conditions in five Canadian cities. The At Home/Chez Soi project involves a range of stakeholders coming from the different cities in a collaborative research and knowledge translation process.

Overall, the at Home/Chez Soi study measures whether the “Housing First” approach results in better outcomes than treatment as usual (TAU) for unaccompanied homeless adults with high and moderate needs living in five urban settings.

How were participants selected? How the quantitative data was collected? What was measured?

Strategies to ensure adequate participation included seeking referrals from a wide variety of community agencies that serve the homeless, including shelters, drop-in centres, outreach teams, mental health teams, inpatient programs and criminal justice programs.

Brochures describing the study and the eligibility criteria were distributed and local service providers have provided advice about recruitment settings and procedures.

Participants were considered to be eligible for the At Home/Chez Soi project if they had legal adult status, were absolutely homeless or precariously housed and had a mental illness with or without a co-existing substance use disorder at the time of entry.

The project recruited 2 285 homeless people living with moderate or serious mental illness. They were randomly assigned into two different intervention categories:

- Treatment as usual (TAU), where they continued to receive the services regularly available in their city, or
- “Housing First”, where they receive housing plus services (Intensive Case Management (ICM) or Assertive Community Treatment (ACT)) over the course of the project. Case managers reached out to and coordinated with other programs to help people access necessary services. Assertive Community Treatment teams provided multi-professional intensive service for people with serious mental health issues.

Some participants received an additional intervention unique to their site (Vancouver: congregate housing; Winnipeg: Intensive Case Management based on traditional Aboriginal

approaches; Toronto: ethno racial Intensive Case Management; Montréal: employment supports.) Moncton is conducting a study to learn about improving access to services in a rural setting.

Participants were followed for 2 years after enrolment. Face-to-face follow-up interviews were conducted at 6, 12, 18 and 24 months, and telephone interviews at 3, 9, 15 and 21 months. The number and timing of the interview sessions were dictated by two considerations: a desire to track the longer term trajectory of change for each individual; and recognition of the fact that it is likely that, due to the nature of their problems, some participants, especially in the Treatment as Usual Groups, were likely to miss appointments.

In each city, the housing intervention(s) were compared to Treatment as Usual. The intent of At Home/Chez Soi was to compare the “Housing First” approach to the ‘real life’ experience that exists in current systems of care. ‘Usual care’ means what people would normally get if this project did not exist. It was recognized that some individuals in the Treatment as Usual group may, through new or existing programs, access some of the same components that make up the housing intervention.

What is the intervention in the At Home/Chez Soi project?

“Housing First” operates on the principle that all homeless individuals with mental illness should be offered the opportunity to live in permanent housing. Treatment and support services are offered by providers who are community based. Legal rights to tenancy are in place. Whenever possible, leases are in the name of the participants to empower them in their recovery and autonomy, and to assist them in achieving full independence. This housing program with supports is delivered without any conditions of housing readiness such as engagement in treatment. However, participants must agree to have 30% of their income paid directly as rent and to be visited in their unit a minimum of once a week by program staff for a length of time that is appropriate to their level of need.

The program offers participant access to housing stock, primarily by facilitating access to rental apartments from community landlords. For housing in the private market (scattered-site), a maximum of 20% of the total units in any one building is dedicated to the program to facilitate community integration.

The service array provides support and treatment for mental illness and, where necessary, substance abuse. Services are provided in the home or community and are individualized to participant needs and preferences. Service teams work with participants to obtain and maintain housing, promote mental and physical health and reduce the negative impacts of substance use.

What are the expected outcomes?

It is expected that the findings of the At Home/Chez Soi research project will demonstrate that in the Canadian context, the “Housing First” approach will improve the health and mental

health, and the quality of life of participants. It is hoped that the “Housing first” approach will have a positive impact on housing stability, and reduce costs associated with health care and justice system use, unnecessary emergency room visits and hospitalizations.