Mental Health Commission of Canada

Commission de la santé mentale du Canada

At Home/Chez Soi Early Findings Report

Volume 2 – January 2012

At Home/Chez Soi is a research demonstration project designed to help us learn how to best support people who are homeless and living with mental health issues. By sharing what we learn, our hope is to improve the services and policies aimed at ending homelessness in Canada.

CONTENT

Cover page: Isaac, a participant in the At Home/Chez Soi Toronto project speaks about his experiences at a public update event

WHAT IS THE EARLY FINDINGS REPORT?

In the spirit of openness and in response to the overwhelming interest from stakeholders across Canada, the At Home/Chez Soi Early Findings Report is a means of sharing knowledge from various sources within the project, with community partners and other interested people. The Early Findings reports are not research reports (*the interim research report will be released in Summer/Fall 2012 and the final research report will be released at the end of 2013*) but they are a collection of information from across the project that helps show what we are learning. This knowledge is being shared without compromising the design of the research study.

These reports provide a balanced picture of what we have learned so far, with the understanding that results may change over time as more data is gathered.

A new Early Findings Report will be released regularly as the project progresses. This report is the second volume in the series and it complements the early findings shared in Volume 1. Volumes 1 and 2 are intended to be used in a complementary way, as they each contain different information.

The ***Early Findings Report – Volume 2*** contains new information on who is in the At Home/Chez Soi project; what we are learning about implementing a Housing First approach - including updated information on housing - as well as learning about the work of our service providers. It also contains information on the potential of the Housing First approach to address homelessness for people living with mental health issues in Canada.

We encourage you to look at this report as well as refer back to ***Early Findings - Volume 1*** which was released in the spring. In Volume 1 you will find earlier information on who was in the project; findings about participant experiences from our qualitative research; initial housing information; information on the involvement of people with lived experience; stories about participants; and quotes from the media.

"Wordle" from the Early Findings Report – Volume 1 – an interesting way to look at the most common terms used in the report

WHAT IS AT HOME/CHEZ SOI?

In 2008 the Canadian federal government allocated $110 million to the Mental Health Commission of Canada to undertake a project on mental health and homelessness.

At Home/Chez Soi is a 4-year research demonstration project based on a Housing First approach. It began recruiting participants in 2009 and the project is ending on March 31, 2013. Through At Home/Chez Soi, we are providing housing and services to people who are homeless and experiencing serious mental health issues. Research into these services is being conducted at the same time. This research will provide evidence about what housing-related service and system interventions best support recovery within the context of a Housing First approach.

The Project Design

Housing First is a recovery-oriented approach based on client choice. It gives people who are homeless and living with mental health issues immediate access to independent housing through rent subsidies and mental health supports such as Assertive Community Treatment (ACT) or Intensive Case Management (ICM), *(see p. 16 for descriptions)* depending upon their needs. It is an evidence-based approach that has produced positive results in other studies, such as improved housing stability, improved quality of life, and reduced costs for public services (*see p.21 for information on the effectiveness of Housing First)*.

At Home/Chez Soi will help us understand what interventions work best for which people. We will learn about participants' outcomes related to housing, health status, functioning, quality of life, and service use, as well as the economic costs associated with this approach. Researchers meet with each participant over a 2 year period to find out about these outcomes.

Because this is a research project it requires a "control" group and therefore, there are two groups of participants who are being interviewed. One group (Housing First group) is receiving housing and supports, the other group (treatment as usual group) has access to the regular services and supports available in their community.

The research protocol involves over 25 quantitative research tools administered over a series of eight follow-up interviews, as well as qualitative interviews that happen at two points in time with a subset of participants. To learn more about the quantitative research protocol, please refer to a recent article published in the BMJ Open called: *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* (Goering et al, 2011). To access the article go to: http://bmjopen.bmj.com/cgi/content/full/bmjopen-2011-000323

The Project Sites

At Home/Chez Soi has been implemented in 5 Canadian cities (Vancouver, Winnipeg, Toronto, Montreal and Moncton). Each site has an additional focus unique to their site;

- the Vancouver project is looking at congregate housing (many people living in a common residential building) and has a particular focus on people with substance use issues
- the Winnipeg project is studying a completely original service grounded in traditional Aboriginal approaches
- the Toronto project is learning about ethno-racial specific services
- the Montreal project is providing Housing First services in both community and institutional settings
- the Moncton project is learning about services in a rural setting

The Project: Looking Ahead

We are more than halfway through the 4-year At Home/Chez Soi project which ends on March 31, 2013. Our focus is increasingly turning from project planning and implementation towards knowledge exchange and sustainability of housing and services for participants.

As we gather information and learn about how this project is working, we are committed to sharing what we learn. Our goal is to better meet the needs of homeless people living with mental health issues by developing a knowledge base that will support more effective interventions and improve system integration during and after the life of the project.

At this point in the project, service and housing teams are continuing to develop and mature, making adaptations to best support participants. From the beginning of the project we have been working on long-term sustainability of housing and services for the participants. Our service teams are developing individual transition plans to address the urgent need for each of the participants in the Housing First interventions to have adequate support and housing options when these will no longer be provided through the project at the end of March 2013. To help us achieve this we have been working with a number of key partners including Federal, Provincial and Municipal governments, local health planning departments, service providers, business and philanthropic organizations.

WHO IS IN THE PROJECT?

The following information about participants describes **all** participants in At Home/Chez Soi at baseline (when they entered the study). Descriptions in the Early Findings Report – Volume 1 were based on a **partial** sample. The description below also pertains to all of the participants in the project (Housing First and treatment as usual groups) as one combined group. We will compare the housing and treatment as usual groups in more detail in later reports.

- Recruitment was completed by June 30, 2011. Across sites, there are 2234 participants, 1254 in the Housing First intervention group and 980 in the treatment as usual group (as of Dec 20, 2011).
- It is primarily a middle-aged group, with 1 in 10 being under 25 years of age and 1 in 10 being over 55 years of age. *(The cut-off for older participants is defined differently among the homeless because of the long term physical and mental stresses they experience.)*
- The typical participant is a middle-aged male (average 41 years) who has been homeless on and off for several years (average nearly 6 years).
- Most of those in the study have come from the shelters or the streets,
    - 82% were absolutely homeless at the time of study entry.
    - Another 18% of the participants were in precarious living situations when they entered the study after having been in shelters or on the streets in the last year.
- The duration of homelessness varies. For one in five, they first became homeless in the last two years, while 17% had their first episode before 1990.
- While males are more numerous in this kind of homeless population, we set a goal of having at least 20% of the sample female in order to learn more about this under-studied group. We exceeded our goal, having recruited a sample that is 32% women.
- 96% of participants are currently single, separated, divorced or widowed. A small proportion (3%) is married or has a common-law partner. Many are parents, with 32% reporting having one or more minor children, though not all these children are currently living with the participant.
- All participants have one or more serious mental health issue, in keeping with the eligibility criteria of the study[1].
- General distress levels were also high with 35% reporting symptoms consistent with moderate to high suicide risk. *(Note that there are standard referral processes that are followed in the study if a participant is deemed at risk of suicide).*
- 7% of participants report having been hospitalized in a psychiatric hospital for more than 6 months in the five years before study entry.
- More than 90% of participants have at least one chronic physical health problem. Common medical conditions include: back problems (52%); foot problems (39%); migraines (36%); and arthritis/joint problems (35%). More than 1 in 3 reports having a serious chronic respiratory illness (either asthma

[1] At entry to the study, participants reported symptoms consistent with the presence of the following mental illnesses: 51% - major depressive disorder; 13% - manic/hypo manic episode; 29% - post traumatic stress disorder; 23% - panic disorder; 37% psychotic disorder; 35% alcohol dependence; and 46% substance dependence.

or chronic bronchitis) and 1 in 4 report having high blood pressure. One quarter report having either hepatitis B or C. Brain injury is a common, hidden disability – with about half reporting a history of one or more head traumas that knocked them unconscious.

- There are many indications that participants have multiple challenges in their lives that contribute to their disadvantaged status. For example, 38% reported having a learning disability, 56% did not complete high school, and 93% were unemployed at the time of study entry. The average income reported for the month prior to study entry was only about $691.00, and nearly half received less than $ 400.00 in that month. The most common source of income reported was through provincial social assistance programs.
- In Winnipeg, where supplementary information is collected on foster care, 48% of participants report that they had been in the foster care system as children or youth.
- Being homeless can increase risks of various kinds. For example, 36% reported having had involvement with the criminal justice system in the last year. *(We know from other studies that petty crimes related to living in public spaces probably account for a fair proportion of this legal involvement.)*
    - With respect to the type of legal system involvement, 21% of participants reported being detained or moved along by police; 23% reported being held by police for less than 24 hours; 27% reported being arrested; 30% reported having a court appearance, and 10% reported participation in a justice service program in the prior six months.
- Many participants have experienced victimization in the 6 months prior to study entry: 32% were robbed with force or threats; 42% were threatened; 35% were assaulted; 9% were sexually assaulted; and 15% were a victim of other crimes.
- A small but important percentage (4%) of participants reported having provided wartime service for Canada or an allied country. These numbers do not include those who may have served in the military during peace time or served for another country not classified as an ally.
- Across all sites, 81% name Canada as their country of birth. However, intentionally, there are differences in the ethno-racial and Aboriginal make-up of the sample populations across the cities.
    - The intent in Winnipeg was to recruit 70% of participants from the Aboriginal community (First Nations, Métis and Inuit).
    - In Toronto, a targeted approach to recruitment has resulted in approximately 46% of participants having been born outside of Canada. This will provide an opportunity to learn about adapting best practice approaches to diverse communities.
- Our goal was to have similar samples across the sites. We have found there is a lot more in common in the sample across the cities than not. This means that attempts to define and implement common definitions and methods of screening have worked well.
    - There are some other differences across the cities, many of which are explained by the differences in study design. For example, Moncton has a rural arm and the face of homelessness looks different outside of an urban area. The Vancouver group has higher rates of psychosis and criminal justice involvement in large part because the team deliberately recruited twice the number of “high need” clients than the other cities.

THE IMPLEMENTATION OF HOUSING FIRST

What does the Housing part of Housing First look like?

Characteristics of Housing Teams and the Housing Procurement Model

- We have 5 Housing teams, one in each site to help procure housing, build landlord relations and support client housing choice *(including with re-housing of participants whose first housing choice is not working for various reasons, see p. 11).*
- Each of the Housing Teams has developed approaches that are similar, but have some unique characteristics to allow them to work effectively in their local areas.

	Montreal	**Toronto**	**Moncton**	**Winnipeg**	**Vancouver**
Team size (Full Time Equivalents, FTE)	5	3.5	2	2 FTE, decreasing to 1	1.2 FTE (was closer to 2FTE earlier)
Landlord Agreements	Formal -yes Informal - yes	Formal – yes Informal - no	Formal – yes Informal - no	Formal - Yes Informal - no	Formal – Yes Informal - No
Unique Housing Features	• Limited housing in popular areas • 5 participants housed in social housing in addition to private housing • Unique relationship with provincial and municipal government	• Large geographic area of Toronto • Importance of having access to 24hr public transit • Builds agreements with landlords in advance of renting a unit, so if a participant wishes to rent a unit in a particular building, they only have to do a unit inspection	• Small rental market with smaller buildings; could build closer relationships with landlords • Word travels fast since this is a small community so participants can be labelled which increases the difficulty with re-housing	• Lowest vacancy rates in project (0.8%), lack affordable housing • Unique needs of Aboriginal population • Strict Residential Tenancies Branch • High percent of participants with substance, solvent and alcohol abuse	• Small housing team • Separation of housing from service but work in cooperation (housing and service) • Support teams do the housing search with participants based on available housing stock
Housing role with service teams and participants	• Works directly with participants and service teams • Team takes participants to see housing, sign leases, deal with moves, re-housing, evictions and damages	• Limited interaction with participants • Service team sees apartment with participant, signs lease, deals with moves • Housing team only involved in re-housing if there's ongoing problems and damages; may view unit to document damages	• Housing team shows all apartments to participants; service team may view apartment with them if necessary • Housing team signs lease with participant, attends all moves; assists with re-housing	• Housing team does not work directly with participants provides support if necessary • Participants view units, sign leases and plan moves with service teams and Housing Plus • Repairs through Manitoba Green Retrofit	• Limited involvement with participants • Provide service teams with list of available housing stock; service teams work with participants to choose from that stock, sign lease and deal with re-housing

Relationship with Landlords

- We have over 260 private landlords and property management companies currently involved in At Home/Chez Soi , along with 5 social housing units in Montreal
    - Montreal – 70 private landlords; 5 social housing
    - Toronto – 53 landlords and property management companies
    - Moncton – 40 landlords and property management companies
    - Winnipeg – 36 landlords and property management companies
    - Vancouver – 61 landlords and property management companies
- Housing and Service teams have done significant work to find and engage landlords in the project, as well as to sustain those relationships over time.
- Overall, this has been very successful, however, the transition to a successful tenancy can be difficult for some participants and there is a risk of damages to apartments, complaints from neighbours etc. that can strain landlord relations.
- We continue to learn about the strategies that will keep landlords engaged in the project. These have included:
    - Meeting regularly with landlords individually or as a group e.g., Winnipeg team hosts a breakfast for landlords every 3 months to talk about successes and challenges
    - Providing landlords with clear lines of communication, support and emergency contacts when issues arise; these are offered through both the housing and service teams
    - Offering ongoing education to landlords to help address stigma and discrimination around our participant population
    - Working with landlords around eviction prevention and finding solutions that work for both the landlord and participants
    - Use of rent supplements and help with property damages when they occur
    - Moving our participants out of buildings into other accommodations

Characteristics of Housing

- Majority of units are in private, market rental apartments
- Majority of units are one bedroom with a few bachelors and two bedrooms
- Units are in apartment complexes (high and low rises), duplexes, some detached homes
- Average rent across the project ranges from $575 to $960
    - Montreal - $575
    - Toronto - $917
    - Moncton - $609
    - Winnipeg - $500-600
    - Vancouver - $958

Housing, Successful Tenancies and Re-housing

Summary of Housing (as of December 2011)

- Close to 1000 participants are currently housed through At Home/Chez Soi (as of December 2011)

	Moncton	**Montreal**	**Toronto**	**Winnipeg**	**Vancouver**	**Total**
Number to be housed	124	279	299	275	288	1265
Number currently housed	107	223	248	167	226	971
Number unavailable to be housed	13	42 (9 not available; 33 were housed but are no longer interested in housing)	21	26	40	142
Number waiting to be housed	5	19	11	75	17	127
Number EVER housed	123	275	281	247	286	1212

Successful Tenancies (as of Dec 2011)

- Of those housed, the majority of participants are living in their first apartment; there are a smaller number of participants who are in their second, third or fourth apartments.
    - Across the project 68% of housed participants are still in their first unit; 24% are in their second unit; 6% are in their third unit and just over 2% are in their fourth or fifth units
- The housing retention in our sites compares very favorably to other Housing First programs in the U.S.

Successful Tenancies (December 2011)

	Moncton	Montreal	Toronto	Winnipeg	Vancouver	Total
Number of individuals currently housed	107	223	248	167	226 (82 in Bosman)	971
Estimated Number of individuals currently in their **First Unit**	53 (50%)	163 (73%)	192 (77%)	75 (45%)	172 (82 in Bosman) (76%)	655 (68%)
Estimated Number of individuals currently in their **Second Unit**	39 (36%)	50 (22%)	42 (17%)	61 (37%)	42 (19%)	234 (24%)
Estimated Number of individuals currently in their **Third Unit**	12 (11%)	9 (4%)	10 (4%)	19 (11%)	11 (5%)	61 (6%)
Estimated Number of individuals currently in their **Fourth Unit**	3 (3%)	1 (0.4%)	3 (1%)	12 (7%)	0	19 (2%)
Estimated Number of individuals currently in their **Fifth Unit**			1 (0.4%)		1 (0.4%)	2 (0.2%)

- One common strategy that is used to help participants successfully sustain housing is re-housing to better match an individual to appropriate housing**.** Re-housing is an expected part of Housing First programs and an important part of helping people successfully maintain their housing over the long-term. In total the project has moved and re-housed participants over 470 times across the project.
    - **Moncton** - 64 re-housing events
    - **Montreal** – 85 re-housing events
    - **Toronto** – 56 re-housing events
    - **Winnipeg** – 176 re-housing events
    - **Vancouver** – 98 re-housing events

- Participants move or change housing for a number of reasons. Reasons that a participant might be re-housed include that the participants is being evicted or is at risk of eviction, they have been hospitalized or incarcerated. In some cases the participant may request a move if their current apartment does not meet their needs.

- Evictions or the risk of evictions are a common reason for re-housing and can be challenging, particularly when it involves multiple evictions or moves for one participant.

- Service teams work with participants to learn from each re-housing event, whether it is as a result of evictions or participant choice. As much as is possible, participants are involved in the move and in some sites, participants contribute towards their moving costs.

- We have learned that people are more likely to successfully maintain their housing if they are engaged with their service teams and that maintaining housing is a bigger challenge when a person isn't engaged with their service teams. Findings from our qualitative research suggest that service teams are trying to take a more active, motivational approach to supporting participants and exploring alternative strategies to treatment and engagement when participants are at risk for eviction.

- The Qualitative research identified some of the tensions related to finding active alternatives to prevent re-housing. For example, if a landlord also houses a number of other participants, sometimes teams have been less willing to risk landlord relations and the other participants' units and actively work through the issues for the one particular participant; also with different housing models in each site, there can be tensions around who ultimately makes decisions (housing or clinical team); there also may be a tendency to use re-housing as a strategy to address a difficult situation.

- We also have a small group of participants (approximately 11%) for whom housing has not worked at this time. Reasons for this include that they are no longer interested in being housed, are not available to be housed (moved to another city, are incarcerated or hospitalized) or that they felt that the housing did not work for them after trying it out. Some of these participants are currently living in hospitals, jails, a few may have found their own accommodations, and some may still be living on the street. As the research progresses, we hope to learn more about the people for whom this approach did not work.

THE IMPLEMENTATION OF HOUSING FIRST
What have we learned from Implementation?

A significant factor in seeing successful outcomes for participants is the consistent implementation of the critical ingredients of the Housing First intervention. At Home/Chez Soi is employing a mixed methods approach (which means using quantitative and qualitative research) to understand and guide the implementation of the Housing First intervention across all the sites.

Quantitative and qualitative data

Quantitative and qualitative data will help us understand how well programs are doing and how they compare to the way the program was originally designed (fidelity to the model). To help us explore these factors, At Home/Chez Soi is doing 'fidelity' visits. The first round of fidelity visits occurred in 2010 at approximately the project's 12-18 month mark. The information is being used to guide ongoing implementation and optimize the interventions' fidelity before the second round of implementation fidelity visits scheduled to begin in December 2011.

We are using the information from these fidelity visits, along with information from other sources (e.g., early qualitative findings from interviews with participants, interviews with people involved nationally in the project, and qualitative implementation evaluations at each of the project sites).

Results from all of these data sources have been integrated into a mixed method cross-site implementation evaluation report which will be available in the coming months.

Selected qualitative early findings by theme

The following presents selected early findings pertaining to themes that cut across all of the various data sources and reports. We present themes in some detail, with others outlined in more of a summary format.

Understanding the Service philosophy: the meaning of choice over housing and treatment options

A common theme that emerged relates to how the teams are developing a broadened, deepened understanding of the service philosophy surrounding the meaning of choice over housing and treatment options. Most teams were rated highly in this domain in the fidelity visits.

Choice over housing fosters a sense of self-esteem and growing control over other aspects of life beyond housing. However, providing housing choice in practice requires broadening the options available to participants to include other options in addition to scatter-site apartments, such as supportive, social, shared or congregate housing options for those who would prefer these. Narrative interviews suggest that the latter options may be preferred by individuals concerned about isolation, or about having very high support needs. The fidelity reports remind the teams, however, that providing such options does not alter the need in principle to maintain separation of the housing and support aspects of the model. They raise the question, for instance, of how a congregate model (e.g. the Bosman congregate site in Vancouver) will continue to provide housing and support for a resident requiring re-housing.

While upholding the value of choice over treatment options, the fidelity reports emphasize that allowing participants to direct their treatment, should not imply a laissez faire approach to engaging participants, and recommend that service teams strengthen their capacity to integrate motivational approaches more fully into day to day practice. Service providers could teach and support alternative approaches to illness management and recovery, especially for those people whose unmanaged symptoms or challenging behaviours may jeopardize their housing situation. Both motivational interviewing and alternative illness-management approaches are a priority for the ongoing training, technical assistance and fidelity measurement strategy coordinated by the National Team. For example becoming more focused on active engagement *(and avoiding a focus on "apartment inspections")*, could help to reduce re-housing rates.

Finally, the fidelity reports suggest that the strong philosophical commitment to choice shown by teams should be complemented by stronger strategies for incorporating the experiences of people with lived experience and the preferences of consumers into all aspects of the project's operations.

Delivering on the promised intensity and breadth of the support model

Another overarching theme is the challenge faced by the teams with delivering on the promised intensity and breadth of the support model, especially given the complexity of issues experienced by participants, regardless of whether their needs are rated initially as high or moderate.

Teams face challenges related to the need for broad geographical coverage (e.g., in rural or large metropolitan areas), after-hours support, as well as the frequency of support visits. Flexibility in providing after-hours visits may be limited by contractual issues, and there may be ways of making community visits more efficient - for example - using some office visits if preferable for participants, and meeting participants in the community, rather than relying solely on home visits.

Interestingly, while home visits were identified by some participants as reflecting a sense of their "value" and also as offering a sense of security that "support would be there", overly frequent visits by different workers "asking the same questions" were seen by others as intrusive and irritating.

With respect to addressing breadth of support, the implementation evaluation reports identify strategies developed by teams to make use of relevant resources (e.g. through network development with addictions agencies, contracting with psychiatrists and primary care physicians, etc.); these were identified as especially important for ICM teams, given the challenges faced in brokering resources to address the often complex needs of their participants.

Providing recovery-oriented care (as opposed to "fighting fires") is one particular challenge in meeting the promised breadth of support in the Housing First model. The implementation reports suggest that teams have begun to address this issue, for example, by ensuring that employment specialists are in place (or moving towards establishing partnerships with relevant agencies), and by implementing illness management and recovery approaches, such as Ridgeway's *Recovery Journey*, into the teams' regular practices. Towards this end, the fidelity reports emphasize the need to address apparent gaps in person-centred planning (the basis of motivational interviewing), and recommend further that community visits become more "intentional" (e.g. by employing a "therapeutic recreation" approach to visits), and thus oriented towards engagement and (subsequently) towards addressing quality of life issues (relationships, jobs, etc.).

Challenges to staff capacity

While high staff motivation is a strength, the complexity of providing support is creating some burnout and staff retention challenges; going forward, greater attention should be focused on relevant issues such as team leadership and cohesion, as well as attention to approaches for ensuring self-care and mutual support for staff.

The importance of housing procurement strategy

Early access to housing is critical to the engagement process; housing procurement strategy is crucial in facilitating such access in light of challenges such as tight housing supply and discrimination; towards this end, the results highlight the importance of having a nimble agency, whose actions are directed primarily by the clinical team and the needs of participants, and whose interests are not unduly compromised by the need to maintain landlord relationships for other client groups.

Being more explicit about governance

Democratic decision-making is acknowledged as a major strength of the project to date; however the complex and multi-layered project would benefit from clearer and more efficient governance and accountability procedures going forward.

Scores on the Fidelity Scale Domains by Site Averaged Across ACT and ICM Programs

Fidelity Domains – Total Possible Score	Moncton	Montréal	Toronto	Winnipeg	Vancouver
Housing Choice and Structure – 24	22.5	20	21.7	22.4	21.1
Separation of Housing and Services – 28	27	27.5	27.2	26.8	27.8
Service Philosophy – 40	35	36.2	35.6	35.3	37.8
Service Array – 32	20	22	26.7	22.8	22
Program Structure – 32	28	22.7	23.7	24	26

The table above describes the mean scores of each site for each of the five fidelity domains. Generally a high level of fidelity to the Housing First model was achieved within the first 12-18 months. With the exception of the relatively low scores for the Service Array domain, these data indicate that for the most part programs were able to function in a manner that was in keeping with the recovery-oriented philosophy and the practices associated with Housing First (i.e., there was a commitment to harm reduction, the separation of housing and services and the provision of permanent, affordable, integrated housing). There is room for improvement and the qualitative themes described above help to point the way, but all cities successfully fulfilled the fundamentals of their mandate.

IMPLEMENTING HOUSING FIRST

How do service teams engage with participants?

At Home/Chez Soi participants receive a range of services to support them in reaching their own goals. Service providers support participants in attaining those goals whether they are to reconnect with family, or to obtain employment or reach treatment goals.

At Home/Chez Soi is recovery–focused. This means there is a focus on participants' hopes and objectives, and on working with participants to recognize and support those goals. Teams offer participants services that are voluntary, individualized and culturally appropriate.

Intensive Case Management and Assertive Community Treatment

In the study, participants receive housing as well as services offered at two levels of intensity, Intensive Case Management for moderate need; Assertive Community Treatment for high need

- *Intensive Case Management:* professionals/case managers provide outreach and brokerage to support people to live in the community; available 12 hours/day
- *Assertive Community Treatment* : multi-professional intensive service for people with serious mental health issues to support them living in the community; available 24/7

Building relationships

In order to provide services, the project's service teams continually work to build trust and develop relationships with participants. Teams strive to provide recovery-oriented services and recognize that while this can be very rewarding work, it can also be quite challenging to support participants in their day to day needs (e.g. maintaining housing, adjusting to being housed, moving into new housing, helping with banking/cooking etc.) while also having the time to work with participants on their other recovery-oriented goals (e.g., employment, connecting with family).

Teams use a range of strategies to engage with participants and recognize it can be challenging to build relationships with the participants who have extremely high levels of need and who often have a distrust of the service system that has so often let them down in their view.

How participants are doing

We do not yet have research outcomes that we can share at this stage, in terms of how participants are doing and on their engagement with service providers. This is information that will be available in the future, however we have the benefit of testimonials and stories that our service providers have shared about some of the strategies that have worked for them in engaging with participants.

Testimonials and Stories from Service Providers

Activity based Interventions

These are some of the ways Service Teams have engaged those participants who have rarely engaged in any service support:

- a female worker who knows motorcycles and cars shares her expertise with her male participants
- workers meet with a participant every day to have a cigarette outside the office after the participant at times demonstrated violent behaviours in the office
- workers visit a participant and watch hockey for an evening...sharing a passion for the game
- a worker takes 4-5 participants out fishing every week
- going to Fort Whyte for an outing to get out of the core area for a while
- forming a special events group and inviting participants to provide leadership within the group
- engaging a participant to bake bannock every week for the drop in centre
- cooking with participants in their apartment
- cleaning out closets, helping a participant with their hoarding behaviour
- taking dog food for a pet on a home visit
- having groups and activities organized by participants (e.g. social activities, groups to provide feedback on the services)
- offering vocational and employment supports (e.g., Moncton has a table at a craft show selling participants' art, crafts)

Stories about participants

"J" says that his old life was like a "vicious cycle", without any supports. He used to drink heavily, and had many criminal charges. J stopped drinking when he moved into his apartment with *At Home/Chez Soi*, and has stayed sober for over a year. "Supports have helped me do better, and being on the right medication helped a lot too," J says. "The worker on the project helped me save money - now I can buy furniture I really wanted but needed to save for." "My biggest goal going forward is to try to make the best of the next year and a half in the project," J told us. "I've signed up for carpentry school now - two semesters of 16 weeks each. I have this time to keep going in the same direction. I'm trying to build on all my successes in the project."

"D.B." says she used to cry and feel depressed every day. Her shelter worker pushed her to move forward & enrol in *At Home/Chez Soi.* "The *At Home/Chez Soi* staff, especially my case worker, have brought a lot of changes for me," D.B. told us. "When I was at the shelter, I couldn't cook, and sometimes the food they gave us wasn't enough. I had to go to bed when the shelter staff told me to. I couldn't get my privacy." Now, D.B. has her own place, and her case worker comes by every week to see if she's okay or needs help. "I see a big difference in my life," D.B. says. "God opened a way for me. "

"J" spent more than a year in a woman's shelter after losing her housing and spending some time in hospital. This was her first experience with homelessness. Within *At Home/Chez Soi*, J. says she enjoys the privacy of a home that she missed very much at the shelter. With her housing and supports in place, J. feels ready to return to the community activities she participated in before she became homeless. She plans to volunteer again at a local church in the community kitchen, where she will help to prepare meals for a homeless drop-in. J is also looking forward to taking a class at the University of Toronto.

Another key area for our service teams is supporting our participants' vocational goals. Moncton has a Vocational Specialist on their team who is focused on developing employment and educational opportunities with participants. Here are a few stories about participants who have benefitted from this service support.

"J" recently agreed to be part of the Local Advisory Committee - even though he has struggled with being part of a group - as he feels very grateful to the project and appreciates being able to put a voice to his experience. J also volunteers at the soup kitchen 3-5 days a week, and his picture was recently included in a piece one of the local magazines did about the kitchen. I have gotten him several extra copies, as he hopes to frame one and give it to his daughter, from whom he has been estranged. J distributed several resumes yesterday and has secured several interviews for next week in his search for a job. Lastly, J came in this morning, after having been put in touch with a local reporter who is doing a piece on At Home/Chez Soi in Moncton and was glowing with pride for what he deemed to be a tremendous success. He is just so positive and great to be around, after reporting years of alcohol abuse and isolation.

"B" has been involved in the Market project since the beginning, when she was unwilling to be on site to sell her products, as she (is uncomfortable) being in large groups and speaking to strangers. B is now attending the market every Saturday, and has recently begun a project to supply the local food bank with reusable bags, (since) they are using plastic bags that break before people are able to get their items home. B has begun approaching business owners and managers in the local community at stores such as Sobeys and Wal-Mart, and has received almost 200 bags in donations. She is over the moon and excited about her positive contribution and the relationships she has created through these projects.

After months of looking for work, R has recently secured a position at a local newspaper in which he inserts flyers in newspapers. He is really excited about this new project and feels a positive sense of contribution.

IMPLEMENTING HOUSING FIRST

What are others saying?

At Home/Chez Soi is fortunate to be working with a range of strong community, service and business partners in each site. Homelessness is an issue that has impacts across many sectors including health, mental health, addictions, criminal justice, community, social services, business, etc. It has been important to have a range of people involved and interested in the project from across these sectors. Here are a few things that people have said about At Home/Chez Soi.

Police:

- "***Since the Bosman opened up and we've been tracking statistics in that community, calls have gone down,***" Comments from Constable Jodyne Keller (Vancouver Police Department) on At Home/Chez Soi and the opening of the Bosman. Const. Keller also indicated that while it is too soon to know why that is the case, she has found that people's interaction with police has also gone down since they entered the study (Source: Vancouver Sun, Feb 15, 2011)

- ***"My big concern is sustainability. If this [project] is something that can be carried through, this is how you get rid of homelessness in my opinion."*** **-** Constable Jodyne Keller with the Vancouver Police Department on At Home/Chez Soi (Source: Vancouver Sun, Feb 15, 2011)

- A recent report from the Vancouver Police Department found that there is "**a lack of capacity in the mental health system is failing Vancouver's mentally ill and draining police resources**," However, the report also pointed to some promising activity including the new housing and treatment available for people with mental health issues through At Home/Chez Soi's Bosman Congregate site. (Source: Vancouver Courier , Sept 13, 2011)

Landlords

- *"But the At Home clients come with ample support and funding attached, as well as a plan to prevent eviction. Often, they're less trouble than regular tenants. The At Home people pay their rent on time and they are coached on how to live in harmony with their neighbours*." Comments on At Home/Chez Soi from Paula McDougall, Office manager at a building in Toronto. (Source: Toronto Star Dec 27, 2011)

Research Community

- ***"We need to generate some evidence that's based on the Canadian health-care system, looking at an extremely difficult-to-serve population,"*** Quote from Marion Wright CEO of the Canadian Mental Health Association Ottawa Branch about At Home/Chez Soi (Source: Ottawa Citizen March 11, 2011)

Business Community

- ***"As a society member, we need to get involved if we want to see changes," he said. "We can't just sit down and blame the government.*"** Quote from David Methot, owner of Amarosia Organic Garden, who spent the summer training 6 At Home/Chez Soi participants. (Source: CBC.CA News Tue Oct 11 2011)

Participants:

- "***I'm just starting to put pictures up on my walls and feel a little bit at home***." Quote from Jackie Baier, an At Home Participant who went on to say that it's taken a long time for her to fully comprehend that she now has a home and she can settle in without fear of having to move. She hopes to take a course that will allow her to work with Child and Family Services kids or those with FASD (Source: Winnipeg Free Press, Dec 5, 2011)

- ***"Nobody is going to hire you if you don't have a place. They can't even get a hold of you because you don't have a phone. Now I've got both and don't just get to work, I get to do something that I want to do."*** Quote from an At Home Participant, who takes care of the sweat lodge at Thunderbird House (Source: Winnipeg Free Press, Dec 5, 2011)

- "***To this day, I feel I'm in control,*" he says. "*Health-wise, mind-wise, I'm getting back. I can't see a single negative side to this. They've all been so helpful to me, I can't believe it. I'm ready to go back to work.***" Quote from an At Home/Chez Soi participant (Source: Times and Transcripts, Nov 19th, 2011)

- **"[Being homeless] *is absolutely horrible, totally horrible. And it was all due to addiction problems*," "*This made an incredible difference to my life*," she said in an interview. "*Not only was it life-changing, but it was probably life-saving as well.*" Quote from Emily Grant and At Home Participant. She went on to say that she has been clean for nine months and is looking for part-time work. She credits having a home with helping her turn her life around. (Source: Vancouver Sun Aug 16, 2011)

DOES HOUSING FIRST WORK?

It has been estimated that homelessness costs Canadians $1.4B per year[1]. People who are homeless have a higher use of health, criminal and social services. For example, a study in British Columbia found that these costs are 33% higher for people who are homeless than for people with housing[2].

There is promising evidence that investing in Housing First models and in housing and services results in a variety of positive outcomes for people. We are already seeing the benefits of investment in housing and services like the Housing First approach in Canada.

- A recent homelessness count in Vancouver found an overall reduction in the number of people who are homeless; At Home/Chez Soi was cited as one of the reasons for that decrease[3]
- A Calgary shelter recently announced it was closing shelter beds as a result of a decrease in use of shelter beds due to Calgary's investments in a Housing First program[4]
- A Canadian study found investing in supportive housing (estimated annual costs $13,000-$18,000) is less costly than traditional institutional responses e.g. prisons and psychiatric hospitals (estimated annual cost of $66,000-$120,000)[1]
- Research from Vancouver estimates that there is a 30% cost savings by providing stable housing to people who are homeless[1]

We also know that the Housing First Approach has shown good outcomes in other countries including that it can:

- **Reduce costs associated with health care and justice system use**; cost savings in these areas significantly offset the cost of Housing First Programs[5-7]
- **Reduce Emergency Visits and Hospitalizations;** chronically homeless adults with serious mental health issues are heavy users of high-cost emergency psychiatric services[8-10]
- **Reduce Involvement with Police & Criminal Justice Systems**[5-7]
- **Increase Long-Term Housing Stability, improve health and addictions outcomes and improve quality of life** [5-7, 11-13]

While the Housing First approach is showing promise, we still need to learn more about its application in Canadian settings. Many of the studies cited above have methodological weaknesses or were based in the US. This is why At Home/Chez Soi is investigating the costs and cost benefits associated with the At Home/Chez Soi Housing First approach in Canada. We will be able compare the costs of the program as well as track the service use of both the participants in Housing First and the Treatment as Usual groups (e.g. hospital admissions, emergency room use, pharmaceuticals, involvement in the criminal justice system, etc.). At Home/Chez Soi will help us learn about which interventions work best for whom and in which settings.

We hope to have one year outcomes in the summer of 2012, followed by a more comprehensive and in depth picture of two year outcomes in the fall of 2013. This knowledge will help us fully understand the potential of Housing First in Canada.

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