

Housing First As an Evidence-Based Practice for Ending Chronic Homelessness: The Current State of Knowledge and Future Directions for Research



Tim Aubry, Ph.D., C.Psych
FEANSTA Research Conference
Budapest, Sept. 21, 2018

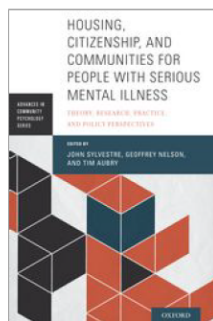


Outline of Presentation



1. Definition of HF
2. Current Status of Research on HF
3. Analysis of Research Based on Ideal Features of MH Interventions
4. Limitations of the Research
5. Future Research Directions





Housing, Citizenship, and Communities for People with Serious Mental Illness: Theory, Research, Practice, and Policy Perspectives

John Sylvestre, Geoffrey Nelson, and Tim Aubry

Print publication date: 2017

Print ISBN-13: 9780190265601

Published to Oxford Scholarship Online: February 2017

DOI: 10.1093/acprof:oso/9780190265601.001.0001



uOttawa

Centre for Research on Educational
and Community Services



Centre de recherche sur les services
éducatifs et communautaires

Pathways Housing First Approach

Housing

+

Supports

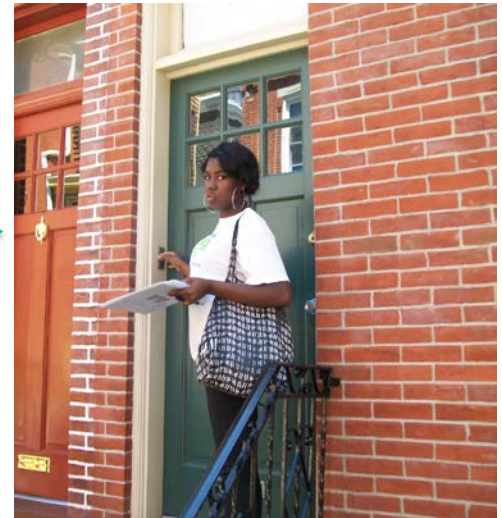
– Consumer choice; immediate; permanent; private sector; scattered-site units; no requirements for housing “readiness”; 30% of income + rent supplement

Assertive Community Treatment:

Wrap around services;
24/7 coverage;
1:10 ratio;
Proactive eviction prevention

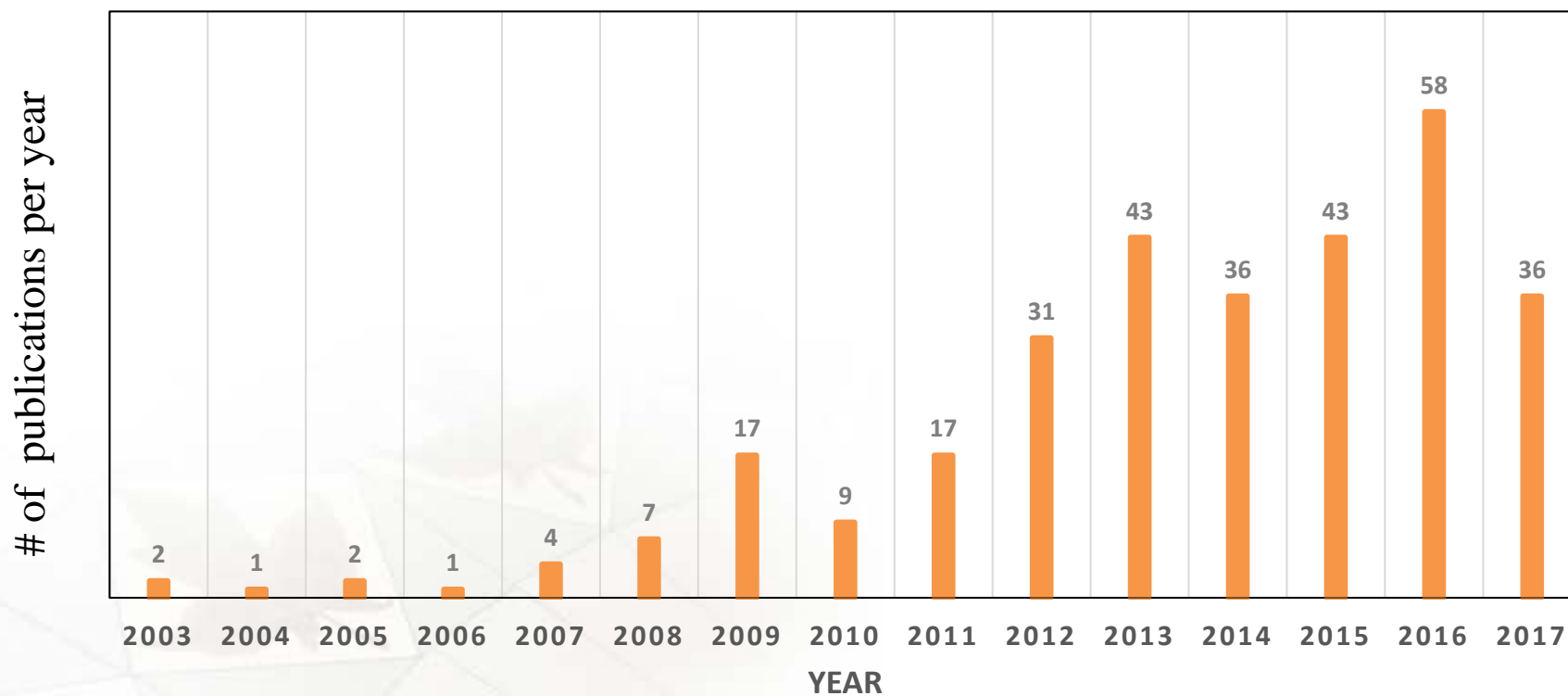
Intensive Case Management:

One case manager;
brokers services;
12/7 coverage;
1:15 ratio;
Proactive eviction prevention



Published Research on HF:

Number of Published Peer Reviewed Articles (2003-2017)



Published Research on HF



- 307 articles in peer-reviewed journals identified through PsycINFO and EJM search (2003-2017)
- American, Canadian, and European research
- Publications from 10 RCTs (4 multisite trials)
- HF compared to ACT or ICM alone, TAU, residential continuum, single site housing
- Small number of costing studies comparing scattered site HF to TAU (N=6)



Ideal Features of a Mental Health Intervention (Bond, Drake, & Becker, 2010)



Beyond Evidence-Based Practice: Nine Ideal Features of a Mental Health Intervention

Gary R. Bond, PhD,¹ Robert E. Drake, MD, PhD,¹ and Deborah R. Becker, MEd¹

Abstract

Objectives: Recognizing the limitations of conventional frameworks for identifying evidence-based interventions, we sought to develop a comprehensive set of criteria that would have practical and policy relevance. **Methods:** We identify nine ideal attributes of a mental health practice (well defined, reflecting client goals, consistent with societal goals, effective, minimum side effects, positive long-term outcomes, reasonable costs, easy to implement, and adaptable to diverse communities and client subgroups). Using a case study approach, we applied these criteria to the Individual Placement and Support (IPS) model of supported employment. **Findings:** IPS generally satisfies all nine criteria, though the evidence is more limited in some areas. **Conclusions:** This framework provides a template that could be used to evaluate other social work interventions.

Keywords

disabilities, mental health, evidence-based practice, unemployment

Overview

In this paper, we examine a set of ideal characteristics of a mental health practice. We present nine criteria, giving a rationale for each. We then systematically review the literature on the Individual Placement and Support (IPS) model of supported employment, which has been identified as an evidence-based practice (EBP) for individuals with severe mental illness (SMI; Lehman et al., 2004; New Freedom Commission on Mental Health, 2003). Clients with SMI have a psychiatric diagnosis, typically schizophrenia-spectrum disorder or affective disorder, have *disabilities* (i.e., role limitations in occupational, cognitive, interpersonal, and/or activities of daily living domains), and have conditions of long-term *duration* (Corrigan, Mueser, Bond, Drake, & Solomon, 2008). The purpose of IPS is to help clients attain competitive employment, defined as regular, permanent jobs in the community, open to anyone, paying at least minimum wage.

What Are Ideal Characteristics of a Mental Health Practice?

Many frameworks have been proposed for identifying EBPs. Criteria for designating practices as “empirically supported” focus on the number of methodologically rigorous studies supporting an intervention’s effectiveness (Chambless & Ollendick, 2001). Meta-analysis is often used (Bero & Drummond, 1995). While both the evidence for the effectiveness of an intervention and the methods used to evaluate this evidence are fundamental to identifying an EBP, such frameworks fall short

of encompassing ideal criteria for a mental health intervention.

For example, social skills training has been designated as an EBP based on evidence from multiple randomized controlled trials (RCTs; Bellack, 2004). What this designation overlooks is the fact that the most common outcomes measured in social skills training studies are intermediate outcomes—that is, “micro-level” behaviors commonly measured in the therapy session (e.g., response to role plays)—not measures of intrinsically valued community functioning.

In this paper, we draw on EBP formulations that employ a broader set of practical and policy relevant criteria. Leff (2005) suggests 11 guidelines, including *availability of fidelity scales, inclusion of outcomes that have clinical and policy significance, measurement of long-term outcomes, and collection of information on dissemination efforts*. Mueser and Drake (2005) note the following key elements: *transparency of the review process for deciding, standardization of the intervention, controlled research, replication, and meaningful outcomes*. Schutz, Rivers, and Ratsnik (2009) argue for a balance between rigor and relevance, while Baker, McFall, and Shoham (2009) highlight *efficacy, effectiveness, cost-effectiveness, and scientific plausibility*. Bond and Campbell (2008) propose these criteria: *clearly defined, designates the target*

¹Dartmouth Psychiatric Research Center, Lebanon, NH, USA

Corresponding Author:
Gary R. Bond, Dartmouth Psychiatric Research Center, Rivermill Commercial Center, 85 Mechanic Street, Suite B-4-1, Lebanon, NH 03766, USA
Email: gary.bond@dartmouth.edu

1. Well-defined
2. Reflects client goals
3. Consistent with societal goals
4. Evidence of effectiveness
5. Minimum of negative effects
6. Long-term positive outcomes
7. Has reasonable costs
8. Easy to implement
9. Adaptable to communities and subgroups



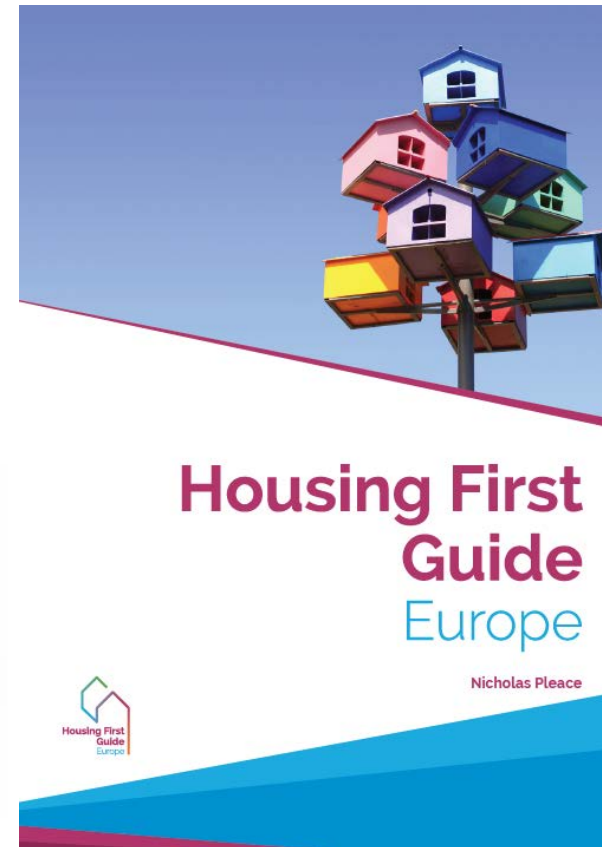
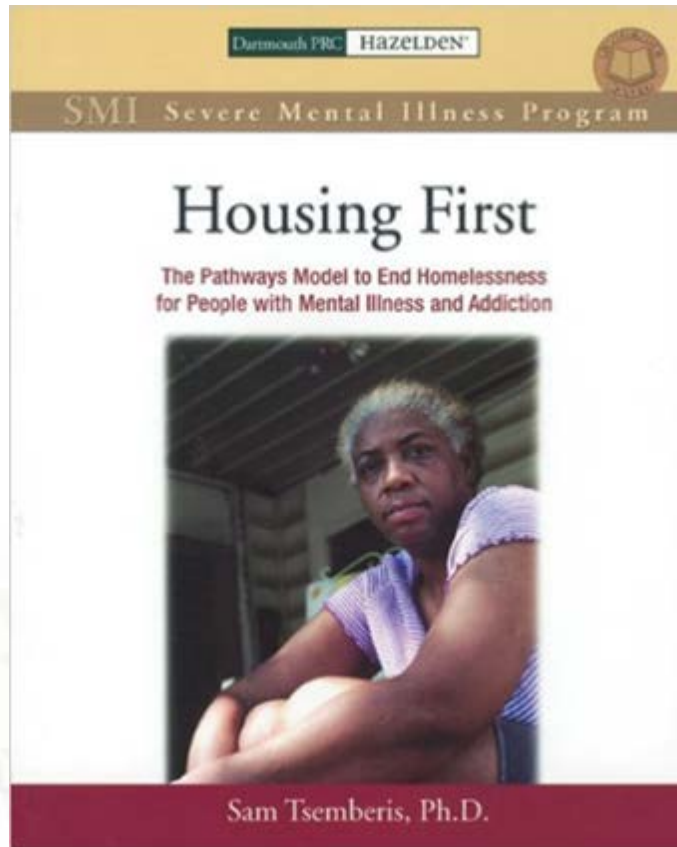
uOttawa

Centre for Research on Educational
and Community Services



Centre de recherche sur les services
éducatifs et communautaires

I. Program Model is Well-Defined



I. Program Model is Well-Defined



Fidelity Domains & Elements

5. Program Structure:

team structure, staff communication & organization, contact with participants

4. Service Array:

psychiatric, nursing, substance use, employment/education, social integration, etc.



1. Housing Choice & Structure:

choice, integrated, affordable, permanent

2. Separation of Housing & Services:

no housing readiness, standard rights & rules of tenancy

3. Service Philosophy: choice, harm reduction, self-determination, recovery



uOttawa

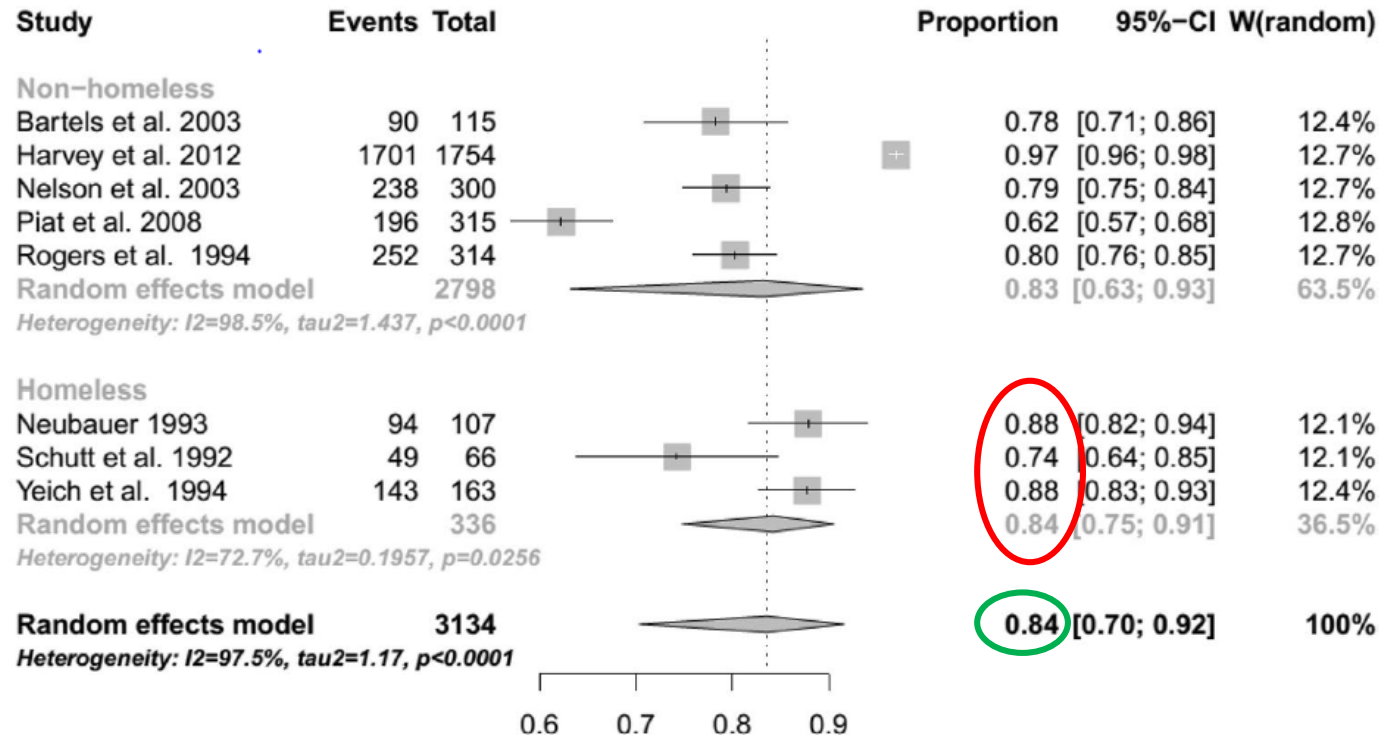
Centre for Research on Educational
and Community Services



Centre de recherche sur les services
éducatifs et communautaires

II. Program Reflects Client Goals

Funnel Plot of Study Results



Adm Policy Ment Health
DOI 10.1007/s10488-017-0791-4



ORIGINAL ARTICLE

Administration and
Policy in Mental Health
AND
Mental Health Services
Research
Volume 40 • Number 5 • September 2013

Preference for Independent Housing of Persons with Mental Disorders: Systematic Review and Meta-analysis

Dirk Richter^{1,2} · Holger Hoffmann^{1,3}



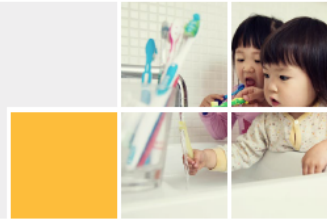
Springer



III. Consistent with Societal Goals

Chapter 1

Housing Rights Are Human Rights



Canadians deserve safe and affordable housing. That is why the federal government is taking these additional steps to progressively implement the right of every Canadian to access adequate housing. Our plan is grounded in the principles of inclusion, accountability, participation and non-discrimination, and will contribute to United Nations Sustainable Development Goals and affirm the International Covenant on Economic, Social and Cultural Rights.

The National Housing Strategy will create...

Accountability and Participation

New legislation will require the federal government to maintain a National Housing Strategy and report to Parliament on housing targets and outcomes

A new Federal Housing Advocate will examine and recommend to Canada Mortgage and Housing Corporation and the responsible Minister, solutions to systemic barriers that Canadians face in accessing affordable housing

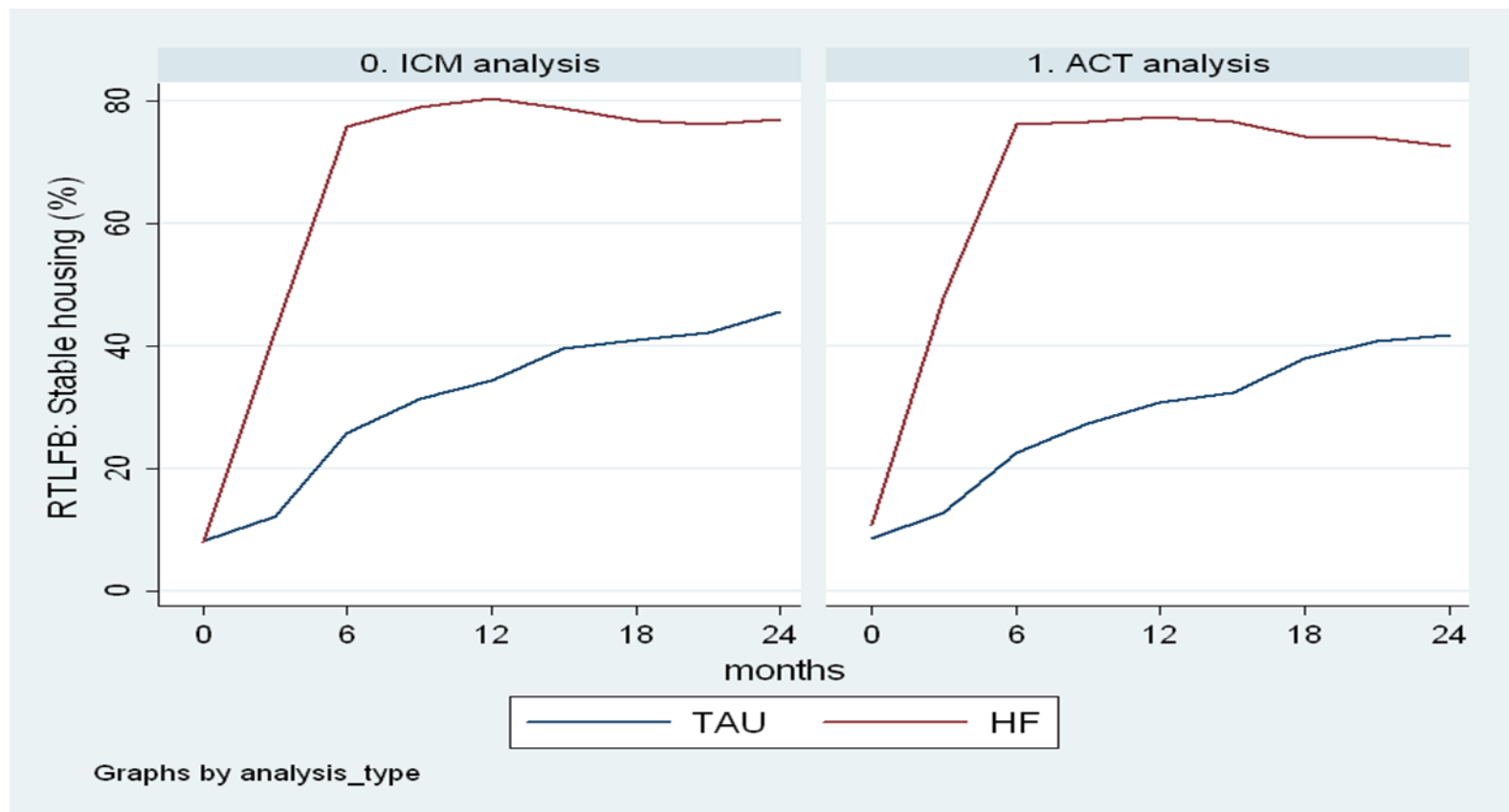
Non-discrimination and Inclusion

A new National Housing Council with diverse participation—including those with lived experience of housing need—will provide Canada Mortgage and Housing Corporation and the responsible Minister with ongoing input on policy, programming and research related to the National Housing Strategy

A new Community-Based Tenant Initiative will provide funding to local organizations which assist people in housing need, so that they are better represented and able to participate in housing policy and housing project decision-making

A new public engagement campaign will seek to reduce stigma and discrimination and highlight the benefits of inclusive communities and inclusive housing

IV. Intervention is Effective



Effect of Scattered-Site Housing Using Rent Supplements
 and Intensive Case Management on Housing Stability
 Among Homeless Adults With Mental Illness
 A Randomized Trial

Vicky Stergiopoulos, MD, Stephen W. Hwang, MD, Agnes Gozdzik, PhD, Rosane Nisenbaum, PhD, Eric Latimer, PhD, Daniel Rabouin, MSc,
 Carol E. Adair, PhD, Jimmy Bourque, PhD, Jo Connelly, MSW, James Frankish, PhD, Laurence Y. Katz, MD, Kate Mason, MHS, Vachan Misir, MSc,
 Kristen O'Brien, MSc, Jitender Sareen, MD, Christian G. Schütz, MD, PhD, Arielle Singer, MD, David L. Streiner, PhD, Helen-Maria Vasiladis, PhD,
 Paula N. Goering, PhD, for the At Home/Chez Soi Investigators



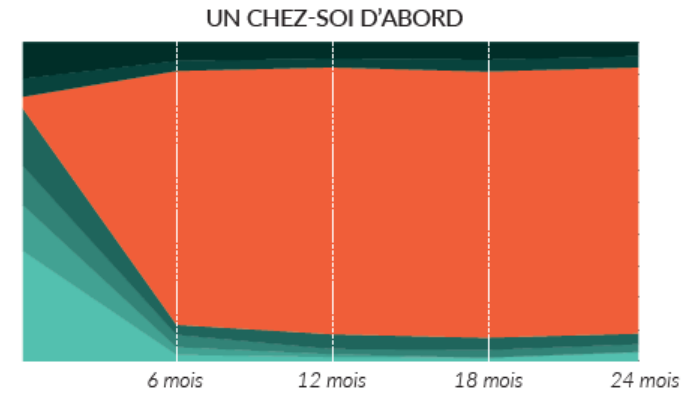
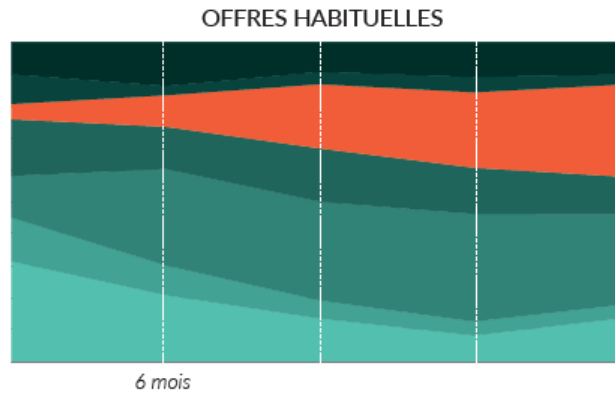
A Multiple-City RCT of Housing First With Assertive
 Community Treatment for Homeless Canadians With
 Serious Mental Illness

Tim Aubry, M.A., Ph.D., Paula Goering, R.N., Ph.D., Scott Veldhuizen, M.A., Carol E. Adair, M.Sc., Ph.D.,
 Jimmy Bourque, Ph.D., Jino Distasio, Ph.D., Eric Latimer, Ph.D., Vicky Stergiopoulos, M.D., M.H.Sc., Julian Somers, Ph.D.,
 David L. Streiner, Ph.D., Sam Tsemberis, Ph.D.



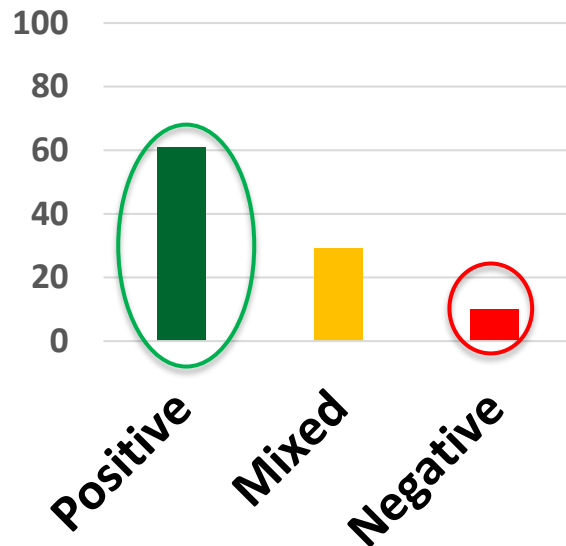
IV. Intervention is Effective

- > Hôpital
- > Prison
- > Logement personnel
- > Hébergement précaire
- > Foyer
- > Hébergement d'urgence
- > À la rue

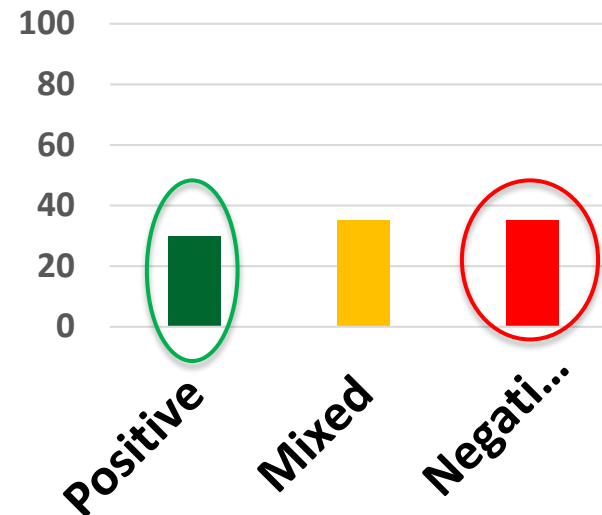


IV. Intervention is Effective

Housing First



Treatment As Usual



Mantel Haenszel $\chi^2=28.5$, $df=1$, $p=.001$

Life Changes Among Homeless Persons With Mental Illness: A Longitudinal Study of Housing First and Usual Treatment

Geoffrey Nelson, Ph.D., Michelle Patterson, Ph.D., Maritt Kirst, Ph.D., Eric Macnaughton, Ph.D., Corinne A. Isaak, M.Sc., Danielle Nolin, Ph.D., Christopher McAll, Ph.D., Vicky Stergiopoulos, M.D., M.H.Sc., Greg Townley, Ph.D., Timothy MacLeod, M.A., Myra Piat, Ph.D., Paula N. Goering, R.N., Ph.D.



V. Minimum of Negative Effects

Social Isolation:

“Because of my loneliness, I tend to bring in strangers, thinking they will be my friend and be good to me buth the’re not my friends at all. They’re trying to use me or to hurt me somehow. I think I am an easy target maybe it’s my own fault. I don’t know, maybe it’s the choice I am making or my loneliness. Like I get so lonely, I let people in.” **Housed HF tenant at 18 months**

Life Changes Among Homeless Persons With Mental Illness: A Longitudinal Study of Housing First and Usual Treatment

Geoffrey Nelson, Ph.D., Michelle Patterson, Ph.D., Maritt Kirst, Ph.D., Eric Macnaughton, Ph.D., Corinne A. Isaak, M.Sc., Danielle Nolin, Ph.D., Christopher McAll, Ph.D., Vicky Stergiopoulos, M.D., M.H.Sc., Greg Townley, Ph.D., Timothy MacLeod, M.A., Myra Piat, Ph.D., Paula N. Goering, R.N., Ph.D.



V. Minimum of Negative Effects



Risk of Eviction:

Table 3. Logistic regression model for baseline variables predicting individuals in HF will have additional needs at 1 year.

Variables	β	Wald χ^2 test	Odds ratio	95% confidence interval for odds ratio	
				Lower	Upper
Moncton*	-0.69	2.77	0.501	0.22	1.13
Winnipeg***	0.79	18.98	2.203	1.54	3.14
Lifetime homelessness*	0.00	4.67	1.027	1.00	1.00
PTSD**	-0.42	4.55	0.658	0.45	0.97
Panic disorder**	-0.79	11.54	0.454	0.29	0.71
Time in jail***	0.02	29.35	1.022	1.01	1.03
Community integration (psychological)**	0.06	8.15	1.064	1.02	1.11
(constant)	-2.47	80.00	0.085		
$r^2 = 0.068$					

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$

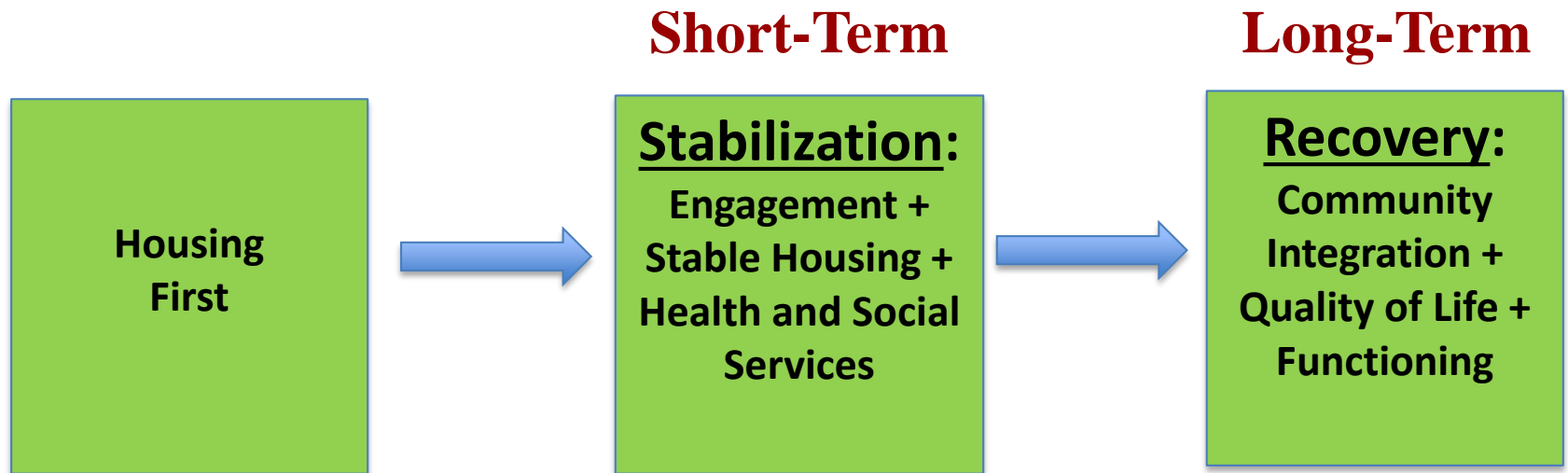
Tenants with additional needs: when housing first does not solve homelessness

Jennifer S. Volk, Tim Aubry, Paula Goering, Carol E. Adair, Jino Distasio, Jonathan Jette, Danielle Nolin, Vicky Stergiopoulos, David L. Streiner & Sam Tsemberis



VI. Long-Term Positive Outcomes

Logic Model of Housing First



Can J Psychiatry 2015;60(11):467-474

In Review

Housing First for People With Severe Mental Illness Who Are Homeless: A Review of the Research and Findings From the At Home—Chez soi Demonstration Project



VII. Incurs Reasonable Costs

1. Small number of cost comparison studies of HF vs. TAU (N=5)
2. Comprehensive costing studies with RCT design using a societal perspective find partial offsets (Aubry et al., 2016; Rosenheck et al., 2003; Stergiopoulos et al., 2015)
3. Cost of HF with ACT for people with a high level of need is almost fully offset (96%) by reduction in service use (Aubry et al., 2016)
4. Canadian programs cost €9 for HF + ICM and €15 for HF + ACT per person (Ly & Latimer, 2015)



VII. Incurs Reasonable Costs

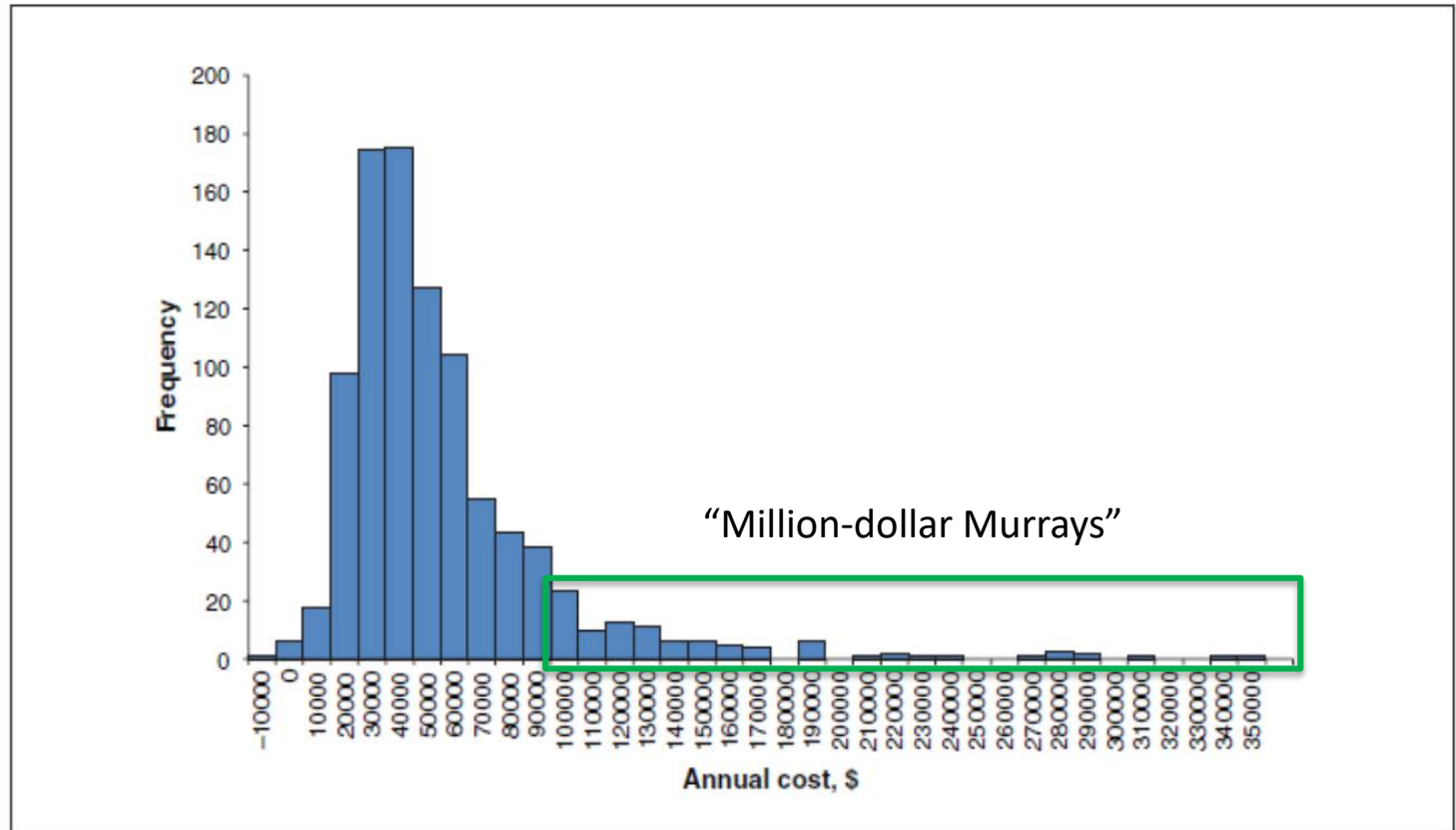


Figure 2: Distribution of total annualized costs per person across the sample (subtracting earned income from costs associated with use of health, social and justice services, including social assistance and disability benefits).

Costs of services for homeless people with mental illness in 5 Canadian cities: a large prospective follow-up study

cmajOPEN

Eric A. Latimer, PhD, Daniel Rabouin, MSc, Zhirong Cao, MSc, Angela Ly, MHA, Guido Powell, MSc, Tim Aubry, PhD, Jino Distasio, PhD, Stephen W. Hwang, MD, Julian M. Somers, PhD, Vicky Stergiopoulos, MD, Scott Veldhuizen, PhD, Erica E.M. Moodie, PhD, Alain Lesage, MD, MPhil, Paula N. Goering, RN, PhD, for the At Home/Chez Soi Investigators

VIII. Relatively Easy to Implement



Fidelity Assessment Item Scores on each Domain of Programs in Housing First Cross-Country Fidelity Project

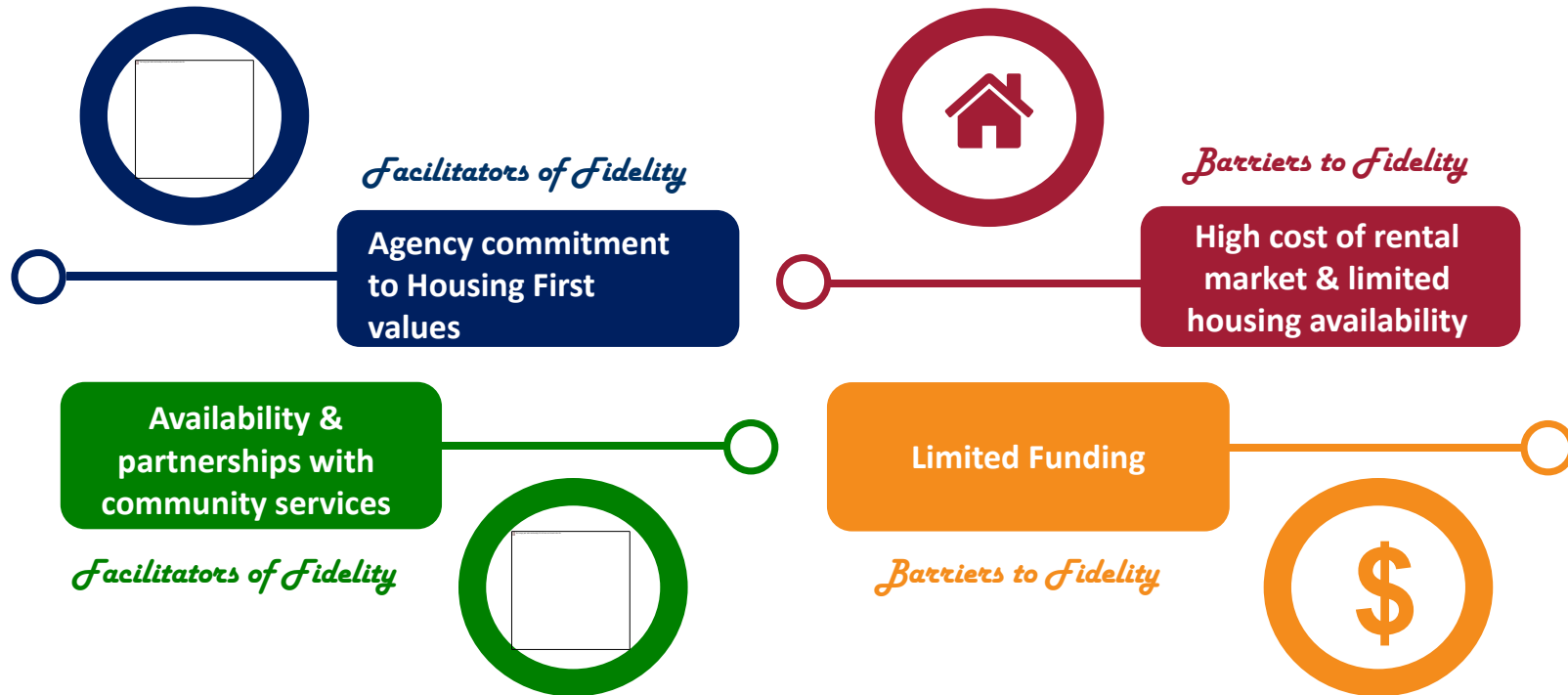
PROGRAM NAME LOCATION	HOUSING PROCESS & STRUCTURE	SEPARATION OF HOUSING & SERVICES	SERVICE PHILOSOPHY	SERVICE ARRAY	PROGRAM STRUCTURE	TOTAL
PATHWAYS TO HOUSING DC WASHINGTON DC, U.S.	4	4	3.5	3.9	3.4	3.8
ARRELS FOUNDATION BARCELONA, SPAIN	3	3.9	3.2	2.4	2.8	3
UN CHEZ-SOI D'ABORD FRANCE	3.7	4	3.8	3	3	3.5
HOUSING FIRST ITALIA ¥ ITALY	2.9	3.3	3.3	2.8	3	3
HÁBITAT PROGRAM MADRID, SPAIN	3.2	3.5	4	3.3	3.2	3.4
PATHWAYS TO HOMES DUBLIN DUBLIN, IRELAND	3	4	3.6	3.5	3	4
THE SANDY HILL COMMUNITY HEALTH CENTRE OTTAWA, CANADA	3.7	4	3.8	3	3	3.5
CASAS PRIMEIRO LISBON, PORTUGAL	4	4	4	3.4	3.5	3.8
HOUSING FIRST BELGIUM € BELGIUM	3.2	3.9	3.8	3.4	3	3.4
BERGEN HOUSING PROGRAM NORWAY	3.1	3.7	3.8	2.3	3.3	3.2
TOTAL	3.4	3.8	3.7	3.1	3.1	3.4

Aubry, Bernard, & Greenwood (2018)



VIII. Easy to Implement

Main Facilitators & Barriers to Program Fidelity



Greenwood, Aubry, Bernard, & Agha (2018)

IX. Adaptable to Diverse Communities and Client Subgroups



- Implemented successfully throughout Europe, North America, and in New Zealand
- Similar housing outcomes found for youth (Kozloff et al., 2016), older adults (Chung et al., 2017), and people with severe addictions (Cherner et al., 2017)
- Adapted successfully for Indigenous individuals (Distasio et al., 2014), ethnic minority groups (Stergiopoulos, 2016), and rural populations (Stefancic et al., 2013)





Limitations of Research to Date

1. Diversity of HF programs have been studied that are not clearly described
2. Lack of assessment of fidelity in many studies
3. HF comparison to a wide range of “TAU”
4. Narrow range of outcomes with heavy focus on housing
5. Short period of follow-up (24 months or less)
6. Small number of costing studies



Future Directions for Research



1. Research on enriched community support (SBCM, IDDT, IPS, Peer Support)
2. Longer-term studies of effectiveness
3. Examination of relationship between program fidelity and outcomes
4. Identification of characteristics of non-responders to HF
5. Cost-benefit and cost-effectiveness research
6. Examination of outcomes using mixed methods
7. Comparison of HF with different types and intensity of support (ACT vs. ICM vs. FACT)





Thank You!

E-mail: taubry@uottawa.ca



uOttawa

Centre for Research on Educational
and Community Services



Centre de recherche sur les services
éducatifs et communautaires