Can homeless people with mental illness and substance abuse issues be housed right away in apartments of their choice? Lessons from the pan-Canadian At Home/Chez Soi study of Housing First

Eric Latimer, Ph.D.
Research Scientist, Douglas Mental Health University Institute
Professor, Department of Psychiatry, McGill University, Montreal
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At Home / Chez Soi funding and project team

• Funding from Health Canada via Mental Health Commission of Canada (MHCC)
• Cameron Keller, M.C., Vice-President, Programs and Priorities, Mental Health Commission of Canada (formerly Jayne Barker)
• Catharine Hume, Director, Housing and Homelessness
• Paula Goering, Ph.D., Center for Addictions and Mental Health and University of Toronto, National Research Lead
• Approximately 40 investigators from across Canada
• 5 site coordinators, research coordinators and numerous research staff, persons with lived experience, service and housing providers.
• Eric Latimer is lead investigator for the Montreal site and lead economist on the national research team.
• Carol Adair, Angela Ly, Geoff Nelson, Daniel Rabouin, Scott Veldhuizen are other key contributors to this presentation
• Opinions expressed are those of the presenter and may not reflect those of Health Canada or the MHCC
A small fraction of the people involved....
Outline

• What is Housing First?
• What does HF have to do with HIV?
• The Evidence for HF to date: Summary
• The pan-Canadian At Home/Chez-Soi HF Trial:
  o Objectives
  o Design
  o Key findings:
    ➢ It’s feasible
    ➢ It works
    ➢ Significant cost offsets
• Conclusions
What is Housing First?
Continuum of care model

Outreach → Shelter → Comply? → Transitional Housing → Comply? → Permanent Housing

N → Y → N → Y

...+ non-integrated care
HOUSING FIRST: AN INTEGRATED ALTERNATIVE INVOLVING IMMEDIATE ACCESS TO HOUSING

Outreach, intake, assessment → Integrated treatment, rehabilitation and housing supports → Permanent Housing with Supports
2 dimensions of programs to help homeless people obtain housing

<table>
<thead>
<tr>
<th></th>
<th>Preparatory steps</th>
<th>Immediate access to housing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scattered – site apartments</strong></td>
<td><em>e.g. Le Pont</em> in Montreal</td>
<td>Approach taken by At Home/Chez Soi project*</td>
</tr>
<tr>
<td><strong>Congregate housing</strong></td>
<td>Traditional approach</td>
<td>Certain programs also labeled as « Housing First »</td>
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*Based on model pioneered by Sam Tsemberis at Pathways to Housing in NYC*
Housing First: Philosophy & Program Model

- Immediate access to housing – no sobriety or other preconditions
- Usually subsidized, scattered-site, private market apartments
- Housing and support functions are managed separately but work together for the client
- Help clients in pursuit of their own goals – emphasis on client choice, respecting dignity of client
- Harm reduction, collaborative approach in dealing with substance abuse
- Pro-active in seeking to engage help-avoiding clients
- Fidelity scale now available

Sam Tsemberis
HF as a Program: Housing

- **Housing is:**
  - immediate, permanent
  - *usually* private market
  - *usually* scattered site, independent living, self-contained units
  - client preferences considered as much as possible
  - not conditional on agreeing to treatment or maintaining sobriety
  - Re-housing is an expectation

- Clients pay up to 30% of income toward housing
- Guaranteed rent subsidies (often direct)
- Tenancy rights and responsibilities
HF as a Program: Supports

- **Supports** (other than 1 visit per week) are:
  - voluntary/chosen by the client
  - multi-focused (therapy, meds, life skills, voc, income)
  - include peer support
  - holistic/address wide range of needs
  - harm-reduction
  - recovery-oriented
  - trauma-informed
  - include rapid response to landlord concerns and eviction prevention
  - provided via outreach
  - seeking community integration
HF and HIV

If Homelessness → More HIV

and HF → less homelessness

then probably HF → less HIV
The Current State of Evidence for Housing First in a nutshell

Clear evidence for:

• Increase in stable housing
• Cost offsets (shelters, ER use, hospitalizations, jail nights)

Other outcomes (substance abuse, etc.) – less clear
A cautionary note re: substance abuse

Kertesz 2009 in Milbank Quarterly:

“should be cautious about generalizing the results...to persons with active addictions”

Kertesz 2009 in JAMA:

“the challenge now is to determine which subgroups of the homeless population could benefit most from HF, a valuable new approach – if not a panacea – in the quest to end homelessness”.
The At Home/Chez Soi Project aimed to evaluate the feasibility, effectiveness and cost-effectiveness of HF in Canada, where an estimated 200,000 people are homeless at some point during the year.
A large investment by the Canadian Federal Government

$110 million
2008 – 2013

Services and housing
Research and KT
Five Sites: Vancouver, Winnipeg, Toronto, Montréal & Moncton
Recruitment and randomization by need level – Montreal example

- Screener
  - Eligible?
    - Baseline; assess need level
      - High need
        - R
        - ACT + HF
        - TAU
      - Moderate need
        - R
        - HF + ICM (JM)
        - HF + ICM (DIOG)
      - Stop

Nature of interventions

Housing First:

- Almost exclusively subsidized apartments chosen by participants with support of housing specialists
- Care delivered by Assertive Community Treatment (ACT) or Intensive Case Management (ICM) teams according to participant need level

Treatment-as-usual

- A few participants served by ACT or ICM teams
- For the great majority, disconnected array of shelters, subsidized congregate housing (limited availability), hospital-based outpatient and inpatient care, etc.
LARGE SAMPLE SIZE WITH GOOD FOLLOW-UP RATES

<table>
<thead>
<tr>
<th></th>
<th>HN - HF</th>
<th>HN - TAU</th>
<th>MN - HF</th>
<th>MN - TAU</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>Originally assigned</td>
<td>469</td>
<td>481</td>
<td>689</td>
<td>509</td>
<td>2148</td>
</tr>
<tr>
<td>Baseline</td>
<td>462</td>
<td>476</td>
<td>681</td>
<td>505</td>
<td>2124</td>
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<tr>
<td>18 months</td>
<td>390</td>
<td>346</td>
<td>601</td>
<td>393</td>
<td>1730</td>
</tr>
<tr>
<td>21/24 months</td>
<td>372</td>
<td>328</td>
<td>558</td>
<td>362</td>
<td>1620</td>
</tr>
<tr>
<td>% follow-up rate at 21/24 mo period</td>
<td>79%</td>
<td>68%</td>
<td>81%</td>
<td>71%</td>
<td>75%</td>
</tr>
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Only data for active cases kept at baseline
Within each need level, Housing First (HF) and Treatment As Usual (TAU) had statistically similar distributions for (HF & TAU averages presented):

- Age: early 40’s
- Sex: Male (68%) Female (32%)
- Single: 95%
- Have children: 32%
- High school completion: 44%
- Unemployed: 93% (65% have worked in the past)
- Average income: less than 685$ per month
- Average longest period homeless: 30 months
- Typical total time homeless: 5 years
About 3.6% of sample self-declared having HIV/AIDS – more in Vancouver

TOTAL: 75 of 2099 with 2 declined, 1 skipped, 46 DK
KEY FINDINGS:

- HF can be implemented in Canadian settings
- HF is effective on several dimensions
- HF intervention costs are largely, but not completely, offset by savings in shelters and other resources
HF is feasible

- Most experimental participants housed within about 3 months or less
- Private landlords did make themselves available (73 in Montreal, for 280 participants)
- With some local adaptation, support teams could be trained to function according to HF program model
- Though with varying success and difficulty
HF more effective than TAU
% of nights spent in own apartment, shelter and street

Percentage (%)

- Own apartment (HF)
- Own apartment (TAU)
- Shelter (HF)
- Shelter (TAU)
- Street (HF)
- Street (TAU)
People with substance use disorder (SUD) at baseline are stably housed less often regardless of group assignment.
% of nights spent in hospital, prison & unstable housing

High Need

Moderate Need

Percentage (%)

-3 mo 0 mo 3 mo 6 mo 9 mo 12 mo 15 mo 18 mo 21/24 mo

Hospital (HF)
Hospital (TAU)
Prison (HF)
Prison (TAU)
Unstable housing (HF)
Unstable housing (TAU)
Standardized questionnaire measures: (surprisingly) muted results

- Both groups tend to improve – as with housing – recruitment of episodic or one-time homeless when homeless?
- Modest improvements only on QoL and functioning in HF vs TAU
- Response shift?
In-depth narrative interviews on 180 participants: Higher percentage positive trajectories in HF group.
Based on comprehensive cost analysis*, significant, but not complete, cost offsets

* Except for cost of prescription medications
$10 invested in HF for High Need group: 
Average savings of $9.38

*NHN average intervention cost nationally:*
*$22,257 per person per year*
HN Group: Major cost offsets are hospitals, other provider visits, shelters, jail or prison
$10 invested in HF for Moderate-Need group: Average savings of $3.58

MN average intervention cost nationally: $14,177 per person per year
MN Group: Major cost offsets are shelters and SROs, but general hospital psychiatric costs rise.
Conclusions

• In large, rigorous Canadian HF study, HF proved feasible, effective, and relatively economical
• Also effective for people with SUD
• These results may understate long-term cost-effectiveness as positive trajectories
• Relatively small number with HIV – more analyses needed on this subgroup and on larger group with substance use disorder
Implications?

• Widespread implementation: reduce homelessness and improve lives, at relatively modest cost ...

• But need to increase relevant housing stock will need to increase or rents will go up

• HF was not effective for 15 – 20% of participants – what can be done for them?

• Difficult to be definitive from this study about effects on people with HIV due to small numbers – but unclear why HF would not work with this group too

• HF not the whole solution – need to prevent people from needing HF in the first place
Thank you for your attention

Sunshine

This young lady always brightens my day with her youthful spirit. Caring, sharing and willing to learn, she can be a ray of sunshine on a cloudy day.

Living Room

This is my living room. It’s kind of plain and small, but it is very cozy for me and the dogs. It’s a very nice place... compared to another place I used to sleep, it’s a castle.