

# Housing First: Addressing Participants' Early Support Needs

Vicky Stergiopoulos<sup>1,3</sup>, Agnes Gozdzik<sup>1</sup>,  
Patricia O'Campo<sup>1,2</sup>, Alix Holtby<sup>1</sup>, Jeyagobi  
Jeyaratnam<sup>1</sup>, Sam Tsemberis<sup>3,4</sup>

<sup>1</sup>Centre for Research on Inner City Health, The Keenan  
Research Centre, St. Michael's Hospital

<sup>2</sup>Dalla Lana School of Public Health, University of Toronto

<sup>3</sup>Department of Psychiatry, University of Toronto

<sup>4</sup>Pathways to Housing Inc.

# Introduction



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

- Despite the growing literature on longer term outcomes of Housing First, little is known about participants' early experiences or trajectories and the small number of participants who do not benefit from the program
- This study uses a mixed-method design to address the following questions:
  - What proportion of HF participants follow expected trajectories of change in community integration, functioning, quality of life, mental health and substance use 6 months after program enrolment?
  - What are the demographic, clinical or service use predictors of improvements in those areas at the 6-month point?
  - What are the perspectives of program participants and service providers on early experiences with the program?

Inputs	Outcomes			
	Immediate	0-6 months	6-12 months	12-24 months
Housing and collaborative care plan:	↑ Access to public benefits; Income. Mental health services	↑ participation in addictions treatment	↓ Problematic drug use	↓ Use of emergency response calls, ER for primary care
	↑ Working alliance ↑ Hope for change			↓ Arrests/incarcerations
ACT team + Job Development + Physician		↓ Contact with non-supportive networks	↑ Subjective well-being (symptom management, confidence in recovery)	↓ Return to homelessness
OR	↑ Access to community health services: Acute, Chronic		↑ Participation in illness management and self-care	↓ Hospitalizations (both medical and psychiatric)
Case management & Physician	Assess client-centered interests: Job interests, Job development	↑ Participation in mental health treatment	↑ Participation in desired activities: Employment	↑ Quality of life
	Assess client-centered interests: Family, Social, Spiritual		↑ Participation in Social support Community integration	↑ Physical health

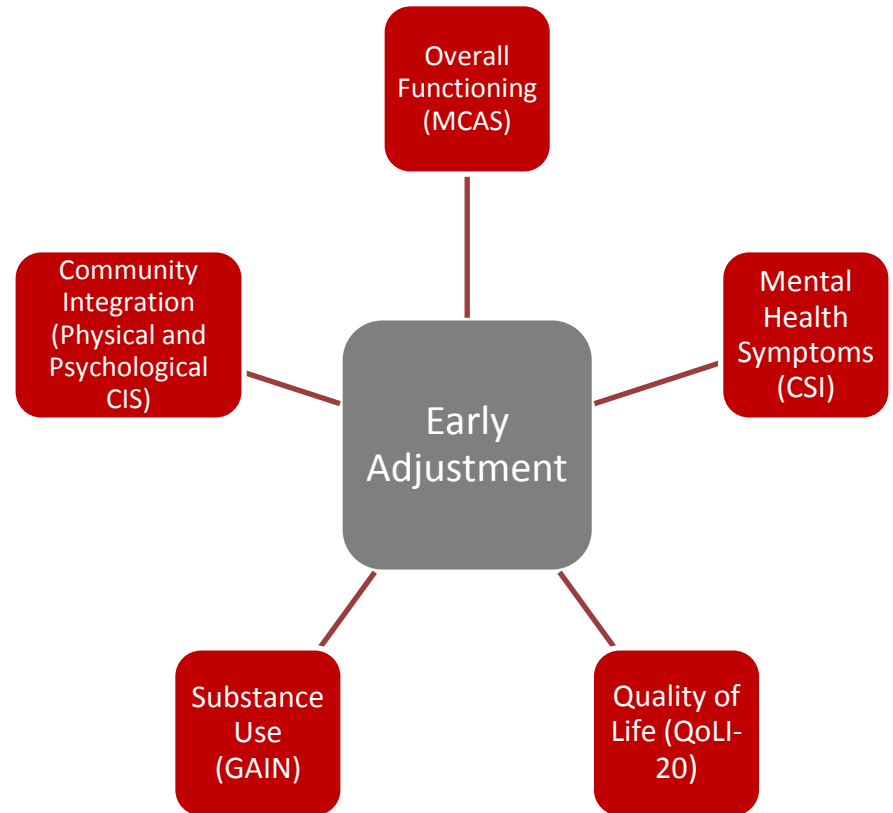
# Methods



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

- Mixed methods design
- Analysis of qualitative data from participant narrative and stakeholder interviews using grounded theory methodology
- Comparison of quantitative 6-month participant outcome data to baseline values
  - Created dichotomous variable for each domain, based on movement between quintiles between the two time points (BL to 6M)
    - Expected trajectory (same or better)
    - Early difficulties (worse)
  - Logistic regression by domain
    - Where there any demographic, clinical or service use predictors of early difficulties?



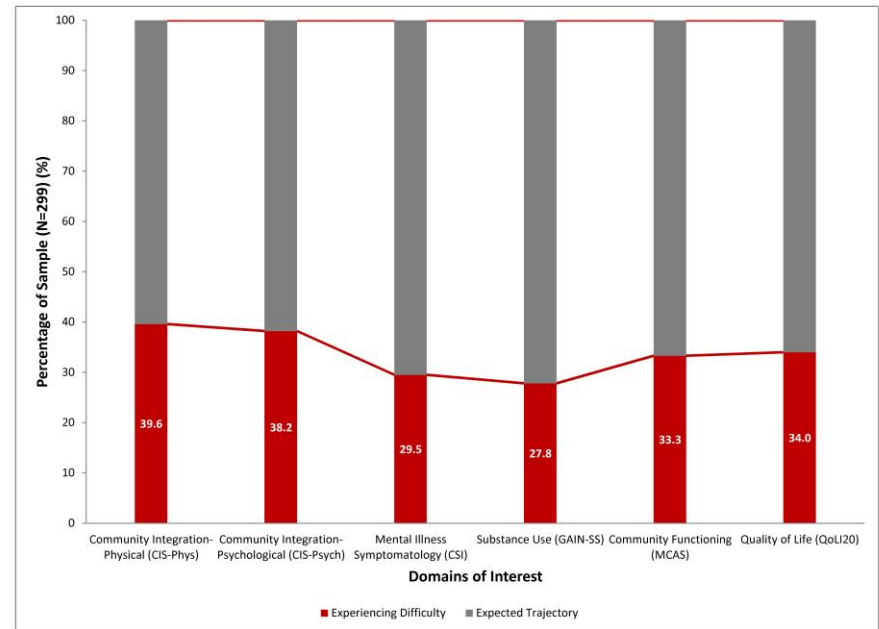
# Results



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

- Although approximately 2/3 of study participants followed the expected trajectories by 6M, the remainder experienced difficulties
- No demographic variables were associated with early difficulties
- Diagnosis of alcohol /substance abuse or dependence was associated with worse outcomes on the GAIN scale; however, those with this diagnosis were LESS likely to report early difficulties at 6M in quality of life (QoLI20)
- Moderate needs participants were more likely than high needs participants to experience difficulties in overall functioning
- Stronger worker alliance with case manager and being housed in independent housing were both associated with better outcomes in psychological community integration



<sup>1</sup> Values correspond to pooled estimates from 20 imputed datasets.

# Conclusions



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

- This study demonstrates how program evaluation can provide important information regarding participants' progress, as well as highlight opportunities for program adaptations to better support expected trajectories of improvement in a Housing First program
- Housing First programs should consider strategies to identify participants in need of additional supports early upon program entry
  - Early focused interventions to increase life skills and promote social and community integration.
  - Early intensive supports / peer support

## ACKNOWLEDGEMENTS:

At Home/Chez Soi Project Team:

- **National Project Lead – this position was held by Jayne Barker, Ph.D. from 2008-2011 (formerly with the Mental Health Commission of Canada). The current project lead is Cameron Keller, VP Mental Health and Homelessness, Mental Health Commission of Canada**
- **National Research Lead - Paula Goering, RN Ph.D., Centre for Addiction and Mental Health and University of Toronto**
- **Project Team - also includes approximately 40 investigators from across Canada and the U.S. In addition there are 5 site coordinators (in each city where the study is carried out) and numerous lead service and housing providers as well as persons with lived experience.**