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At Home/Chez-Soi: Building on the Learning

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Kamloops
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Outline

- At Home/Chez-Soi: Overview
- Findings
- Implementation Learnings
- Moving Forward



Background

- Housing - key determinant of health
- Limited investment in affordable housing
- Out of the Shadows Report
- Growing numbers
- High prevalence of mental illness and/or substance abuse
- Mental Health Strategy
 - Increase the availability of safe, secure, and affordable housing with supports for people living with mental health problems and illnesses
 - Expand approaches such as ‘housing first’ for homeless people living with mental health problems or illnesses



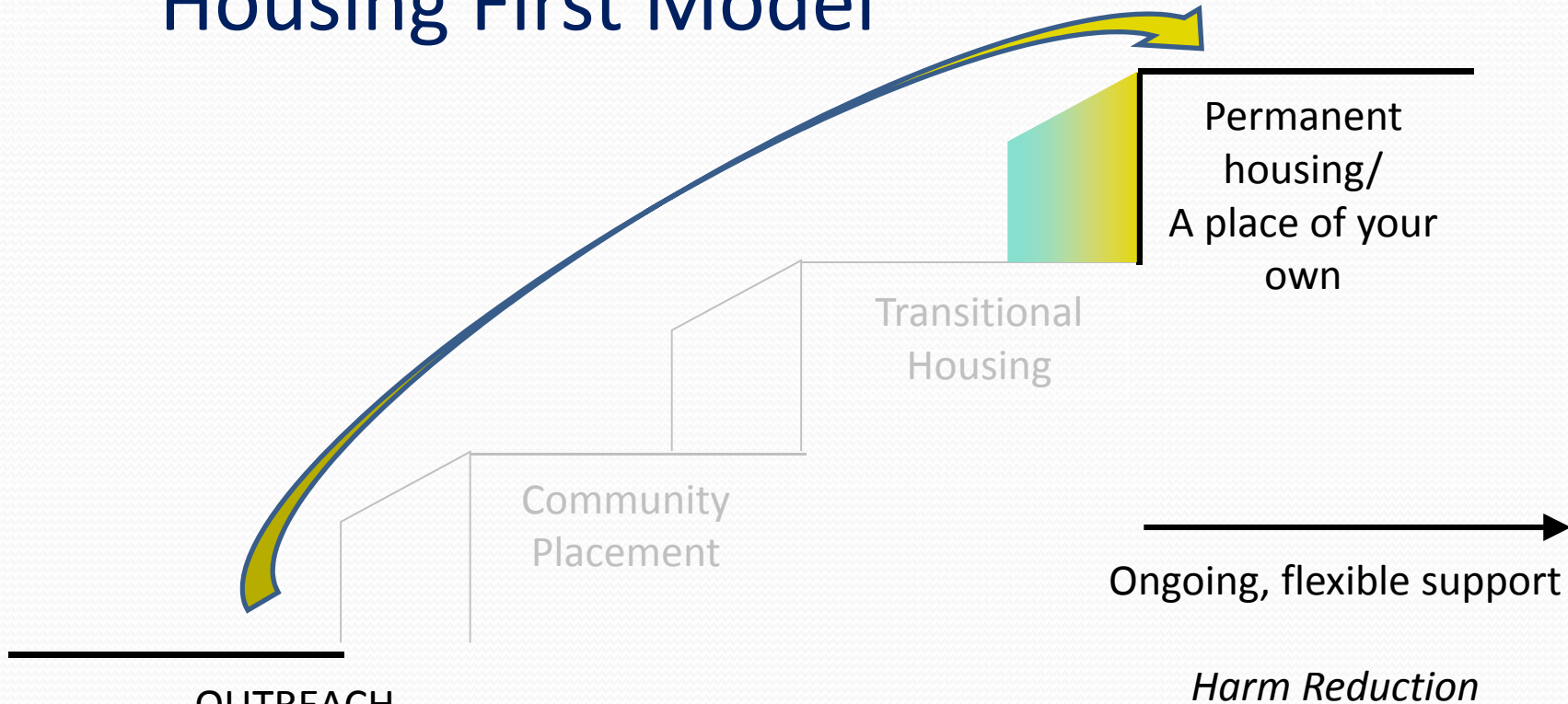
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At Home/Chez Soi

- 2008 federal budget – 5 years of research funding
- 5 Sites:
 - Moncton
 - Montreal
 - Toronto
 - Winnipeg
 - Vancouver
- Action research to test Housing First for people with mental illness who have experienced chronic or episodic homelessness

Housing First Model



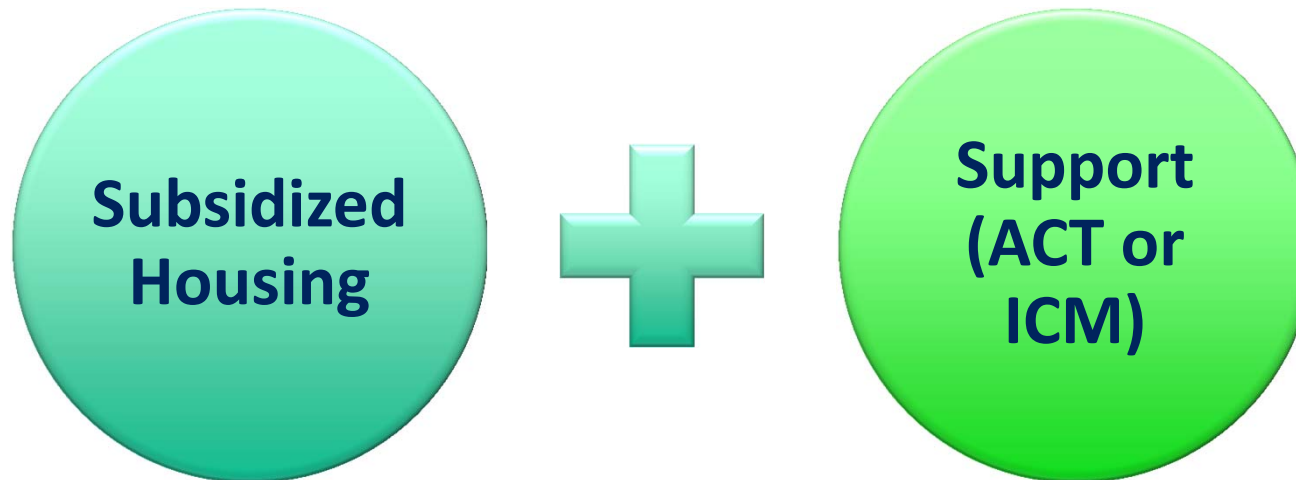
NYC Standard care;
Guard against perverse incentives
'The Other America' Michael Harrington



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Housing First Approach



Standards

Fidelity Domains	Description
Housing Choice and Structure	Standards focusing on the provision of housing to consumers (e.g., housing choice, housing availability, integrated housing)
Separation of Housing and Services	Standards focusing on the relationship between housing and support provided by program (e.g., no housing readiness, standard tenant agreement, commitment to re-house)
Service Philosophy	Standards focusing on the principles and values guiding the delivery of services (e.g., service choice, harm reduction, assertive engagement, person-centered planning)
Service Array	Standards focusing on range of services available to consumers (e.g., psychiatric services, integrated substance abuse treatment, nursing services, supported employment services)
Program Structure	Standards focusing on service delivery characteristics (e.g., frequency of contact with participants, participant / staff ratio, team approach, peer specialist on staff)

Who is in At Home/Chez Soi?

- 2148 participants
 - 1158 in Housing First (HF)
 - 990 in Treatment as Usual (TAU)
- Primarily middle-aged
- 32% of participants are women
- 22% of participants identified as being an Aboriginal person
- 25% of participants identified as being from other ethnic groups
- Typical total time homeless in participants' lifetimes is nearly 5 years
- All have one or more serious mental health issues
- Majority have a concurrent disorder
- More than 90% had at least one chronic physical health problem





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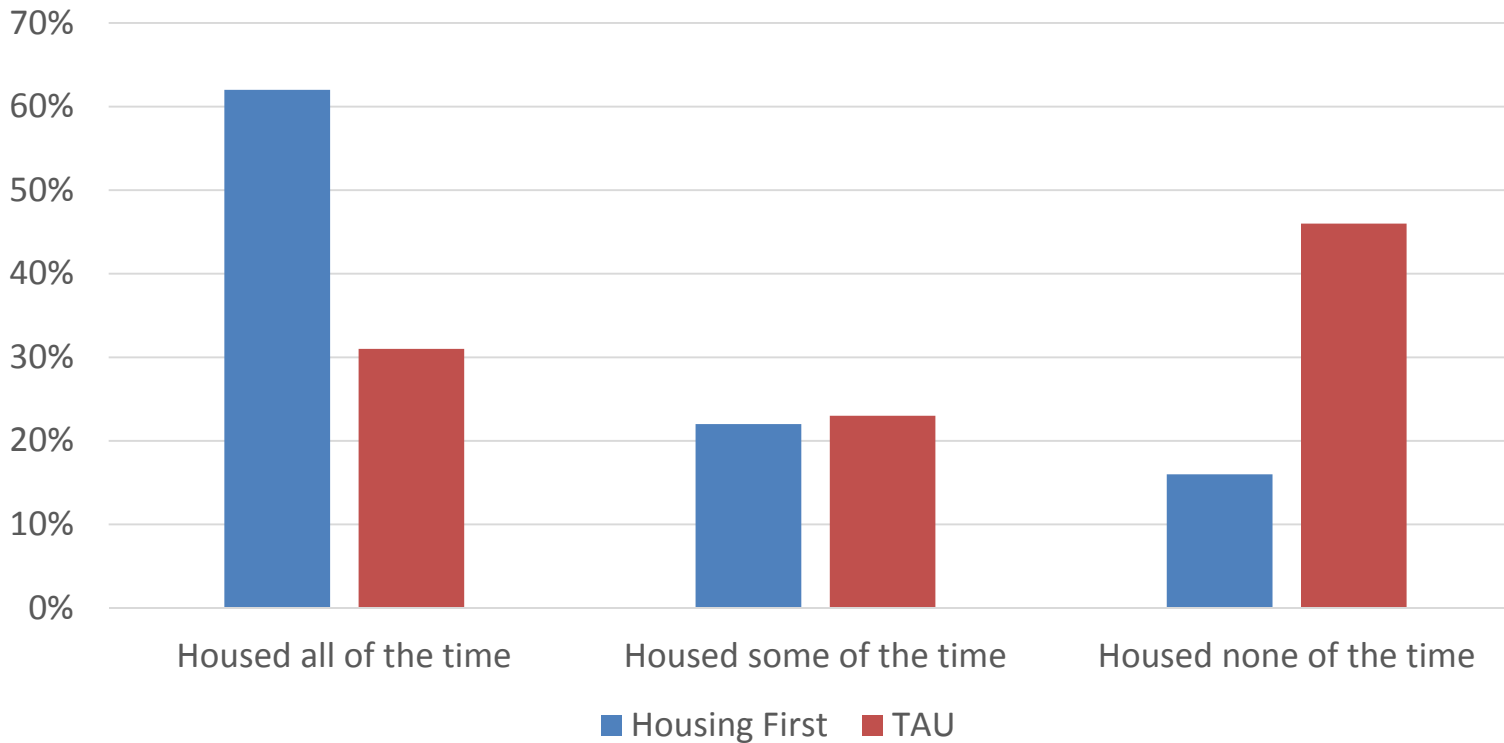
At Home/Chez-Soi Findings



Housing Outcomes of participants

Close to 1,000 Canadians with significant histories of homelessness were successfully housed through At Home / Chez Soi

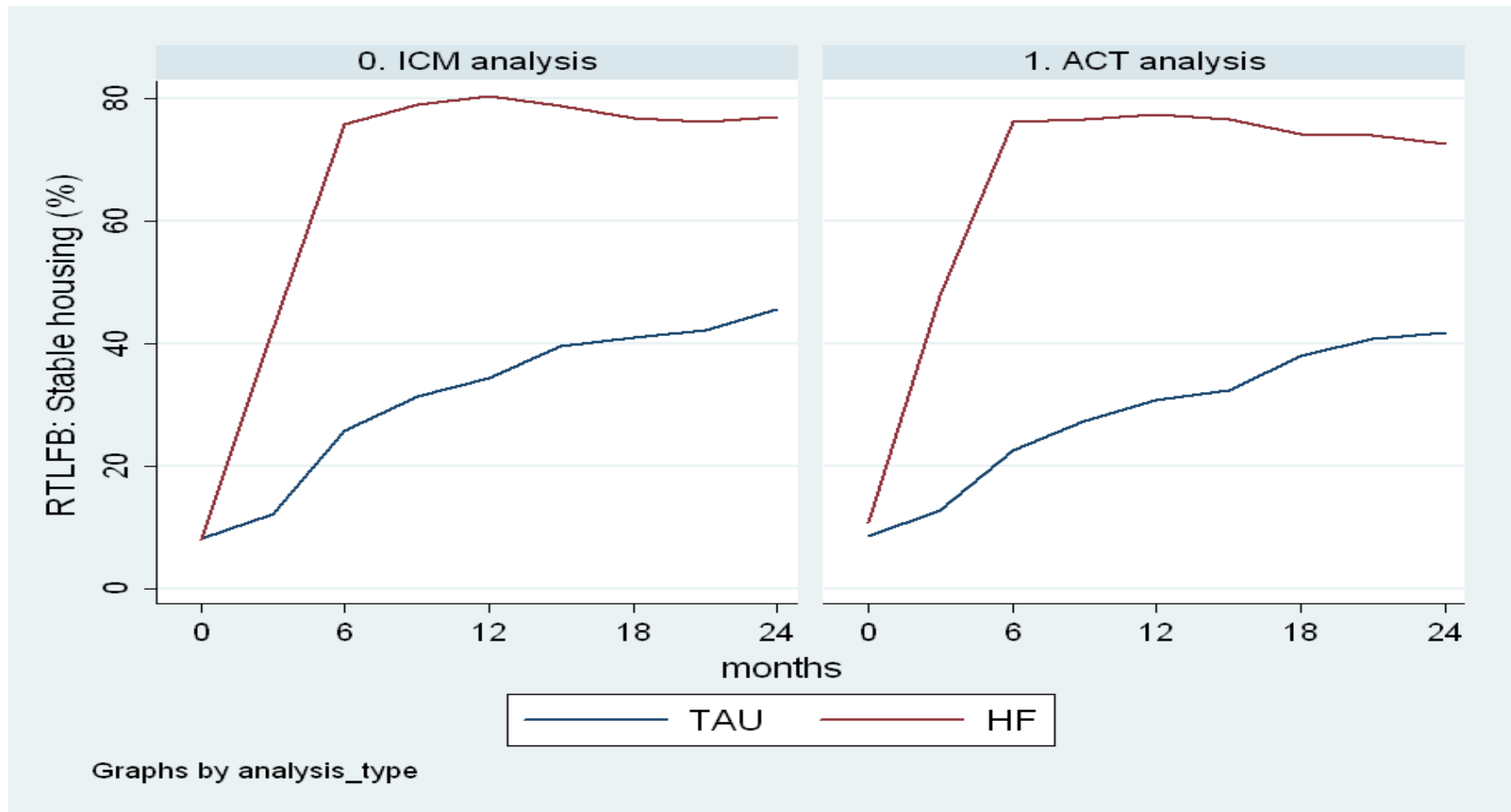
Percentage of participants housed in the last six months of the study





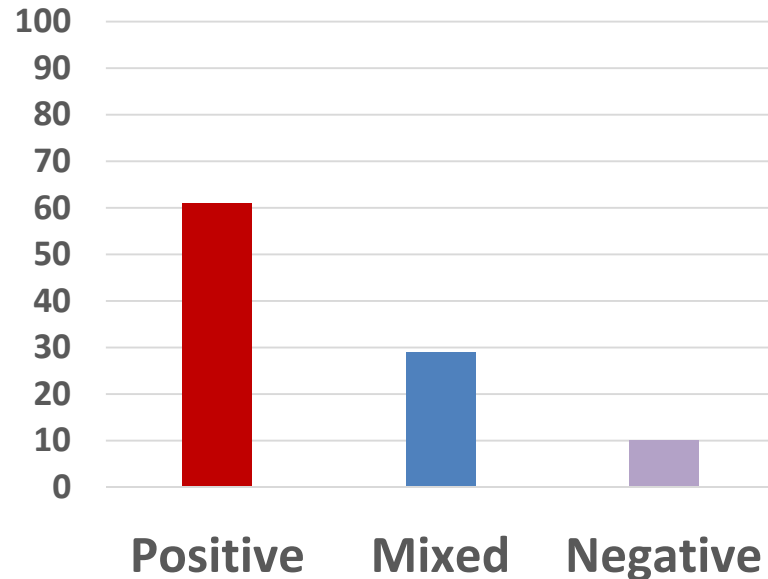
Housing: Stability – by Program

Percentage of time housed

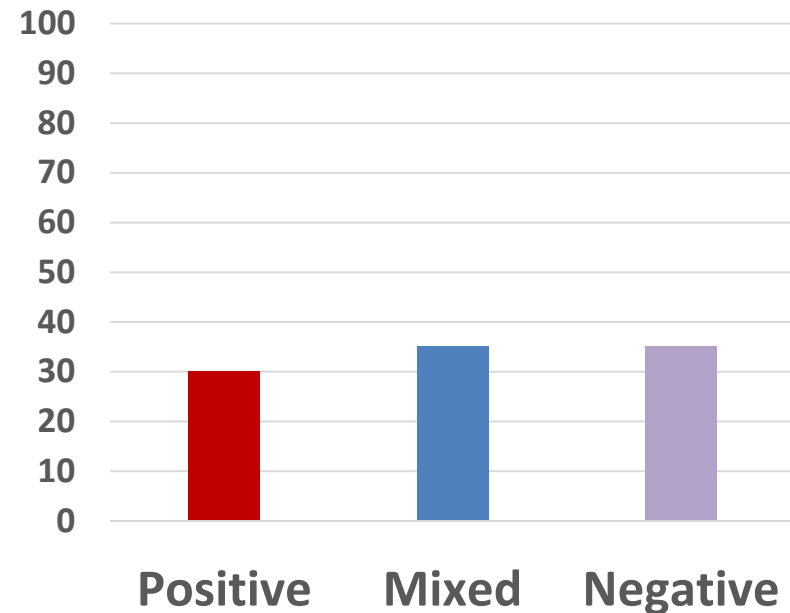


Life Course* of A Sub-Group of At Home /Chez Soi Participants

Housing First



Treatment as Usual



*Nature of changes reported by participants in qualitative interviews at 18-month follow-up

Cost Analysis

Overall Cost

- \$17,735 per person per year
- HF services resulted in reductions of \$12,073 per person
- Every \$10 invested in HF saved an average of \$6.81

Cost Analysis based on High Service Users

- Every \$10 invested in HF saved an average of \$21.72

Summary of Key Findings

- Housing First is doable in Canadian cities of different sizes and composition
- Fidelity to a Housing First model is essential and fidelity can be successfully maintained with adaptation
- Housing First is effective in rapidly ending homeless
- Support is a critical ingredient of Housing First
- Housing First makes better use of public dollars particularly when you target the high needs group with ACT intervention



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Implementation Learnings



Key Elements

- Maintain core elements of evidence based model with flexibility to adapt to local context
- Making space for local players, particularly those with less power, to be involved in dialogue and decision-making
- HF is a complex intervention which requires cross sector engagement (Housing, Health, Income Assistance, Private Market Landlords, Police, other)
- Capacity to create neutral space for people from different sectors to work together and problem-solve
- Central support and technical assistance and local boundary spanner as mechanism



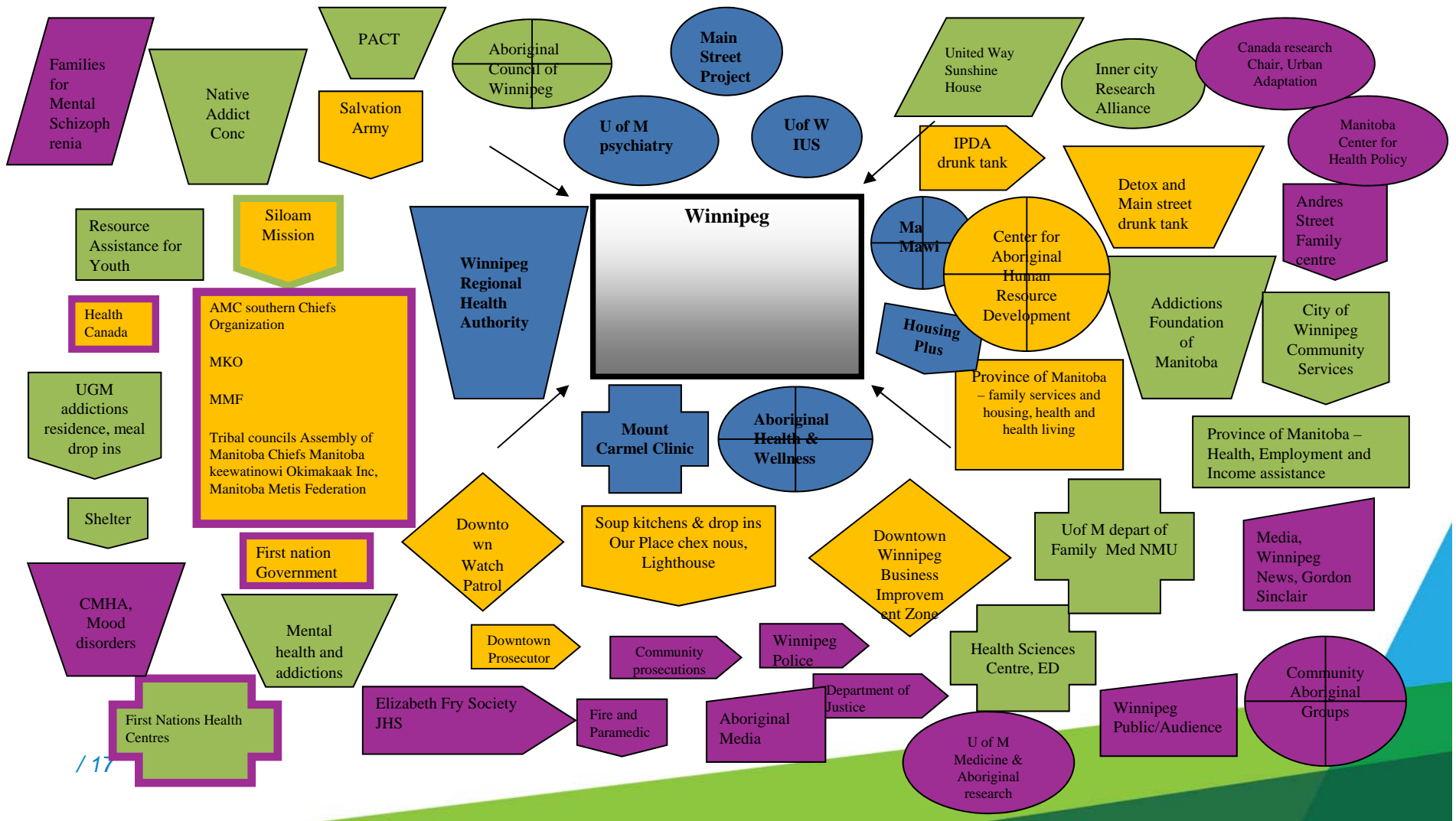
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Colour= how involved

Core team Key Partner Partner Audience Not yet involved

Stakeholder map



Training and Technical Assistance

- Variable levels of experience by community
- Continuum from introductory to more sophisticated:
 - Housing First 101
 - Engaging landlords
 - Motivational interviewing
 - Trauma informed care
 - Harm reduction
 - Peer support work and integration of roles
- Webinars and virtual technical assistance center
- Technical assistance visits to/from Pathways and Streets to Homes



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• Moving Forward



Goals

- Goal:
- To work with other Canadian leaders to catalyze increased access to housing and related supports for people experiencing mental illness
 - Support AH/CS sustainability efforts
 - Contribute to scaling up of Housing First in Canada
 - Advance policy and practice for people who are homeless and living with mental health issues
 - Contribute to international awareness of research findings about implementation and outcomes of Housing First



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Training and Technical Assistance

- Two main components:
 - Interactive web-based Housing First Toolkit
 - Training and Technical Assistance



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How is the Tool Kit organized?

Tool Kit Modules:

Overview of
Housing First

Planning a
Housing First
Program

Implementing
a Housing
First Program

Evaluating a
Housing First
Program

Sustaining a
Housing First
Program

Training and Technical Assistance

- Partnership with Pathways to Housing
- Train the trainer approach
- 18 Communities
- Expressions of interest process
- Site visits (3 points in time)
- Telephone-based support
- Communities of practice development
- Regional training event in each region

Acknowledgements

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