Staff Perspectives of the Housing First Theory of Change from the Implementation Evaluation of At Home/Chez Soi

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Overview

1. Brief overview of At Home/Chez Soi

2. Implementation evaluation & fidelity assessment

3. At Home/Chez Soi theory of change model

4. Staff perspectives on theory of change
Brief Overview of At Home/Chez Soi
At Home/Chez Soi

- Four year (2009-2013) $110 million research demonstration project funded through Mental Health Commission of Canada

- Based on Housing First model for homeless adults with mental health issues

- Funding – 85% services, 15% research

- Tested in 5 Canadian cities

- 2234 Participants
  1254 in treatment condition
  980 in TAU
Design of Study

- Pragmatic, multi-site, randomized, mixed methods field trial
- Effectiveness and cost effectiveness of Housing First Model in Canadian contexts
- Model being tested at two levels of intensity
  - high needs = ACT
  - moderate needs = ICM
- Outcome Data collected at baseline, 6, 12, & 18 months
- Fidelity assessment conducted twice
Implementation Evaluation and Fidelity Assessment
Implementation and Fidelity Evaluation

Purpose
- To assess whether program is faithful to the HF model
- What works well and less well in implementation

Mixed methods approach
- quantitative and qualitative
- conducted at 12 and 24 months
Implementation and Fidelity Evaluation

Quantitative
- Fidelity visits by and reports by external Quality Assurance Team
- Five quantitative fidelity domains
  1. Housing Choice and Structure
  2. Separation of Housing and Services
  3. Service Philosophy
  4. Service Array
  5. Program Structure

Qualitative
- Interviews and focus groups with program staff, key informants and landlords.
- Questions centered on 4 areas
  1. To examine the reasons for implementation challenges and strengths
  2. To better understand staff perspectives on the theory of change
  3. To understand landlord experiences
  4. To learn about issues regarding project sustainability
At Home/Chez Soi Theory of Change Logic Model
Pathways Housing First Program Model

Key Components

1. Consumer driven services (ACT and ICM)
2. Separation of housing and clinical services
3. Recovery orientation
4. Community integration
Components of Implementation

Immediate access to precondition free housing of choice.

Collaborative care plan with clinical service worker(s)

5 critical immediate interventions:
1. Immediate assistance in financial organization including applying for benefits
2. Formation of a working alliance with clinical service worker(s) to facilitate participant guided treatment goals
3. Addressing chronic health issues
4. Identifying vocational interests and goals
5. Assistance in (re) establishing social, family and spiritual connections.
At Home/Chez Soi Theory of Change

Predicted Outcomes

0-6 Months
Participation in mental health and addictions treatment
Reduced contact with non-supportive social contacts

6-12 Months
Reduced use of alcohol and substances
Increased subjective wellbeing
Increased self care and illness management
Participation in employment search and other vocational activities
Increased community integration and social support

12-24 Months (Recovery)
Decreased use of emergency services
Maintenance of stable housing
Increases in physical health and quality of life
Decreased arrests
Housing First Theory of Change
Staff Perspectives on the At Home/Chez Soi Theory of Change
Staff Perspectives: Critical Ingredients of the Program Model

12 Months
1. Barrier Free Housing
2. Housing First Philosophy
3. High quality multi-faceted care
4. Staff – “The right people”

24 Months
1. Staffing “the right people”
2. Consumer choice
3. Rehousing
Staff perspectives: Timing of Outcomes

Predicted

0-6 Months
Participation in mental health and addictions treatment
Reduced contact with non-supportive social contacts

6-12 Months
Reduced use of alcohol and substances
Increased subjective wellbeing
Increased self care and illness management
Participation in employment search and other vocational activities
Increased community integration and social support

Observed – 0-12 months

Housing stability in most cases
Relationships with landlords and neighbours in some cases
### Staff perspectives: Timing of Outcomes

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<thead>
<tr>
<th>Predicted</th>
<th>Observed</th>
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<tr>
<td><strong>12-24 Months (Recovery)</strong></td>
<td>Participants willing to participate in treatment</td>
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<tr>
<td>Decreased use of emergency services</td>
<td>Participation in vocational activities</td>
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<td>Maintenance of stable housing</td>
<td>Reduction in contact with non-supportive social contacts</td>
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<tr>
<td>Increases in physical health and quality of life</td>
<td>Reunification with family and significant social contacts</td>
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<td>Decreased arrests</td>
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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.

Local Site Research Teams – Vancouver, Winnipeg, Toronto, Montreal, Moncton.

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The views expressed herein solely represent the presenter.
Thank you for your attention!

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