Evidence Base Supporting Low Demand Housing Programs

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Outline

<u>Do Low Demand Programs Work? What Does the Research Tell Us?</u>

- Large study of VA-funded GPD programs (2011)
- Large study of HUD-VASH programs (2014)
- Meta-analysis of 44 housing programs (2009)

<u>Lessons from WFF National Survey of Safe Havens (2005)</u>

- Ward Family Foundation (WFF) national study of 79 Safe Havens
- Conclusions: Permanent Housing & Best Practices

<u>Relation of WFF Evaluation to Low Demand GPD Process and Fidelity Assessments</u>

Do Low Demand Programs Work? What Does the Research Tell Us?

Requiring Sobriety at Program Entry: Impact on Outcomes in Supported Transitional Housing for Homeless Veterans

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GPD Study

Schinka et al. (2011) Psychiatric Services	
Objective	To compare client characteristics & outcomes between Vets admitted to sobriety vs non-sobriety based programs
Data Set	3,188 GPD admissions & discharges from 2003 to 2005
Comparison Groups	1. 49 programs requiring sobriety at admission (n=1,250); required 14-90 days of sobriety before admission 2. 59 programs without a sobriety requirement (n=1,938)

Schinka et al. (2011) Psychiatric Services	
Variables	**Form X** – structured interview administered by program staff upon admission to program that includes sociodemographic, psychosocial, health, housing, employment, & staff diagnostic impressions
	Form D – reasons for discharge, place of residence, work status
	Facility Survey – program requirements, number of housing units, etc.

Schinka et al. (2011) Psychiatric Services

Findings at Entry to Program

No differences between groups with regard to demographics (age, marital status, rural/urban, employment, VA and non-VA benefits)

Vets in sobriety based programs had fewer medical problems, were more likely to have used VA services in past 6 months, and had fewer days of alcohol & drug use

Vets who used alcohol or drugs at admission had more problematic histories (several general health and mental health variables)

Schinka et al. (2011) Psychiatric Services

Findings at Exit from Program

Vets using alcohol or drugs at admission had shorter stay

Small differences in completion rates, homeless recidivism, & employment at discharge, "but effect sizes for these analyses were uniformly small and of questionable importance."

Regression analyses did not find meaningful support for sobriety affecting any of the outcome measures

Conclusion: "sobriety on program entry is not a critical variable in determining outcomes for individuals in transitional housing programs."

VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Promoting data-driven, evidence-based solutions to end Veteran homelessness

Alcohol and drug use disorders among homeless veterans: Prevalence and association with supported housing outcomes

Jack Tsai [a,b,*], Wesley J. Kasprow [b,c], Robert A. Rosenheck [a,b,d]

HUD-VASH Study

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Tsai et al. (2014) _Addictive Behaviors_

Data Set	29,143 homeless Vets in HUD-VASH
Comparison Groups	1. No SUD (n=11,753; 40%)
	2. Only Alcohol Use Disorder (n=4,848; 17%)
	3. Only Drug Use Disorder (n=3,193; 11%)
	4. Both AUD and DUD (n=9,349; 32%)
Analyses	Compared Group 1 (No SUD) to each other group, one at a time, on all of the following housing and clinical variables using GEE
	Comparisons made at 2 time periods: 1) baseline upon entry to program 2) 6-month follow-up

Tsai et al. (2014) _Addictive Behaviors_

Housing Variables	Nights in your own place
	Nights in someone else's place
	Nights in transitional housing or residential treatment
	Nights in an institution
	Nights homeless

Tsai et al. (2014) _Addictive Behaviors_

Clinical Variables	Mental health symptom score (self-report 8 items from ASI)
	GAF score (1 to 100, clinician rated)
	Clinician-rated alcohol use (rated from 1 abstinent to 5 dependence with institutionalization)
	Clinician-rated drug use (1 to 5)
	Social quality of life (self-report)

Tsai et al. (2014) Addictive Behaviors

Findings Upon Entry to Program	Vets with any SUD were older and more likely to be male
	Prior to HUD-VASH, 60% had a SUD
	54% of those w/SUD had both AUD & DUD
	Vets w/both AUD & DUD reported the most homeless episodes in past 3 years
	Vets w/any SUD stayed more nights in transitional housing or residential treatment in previous month
	Vets w/any SUD had higher clinician ratings

Tsai et al. (2014) Addictive Behaviors

Findings 6 Months after Program Entry	Controlling for differences between groups at baseline, there were no differences in housing outcomes
	Vets w/SUD continued to report more problematic substance use, even after adjusting for baseline differences
	All groups experienced improved GAF scores, quality of life, and housing
Conclusion	Despite strong associations b/w SUD & homelessness, HUD-VASH program is able to successfully house homeless Vets w/SUD

Does One Size Fit All? What We Can and Can't Learn From a Meta-analysis of Housing Models for Persons With Mental Illness

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Meta-Analysis

Methods

Meta-analysis of 44 unique housing alternatives described in 30 studies

Categorized each program into 1 of 4 types:
1) Residential care and treatment **(High Demand)**
2) Residential continuum **(High Demand)**
3) Permanent supported housing **(Low Demand)**
4) Non-model housing

Non-model programs consisted of arrangements with individuals living on the streets, using shelters, or residing in housing that were described simply as part of "treatment as usual."

Leff et al. (2009) Psychiatric Services

Outcomes Variables

Housing stability, psychiatric symptoms, hospitalization, alcohol & drug abuse, satisfaction

Results

All 3 housing models achieved significantly greater housing stability than non-model housing programs

But greatest housing stability associated with Low Demand programs

Low Demand programs had best outcomes for consumer satisfaction and reduced hospitalization

No differences in alcohol and drug abuse

Lessons from Ward Family Foundation (WFF) National Survey of Safe Havens

Safe Haven Programs
Analysis of Strategies and Operating Practices
July, 2005

Ward Family Foundation: National Survey of 79 Low Demand Safe Haven Programs

http://www.wardfamilyfoundation.org/wff-safehaven-programs.pdf

Ward Family Foundation, 2005

Purpose of Report	Conscious decision not to look in any detail at the clinical symptoms of residents, and not to draw conclusions about impact that Safe Haven programs have on their recovery
	Focused instead on whether Safe Havens are effective in moving residents into permanent housing, and identify best practices
Sample	Identified 118 HUD-funded Safe Haven programs
	79 returned a completed survey via mail

Conclusion: Permanent Housing

Low Demand Safe Havens effectively engage and retain residents

More than half successfully transitioned into some type of <u>permanent housing program</u>:

- Approximately 30% exited to affordable perm. housing w/subsidy & supports (perm. supported housing)

- 13% to affordable permanent housing w/subsidy but without supports

- 7% to affordable permanent housing w/neither subsidy nor supports

Ward Family Foundation, 2005

Best Practices Benchmark (BPB)

Group of 15 programs with an 85.2% average exit to perm. housing, compared to 64 with a 41.6% rate

BPB Basic Program Description: More likely to be smaller programs, at full capacity, and offering more private accommodations

BPB Admission Criteria: more likely require diagnosis of SPMI + SUD for admission

BPB Admission Procedures: more likely to offer preadmission visits to assess if a good fit

BPB Daily Life: more likely to offer optional behavioral health activities

Ward Family Foundation, 2005

BPB Daily Life: more likely to bring in people with different areas of expertise to discuss topics of interest (health, benefits, family)

BPB Daily Life: more likely to offer activities of general interest (sports night, cooking classes, monthly birthday dinner)

BPB Daily Life: more likely to offer regular opportunities for program governance participation (weekly meetings, feedback session)

BPB Daily Life: more likely to offer senior residents opportunities for mentoring and positive support

Ward Family Foundation, 2005

BPB Rules and Expectations: more likely to given an incentive to do chores rather than forced to do them

BPB Staffing: higher staffing levels

BPB Services: more likely to offer a psychiatrist on-site

BPB Services: more likely to be clearly committed to vocational training, though mostly offered off-site

Relation of WFF Evaluation to Low Demand GPD Annual Process & Fidelity Assessments

- Similar to the Ward Family Foundation, we are examining program policies and practices among Low Demand GPD programs

- HOMES data will be used for outcome comparisons

- No SOPs and flexibility to the extent that providers proposed different models

- We will use findings to guide technical assistance activities and inform discussions

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Questions/ Comments