

Outcomes of Housing First Implemented in a Rural Canadian Community: A mixed-methods analysis

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Outline of Presentation



- Rural Homelessness
- Overview of HF
- Research on rural HF programs
- HF in South-East New Brunswick



Research on Rural Homelessness



Often hidden & invisible



Reliance on temporary & unsustainable shelter



Lack of housing and lack of services can be major contributing factors to homelessness



Need for research on rural homelessness and on interventions to address it

Pathways Housing First Approach

Housing

+

Supports

– Consumer choice; immediate; permanent; private sector; scattered-site units; no requirements for housing “readiness”; 30% of income + rent supplement



Assertive Community Treatment:

Wrap around services;
24/7 coverage;
1:10 ratio;
Proactive eviction prevention

Intensive Case Management:

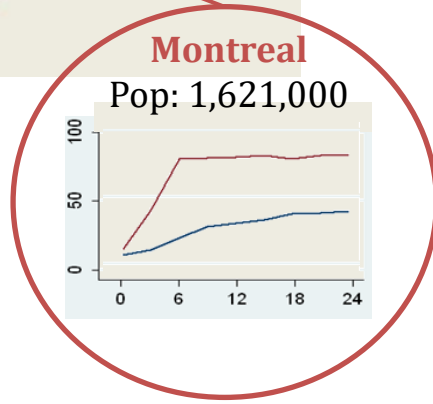
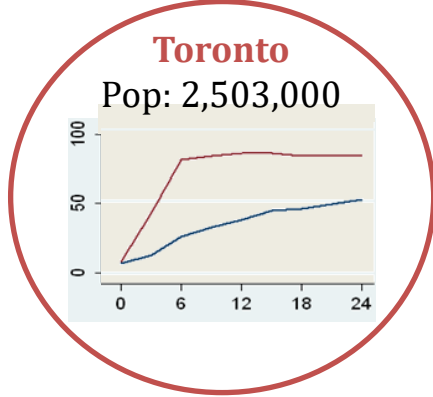
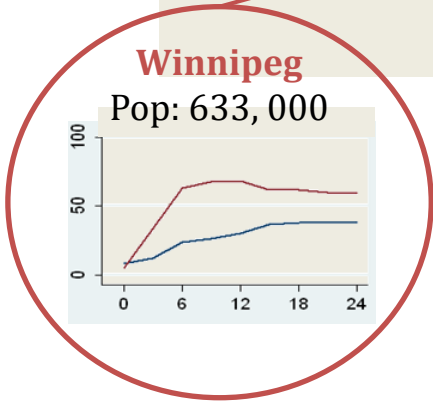
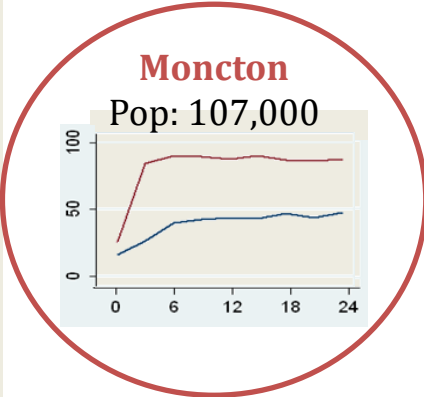
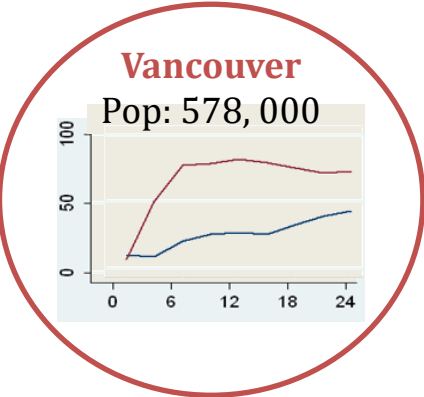
One case manager;
brokers services;
12/7 coverage;
1:15 ratio;
Proactive eviction prevention





Mental Health Commission of Canada
 Commission de la santé mentale du Canada

Effectiveness of HF in Canada



Effectiveness of HF in Rural Settings



Housing First

Supportive Services
for Veteran Families

Pathways Vermont



Community Center

Soteria House

24/7 Support Line



Training Institute

Peer Assisted
Vocational Exploration

Pathways Vermont HF

- Population served:
 - 100% with mental health diagnosis
 - 68% with substance use problems
 - 90%+ have experienced trauma
- Ended chronic homelessness for 640 people
- Housing retention rate of 87%
- Has supported 150 people leaving prison
- 81% have not returned to being incarcerated



Present Study

- Few studies have examined outcomes of HF implemented in rural settings
- The purpose of the present study was to examine both quantitative and qualitative outcomes of HF tenants in the rural arm of the At Home/Chez Soi project that was conducted between 2009 and 2013.



At Home/Chez Soi: Moncton Site



- HF + ACT delivered to people with high or moderate level needs
- 200 participants assigned randomly to « HF + ACT » or « TAU »
- **24 participants in South-East New Brunswick offered « HF + ACT » matched with 19 participants receiving « TAU »**

Rural HF: Southeast Region of New Brunswick



- 60-minute drive from Moncton
- 2000 square kms
- Small municipalities from few 100 to 5K
- 40K population

Context of Rural Arm of Moncton Site

- **Housing:** Permanent scattered site housing
 - Private market
 - 30% of their income towards the rent
 - Hold their own lease
 - Housing worker
- **Supports:** ACT team
 - 3 members dedicated to rural region
 - 1:8 staff to client ratio
 - 1 visit per week
 - Primary & secondary case managers
 - Assistance from urban staff when needed
 - Teleconference to meetings

HF + TAU Rural Clients

Living Situation at Study Entry	TAU %	HF %
Living with Family	42	42
Special Care Home	48	21
Precariously Housed	-	21
Homeless	-	12
Other/ Unknown	10	8
Baseline Measures	TAU mean	HF mean
MCAS total	68.8 (6.5)	70.9 (12.2)
Lifetime time homeless (months)*	1.4 (2.1)	23.8 (25.6)
Longest period of homelessness*	.64 (1.0)	23.8 (25.6)

*Indicates statistically significant difference (p<0.05)

Rural HF Housing Outcomes

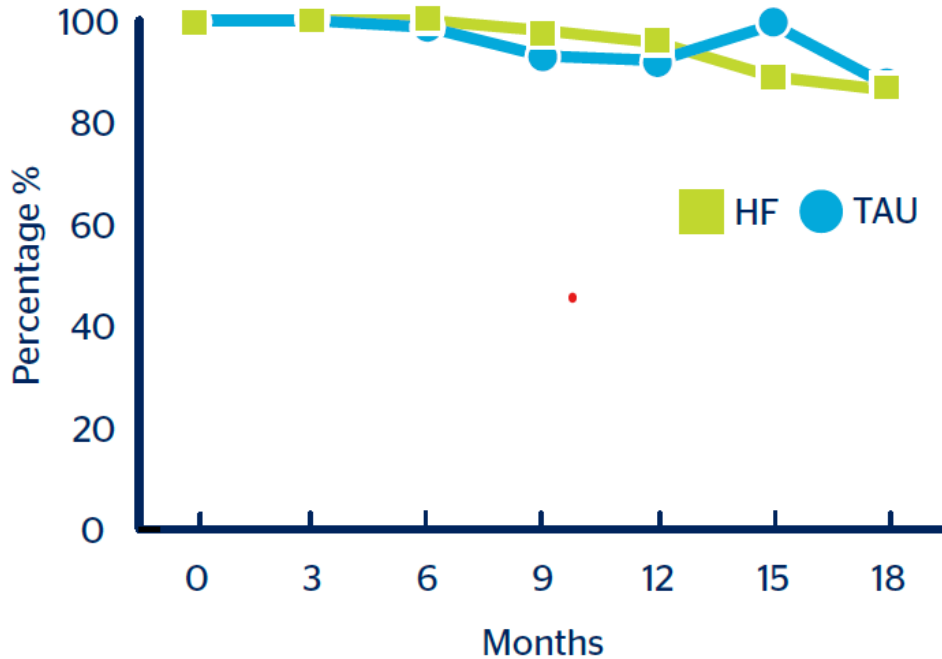


Figure 3. Percentage of Time Stably Housed - Rural Region⁴

	Baseline	3 month	6 month	9 month	12 month	15 month	18 month
HF	100%	100%	100%	97%	94%	93%	86%
TAU	100%	100%	98%	92%	91%	99%	92%

Rural HF Psychosocial Outcomes

- No significant differences found between HF + TAU group on primary outcomes
 - MCAS
 - Quality of Life
 - Community Integration

Rural HF Qualitative Outcomes

- 11 interviews conducted with HF clients
- Participants endorsed satisfaction with:
 - Housing subsidy
 - Mental health support
- Continued need for connection and meaningful activity



Rural HF Qualitative Outcomes

- Housing subsidy
 - Participants endorsed that the financial assistance from the program had a significant impact on their lives.

The most helpful is, helping the person find a place and paying 30% of the rent.

I've been able to save money and put a down payment on the house. They pay \$400, and that's our mortgage.

That's an important number one. I think if I hadn't had the financial help from the project, I would have lost my home.

Rural HF Qualitative Outcomes

- Mental health support
 - Participants also discussed that the mental health support they received had a significant impact on wellbeing.

The project also means that you meet people who are trying to help you and understand you, and I feel that I have the support of a lot of people.

Rural HF Qualitative Outcomes

- Autonomy
 - Participants noted that the HF program allowed them to be more autonomous across numerous life domains

I have a place to live. I've learned how to make my own groceries. I've learned to pay my bills myself. I used to have a phobia about doing all that stuff. Now I do it all.

I feel I can still be in control of myself even when I'm thinking negative thoughts, and the reason I say that is because of the system I'm using. I don't let the negative discourage me because I remember what it was like before and what it's like now and it works.

Rural HF Qualitative Outcomes

- Need for connection and meaningful activity
 - Participants discussed the importance of engaging in activities and connecting with others. This was often discussed as a current need in the lives of participants.

I had the chance to work on a farm as part of the project, and I really liked that job. Now I think I'm going to continue. I was looking for work, like in that field before, but when I got the chance through the project, well, I wanted to go, so it helped me find a job I like.

That's what I like about volunteering, you force yourself to want to be a tool, and to be usable as a tool, not a rusty tool, a tool that works. The more you sharpen it, the better the tool will work, and that's how I think it works. So that's my hope for the future.

Implementing HF in Rural NB: Challenges

- Fewer apartments (resulting in less choice)
- Support was not intensive enough for some clients
- Limited community resources
- Less opportunities for leisure & social activities
- Discrimination linked to knowledge of client history
- Travel is very time consuming
- Staff absenteeism can be problematic

Conclusion



- The present study indicated HF can be implemented successfully into a rural community.
- The results found no differences between HF and TAU, though they were not equivalent at baseline.
- HF participants endorsed numerous positive outcomes qualitatively
- More research is needed (i.e., RCTs) to better elucidate the outcomes for HF in rural settings.



Thank you!



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