Housing First with Case Management

Eric Agbata, Maryann Roebuck,

Teresa Meulensteen, & Tim Aubry

March 8, 2019, CAMH

Housing First Forum

Overview of Worshop

1. Introduction (Tim Aubry)
2. Review of research on case management and homelessness (Eric Agbata)
3. Introduction to strengths-based case management (Maryann Roebuck)
4. Implementing strengths-based case management in a Housing First program (Teresa Mulensteen)

Pathways Housing First Approach

Housing + Supports

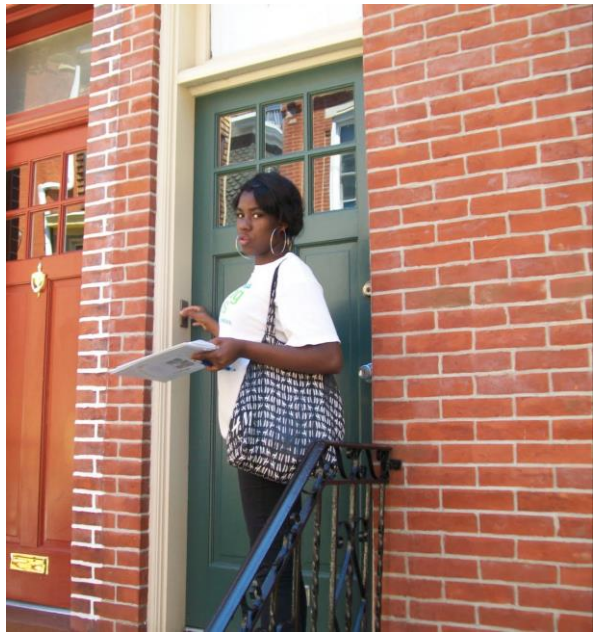
– consumer choice; immediate; permanent; private sector; scattered-site units; no requirements for housing "readiness"; 30% of income + rent supplement

ACT:

Team provides all services; 24/7 coverage; 1:10 ratio; Proactive eviction prevention

ICM:

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



Housing First and Intensive Case Management

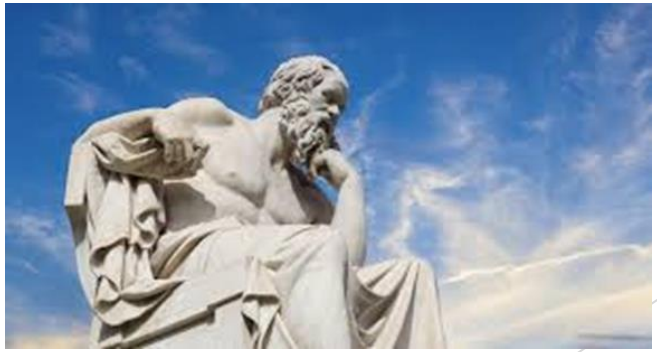
"Pathways Housing First intensive case managers must be resourceful and have …… advocacy skills. First and foremost, they need to be able to find all the resources needed by their clients and then ensure that clients can have easy access to these services."

"Intensive case managers need to understand that the focus of treatment is not on "fixing" a client, but on building a client's core competencies."

Sam Tsemberis (2010). *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction.* (p.134)

HF Fidelity Standards Relevant to ICM: Philosophy

- Service Choice
- Person-Centered Planning
- Interventions Target a Broad Range of Life Goals
- Focus on Self-Determination and Independence
- Use of Assertive Engagement and Motivational interviewing
- Harm Reduction



HF Fidelity Standards Relevant to ICM: Service Array

- Brokering of the following services:
  - Psychiatric Services
  - Integrated, Stage-Wise Substance Use Treatment
  - Nursing / Medical Care
  - Supported Employment
- Focus on Social Integration
- Extended Hours Coverage
- Involvement in In-Patient Treatment
- Professional Networking

HF Fidelity Standards Relevant to ICM: Program Structure

- Low Participant / Staff Ratio
- Frequent Contact with Participants
- Involvement in In-Patient Treatment
- Frequent Staff Meetings to Review Participants' Progress

Separation of Housing and Services

- Off-site, Mobile Services
- Services Continue Through Housing Loss

INTENSIVE CASE MANAGEMENT

From Research to Practice: National Guidelines Linking Homeless Populations to Primary Health Care

Review of the Research on Permanent Supportive Housing and Draft Guidelines

Presented by: Eric Agbata

Housing First Forum
CAMH, Toronto, ON
March 8, 2019

ICHA Inner City Health Associates
Cochrane Methods Equity
Campbell Collaboration — Better evidence for a better world
Employment and Social Development Canada
Public Health Agency of Canada / Agence de la santé publique du Canada
WORKING FOR CHANGE — A HOME, A JOB, A FRIEND AND SOCIAL CHANGE
Association médicale canadienne / Canadian Medical Association
Institut de recherche Bruyère Research Institute

Methods

- **Key question**: Should homeless or vulnerably housed persons be offered Intensive case management to improve their housing stability?
- **Systematic Search:** 17 RCTs and before-after studies which compared Intensive Case Management (ICM) to usual care, case management or other interventions
  - **ICM vs Usual service – 9 studies** –(Braucht 1996, Cox 1993, Cox 1998, Grace 2014, Korr 1996, Marshall 1995, Orwin 1994, Rosenblum 2002, Shern 2000, Toro 1997).
  - **ICM vs CM – 2 RCTs** –(Stahler,1996; Cauce,1994).
  - **ICM vs other interventions – 5 RCTs** (Clark, 2003; Burnam,1996; Felton 1995; Malte 2017; Schutt 2009).

ICHA Inner City Health Associates
Cochrane Methods Equity
Campbell Collaboration Better evidence for a better world
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WORKING FOR CHANGE A HOME, A JOB, A FRIEND AND SOCIAL CHANGE
ASSOCIATION MÉDICALE CANADIENNE
CANADIAN MEDICAL ASSOCIATION
INSTITUT DE RECHERCHE Bruyère RESEARCH INSTITUTE

Is the problem a priority?

- 9.4 million Canadians are homeless, or live housing which is below national standards (PHAC, 2018).
- 20% of the Canadian youth make up homeless population.
- 60% of homeless youths experience more violence/ victimizations;
- 27.3% of Canadian women make up homeless - a significant contributor to hidden homelessness (Gaetz et al. 2016).
- 30-35% of mentally ill are homeless/vulnerably housed population;
- 20-25% have concurrent disorders e.g. severe mental and substance use conditions (To et al., 2016).
- Intensive Case Management helps individuals maintain stable housing, and achieve an optimum quality of life (Bender et al., 2011; Stegiopoulous et al., 2018).

JUDGEMENT: [YES]

How substantial are the desirable anticipated effects? (Benefits)

Housing stability outcome/ sub outcomes

1. **Number of days homeless - ICM vs UC or ICM vs CM (4 RCTs)**
   - ICM vs UC - Long-term participation in ICM programs significantly reduced the number of days homeless (SMD -0.22, 95%CI -0.40 to -0.03).
   - ICM vs CM - Between baseline and 18-month follow-up, across groups, there were significant improvements ($p<0.05$) in stable housing and literal homelessness.
2. **Number of residence moves - ICM vs UC - 1RCT** (Grace 2014)
   - For both treatment groups, the number of residential moves was significantly reduced ($p=0.0001$).
   - At 12 months period, ICM group had fewer residence moves than UC mean (MD -0.40, 95% CI -0.79 to -0.012, $p=0.044$).
   - However, this effect was not evident at 24 months.

(Benefits)

3. **Number of days in better accommodation** - 1 RCT (Marshall 1995)
   - Between ICM vs UC, there was not significant difference in the averaged number of days in better housing compared to control group at 14-month follow-up.
4. **Housing independence (dichotomous)-** Orwin (1994) - Study 3
   - Housing independence was lower with ICM at 24 months
   - ICM clients - 58 (0.34) compared to control clients- 100 (0.48).
   - An effect size of -0.28, favored the control condition.

(Benefits)

5. Time spent in community housing, street, shelter or institutions - 1 RCT (Shern, 2000)

- ICM "Choices" vs UC - both groups showed substantial reductions in the time spent on the streets or shelters.
- Rate of decline was approximately two times more in ICM group compared to the control group ($p<0.001$).
- Conversely, ICM clients spent significantly more day in community housing than UC; but no difference in institution dwellings.

6. Days to housing entry - 1 RCT (Schutt 2009 - Trial #5, San Diego).

- Individuals in enhanced ICM/Section 8 group, who did not abuse substances were less likely to more spend days in the shelter or on the streets ($p<0.05$) compared to control –(Section 8 rent vouchers and UC).

JUDGEMENT: [Small to Moderate]

How substantial are the undesirable anticipated effects? (Harms)

- No reports on harms or adverse outcomes related to the interventions. However, evidence from grey literature identified minor negative effects of Intervention (ICM).
- **Transient nature of support workers** negatively impacts continuity of care or participants' ability to seek or utilize services (Holtschneider et al., 2016; Macnaughton et al., 2016).
- **Gender constructs** for men and women based on cultural beliefs, values, employment, and **family roles were** seen as limiting factors to accessing programs (Guilcher et al., 2016; Gultekin et al., 2014).

JUDGEMENT: [Trivial]

Does the balance between desirable and undesirable effects favor the intervention?

- Evidence indicates that ICM has a **protective effect** on the odds homelessness by reducing the number of days homeless or spent in the streets and residential moves.
- ICM improved both stable housing or community housing which supports the model's effectiveness and demonstrating its applicability in vulnerable populations.
- Furthermore, limited follow-up and poor linkage with peer support groups after intervention may limit intended outcomes.
- No major harms were identified in the trial literature, or grey literature.

JUDGEMENT: [Probably Favours Intervention]

Strength-based Case Management (SBCM)

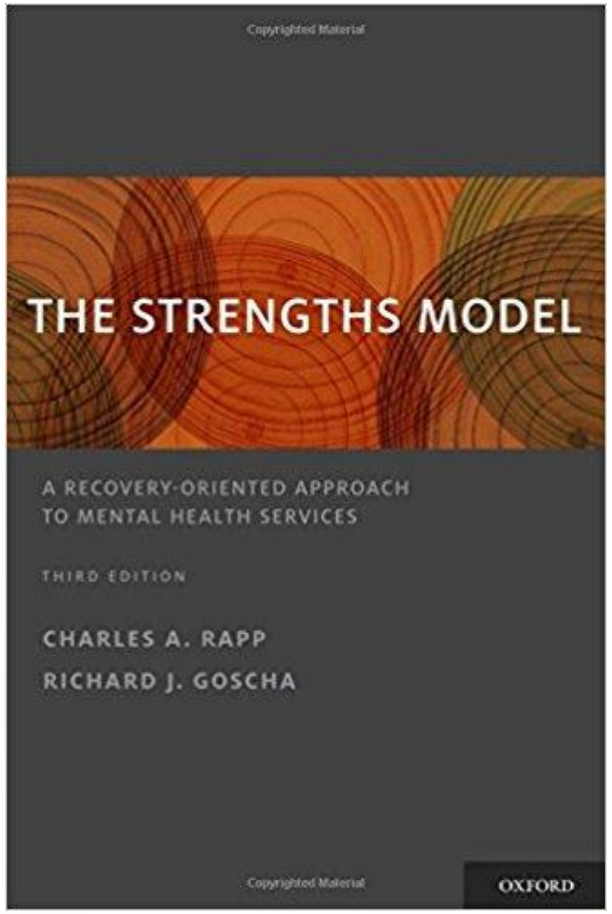
Housing First Forum
March 8, 2019

Maryann Roebuck, MSW, PhD cand.

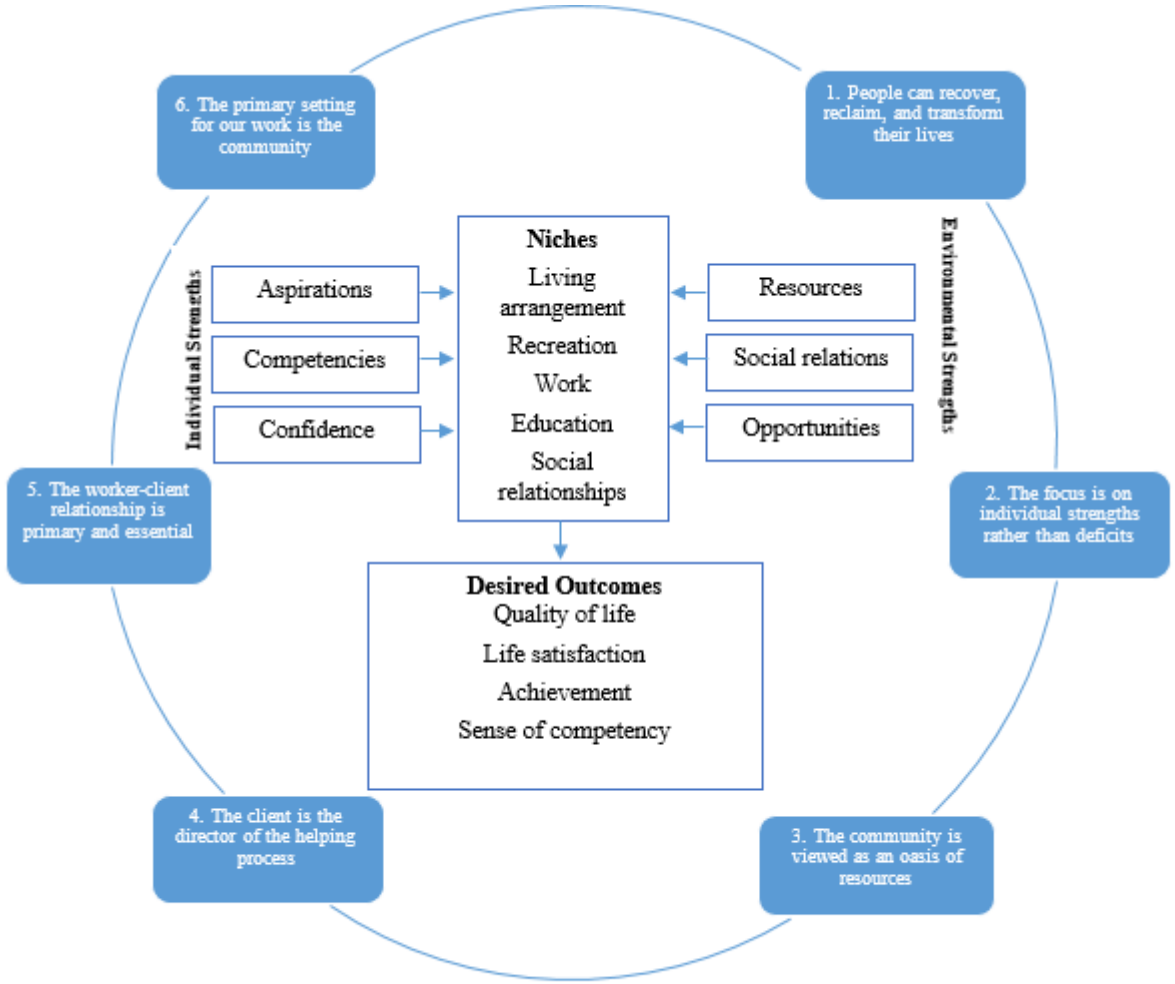
Strength-based Case Management

"Amplifying the well part of the patient"

(Charles Rapp, 1997)



People can recover, reclaim, and transform their lives.



Summary of the strengths model theoretical framework (adapted from Rapp & Goscha, 2012).

SBCM Research

- quality of life
- life satisfaction
- satisfaction with services
- education
- employment
- community integration

- hospitalizations
- symptoms

Fidelity

- *How accurately is a copy producing its source?*
- *How closely is a program following a model?*

Fidelity as:

- An implementation tool, and
- A research measure.

SBCM Fidelity Research

Fukui et al. (2012) found:

high fidelity to SBCM was related to **high levels of employment and education, and low levels of hospitalization.**

Strengths Model Fidelity Scale

Center for Mental Health Research and Innovation (2014)
University of Kansas School of Social Welfare

Scale Items	
Item 1	***Caseload Ratios***
Item 2	***Community Contact***
Item 3	***Strengths-Based Group Supervision***
Item 4	***Supervisor***
Item 5	***Strengths Assessment***
Item 6	***Integration of Strengths Assessment with Treatment Plan***
Item 7	***Personal Recovery Plan***
Item 8	***Naturally Occurring Resources***
Item 9	***Hope Inducing Practice***

Strengths Model Fidelity Scale

Center for Mental Health Research and Innovation (2014)
University of Kansas School of Social Welfare

Item Example	
Item 5	***Strengths Assessment (SA)***
a)	There is evidence that the SA is used regularly in practice.
b)	Client interests and/or aspirations are identified with detail and specificity.
c)	Client language is used and it is clear that client was involved in developing the SA.
d)	Talents and/or skills are listed in the SA in some detail and specificity.
e)	Environmental strengths are listed on the SA in some detail and specificity.
f)	Percent of clients who have an SA

Canadian Mental Health Association

Mental health for all

Evaluating the Strengths model of case management for people with severe mental illness: A multi-provincial study

Co-Investigators:
Eric Latimer *(Douglas Mental Health University Institute),*
Tim Aubry *(University of Ottawa),* Christiane Bergeron-Leclerc, Catherine Briand, Catherine Vallée, Janet Durbin, Terry Krupa, Nancy Mayo, Alissa Setliff, Robert Whitley

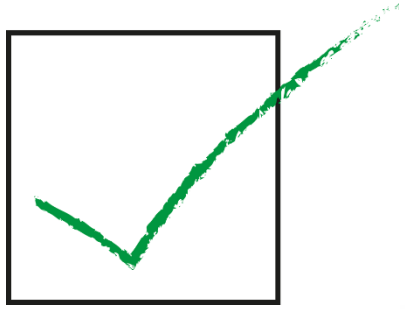
Funded by CIHR

uOttawa

Centre for Research on Educational and Community Services

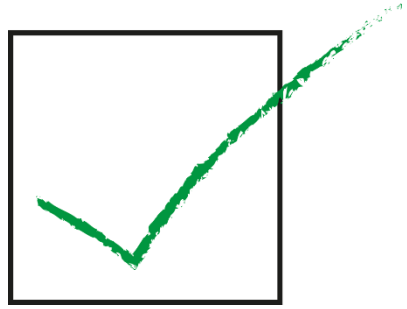
Centre de recherche sur les services éducatifs et communautaires

Methods



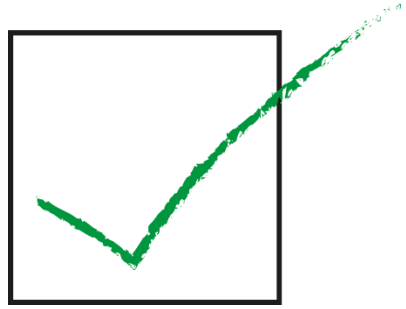
Fidelity assessments

with 15 case management teams



Client outcome interviews

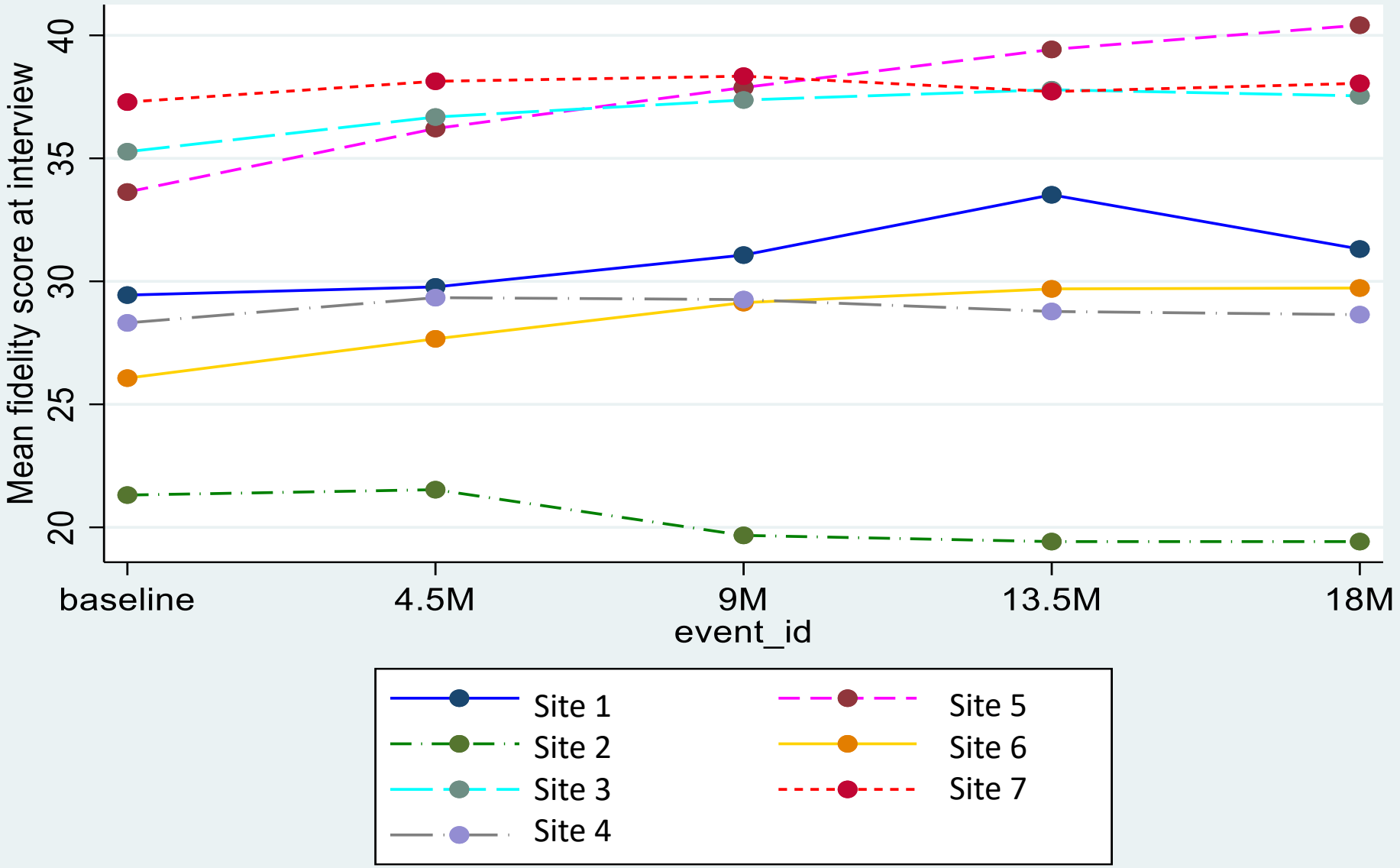
with 310 people, 5 times each



Implementation study

4 reports, every 6 months

Fidelity ratings



sur les services
autaires

Thank you!

Maryann Roebuck

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Canadian Mental Health Association
Ottawa
Mental health for all

Association canadienne pour la santé mentale
Ottawa
La santé mentale pour tous

Strengths Model Case Management at CMHA Ottawa

Teresa Meulensteen, MSW
Program Manager
CMHA Ottawa Branch

Housing First Forum
March 8, 2019

Strengths Model Principles

1. People with psychiatric disabilities can recover, reclaim and transform their lives

2. The focus is on the individual strengths rather than deficits

3. The community is viewed as an oasis of resources

4. The client is the director of the helping process

5. The case manager-client relationship is primary and essential

6. The primary setting for our work is the community

The Context Of Strengths Model Case Management

- Engagement
- Tools
- Recovery

What are Strengths?

Personal Attributes

friendly

Kind

Hard working

patient

talkative

honest

Willing to help

Skills/Talents

Good at math

Works on cars

Computer wiz

Arranges flowers

Good at budgeting

Great memory

Environmental Strengths

Was part of a church

Has a safe home

Dog Max is my best friend

My brother Bob

Crisis line-helps ground her

Interests and Aspirations

Wants to be in a band

Loves to fish

Wants to spend time with niece

Hopes to have a car

Likes to go to the movies

Strengths Model Tools

- Strengths Assessment
- Personal Recovery Plan
- Group Supervision
- Field Mentoring

Strengths Assessment

for _____

Current Strengths: What are my current strengths? (i.e. talents, skills, personal and environmental strengths)	**Individual's Desires, Aspirations:** What do I want?	**Past Resources – Personal, Social, & Environmental:** What strengths have I used in the past?
Supportive Relationships		
Wellness/Health		
Leisure / Recreational		

Personal Recovery Plan

For _____

My goal (This is something meaningful and important that I achieve as part of my recovery):

Why this is important to me:

What will we do today?(Measurable Short-Term Action Steps Toward Achievement)	Who is Responsible?	Date to be Accomplished	Date Accomplished	Comments:

The goal listed above is something important for me to achieve as part of my recovery. _____ My Signature Date	I acknowledge that the goal listed above is important to this person. Each time we meet, I will be willing to help this person make progress towards this goal. _____ Service Provider's Signature Date

Purpose of Group Supervision

- Support and affirmation
- Ideas
- Learning

Field Mentoring

- Field mentoring is a tool to help the case manager further develop and refine their use of skills and/or tools in actual practice.

- Hope Inducing Practices
- Naturally Occurring Resources

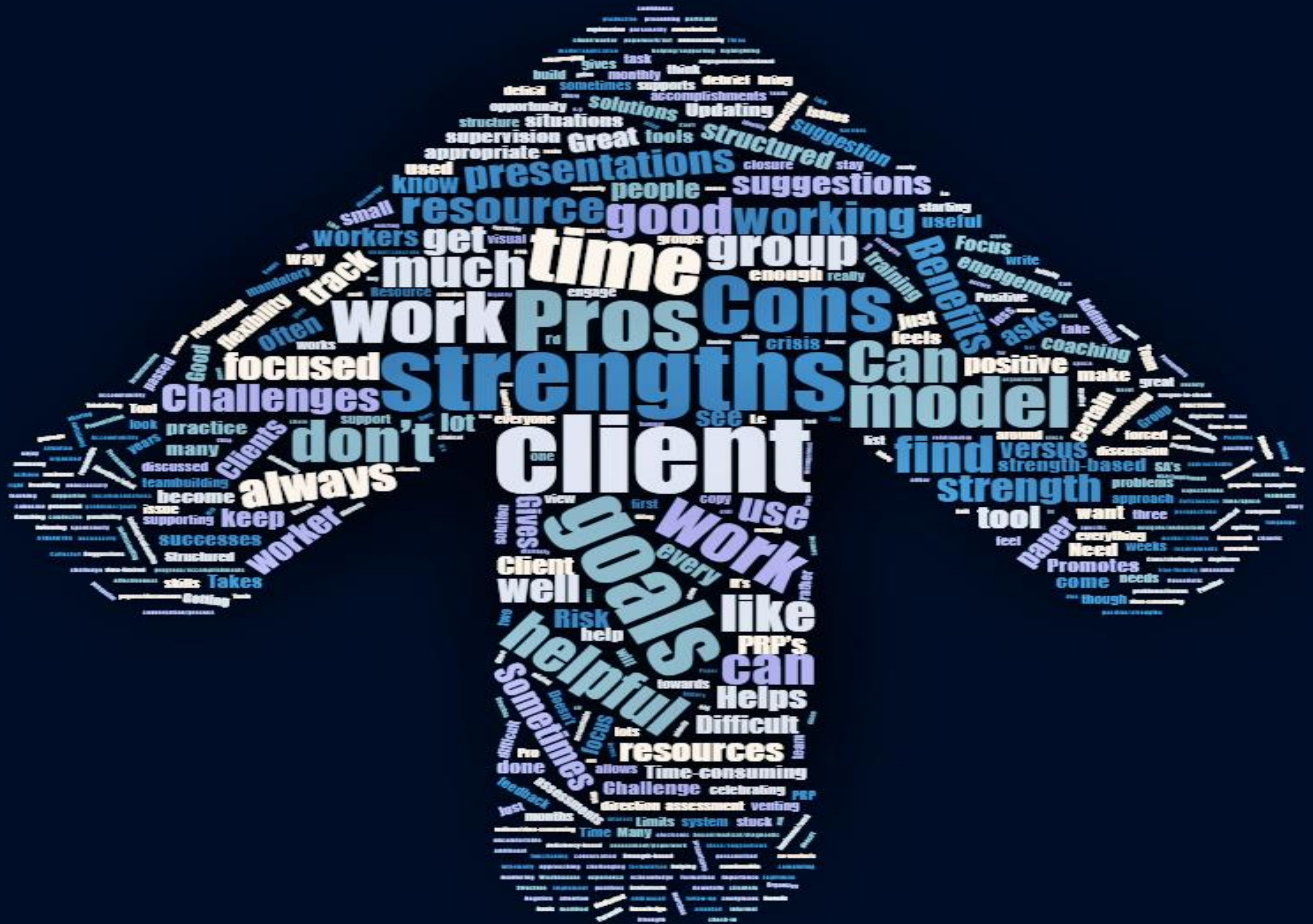
Implementation of SBCM at CMHA Ottawa

- Training
- Leadership Team
- Fidelity Assessments

SBCM at CMHA

- Benefits

- Challenges


strengths
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suggestions
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Challenge
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Great
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Updating
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Additional
issues


Thank you!