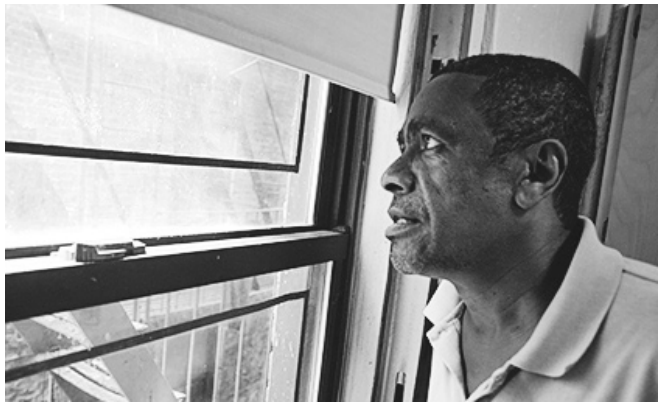
Rethinking Change

Measuring quality of life outcomes for Housing First residents in Portland, OR



Presented by Shannon M. Campbell, MPP 2014
Oregon State University

What is Housing First?

"Treatment First" programs—preparing clients to be "housing ready" through treatment, counseling, etc.; restrictions on sobriety, compliance

"Housing First" programs—giving permanent housing without sobriety or other kinds of restrictions, with treatment offered, not required

- *Radical model originating in early 1990s; very popular last decade*
- *Harm reduction approach*
- *Home as stable, secure foundation for change*

Our questions:

Does safe, stable housing, such as Housing First provides, without condition promote positive life change?

What does success look like?

Existing research

Costs, retention, and life outcomes

Large amount of research on cost-savings, retention

Emerging literature on substance abuse, mental health, quality of life—the lives of the residents

- *Findings generally either no change or positive change—few to none with negative change*
- *Need for more research—offering a contribution to a growing field*

Our study

(Mixed) methods

112 consenting residents in Portland-based agency, with tenure of one year or greater in the program

- 70% have used hard drugs at some point during their residency
- Nearly 100% have experienced trauma
- Over 50% have chronic or severe illnesses
- Over 50% report lack of external social support

Annual assessments from 2008 to present used to both construct longitudinal dataset (n=112) and gather qualitative information (n=26)

Areas included in the study

Examination of changes in the following:

- *Substance abuse: hard drugs, cannabis, and alcohol*
- *Mental health and risk of harm*
- *Physical health*
- *Employment*
- *Quality of life factors: relationships, self-care and life skills, personal goal achievement*

Examination of underlying themes common to improvement or lack thereof—important for policymakers/service providers

Trends in substance abuse and mental health

Why these?

Substance abuse and mental health are two of the defining characteristics of the chronically homeless population that is most frequently served

Co-occurrence frequently complicates engagement in regular programs

Not sole factors, but significant factors in quality of life

Measures

Substance abuse: two hard drug use variables generated from data

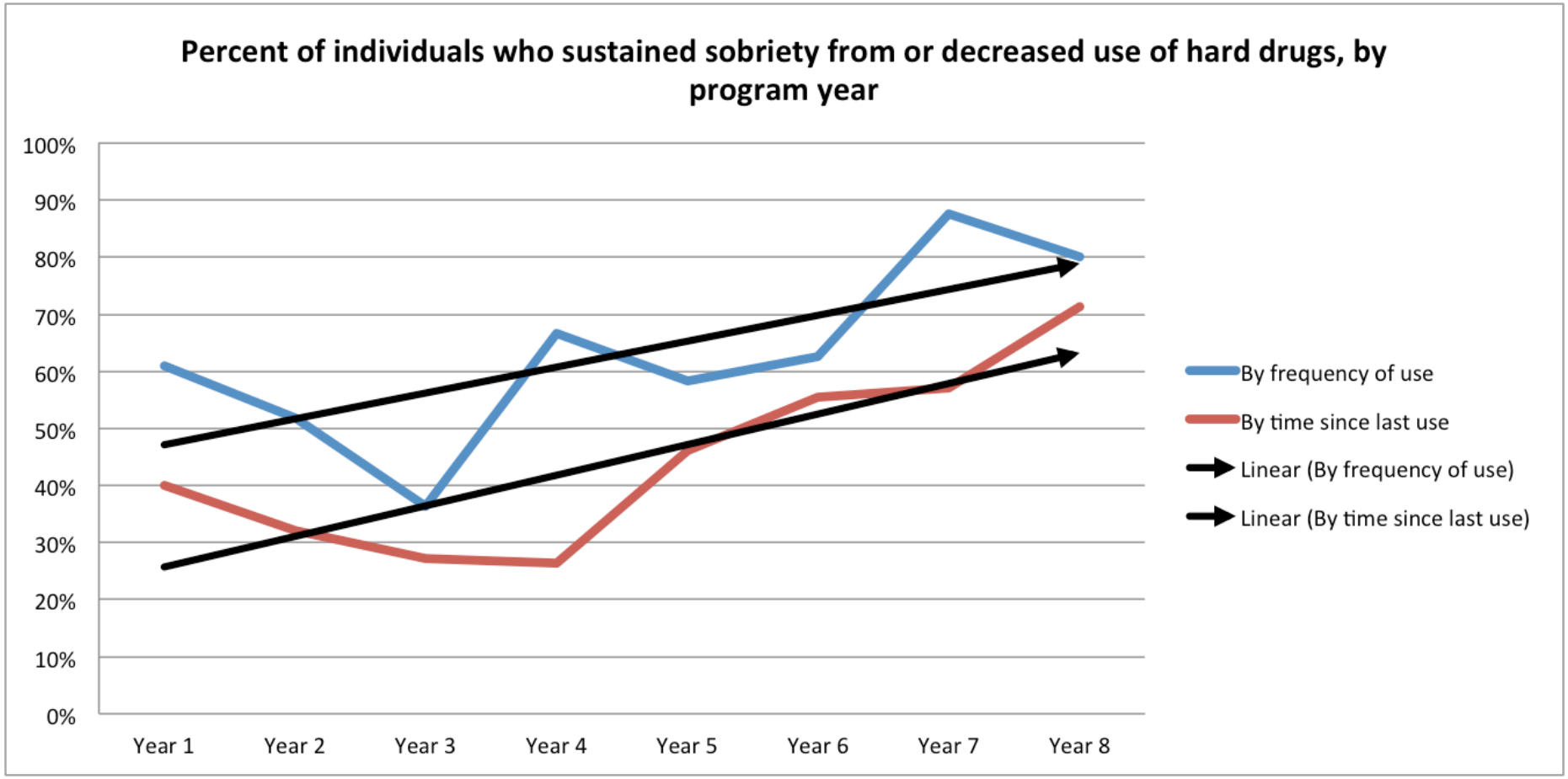
- *Frequency of use*
- *Date of last use*

Each created from collapsing cocaine, non-Rx opiates, non-Rx amphetamines, and other illicit substances into single category

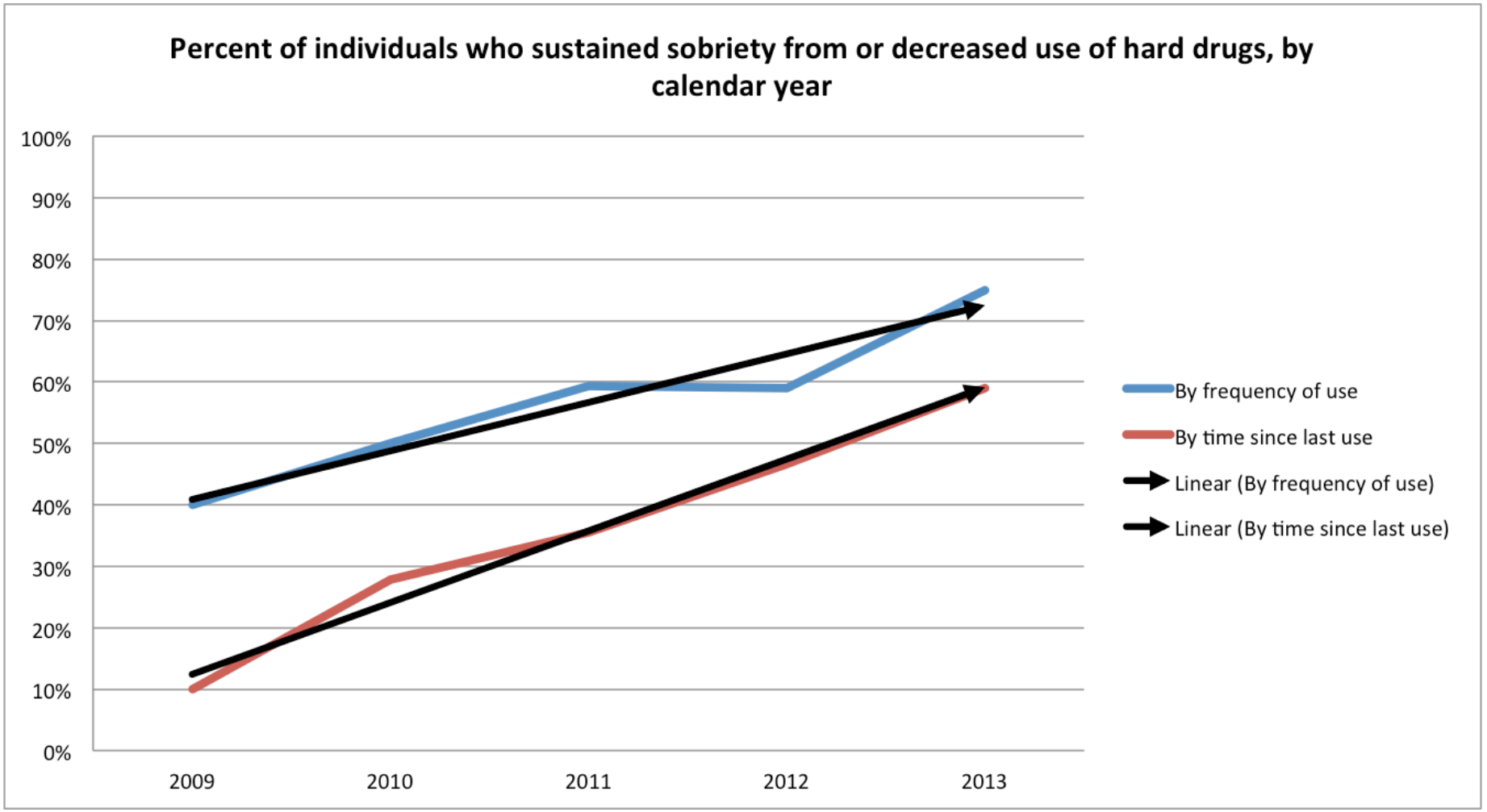
Mental health: the Global Assessment of Functioning (DSM-IV)—psychological, social, and occupational functioning

- *Removed from DSM-V, but considered valid for many years*
- *Consistent measurement from year to year—more data, less error*

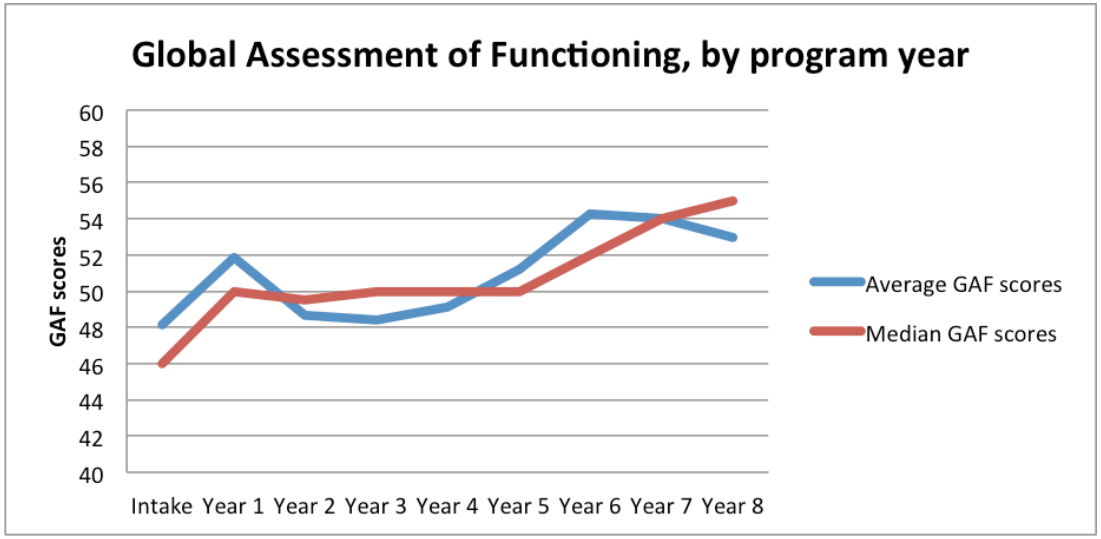
Annual trends: substance abuse by program year

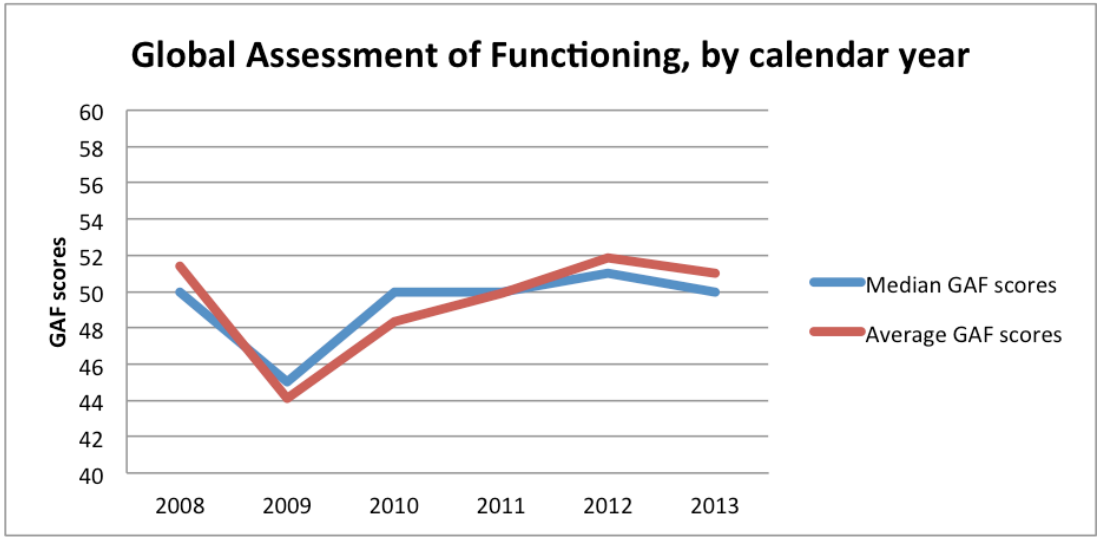


Annual trends: substance abuse by calendar year

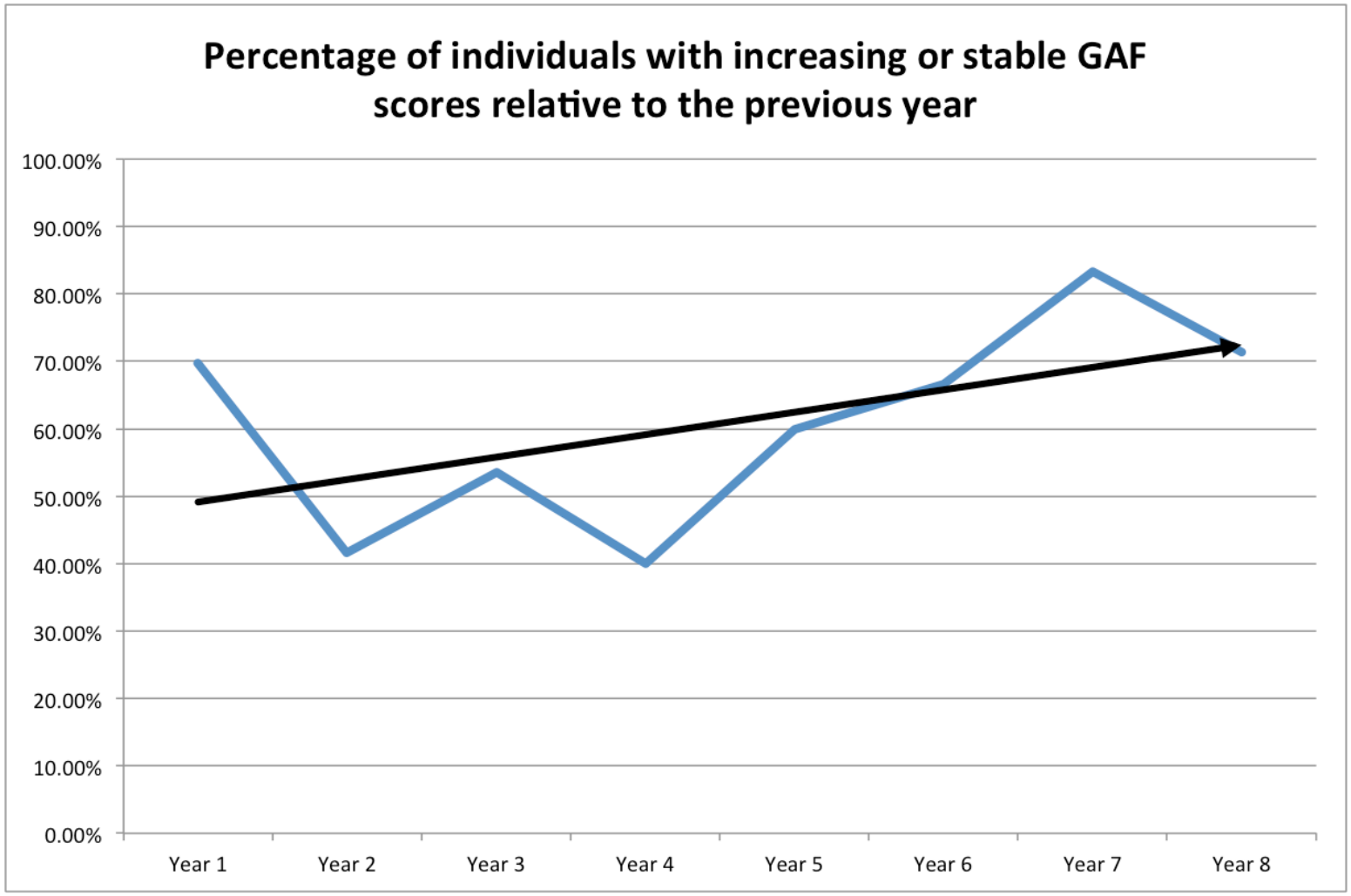


Annual trends: GAF averages and medians

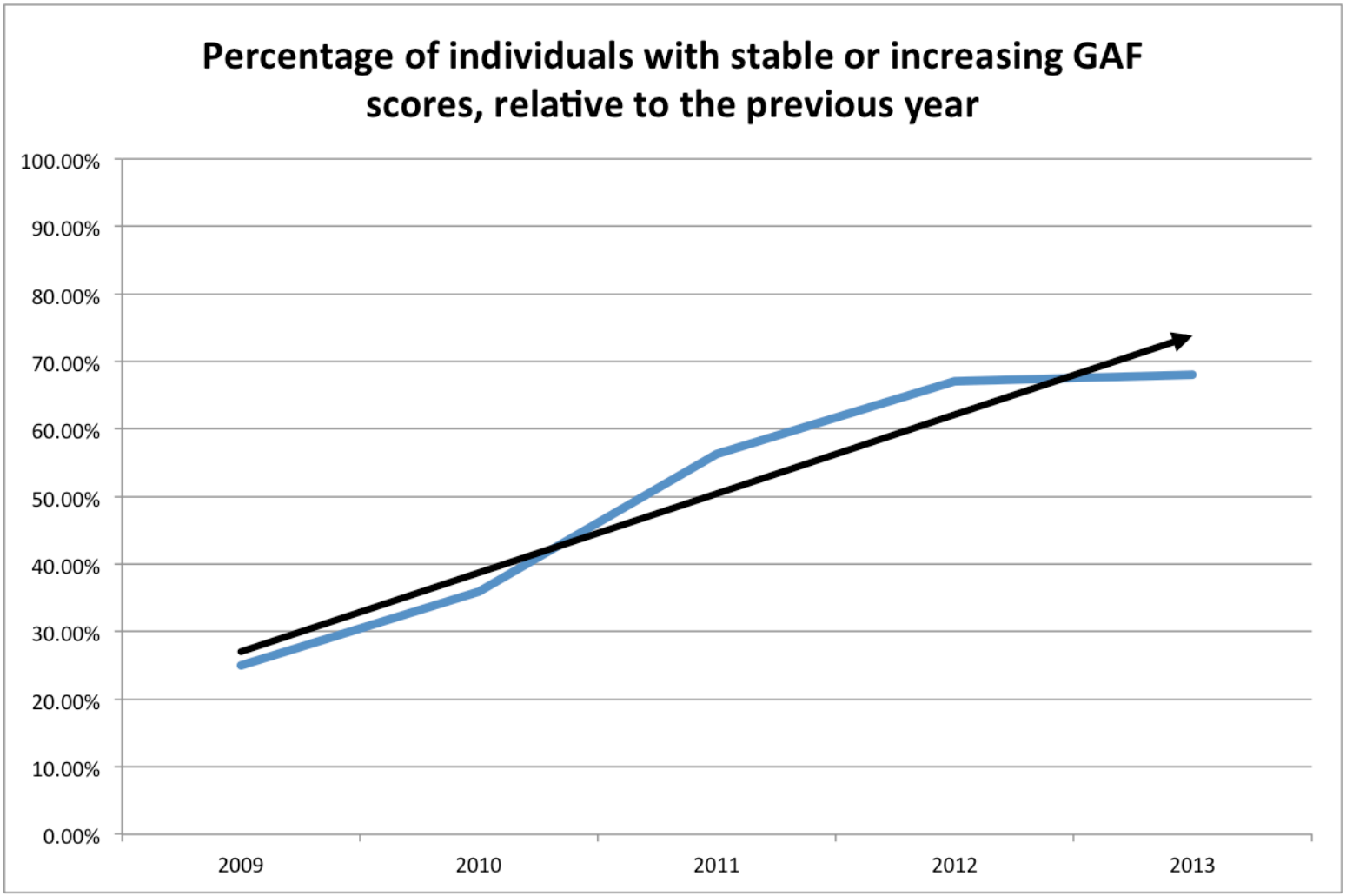




Annual trends: GAF by program year



Annual trends: GAF by calendar year



Expanding success: a final note

Brief points from qualitative study

1. Even some of those lacking improvement "by the numbers" were learning and improving in other areas, such as achieving small goals and exhibiting improved self-care

2. Others were potentially laying the groundwork for future improvements

    - Are small stepping stones *to* other changes changes in their own right?
    - Preparatory stages as part of process—may not see "measured" change right away; laying foundations for later, more measurable improvements

Qualitative, continued

- What are these foundations?
  - Themes of improvement included good self-awareness, belief in one's own ability to change, and social support; lack of improvement included inability to imagine/fear of a new life ("institutionalizing effect" of homelessness)
  - A number of those not improving are slowly developing these types of elements and building personal resources
- Research needed to further investigate individual trajectories over time and understand this particular population's process, as well as balance "conventional" outcomes with those more difficult to immediately see

Conclusions

Positive trends seen for Housing First participants in substance abuse and mental health functioning over time, by the numbers—contributing further to existing research

Worth considering other areas of life as well that are not as easily measured

Not everyone improves by the numbers at the same rate—but worth considering that some of those not improving are often taking steps in other areas, including those shown to lead to eventually lead to conventional success

Conclusions

Has shown need for new conversation on "success" and "failure"—especially in world of harm reduction approaches and where significant challenges exist

- One form of success may *not* always involve changed behavior right away—may look quite different
- Cannot ignore preparatory stages

Unique potential asset of this program—giving residents the space to self-reflect, move away from the fight for survival, and slowly develop the personal resources and environment necessary to begin the process without penalty

Strengths and limitations

Strengths

Logistics and comprehensiveness

- *Pre-existing data going back this far with near-standardized questions—beyond the time span usually studied*
- *Rich qualitative data alongside the quantitative*
- *Insight not often granted to researchers*

An additional perspective, adding more programmatic/geographic diversity

Limitations

No records from cases that dropped out during this time period

- *Implications of successful cases graduating*
- *Implications of dire cases leaving*

No control group—what would happen without intervention, or in another type of intervention?

Imperfect measurements

Self-reporting (as with most of these types of studies)