Housing as a Pathway: A Longitudinal Evaluation of Housing First Outcomes in Louisville, KY

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Carey Addison, M.A.
Stacy Deck, Ph.D.
Andy Patterson, Ph.D.
In 2008, Family Health Centers-Phoenix, a Health Care for the Homeless project in Louisville, KY received a five year SAMHSA Supportive Services in Housing Grant for the implementation of a Housing First project.

The project will have received approximately $2 million from SAMHSA between years 2008-2014 and has housed 144 homeless adults.
Project Evaluation

• SAMHSA requires its grantees to employ a project evaluator to track project outcomes as part of the Government Performance Results Act (GPRA).

• GPRA surveys are required of all participants at intake, six-months after entry, and at exit.

• GPRA results are used by the project evaluator biannually to track project outcomes.
Project Goals

• Provide permanent supportive housing to project participants (PSH).

• Project participants will experience sobriety and/or a reduction is substance abuse.

• Project participants will improve their emotional and physical well-being.

• Project participants will obtain stable employment and disability benefits.

• Project participants will reduce their involvement with the criminal justice system.
Challenges with GPRA Tool

• Challenges in addressing goals from appropriate perspective.
  - How do you measure substance use/mental health recovery in ways that capture the impact of harm reduction practices?

• GPRA relies on self-report. Discomfort answering questions can skew accuracy of responses (underreporting use).

• A six-month evaluation fails to address long-term nature of PSH. Housing is permanent and outcomes will not be immediate. Changes may reverse over time (honeymoon period).
Project Evaluation Opportunities

• Multi-dimensional questions allow outcomes to be examined from multiple perspectives.

• Flexibility of funding allows GPRA to be used to track outcomes beyond the 6-month follow-up requirement (follow-ups throughout a participant’s entire time in the project).

• Evaluation staff can tailor outcomes tracking to fit unique needs of project.
  - Consumer choice, fidelity to Housing First, etc.
Looking at Outcomes

• As of March 31, 2013, 104 project participants had completed GPRA follow-up surveys.

• This data provides the necessary elements to conduct a longitudinal analysis for participants in their first year of participation.
Number of Participants Reporting Alcohol Use

- **Any Use**: 66.7% decrease
- **Daily Use**: 15.2% increase
- **Binge Use**: 87.5% decrease
- **Daily Binge Use**: 15.0% increase
Participants Reporting Illegal Drug Use

- Any Drug Use: 5.0% decrease
- Marijuana: 14.3% increase
- Crack/Cocaine: 25.0% decrease
- Other Drugs: 33.3% decrease

Legend:
- Intake
- 6-Month
- 12-Month
Mean Days of Substance Use

- **Any Alcohol Use**
  - Intake: 18
  - 6-Month: 12
  - 12-Month: 10
  - 32.8% decrease

- **Binge Alcohol Use**
  - Intake: 16
  - 6-Month: 10
  - 15% decrease

- **Illegal Drug Use**
  - Intake: 15
  - 6-Month: 5
  - 50.6% decrease
Participants Experiencing Mental Health Symptoms

- Depression
- Anxiety
- Impaired Impaired Brain Function

Intake
6-Month
12-Month
Participants Reporting Daily Occurrence of Symptoms

- **Depression**: 61.5% decrease
- **Anxiety**: 26.7% decrease
- **Impaired Brain Function**: 22.6% decrease
Participants Reporting Emergency Room Use

- For a Physical Complaint: 48.1% decrease
- For Mental or Emotional Difficulties: 85.7% decrease
- For Alcohol or Substance Abuse: 20% decrease
Participants with Income

- **Wages**
  - 5.0% decrease

- **Disability**
  - 88.0% increase

Bar chart showing:
- Intake
- 6-Month
- 12-Month
Criminal Involvement

- Participants Arrested
  - Stayed in Jail/Prison

- 80.0% decrease
- 61.5% decrease

- Intake
- 6-Month
- 12-Month
Opportunities

• Allows for data-driven clinical improvements.
  - Identify trends and challenges in recovery (when is relapse likely to occur).

• Strengthens organizational capacity to raise funds for the service continuation/expansion.
  - Second $1.5 million SAMHSA grant awarded in 2011
  - Previous data used to set targets for new grant.

• Provides opportunities for publicity and examples to other providers.
Obstacles/Barriers to Evaluation

• Expense of long-term data collection.
  - Grant expiration date: September 30, 2013
  - One-year extension

• Failure to follow-up with discharged participants.
  - Results may be biased because we don’t know what happened to those who did not make it to 12-month follow-up.

• Further research required to explain trends.
Housing: Incentive? Or Solution?

All Things Considered, 3/31/09

Source: www.housingfirst.fi/files/1272/373/Housing_First.jpg
Housing First Makes National Headlines...

“The move is indicative of area social-service providers' growing use of the Housing First model, a national standard used to identify and get aid to the most vulnerable homeless men and women.” (7/25/13)

“Joe Lhota, the leading Republican candidate, is endorsing the proposal by the Housing First coalition—a plan that would require a $356 million annual increase over the city's current spending projections.” (8/13/13)

“Initial findings on 'housing first' programs, such as Project 50 in Los Angeles, show that they may be a solution to chronic homelessness and possibly save taxpayer money.” (8/15/10)
... and the Hometown News!

Homeless project puts housing first
Radical approach pays off

11:02 PM, Jan. 20, 2011

Louis E. Franklin was living in an emergency shelter - unable to find a permanent job or home for more than three decades - when Louisville advocates for the homeless helped set him up in a subsidized apartment in Crescent Hill about five months ago.

After years of wandering the country, working odd jobs and fighting an alcohol problem, "I'm out of the chaos," Franklin said.

The 58-year-old is part of an innovative two-year-old Louisville program designed to get chronically homeless people into permanent housing even if they haven't conquered problems, such as alcoholism, that had left them...
Growing Body of Evidence Informs Practice Nationwide
SAMHSA Spotlight


Spotlight: Housing First Works

Author(s): CHAB Staff

Tags: kentucky | Housing First | Co-occurring Disorders | Recovery | grantee spotlight

Description: Family Health Centers-Louisville Housing First Project for Homeless Adults (Housing First), of Louisville, Kentucky, was awarded a SAMHSA treatment for the homeless grant on September 30, 2008. Housing First is a consumer driven EBP that emphasizes the provision of housing as the first priority of treatment for homeless persons with mental health and/or substance abuse disorders (co-occurring disorders). Because a stable living environment is viewed as essential for meaningful recovery, housing is provided independent of mental health, substance abuse, and other services. Staff also practice Motivational Interviewing to encourage participants to explore their ambivalence about substance abuse and other problems and develop independent paths to recovery.

Content:

Family Health Centers, Inc.

Housing First participants work with case managers to find scattered site private market apartments where they live independently. In addition to case management, participants receive access to a range of substance abuse and mental health treatment options that assist them in pursuing...
Partners

St. John Center for Homeless Men

Louisville Coalition for the Homeless

University of Louisville Hospital

Kentucky Housing Corporation

University of Louisville Hospital

Priority Housing"
SAMSHA Grant Oversight/Steering Committee

Family Health Center - Phoenix

- Permanent Supportive Housing Consumer
- Wellspring Mental Health
- Bridgehaven Mental Health
- Jefferson Alcohol & Drug Abuse Center
- Louisville Metro Housing Authority
- St. John Day Center for Homeless Men
- KY Cabinet for Health & Family Services
- KY Department of Veterans Affairs
- Housing & Homeless Coalition of KY
- Hasken Properties
- Louisville Metro Social Services
- Louisville Coalition for the Homeless
- SAMSHA
- Spalding University
- Louisville Downtown Management District
Questions?

Research-Informed Practice

Practice-Informed Research