

## Housing programs and case management for reducing homelessness

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## The review team

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## Objective

### To assess the

- ...effectiveness of various combinations of housing programs and case management
- ...cost-effectiveness of the effective alternatives.

## Participants

### People

- ...with no permanent residence: sleeping outdoors, on the streets, in campsites, shelters etc
- ...with no housing arrangement in near future after release from institutions
- ...living temporarily with relatives or friends,
- ...having short-term subletting contracts and having applied for housing assistance

## Intervention

### Housing program

- *Supported housing*: landlord's housing control, integration, continued tenancy not contingent on abstinence & treatment participation, no live-in staff
- *Continuum housing*: health provider's housing control, segregation, continued tenancy contingent on abstinence & treatment participation, live-in staff

### Case management

- Brokered CM
- Clinical CM, ICM, ACT, CTI, etc

## Control and design

### Effectiveness

RCTs or QEs with matched groups at baseline

Control groups: "no intervention", "waiting lists", "usual care", or specific interventions

Only studies including data on individuals or nuclear families

### Economic evaluations

Full economic evaluation (e.g. cost-benefit analysis and cost-effectiveness analysis)

Partial economic evaluations (e.g. cost analyses, cost-comparison studies, cost-outcome descriptions)

Studies with detailed information about the intervention being evaluated will be reviewed for data about resource utilization

## Primary outcome measures - effectiveness

...related to homelessness or residential stability

literal homelessness, marginal housing, institution, stable housing

...minimum follow up is 12 months after intake

Continuous data:

*mean number* or *mean proportion* of nights in a specific housing situation during defined period

Dichotomous data:

*number* of persons or *proportion* of persons in different housing situations at particular point of time

## Primary outcome measures – economical data

Quantities of resources required to implement and sustain them (resource inputs)

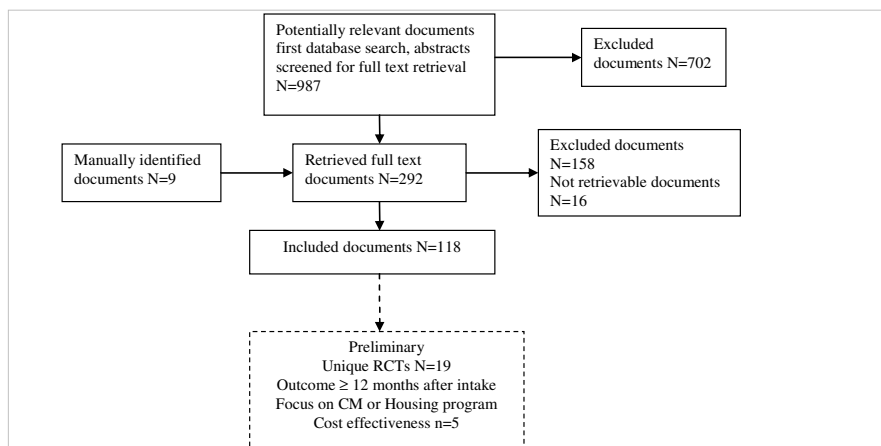
Value of resource inputs (costs) required to implement and sustain them

their impact on subsequent use of resources and costs (i.e. downstream costs and/ or downstream cost savings)

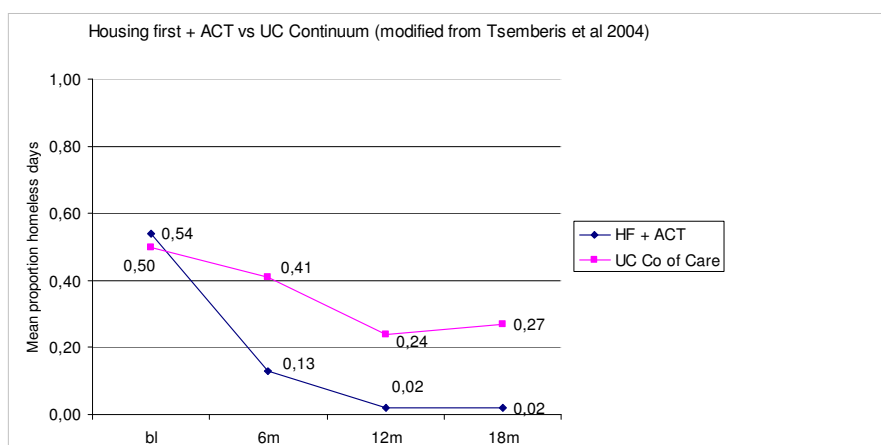
Value of intermediate and/ or final outcomes

their impact on overall levels of economic welfare in society

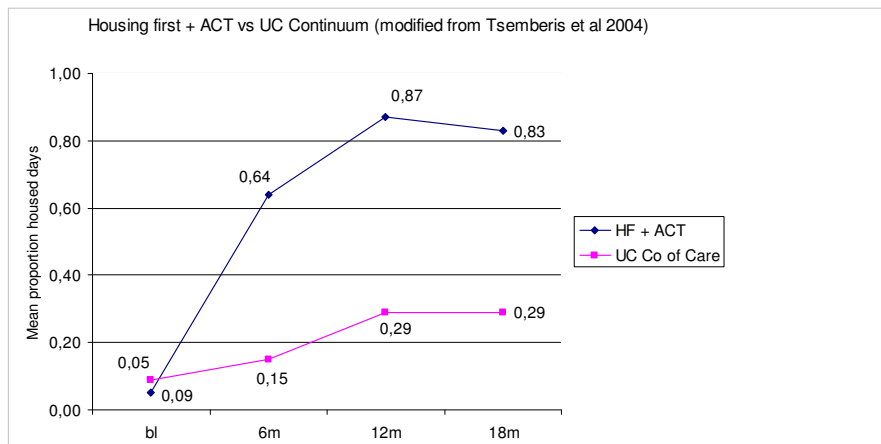
## Preliminary search: emphasis on sensitivity



## Housing First and ACT vs. UC for homeless persons with Mental Illness & Substance Abuse



## Housing First and ACT vs. UC for homeless persons with Mental Illness & Substance Abuse



## Housing First and other strategies

### Housing First

Impressive results

Critical questions?

Assertive community treatment?

Housing program?

Control – who?

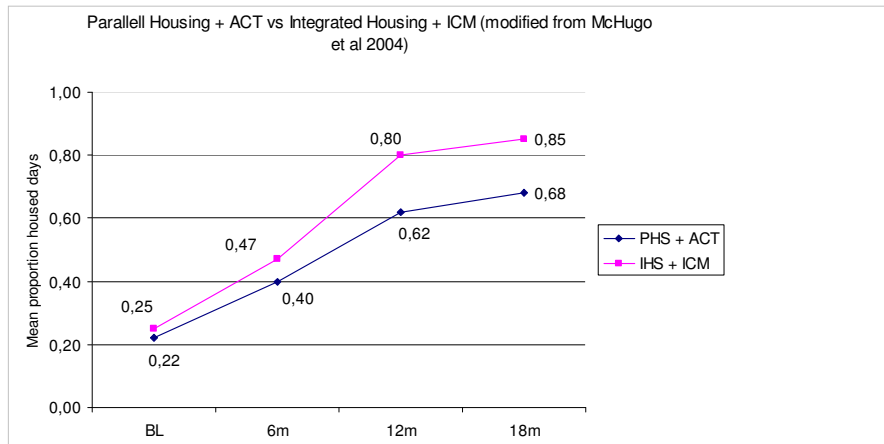
Integrated or segregated housing?

Continued tenancy – abstinence & treatment?

Live-in staff?

Relative importance? Interaction?

## PHS + ACT vs. IHS + ICM for homeless persons with Mental Illness



## Housing – Section 8 Vouchers or not

Results at 24 months after intake (modified from Wood et al 1998)

Treatment: Section 8 (comprehensive CM + standard CM)

Control: Not Section 8 (comprehensive CM + standard CM)

Stable housing:

RD 0.13; CI 95% 0.03 ↔ 0.23

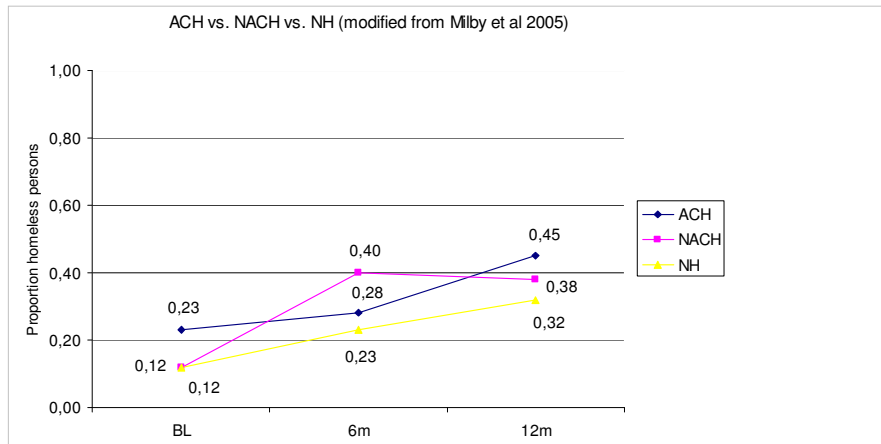
Variable housing:

RD 0.09; CI 95% 0.02 ↔ 0.17

Unstable housing:

RD -0.22; CI 95% -0.31 ↔ -0.14

## Abstinent Contingent Housing (ACH) vs. NACH vs. NH for homeless persons with Mental Illness and Substance Abuse



## Case management

**Duration:** brief and time limited or ongoing and open-ended

**Intensity:** frequency of client contact and client-staff ratios

**Focus:** narrow and targeted or comprehensive

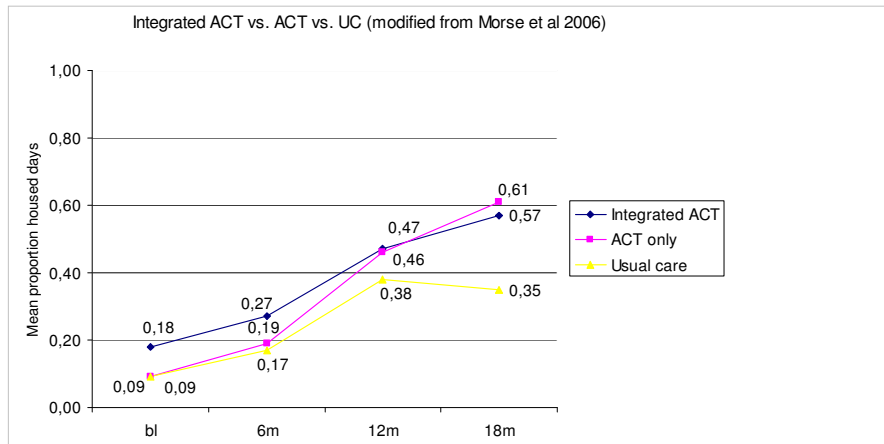
**Resource responsibility:** system gatekeeper responsible for limiting service utilization or client advocate responsible for increasing access or utilization of services

**Availability:** scheduled office hours or 24 hours and seven days availability

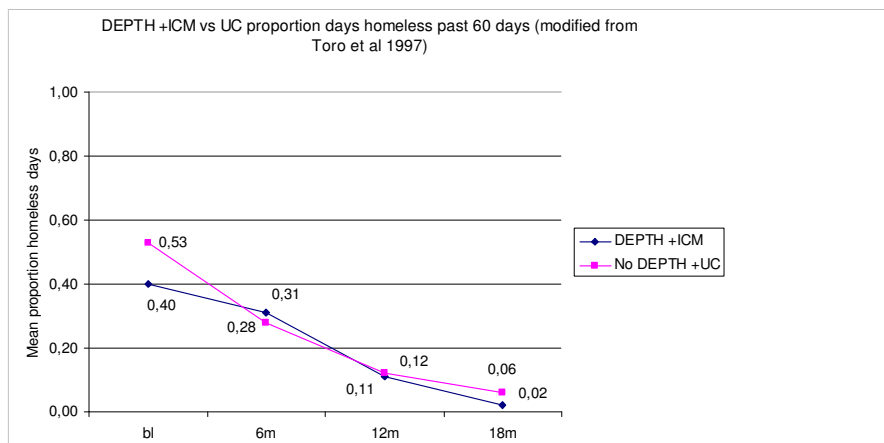
**Location:** all services delivered in office or all delivered in vivo

**Staffing ratios & composition:** individual caseloads or interdisciplinary teams with shared caseloads

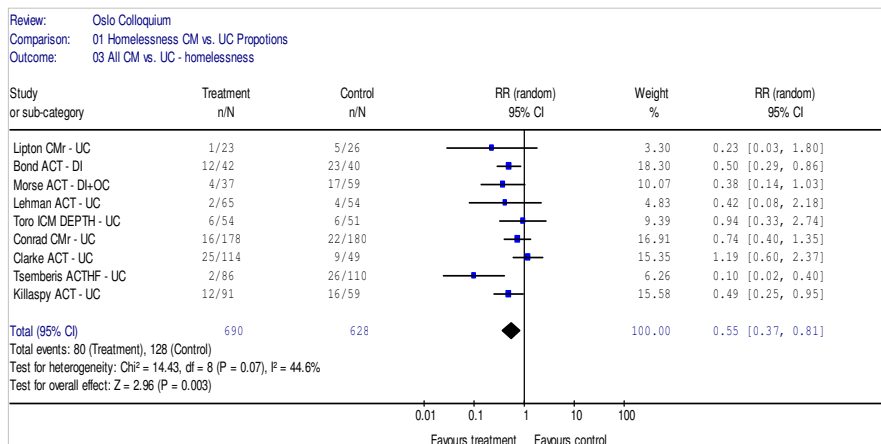
## Integrated ACT vs. ACT vs. UC for homeless persons with Mental Illness & Substance abuse



## Demonstration Employment - Project Training & Housing + ICM vs. UC for homeless persons



## Meta-analysis (example): various CM vs. UC



## Dilemmas

### *Populations*

homeless, mental illness, substance abuse

### *Interventions*

unstable, interventions within interventions, within contexts

### *Control*

specific interventions, usual care, no interventions

### *Outcome*

various residential status, non-identical definitions, varying follow-ups