



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

The At Home / Chez Soi Demonstration Project

Tim Aubry, Ph.D., C.Psych
School of Psychology & CRECS, University of Ottawa

**Calgary Homelessness Foundation,
Research Forum on Datasets
May 4, 2016**



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Design of Study

Open Access

Protocol

BMJ
open

The At Home/Chez Soi trial protocol: a pragmatic, multi-site, randomised controlled trial of a Housing First intervention for homeless individuals with mental illness in five Canadian cities

Paula N Goering,¹ David L Streiner,^{2,3} Carol Adair,⁴ Tim Aubry,⁵ Jayne Barker,⁶ Jino Distasio,⁷ Stephen W Hwang,⁸ Janina Komaroff,⁹ Eric Latimer,¹⁰ Julian Somers,¹¹ Denise M Zabkiewicz¹²

To cite: Goering PN, Streiner DL, Adair C, et al. The At Home/Chez Soi trial protocol: a pragmatic, multi-site, randomised controlled trial of a Housing First intervention for homeless individuals with mental illness in five Canadian cities. *BMJ Open* 2011;1:e000323. doi:10.1136/bmjopen-2011-000323

► Prepublication history for this paper is available online. To view these files please visit the journal online (<http://bmjopen.bmj.com>).

Received 19 August 2011
Accepted 30 September 2011

This final article is available for use under the terms of the Creative Commons Attribution Non-Commercial 2.0 Licence; see <http://bmjopen.bmj.com>

For numbered affiliations see end of article.

ABSTRACT

Introduction: Housing First is a complex housing and support intervention for homeless individuals with mental health problems. It has a sufficient knowledge base and interest to warrant a test of wide-scale implementation in various settings. This protocol describes the quantitative design of a Canadian five city, \$110 million demonstration project and provides the rationale for key scientific decisions.

Methods: A pragmatic, mixed methods, multi-site field trial of the effectiveness of Housing First in Vancouver, Winnipeg, Toronto, Montreal and Moncton, is randomising approximately 2500 participants, stratified by high and moderate need levels, into intervention and treatment as usual groups. Quantitative outcome measures are being collected over a 2-year period and a qualitative process evaluation is being completed. Primary outcomes are housing stability, social functioning and, for the economic analyses, quality of life. Hierarchical linear modelling is the primary data analytic strategy.

Ethics and dissemination: Research ethics board approval has been obtained from 11 institutions and a safety and adverse events committee is in place. The results of the multi-site analyses of outcomes at 12 months and 2 years will be reported in a series of core scientific journal papers. Extensive knowledge exchange activities with non-academic audiences will occur throughout the duration of the project.

Trial registration number: This study has been registered with the International Standard Randomised Control Trial Number Register and assigned ISRCTN42520374.

ARTICLE SUMMARY

Article focus

- An evaluation of the cost-effectiveness of Housing First in comparison to treatment as usual for homeless adults with mental illness in five Canadian cities with a 2-year follow-up.
- Primary outcomes include housing stability, quality of life and social functioning.
- The correlates of different trajectories and the critical ingredients of the intervention for sub-populations will also be investigated.

Key messages

- The first and largest multi-site trial of this complex housing and support intervention will provide information about implementation and outcomes.
- The addition of site specific intervention arms to a core common protocol will allow investigation of innovative adaptations that are tailored to local context.
- The inclusion of a broader homeless population receiving a less intensive service model will increase the policy relevance of findings.

Strengths and limitations of this study

- A larger sample size (n=2500) and a wider range of outcome variables than in previous trials are strengths of this study.
- This study utilises a concomitant mixed methods process evaluation that includes fidelity assessments.
- Variation in sample characteristics and in treatment as usual across five cities may limit opportunities for aggregate analyses.



Design of Study

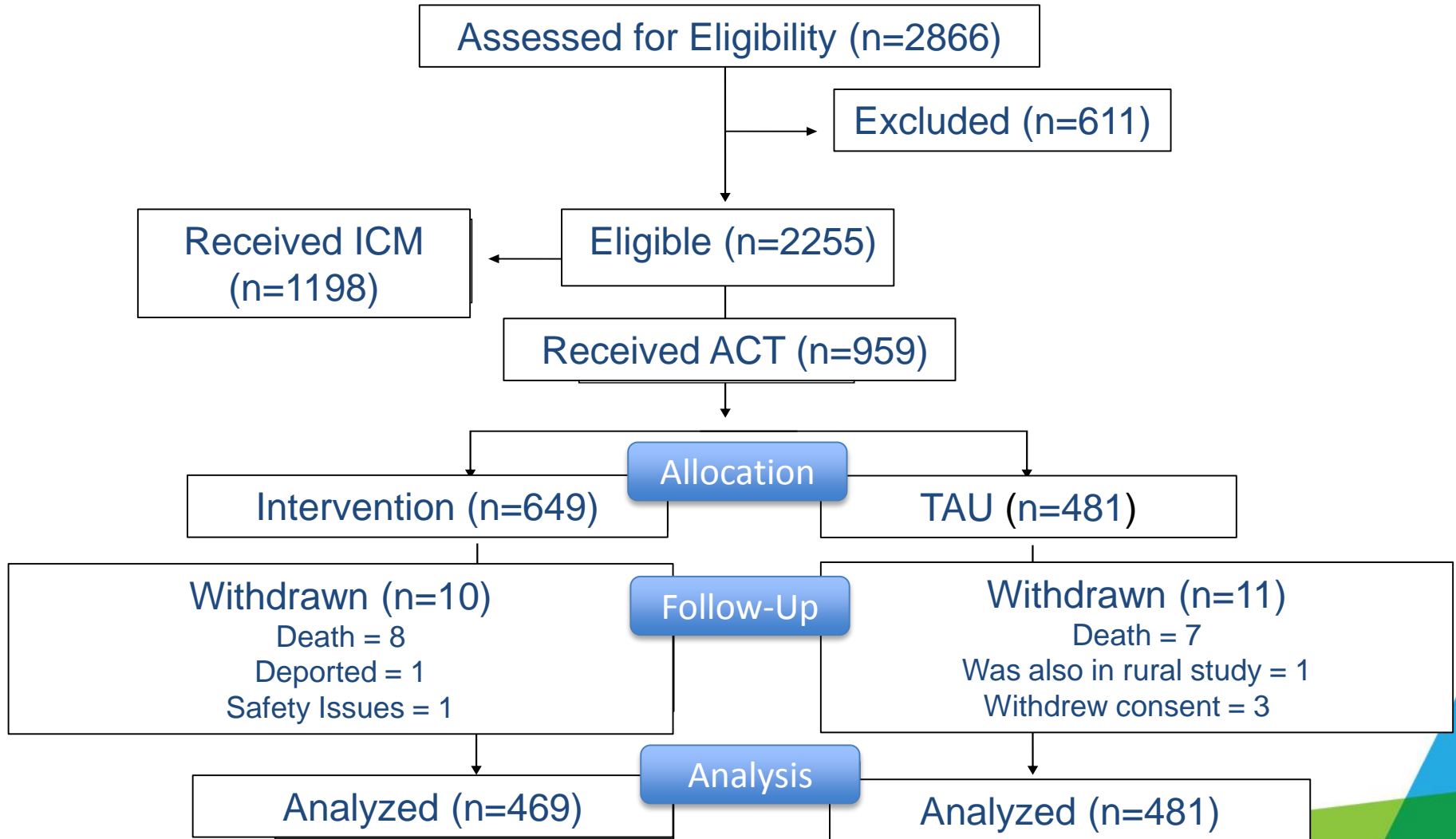
- Pragmatic, multi-site, randomized, mixed methods field trial in five sites across Canada (Vancouver, Winnipeg, Toronto, Montreal, & Moncton)
- Non-blind parallel-group RCT
- Investigation of effectiveness and cost-effectiveness of **Housing First** in Canadian contexts
- Two fidelity assessments, two implementation evaluations
- Model being tested with support at two levels of intensity (high needs = ACT) (moderate needs = ICM) vs. usual care

Eligibility Criteria

- (1) Legal adult status
- (2) Absolutely homelessness or precariously housed
- (3) Mental disorder with or without a co-existing substance use disorder
- (4) legal status as a Canadian citizen, landed immigrant, refugee or refugee claimant.



CONSORT Diagram for High Needs Groups



Key Outcome and Process Domains

Domain	Variables	Instruments
Housing	Stability, perceived and observer-rated quality	Residential Time-Line Follow-Back Inventory*; Perceived Housing Quality; Purpose-developed observer-rated Housing Quality
Functioning	Community Integration, recovery, vocational attainment, independent living, response to stress, money management, social, etc.	Multnomah Community Ability Scale; community integration scales, Recovery Assessment Scale, Vocational Time-Line Follow-Back*
Quality of Life	Generic quality of life and health-related quality of life	Quality of Life Index; EQ-5D; SF-12; SF-6D; Qoli-20
Health	Physical, mental, substance use	EQ-5D Visual Analog Scale; Colorado Symptom Index; Global Assessment of Individual Needs – Substance Problems Scale
Service Use and Costs	Healthcare, social services and justice system use and costs	Health, Social, and Justice Service Use Inventory*; Administrative data from provincial government sources



Sample Characteristics

Characteristic	ACT Analysis (N=2148) %	ICM Analysis (N=1198) %	Total (N=2149) %
Age Group: 34 or younger	39	29	33
35-54	54	59	57
55 or older	7	12	10
Male gender	68	66	67
Born in Canada	85	78	81
Aboriginal	19	24	22
Other Ethnocultural	21	28	25
Never married	73	68	70
Not a high school graduate	59	52	55



Sample Characteristics

Characteristic	ACT Analysis (N=950) %	ICM Analysis (N=1198) %	Total (N=2148) %
Psychotic disorder	52	22	34
Substance-related problems	73	62	67
Total time homeless in lifetime in months (lowest and highest)	62 (0-460)	55 (0-720)	58 (0-720)
Longest period of homelessness in months (lowest and highest)	34 (1-384)	29 (0-360)	31 (0-384)
2 or more hospitalizations for mental illness in past 5 years – N (%)	54	24	37
Justice System Involvement (arrested > once, incarcerated or served probation in prior 6 months)	43	30	36



Actual Attrition

NATIONAL	COMPLETED FINAL INTERVIEW		
	NO	YES	%
TAU in ACT analysis	112	369	77%
HF in ACT analysis	58	411	88%
TAU in ICM analysis	115	394	77%
HF in ICM analysis	73	616	89%
All TAU	227	763	77%
All HF	131	1027	89%
Study Total	358	1790	83%



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Qualitative Data: Consumer Narrative Interviews

- 10% of the total sample participated in consumer narrative interviews
- Participants interviewed at baseline and 18-months
- N=219 at baseline; N=197 (90%) at 18-months
- Baseline interview focused on life before study
- 18-month interview focused on life changes in 13 areas – e.g., typical day, education, work, housing, health, substance use, relationships

Accessing the Database

- Applicants must be eligible to hold a research grant, and submit to a Canadian Research Ethics Board (REB)
 - Proposed analysis should be in keeping with the general intent of the original study
 - Applicants are encouraged to include one or more AHCS investigators on their project team
1. Submit an application to the **Data Access Committee (DAC)**, including information about your research team, funding source, REB submission, and proposed analysis
 2. After receiving DAC and REB approval, submit a **Data Request Form** describing the data you require, and complete a **Data Sharing and Use Agreement**

Contact Carol Adair ceadair@ucalgary.ca for further information.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

At Home/Chez Soi National Research Team

Paula Goering, CAMH, U. of Toronto - Lead

Carol Adair, University of Calgary

Tim Aubry, University of Ottawa

Eric Latimer, Douglas Hospital, McGill University

Geoff Nelson, Wilfrid Laurier University

Myra Piat, Douglas Hospital, McGill University

David Streiner, McMaster University

Sam Tsemberis, Pathways to Housing, Inc.

Sanjeev Sridharan, St. Michaels Hospital, U. of Toronto



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

At Home/Chez Soi Local Leads and Local Qualitative Implementation Leads

Moncton: Tim Aubry, University of Ottawa; Jimmy Bourque, Université de Moncton

Toronto: Stephen Hwang, St. Michael's Hospital, University of Toronto; Vicki Stergiopoulos, St. Michael's Hospital, University of Toronto; Pat O'Campo, St. Michael's Hospital, University of Toronto

Montreal: Eric Latimer, Douglas Hospital, McGill University; Marie-Josée Fleury, Douglas Hospital, McGill University; Catherine Vallee, Université Laval

Winnipeg: Jino Distasio, University of Winnipeg; Jitender Sareen, University of Manitoba; Scott McCullough, University of Winnipeg

Vancouver: Julian Somers, Simon Fraser University; Michael Krausz, University of British Columbia; Jim Frankish, University of British Columbia; Michelle Patterson, Simon Fraser University

At Home / Chez soi: Acknowledgements

- **At Home/Chez Soi Project Team:**
- **National Project Lead** – this position was held by Jayne Barker, Ph.D. from 2008-2011 (formerly with the Mental Health Commission of Canada). The current project lead is Cameron Keller, VP Mental Health and Homelessness, Mental Health Commission of Canada
- **National Research Lead** - Paula Goering, RN Ph.D., Centre for Addiction and Mental Health and University of Toronto
- **Project Team** - also includes approximately 40 investigators from across Canada and the U.S. In addition there are 5 site coordinators (in each city where the study is carried out) and numerous lead service and housing providers as well as persons with lived experience.
- ***Production of this presentation has been made possible through a financial contribution from Health Canada. / La production de cette présentation est rendue possible grâce à une contribution financière de la part de Santé Canada. The views expressed herein solely represent the presenters.***