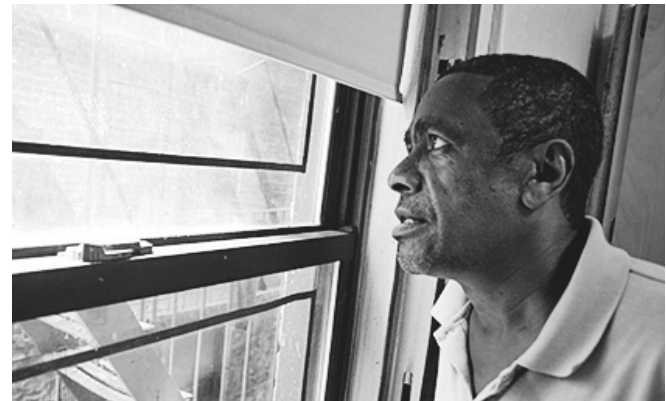# Rethinking Change

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

Shannon M. Campbell, MPP 2014
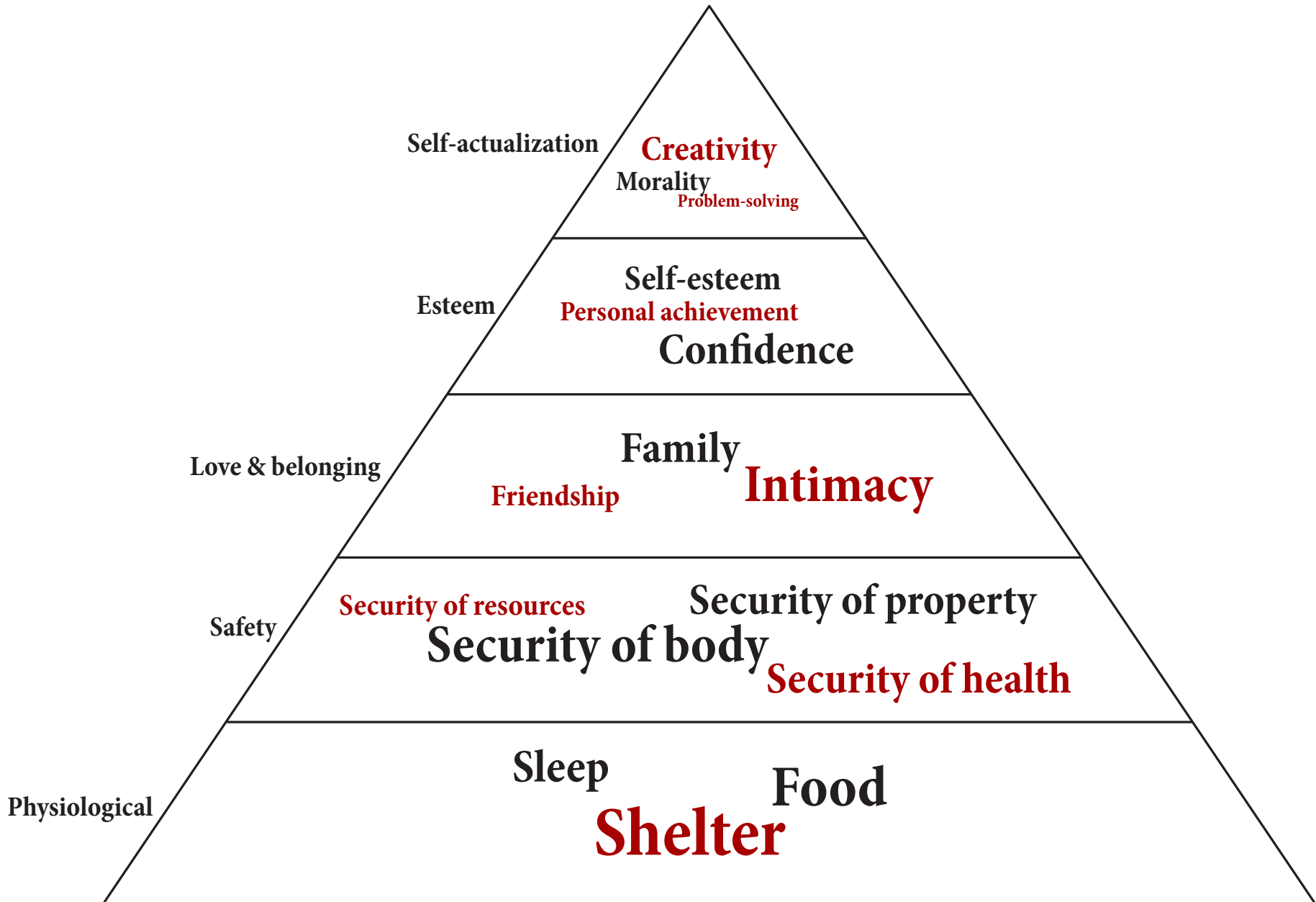*Oregon State University*

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

- *Harm reduction approach*
- *Home as stable, secure foundation for change*
    - *Maslow's hierarchy*

Self-actualization
Creativity
Morality
Problem-solving

Esteem
Self-esteem
Personal achievement
Confidence

Love & belonging
Family
Friendship
Intimacy

Safety
Security of resources
Security of property
Security of body
Security of health

Physiological
Sleep
Food
Shelter

What is Housing First?

Radical model originating in early 1990s; very popular last decade

- *Subverts norms of welfare, assistance*

- *Interesting rise under second Bush administration, with creation of chronic homelessness and casting as economic problem*

  - *Economic problem, economic solution*

  - *Attention not normally given to homelessness issues*

- *Importance of this study: cost-savings versus life outcomes*

- *Programs must <u>benefit the participants for whom they are intended</u>*

The questions:

Does safe, stable housing without condition, such as Housing First provides, 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*

This study

(Mixed) methods

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

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

The population:

- 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

Areas included in the study

Examination of changes in the following:

- *Substance abuse: hard drugs*

- *Mental health and functioning*

- *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
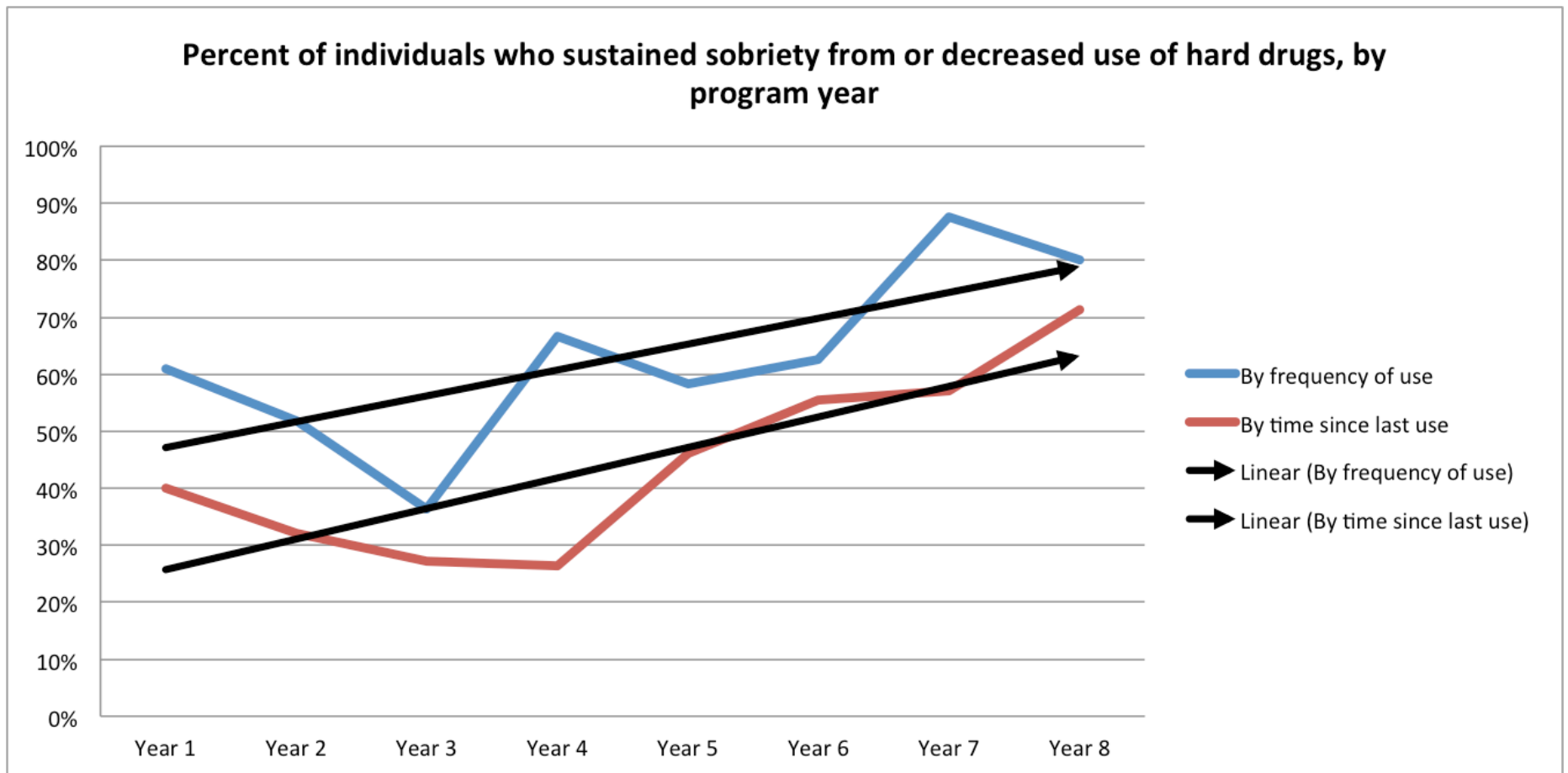
Trends in substance abuse

Measures

Substance abuse: two hard drug use variables generated from data
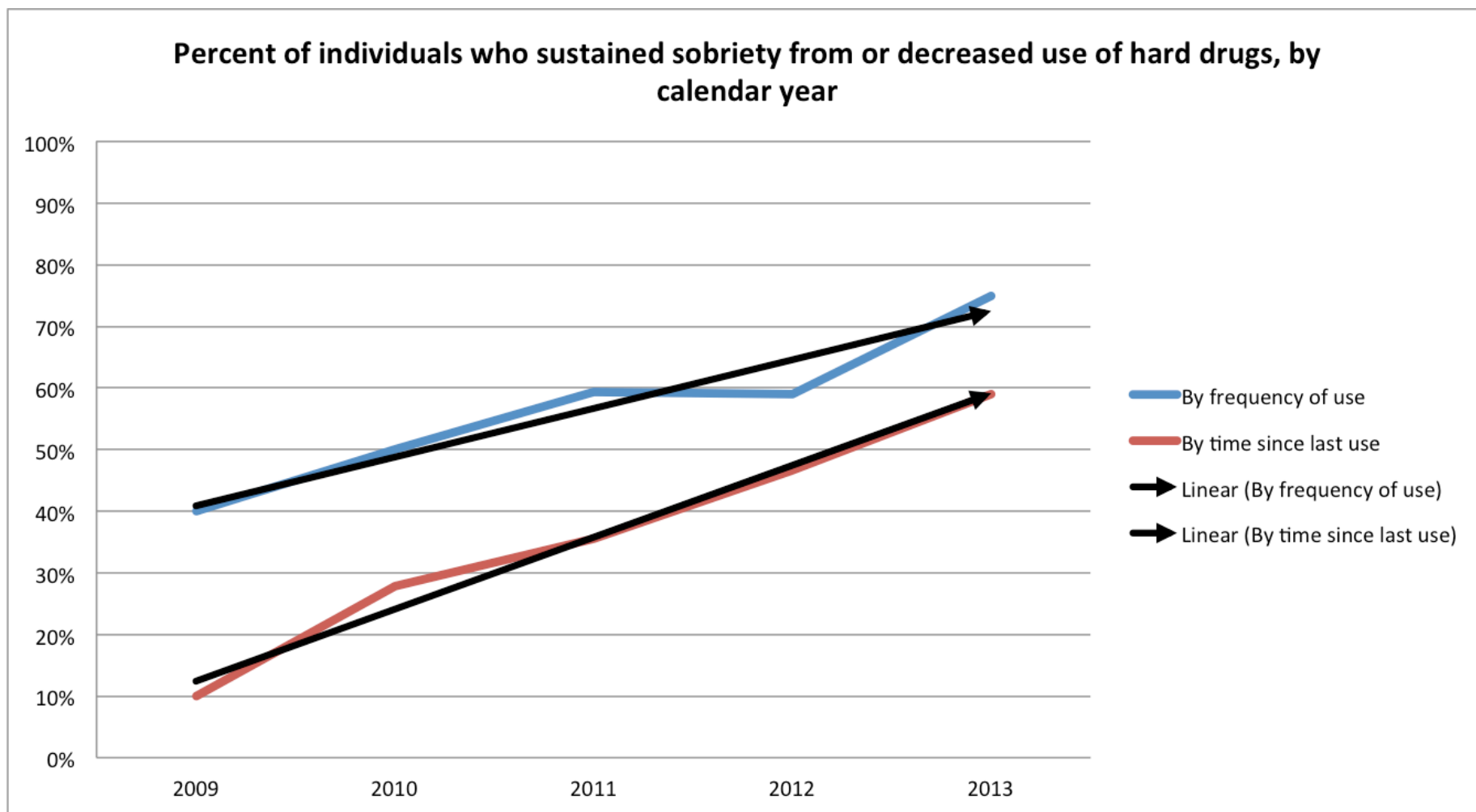
- *Frequency of use*
  - *Six-point ordinal scale from less than once per month to daily*
- *Date of last use*
  - *Six-point ordinal scale from more than one year ago to within last 24 hours*

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

Annual trends: substance abuse by program year

Annual trends: substance abuse by calendar year

Percent of individuals who sustained sobriety from or decreased use of hard drugs, by calendar year

Legend:
- By frequency of use
- By time since last use
- Linear (By frequency of use)
- Linear (By time since last use)

Regression results: ordinal logit for panel data

	Model 1	Model 2
Time since last use	**Prob > chi2: 0.0305, 0.0547** **73 cases/156 observations**	
Years in program	-0.26**	
Calendar year		-0.52*
Transitional housing/hotel	-0.72	0.97
Private residence	-0.47	-0.81[b]
Age	-0.02	-0.03[b]
Gender (as male dummy)	0.59	0.52
Race (as minority dummy)	-0.64	-0.27
Education	-0.60**	-0.59*
Employment	-1.66[b]	-2.05**
Lack of social support	0.90*	0.87*

*** p<0.01   ** p<0.05   * p<0.1   [b] very close to significance

Probability of being in
lowest level of use
greatly increasing

Probability of being at
highest level of use
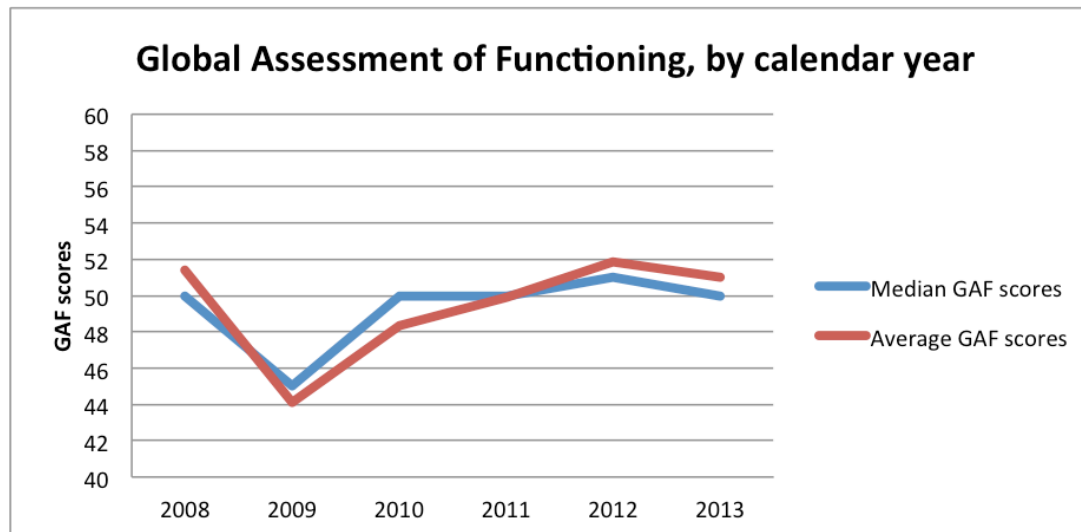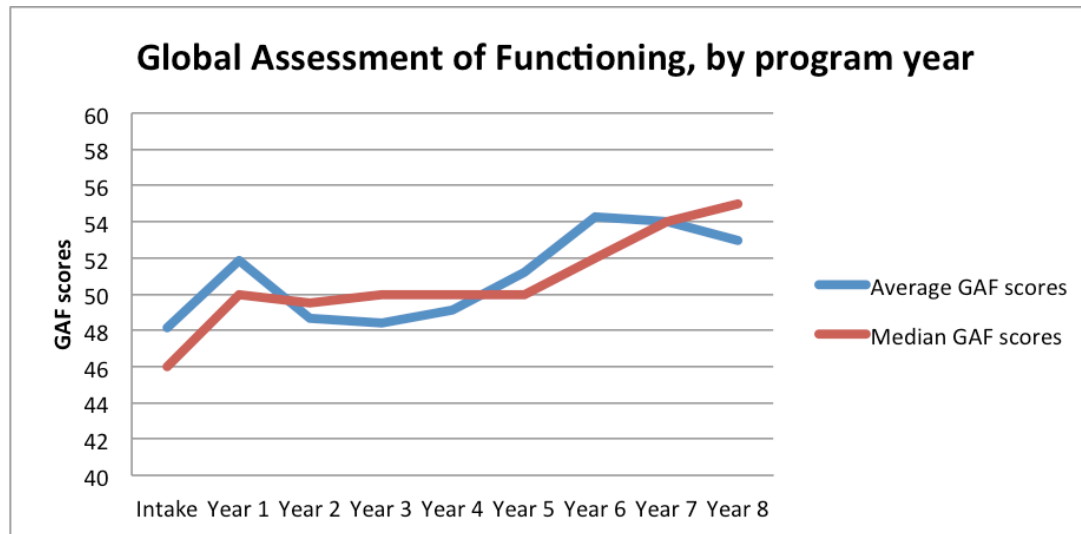greatly decreasing

Trends in mental health
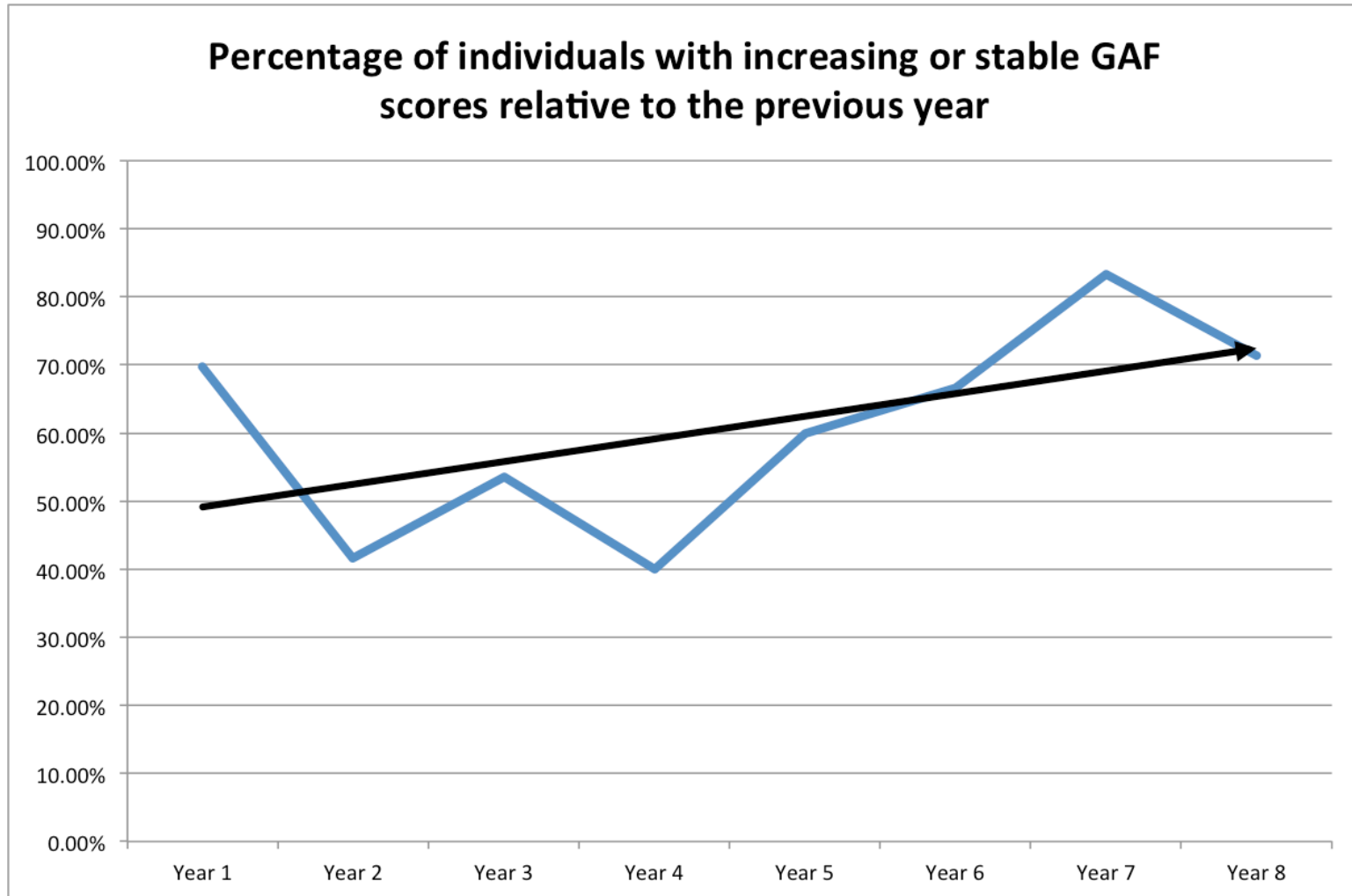
Measures

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: GAF averages and medians

Annual trends: GAF by program year

Percentage of individuals with increasing or stable GAF scores relative to the previous year

Annual trends: GAF by calendar year

Percentage of individuals with stable or increasing GAF scores, relative to the previous year
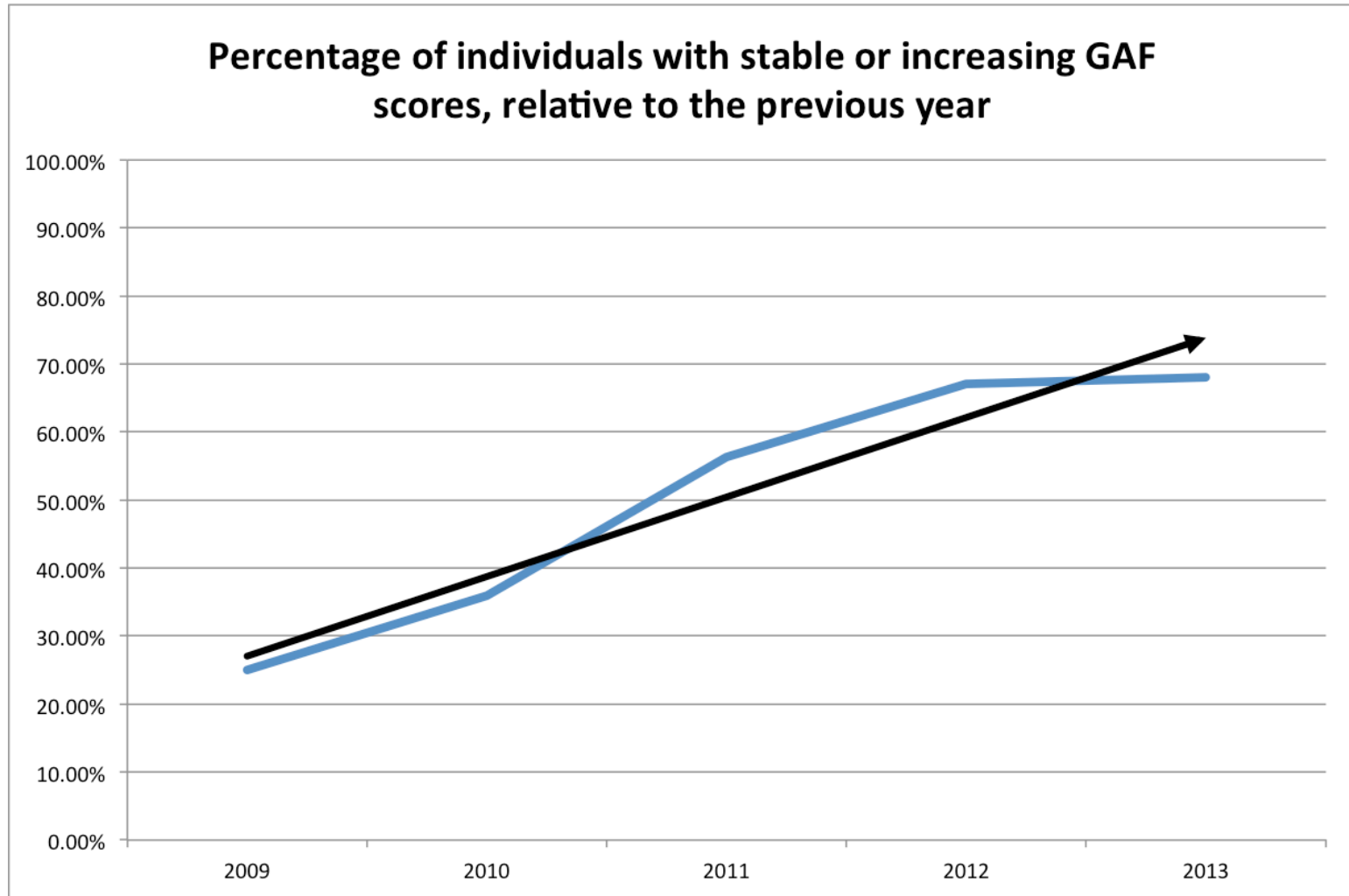
Regression results: OLS for panel data

	Model 1	Model 2
	Prob > chi2: 0000 **108 cases, 233 observations**	
Years in program	1.34%*	
Calendar year		2.84%*
Transitional housing or hotel	7.28%	7.67%
Private residence	7.84%**	8.68%**
Age	-0.28%	-0.20%
Gender (as male dummy)	2.23%	2.03%
Race (as minority dummy)	-1.39%	-1.95%
Education	1.25%	1.22%
Lack of social support	-11.06%***	-11.11%***
Chronic illness	-10.96%***	-10.55%***

*** p<0.01   ** p<0.05   * p<0.1   b very close to significance

Summary to date

Drug use

- *Variable but <u>increasing</u> rate of improvement throughout years in the program; <u>steady rate</u> of improvement for cohort over calendar years*

- *<u>Time in program</u>, but not housing type, significant; definite <u>increase of probability of sobriety</u> over time, with <u>decrease in highest levels of use</u>*

Mental health

- *Same in terms of trends*

- *<u>Time in program and private residence significant</u> relative to homelessness/ emergency shelter, but potentially overstated*

- *In both, we start to question the idea of recovery as a strict trajectory*

Expanding success

Methods

26 cases selected for narrative analysis

- *10 "improved"; 8 "unimproved" or "declining"; 8 "variable"*
- *Life histories, quality of life markers from year to year, environment and circumstances, et al analyzed*

Themes gathered as commonalities between improvement or lack of improvement

Search for changes in relationships, self-care, life skills, and personal goal achievement

Common factors: improved cases

Themes common to improved cases

- *Change in environment*
- *Removal of immediate stressors*
- *Structure and purpose*
- *Outside social support*
- *Strong personal motivation*
- *Belief in one's own ability to change*
- *Insight and self-awareness*

Common factors: unimproved cases

Themes common to unimproved cases

- *Boredom and loneliness*

- *Continuing ties with past communities*

- *Inability to imagine and/or the fear of a new life*

- *Reinforcing cycles of mental health symptoms and substance abuse*

- *Severe physical health complications*

- *Lack of engagement*

- *Lack of self-awareness*

Important in variable cases: role of disasters; speak to questioning idea of trajectory (small gains, large setbacks, per Michelle Patterson et al 2013)

Implications of these themes

Important as control factors (i.e., social support and physical health's incorporation into statistical models)

Important for policymakers, service designers, and providers to consider

- *What can be done to aid in success without creating contingencies?*
- *How can individuals be best supported in their transition into housing?*
- *No one thematic element for success—unique individuals, unique approaches—which may include beyond Housing First*

Important for greater understanding

Better understanding

Several of these themes are internal or personally-driven

- *Self-awareness and insight*

- *Belief in one's ability to change*

- *Fear of or inability to imagine a new life*

"Institutionalizing effect" of long-term homelessness: different survival skills; need for rebuilding personal resources (i.e., emotional health, coping mechanisms), support networks, et al

Having understood what leads to success…

What changes were made in quality of life?

Improved cases still had improvements to make, but each individual showed some level of progress leading to better functionality, independence, self-awareness, and caring for one's own needs

- Accomplishments/changes included joining work programs, reestablishing relationships with estranged family members/friends, developing more successful coping skills, overcoming legal obstacles, starting recreational activities/working out, adopting pets, managing own money

Quality of life

Even those with no improvement elsewhere were able to learn and improve in some of these areas

- About 1/3 showed improvements in areas like achieving small personal goals, remembering appointments and medications, improved self-care
- Another 1/3 showed strong promise of future change—for example, agreeing to engage with caseworkers and attend group sessions more often, while not yet making any changes personally
- Many showed gains in self-awareness, insight, and hope

Quality of life

Only a handful made no changes at all in these areas

Ultimately, these speak to a holistic process of recovery, not always easily quantified

- Pre-change developments (i.e., agreeing to greater engagement with caseworkers)
- Internal changes (i.e., developing personal resources, such as coping skills)
- External changes (i.e., restored relationships, better self-care, joining work programs)

Important to note full spectrum of change

Implications of qualitative inquiry

1. Even those lacking improvement "by the numbers" were often improving in other areas—highly important changes that should not be taken lightly, whether tangible or intangible

2. Others were potentially laying the groundwork for future improvements—visible via comparing themes of success to the small changes occurring

   - Are small steps *to* other changes changes in their own right?

   - Preparatory stages as part of process

   - Research needs to further investigate these processes and balance "conventional" outcomes with those more difficult to immediately see; also a need for more resident voices and perspectives

Conclusions and looking to the future

Conclusions and recommendations

Positive trends seen for Housing First participants in substance abuse and mental health functioning over time, by the numbers

Not everyone improves by the numbers at the same rate—but some of those not improving are often taking steps in other areas, including those shown to lead to these measured forms of success

- Validates mixed-methods approach to attain more "holistic" picture, capture human experience—to not make the "numbers" mistake once again
- Has shown need for new conversation on "success" and "failure": other factors beyond total abstinence

Conclusions and recommendations

Most unique potential asset of this program:

- Giving residents the space to move away from the fight for survival and slowly develop the personal resources and environment necessary to begin the process without penalty— something not seen in many other programs

Many programs are viable, but must consider each individual's unique needs and adapt approaches; Housing First may have particular strength in that arena, especially for this population

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)