

International Commentary: Eliminating Family Homelessness and the Family Options Study

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Introduction

For this commentary, I reviewed the report on the 3-year outcomes of the Family Options Study (Gubits et al., 2016a, 2016b) and two articles (Shinn, Brown, and Gubits, 2016; Shinn et al., 2016) published on this study. In this commentary, I discuss the interventions and their underlying theories of change, the target group, methodological issues, the findings, and the policy implications of the study. The Family Options Study is an evaluation of different program options for families experiencing homelessness. The study was conducted in 12 communities, enrolled 2,282 participants, and used a randomized controlled trial (RCT) design. This study is, by far, the largest, most rigorous comparative evaluation of interventions for homeless families ever conducted anywhere. As such, it has important policy implications for how homeless families are best served.

I come to this commentary as a member of the national research team of the recently completed At Home/Chez Soi (hereafter, At Home) project in Canada. Similar to the Family Options Study, At Home was its nation's largest-scale (5 communities, 13 programs, 2,148 participants) RCT evaluation of housing and service interventions for adults experiencing homelessness and mental illness (Goering et al., 2014). Although the populations and interventions in the Family Options Study and At Home were different, these two research demonstration projects, their findings, and their policy implications have some parallels that I note in this commentary.

Interventions and Theory of Change

The Family Options Study examined the effectiveness and costs of three different options, each with its own underlying theory of change. A theory of change identifies the program components, presumed short-term and long-term outcomes, and the causal mechanisms linking program activities and outcomes (Riemer and Bickman, 2011). First, the subsidized housing option provides participants with a housing voucher (or rent supplement) and assistance finding housing but, importantly, no other support services. The theory of change for this Housing First intervention is that families lack the financial resources to access housing and that providing a housing voucher helps to overcome the problem of housing affordability, enables families to use more of their

income for other necessities, and reduces stressors to families related to poverty and housing instability. Second, community-based rapid re-housing provides short-term (up to 18 months) housing vouchers and low-intensity case management. The theory guiding this approach is that of crisis intervention, with services providing immediate, but time-limited, intervention to help families resolve their housing crises. Third, project-based transitional housing emphasizes time-limited (up to 2 years) congregate housing with other homeless families and onsite intensive case management (ICM). This “treatment-first” approach strives to prepare families for housing readiness based on the theory that families must first address other issues (for example, substance use or lack of job skills) before they can achieve stable housing.

The Family Options Study is valuable because it compares these different options and clearly articulates the theories underlying each approach. Similarly, the At Home project had a clear theory of change for its Housing First programs based on several principles, including consumer choice, a recovery orientation, and an emphasis on community integration (Tsemberis, 2015), which is visually depicted in a program logic model that links principles and program components with outcomes (Aubry, Nelson, and Tsemberis, 2015; Nelson and MacLeod, 2017). One of the advantages of having a theory of change is that it then becomes possible to develop methods to assess the implementation of program components and the intended outcomes. Assessing implementation is important to understanding how programs do or do not lead to intended outcomes.

At Home used a Housing First fidelity scale (Stefancic et al., 2013). The 13 programs across the 5 communities had 2 different fidelity assessments conducted, 1 during the first year of operation and another after a year of operation. For each evaluation, a team of fidelity reviewers spent 1 full day reviewing charts and interviewing staff and consumers of the programs. Near the end of the day of each fidelity assessment, the fidelity reviewers came together to assign numerical ratings on a 4-point scale to each of the 38 items on the scale that covered 5 fidelity domains: Housing Choice and Structure, Separation of Housing and Services, Service Philosophy, Service Array, and Program Structure. A consensus process was used after discussion and input from all reviewers. Reviewers discussed their ratings for each item and came to a consensus on a single score for the item. These preliminary results were then shared with program staff and consumers, who were given a chance to provide input on the ratings. Following the fidelity visit, the assessment team put together a report that included the numerical ratings for each item and domain; a narrative description of each item; and more general comments, conclusions, and recommendations. Importantly, the fidelity data and reports were used for program improvement and further training by the programs.

High levels of fidelity to the model (benchmarked at scores of 3.5 out of 4 or higher for each of the fidelity domains) were found in the programs across sites at two different periods (early and later implementation), and scores also improved over time (Macnaughton et al., 2015). Moreover, the At Home research found that program fidelity was significantly correlated with program outcomes: the higher the fidelity, the better the outcomes (Goering et al., 2016). It would be valuable to include fidelity evaluations in the Family Options Study, as implementation could have been uneven across the 148 programs in the 12 cities. Moreover, fidelity evaluations could be used to improve these programs and to demonstrate which fidelity dimensions are most important for program outcomes.

Target Group

The Family Options Study targeted families that spent at least 7 days in a shelter with at least one child 15 years of age or younger. The rationale for the minimum of 7 days in shelter criterion is that families with shorter stays are much more likely to resolve their homelessness without intervention. To this point, a study of shelter use in four jurisdictions in the United States found that 80 percent of families resolve their homelessness quickly, and the remaining 20 percent of chronic or episodic shelter users cycle in and out of shelters and are more likely to be involved with child welfare and intensive behavioral health treatment services (Culhane et al., 2007). For the same reason, At Home also served families experiencing lengthy periods of homelessness, with participants averaging 4.8 years of lifetime homelessness (Goering et al., 2014).

Methodological Issues

The methodology and findings of the Family Options Study are meticulously described in a 275-page report with several appendices (Gubits et al., 2016a) and a more accessible 13-page summary (Gubits et al., 2016b).

Research Design

Participants in the Family Options Study were randomly assigned to conditions, including a usual care (UC) control group. Although criticisms invariably arise about the ethics of randomization, RCTs provide powerful evidence about the effectiveness and cost-effectiveness of different program options that are very important for policymakers (Shinn, 2016). Within the Family Options Study, constraints on this design included the fact that not all communities had all three program options available, and different eligibility criteria sometimes restricted access of participants to program options.

The study used an intention-to-treat approach. Participants randomized to a particular condition were offered priority access to that particular option, but not everyone took advantage of the particular option to which they were assigned. Although 83 percent of the subsidized housing group used that option, only 59 and 53 percent took up the rapid re-housing and transitional housing options, respectively. This finding is remarkably consistent with a meta-analysis of eight studies on housing preferences of more than 3,000 adults with mental illness, including those experiencing homelessness; 84 percent of these adults want to live independently in normal market rental housing (Richter and Hoffmann, 2017). The researchers also documented the types of housing support that were used by the UC group. During the course of the study, 20 percent used rapid re-housing, 30 percent used transitional housing, and 37 percent used a permanent housing subsidy.

Likewise, At Home used a RCT design in which Housing First was compared with a UC control group at two levels: for individuals with high needs who received Assertive Community Treatment and for those with moderate needs who received ICM. In addition, communities could develop site-specific interventions, and these interventions were also compared using randomization. For example, culturally specific adaptations of Housing First with ICM were created for Aboriginal participants in one city and for ethno-racial participants in another city (Goering et al., 2011).

Data Collection

Another strength of the Family Options Study was that it gathered data at baseline, 20 months, and 37 months on both parents and children, using both interviews and administrative data. The study used a range of different measures related to housing, parent well-being, self-sufficiency, child well-being, and family preservation. During the At Home demonstration phase, data were collected at 6-month intervals for up to 2 years, and recently 4-year followup data were gathered. Measures included scales to assess outcomes in housing, health, community functioning, quality of life, and service use (Goering et al., 2011).

The overall retention rate for the Family Options study after 3 years was 78 percent. As might be expected, the retention rate was greatest for families receiving the housing subsidy (84 percent) and lowest for those in usual care (75 percent). The overall 2-year retention rate in At Home was 83 percent, with similar differences between Housing First (89 percent) and UC (77 percent).

In the Family Options study, qualitative interviews were conducted with 80 participants (20 in each of the 4 conditions) 3 to 10 months after randomization to address several questions. RCTs seldom include qualitative research (Lewin, Glenton, and Oxman, 2009), but such data can be used quite profitably to understand different facets of housing and service interventions for persons experiencing homelessness. At Home had an extensive qualitative component that included focuses on project conception, program implementation, consumer narrative outcomes, sustainability, and expansion (Nelson, Macnaughton, and Goering, 2015). Together, the indepth qualitative study of these topics enabled researchers to tell the story about At Home and to provide important lessons that will be of benefit to others striving to implement Housing First programs for adults experiencing homelessness in their communities.

Findings

The Family Options Study reports many findings in great detail. The main finding is that the subsidized housing option was the only program that impacted housing and well-being outcomes at a reasonable and often cheaper cost than other program options.

Housing

At the 3-year followup, relative to usual care, the subsidized housing option led to significant and large reductions in homelessness or doubling up (34 percent for usual care versus 16 percent for subsidized housing) and shelter stays (19 percent for usual care versus 5 percent for subsidized housing).

The Canadian At Home research also found positive impacts on housing stability over a 2-year followup period. On a measure of housing instability, 27 percent of the Housing First group was unstably housed compared with 68 percent of the UC control group (Aubry et al., 2015). The high rates of housing instability for both groups in the At Home study likely reflects the higher level of needs among the sample of participants with lived experience of homelessness, mental illness, and often substance use.

Child, Parent, and Family Well-Being Outcomes

Relative to usual care, subsidized housing also led to significant reductions in parents' psychological distress, intimate partner violence, the number of schools the focal child attended, behavior problems of the focal child, and food insecurity at the 3-year followup in the Family Options Study.

In At Home, significant positive impacts of Housing First were detected on measures of community functioning and quality of life in the first year, but these impacts were attenuated at the 2-year followup (Aubry et al., 2015; Stergiopoulos et al., 2015). However, more positive impacts for Housing First were observed through an analysis of qualitative data on life changes after 18 months for a representative subsample of the total sample (Nelson et al., 2015). Overall, the Family Options Study reported more beneficial impacts on nonhousing outcomes, which again is likely related to differences in the populations served in the two studies.

Costs

Although some cost studies examine a wide range of costs, the Family Options Study focused solely on housing costs. The average monthly costs of subsidized housing (\$1,172) and community-based rapid re-housing (\$880) were much lower than those for project-based transitional housing (\$2,706) and emergency shelter (\$4,819). At the 3-year followup, the costs of all programs used by the subsidized housing group were \$45,902 compared with \$42,134 for the usual care group. Thus, the costs for the subsidized housing group were 9 percent higher than those for the usual care group. At Home examined a wider range of costs and found that every \$10 invested in Housing First was offset by \$6.81 in costs (Ly and Latimer, 2015). Thus, the Family Options Study reported greater cost offsets than was found in At Home.

Policy Implications

The policy implications of the Family Options Study are important, just as they are for the Canadian At Home research. The At Home research was coming to an end at the same time the Canadian federal government was undertaking a review of the federal Homelessness Partnering Strategy (HPS) program. HPS provides funding to 61 Canadian communities for programs addressing homelessness. Federal funding for HPS was due to expire in 2014, and the government had to decide if it would renew the program and, if so, how it might change funding parameters. At the same time, At Home leaders and researchers held a series of discussions with the Prime Minister's office about the findings of the At Home project and the need for assistance in sustaining the Housing First programs.

The evidence from the At Home research was very important for the government's decision to renew HPS funding and to change the emphasis of that funding to promote the Housing First approach. More specifically, as of 2015, the 10 largest Canadian communities were to allocate 65 percent of their federal funding to Housing First for chronically and episodically homeless persons, and the remaining 41 communities and Aboriginal communities were to allocate 40 percent of their funding to Housing First. This major shift in Canadian homelessness policy came about as

a result of rigorous RCT research, researchers' framing of that evidence in a way that provided a solution to a major policy issue, strong relationships between researchers and decisionmakers, and fortuitous timing of the review of the HPS program, which coincided with the conclusion of the At Home research (Macnaughton et al., 2017). Following the At Home research, the Mental Health Commission of Canada and now the Canadian Alliance to End Homelessness provided training and technical assistance in Housing First to help communities across Canada make the transition to the Housing First approach (Worton et al., in press).

The success of the Housing First approach and its rigorous research base has also led to its spread across the world, particularly in the United States and European countries (Padgett, Henwood, and Tsemberis, 2016). RCT evaluations of Housing First are under way in France and Spain, and Housing First programs are in place in Australia, Belgium, Ireland, Italy, and Portugal, to name a few countries.

Similarly, the Family Options Study has important policy implications. Using an RCT design enabled the researchers to compare different policy options for addressing family homelessness. Across multiple settings during a 3-year period, this study convincingly underscores the importance of subsidized housing as the one approach that reduces family homelessness and promotes child, parent, and family well-being, all at a reasonable cost that is only 9 percent higher than usual care. Community-based rapid re-housing and project-based transitional housing options do not yield the same level of positive outcomes. Recent research has also underscored the importance of rent supplements for adults experiencing chronic homelessness (Pankratz, Nelson, and Morrison, 2017). Rent supplements loom large in effective approaches to ending homelessness for families and adults and reinforce theories of change that emphasize economic resources over skills training or other "treatment first" approaches.

In this era of evidence-based policy, one might expect the findings of this study to be taken up and widely implemented across the United States. However, as the At Home research found, timing and the political context are important factors in determining the uptake of innovative, evidence-based approaches (Macnaughton et al., 2017).

Conclusions

The Family Options Study was an important policy experiment in family homelessness. One strength of this study, relative to the Canadian At Home project, was that three different policy options, each with distinctive theories of change, were compared with usual care. In At Home, only the Housing First approach, and various adaptations of it, were examined. The study provides strong evidence that subsidized housing, with very minimal services, can reduce family homelessness and promote other positive outcomes at a reasonable cost over 3 years. Moreover, the Family Options Study provides the best evidence to date about the most and least effective options for addressing family homelessness.

The subsidized housing approach deserves to be widely disseminated and studied on a broader scale and to be tried out in other countries, hopefully including Canada. However, the Family Options Study is an unfinished story at this point in time. What will the legacy be of this important

study? Will the findings fall on deaf ears of policymakers and be washed away with governments that want to have a smaller footprint in housing and assisting vulnerable people? Will the findings instead get some traction among policymakers as a sound way to help families restore their lives and dignity, as they move off the streets and out of shelters and give their children better chances of achieving the American dream? I am very interested in reading the next chapter in this exciting story about family homelessness and policy change, and I urge researchers and advocates in the United States to carry this important work forward.

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References

- Aubry, Tim, Geoffrey Nelson, and Sam Tsemberis. 2015. "Housing First for People With Severe Mental Illness Who Are Homeless: A Review of the Research and Findings From the At Home/Chez Soi Demonstration Project," *Canadian Journal of Psychiatry* 60: 467–474.
- Culhane, Dennis P., Stephen Metraux, Jung Min Park, Maryanne Schretzman, and Jesse Valente. 2007. "Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning," *Housing Policy Debate* 18: 1–28.
- Goering, Paula, Scott Veldhuizen, Geoffrey Nelson, Ana Stefancic, Sam Tsemberis, Carol Adair, Jino Distasio, Tim Aubry, Vicky Stergiopoulos, and David Streiner. 2016. "Further Validation of the Pathways Housing First Scale," *Psychiatric Services* 67: 111–114.
- Goering, Paula, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoffrey Nelson, Eric Macnaughton, David Streiner, and Tim Aubry. 2014. *National At Home/Chez Soi Final Report*. Calgary, Alberta: Mental Health Commission of Canada.
- Goering, Paula N., David L. Streiner, Carol Adair, Tim Aubry, Jayne Barker, Jino Distasio, Stephen W. Hwang, Janina Komaroff, Eric Latimer, Julian Somers, and Denise M. Zabkiewicz. 2011. "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* 1.
- Gubits, Daniel, Marybeth Shinn, Michelle Wood, Stephen Bell, Samuel Dastrup, Claudia D. Solari, Debi McInnis, Tom McCall, and Utsav Kattel. 2016a. *Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families*. Washington, DC: Government Publishing Office; U.S. Department of Housing and Urban Development.

———. 2016b. *Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families—Summary Report*. Washington, DC: Government Publishing Office; U.S. Department of Housing and Urban Development.

Lewin, Simon, Claire Glenton, and Andrew D. Oxman. 2009. “Use of Qualitative Methods Alongside Randomised Controlled Trials of Complex Healthcare Interventions: Methodological Study,” *BMJ Research* 339: b3496.

Ly, Angela, and Eric Latimer. 2015. “Housing First Impacts on Costs and Associated Cost Offsets: A Review of the Literature,” *Canadian Journal of Psychiatry* 60: 475–487.

Macnaughton, Eric, Geoffrey Nelson, Paula Goering, and Myra Piat. 2017. “Moving Evidence Into Policy: The Story of the At Home/Chez Soi Initiative’s Impact on Federal Homelessness Policy in Canada and Its Implications for the Spread of Housing First in Europe and Internationally,” *European Journal of Homelessness* 11: 109–130.

Macnaughton, Eric, Ana Stefancic, Geoffrey Nelson, Rachel Caplan, Greg Townley, Tim Aubry, Scott McCullough, Michelle Patterson, Vicky Stergiopoulos, Catherine Vallée, Sam Tsemberis, Marie-Josée Fleury, Myra Piat, and Paula Goering. 2015. “Implementing Housing First Across Sites and Over Time: Later Fidelity and Implementation Evaluation of a Pan-Canadian Multi-Site Housing First Program for Homeless People With Mental Illness,” *American Journal of Community Psychology* 55: 279–291.

Nelson, Geoffrey, and Timothy MacLeod. 2017. “Theory and Research on Housing Programs for People With Serious Mental Illness.” In *Housing, Citizenship, and Communities for People With Serious Mental Illness: Theory, Research, Practice, and Policy Perspectives*, edited by John Sylvestre, Geoffrey Nelson, and Tim Aubry. New York: Oxford University Press: 155–185.

Nelson, Geoffrey, Eric Macnaughton, and Paula Goering. 2015. “What Qualitative Research Can Contribute to a Randomized Controlled Trial of a Complex Community Intervention: Lessons Learned From the At Home/Chez Soi Project for Homeless Persons With Mental Illness,” *Contemporary Clinical Trials* 45: 377–384.

Nelson, Geoffrey, Michelle Patterson, Maritt Kirst, Eric Macnaughton, Corinne Isaac, Danielle Nolin, Christopher McAll, Vicky Steriopoulos, Greg Townley, Timothy MacLeod, Myra Piat, and Paula Goering. 2015. “Life Changes Among Homeless Persons With Mental Illness: A Longitudinal Study of Housing First and Usual Treatment,” *Psychiatric Services* 66: 592–597.

Padgett, Deborah K., Benjamin F. Henwood, and Sam J. Tsemberis. 2016. *Housing First: Ending Homelessness, Transforming Systems, and Changing Lives*. New York: Oxford University Press.

Pankratz, Courtney, Geoffrey Nelson, and Marie Morrison. 2017. “A Quasi-Experimental Evaluation of Rent Assistance for Individuals Experiencing Chronic Homelessness,” *Journal of Community Psychology* 2017 (00): 1–15.

Richter, Dirk, and Holger Hoffmann. 2017. “Preference for Independent Housing of Persons With Mental Disorders: Systematic Review and Meta-Analysis,” *Administration and Policy in Mental Health and Mental Health Services Research*. DOI: 10.1007/s10488-017-0791-4.

Riemer, Manuel, and Leonard Bickman. 2011. "Using Program Theory To Link Social Psychology and Program Evaluation." In *Social Psychology of Evaluation*, edited by Melvin M. Mark, Stewart I. Donaldson, and Bernadette Campbell. New York: Guilford: 104–138.

Shinn, Marybeth. 2016. "Methods for Influencing Social Policy: The Role of Social Experiments," *American Journal of Community Psychology* 58: 239–244.

Shinn, Marybeth, Scott R. Brown, and Daniel Gubits. 2016. "Can Housing and Service Interventions Reduce Family Separations for Families Who Experience Homelessness?" *American Journal of Community Psychology*. DOI: 10.1002/ajcp.12111.

Shinn, Marybeth, Scott R. Brown, Michelle Wood, and Daniel Gubits. 2016. "Housing and Service Interventions for Families Experiencing Homelessness in the United States: An Experimental Evaluation," *European Journal of Homelessness* 10: 13–30.

Stefancic, Ana, Sam Tsemberis, Peter Messeri, Robert Drake, and Paula Goering. 2013. "The Pathways Housing First Fidelity Scale for Individuals With Psychiatric Disabilities," *American Journal of Psychiatric Rehabilitation* 16: 240–261.

Stergiopoulos, Vicky, Stephen W. Hwang, Agnes Gozdzik, Roseane Nisenbaum, Eric Latimer, Daniel Rabouin, Carol E. Adair, Jimmy Bourque, Joe Connelly, James Frankish, Lawrence Y. Katz, Kate Mason, Vachin Misir, Kristen O'Brien, Jitender Sareen, Christian G. Schutz, Arielle Singer, David L. Streiner, Helen-Maria Vasiliadis, and Paula N. Goering. 2015. "Effect of Scattered-Site Housing Using Rent Supplements and Intensive Case Management on Housing Stability Among Homeless Adults With Mental Illness: A Randomized Controlled Trial," *Journal of the American Medical Association* 313: 905–915.

Tsemberis, Sam. 2015. *Housing First: The Pathways Model To End Homelessness for People With Mental Illness and Addiction*. Center City, MN: Hazelden Publications.

Worton, S. Kathleen, Julian Hasford, Eric Macnaughton, Geoffrey Nelson, Timothy MacLeod, Sam Tsemberis, Vicky Stergiopoulos, Paula Goering, Tim Aubry, Jino Distasio, and Tim Richter. In press. Understanding Systems Change in Early Implementation of Housing First in Canadian Communities: An Examination Of Facilitators/Barriers, Training/Technical Assistance, and Points of Leverage. *American Journal of Community Psychology*.