

Ending Homelessness: What Works Best For Whom?

Research has demonstrated that a number of programs are effective in reducing or preventing homelessness among individuals with severe mental illnesses. Those programs include assertive community treatment, specialized case management with outreach, and comprehensive housing programs that combine case management with a continuum of housing options. Do some programs work better than others in achieving this goal? Do the programs differ in the types of persons for whom they are most effective?

Background

In order to address these questions, a quasi experimental study was conducted in which the outcomes of individuals who were served by two different types of homelessness intervention programs that differed in their program characteristics were contrasted.

Comprehensive Housing Programs that included guaranteed access to housing, housing support services, and case management for psychosocial services. The two programs that included in this category were:

Boley Centers for Behavioral Healthcare, located in Pinellas County, Florida, is a large agency that embraces psychosocial rehabilitation principles that has long served individuals with serious mental illnesses who may also have co-occurring substance abuse disorders. In 1988, they developed the Boley Homelessness Prevention Program that was specifically aimed at preventing or reducing homelessness among people with these disorders.

Project Return, located in Tampa, Florida, also provides comprehensive housing services to homeless persons with severe mental illnesses. Project Return's program includes guaranteed access to housing, housing support services, and case management.

Specialized Case Management Program that included assertive outreach, medication and medication management, linkages for

psychosocial services, and housing assistance in the form of housing vouchers for obtaining open market housing. The example of this program was:

Suncoast Center for Community Mental Health, a large community mental health center also in Pinellas County, Florida, was selected as the specialized case management site. This agency had developed a homeless outreach and support team (HOST) providing case management services similar to those provided in other case management programs for homeless individuals with severe mental illnesses.

The Study

The outcomes of these two types of programs were compared to estimate the relative effectiveness of comprehensive housing programs versus specialized outreach and case management services that do not guarantee access to housing. Effectiveness was assessed by determining which of the two types of interventions was most likely to achieve positive outcomes in housing, mental health, and substance use domains. The study used a prospective, quasi-experimental research design with measures administered at baseline, six months, and one year to a sample of homeless persons with severe mental illnesses.

Participants were individuals entering the

three programs from December 1997 through April 1999. All participants were either homeless or at immediate risk of homelessness and had diagnoses of serious mental illnesses. One hundred and fifty-two participants were enrolled in the study. They were asked to report their housing, physical and mental health status, substance use behaviors, quality of life as well as services needed and received at entrance into the study and, again, at six and twelve month follow-up periods. One hundred-eight participants responded to at least one follow-up assessment.

Results

Individuals in both types of programs showed significant improvements in the outcome measures over time. More importantly, however, it was found that the effectiveness of the interventions in improving housing status was moderated by psychiatric and substance use status. People with low and medium frequency of psychiatric symptoms and substance use significantly increased their time in stable housing with either type of intervention. However, participants with high frequency of psychiatric symptoms and high use of drugs and alcohol needed the comprehensive housing program to do as well as the participants with less severe problems.

The dramatic nature of this differential effect can be seen when the outcomes are

considered in terms of actual days of stable housing. Participants with low frequencies of psychiatric and substance use symptoms who received case management alone increased their time in stable housing by an average of 109 days during the 180-day period. However, participants with high frequencies of psychiatric and substance use symptoms receiving the same intervention showed an average increase of only 52 days. High frequency symptom participants in the comprehensive housing programs showed an increase of an average of 106 days in stable housing. In other words, for those participants with the most severe problems, the type of intervention they received made a difference of an average of 54 days in stable housing during a 180-day period – nearly one third of the follow-up interval.

Policy Implications

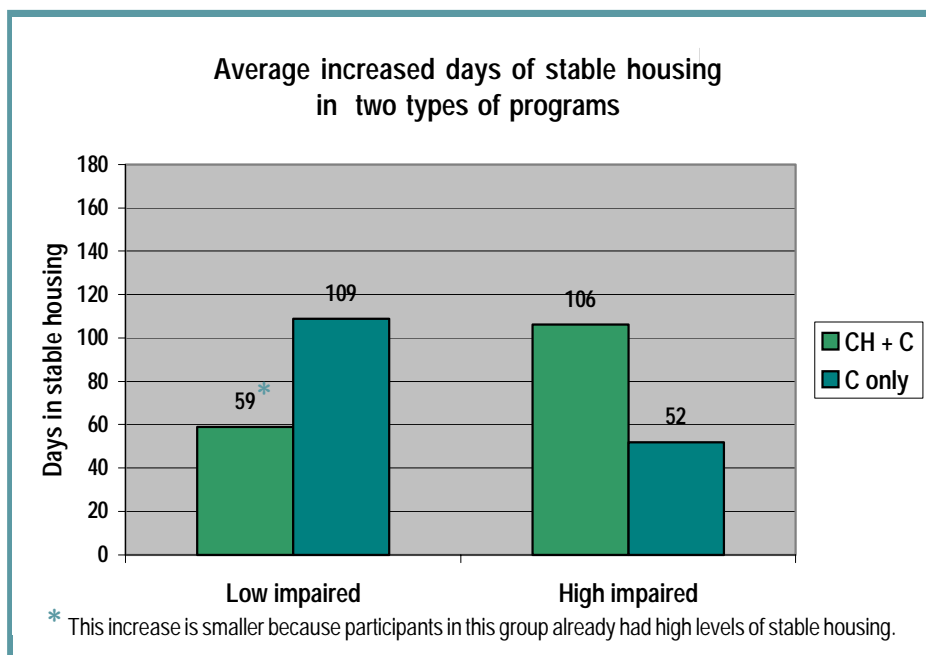
The answer to the question of which is more effective - comprehensive housing programs or specialized case management alone - appears to be “it depends.” This study suggests that for those persons who have fewer psychiatric symptoms and less substance use, less expensive case management services are just as effective as the comprehensive housing programs. However, those individuals with high levels of symptoms and substance use benefit most from the comprehensive services of guaranteed access to housing and housing services, as well as the assistance in connecting with treatment services and primary contact that case management can offer. Due to the striking reductions in homelessness, such programs appear to be well worth the investment.

These findings are especially compelling in light of a recent comprehensive study that

found that homelessness among persons with mental illnesses imposes a surprisingly high cost to taxpayers and that independent housing linked to comprehensive health, support and employment services provides major reductions in these costs. In a five-year study that tracked over 4500 individuals with severe mental illnesses, Culhane and his colleagues (2001) found that it was surprisingly expensive to let people stay homeless due to incarcerations, hospitalizations and shelter use. His cost estimates did not include other costs such as to the police and courts or the economic impact on local business and tourism. The provision of supportive housing - independent housing linked to comprehensive health support and employment services - provides major reductions in the costs. Given that Culhane did not include the full range of social costs, it is likely that it is more expensive not to provide services to individuals with mental illness who are homeless than it is to provide adequate care.

The results of the study argue against a “one-size-fits-all” approach to services for individuals with diverse problems. As policy makers, funders, and service providers review the eligibility criteria and performance standards for such programs, consideration should be given to prioritizing the comprehensive housing programs for persons with the most severe mental health and substance abuse problems. Individuals with less severe impairment can achieve comparable gains with more economical, specialized case management services. Given the Culhane study, it is in the community’s enlightened self-interest to provide these services to persons who are homeless and have severe behavioral health problems.

This study shows a need for an emphasis on matching interventions to specific characteristics of the individuals needing services and determining what programs work best for whom.



This Policy Brief is based on research conducted by Colleen Clark and Alexander Rich, Department of Mental Health Law & Policy, Louis de la Parte Florida Mental Health Institute, University of South Florida. For more information, contact Dr. Colleen Clark at (813) 974-9022. This study is part of the Center for Mental Health Services and Center for Substance Abuse Treatment Program to Prevent Homelessness cooperative agreement study and was funded by grant # S UD9 SM1965-03 from the Substance Abuse and Mental Health Services Administration. This Policy Brief was prepared by Te Leone, Communications Director, Louis de la Parte Florida Mental Health Institute, 13301 Bruce B. Downs Blvd. Tampa, FL. (website address: www.fmhi.usf.edu)

Culhane DP, Metraux S, Hadley TR. The impact of supportive housing for homeless people with severe mental illness on the utilization of the public health, corrections, and emergency shelter systems: The New York-New York initiative. *Housing Policy Debate*, in press 2001 (available at www.fanniemaefoundation.org).