

MAIN MESSAGES

FROM THE CROSS-SITE AT HOME/CHEZ SOI PROJECT

After successfully engaging and following more than 2,000 participants for two years, the results for At Home/Chez Soi, the world's largest trial of Housing First (HF) in five Canadian cities, can now be reported.

1 **Housing First can be effectively implemented in Canadian cities of different size and different ethnoracial and cultural composition.** HF provides immediate access to permanent housing with community-based supports. The HF program participants in this study were provided with an apartment of their own, a rent supplement, and one of two types of support services: those with high needs received Assertive Community Treatment (ACT) and those with moderate needs received Intensive Case Management (ICM). HF programs were operated in a manner that was consistent with the HF model standards, but were tailored to best fit the local contexts in the five cities.

2 **Housing First rapidly ends homelessness.** Across all cities, HF participants obtained housing and retained their housing at a much higher rate than the treatment as usual (TAU) group. In the last six months of the study, 62 per cent of HF participants were housed all of the time, 22 per cent some of the time, and 16 per cent none of the time; whereas 31 per cent of TAU participants were housed all of the time, 23 per cent some of the time, and 46 per cent none of the time. Findings were similar for ACT and ICM participants. Among participants who were housed, housing quality was usually better and more consistent in HF residences than TAU residences. We now know more about the small group for whom stable housing was not achieved by HF, and about some additions or adaptations that may work better for them.

3 **Housing First is a sound investment.** On average the HF intervention cost \$22,257 per person per year for ACT participants and \$14,177 per person per year for ICM participants. Over the two-year period after participants entered the study, every \$10 invested in HF services resulted in an average savings of \$9.60 for high needs/ACT participants and \$3.42 for moderate needs/ICM participants. Significant cost savings were realized for the 10 per cent of participants who had the highest costs at study entry. For this group, the intervention cost was \$19,582 per person per year on average. Over the two-year period following study entry, every \$10 invested in HF services resulted in an average savings of \$21.72.

4 **It is Housing First, it is not housing only.** Most participants were actively engaged in support and treatment services through to the end of follow-up. The general shift away from crisis and institutional services to community-based services that was seen at 12 months continued for the duration of the study. Many individuals with previously unmet needs were able to access appropriate and needed services during the study.

5 **Having a place to live with supports can lead to other positive outcomes above and beyond those provided by existing services.** Quality of life and community functioning improved for HF and TAU participants, and improvements in these broader outcomes were significantly greater in HF, in both service types. Symptom-related outcomes, including substance use problems and mental health symptoms, improved similarly for both HF and TAU. However, since most existing services were not linked to housing, there was much lower effectiveness in ending homelessness for TAU participants.

6 **There are many ways in which Housing First can change lives.** While the HF groups, on average, improved more and described fewer negative experiences than the TAU groups, there was great variety in the changes that occurred. Understanding the reasons for differences of this kind will help to tailor future approaches.

7 **Getting Housing First right is essential to optimizing outcomes.** Housing stability, quality of life, and community functioning outcomes were all more positive for programs that operated most closely to HF standards. This finding indicates that investing in training and technical support can pay off in improved outcomes. Other important implications for policy are discussed in this report. In addition, lessons learned have now been incorporated into a toolkit to guide the planning and implementation of effective Housing First programs in Canada.