

# Vancouver At Home Study: Housing First plus Assertive Community Treatment versus Congregate Housing plus Supports versus treatment as usual

<b>Submission date</b>	<b>Recruitment status</b>	<input type="checkbox"/> Prospectively registered
07/08/2012	No longer recruiting	<input type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
09/10/2012	Completed	<input checked="" type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
15/04/2020	Mental and Behavioural Disorders	

## Plain English summary of protocol

### Background and study aims

Homelessness is an increasing problem in many countries, and is associated with significant personal and financial costs to society. Mental health problems, including drug use, may precede or be a consequence of homelessness. Research is required to compare the relative effectiveness and costs of different interventions for people who are homeless and who have different levels of health or social needs. This study aims to compare three models of service for people who are homeless, have some form of mental disorder, and require relatively intensive support.

### Who can participate?

Up to 300 participants will be recruited through agencies and providers who are in contact with homeless adults (19 years of age or older) in Vancouver BC. Participants must have been homeless in the past year, have a current mental disorder and exhibit highly compromised community functioning in order to be enrolled in the study.

### What does the study involve?

Participants are randomly allocated to one of three models of service: scattered Housing First with Assertive Community Treatment (HF); Congregate Housing with on-site Supports (CONG); or Treatment As Usual (TAU).

Housing First offers homeless people with mental illness immediate access to independent apartments with a market lease, without any requirements around sobriety or engagement in treatment, and provides access to an array of treatment and social services, but they retain the right to choose their level of participation. Assertive Community Treatment consists of a multi-disciplinary health and social service team working 24 hours a day, 7 days a week with a case load ranging from 50 to 100 clients. The team responds directly to most of their clients community-based care needs.

Congregate Housing with Supports differs from Housing First by locating individuals in the same building rather than promoting housing in scattered sites where individuals are neighbored by

the full diversity of people living in market housing. The supports associated with Congregate Housing in this study are comparable in budget and composition to those of the Assertive Community Treatment team. However, in the congregate condition these supports are provided on site while the ACT team visits clients in their scattered apartments.

Participants are asked to complete interviews every three months for 24 months. In addition, participants are asked to provide their consent for researchers to receive information from government departments detailing their use of various publicly-funded services, including health, social assistance, and justice. These data are used to evaluate the impact of each intervention over the two-year trial period, and will be refreshed after completion of the trial in 2013 in order to assess the long-term health and welfare of study participants.

**What are the possible benefits and risks of participating?**

Benefits to participants include the opportunity to access housing and care, as well as regular meetings with interviewers who may direct participants to appropriate resources in the community based on the participant's needs. The study results will help to improve long-term housing and support for the participants and others as well. Risks include potential disappointment if allocated to treatment as usual, as well as the possibility that housing and support could be discontinued in April 2013 when study support for these services terminates.

**Where is the study run from?**

Simon Fraser University (Canada)

**When is the study starting and how long is it expected to run for?**

January 2009 to April 2013

**Who is funding the study?**

Simon Fraser University through a grant from the Mental Health Commission of Canada (MHCC)

**Who is the main contact?**

Karen Fryer

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## Contact information

**Type(s)**

Scientific

**Contact name**

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## Additional identifiers

**Protocol serial number**

N/A

## Study information

### Scientific Title

Research demonstration project on homelessness and mental health - Vancouver BC

### Acronym

VAHS (Vancouver At Home Study)

### Study objectives

Individuals assigned to either Housing First plus Assertive Community Treatment or those assigned to Congregate Housing plus Supports will have superior outcomes (i.e., health, quality of life, housing stability, emergency service use, justice system contacts) than individuals assigned to treatment as usual.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

1. Research Ethics Board at Simon Fraser University (primary site), 22/06/2009
2. University of British Columbia, 28/07/2009
3. Providence Healthcare, 30/08/2011
4. Vancouver Coastal Health Research Institute, 30/09/2011

### Study design

Randomized controlled trial

### Primary study design

Interventional

### Study type(s)

Treatment

### Health condition(s) or problem(s) studied

Homelessness, mental illness, substance dependence, comorbid medical

### Interventions

297 people who are both homeless and mentally ill randomized to 1 of 3 conditions:

1. Housing First (HF) + Assertive Community Treatment
2. Congregate Housing + Supports
3. Treatment as usual (TAU)

Housing First (Tsemberis & Eisenberg, 2000) offers homeless people with mental illness immediate access to independent apartments with a market lease, without any requirements around sobriety or engagement in treatment. Housing First participants are provided access to an array of treatment and social services, but they retain the right to choose their level of participation.

**Assertive Community Treatment** consists of a multi-disciplinary health and social service team working 24 hours a day, 7 days a week with a case load ranging from 50 to 100 clients. The team responds directly to most of their clients community based care needs.

Congregate Housing with Supports differs from HF by locating individuals in the same building rather than promoting housing in 'scattered sites' where individuals are neighbored by the full diversity of people living in market housing. The supports associated with Congregate Housing in the present study are comparable in intensity (i.e., budget and composition) to those of the Assertive Community Treatment team. However, in the congregate condition these supports are provided on site while the ACT team visits clients in their scattered apartments.

### **Intervention Type**

Mixed

### **Primary outcome(s)**

Current primary outcome measures as of 22/07/2015:

Housing stability measured as the percentage of days stably housed over 24 months post randomization.

Previous primary outcome measures:

1. Service use changes drawn from administrative data concerning healthcare, social services, and justice system events.

2. Costs related to these events in relation to costs of providing services.

Sources of data for these measures are the government departments responsible for health, justice, and social welfare services. Data will be collected pending participant consent for access.

Data will be requested for several years prior to participant enrollment in the Vancouver At Home Study, and will be refreshed following the completion of the 24-month study period in order to monitor longer-term changes in the level and type of service use associated with participants in the years following the completion of the study.

### **Key secondary outcome(s)**

Current secondary outcome measures as of 22/07/2015:

1. Community functioning

2. Addiction outcomes

3. Food security

4. Individual recovery

5. Community integration

6. Quality of life

7. Service use (administrative data concerning medication use, hospital and community health service use, justice system contact, social assistance)

8. Psychiatric symptoms

9. Quality of overall health

Previous secondary outcome measures:

Numerous questionnaires and additional cross-sectional sources of data include qualitative interviews and physical health examinations with subsets of the total study cohort. These additional measures are gathered to characterize the sample and better understand participant experiences but they are not considered outcome measures.

### **Completion date**

01/04/2013

# Eligibility

## Key inclusion criteria

1. Legal adult status (19 years of age or over)
2. Presence of a current mental disorder
3. Being absolutely homeless or precariously housed:
  - 3.1. Absolute homelessness was defined as living on the streets or in a shelter for at least two weeks during the past year
  - 3.2. Precariously housed was defined as living in a rooming house, hotel or other form of transitional housing with at least one episode of absolute homelessness in the past year

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Adult

## Sex

All

## Key exclusion criteria

Added 22/07/2015:

1. Not Canadian citizen
2. Current treatment with Case Management or Assertive Community Treatment

## Date of first enrolment

19/10/2009

## Date of final enrolment

29/06/2011

# Locations

## Countries of recruitment

Canada

## Study participating centre

Simon Fraser University

Burnaby

Canada

V5A 1S6

# Sponsor information

## Organisation

Mental Health Commission of Canada (Canada)

## ROR

<https://ror.org/00hbkpf98>

## Funder(s)

### Funder type

Government

### Funder Name

Mental Health Commission of Canada (Canada)

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	04/09/2013		Yes	No
<a href="#">Results article</a>	results	01/11/2013		Yes	No
<a href="#">Results article</a>	results	08/12/2014		Yes	No
<a href="#">Results article</a>	results	01/01/2016		Yes	No
<a href="#">Results article</a>	results	25/02/2016		Yes	No
<a href="#">Results article</a>	results	11/01/2017		Yes	No
<a href="#">Results article</a>	results	01/07/2017		Yes	No
<a href="#">Results article</a>	retrospective analysis results	08/04/2019	15/04/2020	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes