

Vancouver At Home Study: housing first plus intensive case management versus treatment as usual

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

Plain English summary of protocol

Background and study aims

Homelessness is an increasingly prevalent 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 two models of service for people who are homeless, have some form of mental disorder, and require a moderate level of support.

Who can participate?

Up to 200 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 moderate challenges with community functioning in order to be enrolled in the study.

What does the study involve?

Participants will be randomly allocated to either: scattered Housing First with Intensive Case Management (ICM); 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. 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.

Intensive Case Management (ICM) provides support to people via a case manager working a standard work week and carrying a case load of roughly 20 clients. ICM provides limited direct care and otherwise aims to engage clients with relevant health and social services as indicated (i.e., a brokerage model).

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 will be 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 for allocation to 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 lead to improvements in long-term housing and support for participants and others as well. Risks include potential disappointment if randomized 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?

October 2010 to December 2013

Who is funding the study?

Health Canada and The Mental Health Commission of Canada (MHCC)

Who is the main contact?

Karen Fryer

kfryer@sfu.ca

Contact information

Type(s)

Scientific

Contact name

Dr Julian Somers

Contact details

Faculty of Health Sciences

Simon Fraser University

8888 University Drive

Burnaby

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V5A 1S6

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

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 Housing First plus Intensive Case Management 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

Secondary study design

Randomised controlled trial

Study setting(s)

Community

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Homelessness, mental illness, substance dependence, comorbid medical

Interventions

Participants will be randomly assigned to either: scattered Housing First with Intensive Case Management (ICM); or 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.

Intensive Case Management (ICM) provides support to people via a case manager working a standard work week and carrying a case load of roughly 20 clients. ICM provides limited direct care and otherwise aims to engage clients with relevant health and social services as indicated (i. e., a brokerage model).

Intervention Type

Mixed

Primary outcome measure

Current primary outcome measures as of 23/07/2015:
Housing stability and mental health outcomes.

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.

Secondary outcome measures

Current secondary outcome measures as of 23/07/2015:

1. Quality of life
2. Emergency service use and costs
3. Trauma symptoms and harm to self or other
4. Employment
5. Physical health
6. Substance use and related problems

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.

Overall study start date

01/01/2009

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, and
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.

Added 23/07/2015:

4. Moderate needs based on Multnomah Community Assessment Scale.

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

This trial (RCT1) includes approx. 200 people. 500 (RCT1 and RCT2 combined)

Key exclusion criteria

Added 23/07/2015:

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

Date of first enrolment

14/10/2009

Date of final enrolment

06/05/2011

Locations

Countries of recruitment

Canada

Study participating centre

Simon Fraser University

Burnaby

Canada

V5A 1S6

Sponsor information

Organisation

Mental Health Commission of Canada (Canada)

Sponsor details

10301 Southport Lane
SW Suite 800
Calgary
Canada
T2W 1S7

Sponsor type

Government

Website

<http://www.mentalhealthcommission.ca>

ROR

<https://ror.org/00hbkp98>

Funder(s)**Funder type**

Government

Funder Name

Mental Health Commission of Canada (Canada)

Funder Name

Health Canada (Canada)

Alternative Name(s)

Santé Canada

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

Canada

Results and Publications

Publication and dissemination plan

Protocol (30/09/2013), results (housing stability: 28/02/2016; client questionnaire results: 30/09/2016; service use – administrative data: 31/05/2016)

Intention to publish date

28/02/2016

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?
Results article	results	01/11/2013		Yes	No
Results article	results	08/12/2014		Yes	No
Results article	results	25/02/2016		Yes	No
Results article	retrospective analysis results	08/04/2019	15/04/2020	Yes	No