HOP-C Data and Experience

Housing Outreach Project - Collaborative

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Overview

1. What is HOP-C?
2. Who are the participants?
3. Findings from Feasibility Trial
4. Lessons from Data collection process
5. What are the next steps?

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HOP-C Partners

The Problem: Reoccurring Youth Homelessness

- During first year of youth being rehoused:
  - 25% were homeless again
  - Major mental health challenges
  - Declining hope
  - Large investment in crisis response, dearth of supports post-housing

- Exploratory Study:
  – Toronto and Halifax in 2014

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What is HOP-C?

- Support program model to support youth in their first year of being rehoused
- Project is designed to address the problems of
  - Youth cycling back into homelessness
  - Continued poor mental health and quality of life
  - Lack of post-homelessness supports for youth

What is HOP-C?

- HOP-C is delivered through a multi-agency and interdisciplinary collaborative
  - Designed to be complementary to and collaborative with the broad array of existing services
  - Help stabilize youth beyond basic housing provision
  - Focus on the first year of transition out of homelessness
  - Be flexible and voluntary

What is HOP-C's approach?

- Collaborative three-pronged approach to supporting youth:

1. Transitional Case Management

2. Mental Health Supports
   - Individual, Group, and Family

3. Peer Support
   - Including peer-directed participatory projects

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Transitional Case Management

- Mental health focused case management
- Provided by youth-in-transition workers from Covenant House and Loft
- Weekly check-ins and as-needed support on a broad range of topics
  - interpersonal relationships, income security programming, housing, employment supports, etc.

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Mental Health Supports

- **Group**: Weekly Mental Health, Wellness, and Mindfulness Group
  - Jointly run by CAMH post-doc psychologist and staff from Centre for Mindfulness Studies

- **Individual**: 1-on-1 with CAMH post-doc psychologist

- **Family**: Sessions for youth and family mediated by CAMH post-doc psychologist

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Peer Support

- **Social Outings**
  - Run monthly to a variety of activities including movies, cafes, events etc.
- **1-on-1 support** from Peers
  - Peers were given a telephone to meet organically
- **Peer-led participatory projects**
  - Peers are given the resources and support to build a project of their own within HOP-C
  - Peers decide with participants what would be helpful

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Peer-led Participatory Projects

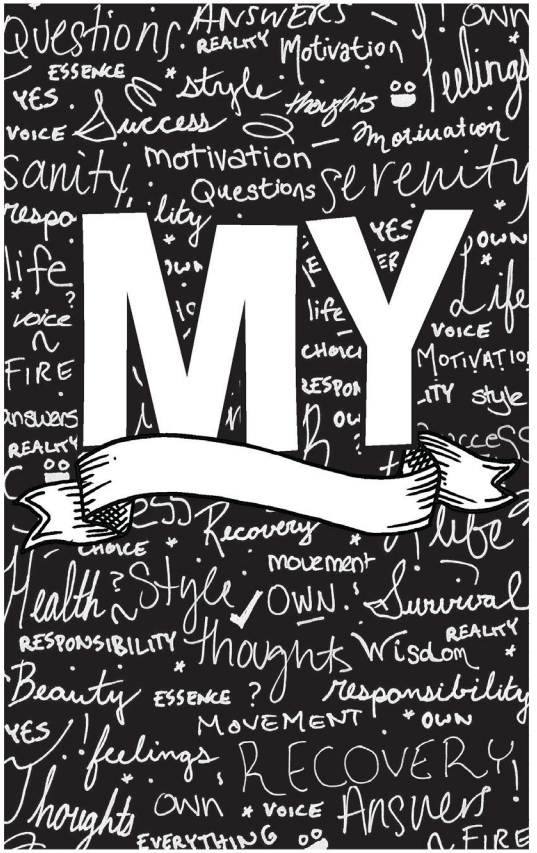
- Emergent component and one of the most exciting parts
  - 4 peer-led projects complete
- Ceramics Project – Examining feelings of Home
- Cooking Project – Self-care through healthy food

Peer Led Survival Guide

Transition Survival Guide

- Peers hired a number of youth to co-create

- Includes what they personally learned living in shelters, transitional housing, independent housing etc.



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Collaborative Weekly Table

- Weekly team meetings
- Allowed for team to support each other in supporting youth
  - E.g. Case managers working closely with psychologist
- Built collaborative team atmosphere
  - Horizontal, engaging peers in leadership, time for each team member to speak

What is Wellesley Institute's and My Role?

- Evaluation and Research Partner

- Mixed-Methods Research work:
  - Interviewing Youth and Staff
    - Semi-structured for questions on feasibility
  - Data Collection and Analysis
    - Quantitative scales comparison
  - Process Capture
    - For evaluation and replicability

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Timeline 1/2

1. Exploratory Study (2014):
   - in Toronto and Halifax, over 12 months, N=51

2. **Feasibility Study (2016-17):**
   - Focus of data sharing today
   - in Toronto, N=31
   - Does this set of supports work? Does this model fly?

Timeline 2/2

3. Randomized Control Trial (RCT):
   - In Toronto 2017-2019
   - 34 youth with access to full HOP-C supports
   - 31 youth with only access to case management ('treatment as usual')
   - Programming through Dec 2018
   - Evaluation and analysis currently happening

4. Thunder Bay Site Feasibility:
   - ran in 2017-18
   - examined how the model transplants to a Northern setting and indigenous youth

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Feasibility Study

- Pre-post design
- 6 month ‘treatment’ duration
- N=31 youth
  - 28 completed
- Rolling recruitment and discharge over 20 months 2016-2017

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What information did we collect?

- Demographics
- Quantitative scales
- Qualitative via semi-structured interviews
- Engagement data
- Process and implementation notes

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Who are the participants?

- Criteria
  - Aged 16-26
  - Past experience with homelessness
    - Operationalised as 6 months (not necessarily consecutive) of homelessness (defined as no housing, in shelter, or couch-surfing)
  - In stable housing now
    - Operationalised as within first year of housing

Demographics collected

- Homelessness history
- Age
- Gender
- Ethnicity
- Sexual orientation/identity
- Housing arrangement
- School and employment history and engagement
- Income and sources
- Etc.

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Who are the participants?

- Age:
  - Mean 22.1, Youngest 16, Oldest 26
- Gender
  - 14 male, 14, female, 3 other answer
- Sexual Orientation
  - 55% straight, 45% other
- 58% felt home city is Toronto

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Experiences of Homelessness

- Broad definition
  - Sleeping rough, in shelters, and/or very precarious
- Lifetime length of homelessness
  - Average 18 months
  - Longest 7 years
- Cycling into homelessness
  - Average 2.7 discrete times becoming homeless
  - Highest 10 times
- Age of first homelessness
  - Average 17.3 years old
  - Youngest 11, oldest 23

Current Housing at Enrolment

Supported	12	39%
Independent	10	32%
Family	4	13%
Subsidized	4	13%
Shelter	1	3%

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Ethnicity of Participants

Identified Ethnicity		
White	9	29%
No answer	5	16%
African	4	13%
Mixed	4	13%
Other	3	10%
Indigenous	2	6%
Caribbean	1	3%
Latin American	1	3%
South Asian	1	3%
East Asian	1	3%

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What qualitative information did we collect?

- Through semi structured interviews
  - With participants and staff
    - What they liked, didn't like, found useful, worked, didn't work etc.
    - Recommendations and concerns

- Through participant observation and note taking
  - Process and implementation
  - Service integration and collaboration
  - Negotiated operations

What qualitative information did we collect?

- Open coding on transcripts to identify
  - Themes
  - Pathways
  - Factors which could impact engagement and outcomes
  - Typology of transitions and participants
  - Etc.

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Qualitative Findings

- Participants liked:
  - Flexible and team approach to the delivery of support services (MH, peer, CM)
  - Voluntary and encouraging nature of supports

S: How did you feel about being apart of HOP-C?

P: I feel empowered. I feel like my opinions are valued… A pleasant experience. It has seen me through different parts, through the beginning stages of getting housing, pre-job and now during the job.

Qualitative Findings

- Peer component: greatest challenges and successes
- Peer socials particularly liked by participants
  - Offered relaxation from daily life that were otherwise difficult to access

"favourite part" of the program.

Opportunities to "Do something you've probably never done before." via planned arts, cooking and community activities

"Take [their] mind away from regular day to day activities."

Enabled them to do things "that I can't really ever afford to do and when I do it is pretty much that is it for a few months"

What quantitative data did we collect?

- Self-report pre-post questionnaire/ scales:
  - Mental Health (GAIN)
  - Quality of Life (WHO-QOL)
  - Community Integration (CIS)
  - Employment, Schooling, Volunteering
  - Housing information (HSS)
  - Income sources
  - Etc.

E.g. GAIN-SS Mental Health Scale

When was the last time, if ever, you had the following problems, by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.	Past month 4	2 to 3 months ago 3	4 to 12 months 2	1+ year ago 1	Never 0
1. When was the last time that you…					
a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	4	3	2	1	0
c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	4	3	2	1	0
d. becoming very distressed and upset when something reminded you of the past?	4	3	2	1	0
e. thinking about ending your life or committing suicide?	4	3	2	1	0

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Descriptive: MH Challenges

GAIN-SS Mental Health		
Past year high probability of diagnosis	Count	%
Internalizing Disorder Screener	22	71%
depression, anxiety, trauma, psychosis, and suicide.		
Externalizing Disorder Screener	14	45%
attention deficits, hyperactivity, impulsivity, conduct problems, and gambling.		
Substance Disorder Screener	9	29%
substance use, abuse, and dependence.		
Crime/Violence Screener	3	10%
interpersonal violence/crime, drug-related crime, and property crime.		

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Quantitative Findings

- Modest improvements in pre-post self-report metrics
  - Small and medium effect size (Cohen's d)
  - Substantive improvements in:
    - Employment, Education, and Mental health service eng
- Complex interaction with high/low engagement level
  - Great diversity in sample
  - High engagers: stabilization was success
  - Low engagers: doing well on own, or doing quite poorly

Quantitative Findings

- Small sample size for identifying stat sig findings
  - Participants in feasibility study did have a stat sig improvement in employment-education attachment

- RCT data being analyzed over summer 2019
  - Will be comparing HOPC supports and case management only
  - N=65 (treatment and control)

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Data collection lessons

- Strengths
  - Youth shared deeply through interviews
  - High completion rates on quantitative scales

- Challenges
  - Short time interval between interviews (6 months)
  - High flexibility required with interview locations, communications, timing

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Data collection lessons

- Using communication methods that youth prefer
- Being flexible in location and timing of interviews
- Providing a safe space for discussing difficult topics such as homelessness, mental health, and life struggles
- Being accepting of the degree that youth want to engage or discuss topics. Allow youth to drive the conversation within some bounds of time and topic.

Papers complete and more coming

- Mixed-methods youth outcomes paper
  - *More Than Four Walls and a Roof Needed: A Complex Tertiary Prevention Approach for Recently Homeless Youth*
  - American Journal of Orthopsychiatry
- Process paper - challenges, successes, learnings
  - *Development of a complex tertiary prevention intervention for the transition out of youth homelessness*
  - Children and Youth Services Review
- Peer Support Paper
  - *Comprehensive Peer Support in the Homeless Youth Context: Requirements, Design, Synchronizing with Related Services, and Outcomes*
  - Child and Adolescent Social Work Journal

What are the next steps?

- Scaling up HOPC
- Building a Toolkit for collaborative interventions in youth homelessness
- Mardi Daley consulting on how to build good peer programs
- Looking for opportunities for resources to continue this work, programming, and research

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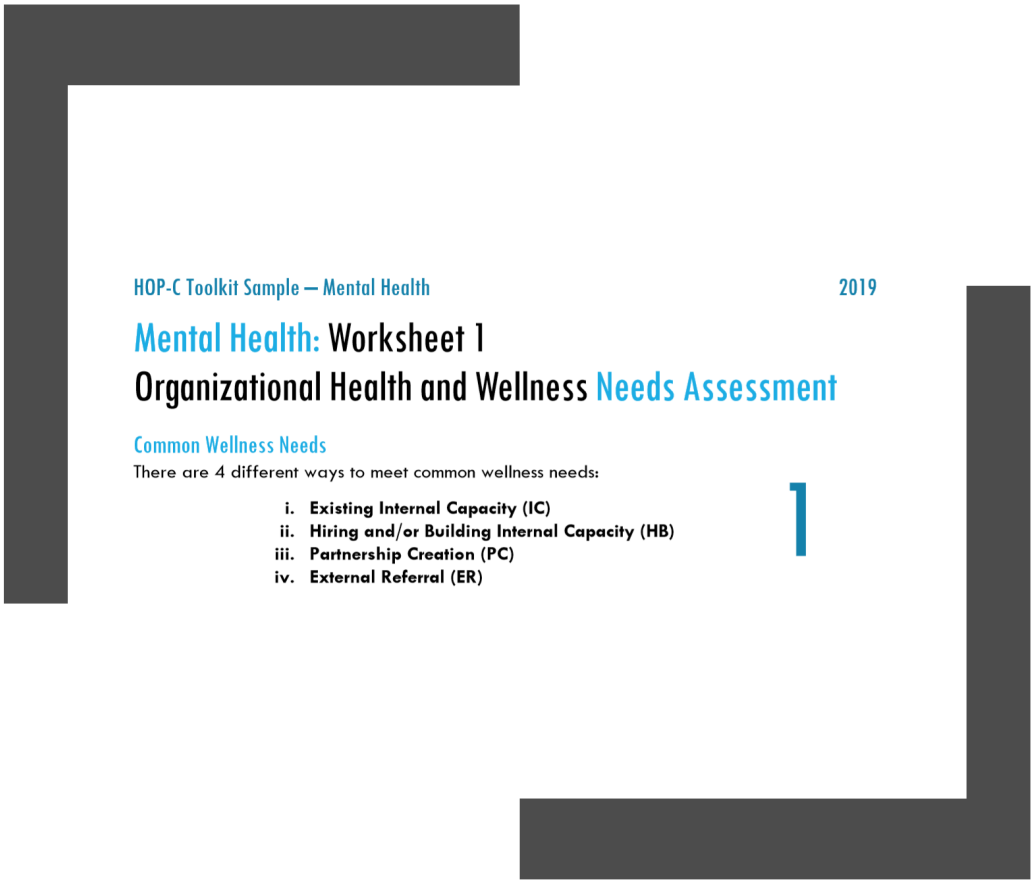
Toolkit for Building Collaborative Interventions



- Guiding, not prescriptive
- Sharing lessons
- Incorporating multiple agencies and services
- Worksheet focused

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Plug for Mardi Daley on Doing Peer Work Well

Mardi Daley and her
Lived Experience Lab

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Thank you

Questions?