

# Outcomes of an Assertive Community Treatment Approach to Chronically Homeless Individuals with Co-occurring Disorders

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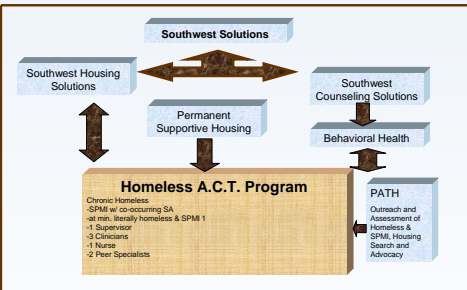


## Abstract

Southwest Counseling Solutions (SWCS) is currently in its fourth year of implementation of the A.C.T. model for adults with serious mental illness and co-occurring disorders who are homeless in Detroit, Michigan. The program has the added feature of having access to housing vouchers, thereby enabling the integration of the permanent supportive housing approach. Program outcomes are reflective of the successes of an integrated treatment approach using a "housing first" model, thus resulting in improved client functioning after clients have been in treatment and housing for a year or longer.

*"I feel like my life will be better now that I have the team to help me and this beautiful apartment is a dream."*

Southwest Counseling Solutions A.C.T. Client



## Does an Assertive Community Treatment approach combined with Housing first work for Homeless Adults with Co-Occurring Disorders?

Over time, clients receiving housing assistance and integrated treatment show improvement in behavior, psychiatric symptoms, stability, social competence and overall functioning.

The Housing First model ensures that clients are placed in safe and clean housing, thus aiding in their recovery over time.

After experiencing a period of stability which begins with a home of their own, some clients are able to proceed and find successful employment or enroll in school.

## Methods

- Determine housing placement, retention, cost and funding source as maintained by Homeless A.C.T. supervisor.
- Capture client functional assessment data using the Multnomah Community Ability Scale /MCAS (administered by clinical staff at intake and every 180 days and upon exit.) and outcomes from the Government Performance Results Act (GPRA).
- Analyze MCAS improvement in physical/psychiatric symptoms, activities of daily living, social competence, behavior, and overall functioning through repeated measures analysis.
- Assess client inpatient psychiatric hospitalization outcomes through client record management data on Link (a Southwest Solutions electronic clinical record system)

## Housing Outcomes



- Successful housing first approach used by our Homeless A.C.T. results in 95% housing placement among active clients and relies on successful partnerships.
- Only one client refuses to be housed!
- Partnerships and subsidized housing has revolutionized our housing first model.

Client status	N=75	%
Client received housing placement (active and inactive)	70	93%
Client left first placement	27	39%
Client received second placement	27	100%
Clients remained in housing (active and inactive)	60	86%

## More Housing Outcomes

- Only one client enrolled for a period of 2 years has declined housing and remains homeless.
- Most clients receive Shelter Plus Care grants from HUD which is used for subsidized housing.
- Others receive TBRA (Tenant based Rental Assistance) which is funded by MSHDA (Michigan State Housing and Development Authority) or Section 8 through HARP (Homeless Assistance Recovery Program) .
- People are required to participate in treatment in order to remain in the program but not to maintain subsidized housing.

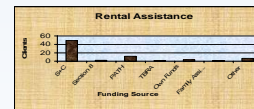
## Housing Type and Rental Assistance

67 (89%) clients were housed in Permanent Independent housing with supportive services.



Current housing costs an estimate of \$18,000 per month with \$14,250 (79%) covered by Shelter Plus Care (S+C) grants from HUD.

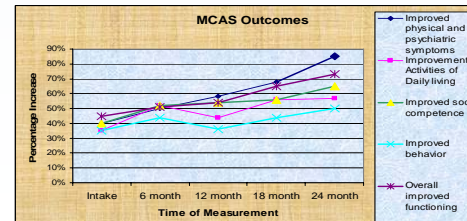
48 (85%) clients received Shelter Plus Care (S+C) grants from HUD



## Functional Assessment Outcomes

Using repeated measures analysis, improvement in functioning among four indicators is displayed. A total score displays overall client functioning.

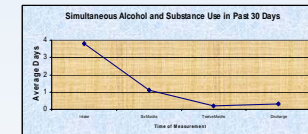
Clients display greater improvement in functioning after receiving integrated services and housing for two years.



**MCAS results at 18 months**  
67.65% displayed improvement in the physical and psychiatric symptoms that tend to impair overall functioning, which proved significant ( $p=0.002$ ) based on repeated measures analysis. 64.71% improved in Total Score (overall community functioning), which proved significant ( $p=0.022$ ) based on repeated measures analysis

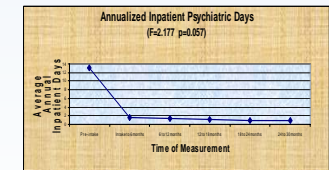
**MCAS results at 24 months**  
84.62% displayed improvement in the physical and psychiatric symptoms that tend to impair overall functioning, which proved significant ( $p=0.002$ ) based on repeated measures analysis. 57.69% displayed improvement in activities of daily living, which proved significant ( $p=0.023$ ) based on repeated measures analysis. 65.38% displayed improvement in social competence, which proved significant ( $p=0.013$ ). 73.08% improved in Total Score (overall community functioning), which upon repeated measures analysis proved significant ( $p=0.005$ ).

## GPRA Outcomes



Positive outcomes relative to decline in alcohol & substance abuse are evident among clients that have been in the program for 12 months or longer, however not statistically significant.

## Hospitalization Outcomes



Over the span of the program, the average hospitalization was less than 2 days (data includes all Homeless A.C.T. clients). Long term clients have experienced a 95% reduction in hospitalizations.

## Conclusion & Future Implications

It is expected that continued services implemented by our Homeless A.C.T. team will continue to enhance greater client functioning and reduce inpatient hospitalizations. The Evaluation Specialist and Director of Evaluation continually seek to assess program outcomes using measures from the Government Performance Results ACT, baseline data, the Multnomah Community Ability Scale, fidelity assessments, and housing outcomes.