Understanding a Model for Housing Active Substance Users: Creation and Validation of a Housing First (HF) Fidelity Tool

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Background

Housing First (HF) is an evidence-based practice for housing chronically homeless individuals who have been diagnosed with both serious mental illness and a substance use disorder (Tsemberis, 1999). While many studies that have looked at a variety of HF programs link the model to a number of positive outcomes related to substance abuse and mental health recovery (Chicago Housing for Health Partnership, 2008; see Pearson et al., 2007), little research has examined issues of implementation and fidelity of the model outside of the original HF program developed in New York during the early 1990s. The failure to study fidelity of evidence-based practices outside of their original programming is problematic in that it can lead to outcomes related to program context (geography, resources, policies, etc.) being falsely attributed to an intervention that has not been implemented correctly. The current study, carried out in three phases, aims to develop a fidelity scale of HF programming for the purposes of program implementation and measurement.

Aims of the current study:
1. Identify the components for successful HF programming
2. Develop a fidelity index based on defined components of HF programming
3. Establish reliability and validity of the fidelity index

Phase 2

Purpose: Continue to identify and refine components and develop preliminary fidelity instrument.
Method: Structured phone interviews with “expert users” (i.e., administrators of HF programs) (n=20)
Tool: Survey developed using Phase 1 findings and literature review. Items rated on a scale of 0="not important" to 4="extremely important"
(see Figure 1). Figure 1: Example of questions from Phase 2 tool

Analysis: Computed mean for each criterion to determine which criteria had the highest potential for inclusion in the model.

Findings: 30 criteria of HF programming recognized as important to the model based on rational and/or theoretical importance according to Phase 1 findings or literature.

Phase 3

Purpose: Establish reliability and validity of the fidelity tool developed out of previous phases, and identify components to be included in final index.
Method: Structured phone interviews with random sample of abstinence-based (n=20) and HF (n=30) programs. Interviewers were blind to type of program.
Tool: Preliminary fidelity scale developed using Phase 2 findings and literature review (see Figure 3). Programs were rated (scale from 1-5) on 29 elements. Two criteria related to continuing services if consumers leave housing for short periods were combined into a single item.

Analysis: Divided programs into 3 groups according to self-identification and the extent to which they employ an abstinence-based approach to substance use. Calculated Fidelity scores based on 29 items. Calculated Housing Retention scores utilized by HUD in reporting based on 2009-2010 data. See Table 2 for descriptive statistics for these measures. See Figures 4 and 5 for tests of mean differences according to program type.

Conclusions

• Established face, content, construct, and criterion validity.
• Abstinence-based and HF programs are significantly different regarding policies and procedures implemented.
• There is wide variation in the way the HF model has been adapted by programs.
• HF programs with abstinence-based principles and practices had less fidelity than HF programs without abstinence-based principles and practices.
• HF programs with abstinence-based principles had a wider range of fidelity scores. This suggests that HF programs with abstinence-based principles have a weaker understanding of the original HF design.
• Fidelity to the developed instrument was significantly correlated to the number of consumers who remained housed in the housing program during the one-year period for which data were collected.
• HF programs who self-designate as HF programs have the lowest fidelity.

References


Table 1: Characteristics of Phase 1 Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Client Capacity</th>
<th>Population served</th>
<th>Years providing HF programming</th>
<th>Housing type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>55</td>
<td>Women</td>
<td>9</td>
<td>Single-site</td>
</tr>
<tr>
<td>2</td>
<td>54</td>
<td>Dual Diagnosis</td>
<td>11</td>
<td>Multiple-site</td>
</tr>
<tr>
<td>3</td>
<td>38</td>
<td>Men with Dual Diagnosis</td>
<td>7</td>
<td>Single-site</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>HIV/AIDS</td>
<td>1</td>
<td>Multiple-site</td>
</tr>
</tbody>
</table>

Table 2: Descriptive Statistics

<table>
<thead>
<tr>
<th>Type of Program</th>
<th>HF Fidelity</th>
<th>Housing Retention 1: % consumers housed at least 12 mos.</th>
<th>Housing Retention 2: % consumers housed during project year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence-based</td>
<td>3.92(1.25)</td>
<td>68.02(24.74)</td>
<td>65.83(29.69)</td>
</tr>
<tr>
<td>HF</td>
<td>3.50(1.44)</td>
<td>70.57(15.00)</td>
<td>64.26(23.84)</td>
</tr>
</tbody>
</table>

Table 3: Correlations between Housing Retention and Fidelity for all programs who self-designate as HF

<table>
<thead>
<tr>
<th>Type of Program</th>
<th>HF Fidelity</th>
<th>Housing Retention 1: % consumers housed at least 12 mos.</th>
<th>Housing Retention 2: % consumers housed during project year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence-based</td>
<td>0.30*</td>
<td>0.06</td>
<td>--</td>
</tr>
<tr>
<td>HF</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Housing Retention 1: % consumers housed at least 12 mos.</td>
<td>0.30*</td>
<td>0.06</td>
<td>--</td>
</tr>
<tr>
<td>Housing Retention 2: % consumers housed during project year</td>
<td>--</td>
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</tbody>
</table>

Figure 1: Example of questions from Phase 2 tool

Figure 2: Expert User Ratings of Housing First Components

Figure 3: Example of criterion from fidelity measurement tool

Figure 4: Significant Mean Differences in Fidelity Score

Figure 5: Means for Housing Retention Score #2