

Early Findings from the Restart Project: A Research Demonstration Project of Housing First for Youth Experiencing Homelessness and Co-occurring Mental Health and Substance Use Problems

JULY 2025



INTRODUCTION

Housing First programs, which provide people experiencing homelessness with access to housing and supports, without having to meet prerequisites for treatment or sobriety, have been found to be highly effective at increasing housing stability and addressing homelessness (1–3). While there is a well-established evidence base showing the effectiveness of these programs for adults, there is only a small amount of research exploring the effectiveness of Housing First for Youth (HF4Y) programs (4–6). However, these HF4Y programs have not necessarily been tailored to the needs of youth experiencing homelessness and co-occurring mental health and substance use problems (i.e., concurrent disorders).

The Restart Project is a research demonstration project that seeks to address these gaps by evaluating the effectiveness of a service model incorporating HF4Y with integrated mental health and addiction services for youth experiencing homelessness and concurrent disorders in Toronto, Ontario and Kelowna, British Columbia, Canada. The Restart Program service model provides youth aged 16-23 with support in finding appropriate housing for their needs, a monthly rent supplement, access to an HF4Y case manager (7), as well as integrated mental health and addiction services.

The Restart Project outcome evaluation examines the effects of the service model on housing stability, mental health and substance use, quality of life, and social integration, and compares these program outcomes (Restart HF4Y Group) with those of youth on a one-year waitlist for the program and accessing usual services in the community (Waitlist/Usual Care Group). It also captures youths' in-depth experiences with homelessness and related-service access. Beginning in 2020, the evaluation follows youth over a two-year period, however, in this brief report, we share early findings after participants had been participating in the project for 12 months (quantitative survey data) and 18 months (qualitative data).

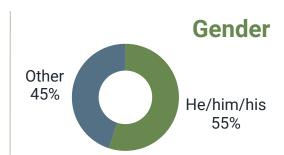
Participants in the evaluation are youth aged 16-23 experiencing or at risk of homelessness, and experiencing concurrent disorders, living in Toronto or Kelowna. Participants were recruited from youth-servicing organizations providing homelessness services in each community. Across both sites, a total of 72 youth are participating in the project (33 participants in the Restart HF4Y Group; 39 participants in the Waitlist/Usual Care Group).



PARTICIPANT DEMOGRAPHICS

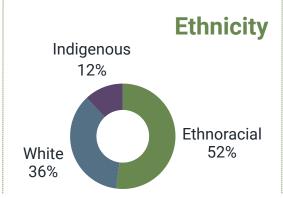


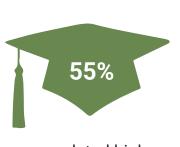








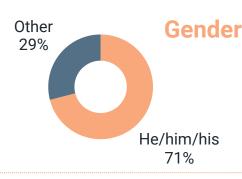




completed high school or more

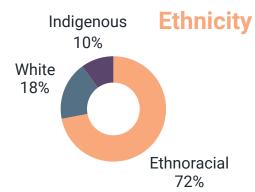
WAITLIST/USUAL CARE GROUP (N = 39)

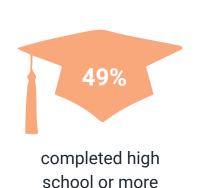












HOUSING STABILITY AT 12 MONTHS

A significantly greater increase in housing stability was noted among the Restart HF4Y Group compared to the Waitlist/Usual Care Group in both sites. At 12 months, the average percentage of time spent in stable housing was 71.8% for Restart HF4Y Group participants compared to 35.6% of the Waitlist/Usual Care Group participants (p-value = 0.02) (see Figure 1). This indicates a significant impact of the Restart HF4Y program on participants' housing stability.

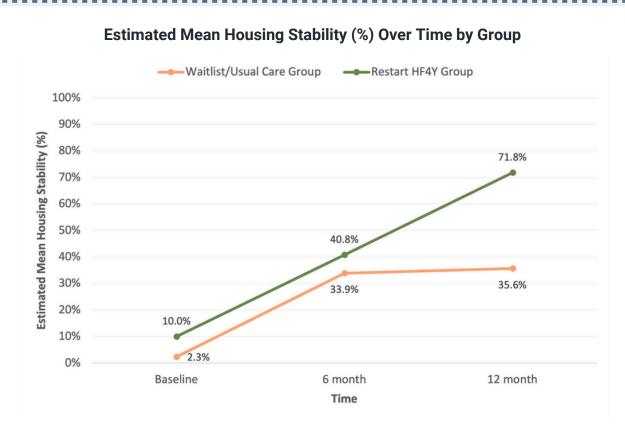


Figure 1. Comparison of average housing stability among Restart HF4Y Group vs. Waitlist/Usual Care Group at 12 months.

These findings align with insights gathered from participant 18-month interviews. Several youth in the Restart HF4Y Group expressed positive impacts of the program in creating a foundation for improvements in health and well-being. For example, many participants shared that having stable housing and supports contributed to their mental health and personal growth: "The Restart Program so far has also taught me so much with mental emotions, even the emotional growth also mental growth, even though sometimes I can admit that I do slide back… But I also try and catch myself so I can also get back up to speed." (Participant 148)

In terms of the specific impacts of housing, many participants emphasized that having their own housing fostered feelings of safety, independence, and a sense of belonging: "It [housing] helped me. Makes me feel comfortable. Makes me feel like I belong somewhere." (Participant 142)

"Like it's [housing] an actual safe place and I can't even explain the feeling I felt when we got this place And it was finalized and like the day we moved in we just sat in the kitchen... And it's like we just both had like a sigh of relief. And we were like, we're safe." (Participant 137)

IMPLICATIONS OF FINDINGS

The findings from the Restart Project show that HF4Y programs can be effective at supporting housing stability for youth experiencing homelessness with complex needs related to mental health and substance use problems within a relatively short period time (12 months), creating a foundation for changes in other life areas.

These findings are important because they add to a growing evidence base of studies that have found greater improvements in housing stability among Housing First adult participants (8-10) and youth participants (4,5) vs. participants in usual care groups at 12-month timepoints.

The Restart Project evaluation is ongoing and will be reporting findings on housing stability and other outcomes of participants at 24 months soon. However, these findings should encourage policy makers to act by dedicating more funding to sustainable housing programs like the Restart Program, which can support and empower youth with complex needs to exit homelessness, and make successful transitions to adulthood.

CONTRIBUTIONS

Funding for the Restart Project was received from the Making the Shift Youth Homelessness Social Innovation Lab Networks of Centres of Excellence. The authors would like to thank all participants in the Restart Project, Restart Project service partners, the Restart Project Management Committee, the Restart Project Youth with Lived Experience Advisory Committee, members of the research team in both sites, and Rick Wang for their contributions to the project. This knowledge brief was written and prepared by Maritt Kirst (mkirst@wlu.ca) and Victoria Rozycki.

REFERENCES

- 1. Baxter AJ, Tweed EJ, Katikireddi SV, Thomson H. Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: Systematic review and meta-analysis of randomised controlled trials. J Epidemiol Community Health (1978). 2019;73(5):379–87.
- 2. Aubry T, Goering P, Veldhuizen S, Adair CE, Bourque J, Distasio J, et al. A multiple-city rct of housing first with assertive community treatment for homeless canadians with serious mental illness. Psychiatric Services [Internet]. 2016;67(3):275–81. Available from: http://psychiatryonline.org/doi/10.1176/appi.ps.201400587
- 3. Stergiopoulos V, Mejia-Lancheros C, Nisenbaum R, Wang R, Lachaud J, O'Campo P, et al. Long-term effects of rent supplements and mental health support services on housing and health outcomes of homeless adults with mental illness: extension study of the At Home/Chez Soi randomised controlled trial. Lancet Psychiatry. 2019 Nov 1;6(11):915–25.
- 4. Bonakdar A, McDonald C, Gaetz S. Does Housing First for Youth work in Canada? Emerging 24-month findings from the Making the Shift Housing First for Youth Demonstration Project. Parity. 2023;36(7):48–50.
- 5. Kozloff N, Adair CE, Palma Lazgare LI, Poremski D, Cheung AH, Sandu R, et al. "Housing First" for Homeless Youth With Mental Illness. Pediatrics [Internet]. 2016;138(4):e20161514-e20161514. Available from: http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2016-1514
- 6. Slesnick N, Zhang J, Feng X, Mallory A, Martin J, Famelia R, et al. Housing and supportive services for substance use and self-efficacy among young mothers experiencing homelessness: A randomized controlled trial. J Subst Abuse Treat. 2023 Jan 1;144.
- 7. Gaetz S. This is Housing First for Youth: A Program Model Guide [Internet]. 2017. Available from: http://www.homelesshub.ca/sites/default/files/COH-AWH-HF4Y.pdf
- 8. Aubry T, Tsemberis S, Adair CE, Veldhuizen S, Streiner D, Latimer E, et al. One-year outcomes of a randomized controlled trial of housing first with act in five Canadian cities. Psychiatric Services. 2015 May 1;66(5):463–9.
- 9. Pearson C, Montgomery AE, Locke G. Housing stability among homeless individuals with serious mental illness participating in housing first programs. J Community Psychol. 2009 Apr;37(3):404–17.
- 10. Patterson M, Moniruzzaman A, Palepu A, Zabkiewicz D, Frankish CJ, Krausz M, et al. Housing First improves subjective quality of life among homeless adults with mental illness: 12-month findings from a randomized controlled trial in Vancouver, British Columbia. Soc Psychiatry Psychiatr Epidemiol. 2013;48(8):1245–59.