CANADIAN HOUSING FIRST TOOLKIT

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Housing First Toolkit

PREFACE

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PREFACE

THE HOUSING FIRST TOOLKIT

Background & Purpose of the Toolkit

This toolkit is based on the experience of the Canadian At Home/Chez Soi project that used the Pathways to Housing model of Housing First for homeless people with mental illness. While the toolkit has a mental health focus because it is based on the At Home/Chez Soi experience, it is applicable to and can be adapted to other segments of the homeless population (e.g., youth, families), many of which also experience mental health challenges. We recognize that the Pathways to Housing model of Housing First is but one model of housing for homeless people, not the only model. At the same time, we note that the Pathways model, unlike many other housing models, is based on extensive research, including the At Home/Chez Soi project and several rigorous studies conducted in the United States. Moreover, the Pathways model of Housing First is being implemented across Canada, the United States, and Europe. In Canada, Housing First was adopted as the solution to homelessness in Calgary and it has now been adopted in many other Alberta cities, including Edmonton, Red Deer, and Lethbridge, which have been successful in reducing homelessness. Finally, Housing First is being actively promoted by the Homelessness Partnering Strategy of Employment and Social Development Canada.

The toolkit was developed to assist other Canadian communities that are interested in adopting the Housing First approach. Primarily based on the experiences of the At Home/Chez Soi project, we have assembled tools and resources that are practical and user-friendly for groups and communities interested in the Housing First approach. We expect the primary users of the toolkit to be practitioners, planners, government policy-makers, researchers, and people with lived experience of homelessness and/or mental health working in the housing/homelessness sector, health/mental health sector, and stakeholders in related sectors. The toolkit provides useful "how to" information based on years of experience that can help community groups and individuals to develop and implement Housing First programs. Finally, the toolkit complements similar manuals developed in the U.S. (SAMHSA, 2010; Tsemberis, 2010) and a recent book of case studies of Housing First in Canada (Gaetz, Scott, & Gulliver, 2010).

How to Use the Toolkit

The toolkit is organized into several modules: an overview, planning, implementation, evaluation, and sustainability. Each module is accompanied with videos and links to resource material. Users can access this material in several ways. First, individuals can access the materials via the interactive website that is hosted by the Homeless Hub and the Mental Health Commission of Canada. Those who choose this option can pick and choose particular sections of each module to review, rather than reviewing an entire module. Second, users can download and save or print the modules that are in pdf format.

How We Put the Toolkit Together

The toolkit team reviewed research and materials relevant to each of the modules. We relied heavily, but not exclusively, on the qualitative research reports of the At Home/Chez Soi research. However, we also used a highly participatory approach to the development of the toolkit.

At the beginning of the project, we conducted focus groups with stakeholders at each of the five At Home/Chez Soi sites, the senior managers of this project, and a group of people with lived experienced who worked in the project. We also contacted numerous groups and individuals to obtain information and resources that could be included in the toolkit.

We also assembled an expert panel of people working in the housing/homeless and health/mental health sectors who reviewed drafts of each of the modules. A structured approach was used to gather the input of members of this panel to improve the toolkit. Expert panel members reviewed not only the content of the modules, but they comment on the readability, language, appeal, and accessibility of the modules.

References

1 Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting communities to end homelessness.* Toronto: Canadian Homelessness Research Network.

2 Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Permanent supportive housing: How to use the evidence-based practices KITs.* HHS Pub. No. SMA-10-4509, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

3 Tsemberis, S. (2010). *Housing First: The Pathways model to end homelessness for people with mental illness and addictions.* Center City, MN: Hazelden.

Acknowledgements

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Toolkit Team Members

Lauren Polvere, Ph.D., Douglas Mental Health University Institute

Eric Macnaughton, Ph.D., Department of Psychology, Wilfrid Laurier University

Tim MacLeod, Ph.D. Student, Department of Psychology – Community Psychology Program, Wilfrid Laurier University

Rachel Caplan, Ph.D. Student, Department of Psychology – Community Psychology Program, Wilfrid Laurier University

Geoff Nelson, Ph.D., Professor, Department of Psychology – Community Psychology Program, Wilfrid Laurier University

Myra Piat, Ph.D., Douglas Hospital and McGill University

Paula Goering, Ph.D., University of Toronto and Centre for Addiction and Mental Health

Stephen Gaetz, Ph.D., Associate Professor, Faculty of Education, York University

Expert Panel Members

Tim Aubry,
University of Ottawa

Claudette Bradshaw,
Mental Health Commission of Canada

Lucille Bruce,
Mental Health Commission of Canada

Jody Brown,
Brantford Social Services

Sonia Coté,
Mental Health Commission of Canada

Dorothy Edem,
Capital Health Authority

Brenda McAllister,
Saskatoon Health Authority

Susan McGee,
Homeward Trust, Edmonton

Faye More,
Mental Health Commission of Canada

Marie Morrision,
Waterloo Region Social Services

Tim Richter,
Canadian Alliance to End Homelessness

Ana Stefancic,
Pathways to Housing

Vicky Steriopoulis,
St. Michael's Hospital

Stephanie Vasko,
Homeless Hub

Jiji Voronka,
Mental Health Commission of Canada

Juliana Walker,
Pathways to Housing

Dean Waterfield,
Transitions to Home

Shannon Watson,
Government of Manitoba

Layout & Design of The Canadian Housing First Toolkit document by: Patricia Lacroix

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Module 1

OVERVIEW OF HOUSING FIRST

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OVERVIEW OF HOUSING FIRST

OVERVIEW

MODULE 1 — OVERVIEW OF HOUSING FIRST

Photo: Shane Fester

Overview

This module is an overview of the Housing First approach. It is organized into three sections: (i) **Key Messages**, (ii) **Key Questions**, and (iii) **Appendicies and Resources**. The Key Messages section gives a brief overview of the Housing First model, how it works and what it has been shown to achieve. The Key Questions section is organized into a serious of general questions about the Housing First model. Each question can be "clicked" on to reveal in depth answers. Finally, the Features section contains additional information about Housing First including external links to online resources.

KEY MESSAGES
MODULE 1 — OVERVIEW OF HOUSING FIRST
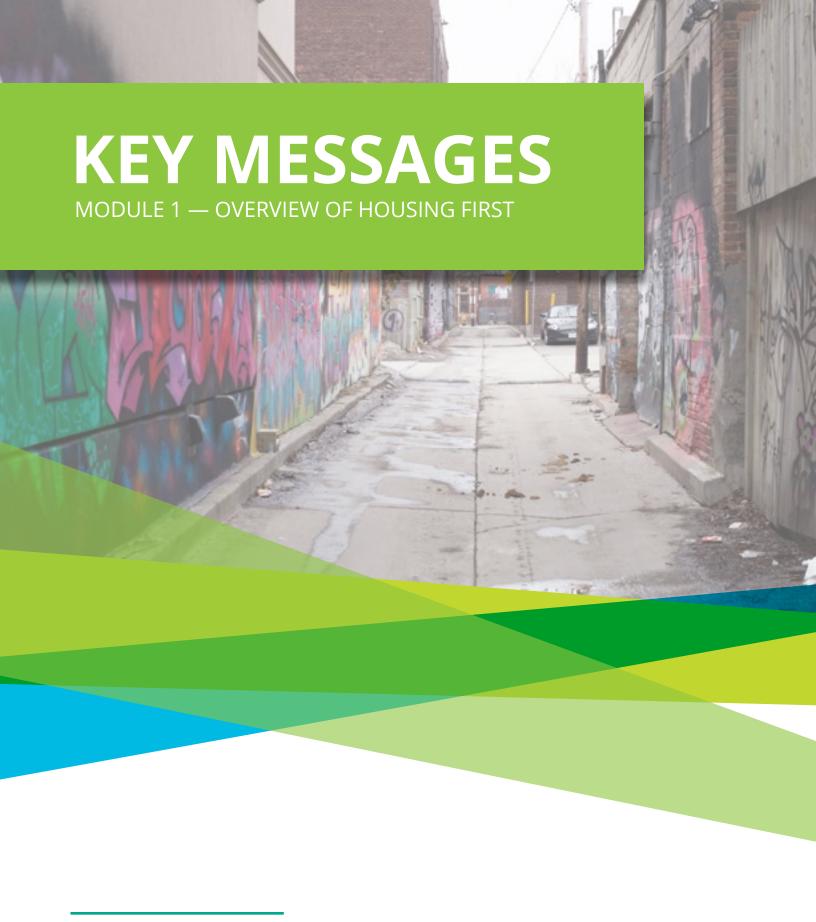
Photo: Shane Fester

Key Messages

- Housing First is a consumer-driven approach that provides **immediate access to permanent housing,** in addition to **flexible, community-based services** for people who have experienced homelessness.

- Housing First provides housing **without requiring** psychiatric treatment or sobriety as determinants of "housing readiness."

- Housing First draws from **a harm reduction approach** and a **recovery orientation.**

- Housing First emerged in the **early 1980's** in the United States in response to the failure of traditional treatment to impact the "chronically homeless."

- The goal of Housing First is to end chronic homelessness by providing i**mmediate housing** and thenworking with participants to **promote recovery** and wellbeing.

- The core principles of Housing First are: immediate access to **housing** with no housing readiness requirements; consumer **choice** and self-determination, which is enabled through the provision of a rent supplement; individualized, client-driven, and recovery-oriented **supports;** separation of housing and services; **harm reduction;** and **community integration.**

- Housing First has been recognized as an important **policy** towards ending homelessness by both the Canadian and the United States federal governments.

- Housing First has been shown to: increase **housing stability;** improve **quality of life**, and improve **health** and **addiction** outcomes; reduce involvement with **police and the justice system;** reduce costs associated with justice system and health expenditures; and reduce **hospitalization** and **emergency visits.**

- Housing First has been implemented in both **Canada** and the **United States,** in addition to several **European countries.**

- Housing First can be **adapted** to many local contexts, including rural jurisdictions and areas with low vacancy rates.

- Housing First is a program model, a systems approach, as well as a philosophy.

KEY QUESTIONS

MODULE 1 — OVERVIEW OF HOUSING FIRST

Photo: Shane Fester

1   What is Housing First?

Housing First is a consumer-driven approach that provides immediate access to permanent housing for people with mental health issues who have experienced homelessness, *without requiring psychiatric treatment or sobriety as determinants of "housing readiness"* [1]. Consumer choice is central to the Housing First model and guides both housing and service delivery. Additionally, the Housing First approach is guided by the idea that housing is a basic human right[2]. As we'll talk about next, Housing First is a specific program approach. As we'll talk about later, Housing First can also be looked at as a philosophy of service, and as a systems approach for addressing homelessness.

Within the Housing First model, clinical and support services are separated. Housing First participants receive housing allowances that enable them to secure typical housing in the community, and an off-site clinical team provides the support. Participants contribute no more than 30% of their income for rent, sometimes from disability benefits. Participants typically live independently in scattered site apartments in the community although they can choose to live in other housing arrangements (i.e,. congregate housing). Along with housing, participants are offered an array of clinical and support services, which are individualized, flexible, and community-based. Services typically entail Assertive Community Treatment (ACT) for participants with higher needs, or Intensive Case Management (ICM) for individuals with moderate needs. ACT and ICM teams both provide community based clinical care to individuals with mental health issues. ACT services are delivered in a multidisciplinary team whereas ICM services are co-ordinated or "brokered" by a case manager.

[1] Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *Journal Information*, 94(4).

[2] Tsemberis, S., & Asmussen, S. (1999). From streets to homes: The pathways to housing consumer preference supported housing model. *Alcoholism Treatment Quarterly,* 17(1-2), 113-131.

(2) What is the goal of Housing First?

▲

Still from a TED talk from Dr. Sam Tsemberis about the goal and origins of housing First/Pathways to Housing.

The goal of Housing First for individuals with mental health and addiction challenges who have experienced chronic homelessness is to promote recovery, first by ending their homelessness and then by collaborating with them to address health, mental health, addiction, employment, social, familial, spiritual, and other needs.

View a TED talk from Dr. Sam Tsemberis about the goal and origins of Housing First/Pathways to Housing.

Watch it here:

http://tedxtalks. ted.com/video/ TEDxMosesBrown- School-Sam-Tsembe

③ What is the problem that Housing First seeks to address?

Housing First was developed to address the problem of chronic homelessness. Individuals who have experienced chronic homelessness have been found to represent only 11 per cent of the population of shelter users but account for 50 per cent of shelter stays.[12]

This group, which includes a disproportionately high number of people with serious mental illness (and often addictions), represents a subset of the homeless population who tend to stay homeless for long periods of time and who are considered "difficult to house." People who are chronically homeless tend to cyclically use emergency health services, hospitals, and the justice system, resulting in substantial costs. Housing First addresses the social circumstances of adults who are chronically homeless and living with mental health and addiction issues by first ending homelessness and then supporting participants in their process of recovery. While the model was originally developed to address chronic homelessness, its principles can and have been applied to address other forms of homelessness.

[1] Kuhn, R., & Culhane, D. P. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American journal of community psychology,* 26(2), 207-232.

[2] Aubry, T., Farrell, S., Hwang, S. W., & Calhoun, M. (2013). Identifying the Patterns of Emergency Shelter Stays of Single Individuals in Canadian Cities of Different Sizes. *Housing Studies*, (ahead-of-print), 1-18.

CHRONICALLY HOMELESS PEOPLE represent only 11% of the population of shelter users but account for 50% OF SHELTER STAYS.

4 What is the cost of homelessness in Canada?

47.5%

20%

ADULT MALES
47.5% single adult males between 25 & 55 years old

YOUTH
Youth make up about 20% of the homeless population

ABORIGINAL
First nations, métis, and inuit peoples are overrepresented

WOMEN & FAMILIES
Violence and poverty are the main causes of homelessness for women and families

30,000 PEOPLE
ARE HOMELESS ON ANY GIVEN NIGHT

AS MANY AS
50, 000 PEOPLE
MAY BE 'HIDDEN HOMELESS' ON ANY GIVEN NIGHT

It is estimated that 200,000 Canadians will be homeless over the course of a year.[7] The prevalence of mental health issues is significantly higher for homeless Canadians compared with the general population. The Mental Health Commission of Canada estimates that there are approximately half a million people diagnosed with a mental illness in Canada who are inadequately housed, with more than 100,000 of those individuals being homeless.[8] Studies suggest that between one-quarter and one-third of homeless Canadians experience serious mental illness.[9]

In Canada, the estimated cost of homelessness annually is $7 billion.[10] Individuals who are homelessare often heavy users of criminal, health and social services and the costs associated with this use is higher for homeless people than for individuals with housing.[11] By targeting people who are chronically homeless using the Housing First approach, resources can be better directed to strategies that have been shown to work for this population.

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[7] Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). The state of homelessness in Canada 2013. *Retrieved on June, 23,* 2013.

[8] Mental Health Commission of Canada. *Turning the key: assessing housing and related supports for persons with mental health problems and illness.* Ottawa, Ontario: MHCC, 2012.

[9] Hwang, S. W., Stergiopoulos, V., O'Campo, P., & Gozdzik, A. (2012). Ending homelessness among people with mental illness: the At Home/Chez Soi randomized trial of a Housing First intervention in Toronto. *BMC public health,*12(1), 787.

[10] Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). The state of homelessness in Canada 2013. *Retrieved on June, 23,* 2013.

[11] Eberle, M. P. (2001). *Homelessness, Causes & Effects. Volume 3: the Costs of Homelessness in British Columbia.* Ministry of Social Development and Economic Security.

5 What are the origins of Housing First?

Following the widespread closure of psychiatric hospitals – a period termed "deinstitutionalization" - that occurred between the 1960's and 1980's, there was a movement towards community-based mental health treatment. The early housing models that followed deinstitutionalization combined psychiatric and addiction treatment, and mandated treatment compliance and sobriety as prerequisites and conditions for obtaining and keeping housing. This model – often termed the "continuum" or "staircase" model- came under critique in the 1980s on the grounds that: (a) there is a lack of consumer choice about housing and neighbourhoods; (b) community integration is hindered by confinement to specific neighbourhoods and buildings; (c) social relationships are disrupted by movements along the continuum of housing that was offered under the previous model of supportive housing: and(d) the most vulnerable individuals tend to become caught cycling between inpatient psychiatric care and involvement with the justice system.[1]

Housing First emerged in response to these critiques of the continuum model in the late 1980's. Supported by consumer advocates, Ridgeway and Zipple[2], Dr. Paul Carling espoused an approach that he called "supported housing" that gave consumers choice in immediate permanent housing located in "normal" rental units.[3] This model was taken up and brought to mainstream attention in the early 1990's by Dr. Sam Tsemberis and the organization Pathways to Housing in New York City. A particular innovation of the Pathways model was to bring supported housing together with (off-site) support provided by a recovery-oriented ACT team for the benefit of people who had experienced both homelessness and mental illness. By itself, ACT had proven to be ineffective in a homelessness context. Brought together, these two models (supported housing and ACT) became a powerful combination. Over the next decade the Pathways Housing First model emerged as probably the most well developed and researched Housing First program.

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[1] Nelson, G., & Laurier, W. (2010). Housing for people with serious mental illness: Approaches, evidence, and transformative change. J. Soc. & Soc. Welfare, 37, 123.

[2] Ridgway, P., & Zipple, A. M. (1990). The paradigm shift in residential services: From the linear continuum to supported housing approaches. Psychosocial Rehabilitation Journal.

[3] Carling, P. J. (1995). Return to community: Building support systems for people with psychiatric disabilities. Guilford Press. 13(4), 11.

6 How does Housing First work?

Housing First seeks to end homelessness by providing immediate access to permanent housing in the community. When participants enter the program, they are provided immediate access to housing through a team that is responsible for helping participants find and get housing.

A care plan is then prepared by the participant in collaboration with an ACT team or case manager, including immediate attention to helping the participant apply for disability benefits, which is important for lease eligibility. The participant forms a working alliance with her or his clinical service team or worker and identifies unique treatment goals. Clinical service teams help participants to access community health services for acute and chronic health issues. Participants are then offered assistance in pursuing their treatment goals. These goals might include vocational training and support in establishing and re-establishing social, familial, and spiritual connections.

These interventions are intended to produce housing stability, participation in treatment services, and decreases in emergency service utilizations. Additionally, these interventions are intended to promote community integration.[1]

To view more Canadian examples of Housing First models,

Click here:

http://www.esdc. gc.ca/eng/commu- nities/homeless- ness/housing_first/ service_delivery/ case_studies.shtml

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[1] This is the Pathways Housing First model as taken up by At Home/Chez Soi.

7 What are the core principles of Housing First?

1. Immediate access to permanent housing with no housing readiness requirements.

Individuals are given immediate access to housing without proving they are "ready" for housing or participating in substance abuse or psychiatric treatment. One idea behind this is that people will eventually become motivated to pursue treatment (or may find alternative ways of managing their mental health or addictions) in order to keep their housing. Additionally, housing and clinical services are separated to ensure that clinical service use can change without a housing move, and that a person can stay connected to her or his mental health team even if the individual becomes temporarily homeless. Individuals can also choose to change housing without this impacting their clinical services.

2. Consumer choice and self-determination

Participants are able to have some choice in the type of housing they want as well as location – although choice may be constrained by the conditions of the local housing market. Housing choice may include non scattered-site options, including congregate housing, if that is what the participant wants. Housing allowances are important in ensuing choice of housing unit. Additionally, treatment is guided by participant choice.

3. Individualized, recovery-oriented, & client-driven supports

Participants' needs will vary considerably with some individuals requiring minimum supports while others might require intensive supports for the rest of their lives. Supports range from ICM where support is coordinated by a case manager – to ACT – where support is coordinated by a multidisciplinary team. Treatment and supports should be both voluntary and congruent with the unique social and individual circumstances of each participant consistent with a recovery orientation.

4. Harm reduction

Harm reduction refers to a public health strategy to substance use that emphasizes minimizing the negative consequences of use. The aim of harm reduction is to reduce both the risk and effects associated with substance abuse and addiction at the level of the individual, community and society without requiring abstinence. Subsequently, Housing First does not have sobriety requirements and participants' substance use will not result in a loss of housing unless their behaviour violates the terms of their lease. Housing First teams will use these occasions for enhanced intervention and treatment.

5. Social & community integration

Community integration – the meaningful psychological, social and physical integration of formerly homeless individuals with mental health issues – is an important part of the Housing First model and is facilitated by the separation of housing and clinical services. Participants should be given opportunities for meaningful participation in their communities. Community integration is important in terms of preventing social isolation, which can undermine housing stability.

8 # What are the key components of Housing First?

1. Housing:

Housing should be guided by the principle of **consumer choice** and **self-determination.** Participants should be able to have some choice about unit type (scattered-site, congregate) and neighbourhood preference – although choices will in many cases be contingent on the conditions of the local housing market. Additionally, participants should not make up more than 20% of renters in a specific unit and should not pay more than 30% of their income towards rent.

2. Housing Supports:

A **Housing Team** assists participants in selecting housing of their choice. Responsibilities of the Housing Team include:

- Helping participant search and identify **appropriate housing**
- Building and maintaining relationships with **landlords,** including mediating during times of conflict
- Applying for and managing **housing allowances**
- Assistance setting up **apartment**
- **Independent living skills** development

Table 1.1

Components & Elements	Pathways to Housing	Literature Review	Housing First in Canada	Homelessness Partnering Strategy
Housing Choice & Structure				
Housing subsidy	x	x	emphasized	emphasized
Housing choice	x	x	x	x
Rapid housing	x	x	x	x
Permanent housing	x	x	x	x
Affordable housing	x	x	x	x
Scattered site housing	x	x	emphasized	emphasized
Privacy	x	x	—	—
Separation of Housing & Services				
No housing readiness	x	x	x	x
No requirements for participation in treatment	x	x	x	x
Standard tenant agreement	x	x	emphasizes	emphasized
Commitment to rehouse	x	x	—	x
Services continue through housing loss	x	x	—	x
Off-site services (no on-site staff)	x	x	?	?
Separate agencies provide housing and support	x	x	?	?

3. Clinical Supports:

A **Clinical Team** provides a range of recovery-oriented, client-driven supports. Supports range from ICM – where support is coordinated by a case manager – to ACT – where support is coordinated by a multidisciplinary team. These supports address health, mental health, social care, and other needs. Effective assessments at enrolment are important for matching the right participants with the right supports. These supports are aimed at promoting **community integration** and improving **quality of life** and **independent living**. These supports may include:

- **Life skills** for maintaining housing, establishing and maintaining relationships and engaging in meaningful activities

- **Income support**
- **Vocational assistance**, such as enrolling in school, finding employment, or volunteering
- **Managing addictions**
- **Community engagement**

Upon learning about Housing First, many service-providers will say that they have already been doing Housing First. While many housing and support programs for homeless people operate from a basis of recovery, individualized and consumer-directed services, and a focus on community integration, supportive housing programs are less likely to adhere to two important components of Housing First: housing choice and structure and the separation of housing and support services.

In the table (1.1, on page 22), we clearly delineate the key elements of these two components to show where potential differences may lie across programs and initiatives. The second column provides items from a Housing First fidelity scale based on the Pathways to Housing program[1]; the third column is based on a literature review on supported Housing First[2]; the fourth column is from a recent, widely distributed book on Housing First in Canada[3]; and the last column contains key elements from the federal Homelessness Partnering Strategy's (HPS) position on Housing First[4]. From this table, we can see that the recent book on Housing First in Canada and the HPS position on Housing First overlap to a large extent with the Pathways to Housing program

and the literature. However, there are some divergences as well. Scattered-site housing with housing subsidies and standard landlord-tenant leases are emphasized, but they are seen as not necessary for Housing First. As well, the two Canadian sources are silent on whether support services must be provided outside of the housing site and whether separate agencies must operate housing and support. To be clear, in this toolkit, we are emphasizing adherence to the original Pathways to Housing model on which numerous applications in the U.S.[5] and in Canada and Europe[6] are based.

For more information on HPS and Housing First:

http://www.esdc. gc.ca/eng/communities/ homelessness/housing_first/index.shtml

[1] Stefancic, A., Tsemberis, S., Messeri, P., & Drake, R.E. (in press). The Pathways Housing First Fidelity Scale for individuals with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation.*

[2] Tabol, C., Drebing, C., & Rosenheck, R. (2010). Studies of "supported" and "supportive" housing: A comprehensive review of model descriptions and measurement. *Evaluation and program planning,* 33(4), 446-456

[3] Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting communities to end homelessness.* Toronto: Canadian Homelessness Research Network Press.

[4] Homelessness Partnering Strategy. HPS Housing First Approach(2013). Employment and Social Development Canada.

[6] Tsemberis, S. (2012). Housing First: Basic Tenets of the Definition Across Cultures. *European Journal of Homelessness,* 6(2), 169.

Table 1.2

Systems Intervention	Philosophical Principles	Program Intervention
Planning immediate access to barrier-free housing for people who are chronically or episodically homeless; coordinating the housing and support sectors with funding sources; inclusion of housing procurement specialists and clinical service-providers with distinct roles in housing and service systems planning and provision	Immediate access to housing with no housing readiness requirements	Clinical or support services are provided by individuals or teams that are separate from the consumer's housing
Strong emphasis on the participation of people with lived experience in housing and service systems planning	Consumer-choice and self-determination	Consumers are not required to participate in clinical services; consumers have choice over the intensity and types of services in which they participate (including ACT, ICM, and other services); service-providers do not work in the consumer's housing
Service systems planning focuses on the development of or collaboration with existing services that are oriented towards consumers' strengths; development of peer support and self-help	Individual, recovery-oriented, and client-driven services	Rather than focus on consumer deficits or problems, the focus of services is on the promotion of recovery; inclusion of peer support;
Planning focuses on new services designed to reduce harm rather than cure addictions	Harm reduction	Clinical and support services take a harm reduction approach with consumers
Housing and service systems planning focuses on how to provide access to normal market housing, rather than the building or appropriation of congregate housing in which formerly homeless people live together with on-site support services	Social and community integration	Consumers have access to housing subsidies to enable them to live in normal, rental market housing, if that is their choice; the focus is on scattered site housing and the promotion of integration into typical community settings and networks of support

9 What is Housing First – a philosophy, a systems approach, or a program model?

Housing First is an overarching philosophy with a core set of principles that have implications for systems approaches to ending homelessness and for program models.

The core principles described earlier (e.g., immediate access to permanent housing with no housing readiness requirements, consumer choice and self-determination) underlie and guide both systems approaches to ending homelessness and program models.

A Housing First systems approach focuses on cohesive community planning to develop coordinated, complementary programs and policies to end homelessness which are consistent with Housing First principles and practice. These feature a common intake system to Housing First programs, whether from the street, from emergency shelters, or people coming out of institutions who are at risk of becoming homelesss.

Housing First as a program focuses on specific program models targeted at particular homeless populations (e.g., adults with mental illness and co-occurring addictions, families with children, youth) to reduce or eliminate homelessness and promote the well-being of these populations. The distinctions between systems and program interventions and their alignment with the principles of Housing First are depicted in Table 1.2.

10 How is Housing First different from supportive housing approaches?

Most supportive housing approaches or "continuum of care" models provide housing only in places with built-in clinical support services. This means that the landlord and service-provider functions are integrated in the same agency. Additionally, supportive housing approaches often mandate clients to achieve and maintain sobriety, in addition to receiving ongoing psychiatric services.

In contrast, Housing First houses participants **immediately, without any preconditions.** Housing and clinical services are separated. Participants are offered an array of health, mental health, and other **support services** after they are housed. Participants **choose** housing, as well as which support services will best meet their needs and meet with a case manager or support staff person on a weekly or bi-weekly basis. In contrast to some other approaches, Housing First uses a **harm reduction approach.** The aim of harm reduction is to reduce both the risk and effects associated with substance abuse and addiction, without requiring abstinence as a condition for maintaining housing.

The continuum, or supportive housing approach, is an important part of mental health and housing services for adults who are homeless. Housing First is an-evidence based approach that targets individuals who have not been well served by traditional approaches.

11 Why does Housing First emphasize consumer choice?

Housing First addresses the critique of advocates and researchers that traditional approaches to housing and service provision for adults with mental health and addictions issues tend to ignore the importance of choice. Additionally, consumers themselves have long advocated a desire to live in apartments in the community. If homeless individuals with mental health issues are to be positioned as full citizens, it is important to recognize that they are experts of their own lives who have been repeatedly failed by systems that have not worked and have often been characterized by a lack of choice. Given Housing First, participant's choice allows for these individuals to pursue choices that they see as meaningful and valuable. Promoting choice is an effective way to engage consumers in the recovery process[1],[2]. Consumer choice over housing and services also promotes feelings of self-efficacy and self-determination in other aspects of life.

[1] Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *Journal Information*, 94(4).

[2] Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science & Medicine,* 64(9), 1925-1936.

12 How does Housing First promote recovery?

1. It Happened to Me

2. Tea or Salt

3. Find My Way

NFB videos on recovery

Watch the video online:

1. https://www.youtube.com/watch?feature=player_embedded&v=P-h_NUW3PnA

2. https://www.youtube.com/watch?feature=player_embedded&v=gOBCC5N_la8

3. https://www.youtube.com/watch?feature=player_embedded&v=FGlslOwUCA0

Housing First promotes recovery largely in terms of its person-centred approach to care and wellbeing. This person-centred approach reflects the idea that housing is a basic human right and that social justice is a guiding philosophy of Housing First. Consumer choice and self-direction are key components of both housing and clinical services. Clinical services are provided by either an ACT team or an ICM team. There is a strong emphasis on staffing in Housing First, where it is integral to get "the right people" who promote empowerment and view program participants through a strengths-based lens.

Empowerment is an important principle of support because Housing First seeks to bolster the ability of participants to respond to life challenges. Consistent with an empowerment approach, support services are centered on a strengths-based orientation as opposed to a deficit model.[1]

[1] Adapted from : Nelson, G., Goering, P., & Tsemberis, S. (2012). Housing for people with lived experience of mental health issues: Housing First as a strategy to improve quality of life. In C. J. Walker, K. Johnson, & E. Cunningham (Eds.), *Community psychology and the economics of mental health: Global perspectives* (pp. 191-205). Basingstoke, UK: Palgrave MacMillan

(13) Where has Housing First been implemented?

Housing First has been widely implemented in North America and is starting to be implemented in Europe. In North America it has been implemented in both Canada (British Columbia, Alberta, Manitoba, Ontario, Quebec, New Brunswick) and the United States (New York, South Carolina, Oregon, Massachusetts, Minnesota, California). In Alberta, Housing First has been implemented province-wide where there is a 10-year plan to end homelessness,Housing First has been implemented province-wide. In Europe, Housing First has been implemented in Ireland, Portugal, Finland, the Netherlands, Hungary, Denmark, Scotland, and France[1],[2]. While Housing First started as a strategy to address homelessness for people with mental health issues, in a number of places it is being used with the broad homelessness population.

Go to the Interactive Map:

http://housing-firsttoolkit.ca/key-questions2

[1] Greenwood, R.M., Stefancic, A., Tsemberis, S., & Busch-Geertsema, V. (2013). Implementations of Housing First in Europe: Successes and challenges in maintaining model fidelity. American Journal of Psychiatric Rehabilitation, 16, 290-312.

[2] Busch_Geertsema, V. (2013). Housing First Europe: Final report. Bremen/Brussels: European Union Programme for Employment and Social Solidarity.
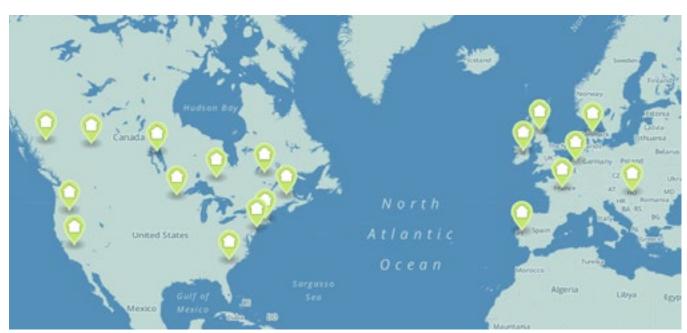
MYTH

Housing First is from the United States and only relevant within the United States.

MYTH BUSTED

Housing First has been widely implemented in Canada and throughout the world.

▲ *Provinces, states and countries with documentation of Housing First implementation*

14 What is the evidence base for Housing First in Canada?

At Home/Chez Soi, a randomized controlled trial (RCT) of Housing First in Canada upon which this Toolkit is based, provides evidence of the effectiveness of the Housing First model. Additionally, a total of nine RCTs of Housing First have been conducted in the United States. Results of these RCTs have consistently shown that Housing First reduces homelessness and hospitalization and increases housing stability and housing choice significantly more than treatment as usual (TAU) and supportive housing or case management services alone. Some of these studies have found that Housing First has facilitated improvements in health, substance use, and community integration as well[1]. Housing First has been endorsed by the Human Resources and Skills Development Canada's (HRSDC) Homelessness Partnering strategy. It has also been included in the U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP, 2007)[2].

In Canada specifically, there have been some positive findings about the implementation of Housing First[3]:

1. In Vancouver, during the project, At Home/Chez Soi was cited as one of the reasons for a reduction in homelessness, as calculated by a count.

2. Recent research in Vancouver estimates a cost savings of 30 per cent by giving people who are homeless stable housing.

3. Housing First in Calgary has been so successful there have been shelter bed closures.

4. A Canadian study found traditional institutional responses to homelessness (the prison system and psychiatric hospitals) substantively more expensive (estimated annual costs : $66 000 – $120 000) than investments in supportive housing (estimated annual costs: $13 000 – $18 000)

At Home/Chez Soi has substantively added to the evidence-base for Housing First in Canada. This study found the following[4]:

1. Program Implementation.

The study demonstrated that Housing First can be implemented in different Canadian contexts using both ACT and ICM. The model can serve individuals with different levels of care needs and be adapted to local contexts including rural and small city contexts and diverse populations (Aboriginal and recent immigrant populations).

2. Housing First rapidly ends homelessness.

Across all cities, participants receiving Housing First retained housing at a much higher rate than treatment as usual participants. In the last six months of the study, 62 per cent of Housing First participants were housed all of the time (versus 31 per cent for treatment as usual), while 22 per cent were housed some of the time (versus 23 per cent for treatment as usual), and 16 per cent none of the time (versus 46 per cent for treatment as usual). Findings were similar for ACT and ICM participants. Housing First residences tended to be of better quality and more consistent than treatment as usual residences.

3. Housing First is a sound investment.

The cost of Housing First is, on average, $22,257 per year per high needs participant and $14,177 per year per moderate needs participant. In the two-year period after participants entered

the study, every $10 invested Housing First services resulted in an average savings of $9.60 for high needs participants receiving ACT and $3.42 for moderate needs participants receiving ICM. There were significant savings for the 10% of participants who had the highest costs at study entry. Over the two-year study, a $10 investment in Housing First services resulted in an average savings of $21.72 for these participants.

4. Having a place to live with supports can lead to other positive outcomes above and beyond those provided by existing services.

Quality of life and community functioning improved for Housing First and TAU participants, and improvements in these broader outcomes were significantly greater in Housing First, in both service types. Symptom-related outcomes, including substance use problems and mental health symptoms improved similarly for both Housing First and TAU, but since most existing services were not linked to housing there was much lower effectiveness in ending homelessness for TAU participants.

5. There are many ways in which Housing First can change lives.

While the Housing First groups, on average, improved more and described fewer negative experiences than TAU, there was

great variety in the changes that occurred. People with serious substance use problems, for example, tended to do more poorly than others irrespective of study group, although a majority of those in the Housing First group still achieved stable housing.

6. Getting Housing First right is essential to optimizing outcomes.

Housing stability, quality of life, and community functioning outcomes were all more positive for programs that operated most closely to Housing First standards. This finding indicates that investing in training and technical support can pay off in improved outcomes.

[1] Aubry, T., Ecker, J., Jette, J. Supported housing as a promising housing first approach for people with sever and persisting mental illness in Guirguis, M., McNeil, R., & Hwang, S. eds. *Homelessness and Health.* In press.

[2] http://www.nrepp.samhsa.gov/

[3] Mental Health Commission of Canada. *At Home/Chez Soi Early Findings.* 2012.

[4] Mental Health Commission of Canada. Main Messages from the Cross-Site *At Home/Chez Soi project.* 2013.

See the interactive map as pictured above to find out more about how the At Home/Chez Soi adapted the HF intervention to meet the needs of its participants in Canadian cities.

15 How can the Housing First model be adapted?
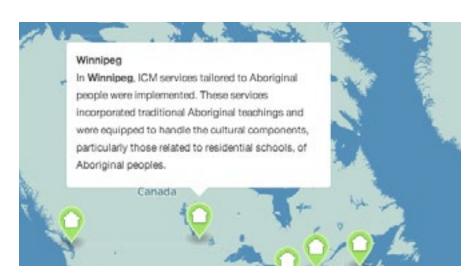
Housing First can be adapted for a number of groups experiencing homelessness. This Toolkit provides information on Housing First for **chronically homeless individuals with mental health and addiction needs** specifically. While Housing First is implemented in urban areas most frequently, it can be adapted and implemented almost anywhere. **At Home/Chez Soi** has been implemented in five different Canadian cities. Each city has adapted the Housing First intervention to meet the specific needs of its participants:

- **In Vancouver**, a congregate setting (many people living in a residential building) – the Bosman hotel – was a housing option for Housing First participants. The Vancouver site focused on people with substance use issues.

- **In Winnipeg**, ICM services tailored to Aboriginal people were implemented. These services incorporated traditional Aboriginal teachings and were equipped to handle the cultural components, particularly those related to residential schools, of Aboriginal peoples.

- **In Toronto,** there were a high proportion of project participants who are immigrants/new Canadians. The Toronto site drew upon anti-oppression principles to address the racialized dimensions of homelessness, particularly through specialized ICM services.

- **In Montreal**, a vocational component of Housing First was introduced in order to help participants re-enter the labour market after a period of homelessness.

- **In Moncton,** housing and services were tailored to those individuals living in rural areas.

Go to the Interactive Map:

http://housing-firsttoolkit.ca/key-questions2

Winnipeg

In **Winnipeg**, ICM services tailored to Aboriginal people were implemented. These services incorporated traditional Aboriginal teachings and were equipped to handle the cultural components, particularly those related to residential schools, of Aboriginal peoples.

Canada

16 How does Housing First improve the quality of life of participants?

Housing First has been shown to promote a sense of autonomy, improve health and mental health, and to allow participants to begin orienting toward future goals and social relationships. Housing First may also enable participants to reclaim a valued identity.

View these clips from the National Film Board and Pathways to Housing to see how participants experience the Housing First intervention.

Watch the videos online:
1. http://athome.nfb.ca/#/athome/video/9
2. http://athome.nfb.ca/#/athome/video/22
3. http://athome.nfb.ca/#/athome/video/21

1. Where I Belong

2. It Happened to Me

3. Open Sky

View these clips from the National Film Board and Pathways to Housing to see how participants experience the Housing First intervention.

Still from 'Pathways to Housing: Housing First Model' video
Link: http://www.youtube.com/watch?v=2Q7LvvIk2J4

APPENDICES & RESOURCES

MODULE 1 — OVERVIEW

Photo: Shane Fester

Appendices

- Gaetz, S., Scott, F., Gulliver, T. (2013). Housing First in Canada: Supporting communities to end homelessness. Toronto: Canadian Homelessness Research Network Press. www.homelesshub.ca/housingfirstcanada
- HPS: Housing First Myth vs. Reality (.pdf)
- The National Registry of Evidence-based Programs and Practices (NREPP) http://www.nrepp.samhsa.gov/

Suggested Resources

- Aubry, T., Ecker, J., & Jette, J. (in press). Supported housing as a promising housing first approach for people with sever and persisting mental illness. In M. Guirguis, R. McNeil, & S. Hwang (Eds.). *Homelessness and health.*
- Aubry, T., Farrell, S., Hwang, S. W., & Calhoun, M. (2013). Identifying the Patterns of Emergency Shelter Stays of Single Individuals in Canadian Cities of Different Sizes. *Housing Studies, (ahead-of-print), 1-18.*
- Busch-Geertsema, V. (2013). Housing First Europe: Final report. Bremen/Brussels: European Union Programme for Employment and Social Solidarity.
- Carling, P. J. (1995). *Return to community: Building support systems for people with psychiatric disabilities.* Guilford Press.
- Gaetz, S., Donalson, J., Richter, T., & Gulliver T. (2013). *The state of homelessness in Canada* 2013. Toronto: Canadian Homelessness Research Network Press. www.homelesshub.ca/sohc2013
- Gillis, L., Dickerson, G., & Hanson, J. (2010). Recovery and homeless services: New directions for the field. *The Open Health Services and Policy Journal, 3, 71-79.*
- *Goering, P., Velhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., & Ly, A. (2012). At Home/Chez Soi Interim Report. Calgary: Mental Health Commission of Canada (.pdf)*
- Government of British Columbia. (2001). *Homelessness causes and effects – Volume 3: The costs of homelessness in British Columbia.* http://www.housing.gov.bc.ca/housing/docs/Vol3.pdf

- Greenwood, R.M., Stefancic, A., Tsemberis, S., & Busch-Geertsema, V. (2013). Implementations of Housing First in Europe: Successes and challenges in main-taining model fidelity. *American Journal of Psychiatric Rehabilitation, 16, 290-312.*

- Hwang, S., Stergiopoulos, V., O'Campo, P., & Gozdzik, A. (2012). Ending homelessness among people with mental illness: The At Home/Chez Soi randomized trial of a Housing First intervention in Toronto. *BMC Public Health, 12, 787 -803.*

- Kuhn, R., & Culhane, D. P. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American Journal of Community Psychology, 26(2), 207-232.*

- Mental Health Commission of Canada. (2012). *Turning the key: assessing housing and related supports for persons with mental health problems and illness.* Ottawa, Ontario: MHCC.

- Nelson, G. (2010). Housing for people with serious mental illness: Approaches, evidence, and transformative change. *Journal of Sociology and Social Welfare,* 37, 123-146

- Nelson, G., Goering, P., & Tsemberis, S. (2012). Housing for people with lived experience of mental health issues: Housing First as a strategy to improve quality of life. In C. J. Walker, K. Johnson, & E. Cunningham (Eds.), *Community psychology and the economics of mental health: Global perspectives* (pp. 191-205). Basingstoke, UK: Palgrave MacMillan

- Padgett, D.K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science and Medicine,* 64, 1925-1936.

- Ridgway, P., & Zipple, A. M. (1990). The paradigm shift in residential services: From the linear continuum to supported housing approaches. *Psychosocial Rehabilitation Journal*,13(4), 11-31.

- Tsemberis S, Asmussen S. (1999). From streets to homes: The Pathways to Housing consumer preference supported housing model. *Alcoholism Treatment Quarterly*, 17(1-2), 113-131.

- Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health,* 94(4): 651-656.

Module 2

PLANNING A HOUSING FIRST PROGRAM

www.housingfirsttoolkit.ca/overview-plan

Contents — Module 2

PLANNING A HOUSING FIRST PROGRAM

CHECKLIST

OVERVIEW

MODULE 2 — PLANNING A HOUSING FIRST PROGRAM

Photo: Shane Fester

Overview

The objective of this Module is to provide an overview of key issues involved in planning a Housing First program. The planning process entails developing a program model, engaging and collaborating with key stakeholders, deciding who does what, where, and when, and developing a preliminary evaluation plan. After reading this Module, you should be knowledgeable about:

- Key Housing First planning tasks and issues;
- Common challenges in planning a Housing First program;
- Strategies for overcoming planning challenges.

The information in this Module was informed by research findings from the At Home/Chez Soi project and consultations with stakeholder groups with experience planning a Housing First program. This interactive Module consists of a **Key Messages** section, which provides a concise summary of the information presented. The **Planning Tasks** section outlines central steps in planning a Housing First program, from considering gaps in the existing system to developing an evaluation plan for your program. The **Challenges and Strategies** section describes several challenges that groups may encounter during the planning process, as well as experience-based strategies for addressing these challenges. This Module also includes helpful **Appendices** related to planning a Housing First program. The Appendices include a Planning Checklist, reports and articles on planning a Housing First program, resources written by people with lived experience, resources on recruiting landlords, and documents describing policies and protocols related to planning, based on the At Home/Chez Soi project sites. Several features are integrated throughout the Module, including pertinent videos.

KEY MESSAGES

MODULE 2 — PLANNING A HOUSING FIRST PROGRAM

Photo: Shane Fester

Key Messages

- **Planning a Housing First program** entails choosing a program model, engaging and collaborating with key stakeholders, deciding who does what, where, and when, and developing a preliminary evaluation plan.

- Common **challenges** encountered during the planning process include confusion, resistance and concerns about Housing First, challenges in developing an effective decision making process, issues surrounding how to adapt the program to meet the specific needs of the community while maintaining fidelity to the HF model, and securing funding.

- **Strategies for addressing confusion, resistance, and concerns about**

- **Housing First** include addressing misconceptions about Housing First right away; framing Housing First as a way to add innovative services; establishing the right team at an early stage; engaging local, provincial, and national champions of Housing First; gaining community support; describing potential economic benefits; communicating about Housing First through staff training; and challenging negative staff perceptions of the participant population.

- **Strategies for developing an effective decision-making process** include using a cross-sectorial approach; establishing a culture of problem solving and learning; providing clarity about staff roles and responsibilities; and engaging the voices of people with lived experience.

- **Strategies for adapting Housing First to meet specific community needs** include anticipating challenges unique to the program context early; creating relationships with landlords; and developing an evaluation process.

- **Strategies for securing funding for a Housing First program** include understanding various funding streams relevant to housing and services in the given context; reaching out to funded Housing First programs in other areas to share experiences; and considering funding from multiple sources.

PLANNING TASKS

MODULE 2 — PLANNING A HOUSING FIRST PROGRAM

Photo: Shane Fester

What are the Key Tasks involved in planning a Housing First program?

(1) ## Convening a Stakeholder Coalition and Setting up a Planning Group

In order to develop an effective and sustainable program, it is essential to work with key stakeholders across sectors to develop a program that can best meet community needs. In jurisdictions where housing/homelessness and mental health/support services are separated, it is essential to bring stakeholders from both housing and mental health groups together.

Stakeholder coalitions will vary by context, and may differ if groups are developing a program from existing resources or creating a new program. While the goal is to develop as comprehensive a stakeholder coalition as possible, groups can include as many contributors as is feasible, based on their community context.

In addition to the groups mentioned above, several other stakeholders that planners may wish to include are:

- Local **leaders and advocates**

- **Health authorities** with a focus on policy/planning regarding mental health, or issues relevant to the target population

- **ACT or ICM teams** that will provide mental health services and/or other support services

- **Consumer organizations** and **People with Lived Experience**

- **Police** and **criminal justice** stakeholders

- **Education and employment sector** stakeholders

- **Potential funders**, including municipal, regional, and provincial governments, community entities, Community Advisory Boards (CABS) for the Homelessness Partnering Strategy (HPS), and private foundations

- **Income assistance** stakeholders

- **Business community members**

- Members of **resident neighborhood associations**

Community members from the target population (for instance, members of Aboriginal and ethno-cultural communities, youth, domestic violence survivors, etc.).

Importantly, people with lived experience of homelessness (and mental illness, depending on the target population) can help groups to ensure that the planned program is person-centred and that it responds to the key challenges faced by the target population. Also, people with lived experience can speak to key challenges faced by the community. Additionally, consider contacting and bringing in groups experienced in planning and implementing a Housing First program for support.
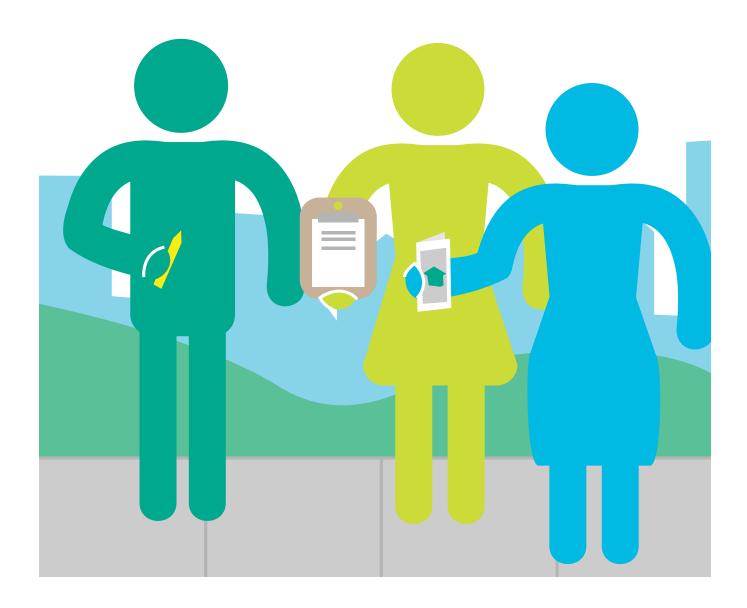
At this stage, it is also important to communicate and connect with the community to develop support for the program and its participants, including the business community and landlord and residential associations. Try to gain the support of these groups early, and communicate how Housing First is part of the solution. By identifying Housing First "champions" in your community, including political figures or other individuals with experience and credibility, programs can begin to establish positive relationships with community members.

Watch videos about convening a stakeholder coalition and setting up a planning group:

http://www.youtube.com/watch?v=YpytU989uY0
http://www.youtube.com/watch?v=c0yfT8G6KHg

When preparing for implementation, it is advisable to set up a **planning group** to help drive the exploration and implementation process. Before developing specific solutions, the planning group can increase awareness about the problem, and mobilize interest amongst potential stakeholders about Housing First as a solution.

2 Mobilizing Readiness through Social Marketing: Framing your Message

Creating readiness for change requires a social marketing strategy for gaining support of a critical mass of key stakeholders, and for addressing the concerns of potential skeptics.

The key to social marketing is to consider the perspectives of the various audiences, and to develop some key messages that frame Housing First in a way that brings them on side as part of the community coalition. For instance, bringing funders and business people into the coalition means being able to make the case for Housing First on the basis of economic or cost-effectiveness. Bringing members of the housing advocacy community into the coalition means emphasizing that Housing First is to be considered in the context of broader concerns about housing affordability and the right to housing. Bringing existing supportive housing and homelessness agencies (e.g., shelters) into the coalition means being able to articulate a role for them in the context of an overall homelessness-serving system of care guided by Housing First principles. Finally, bringing the local community into the coalition means being able to emphasize how the underlying principles of the model can be modified to address the needs of a particular context.

Bringing these groups and the wider community together also means being able to anticipate and address specific misconceptions. Common misconceptions about Housing First are that it ignores the needs of women and families (the model can be modified for various subpopulations), that it involves "free housing for drug users" (housing first is not "housing only", and requires participating in home visits and carrying out the responsibilities of "being a good tenant"), and that it is inappropriate for people or groups that might prefer supportive or congregate housing. Housing First is not necessarily "scattered-site", but is focused on the choices of individuals. While the majority of homeless people tend to choose their own apartment, Housing First still meets the needs of others who choose other options.

3 Developing a Program Model

When developing the program model, start by considering and evaluating existing problems or gaps in the current housing and service system for individuals experiencing homelessness, and for your target population specifically. Consider existing programs in relation to the key components and guiding philosophy of the Housing First model. Key components of the Housing First model include:

1. **The provision of consumer chosen housing, which is provided through housing subsidies;**

2. **The provision of clinical supports, such as ICM and ACT, which are separate from housing;**

3. **Support services, including supports to foster community integration, vocational assistance, and independent living skills;**

4. **The participation of people with lived experience.**

It is important to meet with a diverse group of stakeholders across different sectors to identify key issues. It is particularly important to engage stakeholders who might be resistant to Housing First to understand their perspectives and to address their concerns. One concern in particular is that Housing First will replace rather than build on existing services. By identifying existing gaps, groups can think about how a Housing First program can be complementary to existing services, in the context of an overall system of care for addressing homelessness. Another concern is that the Housing First model may not be appropriate to the local context, and the needs of particular sectors of the community. By communicating the key components of the Housing First model as principles that are adaptable to local need, this concern can be addressed. For instance, the clinical aspects of the model can and should be delivered in a way that is adapted to ethno-racial populations and to specific mental health needs of Aboriginal people.

For an overview of program components eligible for HPS funding

Click here:

http://www.esdc. gc.ca/eng/communities/homelessness/ housing_first/acitivities.shtml

4 Choosing Host Agencies

A key step in the planning process is identifying host agencies for the program that will provide clinical/support and housing services. It is important to consider pros and cons of a particular host agency at an early stage. Depending on the community, some groups may choose a single host agency, while others may decide to use a multi-agency model. Criteria to consider include familiarity with the recovery philosophy, experience with the Housing First model, the flexibility of the agency to innovate and make changes, and willingness to use creative approaches that are not currently being employed. Another criterion is familiarity and comfort supporting people with complex needs, including complex mental health, addictions and other health conditions. Housing and mental health agencies sometimes have competing perspectives and worldviews. It is important for the host agency to be seen as a trusted ally by all partners. Additionally, the housing component should be considered in terms of the capability of a host agency to engage the landlord community, particularly in locations with low vacancy rates. Some existing housing placement agencies may have other clientele (e.g., seniors, people with disabilities) and because of a need to preserve landlord relationships may be resistant to taking a risk placing Housing First clients in decent housing.

Still from: 'Pathways Philadelphia & Integrated Healthcare'

Watch this video to learn more about Pathways Philadelphia and its innovative collaboration with Thomas Jefferson University Hospital:

http://www.youtube.com/watch?v=3VNZGEpuKBY

5 Securing Funding

A central planning task is securing funding for a Housing First program. Funding mechanisms vary widely by context and province. Potential funders include:

- Municipal, regional, and provincial governments;
- Community entities for the Homelessness Partnering Strategy (HPS);
- *Community Advisory Boards* (CABS) for (HPS) (which play an advisory role helping community entities to make decisions on HPS funds); and
- Private foundations

Stakeholders can start by understanding how funding operates in their particular context, including all the various streams of funding relevant to housing and services related to the components of the Housing First model. In certain jurisdictions (e.g., Ontario), the city or municipality plays a key funder role in the housing sphere, while in most others the primary responsibility for housing is at the provincial level, and the city primarily plays a planning and regulatory role. Funding from the services side of the equation will generally come from health ministries (or regional authorities) as well as ministries that address income assistance, vocational training and post-secondary education. Consider reaching out to funded Housing First programs in other areas to learn about how funding was secured, including any strategies that may apply to your context. In all cases, potential funding (and human resources) should be considered from multiple sources from the health, housing and social development spheres, which will need to be brought together and coordinated.

Additional Resources:

1. Collective Impact (pdf)

2. Channeling Change: Making Collective Impact Work (pdf)

3. Embracing Emergency: How Collective Impact Addresses Complexity (pdf)

4. Understanding the Value of Backbone Organizations in Collective Impact (pdf)

6 Hiring Staff

For Sample Job descriptions from Pathways to Housing:

Downlaod the PDF files

Next, a key task is setting up a housing team and a support services team. It is important to hire staff committed to the values and vision of Housing First, particularly regarding the notion of housing as a human right, commitment to a recovery philosophy, and support for consumer choice and the involvement of people with lived experience. In the planning stage and before hiring, it is important to develop a profile of the skills and values that staff should possess, either initially or through training. The profiles should be specific to the various roles within the clinical team, as well as to housing staff. Thus, carefully consider fit when hiring staff, and plan to train staff in Housing First principles and recovery-oriented services at an early stage, keeping in mind that recovery-oriented values are difficult to train for and should be sought as part of recruitment and hiring.

It is also important to develop a protocol for housing and service teams to work cohesively, as well as an accountability structure.

7 Developing Housing Protocols

There is a lot to think through logistically about the housing process. The development of protocols is important for creating clear and action-oriented guidelines in the procurement of housing, interim housing, moving and storage, unit transfers, and evictions. Protocols should assign responsibility to specific staff members and help to ensure accountability to the Housing First model.

Downloadable content.

Read the housing protocols from the Toronto At Home site.

8 Involving People with Lived Experience

Doug is one of the 127 service providers working with the "At Home" project. He coordinates work for the 100 residents of a community housing initiative. (NFB)

▼

1. Waiting for Jon

2. Seen and Heard

Watch the videos:

1. https://www.youtube.com/watch?feature=player_embedded&v=qwVUEsyx_Ic

2. https://www.youtube.com/watch?feature=player_embedded&v=M5uM12C3TEA

It is crucial to engage the voices of multiple people with lived experience of homelessness at an early stage of the program planning process. People with lived experience should participate in all stages of planning in an ongoing and meaningful way. Some programs develop plans for employing people with lived experience in the program, such as on clinical service teams, which can be very helpful in terms of engaging participants. For example, there must be a peer support worker on an ACT team. Additionally, programs should develop plans for engaging people with lived experience in quality assurance and evaluation processes. When employing people with lived experience, job descriptions should have clearly defined tasks and roles to avoid tokenism. Stakeholders also suggest having a supervisor (in some cases, another peer) for peer support workers, who can assist them in navigating the role.

In addition to employing people with lived experience in the program, several stakeholders suggested creating new communities of consumers. Stakeholders suggested developing opportunities for participants to connect with and support one another. For example, a group of peer support workers developed an advisory group, which was organized, led, and sustained by Housing First participants. It was initiated as a vehicle to help participants bring forth and discuss issues and resolutions. Another idea from stakeholders was to create a peer ombudsperson.This ombudsperson is available to participants if they have any concerns about the services being provided.

Other stakeholders suggested conducting focus groups with participants during the planning stages to solicit feedback about the direction of the planning process. In the Vancouver site, for example, focus groups with

people with lived experience resulted in the development of a consumer reference group, along with other subcommittees and expanded roles for people with lived experience in the program. As a person with lived experience in Toronto explained, "We speak from lived experience, we attend subcommittees, so I am always giving personal examples of what it was like when I was living it so that I can give recommendations of the services that need to be provided for people that are now receiving housing ." Programs interested in a focus group approach should provide honoraria so that participants are paid for their work.

Within the Toronto site, a governance structure was established for people with lived experience - the People with Lived Experience Caucus. Within the People with Lived Experience Caucus, a full time peer organizer was hired to moderate the caucus, provide leadership, and offer support. Members received an honorarium and participated in a number of reference groups that addressed key issues of interest to the group.

When developing a Caucus or reference groups for people with lived experience, several stakeholders emphasized the importance of training. Participants should receive guidance "in how to participate in committees and how the [program] is structured... [to foster] more comfort and confidence so they feel free to speak and share their knowledge[1]." It is also helpful to hold a training workshop to educate team members on peer involvement, to help to facilitate the transition of peers onto the team and to reflect on the need for sensitivity regarding power imbalances. Involvement of people with lived experience should be frequent and ongoing. People with lived experience have suggested that it is helpful to include peers as part of the planning team and as contributors to all planning meetings from the beginning, and to ensure that peers and service teams are in constant contact with one another, as this will make peer involvement more meaningful. Peers provide important insight on current resources for the target population, including the challenges of accessing these resources, and other challenges to address during the planning process. Click here to access a document about stigma, discrimination, and planning for peer involvement written by people with lived experience.

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[1] Nelson, G., Macnaughton, E., Curwood, S.E., Egalite, N., Piat, M. & Goering, P. (2011). Planning and proposal development for the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-site report. Mental Health Commission of Canada.

Download document:

People with Lived Experience caucus document. (pdf)

9 Connecting with Landlords

It is critical to develop relationships with landlords at an early stage of the process. There are two strategies to consider for this task:

1. Finding the right housing agency is important.

A housing agency with existing relationships with landlords in the community will be in a good position to engage landlords in Housing First.

2. If this capacity does not exist or needs to expand engaging landlords and property managers is crucial.

An important framing to landlords and property management companies is that participation in a Housing First program gives them guaranteed rent accompanied by clinical services for participants. To this end it is important to target building owners or managers at property companies as opposed to site staff. These individuals are more likely to be swayed by the economic argument. Additionally, experience has shown that this individuals at times display altruistic attitudes and a desire to "give back" to their communities.

Potential landlords are likely to be unfamiliar with Housing First. Consider developing a user-friendly brochure that describes Housing First, and your program in particular. Another strategy is to engage a pool of landlords at a community meeting where agency-staff give a presentation on Housing First. Municipal landlord associations might be good access points for this strategy. Some communities have brought in individuals who can articulate the business model aspect of the program.

When speaking with landlords, it is important to emphasize that a skilled and responsive team will be connected with program participants. Explain that team members will meet with the participant on a weekly basis and respond to any issues that might arise. As relationships are established with potential landlords, work collaboratively to develop strategies for eviction prevention. Additionally, consider planning special events (e.g., monthly or bimonthly lunches) specifically for landlords to promote communication and knowledge exchange, and to continue strengthening relationships. Finally, information sharing with landlords is an important planning task. The creation of a monthly newsletter is a great way to share information with landlords in addition to regular informal "stop ins" by members of the housing team.

For Further Reading:

Landlord and property owner/manager's newsletter (Moncton Example.)

1. Landlords Like That

2. Mother to 400

The NFB videos above show the importance of forming relationships with landlords.

Watch the videos online:

1. http://athome.nfb.ca/#/athome/video/18
2. http://athome.nfb.ca/#/athome/video/13

10 Developing an Evaluation Plan

It is important to evaluate your Housing First program for several reasons. First, this information is important to funders and may be a critical component of sustaining your program. Second, evaluation data are useful to the program itself, as it allows stakeholders to identify what is working well and what is working less well. Additionally, evaluation provides a way for programs to assess fidelity to the Housing First Model.

When developing an evaluation plan, start by deciding on whether to use an internal team (within the program) or external evaluation team (outside consultants). During the planning stage, the evaluation team should work collaboratively with stakeholders to develop a logic model, determine what to track and measure and at what intervals, and discuss a system for data collection, including the development of a database.

The above infographic illustrates the ten Housing First Planning Tasks in action.

Planning Checklist
MODULE 2 — PLANNING A HOUSING FIRST PROGRAM

1   Convening A Stakeholder Coalition & Setting Up A Planning Group

____ Establish a cross sectorial working group
____ Enlist the expertise of people with lived experience
____ Consult with groups with Housing First experience
____ Communicate with the community about Housing First
____ Liaise with Housing First champions in your community
____ Develop a Planning Group

CHECKLIST

Download printer friendly PDF:

Module 2: Planning Checklist
http://housingfirsttoolkit.ca/sites/default/files/PlanningChecklist-EN.pdf

2   Mobilizing Readiness By Developing A Social Marketing Strategy

____Understand the perspectives of stakeholders on Housing First
____Develop key messages to fram Housing First to each audience

3   Developing A Program Model

____ Evaluate gaps in existing services
____ Determine how Housing First can complement existing services
____ Communicate the core principles of the Housing First model and address community concerns
____ Consider adaptions of the model for your community

4   Choosing A Host Agency

____ Consider pros and cons of potential host agencies
____ Consider pros and cons of a lead agency vs. multi-agency model
____ Select a host agency/agencies

5   Securing Funding

____ Gather information about potential funding streams relevant to housing/services
____ Explore and consider multiple funding sources, based on your context/province
____ Reach out to funded Housing First programs to share experiences

6   Hiring Staff

____ Develop job descriptions of housing and service team members
____ Develop a profile of the skills/values required of staff
____ Plan staff training in the Housing First model and principles
____ Clearly define the roles/responsibilities of each staff member and team

7   Developing Housing Protocols

____ Create protocol for housing procurement
____ Create protocol for interim housing and moving/storage
____ Create protocol for unit transfers and evictions

8   Involving People With Lived Experience

____ Conduct focus groups with people with lived experience to solicit feedback about the direction of the planning process
____ Create full time paid positions for people with lived experience
____ Create job descriptions for people with lived experience with clearly defined tasks and roles
____ Develop a plan for involving people with lived experience in quality assurance and evaluation processes

9   Connecting With Landlords

____ Contact existing housing organizations for leads on potential landlords
____ Develop/distribute a brochure on Housing First to potential landlords
____ Host an information session for potential landlords

10   Developing An Evaluation Plan

____ Decide on using an internal or external evaluation team
____ Develop a Housing First program logic model
____ Work collaboratively to determine what to track and measure
____ Develop a data base or system for collecting data
____ Determine intervals of data collection and persons responsible

CHALLENGES & STRATEGIES

MODULE 2 — PLANNING A HOUSING FIRST PROGRAM

Photo by Shane Fester

Planning a Housing First Program: Challenges & Strategies

What are some key challenges to anticipate during the planning process?

Our consultations with stakeholders experienced in planning a Housing First

program revealed several challenges. We organize these challenges into four sections:

1. Confusion, resistance, and concerns about Housing First;

2. Developing an effective decision making process;

3. Planning a Housing First program adapted to the specific needs of the community; and

4. Securing funding for a Housing First program. Each section describes several experience-based strategies from stakeholders with Housing First planning experience, as well as planning knowledge gained from the At Home/Chez Soi project.

1 Challenge: Confusion, resistance, & concerns about Housing First

It is often difficult to communicate what Housing First is, as well as how it works. After the community learns about scattered-site housing and some of the challenges faced by Housing First participants, resistance and concern is not uncommon. Misconceptions about the Housing First model can contribute to resistance from communities. For instance, a common misconception of individuals unfamiliar with

Housing First is the belief that the program will "dump" vulnerable individuals into housing without providing support. Additionally, stakeholders currently involved in ongoing community-based housing programs are often concerned about what will happen to existing services. Stakeholders may perceive competition between Housing First and current supportive housing models.

What are some strategies for overcoming confusion, resistance, and concerns about Housing First?

1. Address misconceptions about Housing First right away.

Address common misconceptions of Housing First by engaging the public in a discussion of the model and its key components. Members of the housing and clinical teams of the At Home/Chez Soi program and other key stakeholders noted that to combat the misconception that individuals are housed and forgotten, it is important to explain that Housing First participants are connected with a dedicated and responsive service team. It is particularly important to communicate this message to potential landlords, community members, and the public.

2. Frame your Housing First program as a way to add innovative services

Service providers from other programs may express understandable resistance to Housing First if they perceive it as a threat to their organization and services. Within the At Home/Chez Soi project sites, stakeholders described initial tensions between individuals and organizations, due to previous experiences, competition around roles, differing priorities, and lack of familiarity with one another's work[1]. These tensions were often rooted in concerns related to organizational survival. Housing First should be understood as a new and innovative approach to providing services, and a way for existing service-providers to expand service-delivery options, as opposed to a replacement for current services and staff. Help organizations to think of the possibilities of the Housing First model in the context of shifting resources and ways of working with participants. For instance, shelters can be encouraged to shift back towards providing emergency short-term housing, and become part of a common, system-wide referral pathway towards permanent Housing First. When suggesting a reorientation of services, some individuals will be more open and enthusiastic than others. It is important to engage enthusiastic individuals at an early stage of the planning process to facilitate "buy-in" from the larger organization. It is also important to engage stakeholders who express resistance at an early stage, and to directly address and discuss their concerns.

To successfully reorient service-providers toward Housing First, stakeholders indicated the importance of developing a common vision- for instance, stakeholders can articulate a common vision of developing recovery-oriented services, within an overall system of care with a common referral pathway guided by Housing First principles. Service providers, people with lived experience, and other key stakeholders should share this common vision. Within the At Home/Chez Soi project, many sites came to a shared vision around the notion that housing is a right rather than something to be earned. Sites also found that the Housing First program model itself, when communicated consistently and clearly, provided an effective basis for a common vision. Having a clear, common vision of Housing First, including both what it is, and what it is not, can help address another common barrier, which is the sentiment that "we do this already". To counter this, it is helpful to review the items in a Housing First fidelity self-assessment tool, which can be a helpful way of convening an initial dialogue about what is or isn't Housing First.

Additionally, think about how the Housing First program will work in conjunction with existing services, and make use of existing resources within your community, including programs that are already doing similar work. You may find that existing resources and networks can help with the planning process. For example, stakeholders in Winnipeg described how capacity-building was an important focus as they collaborated with other stakeholders to deliver ICM and to develop ACT teams.

It is particularly important to bring together partners from the housing sector, who will provide housing services, and the mental health/services sector, who will provide ACT, ICM and other services. Additionally, it is important to go beyond these to sectors to form partnerships with local business people, landlords, housing agencies, universities, and government representatives at municipal and provincial levels.

[1] Nelson, G., Macnaughton, E., Curwood, S.E., Egalite, N., Piat, M. & Goering, P. (2011). Planning and proposal development for the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-site report. Mental Health Commission of Canada.

3. Establish the "right team" at an early stage.

Many stakeholders described the "right team" as a group of individuals who share values and a vision for the Housing First program and its transformative potential. As one stakeholder explained, "When you start planning leadership and the team, give yourself the chance to pick the right people - it might not necessarily be the ones with the most seniority." At an early stage, the team should include individuals with grassroots perspectives, particularly service providers in the field and people with lived experience. Individuals providing leadership over the program should fully understand and believe in Housing First values and principles.

When hiring staff, carefully consider fit. To assess fit, it is helpful to identify the specific skill set that is necessary for each position. For example, stakeholders suggest hiring empathetic and forward-thinking staff with regard to mental health and the other challenges experienced by a community's target population. It is also helpful to think proactively about potential gaps, particularly for smaller programs. If it is not possible to employ staff to meet all needs of the program, consider partnering with community organizations that can provide support, and solicit the help of volunteers in the community. You may also consider coordinating and consulting with other local, provincial, or national Housing First sites to share experiences, resources, and ideas.

For more info:

1. Planning Task 6: Hiring Staff

2. Job Descriptions

4. Engage local, provincial, and national champions of Housing First.

To gain community support for Housing First, several stakeholders described the importance of engaging Housing First "champions"- individuals knowledgeable about Housing First who can support the initiative with passion and knowledge. The help of Housing First champions at the local, provincial or national levels has been an effective strategy for mobilizing new Housing First programs.

Further reading:

Planning Task 1

5. Gain community support for Housing First by emphasizing the role of responsive clinical terms.

Several stakeholders described significant community resistance to the idea of housing participants in the community, which made it difficult to recruit landlords. For instance, stakeholders from the Moncton site described a common community perception that Housing First provides free housing to people who use drugs, and emphasized that is important to "counter that myth right at the beginning." Additionally, stakeholders expressed that it is important to "sell" the program to the community by emphasizing that participants will be supported by a highly responsive team. The stakeholders described how community resistance was eased when they explained how the team will meet with the participant weekly and respond to any issues that might arise.

It is important to foster a sense of security through responsiveness and good communication with landlords and community members. To maintain community support, stakeholders emphasized the need for staff to be available to promptly respond to crisis situations, particularly if police are called. In addition, bring leaders from the community into the program from the beginning, as they can engage the rest of the community. Community leaders can also provide insight about the specific needs of the target population, in order to provide effective services.

Watch video online:

Jim is one of the "At Home" project's 15 housing agents. It's his job to convince landlords to take a chance on the project participants (NFB)

6. Be prepared to make a case for the potential economic benefits of Housing First.

According to several stakeholders, a strategy for garnering support for Housing First is to describe the potential economic benefits. To do so, it is important to develop strategies for collecting data on the cost of services currently in place in the community. Additionally, programs can build a cost analysis into their overall plans for evaluation.

To read more:

To Economic Results From At Home

7. Communicate what Housing First is and what it means to staff through training.

Stakeholders explained the need to plan trainings for staff in order to introduce them to Housing First or to foster a reorientation toward the Housing First approach. As staff become oriented to the Housing First approach, training may address recovery, harm reduction, early adjustment issues, motivational interviewing and strengths-based approaches, the impact of trauma/trauma-informed care, and other topics pertinent to the target population.

During the planning stage, it is important to acknowledge the limitations of Housing First and to manage staff expectations. For instance, eviction/rehousing is to be expected. Also, some participants will experience early adjustment difficulties, as well as fear and resistance. Many participants have had negative experiences within a system that has failed them. Implementing Housing First means engaging people with lived experience in peer support roles, and this should be an important component of training.

8. Challenging negative staff perceptions of the participant population.

Service-providers may have developed a belief that this population (particularly individuals with mental illness and histories of chronic homelessness) are incapable of recovery - it can be challenging to change this perception. Stakeholders suggested sharing research and evaluation findings that report success with similar populations. Also, consider connecting the staff with successful Housing First teams that can describe experience-based successes with participants. Identifying ways for staff to hear directly from people for whom HF has been effective is a powerful way to challenge negative perceptions.

2 Challenge: Developing an effective decision-making process

When planning services for less complex problems, it is common for planning to be driven by single agencies. When dealing with homelessness, however, it is necessary to adopt a multi-sectorial or "whole of society" approach to planning and decision-making. Also, as groups begin the planning process, tensions can arise in the decision-making process, particularly between "top down" approaches, where decision-making is driven by leaders of an organization, and collaborative approaches, through which there is more inclusive participation from diverse stakeholdersinvolved in program planning[2]. There is also a tension between using acollaborative approach and the inevitable deadlines and realities of the planning and service delivery environment.

[2] Nelson, G., Macnaughton, E., Goering, P., Dudley, M., O'Campo, P., Patterson, M., Piat M., Prevost, N., et al. (2013). Planning a multi-site, complex intervention for homeless people with mental illness: The relationship between the National Team and Local Sites in Canada's At Home/Chez Soi Project. American Journal of Community Psychology, 51, 3-4, 347-358.

What are some strategies for developing an effective decision-making process regarding planning?

1. Use a cross-sectorial approach.

A cross-sectorial approach is crucial to success at the planning stage. Collaborating across sectors is a way to ease doubt and uncertainty and to facilitate community "buy-in." In order to build strong relationships across sectors, stakeholders emphasized the importance of consensus-building, open dialogues, and mutual respect. When planning a Housing First program, think broadly about engaging potential stakeholders - include the perspectives of stakeholders beyond the housing and mental health/ service sectors, including individuals from the justice sector, individuals experienced with income assistance, landlords and people with lived experience of homelessness, mental health issues, and other issues experienced by the target population.

By using a cross-sectorial approach, communities can benefit from the experiences and perspectives of a broad cross section of stakeholders to better understand the needs of the target population. For instance, the coalition can collaboratively explore community-specific issues, such as the specific needs and challenges of the target population, the extent to which current services are meeting these needs, gaps in services, and vacancy rates/the current housing market.

When using a cross-sectorial approach, it is important to build bridges between sectors, and also "between the worldviews of different communities". In the Winnipeg site, for example, stakeholders were proactive by providing a forum for sharing and discussion during the planning process. "Two days were set aside for teaching and sharing, [making] sure there was time and opportunity for people to come together and find out about each others' work"[3]. Within the At Home/Chez Soi program, the Site Coordinator position was often instrumental in helping the various partners voice areas of disagreement, and develop a common vision for proceeding. This site coordinator was often someone experienced and trusted with the multiple sectors of the project: someone who had worn "multiple hats" and was skilled in navigating a complex terrain of interests and perspectives. The value of finding "neutral space" also became apparent, as a way of helping the various players to begin the dialogue that was necessary for moving forward.

2. Establish a culture of problem-solving and learning

Findings from At Home/ Chez Soi and consultations with stakeholders suggest that it is important to establish a collaborative approach. Establish a culture of "learning as we go" that is not punitive to staff or participants for making mistakes. The process of working through problems collaboratively is an important team building experience that is facilitated by a culture of problem solving and learning. Additionally, to establish a learning culture around Housing First, stakeholders suggested developing a "Community of Practice", which is a diverse group of individuals with shared interest and diverse experiences regarding Housing First. Within the Community of Practice, stakeholders can share effective strategies and lessons learned regarding program planning.

Nelson, G., Macnaughton, E., Curwood, S.E., Egalite, N., Piat, M. & Goering, P. (2011). Planning and proposal development for the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-site report. Mental Health Commission of Canada.

3. Provide clarity regarding staff roles and responsibilities during the planning process.

It is critical to establish roles and responsibilities early, particularly between housing and clinical teams. Stakeholders suggest developing clear protocols about decision-making and accountability for both housing and clinical teams from the onset. Additionally, it is important to distinguish (for Housing First stakeholders and professionals from other programs) between which services are provided through the mainstream system versus those provided through Housing First teams.

For examples:
Appendices
& Resources
section on At
Home Protocols
documents

4. Engage the voices of people with lived experience in the planning process.

Involving people with lived experience at an early stage is crucial to effective engagement and the development of meaningful and inclusive roles. It is important for people with lived experience to be present at planning meetings, and to ensure that people with lived experience are given opportunities to voice their perspectives with regard to planning tasks. It is essential to think through potential roles for people with lived experience to ensure that they are able to provide meaningful feedback, communicate concerns regarding implementation, and appropriately engage with program participants. In order to integrate peers meaningfully onto teams, it is important to plan training opportunities for clinical staff who may have limited experience engaging with co-workers with lived experience. In acknowledging the importance of roles for people with lived experience, it is important to provide honoraria for participation, and to create full-time, paid positions for these individuals.

ENGAGE THE VOICES OF
PEOPLE WITH LIVED EXPERIENCE

| Involve PWLE in the early planning stages | Value their perspectives, stakeholders can learn from their experiences | Give them important roles like a peer–support worker, or peer ombudsman | Integrate and engage PWLE and their clinical co-workers with training | Provide honorariums & paid full-time positions |

Two important roles are:

1. Peer support workers - It is important to create peer-support roles within the framework of clinical service teams. Peer support workers are included as part of an ACT team.

2. A peer ombudsmen – A peer ombudsmen is a person with lived experience who can consult with program participants and take complaints regarding their experiences with the Housing First program. The ombudsmen should have knowledge of homelessness and services and the community and be housed in an agency not associated with the program (e.g. consumer or peer support centre).

By including people with lived experience during the planning stage, stakeholders can learn about the specific needs and perspectives of the target population, as it relates to adopting the Housing First model. For instance, if the target population includes survivors of domestic violence, these individuals can provide input about housing options that will best meet their needs and cultivate a sense of safety. Similarly, if the target population includes Aboriginal participants, it is important to understand cultural perspectives on the type of housing options that are most preferred.

For more info about peer support roles:

Click here to access documents about engaging people with lived experience.

3 Challenge: Planning a Housing First program adapted to the specific needs of the community

Another challenge to anticipate during the planning process is ensuring that the program will meet the needs of the target population and community context. Specifically, it can be challenging to adapt the program to address community needs while maintaining fidelity to the Housing First model.

What are some experience-based strategies for developing a Housing First program that meets the needs of your community context?

1. Anticipate challenges unique to your program context and plan potential local adaptations, while maintaining fidelity to Housing First principles.

It is important to consider what is unique about your context and population, and to plan for meaningful adaptations to enhance the success of your program. As one stakeholder explained, "you need to be able to mold the program to meet the needs of your community." Housing First has been implemented in rural and urban areas, with First Nations and ethno-racial populations, and with

groups with a high prevalence of addictions. Thus, it is critical to understand the population characteristics well. One important way to understand the needs of your population is to engage the participation of people with lived experience of homelessness and mental health challenges and/or other challenges experienced by the target population. These individuals can articulate the specific challenges faced by their communities.

Delivering culturally competent services is an important aspect of meeting community needs. At the Toronto site, for instance, a crucial component of the program was planning culturally appropriate services for ethno-racial communities. In the process of developing culturally competent services, stakeholders in Toronto were able to benefit from particular areas of expertise provided by different local

agencies[4]. Likewise, in Winnipeg, stakeholders developed the Aboriginal Cultural Lens Committee during the planning process. This committee was formed to ensure that Aboriginal perspectives were meaningfully included in the development of services. The Committee provided feedback on how consistent services were to Aboriginal values through the seven sacred teachings.

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[4] Nelson, G., Macnaughton, E., Curwood, S.E., Egalite, N., Piat, M. & Goering, P. (2011). Planning and proposal development for the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-site report. Mental Health Commission of Canada.

2. Create relationships with landlords well before the program begins.

At an early stage, it is helpful to brainstorm about ways to connect with potential landlords. Engaging existing housing organizations may be one approach, as these groups can draw on their connections with landlords in the community. To develop an approach for engaging landlords, it is important to understand the overall housing environment. Also, think about strategies for eviction prevention and understand the common stumbling blocks and adjustment difficulties specific to your participant demographic.

To address the concerns of potential landlords regarding renting an apartment to participants with complex issues, stakeholders from the At Home/Chez Soi sites noted that it is important to emphasize that participants are connected with a responsive support team. Additionally, they advised program staff to explain that risky tenancies are typically rare, and to note that many participants go on to have successful tenancies, even with complex issues.

Some stakeholders suggested "going high up the ladder" to building owners or executives to secure apartments in urban areas, as these individuals are likely to find the regular payments associated with the rent subsidy motivating. When recruiting landlords, it is also helpful to have recruiting information that clearly describes the program.

3. Develop a process to evaluate the program and to measure success at an early stage.

During the planning stage, it is important to develop outcomes measures and an evaluation plan. Also, develop a process to measure and report the successes of your program and a reporting strategy. Some stakeholders suggested the need for software or a digitized system/template early in the planning process to keep track of tenancies, including rent payments, housing history, participant characteristics, and challenges. This information is helpful for tracking participants and for information sharing and reporting. Additionally, evaluation is a useful tool for managing Housing First programs and a tool for quality assurance. Evaluation can be a valuable tool in ensuring that staff members are providing services consistent with the model and identifying areas for growth and improvement.

For additional info:

Recruiting Landlords In Moncton

4 Challenge: Securing funding for a Housing First program

It can be challenging to secure funding for a Housing First program. The potential streams of funding vary widely by context, and it can be difficult to navigate various funding streams relevant to housing and services.

What are some experience-based strategies for securing funding for a Housing First Program?

1. Consider multiple funding streams and sources relevant to your context.

While funding mechanisms vary widely by context and province, stakeholders engaged in the program planning process can consider a number of potential funders, including municipal, regional, and provincial governments, community entities for the Homelessness Partnering Strategy (HPS), and private foundations.

2. Consider reaching out to funded Housing First programs in other areas to learn about how funding was secured.

Stakeholders from other funded Housing First programs can provide valuable information and strategies for obtaining funding. By fostering connections with other funded programs, stakeholders can educate themselves on potential funding sources, as well as experience-based strategies for navigating the funding environment.

APPENDICES & RESOURCES

MODULE 2 — PLANNING A HOUSING FIRST PROGRAM

Photo by Shane Fester

Planning a Housing First Program: Appendicies & Resources

Click any of the listed resources to access the downloadable (.pdf) document

At Home Protocols

- Access to Housing Protocol
- Caucus Protocol
- Complaints Protocol
- COTA Health Peer Support Interview Template
- Discharge Protocol
- Eviction Prevention Protocol
- Furnishings Protocol
- Household Management Protocol
- Housing Stock Protocol
- Interim Housing Protocol
- Moving and Storage Protocol
- Peer Specialty Protocol
- Rental Payments Protocol

Sample Job Descriptions (from Pathways to Housing)

- Assistant Team Leader
- Medical Nurse Practitioner
- Psychiatric Nurse Practitioner
- Registered Nurse
- Service Coordinator
- Service Coordinator — Housing Specialist
- Service Coordinator — Peer Specialist
- Service Coordinator — Substance Abuse Specialist
- Service Coordinator — Vocational Specialist
- Team Leader

Peer Training/Lived Experience Resources

- Basset, T., Faulkner, A., Repper, J., & Stamou, E. (2010). *Lived experience leading the way: Peer support in mental health.* www.together-uk.org

- Building equitable partnerships: *Tools and lessons learned: A resource for individuals and organizations.* (2011). Centre for Addiction and Mental Health.

- Building on Evidence: *13 things to include in Ontario's municipal homelessness reduction strategies: A resource from the Centre for Research on Inner City Health.* CRICH, October 2013. www.crich.ca

- *Stigma, discrimination, and PWLE knowledge: Discussion report.*(2011). National Consumer Panel, At Home/Chez Soi Project, Mental Health Commission of Canada. www.mentalhealthcommission.ca

Collective Impact Resources

- Hanleybrown, F., Kania, J., & Kramer, M. (2012). *Channeling Change: Making Collective Impact Work.* Stanford Social Innovation Review.

- Kania, J. & Kramer, M. (2011). *Collective Impact.* Leland Stanford Jr. University.

- Kania, J. & Kramer, M. (2013). E*mbracing Emergency: How Collective Impact Addresses Complexity.* Leland Stanford Jr. University.

- Turner, S., Merchant, K., Kania, J., & Martin, E. (2012). *Understanding the Value of Backbone Organizations in Collective Impact.* Stanford Social Innovation Review.

Landlord Resources

- Landlord and property owner/manager's newsletter - Dec 2012
- Landlord and property owner/manager's newsletter - Oct 2012

Suggested Resources

- Liste de vérification en matière de planification
- Planning Checklist - English

Module 3

IMPLEMENTATION OF HOUSING FIRST
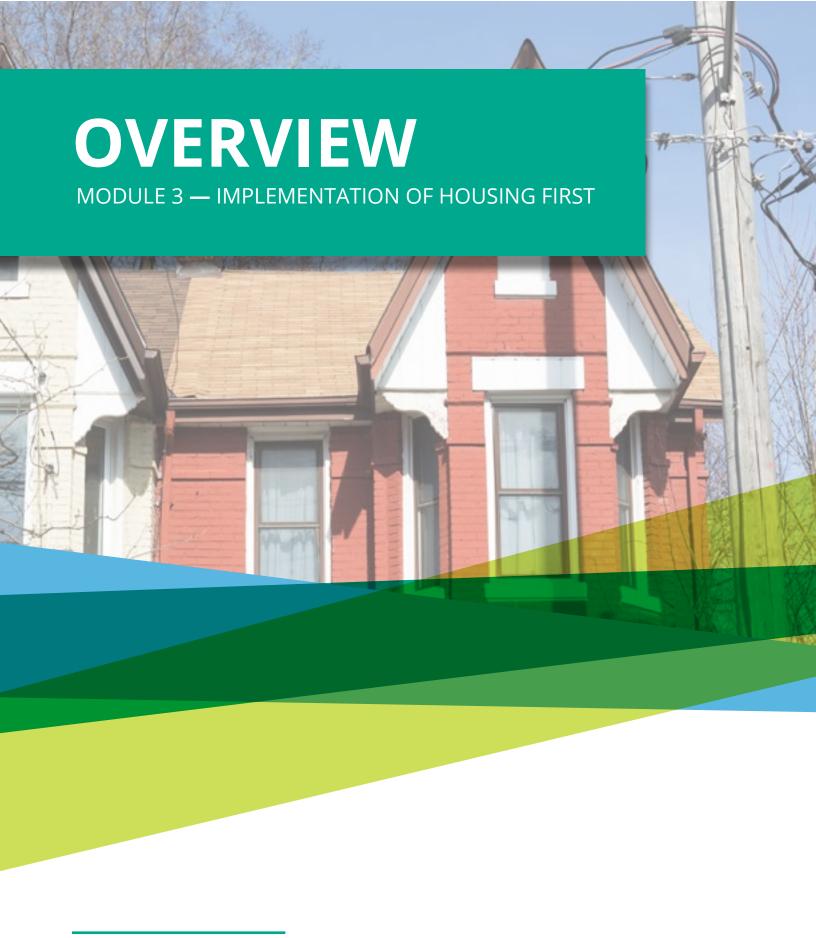
www.housingfirsttoolkit.ca/implement

Contents — Module 3
IMPLEMENTATION OF HOUSING FIRST

OVERVIEW

MODULE 3 — IMPLEMENTATION OF HOUSING FIRST

Photo by Shane Fester

Implementation Overview

The objective of this module is to provide an overview of key issues involved in implementing a Housing First program. The implementation process entails activities such as hiring staff and involving people with lived experience, establishing staff supervision and communication protocols, training staff, housing/rehousing participants and providing ongoing supervision and support, offering ongoing and advanced training and technical assistance, and assessing and improving the program. After reading this module, you should be knowledgeable about:

- Key Housing First implementation tasks and issues;
- Common challenges in implementing a Housing First program;
- Strategies for overcoming implementation challenges.

The information in this module was informed by research findings from the At Home/Chez Soi project and consultations with stakeholder groups with experience implementing a Housing First program. This interactive module consists of a **Key Messages** section, which provides a concise summary of the information presented. The **Implementation Tasks** section outlines central steps in implementing a Housing First program. The **Challenges and Strategies** section describes several challenges that groups may encounter during the implementation process, as well as experience-based strategies for addressing these challenges. This module also includes helpful **Resources and Appendices** related to implementing a Housing First program, which includes an Implementation Checklist, reports and articles on implementing a Housing First program, and documents describing policies and protocols related to implementation, based on the At Home/Chez Soi project sites. Several features are integrated throughout the module, including pertinent videos.

KEY MESSAGES

MODULE 3 — IMPLEMENTATION OF HOUSING FIRST

Photo by Shane Fester

Key Messages

- **Implementing a Housing First program** entails activities such as hiring staff and involving people with lived experience, establishing staff supervision and communication protocols, training staff, housing/rehousing participants and providing ongoing supervision and support, offering ongoing and advanced training and technical assistance, and assessing and improving the program.

- Common **challenges** encountered during the implementation process include getting multidisciplinary teams to work cohesively; working with participants in adjusting to their responsibilities as a tenant through the housing and rehousing process; working with landlords in fulfilling their responsibilities as landlords; supporting participants in the community; dealing with difficult emotions and burnout of staff; reorienting program goals; developing a Housing First philosophy and sense of community; engaging people with lived experience; housing and rehousing participants with complex needs; finding housing in limited/challenging housing markets; and ensuring Housing First model fidelity.

- **Strategies for getting multidisciplinary teams to work together** include acknowledging and embracing differences as well as common purpose/values; promoting ongoing communication between teams; and developing clear protocols, roles, and responsibilities.

- **Strategies for working with participants in adjusting to their responsibilities as a tenant through housing and rehousing processes** include supporting participants from the beginning through basic skills training, as well as working with participants to reflect and learn.

- **Strategies for working with landlords in fulfilling their responsibilities** include educating landlords, and collaborative problem solving.

- **Strategies for supporting participants in the community** include creating positive relationships with program participants; creating community spaces and other resources for feeling connected; facilitating connections with participants by mobilizing the resources of the broader community; being flexible and creative about connecting with participants; and adapting program implementation to local contexts.

- **Strategies for dealing with difficult emotions and burnout in clinical/housing staff** include encouraging self-care of staff; and taking advantage of team-based case management.

- **Strategies for reorienting program goals** include meeting participants where they are at; thinking about alternatives to scattered-site housing; ensuring access to capacity-building resources and expertise; and developing innovative, creative job procurement and maintenance opportunities both within the program and through partnerships, education, and advocacy.

- **Strategies for developing a Housing First culture and sense of community** include hiring and training processes as key elements in creating team cohesion; ensuring fidelity to Housing First philosophical principles; building close relationships with landlords; and establishing clear communication with funders.

- **Strategies for engaging people with lived experience** include hiring peer support workers; holding debriefing sessions for peer support workers and other staff members; ensuring that processes are in place to elicit participant feedback about the program; normalizing peer involvement; and ensuring meaningful involvement of peers.

- **Strategies for housing and re-housing participants with complex needs and in complex housing markets** include understanding the housing environment and being creative with it; carefully considering the fit between the person and the environment; hiring dedicated and creative staff that are committed to housing participants; keeping flexible money available at all times; and working with landlords and participants to avoid evictions.

- **Strategies for ensuring Housing First model fidelity** include conducting fidelity assessments throughout program implementation.

IMPLEMENTATION TASKS

MODULE 3 — IMPLEMENTATION OF HOUSING FIRST

Photo: Shane Fester

Context

During the planning stage, your Planning Group was responsible for developing the program model and planning the implementation of your Housing First program. A diverse stakeholder coalition developed a program model, chose the host agency, secured funding, developed a profile of the skills necessary for housing and service staff, developed housing protocols, involved people with lived experience, connected with landlords, and developed a preliminary evaluation plan. During the implementation stage, stakeholders now put the plan into practice.

In the At Home/Chez Soi project, the average annual program costs (for housing and support) was $22,000 for Assertive Community Trteatment (ACT) participants, and $14,000 for Intensive Case Management (ICM) participants.

What are the Key Tasks involved in implementing a Housing First program?

Johanne and Laszlo share their experiences with the At Home project.

(1) Hiring Staff and Involving People with Lived Experience

During the planning process, your Planning Group explored various funding streams and ultimately secured funding for the program. At the early stages of implementing the Housing First program, stakeholders must finalize the budget for program resources and begin the process of hiring housing and clinical/support staff. During the Planning process, stakeholders identified the specific values and competencies necessary for each staff position, and developed detailed staff profiles and job descriptions. At the Implementation stage, stakeholders are ready to interview and hire housing and clinical/support staff.

During the implementation stage, the hiring process should include hiring peers, with lived experience in a number of capacities, including as peer support workers, peer organizers, peer advisory committee members, and a peer ombudspersons. According to At Home/Chez Soi staff, it is helpful to hire peers who are well experienced in supporting themselves and others through their recovery journeys. It is also important to hire peers in full-time roles, to convey that people with lived experience are valued and equal to staff who do not have first-hand experience of homelessness. Moreover, it is important to hire staff that is committed to the Housing First philosophy and methods of practice that focus on recovery, strengths, and harm reduction. Additionally, it is important to consider strategies for employee retention at an early stage. To retain quality employees, programs can consider providing advanced training, reflective supervision, constructive performance reviews, and adequate benefits.

2 Establishing Staff Supervision and Communication Protocols

A critical implementation task is to establish processes for staff supervision and communication for housing and clinical/support staff. Staff supervision should entail regular meetings with individual staff to review work and to provide support and training. At Home/Chez Soi staff indicated that a strong supervisor stresses fidelity to the Housing First model, and develops a culture of learning and respect among staff members. Effective supervisors demonstrate the importance of listening, and show staff that it is possible to disagree, but to still work together effectively.

Supervision of peer workers may include supervision by a person with lived experience, in addition to the staff supervisor. Staff from At Home/Chez Soi noted that at times, peer workers were hesitant to ask for help when they were struggling, as they did not want to be seen as "moving backward" by the team. The presence of a supervisor with lived experience may provide a safer space for peer workers to get the support needed to effectively perform their roles.

According to stakeholders from the At Home/Chez Soi sites, housing and clinical/support teams should meet together on a weekly basis to discuss progress and issues (although some clinical/support teams met daily). These meetings provide important opportunities to build relationships among team members. Meetings remind staff that they are not working alone, and that they have outlets for support and assistance. In addition to fostering the exchange of program-related information, these meetings can provide a mechanism for staff to support one another and recommend diverse strategies for engaging with participants. Staff meetings also present an opportunity for staff to debrief following challenging times, and to celebrate successes. In addition to separate meetings for housing and clinical/support staff, it is important to hold meetings for staff across the different teams to share information and knowledge. This is also an ideal way for staff working in different roles to better understand each other's work.

3 Training Staff

Upon hiring housing staff, and clinical/support staff it is important to provide a thorough initial training. Stakeholders should also develop a mechanism for continued training of all new staff as they begin working in the program. The initial training should formally orient staff to the Housing First model, including the values and principles of the Housing First approach. The initial training is an opportunity to explain all aspects of the program to new staff, including the nature of the roles of each staff member. The initial training should also describe processes for staff supervision and coaching. Trainings should address the importance of participant choice and self-determination, along with the recovery-orientation of the program. The initial training should also provide a foundational understanding of harm reduction and practices to support social and community integration of participants.

Many stakeholders involved in the At Home/Chez Soi program noted the experience of tension and confusion about roles between the housing and clinical/support teams. To address this concern proactively, initial staff training should provide a program overview and explain clearly delineated roles between the teams. Initial training can be a way to foster strong communication between the housing and clinical/support teams at an early stage.

All staff should receive training in self-care and how to seek support to prevent burnout, as these positions are inherently challenging. It is important to discuss protocols for debriefing (such as "sharing circles") and support seeking with staff during the initial trainings. Some stakeholders involved in the At Home/Chez Soi program suggested inviting peers/people with lived experience to provide training for housing and clinical/support staff to educate staff about the peer perspective, and to provide insights from lived experience.

As well, initial training should be tailored for peer workers and peer advisory group members/people with lived experience. For instance, peer advisory group members can receive training in how to participate on the board to build skills and confidence. Peer workers should receive training on the nature of their roles, including issues around confidentiality, boundaries, and supervision/support. Channels for seeking support and supervision should be made clear during initial training.

Download Housing First Training Presentations:

1. Introduction to Cultural Safety

2. Supporting Peer Wellness and Recovery

3. Trauma Informed Care and Homelessness

4 Housing/Rehousing Participants and Providing Support

Essential ingredients of a Housing First program are the provision of housing and clinical/support services, both of which occur during the Implementation stage. During the Planning process, stakeholders developed housing protocols and connected with landlords. During the Implementation stage, stakeholders come to the table with an understanding of the housing environment, along with the clinical needs of the target population.

In the context of housing and support services, it is important for stakeholders to focus on the following subtasks:

Developing Risk Management and Safety Protocols

- Housing and support teams should develop risk management and safety plans that address emergency responses, crisis communication, and incident reviews. For example, risk management plans might entail ensuring that support teams are automatically notified when an emergency call is placed to police regarding a Housing First participant.

Procuring Housing Options

- Housing teams continue to procure housing options by communicating with landlords in the community and working with community agencies that have relationships with landlords and/or housing units.

Managing Budgets Related to Housing/Rehousing

- Consider developing a budget that can cover housing related expenses, such as furniture, storage, insurance, moving costs, and unit damages.

- Create a budget line for temporary housing options, such as rooming houses and motels that may be required immediately following an eviction.

- Consider costs that may be covered through the Residential Tenancy Act or other funds that could be utilized to provide incentives for landlords.

Working with Participants as they Choose a Housing Option

- Housing teams should carefully consider the fit between the housing options and the participant's needs.

1. What About Tofu?

2. Waiting for Jon

3. Open Sky

Service Providers Lois and Doug, and At Home housed participant Anthony discuss the importance of providing varied suopports to participants

Watch the videos online:

1. www.youtube.com/watch?v=MXqYs6RCkDs
2. www.youtube.com/watch?v=qwVUEsyx_Ic
3. www.youtube.com/watch?v=cfx_1VdpCDE

Providing Support as Participants Receive Housing

- Encourage the participant to make choices about housing. Coach the participant in how to select housing that fits their needs, and in what to expect when meeting potential landlords. Discuss what it means to be a tenant.

- Show participants at least two or three housing options (including an array of options depending on context, such as scattered-site apartments and congregate settings). Consider developing a "housing preferences checklist" with participants, so participants can carefully consider and compare the options available to them.

Click to download:

A sample housing preferences checklist.

- Help participants move into housing and clean the apartment/living space.

- Provide basic skills training necessary for maintaining housing. Work with participants as they learn how to clean and maintain their apartment, purchase and cook food, and manage finances. Provide support for other daily living skills, as needed.

- Anticipate early adjustment issues — many participants may feel alone and socially isolated when living in an apartment. Provide additional support when needed and consider creating community spaces to encourage socialization among participants, to fostering community involvement and inclusion.

- Recognize peer workers as an important resource during home visits. Peers can provide experience-based strategies to ease difficult adjustments.

- Engage participants in a recovery-oriented way. This includes discussing with consumers their goals and visions for the future, and working with them to find vocational opportunities and to explore educational or volunteer opportunities.

- Work with participants on coping and interpersonal skills, relationship-building, and skills regarding conflict resolution.

1. With Love

2. A Model Person

Mr. MadDogg lives at Bosman, a Vancouver hotel converted into a group housing community.

Cultivating Strong Relationships with Landlords

- Before issues arise, visit landlords regularly and speak with them about how the process is going. This allows housing teams to build strong and trusting relationships with landlords.

- Be attentive to landlord concerns and be responsive to issues that may arise.

- Normalize evictions for landlords. While much can be done to prevent evictions, encourage landlords to see evictions as a learning process for participants, and as an exception rather than a rule

Rehousing: Learning from and Responding to Evictions

- When participants are evicted, encourage learning and accountability. Discuss choices that led to the eviction and strategize about ways to prevent this in the future.

- Consider exploring alternate housing options (e.g., congregate housing) for those who need an "in between" solution before living independently.

Fostering and Strengthening Community Partnerships

- Partner with community members to develop vocational and/or voluntary (e.g., community event participation) opportunities to foster community involvement and inclusion.

Watch the videos online:

1. www.youtube.com/ watch?v=fSyYyNmX_Wg

2. www.youtube.com/ watch?v=k7MrvvFO-vc

⑤ Providing Ongoing Supervision and Support

As described in Task 2, it is important to develop staff supervision and communication procedures during the implementation stage. During early and later implementation of the program, it is crucial for supervision and support to occur on an ongoing basis. Supervision and support are an important way to normalize the challenges that are to be expected within the teams, and the challenges associated with engaging participants. According to At Home/Chez Soi staff, supervisors have the important role of ensuring that housing and clinical/support teams are working together effectively. Effective supervisors promote a culture of continuous learning and improvement. As a housing staff member in Moncton explained, "when you go along, be flexible — willing to try a different path. When it's not working, stick with the fidelity of the program, but try a different way."

Supervision needs are likely to change over time. From a housing perspective, at an early stage of the implementation process, staff may require support in helping participants adjust to their homes, including addressing the social isolation and loneliness that some participants experience. At a later stage, staff may require support in engaging participants in their recovery and in developing and re-establishing relationships. Ongoing supervision and support is also essential for preventing staff burnout. According to At Home/Chez Soi staff, supervisors should stress the importance of self-care, and should support staff in executing self-care strategies to prevent burnout.

Learn How To Prevent Burnout:

Challenges And Strategies - Preventing Burnout Section

6 Offering Ongoing/ Advanced Training and Technical Assistance

In addition to initial training, it is important to provide ongoing training opportunities to housing and clinical/support staff. According to At Home/Chez Soi staff, additional training in the areas of recovery, intergenerational trauma and trauma-informed care, addictions, cultural competency, motivational interviewing, harm reduction strategies, anti-oppressive frameworks, and dealing with difficult tenancy issues (such as hoarding) were particularly important and helpful. Supervisors should consult with staff to determine areas where additional and ongoing training can be most helpful.

For programs to continue to grow and improve, technical assistance serves an important function. Consultants can provide technical assistance to the program. According to At Home/Chez Soi staff, it is important to ensure that consultants understand the context of the program and population served, so the strategies they propose are appropriate and relevant, particularly when working with ethnoracial and Aboriginal populations. Others indicated that it is helpful to bring in individuals with diverse backgrounds and experiences in the field to provide technical assistance.

Advanced training can also be provided through conferences and professional development opportunities. Additionally, Communities of Practice — groups of individuals interested and engaged in working on a common issue (such as Housing First) — offer a continued mechanism for support and learning. Staff can connect with other Housing First programs to develop a Community of Practice that meets on a monthly basis, or as needed.

7 Assessing and Improving the Program: Evaluation and Fidelity

A key task during the planning process was to develop an evaluation plan, including the selection of an evaluation team.

During the planning stage, a logic model was developed and the team worked collaboratively with program stakeholders to select what to track and measure.

During the implementation stage (if you have an evaluation team), the evaluator(s) will collect data on an ongoing basis. The implementation stage is also when the evaluation team can assess the program's fidelity to the Housing First model.

During program implementation, it is important to establish a mechanism for the evaluation team to provide early and ongoing feedback to the team. Evaluation feedback is critical to improving the program and ensuring its sustainability. As staff receive evaluation findings, concrete plans should be developed to address the program and system issues identified as requiring change.

Fidelity Resources:

1. Development and validation of a housing first fidelity survey

2. Implementations of Housing First in Europe

3. The Pathways Housing First fidelity scale fior individuals with psychiatric disabilities

Evaluation Resources:

1. Exploring the value of mixed methods within the At Home/Chez Soi project

2. A mixed methods approach to implementation evaluation of multi-site Housing First intervention for homeless people with mental illness

ABOUT IMPLEMENTATION

MODULE 3 — IMPLEMENTATION OF HOUSING FIRST
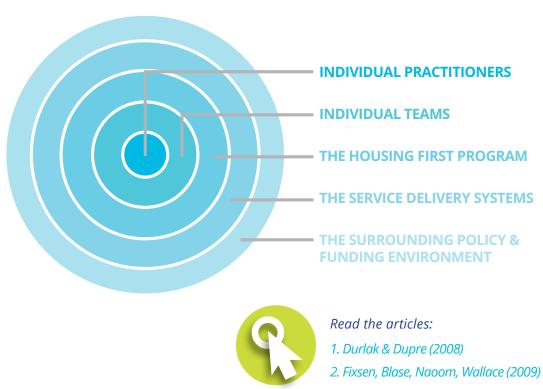
Photo: Shane Fester

What are the levels of implementation?

Implementation with fidelity to the Housing First model happens when a coordinated, multi-faceted strategy (or "implementation support system") "drives" implementation forward. Implementation can be thought of as occurring at a number of levels.
The levels include:

- individual practitioners (e.g., case managers) and landlords
- individual teams (e.g., Assertive Community Treatment [ACT] or Intensive Case Management [ICM])
- the Housing First program as a whole
- the service delivery systems related to mental health and addictions, and housing and homelessness
- the surrounding policy and funding environment (e.g., employment and income assistance)

Fig. 1 Implementation Model

INDIVIDUAL PRACTITIONERS

INDIVIDUAL TEAMS

THE HOUSING FIRST PROGRAM

THE SERVICE DELIVERY SYSTEMS

THE SURROUNDING POLICY & FUNDING ENVIRONMENT

Read the articles:

1. Durlak & Dupre (2008)

2. Fixsen, Blase, Naoom, Wallace (2009)

Note: This document has been adapted from articles by Durlak and DuPre (2008) and Fixsen, Blase, Naoom, & Wallace (2009).

What strategies or resources promote implementation goals at the staff and team levels?

- *Careful selection of staff*, who possess the necessary skills or aptitudes, and whose values are philosophically congruent with the Housing First model (link to planning module).

- *Initial training of practitioners and teams*, focused on introducing team practices, basic role competencies and rationales, acquiring and trying out relevant skills, and receiving initial feedback on performance

- *Coaching-oriented supervision (from team leaders),* which helps staff put skills and team working relationships into place. Supervision also helps staff develop confidence, expertise and judgment about specific circumstances, and identify further training and technical assistance needs, including around complex clinical situations.

- *Fidelity measurement and implementation evaluation,* for ensuring the basic program principles and components are in place and identifying implementation barriers.

- *Ongoing Training and Technical assistance,* including consultation from outside Housing First experts, supporting team leaders to put coaching systems in place, to build advanced skills and expertise, and for solving complex clinical problems (which could also include networking).

Additional resources:

1. Planning Module
2. Evaluation Module

What strategies or resources promote implementation at the organizational or system levels?

- *Supportive administration* from agency leaders, aimed at ensuring that program specific resources and policies are in place (e.g., having housing and clinical teams working together and under a common accountability structure) and ensuring that the organizational culture reflects Housing First principles.

- *Systems interventions*, aimed at creating supportive policies and protocols in relation to those aspects of the program that are beyond the direct control of the Housing First program (e.g., establishing linkages with referral agencies, and advocating for facilitative policies with relevant agencies and governmental departments, such as Disability, Housing, Employment and Income Assistance). Find champions within agencies and government departments that can facilitate these changes, and consider developing a Memorandum of Understanding to establish a clear understanding of how to be flexible when working with participants.

- *System-level performance monitoring*

- *Entrepreneurship* from leaders in relation to surrounding policy climate (e.g., able to pick up on opportunities with regional or provincial reforms)

For more go to:

Evaluation Module

Who coordinates an implementation strategy?

- *Team Leader or coordinator*, who is a visionary and guides/oversees the strategy.

- *Champions and entrepreneurs* that move implementation forward, especially in the beginning stages.

- *Designated Implementation Team* of three to five people, together with the coordinator to makes the strategy happen. Collectively the team should have credibility with the multiple sectors involved in homelessness service delivery and expertise in:

    ◊ Housing First critical ingredients

    ◊ Training and technical assistance strategies

    ◊ Organizational change and performance measurement

Collectively, the implementation team is responsible for working with external trainers and Housing First experts to develop the training and technical assistance strategy and adapt it as needed. The team helps ensure that each of the drivers — related to practitioner competencies, organizational change, and performance measurement — is put into place. Finally, the team is also responsible for ensuring that drivers work tightly as a coordinated whole towards implementing the Housing First service components with fidelity and continuing to assure quality support going forward.

Table 1: Implementation Framework: Summary

Level of Implementation	Implementation Goals	Strategies to Promote Implementation	Relevant Resources
Practitioner	• Housing First values • Housing First competencies • Related evidence-based practices (illness management and recovery, dual diagnosis, supported employment; trauma-informed care) • Cultural competency/safety	• Staff selection • Training • Coaching (supervision, consultation) • Communities of Practice	• Partnerships for Health System Improvement/Mental Health Commission of Canada Training, Technical Assisstance and Networking • Online training resources • Homelessness Partnering Strategy funding can be used for training
Team	• Effective witihin-team practices and protocols, including related evidence-based practices	• Training • Coaching • Supportive administration/ leadership	• Partnerships for Health System Improvement Mental Health Commission of Canada Training, Technical Assisstance • Housing First toolkits
Program	• Effective working relationships among teams • Clear program logic model • Framework of accountability • Supportive organizational culture	• Supportive administration / leadership • Performance measurement	• Partnerships for Health System Improvement/Mental Health Commission of Canada Training, Technical Assisstance • Fidelity visits • Fidelity self-assessments via Partnerships for Health System Impreovement and Homelessness Partnering Strategy • Tollkit evaluation module
System	• Effective inter-agency partnerships with referring agencies and complementary programs	• Systems Interventions	• Housing First toolkits • Canadian Alliance to End Homelessness and Alberta system planning resources • Mental Health Commission of Canada engagements at regional/provincial levels
Policy	• Congruent policay and funding environment	• Systems interventions • Policy entrepreneurship	• Partnerships for Health System Improvement policy level initiative • Mental Health Commission of Canada

CHALLENGES & STRATEGIES

MODULE 3 — IMPLEMENTATION OF HOUSING FIRST

Photo: Shane Fester

What are some key challenges to anticipate during the implementation process?

Our consultations with stakeholders experienced in implementing a Housing First program revealed several challenges to anticipate. We organize these challenges into10 sections:

1. Getting multidisciplinary teams to work together;

2. Working with participants in adjusting to their responsibilities as tenants;

3. Working with landlords in fulfilling their responsibilities as landlords;

4. Supporting participants in the community;

5. Dealing with difficult emotions and burnout in clinical/housing staff;

6. Reorienting program goals;

7. Developing a Housing First philosophy and sense of community;

8. Engaging people with lived experience;

9. Housing and rehousing; and

10. Ensuring Housing First model fidelity.

Each section then describes experience-based strategies from stakeholders with Housing First implementation experience, as well as implementation knowledge gained from At Home/Chez Soi.

1

Challenge: Getting multidisciplinary teams to work together

The separation of housing and clinical services is a key component of the Housing First model. In some instances, the goals and priorities of these teams might differ and require accommodations. Clinical teams, housing teams and landlords, for example, might have different perspectives and competing goals in the case of a problematic tenancy characterized by disruptive visitors. These differences may lead to teams feeling that they are working in isolation from one another or feeling tension between them. For example, one team (e.g., clinical team) may feel that participants are being rehoused (e.g., by the housing team) without accountability for prior eviction(s), which may make it more difficult for participants to learn from their experiences. It will be important to develop program strategies and protocols to resolve some of these challenges.

What are some strategies for ensuring that the goals of all teams can be effectively met?

1. Avoid blame and acknowledge and embrace differences as well as common purpose/values.

It is important that various stakeholders, including housing and clinical teams avoid blaming each other when challenges arise. Acknowledging the different goals and perspectives of stakeholders is important in developing an atmosphere of effective problem-solving and communication. It is important for teams to "take a step back" and identify the common goals that each team has for participants (i.e., to support participants to maintain stable housing), acknowledge and embrace differing goals, and determine how these differing goals might fit into the larger common goals.

2. Promote ongoing communication between teams.

Stakeholders emphasized communication as the key to ensuring that the goals of all teams can be met effectively. While housing and clinical teams function separately in Housing First implementation, it is essential that these teams remain in regular contact and communication with each other. Having teams housed within the same building or within close vicinity to one another has been an effective strategy in this respect. In addition, ensuring that both teams are present at meetings, where they can see each others' accomplishments, challenges, and strategies has

been an effective strategy. In fact, many stakeholders have suggested having weekly meetings where case managers and housing teams meet together. Including a housing team member in the regular case management team meetings has been effective as well. In the Moncton site of the At Home/ Chez Soi project, the rural ACT team would join meetings with the urban ACT team in order to remain "in the loop." In the Toronto site, both housing and clinical teams participated in joint meetings in order to keep current with each others' work and to engage in joint problem-solving discussions.

3. Develop clear protocols, roles, and responsibilities.

Stakeholders described the importance of developing clear accountability structures, in which different teams and stakeholders can clearly identify their roles and responsibilities, and those from other teams. In addition, developing consistent protocols that can be accessed and referenced by all stakeholders is an effective strategy. For example, having a clear protocol establishing the roles and responsibilities of housing teams versus those of clinical teams, will guide all parties in their respective roles. At the Toronto site of the At Home/Chez Soi project, housing and clinical teams actually developed their protocols together, which encouraged cooperation, sense of ownership, team-building, and clarity. Another example would be having a protocol that describes how to deal with more complex situations (e.g., a challenging tenant-landlord relationship) that is accessible to all stakeholders — landlords, participants, and housing and clinical teams. This will ensure that all stakeholders are clear on program expectations and what their roles are in working toward a resolution.

2 **Challenge: Working with participants in adjusting to their responsibilities as a tenant through the housing/rehousing process**

During the implementation process, tensions can arise when stakeholders believe that some participants are having difficulty adjusting adequately to their role as a tenant and are not accountable for being evicted from their housing.

What are some strategies for promoting participants' accountability for maintaining housing?

1. Supporting participants from the beginning through basic skills training.

Stakeholders emphasized the importance of having teams work with participants at the beginning of their housing experience, in order to learn basic skills for maintaining a home. Helpful skills, for example, would include: apartment cleaning and maintenance, how to purchase and cook food, how to manage one's finances, and any other skills that participants would like to learn. One of the stakeholders from the Moncton site of the At Home/Chez Soi project said, "We were cleaning toilets with them. They saw us at the same level as them, not the nurse as being way up high. We were with them doing the same things, and it started a good bond right at the beginning".

NFB ONF ONE

3 Hots and a Cot

To watch, go to:

https://www.youtube.com/watch?v=xmJGC2fl3Yo

2. Working with participants to reflect and learn.

In order to encourage participant accountability for their choices, it is helpful to see any evictions or potentially negative experiences as a learning process and an opportunity to redirect one's thoughts and behaviours to make the next housing experience different from the last (for participants and for landlords). For example, some stakeholders suggested that after a first eviction, the worker should sit down with the person to help them reflect on what went wrong, help them develop strategies for avoiding the same thing from happening again (e.g., if it was because they invited the wrong people into their place because they felt isolated or were not able to set boundaries, help them with those issues), and help them reflect on the consequences of what's happened (e.g., that their range of housing choices may be more restricted because of their actions). Workers can then ask the participant to take on a leadership role in exploring other housing units, while ensuring that they are communicating with the participant in a motivating, supportive manner.

Go to video:

https://www.youtube.com/ watch?v=cRBbC4fTCY0

Teresa was a participant of the At Home project. Watch the video to hear her story.

Evicted

3 Challenge: Working with landlords in fulfilling their responsibilities as landlords

During implementation, tensions can arise when stakeholders believe that landlords are having difficulty adjusting adequately to their responsibilities as a landlord. In many instances this challenge will reflect a landlord not acting in accordance with their respective roles and responsibilities as stipulated by provincial law (e.g., the Ontario Residential Tenancies Act in Ontario). The implementation challenge will be to hold both program tenants and landlords accountable to their roles and responsibilities.

What are some strategies for working with landlords in fulfilling their responsibilities as landlords?

1. Educating landlords.

Clinical and housing team members in the At Home/Chez Soi project believed that the role of housing teams is partially that of an educator. They found that being communicative and firm about the legal rights of program tenants was an effective strategy to ensure that landlords fulfilled their responsibilities. Additionally, there was a wide consensus that education on mental health and addictions was very helpful for landlords in being able to better empathize with particular tenants.

2. Solve problems collaboratively.

In some instances, landlords may simply lack the skills to problem solve. Having events where housing and clinical workers, and other landlords are present to collaboratively solve problems is important. It has been suggested that hosting lunches are an effective way to engage landlords.

4 Challenge: Supporting participants in the community

In the scattered-site model of housing, participants live in the community, and the team does home visits, often over a wide geographical area. Geographic dispersion can be a challenge for workers, especially for sites implementing Housing First in rural areas or in large urban communities. Living independently (and alone) in the community can also be a challenge for participants, and lead to feelings of isolation and boredom. In addition, there are difficulties associated with getting around in the community without adequate transportation. Finally, another key challenge in helping to support participants in the community is ensuring that culturally informed practices and services are provided for all participants.

What are some experience-based strategies for doing community-based work when implementing Housing First?

1. Creating positive relationships with program participants.

It is imperative that all stakeholders involved in the process of implementing a Housing First program understand the importance of developing secure and positive relationships with participants. The following videos demonstrate how transformative these relationships can be for both participants and staff.

The following videos demonstrate how transformative these relationships can be for both participants and staff.

Watch the videos:

1. *www.youtube.com/watch?v=cRBbC4fTCY0*
2. *www.youtube.com/watch?v=k9xf_03_838*
3. *www.youtube.com/watch?v=IVUc-RvVL7c*

1. Evicted   **2. The Wound Inside**   **3. Works Both Ways**

2. Create community spaces and other resources for feeling connected.

Multiple stakeholders have described participant feelings of loneliness and boredom when they move away from their community while living on the streets to their own apartment units. They discussed the importance of connecting participants to community resources early on to help curb these experiences of isolation. Some strategies that have helped participants deal with these feelings have included the creation of community drop-in spaces, some of which have been kept open 365 days per year, where participants could speak with case managers (whether their own or not) if they felt lonely. Peer support workers are exceptional resources in facilitating processes around creating community spaces. For example, the Moncton site of the At Home/Chez Soi project had a drop-in centre with services available, as well as phones and computers for people to use. They maintained an open door policy and participants were able to make coffee, socialize, and participate in leisure activities. Hosting weekly, monthly, or annual lunches for participants in order to create a sense of community has been suggested as well.

Other helpful strategies may include watching television or listening to the radio as a helpful tool for overcoming early feelings of isolation. It is recommended that teams be proactive in terms of helping participants get their phone and cable connected in order for them to engage in these types of activities.

3. Facilitating connections with participants by mobilizing the resources of the broader community.

Another strategy for staying connected entails finding creative ways of facilitating connections with participants by mobilizing the resources of their broader community. While service teams are still responsible for making a certain number of visits with participants, they can help participants to develop a broader support network. For instance, they can encourage family members of participants to connect regularly with participants and find out if they need any additional support. In addition to team members, family members may help participants with transportation to doctor's appointments or other meetings that participants would like to attend. Partnering with local pharmacies that agree to deliver medications to participants is another strategy.

4. Be flexible and creative about connecting with participants.

Visiting and trying to get in touch with participants that live far from service team offices (e.g., in rural areas or large urban settings) can be challenging and very time consuming. One strategy for dealing with this challenge is for teams to be creative and flexible in doing the home visits. In large urban communities, it may be helpful to divide the community into catchment areas, and divide service teams so that they are responsible for smaller areas of space, which will decrease transit and driving time. Another suggestion made by stakeholders was to "double-up" on visits. For example, if one worker happened to be planning a visit to a certain client in a particular area, they could also arrange to see another client in that area, even if the original plan was for another worker to make the visit (as long as this is okay with the participant, of course). Providing participants with cell phones so that service-providers and participants can connect with one another would be helpful as well. Finally, it is suggested that home visits decrease in frequency as participant stability increases, as long as participants and workers are both comfortable with this. Instead of going for a house visit, workers and clients have enjoyed meeting for coffee somewhere convenient for both of them.

Read more:

Moving from rhetoric to reality: adapting Housing First for homeless individuals with mental illness from ethno-racial groups

5. Adapt program implementation to local contexts.

Adapting Housing First implementation to local contexts is important to satisfy the varying needs of diverse groups and individuals within diverse settings. For example, Housing First programs implemented in rural settings will often differ from implementation in more urban settings. It is possible to achieve both program fidelity and effective adaptation to local contexts. For example, Housing First was implemented in rural Vermont, where the Pathways Housing First team employed telecommunication strategies to effectively support participants within the community. Another example was in the large urban setting of Toronto, where Housing First was adapted to creatively connect with participants of varying ethnoracial groups. In order to facilitate better access to programs for participants in Winnipeg, services were strategically located within the inner city and other locations where there were large numbers of Aboriginal people.

Protecting the cultural safety of all participants is paramount throughout implementation, especially to create positive relationships with program participants. Culturally informed practices and services must be provided for participants (e.g., ethnoracial communities and Aboriginal communities).

Additional online resources:

1. Implementing Housing First in rural areas: pathways Vermont

2. Moving from rhetoric to reality: adapting Housing First for homeless individuals with mental illness from ethno-racial groups

3. "One Focus; Many Perspectives" A Curriculum for Cultural Safety and Cultural Competence Education

4. Holding Hope in our Hearts; Relational Practice and Ethical Engagement in Mental Health and Addictions

5. Standards of Practice; Case Management for Ending Homelessness

For more resources on this topic:

Spotlight: Vancouver RainCity

5 Challenge: Dealing with difficult emotions and burnout in clinical/housing staff

Throughout program implementation, staff may experience difficult or triggering emotions, as they work very closely with participants and form caring relationships with them. Some staff with lived experience may experience vicarious trauma, which needs to be taken very seriously. Additionally, it is likely that someone will die throughout the program, causing staff members to experience vicarious traumatization.

What are some strategies for dealing with difficult emotions and staff burnout when implementing Housing First?

1. Encourage self-care of staff

Encourage staff to try and identify when they are experiencing difficult emotions or being triggered by the experiences of participants. Tell staff that self-care is essential and create a work environment that allows staff to engage in self-care measures. For example, include "self-care days," where staff can leave work early or take time off of work. Encourage staff to ask for help if they need it and emphasize that asking for help does not indicate failure. Keep in mind, as well, that not all clinicians are open to the involvement of peer support workers, so you may want to try to find spaces where peer support workers feel welcome and appreciated. Additionally, some staff with lived experience may experience vicarious trauma, and staff members may experience vicarious traumatization if someone in the program dies.

Both formal and/or informal strategies need to be in place to help staff members deal with these experiences and the feelings associated with them. An open-door policy needs to exist for staff to reach out for help, and staff members need to be supported through these experiences. Finally, create an environment of hope and positivity one that highlights and celebrates even the "small wins" of participants and staff.

2. Take advantage of team-based case management.

Team-based case management, including team meetings offers a chance for debriefing and problem solving to happen, which facilitates self-care. Stakeholders have found that as they developed their network of community resources, the burden on the individual workers decreased.

Help team members understand that burden on the teams should diminish over time. Team members should anticipate that when teams first start up, because a larger number of new participants come into the program at once, it will likely be a challenging time, before the team gets "over the hump." The experience in the At Home/ Chez Soi project was that as case managers gained confidence and expertise in the model and began to see the benefits to participants, the initial sense of "fragility" of the teams went away and was replaced by a sense of resilience. Even so, stakeholders suggested some strategies for ensuring that this maturing process could happen. For example, it is recommended that when teams are being formed, to be sure to secure a "critical mass" of case managers that had already had some experience with the approach, and ensure there is a proactive strategy in place for training in the case of employee turnover. Key informants also suggested that teams ensure that not too many new participants were brought into the program at once, during the initial start-up phase.

Link to Report:

Calgary Homeless Foundation Report: Standards Of Practice; Case Management For Ending Homelessness

6 Challenge: Reorienting program goals

Consumers will be in different stages of recovery, and experience different challenges throughout the implementation of Housing First programs. Project teams may be working with some participants who are facing substantive challenges with regards to maintaining stable housing and are therefore more focused on meeting their basic needs, while other participants may be moving toward employment and beginning to disengage from the process of requiring continued assistance.

What are some strategies for reorienting program goals when implementing Housing First?

1. Meet participants where they are at.

Stakeholders have suggested that teams work with each individual participant at the level that they are at. For example, for one participant who is finding it difficult to meet their basic needs of acquiring food and maintaining housing, it may be unrealistic for them to start thinking about long-term career goals. Another participant, however, may have become experienced in meeting their basic needs and maintaining their home, and therefore, may be ready to engage in the process of obtaining work.

2. Think about alternatives to scattereded-site housing.

For people whom the scattered-site model of housing is not working, or for people who do not wish to live in independent housing, begin to think of alternatives or modifications that can be made for them. For example, one of the sites in the At Home/Chez Soi project developed an alternative living arrangement (more of a step-up/step-down facility) for participants who did not feel comfortable living completely on their own.

MadDogg had a hard time living with others. Now he's a model within the Bosman community.

▼

A Model Person

Video link:

www.youtube.com/watch?v=k7MrwFO-vc

1. Will to Live

2. Waiting for Jon

3. Fall from Grace

3. Ensure access to external resources and expertise.

Challenges around how to help people that don't appear to be improving in their level of stability, or participants with complex needs arose throughout the implementation process of the At Home/Chez Soi project.

Make sure you have access to individuals and teams to bring more expertise or a "fresh look" at people with complex needs or who seemingly aren't getting better. This can be done through consultation with relevant experts/clinicians (e.g., head injury, solvent use, or other serious co-occurring substance use experts).

Additional training will likely be necessary for learning how to deal with complex trauma, such as motivational interviewing strategies, and/or harm-reduction strategies. Furthermore, additional training around difficult tenancy issues (e.g., hoarding, violence, disruptive visitors, or other challenging behavior within housing setting) may be necessary.

4. Develop innovative, creative job procurement and job maintenance opportunities both within your program and through partnerships, education, and advocacy.

Issues around job procurement and job maintenance have all been discussed during consultation sessions with stakeholders that have implemented Housing First. Being able to envision or create job opportunities for participants where they otherwise would not have existed has been fundamental to Housing First implementation in some communities. In rural communities, for example, search for opportunities around farming projects, selling items at local markets or in connecting with local farmers to participate in farm work. Consider developing job or volunteer opportunities within the Housing First program, including cleaning apartment units for other participants, helping other

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Creating job opportunities for participants where they otherwise would not have existed has been fundamental to Housing First implementation

participants with moving in to their homes, pet-sitting, and other tasks. Facilitate community dinners and hire participants to host and set up the events. Create partnerships within the community in order to foster vocational opportunities for participants. Educate the community through discussion forums and other events that promote participant involvement and develop ideas around job opportunities. You may want to consider hiring a specialist(s) with a background in vocational assistance to facilitate some of the aforementioned strategies, who can advocate for participants in finding vocational and volunteer opportunities that match their skills and desires.

Watch NFB videos:

1. www.youtube.com/watch?v=5rh7hrp4sV0
2. www.youtube.com/watch?v=qwVUEsyx_lc
3. www.youtube.com/watch?v=LJ2a7Y_PjPk

7 **Challenge: Developing a Housing First philosophy and sense of community**

With Housing First being a relatively newer model of housing, especially in Canada, challenges can arise with regards to how to create a philosophy that follows the values of Housing First, and how to build a sense of community among a wide range of stakeholders involved in the implementation process (e.g., health and mental health teams, other support services, consumers, funders, landlords, and peers). For example, some service team members, landlords, and other stakeholders may hold attitudes and philosophical beliefs that are antithetical to Housing First values (e.g., attitudes opposing recovery-orientation or harm-reduction) and can interfere with the atmosphere and sense of community for others associated with the program.

Additional Resources:

1. Staff Training materials

2. Development and validation of a Housing First fidelity survey

3. Implementation of Housing First in Europe: Successes and Challenges in Maintaining Model Fidelity

4. The Pathways Housing First fidelity scale for individuals with psychiatric disabilities

5. Implementing Recovery - A methodology for organisational change

6. Making Recovery a Reality

What are some strategies for developing a Housing First philosophy and sense of community when implementing Housing First?

1. Hiring and training processes are key elements of creating team cohesion.

When hiring staff for your project, keep in mind that value orientation is essential to creating a Housing First philosophy. It is essential to hire the "right people." Staff members should be creative, flexible, compassionate, client-centred problemsolvers that can "think outside the box." What are staff views on harm reduction and recovery-oriented strategies? How do staff members feel about working in a cohesive team of various stakeholders, rather than working independently? These are some key questions to consider through the hiring process. It is highly recommended to hire people with lived experience, as well as people with div-erse perspectives/disciplinary backgrounds. It is also helpful to reassess team members who have not adapted to the Housing First model throughout program implementation evaluations. You might find that you have to change your team in order to ensure that staff members are a good "fit" for implementing a Housing First program.

Multiple stakeholders expressed their gratitude for the training they received prior to implementation of the At Home/Chez Soi project, especially since they were new to the Housing First model. Training needs to include recognition of the difficulty associated with working with participants with complex traumas (e.g., post-traumatic stress), and needs to be focused on working with diverse populations, and those experiencing crises. In addition to training, weekly (or daily) team meetings have been helpful for staff members to talk openly, express their frustrations and feelings, and to feel that they are not working alone, but in a cohesive team. Create an institutional space for working through problems collectively, and implementing a "learning as we go" philosophy, where bumps or setbacks along the way are viewed as learning experiences rather than failures. Housing First approaches are team-based and embrace full engagement with participants and other stake-holders who work collectively to achieve positive outcomes. Shared leadership and team structures are integral to creating a cohesive environment.

2. Ensure fidelity to Housing First philosophical principles.

While adapting Housing First programs to local contexts it is also important that stakeholders make decisions based on Housing First principles and determine if the program is adhering to such principles (discussed later in this module). Continually assess how Housing First principles are being used, and remind all stakeholders about the importance of consumer choice in all aspects of the implementation process, as well as the importance of applying creative and motivational strategies when working with participants. For example, if a person chooses not to engage in treatment, staff is encouraged to hone their skills in harm reduction motivational interviewing, and work with the participant in learning alternative strategies for illness management.

3. Build close relationships with landlords.

Develop strong and close relationships with landlords from the beginning, even prior to program implementation. Be honest with landlords about the challenges that some participants face; don't share personal information about participants, but provide landlords with an overview of the different types of clients being supported by the program. Emphasize that there will be a strong, cohesive team that will be supporting the participant, and ensure that the team will intervene as needed, to protect the needs of both participants and landlords. A recommendation from a site of the At Home/Chez Soi project is to draw on community agencies that have preexisting relationships with landlords, because they often have an existent stock of available housing units. For example, the Winnipeg site of the At Home/Chez Soi project partnered with their regional health authority that had already established relationships with landlords, and this helped them build relationships with landlords as well.

4. Establish clear communication with funders.

A critical element of implementation is establishing secure, honest relationships with those funding your Housing First program. Make sure that the funder(s) understand the philosophy and values of the program (i.e., if the funder expects participants to be "housing ready," they may not be an appropriate match for the program). Spend lots of time, and use creative strategies to go over the program elements, terminology, values, and philosophy with the funder(s), and be honest with them from the beginning. Explain that problems should be anticipated, but can be managed effectively through having realistic expectations and engaging in collaborative teamwork.

8 Challenge: Engaging people with lived experience

The engagement of people with lived experience is imperative to successful implementation of Housing First programs, yet complex to integrate into more traditional housing and clinical environments. It can be challenging to integrate people with lived experience into *meaningful* roles with housing and clinical teams, as well as to form peer advisory groups. For example, skeptical attitudes of staff, lack of awareness of the benefits of peer involvement, tokenism, and role strain for peers may be challenging. Peer involvement entails, at a minimum, hiring peer support workers, finding mechanisms for getting feedback from participants, and active involvement in Housing First planning (discussed in Module 2),

What are some strategies for engaging people with lived experience when implementing Housing First?

1. Hiring peer support workers.

Active engagement of peer support workers is integral to the successful implementation of Housing First programs. It is essential to recognize that having peer support workers as part of the process in a tokenistic way is undesirable. Peer support workers must be viewed and treated as valuable individuals with knowledge, experience, and abilities about experiences of mental health and/or homelessness that cannot be found elsewhere. Stakeholders have found that hiring peer support workers to work with participants and create social networks for participants to be highly valuable for participants and staff alike. Peer support workers can hold training sessions for service providers to advise them on how to work collaboratively with participants. They can also be part of the collaborative process. For example, involvement of

peer support workers in home visits has been found to facilitate more openness and increased engagement of participants in the process. Peer support workers must be hired on a full-time basis, so that they are valued equally to non-peer workers, and to avoid tokenism. To avoid role strain and overburden from multiple role responsibilities of peer support workers, peers should be hired from outside of the program. It may also be helpful to hire peers that are further along in their own recovery, to establish more distance between being a participant and a supporter.

1. Working Together

2. Open Sky

▲

Active engagement of peer support workers is integral to the successful implementation of Housing First programs

2. Hold debriefing sessions for peer support workers and other staff members.

Peer support work can be challenging in organizational settings that lack inclusive language and power structures, and one in which the inclusion of peer-support workers is new. This can lead to marginalization of peer support workers, as they become excluded from the rest of the team. Additionally, some peer support workers decide to keep their lived experiences private (e.g., in clinical service team settings), which can leave them feeling vulnerable and powerless in certain situations. One strategy to work through these issues would be to hold debriefing sessions (e.g., sharing circles), where peers can discuss ongoing issues they are experiencing and work together to come up with helpful strategies. These sessions can include peer support workers only, or can include other staff members as well, which may lead to breaking down of barriers between staff members.

NFB Videos:

1. www.youtube. com/watch?v=-tO2tnNdpwJw
2. www.youtube. com/watch?v=cfx_1VdpCDE

3. Ensure that processes are in place to elicit feedback about the program from participants.

Involving people with lived experience entails finding ways of ensuring that Housing First program staff understand the experiences of their participants, and develop strategies to elicit their feedback about program strengths and shortcomings. One suggestion from a peer advisor for the At Home/Chez Soi project was to hire a "peer ombudsperson" as a source of objective support for participants if they experience issues around service provision. The peer ombudsperson should have knowledge and experience in homelessness and housing, and should be affiliated with an organization outside of the program being implemented, so that they remain objective.

4. Normalize peer involvement.

Involve peers in all aspects of program implementation, and normalize their presence and involvement. Since peer involvement is rare in more traditional clinical environments, it may take more time for clinicians to understand or experience the benefits of peer involvement. However, when clinicians see that the team is open to and enthusiastic about peer involvement, they may respond more positively.

5. Ensure meaningful involvement of peers.

Peers have a valuable perspective that can greatly aid in implementation and facilitate both buy-in and accountability with program participants. It is important to honor the expertise of peers by giving them full-time stable employment. Additionally, peer advisory group members should be present at all operations meetings to give their perspectives and the formation of peer advisory groups is highly recommended. One group of peers/participants from the At Home/Chez Soi project came together to form the "Speakers Bureau," as a means to engage other people with lived experience and society at large — a place to connect, discuss, educate, and combat homelessness together.

Additional Resources:

1. Vancouver Peer Reference Group Report on Peer Support for Homelessness and Mental Health

2. Stigma, Discrimination, and PWLE Knowledge Discussion Report

3. Meaningful Inclusion of Consumers in Research and Service Delivery

9 Challenge: Housing & rehousing

Challenges around housing and rehousing participants, especially when it comes to finding an adequate range of apartments or places that facilitate participant choice, and especially for those who are having more significant difficulty finding housing that adequately fits their needs are common issues in implementing Housing First. It can be a challenge to acquire housing in markets with low vacancy rates and high costs of housing, where the guaranteed income provided by Housing First is likely less of a motivator. When rehousing participants who have been evicted, it is difficult to ensure that evictions do not lead to a poor reputation of the program within the community, or poor reputation of particular participants amongst landlords. Furthermore, it is often especially difficult to rehouse participants who engage in certain activities, such as prostitution, drug use, or dealing drugs. However, rehousing is an important part of participants learning to become tenants and engaged citizens after periods of homelessness. It is important to negotiate rehousing in ways that avoid evictions and maintain positive relationships with landlords wherever possible – particularly in communities where landlords are likely to talk to other landlords about their experiences with tenants.

What are some strategies around housing and rehousing when implementing Housing First?

1. Understand the housing environment and be creative with it.

Know the housing environment within the community that you are working to house participants. Be creative and flexible about the types of housing opportunities that exist but can easily be overlooked. For example, look for family-owned units, where participants may be potential candidates for housing. If a participant is having difficulty finding housing in a particular community, try searching outside of that community for potential options.

2. Carefully consider the fit between the person and the environment.

Stakeholders with Housing First experience emphasized the importance of considering the fit between program participants and housing situations. Participants are more likely to be successful when housing is a good match to their preferences and needs. For example, some stakeholders shared that in rural environments, apartments with fewer tenants worked well for some participants and noted that smaller apartments were easier for individuals with histories of incarceration to manage. Stakeholders explained that focus should be on helping participants become accountable tenants and responsible in managing their apartments.

To ensure a good fit between participants and housing, it is helpful to explore a range of housing types and sizes options. Participant choice of housing tends to focus on both location and the size of the apartment, as well as other factors. Stakeholders shared that some participants preferred small apartments, as they were less overwhelming to maintain. Other participants preferred to live with families and required a bigger space.

3. Hire dedicated, creative staff committed to housing participants.

If there is only one team member devoted to housing, consider hiring another person early on to assist. As mentioned earlier, try to determine the fit needed between a participant and their housing requirements. For example, wheelchair accessibility may be important for one participant, while another participant may prefer to live in an apartment with a vibrant social environment. Matching participant preferences and choices to their housing may prevent eviction and a need for rehousing later on. A stakeholder suggested that to encourage choice, housing teams should try to show participants two to three different housing options before the person decides where they want to live. Consider developing a checklist for clients to help them make decisions about what type of housing would be best for them.

It is important that housing team members have good relationships with landlords. Visiting units and checking in with site staff can be an important source of information about tenancies and a good way to form positive working relationships with landlords.

4. Keep flexible money available.

According to one site in the At Home/Chez Soi project, having flexible money available for putting things in storage, insurance costs, moving costs, and covering damages in apartment units were integral to keeping people housed.

5. Work with landlords and participants to avoid evictions

Evictions are costly to landlords and difficult experiences for participants. The reality of early implementation is that some tenancies will not work for various reasons. At Home/Chez Soi stakeholders suggested that in many instances landlords were cooperative with housing moves, allowing participants to break their lease in addition to other accommodations. It is important to normalize failed tenancies and evictions and cooperate with all stakeholders to make these experiences as positive as possible.

With Love

Now housed, Wolfgang shares his story of homelessness and drug abuse.

Watch it here:

www.youtube.com/watch?v=fSyYyNmX_Wg

10 Ensuring Housing First model fidelity

Conducting fidelity assessments to determine if your Housing First program was implemented as intended and ensure that it is adhering to the Housing First principles is essential. Fidelity assessments can be conducted at multiple time points, including earlier in the implementation process and later in the implementation process. Developing an External Quality Assurance team to conduct fidelity assessments to determine if the project showed high fidelity to the Pathways Housing First model was an effective strategy employed by the At Home/Chez Soi project. The Quality Assurance team rated Housing First programs on specific fidelity items (e.g., adherence to Housing First principles of Housing Choice and Structure) based on key informant interviews, consumer focus groups, and participant chart review. Furthermore, based on additional key informant interviews and focus groups, qualitative researchers evaluated factors that helped or hindered the achievement of program implementation and fidelity, as well as stakeholder perceptions of what accounted for fidelity strengths and challenges, lessons learned about the Housing First theory of change, and landlord/caretaker issues.

For more detailed information about Housing First fidelity evaluations,

Click here:

1. Development and validation of a housing first fidelity survey

2. Implementations of Housing First in Europe: Successes and challenges in maintaining model fidelity

3. The Pathways Housing First fidelity scale for individuals with psychiatric disabilities

SPOTLIGHT SECTION

Spotlight Section

The objective of this section of the Implementation Module is to highlight one of the At Home/Chez Soi project teams that demonstrated a very high level of fidelity to the Housing First model, while effectively adapting the program to their local context. The Vancouver RainCity Assertive Community Treatment (ACT) team was able to maintain high fidelity to the program model, even under its unique circumstances, where a non-governmental organization (NGO) was the agency providing community-based services and a housing support program. The highlights in this section of the module were informed by interviews conducted with three key informants that were engaged in implementation of the Vancouver RainCity ACT team's program.

Implementation Highlights from the Vancouver RainCity ACT Team

First of all, Key Informants from Vancouver RainCity's ACT team were asked, "To what do you attribute the high fidelity to the Housing First model your team was able to achieve? What makes RainCity ACT such a strong team?" Based on three interviews, key informants attributed the high fidelity the team was able to achieve to: team leadership; teamwork; commitment to the Housing First model; a strong sense of social justice; effective technical assistance; and a flexible organizational/bureaucratic structure.

Team leadership, teamwork, commitment to the Housing First model, and a strong sense of social justice were some of the key themes that emerged from the interviews. Informants expressed tremendous praise for the team leader of the RainCity ACT team. They emphasized his dedication to and curiosity with the Housing First model, which compelled him to read and learn a lot about the Pathways Housing First Model. Furthermore, it seemed that his personal values were a fit with the Housing First Model, so he was able to lead the team and support it from a strong knowledge base and with a deep commitment to implementing Housing First according to the principles — he truly believed it was possible and so did his team. Furthermore, the team leader was flexible and calm in his approach — he embraced new ways of working with people in situations that could have created anxiety for many. The team leader understood the importance and value in hiring the "right" people — those that had worked with people with

complex needs before, and believed strongly in Housing First principles, such as use of harm reduction and recovery-orientation strategies. He was supported by a Human Resources structure that gave them the ability to hire staff teams who came with similar values and became champions of the Housing First model. He hired highly organized and skilled people that complemented each other's roles and strengths and were keen to learn from one another: effective teamwork was fundamental to the team leader and team members. Peer support was an integral aspect of the implementation process for the RainCity ACT team, and the team leader and team members highly valued the peer specialist on the team. Furthermore, the team psychiatrists were hired early in the process, were committed to the fidelity scale, and were recognized as being highly committed to their non-traditional psychiatric role on the team in working with team members and program participants. Overall, the team was highly committed to the participants, willing to do what was needed to house, rehouse, and support participants. They were willing to be creative and committed to finding solutions to the best of their abilities. Their strong beliefs about social justice and their understanding of how systemic issues faced by clients called for team members to minimize their levels of control and coercion as much as possible, but instead, to allow people high levels of choice and opportunities to find their own path to recovery.

"Excellent" **technical assistance** (including training, fidelity checks, telephone consultations, and in-person assistance) provided by the Mental Health Commission of Canada (MHCC) and Pathways to Housing was attributed to the high fidelity to the Housing First model achieved by the RainCity ACT team. The effective technical assistance helped the team "stay on track" when they had difficult issues to resolve. One key informant said, "Pathways really helped us learn how to be clinically responsible but also accountable to the personal recovery of our participants."

Finally, the **flexible organizational/ bureaucratic structure** of the RainCity ACT team was attributed to the high fidelity and adaptability to the Housing First model. The organization functioned through a fairly flat bureaucratic structure and there was a very flexible policy structure in place. Teams were given a lot of freedom to be creative and respond quickly to participant needs. For example, there was flexibility and assistance around money management, driving participants in team members' cars, giving participants cigarettes, and buying coffee for participants.

Watch the video:
www.youtube.com/watch?v=P-h_NUW3PnA

It Happened to Me

As part of the At Home/Chez Soi project, RainCity Housing and Support Society was chosen to pilot a Housing First Assertive Community Treatment (ACT) team in Vancouver

Challenges

Next, key informants from Vancouver RainCity's ACT team were asked, "What were the challenges and strengths that RainCity as an NGO was able to bring to the implementation process?" During the three interviews, key informants discussed challenges around: experience in operating clinical teams; the size of the host agency; access to information; acquiring funding; ensuring flexibility of union contracts; quick intake of participants; ensuring appropriateness of participants; and working in multidisciplinary teams. The strengths included: flexible bureaucratic organizational and policy structures; commitment to the Housing First philosophy and principles; team leadership and teamwork within and across teams.

One of the **challenges** for the RainCity ACT team was their **lack of experience in operating full clinical teams.** Dealing effectively with the pressure of being a non-traditional agency (an NGO) working within a clinical/health-related infrastructure was challenging. Therefore, since they did not have the type of infrastructure that organizations operating clinical teams typically have, they did a lot of extra work during the early stages of planning implementation to develop appropriate infrastructure that would effectively support their clinical teams.

Another **challenge** for the RainCity ACT team was the **size of the NGO**. Since it was a smaller agency, the team had

to draw heavily on effectively accessing other resources. An additional challenge for the ACT team was that they **did not have access to the Health Authority's clinical database,** which limited information sharing throughout implementation of the program. Other challenges included acquiring enough funding to be able to socialize with participants to build trusting relationships (e.g., taking them to the movies); ensuring the **flexibility of union contracts for staff members**; dealing with very **quick intake** of participants into the program; ensuring **appropriate fit between participant needs and program goals;** and learning to work effectively in **multidisciplinary team settings.**

Strengths

One of the **strengths** that RainCity as an NGO was able to bring to the implementation process was a **flexible bureaucratic organizational and policy structure.** The organization already had an inherent learning philosophy, one that encouraged members to be reflective in their practices and strive toward innovation. The team perceived fidelity assessments as a chance to improve their practice, rather than as a threat to their program. One informant stated, "There was strong support for the ACT team from all levels of the organization, from the Executive Director, Associate Directors, ACT team leadership, ACT staff, and other staff and leaders within the agency." Flexibility of the Human Resources Department of the organization, allowed

for recruitment of staff and leadership teams that worked well with the Housing First model. Furthermore, RainCity's strong **commitment to the Housing First philosophy and principles** around recovery orientation and harm reduction was viewed as an asset to implementation. Team members did not believe stereotypes about the populations they worked with, but they strongly believed in people's potential to recover, to make choices in their own lives, and to integrate effectively within society.

Other **strengths** included the degree of investment that the **team leader** made to working through challenges with his team and project participants; the **team's commitment to learning** from each other and ability to navigate processes with different levels of training; and **collaborative relationships** and cross-team support made between the ACT team and the other support teams in Vancouver.

Finally, key informants from Vancouver RainCity's ACT team were asked, "What other information do you think those implementing a Housing First program need to know about?" Below are the key messages paraphrasing or directly quoting key informant suggestions about implementing a Housing First program. Key messages are related to Housing First principles and values, ensuring a commitment to problem-solving, Housing First model fidelity and adaptation, and housing and rehousing suggestions.

About Vancouver RainCity

Housing First Principles and Values:

- People have to come to table with similar values and principles and their actions must align with their values.

- Training and technical assistance helps solidify the core values and principles of the Housing First model. Expectations about values and principles must be made clear. Information about recovery-oriented, client-oriented, and harm-reduction practices must be emphasized. A commitment to understanding the complexity of people's lives is essential.

Commitment to Problem Solving

- The team environment must allow for different people to come to work together and develop strong relationships with each other. There needs to be a culture committed to for problem solving and blame avoidance.

- The team leader must be committed to being removed enough from the team to hold a neutral and problem solving oriented approach.

Housing First Model Fidelity and Adaptation

- "For us, being part of a research study, being held to a fidelity scale and being provided with technical assistance was critical. Finding a 'critical mass' of internal champions who are really curious about the model and a good fit for its values is also critical...It's also worth mentioning that the model of 'Housing First' is often used in a vague way, so its helpful to use the housing first fidelity scale that was created by Pathways and the MHCC."

- Implementation processes are not perfect. Learning to adapt and be flexible and creative while maintaining program fidelity is important.

Housing and Rehousing Suggestions

- Avoid being punitive or coercive with participants. Participant choice (including housing choice) is fundamental to Housing First implementation. Engage with participants and be creative in your approach so that participants are satisfied with their choices.

- Providing a housing subsidy is essential.

- "If the Housing First scattered-site model is new to your area, you may find it is a significant departure from how services are typically delivered, and it may well be challenging to implement the model in a high fidelity way."

- "In Vancouver there was significant skepticism from the mental health and housing sectors about offering homeless people the opportunity to go directly into independent apartments; you may find this too and need to work through it."

- Rehousing is an important part of the implementation process. The number of times a participant will be rehoused varies between individuals. Some participants will never go through the process of rehousing. Try to develop preventative strategies to prevent the need for rehousing, and if/when it does occur, embrace participants as partners in the process.

Vancouver RainCity ACT logo.

To learn about another team from the At Home/Chez Soi project that demonstrated high fidelity to the Housing First model, while effectively adapting the program to their local context,

Implementation Checklist
MODULE 3 — IMPLEMENTATION OF HOUSING FIRST

☐ **Hiring Staff and Involving People with Lived Experience**

____ Finalize the budget for program resources

____ Begin process of hiring housing and clinical/support staff, including people with lived experience

☐ **Establishing Staff Supervision and Communication Protocols**

____ Plan regular (weekly) meetings with staff for support and training both separate and cross-team meetings for housing and clinical/support staff and peer workers

☐ **Training Staff**

____ Provide initial training around the Housing First model (values and principles) and differentiation between roles of stakeholders/team member

____ Develop mechanisms for training of new program staff and ongoing training of continuing staff and peer workers

☐ **Housing/Rehousing Participants and Providing Support**

____ Communicate the clinical needs of the target population with other stakeholders, including:

____ Complete the following with regards to housing and support services:

  _ Determine housing procurement options

  _ Create and manage budgets related to housing and rehousing

  _ Work with participants as they choose housing options

  _ Support participants during their transition to housing

  _ Cultivate strong relationships with landlords

  _ Learn from and respond to evictions and consider rehousing strategies as they arise

  _ Foster and strengthen community partnerships

CHECKLIST

Click to download printer friendly:

Module 3 Implementation Checklist

☐ Providing Ongoing Supervision and Support

—— Develop staff supervision and communication procedures

—— Supervise and support staff, participants, and peer workers on an ongoing basis

—— Aim to learn from, improve on, and adapt to experiences with staff, participants, and peer workers while maintaining program fidelity

☐ Offering Ongoing/Advanced Training and Technical Assistance

—— Provide ongoing training to housing, clinical/support staff, and peer workers

—— Provide additional training in areas of recovery, intergenerational trauma and trauma-informed care, addictions, motivational interviewing, harm-reduction strategies, and difficult tenancy issues

—— Consult regularly with staff to determine areas where additional/ongoing training would be helpful

—— Provide continued technical assistance to the program, including external expertise

—— Provide advanced training through conferences and professional development opportunities

—— Develop Communities of Practice as sources of continued support and learning

☐ Assessing and Improving the Program through Evaluation and Fidelity Assessments

—— Develop an evaluation plan and select an evaluation team

—— Collect data on an ongoing basis

—— Assess the program's fidelity to the Housing First model

—— Provide evaluation feedback early and continually throughout implementation

APPENDICES & RESOURCES

MODULE 3 — IMPLEMENTATION OF HOUSING FIRST

Photo: Shane Fester

Appendicies & Resources

Click any of the listed resources to access the online or downloadable document

Mental Health Commission of Canada's At Home/Chez Soi Implementation Reports

- Early Implementation Report: Moncton Site

  Aubry, Tim; Cherner, Rebecca; Ecker, John; Jetté, Jonathan; Philander, Keith | Mental Health Commission of Canada | 2012

- Early Implementation Report: Vancouver Site

  Schmidt, Diane; Patterson, Michelle | Mental Health Commission of Canada | 2012

- Early Implementation Report: Winnipeg Site

  Dudley, Michael; Havens, Matthew | Mental Health Commission of Canada | 2012

- Early Implementation Report: Toronto Site

  Stergiopoulos, Vicky; Hwang, Stephen; O'Campo, Patricia; Jeyaratnam, Jeyagobi; Kruk, Katherine | Mental Health Commission of Canada | 2012

- Implementation and Fidelity Evaluation of the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-Site Report

  Nelson, Geoffrey ; Rae, Jennifer; Townley, Greg; Goering, Paula; Macnaughton, Eric; Piat, Myra; Egalité, Nathalie; Stefancic, Ana; Tsemberis, Sam | Mental Health Commission of Canada | 2012

- Follow-Up Implementation and Fidelity Evaluation of the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-site Report

  Nelson, Geoffrey; Macnaughton, Eric; Caplan, Rachel; Macleod, Tim; Townley, Greg; Piat, Myra; Stefancic, Ana; Tsemberis, Sam; Goering, Paula | Mental Health Commission of Canada | 2013

- Later Implementation Report: Moncton Site

  Aubry, Tim; Yamin, Stephanie; Ecker, John; Jetté, Jonathan; Albert, Hélène; Nolin, Danielle; Sylvestre, John | Mental Health Commission of Canada | 2013

- Later Implementation Report: Vancouver Site

  Patterson, Michelle | Mental Health Commission of Canada | 2013

- Later Implementation Report: Winnipeg Site

  McCullough, Scott; Havens, Matthew; Isaak, Corinne; Deboer, Tracy | Mental Health Commission of Canada | 2013

- Later Implementation Report: Toronto Site

  Stergiopoulos, Vicky; Hwang, Stephen; O'Campo, Patricia; Jeyaratnam, Jeyagobi; Kruk, Katherine | Mental Health Commission of Canada | 2013

Housing First Program Adaptation and Fidelity Resources

- Implementing housing first in rural areas: Pathways Vermont

  Stenfancic, A., Henwood, B.F., Melton, H., Shin, S.-M., Lawrence-Gomez, R., & Tsemberis, S. | American Journal of Public Health. Field Action Report, e1- e4. | 2013

- Moving from rhetoric to reality: adapting Housing First for homeless individuals with mental illness from ethno-racial groups

  Stergiopoulos, V. O'Campo, P. Gozdzik, A., Jeyaratnam, J., Corneau, S., Sarang, A., and Hwang, S.W. | BMC Health Services Research, 12, 345-359 | 2012

- Implementations of Housing First in Europe: Successes and challenges in maintaining model fidelity

  American Journal of Psychiatric Rehabilitation, 16, 290-312. | Community psychology and community mental health: Towards transformative change (Society for Community Research and Action book series). New York: Oxford University Press. | 2013

- Development and validation of a Housing First fidelity survey

  Gilmer, T.P., Stefancic, A., Sklar, M., & Tsemberis, S. | Psychiatric Services, 64, 911-914. | 2013

- The Pathways Housing First fidelity scale for individuals with psychiatric disabilities.

  Stefancic, A., Tsemberis, S., Messeri, P., Drake, R., Goering, P. | American Journal of Psychiatric Rehabilitation, 16, 240-261. | 2013

- Pathways Housing First Fidelity Scale (ACT version)

  Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. E., & Goering, P. | 2013

- Pathways Housing First Fidelity Scale (ICM version)

  Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. E., & Goering, P. | 2013

- Housing & Services Program Self-Assessment Survey

  Gilmer, T., Stefancic, A., Sklar, M., & Tsemberis, S. | 2013

Implementing Recovery Resources

- Implementing recovery: A methodology for organizational change – Policy Paper

  Shepherd, G., Boardman, J., & Burns, M. | Sainsbury Centre for Mental Health | 2010

- Making recovery a reality – Policy Paper

  Shepherd, G., Boardman, J., & Slade, M. | Sainsbury Centre for Mental Health | 2008

Meaningful Inclusion of People with Lived Experience Resources

- Meaningful inclusion of consumers in research and service delivery

  van Draanen, J., Jeyaratnam, J., O'Campo, P., Hwang, S., Harriott, D., Koo, M., & Stergiopoulos, V. | Psychiatric Rehabilitation Journal, 36, 180-186. | 2013

- Stigma, Discrimination, and PWLE Knowledge Discussion Report

  Mental Health Commission of Canada | 2013

- Vancouver Peer Reference Group Report on Peer Support for Homelessness and Mental Health

  Mental Health Commission of Canada's At Home/Chez Soi Project | 2013

Case Management Resources

- Intensive Case Management Service Standards for Mental Health Services and Supports

  Ontario Ministry of Health | 2005

- The Six Dimensions of Promising Practice for Case Managed Supports to End Homelessness

  Milaney, Katrina | Calgary Homeless Foundation | 2012

- Dimensions of Promising Practice For Case Managed Supports in Ending Homelessness

  Calgary Homeless Foundation | 2011

- Standards of Practice: Case Management for Ending Homelessness

  Calgary Homeless Foundation | 2011

Mental Health Commission of Canada's Cultural Safety Reports

- Holding Hope in our Hearts: Relational Practice and Ethical Engagement in Mental Health and Addictions

  Mental Health Commission of Canada | 2013

- One Focus; Many Perspectives: A Curriculum for Cultural Safety and Cultural Competence Education

  Mental Health Commission of Canada | 2013

Self Training Materials

- Supporting Peer Wellness and Recovery   2014
- Introduction to Cultural Safety   2014
- Trauma Informed Care and Homelessness   2011

CHECKLIST

Download the printer friendly:

Implementation Checklist

For additional resources on Housing First:

Click to visit the Homeless Hub,

the homeless hub

Additional Implementation Articles

- Exploring the value of mixed methods within the At Home/Chez Soi housing first project: a strategy to evaluate the implementation of a complex population health intervention for people with mental illness who have been homeless

  Macnaughton, E.L., Goering, P.N., & Nelson, G.B. | Canadian Journal of Public Health, 103(Suppl. 1), S57-S62 | 2012

- Housing for people with lived experience of mental health issues: Housing First as a strategy to improve quality of life.

  Nelson, G., Goering, P., & Tsemberis, S. | In C. Walker, K. Johnson, & L. Cunningham (Eds.), Community Psychology and the socio-economics of mental distress: International perspectives. New York: Palgrave Macmillan. | 2012

- Early implementation evaluation of a multi-site housing first intervention for homeless people with mental illness: A mixed methods approach

  Nelson, G., Stefancic, A., Rae, J., Townley, G., Tsemberis, S., Macnaughton, E., Aubry, T., Distasio, J., Hurtubise, R., Patterson, M., Stergiopoulos, V., Piat, M., & Goering, P. | Evaluation and Program Planning, 43, 16-26. | 2014

- Implementation Checklist

  Canadian Housing First Toolkit | 2014

- Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation

  J, Durlak; E, DuPre | Am J Community Psychology; 41(3-4):327-50 | 2008

- Core Implementation Components

  Fixsen, D.; Blase, K.; Naoom, S.; and Wallace, F. | Research on Social Work Practice; vol. 19 no. 5 531-540 | 2009

- What are the levels of implementation?

  Canadian Housing First Toolkit | 2014

- Implementation Evaluation of a Peer Supportive Housing in the Moncton At Home/Chez Soi Project

  Yamin, Stephanie; Aubry, Tim; Jette, Jonathan; Bourque, Jimmy | Mental Health Commission of Canada | 2013

Housing First Books

- Housing First in Canada: Supporting communities to end homelessness.

  Gaetz, S., Scott, F., & Gulliver, T. | Toronto: Canadian Homelessness Research Network Press. | 2013

Module 4

EVALUATION OF HOUSING FIRST

www.housingfirsttoolkit.ca/evaluate

Contents — Module 4

EVALUATION OF HOUSING FIRST

KEY MESSAGES

MODULE 4 — EVALUATION OF HOUSING FIRST

Photo: Shane Fester

Key Messages

- Evaluation helps programs ensure that participants are showing improvement in the outcomes expected by the program and that the program is being implemented as intended.

- Evaluation can help decision makers understand how the implementation process is working and can help a program to improve and mature.

- Often, the term evaluation has negative connotations (e.g., that it is a test). It is important to clearly communicate to program staff that evaluations help with performance and training.

- It is important to identify and involve stakeholders who will use the evaluation data and will need to be involved in its collection early on.

- When undertaking an evaluation, it is important to locate resources. Determining whether an evaluation will be conducted by an internal or external team member is an important first step.

- To determine which evaluation components are necessary, it is important to start by identifying the purpose of the evaluation.

- Crucial evaluation components include a theory of change logic model, fidelity indicators, and outcome measurements.

- These evaluation components are well resourced and templates are often available for them; it is important to draw on these tools to avoid replication.

- A good reporting process will ensure that evaluation data ends up in the hands of the proper stakeholders, and that evaluation information is used for program improvement.

WHY EVALUATE?

MODULE 4 — EVALUATION OF HOUSING FIRST

Why Evaluate? – The Importance of Evaluation & Performance Measurement

Evaluation helps programs ensure participant improvements in expected program outcomes. Evaluation helps answer questions such as:

- Are participants stably housed?
- Is the quality of life improving for participants?
- Which participants aren't improving and need a different approach?

Evaluation also helps ensure that "the program" is actually in place, answering such questions as:

- Is the target population being reached?
- Are participants receiving supports consistent with the Housing First model?
- Are participants receiving support on a consistent basis?

Further, it can help decision-makers understand how the implementation process is working, and provide insight into questions such as:

- Is the program being implemented as intended?
- Is the program being implemented with a high degree of fidelity to the principles of the Housing First approach?
- Are there adequate financial and human resources to implement the program?
- Are staff receiving appropriate training and support?
- Is the program adapted appropriately to the local context without comprising the basic principles of the Housing First approach?

Evaluation can also help a program to improve, mature, and answer questions like:

- How can the program better serve program participants?
- In what ways can the program be enhanced and lead to greater improvement in outcomes for participants?

Finally, evaluation can determine if the program is being provided in an efficient manner, answering questions such as:

- What are the costs and potential cost savings of the program?
- Are there ways that the same level of outcomes can be achieved at a lower cost?

In summary, evaluation or performance measurement is a tool that helps clinicians do their job better. It's also a tool that helps managers understand their programs' strengths and work with staff to build upon these strengths. Evaluation can be used by program staff for public relations and advocacy – helping them to sell the program to policy-makers and funders. Evaluation also helps all stakeholders to continually improve the program. Finally, evaluation is a way to engage individuals receiving Housing First services. For all of these reasons, assessing program fidelity and outcomes is part of the reporting procedures specified by the Homelessness Partnering Strategy. This module of the toolkit provides you with the information and resources to get started and move in the right direction to implement an evaluation approach for your Housing First progr am.

MYTH BUSTING

MODULE 4 — EVALUATION OF HOUSING FIRST

Photo: Shane Fester

Myth Busting Section

There are a number of myths surrounding evaluation. Stakeholders may have to address the following misconceptions at an early stage.

MYTH

Evaluations are "a test."

MYTH BUSTED

The term "evaluation" itself may contribute to this notion. It is important to frame program evaluation as a tool for program improvement. Some programs have avoided the term "evaluation" and have used the term "progress report" instead. The field of program evaluation has evolved to use terms such as "developmental evaluation". This emphasizes an approach that sees program improvement as evolving. Developmental evaluation ensures that the intervention continually adapts to its environment, rather than seeing evaluation as the "last word" as to whether the program works or not.

MYTH

Evaluations take resources away from clinical work.

MYTH BUSTED

It does take time to complete forms and questionnaires, but when done properly, evaluation is a tool to ensure that clinicians are actually achieving the goals that program participants articulate; evaluations can make use of outcome measures that are also clinically relevant. Program evaluation can also offer clinicians the opportunity to give their opinions on how the program is working. It can also be used to flag systemic issues that are interfering with clinical goals, such as a lack of resources, incomplete implementation of the model, or inefficient teamwork.

MYTH

Evaluations are only of use to external bodies and funding decisions.

MYTH BUSTED

Past experience with accreditation processes may have given stakeholders the impression that evaluation is only about going through a rigorous process in order to receive a "stamp of approval" on a program. Given the realities of insecure or limited funding, evaluation is necessary and valuable, particularly when it is also used as a springboard for developing internal quality improvement capacity.

EVALUATION TASKS

MODULE 4 — EVALUATION OF HOUSING FIRST

Photo: Shane Fester

1 Obtain Resources

Conducting an evaluation involves allocating resources from the project budget for this task, hiring appropriate personnel and budgeting staff time. If the evaluation is going to be conducted by an external evaluator, resources will be required for this individual or team. Additionally, if there is a fidelity component that will be conducted by an external team (e.g., through technical assistance from the Mental Health Commission of Canada) this will need to be arranged early on in the evaluation process.

Another resource to consider is data management. How will data be collected, stored and accessed? This will be an important piece of the evaluation process. There is no "one size fits all" solution, but there are resources upon which you can draw. For instance, the Homelessness Partnering Strategy has developed a Homelessness Information System (HIFIS), which is a management information system. This system is particularly relevant for programs receiving federal Housing First funding, since the system allows them to report on certain outcome indicators that need to be measured. The case study on The Alex, a Calgary Housing First program developed specifically tailored spreadsheets and information systems to make data management and decision-making more efficient. Another issue that should be anticipated are the costs of participating borne by Housing First participants. Honoraria should be set aside for people with lived experience who participate in an evaluation.

For additional info on obtaining resources:

1. Non Researcher's Guide to Evidence-Based Program Evaluation
2. Hiring an External Evaluator

2 Build a Culture of Evaluation

Building a culture of evaluation means helping your organization understand the importance of evaluation, and gradually building the capacity to do it well. A significant challenge here is building a commitment amongst staff and program leaders to examine their beliefs about how well the program is working and to create a community centered around learning. Another challenge is to understand that evaluation is about improving the program rather than making judgements about its worth. A key tool is to frame the evaluation as part of a culture of learning and continuous improvement.

Perhaps the most important challenge of building a culture of evaluation is to ensure that all stakeholders feel part of the process. This involves both planning and stakeholder engagement, so that all stakeholders understand the purpose of doing evaluation. Engaging stakeholders early is an important component of building a culture of evaluation. Stakeholder engagement will initially involve identifying stakeholders in your community who are involved in the implementation of your Housing First program.

Stakeholders might be broken into four broad groups:

- managers of implementation teams,
- direct service workers,
- persons with lived experience who participate in Housing First, and
- systems-level actors – these individuals are program sponsors and likely come from municipal or provincial government.

Building a culture of evaluation also requires having some expertise and guidance to set things off in the right direction. Conducting an effective evaluation of a Housing First program will involve developing an evaluation plan and involving evaluators during the planning stage of program development. Having evaluation expertise early in the process will help you to tailor your evaluation approach to the stage of implementation.

In summary, it is important to build a culture of evaluation into your Housing First program to ensure that the evaluation is useful to a broad range of stakeholders who "buy in" to the process.

3 Identify the Purpose of Evaluation and Select Evaluation Components

Table 1: Evaluation Models

Evaluation Purpose	Evaluation Type/Elements	Resources
Understanding processes and their link to outcomes	Theory of Change Evaluation/ Logic Model Construction	Chen, H.-T. (2005). *Practical program evaluation: Assessing and improving planning, implementation, and effectiveness.* Newbury Park, CA: Sage.
Ensuring critical program ingredients are in place and factors affecting implementation	Fidelity Assessment/ Implementation Evaluation	*See appendices for fidelity scales.* Macnaughton, E. L., Goering, P. N., & Nelson, G. B. (2012). Exploring the value of mixed methods within the At Home/Chez Soi Housing First Project: A strategy to evaluate the implementation of a complex population health intervention for people with mental illness who have been homeless. *Can J Public Health,* 103, 57-63.
Understanding how implementation is adapted to context	Developmental Evaluation	1. Gamble, J.A. (2008). *A developmental evaluation primer.* JW McConnell Family Foundation: Montreal. 2. Patton, M.Q. (2011). *Developmental evaluation: Applying complexity concepts to enhance innovation and use.* New York, NY: The Guilford Press.
Understanding whether program outcomes have been achieved	Outcome Evaluation	Resource specific to outcome evaluation and measurement.

▲

The table above outlines different types of evaluation, matches them to specific evaluation purposes, and provides some resources.

In evaluating your Housing First program there will be at least three key purposes:

1. To **ensure fidelity to the program model** (making sure your program is adhering to Housing First principles);

2. To **understand how well your implementation strategy is working,** including any barriers to implementation (e.g., like lack of resources or training opportunities); and

3. **To determine outcomes resulting from the program.**

Evaluating outcomes is not about judging, but about tracking performance for continued program improvement, and making sure that the program is appropriately adapted to the local environment. Different purposes may be emphasized at different stages of program development, but it is possible that these evaluation purposes may be completed simultaneously in the same evaluation process (e.g., you may be interested in both fidelity and outcome evaluation).

Three components that will likely be central to most evaluations of a Housing First program (and that were used in At Home/Chez Soi) are:

1. Developing a program description and logic model;

2. Using fidelity indicators, and

3. Using selecting and using outcome indicators.

4 Develop a Program Description and Logic Model

A program description should include a description of the key components of your Housing First program, which should be clearly linked to program outcomes. A logic model is a visual representation of this program description that depicts key program components (including a time component) that are related to outcomes. Program descriptions and logic models are helpful in understanding how key program components lead to outcomes.

This logic model is helpful in understanding the context of program operations and outcomes. This can be particularly helpful in explaining why certain outcomes do not occur as predicted and explaining implementation challenges (e.g., difficulties with housing stability, difficulties rehousing participants).

The graphic representation (next page) of the theory of change of At Home/Chez Soi. The logic model above begins with outreach to identify individuals eligible for Housing First services. All individuals are offered the components listed in the "immediate intervention" column. These immediate interventions are then linked to time specific outcomes that build on one another through specific "pathways". The crucial component of this model is the concrete and specific linking of program components to outcomes that are specific to particular points in time.
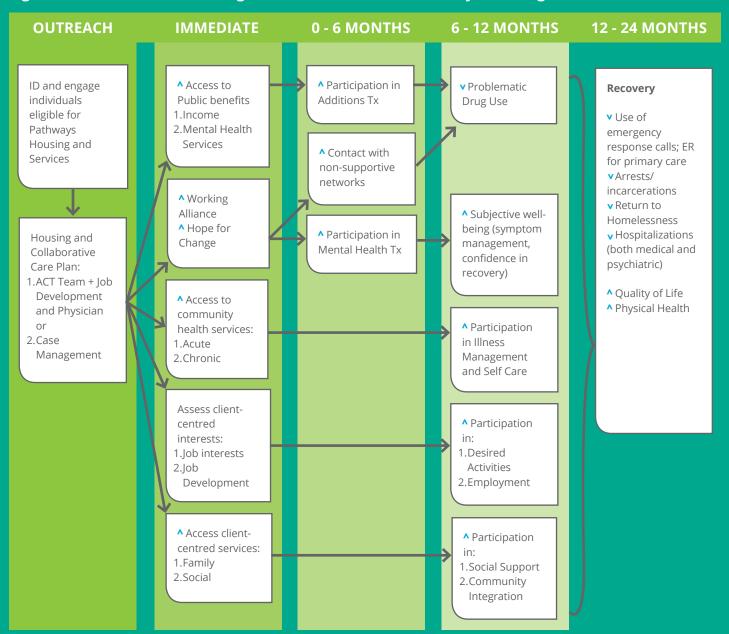
Figure 1.1 At Home/Chez Soi Logic Model based on the Pathways Housing First Model

OUTREACH	IMMEDIATE	0 - 6 MONTHS	6 - 12 MONTHS	12 - 24 MONTHS

ID and engage individuals eligible for Pathways Housing and Services

Housing and Collaborative Care Plan:
1. ACT Team + Job Development and Physician or
2. Case Management

˄ Access to Public benefits
1. Income
2. Mental Health Services

˄ Working Alliance
˄ Hope for Change

˄ Access to community health services:
1. Acute
2. Chronic

Assess client-centred interests:
1. Job interests
2. Job Development

˄ Access client-centred services:
1. Family
2. Social

˄ Participation in Additions Tx

˄ Contact with non-supportive networks

˄ Participation in Mental Health Tx

˅ Problematic Drug Use

˄ Subjective well-being (symptom management, confidence in recovery)

˄ Participation in Illness Management and Self Care

˄ Participation in:
1. Desired Activities
2. Employment

˄ Participation in:
1. Social Support
2. Community Integration

Recovery

˅ Use of emergency response calls; ER for primary care
˅ Arrests/ incarcerations
˅ Return to Homelessness
˅ Hospitalizations (both medical and psychiatric)

˄ Quality of Life
˄ Physical Health

At Home/Chez Soi Logic Model based on the Pathways Housing First Model

Following access to housing of participants' choice, a care plan is prepared at intake by an ACT team member or case manager. There are five critical immediate interventions believed to be central to the recovery of chronically homeless participants upon entering the program: (1) immediate assistance in organizing the finances of participant in addition to applying for public assistance in order to meet eligibility requirements for an apartment lease and prepare client for the income management; (2) participants and service coordinators form an immediate working alliance to facilitate participant guided treatment goals; (3) identifying and assistance in accessing community health services for the treatment of critical and chronic health issues; (4) assistance in identifying vocational interests and goals; and (5) assistance in establishing client guided social, family and spiritual connections.

These interventions should help participants engage in mental health and addictions treatment and reduce contact with non-supportive social contacts within the first 6 months of participation. All of these things, in turn, should help participants reduce abuse of alcohol and substances. Helping participants access community health services should help them increase self-care and participation in illness management. Access to vocational support should enable participants to more effectively search for employment and other desired activities. Assistance in establishing client guided social, family and spiritual connections should help participants increase their community integration and social support. Overall, the theory of change predicts recovery is associated with the maintenance of stable housing, increases in physical health and quality of life, and decreases in use of emergency response service calls, use of emergency room for primary care, number of hospitalizations and number of arrests.

⑤ Using Fidelity Indicators

A fidelity evaluation is a process that quantifies the degree to which implementation corresponds to the Housing First program model. Pathways to Housing in New York has developed a fidelity measure that was used in the At Home/Chez Soi project by an external team

The Pathways fidelity scale measures fidelity across five domains:

1. Housing choice and structure;
2. Separation of housing and services;
3. Service philosophy;
4. Service array; and
5. Program structure.

In At Home/Chez Soi, external teams performed site visits to conduct the fidelity assessments for each of the five project sites. Pathways to Housing has also developed a Housing First Self Assessment Survey for sites that wish to perform an internal fidelity assessment. The same five domains are covered as with the external fidelity measure. It is important to note that qualitative evaluation techniques are important in giving broader context and significance to quantitative fidelity measurements. This is an important consideration in planning this part of the evaluation.

In developing a fidelity assessment process, the first task is to select one of the two measures of the key program domains noted above. While some sites may choose to have fidelity evaluated by external teams — likely through technical assistance provided by the Mental Health Commission of Canada (MHCC) — many sites will choose to utilize an internally led fidelity process (or start with an external review, and then develop the capacity to measure this internally).

Two excellent resources for internal fidelity are the HPS fidelity self-assessment tool and the Housing First Self-Assessment Survey developed by Pathways.

For Additional Resources:

1. Table: Using Fidelity Indicators

2. HPS fidelity self assessment tool

3. Pathways Housing First Self-Assessment Survey

4. At Home Fidelity Scale

Table 2: Using Fidelity Indicators

HPS Fidelity Scale	Pathways Fidelity Self Assessment
Core Principles 1. Rapid housing with supports 2. Housing choice 3. Separating housing provision from other services 4. Integrated housing (security of tenure) 5. Tenancy rights and responsibilities (legal title to unit) 6. Reasonable (per cent of income) cost for housing 7. Housing support	*Housing Process and Structure* 1. How does program determine type of housing? 2. How does program determine neighbourhood? 3. Furniture assistance 4. Does program have access to affordable housing through subsidies? 5. Percentage of participant paying 30 per cent or less of income to rent 6. Time between enrolment and permanent housing 7. Housing type 8. What per cent of participants share a bedroom? *How Housing and Services are Related* 1. Requirements to access permanent housing 2. Requirement to stay in permanent housing 3. Tenancy rights and responsibilities (legal title to unit) 4. Components of lease agreement 5. Housing loss protocol 6. Rehousing protocol

Table 2 (above) continues on the next page.

HPS Fidelity Scale	Pathways Fidelity Self Assessment
Service Philosophy 1. Service choice 2. Participant-driven program and services 3. Contact with participants 4. Continuous services 5. Directly offers or brokers services 6. Selection of vulnerable populations	**Service Philosophy** 1. Determining the type, sequence, and intensity of services 2. Psychiatric treatment requirements 3. Substance use requirements 4. Approach to substance use 5. How does program promote adherence to treatment plan? 6. Components of treatment plan 7. Which life areas does the program address? **Service Array** 1. Services targeting independent living skills 2. Types of psychiatric services offered 3. Types of services available for substance use 4. Services available for paid employment opportunities 5. Services available for educational opportunities 6. Services available for volunteer opportunities 7. Services available for physical health issues 8. Paid peer specialist staff 9. Social integration services 10. Location of program services and opportunities for social integration 11. % of participants experience psychiatric hospitalization in last 6 months.
Team Structure/Human Resources 1. Low participant/staff ratio	**Team Structure/Human Resources** 1. Participant histories 2. Service staff caseload 3. Participant/staff ratio 4. Minimum face-to-face contact/month 5. Actual face-to-face contact/month 6. Frequency of staff plan/review meetings 7. Team meetings 8. Participant feedback opportunities

6 Finding Outcome Indicators

The Homelessness Partnering Strategy has outlined outcome indicators for measuring Housing First at the level of individuals. Outcome measures are broken into three categories:

1. Housing First placement indicators;
2. Self sufficiency indicators; and
3. Prevention indicators.

Table 3: HPS Outcome Measures
Housing First Placement Indicators
Number of individuals placed through an HF intervention
Percentage of HF clients who remained housed at six months
Percentage of HF clients who remained housed at twelve months
Number of days to move HF clients into permanent housing
Percentage of clients who require re-housing
Percentage of HF clients who return to homelessness
Percentage of HF clients who have successfully exited the HF program to a positive housing situation
Self Sufficiency Indicators
Number of people who increased their income or income stability
Number of people who increased their employment stability or started part-time or full-time employment
Number of people who started part-time or full-time education
Number of people who started a job training program
Prevention Indicators
Number of people who remainhoused at three months after receiving a Housing Loss Prevention Intervention

The HPS indicators are displayed in Table 3 (HPS Outcome Measures) above.

Another useful set of outcome measures is the Ontario Ministry of Health and Long Term Care's Community Mental Health Common Data Set. A final source of outcome indicators is the At Home/Chez Soi project, which used several outcome indicators that should be of interest to groups wanting to evaluate Housing First programs.

There are two components that use the measures to ascertain change. First, there should be a process of taking baseline measurements. Secondly, there should be a set of outcome measurements that show the impacts of the Housing First program on participants. The CDS was intended for the evaluation of outcomes across mental health programs in Ontario. The CDS is comprised of mandatory elements (p. 10) and optional elements (p. 11). The mandatory elements contain useful administrative, demographic, and clinical categories that capture basic information in each of these areas. The optional elements contain an "outcome" category that should be useful to individuals wanting to evaluate a Housing First program. In particular the outcomes category contains measures of baseline and current psychiatric hospitalizations, living arrangements, residence types, employment, education, and income. These measures are helpful in tracking life changes across time that are of importance in evaluating Housing First outcomes because they provide information pertinent to community integration and functioning, as opposed to more narrow measures like symptom severity.

The At Home/Chez Soi project included several outcome measures/instruments that received positive feedback from program staff. These measures included the Multnomah Community Ability Scale (MCAS) for community functioning; the Qoli-20 for quality of life; the Global Appraisal of Individual Needs (GAIN SPS); the Colorado Symptom Index (CSI); the EQ-5D for basic health status, and; the Service Satisfaction Scale (SSS-10). It should be noted that organizations can use these scales and compare against data from At Home/Chez Soi, including the treatment as usual group, for tracking.

Click for additional Outcome Measure tools:

1. Community Mental Health Common Data Set (CDS)

2. Core Measures Terms of Use and Training Materials

7 Create an Evaluation Plan and Collect Data

A good strategy for keeping track of all of the evaluation tasks is to create a timeline or protocol that organizes data collection and makes clear which team members are responsible for specific tasks. An excellent worksheet to help guide the development of this protocol is available here:

Planning a Program Evaluation

Additionally, a review document from Australia about outcome data collection and analyzing can be found here:

Literature Review: Measurement of Client Outcomes in Homelessness Services

This document contains some concrete strategies for planning, collecting, and analyzing data.

8 Analyze the Data

Once data collection has been completed, data analysis should begin. There will likely be both qualitative and quantitative data to analyze that involves markedly different skills and might subsequently be assigned to different team members. Quantitative analysis will involve the use of statistical software to ascertain whether outcome measurement shows changes that are statistically significant. Qualitative data will involve some form of "narrative analysis", which can help understand whether and how any quantitative changes are significant to the participant outcomes. It might be helpful to use quantitative findings as a basis for doing exploratory qualitative analysis, particularly if the results are unclear or unexpected. It will be helpful to use a qualitative guidebook to guide the narrative analysis.

Access addtitional resources:

1. Qualitative Research & Evaluation Methods

2. A Plan for Alberta: Ending Homelessness in 10 Years

9 Develop a Reporting Process

It is important to consider the diverse audiences of evaluation data. Evaluation findings can be helpful in improving performance in clinical practice and might be communicated through staff coaching or training. Evaluation findings might also be useful in keeping community stakeholders current on the progress of the Housing First programs.

There are at least three stakeholder groups to consider that ideally should be involved in evaluation from the outset:

1. Service providers,

2. Program leaders, and

3. Funders.

Providing evaluation feedback to these groups is important for ensuring continual improvement and learning in your program.
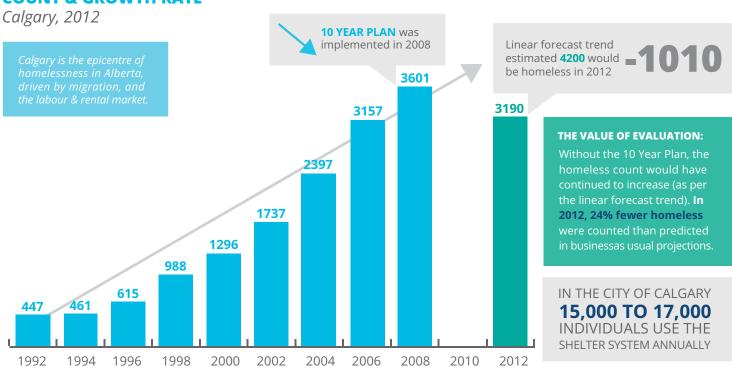
Finally, evaluation results are a good way to engage landlords about the progress of the program and to develop relationships. Holding a breakfast or lunch in which results are shared with landlords can be an effective engagement strategy. Ideally, results should be synthesized into a one to three page document for this group.

Some concrete examples from At Home/Chez Soi might be helpful to illustrate the reporting process. One of the challenges of At Home/ Chez Soi — as revealed through implementation evaluation — was the separation of housing and clinical service teams, and maintaining effective communication between them. This was an important finding for program leaders who needed to innovate new program structures that facilitated communication between these teams.
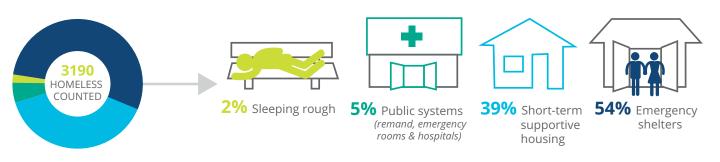
The following pages contain infographics that show the value of a successful reporting process in the cities of Calgary and Edmonton, Alberta.

READJUSTED HOMELESS COUNT & GROWTH RATE

Calgary, 2012

Calgary is the epicentre of homelessness in Alberta, driven by migration, and the labour & rental market.

10 YEAR PLAN was implemented in 2008

Linear forecast trend estimated **4200** would be homeless in 2012

-1010

Year	Count
1992	447
1994	461
1996	615
1998	988
2000	1296
2002	1737
2004	2397
2006	3157
2008	3601
2012	3190

THE VALUE OF EVALUATION:

Without the 10 Year Plan, the homeless count would have continued to increase (as per the linear forecast trend). **In 2012, 24% fewer homeless** were counted than predicted in businessas usual projections.

IN THE CITY OF CALGARY **15,000 TO 17,000** INDIVIDUALS USE THE SHELTER SYSTEM ANNUALLY

2012 HOMELESS COUNT BREAKDOWN

3190 HOMELESS COUNTED

2% Sleeping rough

5% Public systems *(remand, emergency rooms & hospitals)*

39% Short-term supportive housing

54% Emergency shelters

* Based on a 24 hour Point in Time (PIT) Count

Stats taken from: The State of Homelessness in Calgary 2012, Calgary Homeless Foundation
Designed by: The Homeless Hub, 2014

TOTAL NUMBER & TYPE OF HOMELESS
Edmonton, 2012

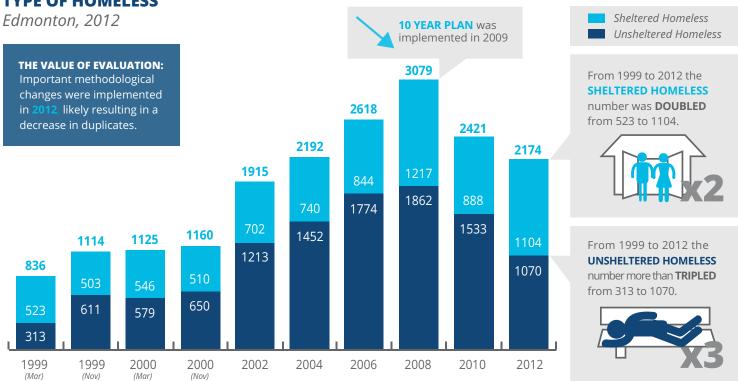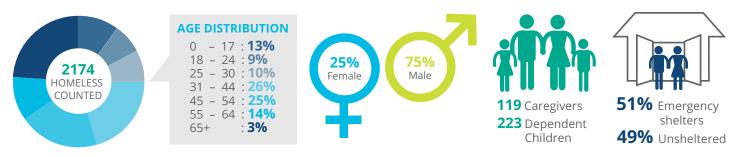**THE VALUE OF EVALUATION:** Important methodological changes were implemented in **2012**, likely resulting in a decrease in duplicates.

10 YEAR PLAN was implemented in 2009

■ *Sheltered Homeless*
■ *Unsheltered Homeless*

From 1999 to 2012 the **SHELTERED HOMELESS** number was **DOUBLED** from 523 to 1104.

x2

From 1999 to 2012 the **UNSHELTERED HOMELESS** number more than **TRIPLED** from 313 to 1070.

X3

Year	Sheltered	Unsheltered	Total
1999 (Mar)	523	313	836
1999 (Nov)	503	611	1114
2000 (Mar)	546	579	1125
2000 (Nov)	510	650	1160
2002	702	1213	1915
2004	740	1452	2192
2006	844	1774	2618
2008	1217	1862	3079
2010	888	1533	2421
2012	1104	1070	2174

2012 HOMELESS COUNT BREAKDOWN

2174 HOMELESS COUNTED

AGE DISTRIBUTION
0 – 17 : **13%**
18 – 24 : **9%**
25 – 30 : **10%**
31 – 44 : **26%**
45 – 54 : **25%**
55 – 64 : **14%**
65+ : **3%**

25% Female

75% Male

119 Caregivers
223 Dependent Children

51% Emergency shelters
49% Unsheltered

* Based on a 24 hour Point in Time (PIT) Count

CHALLENGES & STRATEGIES

MODULE 4 — EVALUATION OF HOUSING FIRST

Photo: Shane Fester

1 # Challenge: Sorting through the many evaluation options

There are many ways to evaluate. To select an appropriate evaluation strategy, keep in mind stakeholder perspectives and match the approach to the stage of program development.

Keep the Perspective of Stakeholders in Mind

Whatever approach you use you should keep in mind the perspectives and expectations of the stakeholders who will be using the results, whether these are funders, program managers, direct service workers, or participants, or researchers. Depending on the audience, the primary purpose could be knowledge development (research), ongoing improvement for the program and its individual participants, or demonstrating positive results to funders. Narrow down the options by consulting key stakeholders and make sure to incorporate the perspectives of program participants.

Matching the Approach to the Stage of Program Evolution

The choice of approach to evaluating program performance should fit the stage of your community's program. In the beginning stages, the focus is generally on implementation and fidelity evaluation-determining whether and to what degree the critical ingredients of the program are actually put in place, whether the community's implementation strategy is working as planned, or whether barriers to implementation need to be addressed.

When the Housing First program is more solidly in the place, the focus can shift to examining outcomes. In an evidence-based program, such as Housing First, there are expected outcomes; thus, the focus can be on outcome evaluation.

In Housing First, an outcome evaluation would look at:

- Housing stability, service usage, quality of life, and community integration;
- Using recognized quantitative measures, as well as qualitative information.

There may also be a need to understand qualitatively more about how the program achieves, or struggles with, certain outcomes, and to understand which components are critical and which need to be adapted. This may be important when Housing First is introduced into a new context (e.g., for youth), or when novel elements (such as supported employment) are introduced. This is known as Theory of Change Evaluation, as it seeks to help understand the reasons underlying why the program processes lead to the expected outcomes.

Click here:

HPS' Outcome Measures

2 Challenge: Getting Buy-in From Providers

Another evaluation challenge is that case managers and clinicians may see evaluation as getting in the way of their work. For example, they may see the measures as burdensome to administer, and not relevant to helping meet the needs of participants.

Making Measures Clinically Relevant and Feasible to Collect

In order to get buy-in from practitioners, make sure that:

- The measures chosen are clinically relevant;

- The team members receive regular feedback about how their participants are doing with respect to important outcomes (housing stability, quality of life, community integration and other recovery-oriented outcomes)

This will allow the team to understand what is working well, pinpoint common problems, as well as identify specific individuals whose needs aren't being met. This will help clinicians adjust their practice, as well help the team as a whole consider new strategies for addressing challenging systemic issues. From a feasibility standpoint, it may be possible to dovetail evaluation data collection with doing regular clinical progress reporting, so that practitioners to do not have an additional task.

3 Challenge:
Missing the Big Picture

Most often, when we talk about evaluation, we refer to the level of the program. Assessing whether a program is working well can sometimes deflect attention from the bigger picture context of how well the program is meeting the needs of the wider community, and how well developed its partnerships are with other agencies in the wider mental health and housing service system.

Consider the System Level

In addition to considering the performance of a program, the system level should also be considered. System-level evaluation looks at issues such as how accessible the program is, whether programs target the right participants, and how well HF programs are coordinated with agencies providing referrals or complementary resources. System evaluation can also look at issues such as adequacy of resources and accountability structures. Some of these system level measures are being developed by the Homelessness Partnering Strategy, and will be included in a toolkit for Community Entities that will help CE's monitor quality at the system level.

4 Challenge: Data Overload

One common problem is that programs become overwhelmed by the sheer amount of data being collected. In their attempt to be rigorous, programs may end up developing a "laundry list" of scales and measures with no clear purpose. As mentioned, this can feel burdensome to practitioners and affect buy-in. Another problem with data overload is that it can take up a significant amount of administrative costs and time. It can also lead to problems deciding on which data are most relevant.

Use the Logic Model of the Program to Guide Data Collection

Click for further resources related to the Logic Model and guiding data collection:

1. Logic Model (in "steps")

2. Alex (Example of Internal Evaluation)

While it is important to find rigorous measures, it is also important to develop a manageable list of measures that is relevant. The program's logic model is the guide that helps direct attention to measuring the outcomes that are valued by stakeholders. It also helps select measures that are achievable, in light of the program's "theory of action," and in light of its stage of implementation. The logic model also specifies the critical ingredients of the program, and thus provides a guide to focussing an implementation and fidelity evaluation.

Evaluation can be done internally or by an external evaluator. The choice in part depends on the purpose of the evaluation. When making the case to funders that the program is successful, it makes sense to hire an external evaluator, or someone who is at "arms length" from the program. The Homelessness Partnering Strategy (HPS) asks communities to undergo a self-assessment at baseline, and periodically. It is also advisable to bring in an external party with specific expertise on Housing First fidelity to do an implementation evaluation, both in the beginning stages and later stages of implementation. Over time, the community can gradually develop the capacity to measure program fidelity internally. Housing First programs that are funded by HPS will be asked to develop a performance management database which tracks outcomes at the program and system levels.

The evaluation profession has developed a series of principles that should be followed when doing evaluation or performance assessment. When going through the steps of planning and conducting the process, these principles should be kept in mind. (Link includes all material below)

Utility

The endeavour should be useful to the program and its stakeholders, and aid their decision making about the program, facilitating continuous quality improvement. Utilization-focused evaluation is an approach for ensuring utility, which emphasizes the clear articulation of purpose and ongoing participation, guided by the key stakeholders who will be using the data, including people with lived experience of homelessness. In order to be useful, the findings of the evaluation should be translated into action.

Feasibility

This principle emphasizes that your approach should not disrupt the program, that there are adequate resources to carry it out, and that the organization has the capacity to use the results effectively.

Ethics

This principle emphasizes that the process should be carried out ethically, with respect to respecting participants' rights, and with respect to providing an analysis that accurately reflects the strengths and weaknesses of the intervention. Ethics also involves ensuring that participants are provided access to the results. A helpful document for working with people with lived experience can be found in the appendices.

Learn more:

http://www.homelesshub.ca/ resource/how-do-investiga- tors-conduct-ethical-research-peo- ple-who-are-homeless-home- less-hub-research

▲

How do investigators conduct ethical research with people who are homeless? (Homeless Hub Research Summary Series)

Accuracy

This principle means that the intervention should be clearly described, that the methods should be transparent and replicable. Quantitative measures should be valid and reliable and relevant to the program. Similarly, qualitative evaluation approaches should uphold appropriate standards of rigour. The findings should be presented adequately and with enough detail so that decision-makers can understand the interpretations, and see that the conclusions are justified.

SPOTLIGHT

The Alex in Calgary is a community health centre that has two Housing First programs. One is based on the Pathways to Housing New York Model and utilizes ACT teams, while the other is termed "Home Base" and utilizes ICM teams. The Pathways program was initiated in 2007, while the Home base program was initiated in 2009. The Alex had developed an internal evaluation system to ensure that, "...at the end of the day we...know we are doing our job."

More about The Alex's program:

1. Pathways to Housing: Bringing People Home

2. Homebase: First Steps to Healing

About The Alex Pathways to Housing

▲

Above is a still image from The Alex Pathways to Housing video. Colleen, a program participant, talks about how Pathways has changed her life.

Click here to watch the full video online:

https://www.youtube.com/watch?v=VkLc0XOoyAE

We spoke with a senior program leader who talked about the importance of an evaluation process for tracking program success and ensuring continued learning and adaptation of the program to implementation challenges. The impetus to begin internal evaluation came from not having a clear picture of the characteristics of program participants and their related challenges. This presented an important opportunity for program improvement, learning and documenting success.

Initially, it was a challenge to sell clinical staff on the importance of evaluation and actually getting clinicians to complete evaluation assessments of program participants. A lesson learned from this process is that it is important to involve clinicians early on and present the possibilities for program improvement so that clinical staff understands the process. Another challenge faced by internal evaluators was the creation of data management tools to keep track of evaluation data. The team has developed a series of excel spreadsheets to this end. An important component of this data tool is that when baseline data are collected on new participants, the tool populates future data collection points and notifies both team leads and members by email about when the next assessments should be completed.

Evaluation Checklist
MODULE 4 — EVALUATION OF HOUSING FIRST

☐ **Resources**

____Assess your internal capacity to evaluate
____Decide if you will need training or will bring in an external evaluator
____Assess data management capabilities
____Set a budget

☐ **Build a culture of evaluation**

____Identify stakeholders who will benefit from evaluation data
____Engage stakeholders in evaluation process from the beginning
____Identify leadership

CHECKLIST

Download printer friendly version:

Module 4: Evaluation Checklist

☐ **Identify the purpose of evaluation**

____Identify the purpose of the evaluation and identify the stakeholders will use it.

☐ **Select Evaluation Type**

____Identify the components of evaluation including:
    ____Fidelity measures
    ____Qualitative component
    ____Quantitative outcome measures
    ____Developmental components

☐ **Develop a program description and logic model**

☐ **Access fidelity -measures**

____Internal or external process
    ____Identify a fidelity team and arranging a visit if external
    ____Select a self-guided fidelity process if internal

☐ **Find/develop outcome indicators**

____Select a set of developmental indicators
    ____Homelessness Partnering Strategy outcome indicators
    ____Minimum Data Set outcome indicators
    ____At Home/Chez Soi outcome indicators
    ____Develop your own measures

☐ **Select appropriate methods**

____Methods should reflect evaluation type (Step 4.) and,
____Methods should be appropriate for the outcomes selected (Step 7.)

☐ **Create an evaluation plan**

____Develop a protocol with timelines for evaluation tasks and assign responsibilities to evaluation team members.

☐ **Collect Data**

☐ **Analyse Data**

____Create an analysis plan
____Identify appropriate quantitative analysis tools
____Identify appropriate qualitative analysis tools

☐ **Develop a reporting process**

____Identify stakeholder groups who will benefit from evaluation data
____Develop reporting procedures to communicate the results/ of the evaluation

APPENDICES & RESOURCES

MODULE 4 — EVALUATION OF HOUSING FIRST

Photo: Shane Fester

Appendicies & Resources

Click any of the listed resources to access the online or downloadable document

- Principles of Evaluation   Canadian Housing First Toolkit | 2014

Housing First Program Adaptation And Fidelity Resources

- Housing & Services Program Self-Assessment Survey
  Gilmer, T., Stefancic, A., Sklar, M., & Tsemberis, S. | 2013

Meaningful Inclusion Of People With Lived Experience Resources

- Vancouver Peer Reference Group Report on Peer Support for Homelessness and Mental Health
  Mental Health Commission of Canada | 2013

Logic Model Information

- Enhancing Program Performance with Logic Models
  University of Wisconsin-Extension | 2003
- Program Evaluation for the Homelessness Sector
  The Homeless Hub | 2014
- At Home/Chez Soi Logic Model based on the Pathways Housing First Model
  Canadian Housing First Toolkit | 2014

Self-Assessments And Fidelity Scales

- Housing First Self-Assessment: Assess and Align Your Program and Community with a Housing First Approach 100,000 Homes | 2014
- Pathways Fidelity Evaluation Tools
  Mental Health Commission of Canada | 2014
- Baseline Fidelity Assessment Protocol- PHSI Project
  PHSI Project | 2013
- Table: Using Fidelity Indicators
  Canadian Housing First Toolkit | 2014

10-Year Plans For Ending Homelessness/State Of Homelessness Reports

- A Plan for Alberta: Ending Homelessness in 10 Years

  Alberta Secretariat for Action on Homelessness | 2013

- The State of Homelessness in Calgary 2012

  Calgary Homeless Foundation | 2012

- The State of Homelessness in Canada 2013

  Gaetz, Stephen; Donaldson, Jesse; Richter, Tim; Gulliver, Tanya | The Homeless Hub | 2013

- 2012 Edmonton Homeless Count

  Homeward Trust Edmonton | 2012

Data Manuals

- Community Mental Health Common Data Set– Mental Health (CDS-MH)

  Ministry of Health and Long-Term Care | 2013

Measures And Indicators

- HPS Project Level Indicators

  Homelessness Partnering Secretariat | 2014

- Core Measures Terms of Use and Training Materials | 2014

- Literature Review: Measurement of Client Outcomes in Homelessness Services

  Planigale, Mark | HomeGround Services | 2011

- Table: Evaluation Models

  Canadian Housing First Toolkit | 2014

- Table: HPS Outcome Measures

  Homelessness Partnering Secretariat | 2014

For additional resources on Housing First:

Click to visit the Homeless Hub,

the homeless hub

CHECKLIST

Download the printer friendly:

Evaluation Checklist

Module 5

SUSTAINABILITY OF HOUSING FIRST

www.housingfirsttoolkit.ca/sustain-overview

Contents — Module 5

SUSTAINABILITY OF HOUSING FIRST

KEY MESSAGES
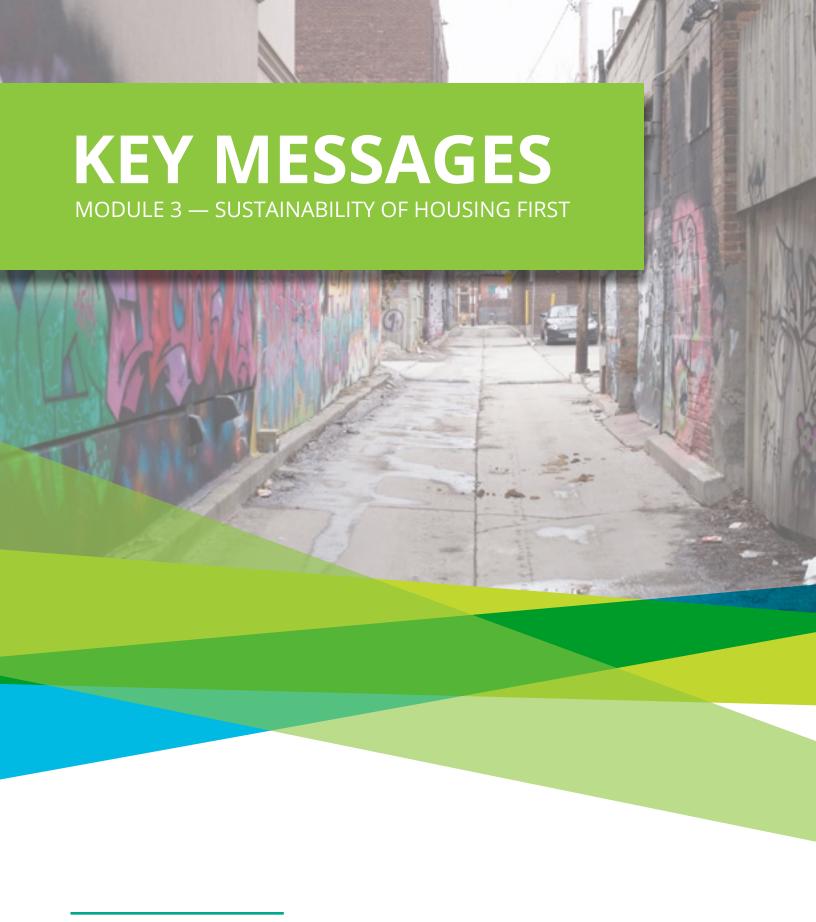
MODULE 3 — SUSTAINABILITY OF HOUSING FIRST

Photo: Shane Fester

Key Messages

- **Sustainability** can be thought of as the continued operation of the intervention's critical ingredients.

- Sustainability outcomes for Housing First include obtaining continued **funding** for housing and support services, maintaining **adherence to the Housing First model,** sustaining **stable housing** and improved **quality of life** for participants, ensuring that Housing First continues to be a **routine part** of the housing/mental health practice in the community, sustaining **community-level partnerships**, and **scaling up** Housing First to serve a wider geographic area.

- **Contextual factors** and processes that promote sustainability include organizational support and strategies for continued program operation.

- Contextual factors and processes that promote sustainability include the characteristics of the **organizational environment,** the **community environment**, the **"fit" among different community systems,** and the **political/policy context.**

- Programs may encounter sustainability **challenges** in the context of maintaining **funding and resources, "program drift",** preserving the Housing First program model if the **host agency or funding mechanism changes,** and maintaining **community support.**

- Sustainability **strategies** include developing a **sustainability plan** at an early stage, doing **"fidelity assessments"**, maintaining strong **leadership,** effectively **managing risk,** and by **developing a knowledge translation strategy** that communicates program successes to decision-makers, using evaluation results or qualitative "success stories" of program participants.

WHAT IS SUSTAINABILITY?

MODULE 5 — SUSTAINABILITY OF HOUSING FIRST

Photo: Shane Fester

What Is Sustainability?

Sustainability of Housing First can be thought of in terms of continued operation of the intervention's critical ingredients. Additionally, there are contextual factors and processes that promote sustainability (e.g., organizational support, influences and strategies for continued operation of the program)[1].

Sustainability Outcomes

Housing First has several different types of sustainability outcomes:

1. Continued funding for housing and support services:

Housing and support services (e.g., housing subsidies, funding for ACT and ICM teams) are fundamental to the Housing First approach. When funding is withdrawn or reduced, the key components of the Housing First approach are jeopardized.

2. Fidelity or adherence to housing and clinical services to the Housing First model:

Sometimes programs drift away from the original model, thus compromising the integrity of the approach. This is why it is important to conduct fidelity assessments on an ongoing basis to ensure continued adherence to the Housing First model.

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[1] Scheirer & Dearing, 2011; Stirman et al., 2012

3. Benefits to project participants.

If funding for Housing First is cut or reduced, and/or the program is no longer implemented with fidelity to the core principles of Housing First, benefits to participants, such as stable housing and improved quality of life, are likely to suffer as well. Housing First programs need to incorporate a minimum data set of outcome measures to ensure that participants continue to reap the benefits of the Housing First approach.

4. Housing First as an integral component of the service system.

When Housing First becomes "normal" or "typical" in service-delivery, rather than a pilot project or a demonstra-tion project, we say that it has become "routinized." Adoption of Housing First values, policies, and procedures indicate that it is routinized. Additionally, this aspect of sustainability indicates that the Housing First program has a clear role and fit with other housing and homeless programs in the community.

5. Community-level partnerships.

When the housing sector, mental health service-providers, funders, and other key stakeholders continue to work together to implement Housing First, the capacity of the community to respond to homelessness is sustained.

6. Dissemination, expansion and scaling up of the Housing First model across a wider geographic area.

For system level sustainability, it is important to disseminate and scale up Housing first in other communities. In Alberta, Housing First started in Calgary. Over time, however, the Housing First has been adopted by many other communities in Alberta.

Contextual Factors and Processes that Promote Sustainability

The organizational, community, systems, and policy contexts are important for promoting the sustainability of Housing First.[2] As well, individuals and organizations that support Housing First can engage in various educational, public relations, and advocacy activities to promote sustainability.

Contextual factors and processes that promote sustainability include:

1. Characteristics of the organizational environment in which Housing First operates.

Some organizational factors include leadership, fit with the vision, values and mission of the host organization, and beliefs of staff regarding the effectiveness of the Housing First approach. Having Housing First champions and supportive organizations are important for the sustainability of Housing First.

2. The surrounding community environment.

When community organizations provide in-kind resources, including staff, the Housing First approach is more likely to be sustained.

3. Fit among community systems.

Sustainability ultimately depends on creating and maintaining a fit or alignment amongst different community systems, which in turn depend on the host organization's ability to monitor and adapt the intervention to its surrounding context.[3] Building communities of practicis an important component in ensuring alignment amongst different community systems.

4. Political, economic, administrative, and policy context.

The wider political, economic, administrative and policy context in which the intervention operates is important for the promotion of sustainability.[4] Municipal, provincial and federal departments that fund and oversee the organizations that deliver Housing First need to be flexible about policies and procedures and work across sectorial boundaries. The Alberta Interagency Council on Homelessness is an excellent example of a body that facilitates this multi-sectorial cooperation.

5. Regarding the sustainability influences

On At Home/Chez Soi, the Mental Health Commission of Canada, researchers, local project staff, people with lived experience, and community/government partners played an active role since the beginning of the project to promote different facets of the sustainability of the project: continued funding, fidelity of implementation, and expansion and dissemination.

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1. Scheirer & Dearing, 2011; Stirman et al., 2012.

[2] Shediac-Rizkallah & Bone, 1998; Shier & Dearing, 2011; Stirman et al., 2012

[3] Scheirer & Dearing, 2011

[4] Raghavan, Bright, & Shadoin, 2008

CHALLENGES & STRATEGIES

MODULE 3 — IMPLEMENTATION OF HOUSING FIRST

Photo: Shane Fester

What are some key challenges to anticipate regarding sustainability?

Our consultations with stakeholders engaged in sustainability efforts revealed several challenges. We organize these challenges into three sections:

1. Maintaining funding and resources;

2. Preserving the Housing First program model when the host agency or funding mechanism changes; and

3. Maintaining community support for the Housing First model.

Each section describes several experience-based strategies from stakeholders with hands-on experience navigating sustainability issues, as well as knowledge gained from the At Home/Chez Soi project.

For examples of sustainability strategies used by Housing First programs, follow this link to The Homeless Hub's ebook.

Download the book here:

http://homelesshub.ca/ housingfirstcanada

Click here to read about:
Sustainability from Tim Richter of the Calgary Homeless Foundation

(1) # Challenge: Maintaining funding and resources

An ongoing sustainability challenge revolves around the critical need to maintain funding and resources for the program. As described in the funding mechanisms vary based on context and province. Some funding sources for Housing First programs may be short-term, which can present a challenge to sustainability. As short-term funding streams expire, there is a renewed need to advocate for Housing First and to educate new stakeholders about the approach. Further, in some jurisdictions, funding is split between housing and mental health services, creating challenges to long-term sustain-ability for Housing First resources. Provincial and local governments are continuously faced with pressure to reduce spending through austerity measures, which can also present a threat to long-term sustainability of Housing First programs.

What are some strategies for maintaining funding and resources?

1. Develop a Sustainability Plan at an Early Stage.

The best way to address challenges to continued funding to a pilot project is to develop a sustainability plan right from the outset of the new initiative. Then, as the pilot phase winds down, the program's leaders can be fully prepared to advocate with decision-makers by demonstrating the success of the program.

As part of the sustainability plan, Housing First program leaders encourage stakeholders to think about strategies for "graduating" program participants. As program participants improve, they may require a lower level of services; thus, it is important to cultivate partnerships with organizations that can provide these supports within a comprehensive system of care.

2. Knowledge Translation

If your program is undertaking research, evaluation, or some form of performance assessment, you will be in a better position to demonstrate success to decision-makers by translating this evidence into clear messages that funders can understand, focusing on outcomes that are important to them.This is known as "knowledge translation." The most effective knowledge translation strategies involve key decision-maker stakeholders engaging with the project from the outset, because involving funders up front increases their buy-in and ownership over the program, and their interest in your results. Funders and key stakeholders may be particularly interested in results that demonstrate cost-effectiveness.

Another especially effective way of advocating is to use success stories that demonstrate how Housing First has changed the day-to-day lives of participants, such as reconnecting with family members, and participating in activities that matter to them. The At Home/Chez Soi initiative, like many demonstration projects, was not in a position to show final results when the time came to make the case for sustainability and relied on interim reports for this purpose. Pilot projects have to be prepared to publicize progress reports about interim results and success stories to date.

2 Challenge: Preserving the Housing First program model when the host agency or funding mechanism changes

In some contexts, programs may be confronted by changes to the host agency or changes in funding mechanisms. When this occurs, programs face adjustment challenges that present threats to sustainability. New host agencies may have a different vision for the program, and program stakeholders must develop new relationships. Additionally, new funders and host agencies may be unfamiliar with Housing First, or resistant to key components of the Housing First approach.

What are some strategies for preserving the Housing First program model when the host agency or funding mechanism changes?

1. Maintain Strong Leadership.

Preserving the Housing First program from "program drift" is a challenge when an initiative moves beyond the excitement of the demonstration phase, and particularly so if the program becomes integrated into the usual system of care. If this happens, preserving the program leaders (e.g., the team leaders) is an especially important strategy for ensuring that the guiding philosophy and vision of the program is not lost, and that essential functions of the program are not compromised by funding cuts. Program leaders must have a clear understanding of the key principles of the program and be able to defend these to decision-makers. They should be able to coach team members to practice the model in a way that is consistent with the principles. As described in the evaluation module, team leaders should also develop a systematic way of assessing performance and outcomes to ensure that the program doesn't drift from the model and continues to impact the lives of its participants in a positive way. Additionally, some programs recommended that leaders investigate flexible housing and homelessness dollars as bridge funds to obtaining long term, continuous funding, should initial funding mechanisms change.

③ Challenge: Maintaining community support for the Housing First approach

As described in the Planning Module, it is critical to gain stakeholder and community support for the Housing First approach. Maintaining support for the Housing First approach is a crucial component of long-term sustainability. However, a common challenge faced by programs is diminishing support for Housing First. For instance, community support for Housing First can become a challenge if difficult tenancies are publicized, or if there is a crisis, such as a highly publicized police incident with a Housing First participant. Additionally, the community can exhibit fatigue or disinterest about the issue of homelessness over time.

Read more:

Planning Module

What are strategies for maintaining community support for the Housing First approach?

1. Effectively Manage Risk

Being able to normalize and anticipate risk is the key to getting "out in front" of any incidents and making sure that these don't become the overriding public perception of your program. Effective Housing First practice involves maintaining proactive and responsive relationships with landlords so that difficult issues between participants and other tenants or members of the general public can be sensitively addressed.

2. Communicate Program Successes

Beyond avoiding bad press, you should be able to communicate success stories to the public and develop a reputation as community leaders and assets. One strategy is to develop a "speakers bureau" of participants who are trained and supported to make public presentations about their experience in the program, and can clearly demonstrate what the program has meant to them and how it has changed their lives. According to some Housing First program leaders, program success can bring more scrutiny. As the program becomes increasingly known and recognized by the community, ongoing transparency and accountability are especially important

CASE EXAMPLES

MODULE 5 — SUSTAINABILITY OF HOUSING FIRST

Photo: Shane Fester

Sustainability Case Examples

   To illustrate key sustainability issues and lessons learned, two cases are presented below. In the first case, we present a sustainability example from Toronto. The Toronto site was involved in the At Home/Chez Soi project and received funding through the demonstration project. As with each of the sites, the Toronto site was faced with the challenge of sustaining funding for the housing and clinical services to participants once the demonstration project ended. In the second case, we present an example of Housing First in Calgary. In Calgary, the Housing First approach was derived in the context of a 10-Year Plan to End Homelessness. Following a comprehensive planning and implementation process, there was a need to continue efforts and to develop long-term and sustainable funding mechanisms.

▲

To read case studies with additional sustainability examples, follow this link to read the Housing First ebook published by The Homeless Hub.

Read the book online:

http://homelesshub.ca/ housingfirstcanada

Sustainability of At Home/ Chez Soi Housing First project in Toronto

The Development of a Local Advisory Committee and Sustainability Planning Group

Toronto was one of the sites chosen to participate in the At Home/Chez Soi project. At the start of the national project, a research team was formed and in collaboration with the City of Toronto, a research proposal was made to MHCC and subsequently approved for Toronto to be one of the five sites in the project. In addition to St. Michael's Hospital's Centre for Research on Inner City Health and the City of Toronto, three local service providers were selected to establish teams, which would conduct the research and deliver the program. A Local Advisory Committee of external stakeholders was established and chaired by the MHCC Site Coordinator to offer advice throughout the project. The Committee had representation from the Ontario Ministry of Health and Long Term Care, Ontario Ministry of Community and Social Services, Veteran's Affairs Canada, the City of Toronto, as well as mental health and housing service providers, family members and people with lived experience. In the interest of developing the program with long-term sustainability, Faye More, MHCC Coordinator of the Toronto site, arranged presentations by other ministries such as the

Ministry of Municipal Affairs and Housing. As Ms. More explained, "Right from the outset, we had engagement with and regular participation in discussions of people who could potentially help down the road with sustainability for participants."

In addition to the efforts of the Local Advisory Committee, Ms. More formed a Sustainability Planning Group one year into the project to specifically focus on securing sustainability funding to maintain services for the participants in the project. There was a critical need to determine channels for continued funding after the demonstration project concluded. According to Ms. More, "It was a huge weight on everyone's mind- what was going to happen with the people who were housed when the project ended." The Sustainability Planning Group included representatives from relevant Ministries, Veterans' Affairs, as well as city officials and project leaders. With long-term sustainability as the g oal, the group requested a number of meetings with relevant stake-holders, many of which take months to schedule. The group prepared informative materials and presentations about the program to bring to these briefings, which were circulated to the other sites as helpful examples.

From sustainability discussions and early reaction from potential funders, it was apparent that having some research results from the At Home project would be critical to making the case for continued funding; however, at the time in which key meetings needed to occur, the final research results were not ready. To address this problem, interim research results were prepared by the national and local teams, which proved critical to sustainability discussions with politicians and staff at the federal and provincial government levels and across parties. In Ontario, from the outset the most appropriate and most likely source for ongoing funding was the provincial Ministry of Health and Long-Term Care, as it was supportive of and actively engaged with the project, and already funds similar mental health housing and ACT and ICM services across Ontario. The City of Toronto had competing demands for its federal and provincial housing dollars from other high needs groups in the community. The City also does not have the resources or mandate to fund the necessary mental health supports that the project provided and needed sustained along with the housing supports.

The Sustainability Solution

Ultimately, the Ontario Ministry of Health and Long Term Care was the key to a long-term sustainability solution for Toronto site staff and participants, and therefore the primary focus of sustainability efforts for the last two years of the project, which included numerous briefings and meetings at the political and staff levels. Engagement also occurred with politicians of other parties at the provincial and federal levels who were supportive advocates. Near the end of the demonstration project in February 2013, the Ministry of Health and Long-Term Care announced $4M annualized funding for the program, which sustains on an ongoing basis, the housing and clinical supports for people enrolled in the intervention arm, who received Housing First from the project teams. There was and is a strong lobby in Toronto for maintaining and expanding the congregate housing approach. However, a critical consideration was the fact that the At Home/ Chez Soi Housing First project was a mental health program, which provided both clinical and housing services to meet the needs of people with serious mental health issues who are homeless. This places the project and ongoing program under the provincial health purview, opening up the most appropriate channels for policy collaboration and ongoing funding.

At the time of this writing, the Toronto At Home program continues to thrive, having transitioned in 2013/14 from a project mode with five partners to a program with three partners working as one HF program, funded by the Central Local Health Integration Network and the Ministry of Health and Long-Term Care. A current challenge is establishing flow-through for the program by graduating participants from the program who no longer need or want such intensive mental health supports, but who do need their rent supplement continued. Discussions are ongoing with funders and service providers to establish a process that will enable the program to focus resources on individuals most in need. The program continues to focus on graduation planning, particularly to maintain a focus on recovery, which is a goal for program participants.

Lessons Learned

The Toronto site provides several key lessons for stakeholders interested in sustaining a Housing First program:

- *Engage government:* It is critical to have government representation- both provincial and municipal- at an early stage of discussions to plan and deliver the program. Include government officials of all levels and who represent a range of programs (e.g. health, social services, corrections, police, courts, etc.) and populations (e.g. seniors, children, persons with physical and developmental disabilities, various cultures and languages, veterans, etc.) in the discussions. Incorporate their views and ideas throughout the process and keep them updated on progress and outcomes.

- *Involve the "right" partners:* By involving relevant stakeholders and community partners, programs will be able to move participants across programs, based on their needs.

- *Relationships are key:* Establish key relationships at an early stage, and focus on educating stakeholders about the program. Keep them informed and engaged at all stages, and encourage participation by developing a broad-based external advisory group. Funders, in particular, should be engaged and involved in the planning and implementation process.

- *Research and evaluation matter:* Consider the types of benchmarks that can best inform of results and will help to convince funders of the importance and effectiveness of the program. Plan the timing of some results to be shared alongside funding requests to provide an evidence base. For instance, housing stability, reduction in jail use and reduced court involvement are important, as these are cost factors. Hospital and mental health outpatient services, shelter use, and emergency service use are also important to track. Explain the context of costs to funders. For instance, alcohol and drug rehabilitation is a positive cost, in that it is indicative of client progress to deal with substance abuse issues.

- *Make the case with personal stories.* The personal experiences of program participants have a strong impact on potential funders. When funders learn about the personal impact a program is having on lives and the risks of discontinued funding, the case for continued funding becomes compelling.

Sustainability of Housing First in Calgary: Calgary Homeless Foundation

Summarized from: Gaetz, S., Scott, F., & Gulliver, T. (2013). Housing First in Canada: Supporting Communities to End Homelessness. Toronto: Canadian Homelessness Research Network Press.

In Calgary, community-based emergency supports were provided to homeless individuals without an integrated "system" in place. Thus, there was a need to develop a comprehensive and integrated plan to end the homelessness crisis. To provide the critical shift from a loosely coordinate patchwork response to a well-coordinated system response, the Calgary Committee to End Homelessness (CCEH) was formed in 2007, with the goal of developing a 10-Year Plan to End Homelessness. The CCEH included representation from service agencies, the private sector, the faith community, foundations, the Calgary Health Region, colleges and universities, the Aboriginal community, the City of Calgary, the Province of Alberta, and the Government of Canada (Gaetz et al., 2013, p.3).

The CCEH developed a plan, with Housing First as the guiding vision, based on research conducted by the City of Calgary on affordable housing and homelessness. The Calgary Homeless Foundation was selected to implement the plan (Gaetz et al., 2013). The Calgary Homeless Foundation (CHF) "became the central force in creating a shift toward the adoption of Housing First strategies in the city" (Gaetz, Scott & Gulliver, 2013, p. 17). The response to homelessness is organized by an independent, not-for-profit foundation, with funding from government and the private sector. The Province of Alberta provides funding for emergency services, including shelters and drop-in centres.

To read the book go to:

http://home-lesshub.ca/sites/default/files/HousingFirstIn-Canada_0.pdf

The Sustainability Solution

After planning and beginning to implement the 10-Year Plan, it was important to secure long-term funding. To secure long term funding, stakeholders in Calgary needed to better understand the long term sustainability needs of the people served, including the characteristics of the population, the types of support needed and the duration required, and how "graduation" (ability to live in permanent housing without requiring a high level of support) might work for participants. Additionally, stakeholders needed a sustainability plan that accounted for participants who graduated from the program, but required services and supports again at a later time.

A key component of the sustainability plan in Calgary was providing evidence of continued effectiveness. In Calgary, significant efforts were directed toward evaluation at an early stage, and it was important to sustain evaluation efforts over time. The CHF publishes updates about the plan to end homelessness, "including progress to date and milestones achieved, including: number of people housed, housing retention rates and changes in use of other social services" (Gaetz et al., 2013, p.16). Also key to sustainability efforts was linking the plan to a comprehensive affordable housing strategy, including direct investment, zoning, and creative financing and incentives for the private sector (Gaetz et al., 2013, p. 17). "It is important to demonstrate to funders and policy makers that the status quo-emergency shelter systems and ultimately health, social and correctional services-is not sustainable" (Gaetz et al., 2013, p. 17).

Lessons Learned

(summarized from a personal communication with Tim Richter and Katrina Milaney, & Gaetz et al., 2013, p. 18-20)

- Sustainability is about Performance: Ultimately, high performing programs and communities that achieve results receive continued support. To achieve sustainability, from an early stage programs must reflect on strategies for ensuring performance of the Housing First program.

- A broad and diverse stakeholder coalition is key. The Calgary Homeless Foundation recommends recruiting a broad and diverse stakeholder coalition, including recruiting accomplished people from outside the homeless system to become Board members. Having a broad and diverse Board builds credibility in the community and with government, and is also helpful to fundraising efforts.

- "Become the voice of the issue": It is important to "own the issue" of homelessness in your community and to also communicate the success of your Housing First program. The CHF initiated the majority of news stories on homelessness in Calgary, and set a goal of having at least one communication per week with stakeholders along with a "constant and active presence on social media." Effective communication, including "leadership, presence, and brand" is critical to fundraising and obtaining public funding. Additionally, the Calgary Homeless Foundation recommends keeping in close contact with government officials through media and lobbying efforts. It is essential to build a supportive network of stakeholders. To do so, consider bringing in experts to speak to the community, mobilizing the news media, and communicating with the community to dispel myths.

- An integrated system is needed: Housing First can be most effective when delivered in the context of a Ten Year Plan to End Homelessness, which includes "prevention, housing development and changes to systems and policies that contribute to homelessness" (Gaetz et al., 2013, p. 18).

- Shift emergency services funding to funding for long-term solutions: Since much funding is dedicated to emergency services, such as shelters, there is a need to advocate for funding to be reallocated to long-term solutions, such as Housing First. Public funding is key, and private investment can complement this. Thus, it is important to seek multiple sources of funding (federal, provincial, and private). The Calgary Homeless Foundation also developed social finance opportunities with the 'Social Enterprise Incubator'.

- Housing First must be linked with an affordable housing strategy: Affordable housing is critical to the long-term sustainability of a Housing First program. Affordable housing "can be expanded through a combination of direct investment (building new stock), zoning (inclusionary zoning, legalizing and regulating secondary suites), creative financing and incentives for the private sector" (Gaetz et al., 2013, p. 19).

- Evaluation contributes to Adaptability. The Calgary Homeless Foundation is committed to research and evaluation. This provides "a constant visibility of performance."

- Become a "Knowledge Leader"- Leaders of the Calgary Homeless Foundation recommend becoming "knowledge leaders" by researching best practices on Housing First and related services. By solidifying your expertise on housing and homelessness, programs become "indispensible and trusted" by government. This also builds a program's influence in terms of advocacy for policy change.

To read the full Calgary case study, follow the link:

Click here:

1. Calgary Homeless Foundation case study

2. Social Enterprise Incubator