The At Home / Chez Soi Project: Community Partners' Perspectives on the Implementation of Housing First in Moncton

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ABSTRACT

The At Home / Chez Soi project, funded by Health Canada through the Mental Health Commission of Canada, involves evaluating the implementation and effectiveness of the Housing First (HF) approach, a complex community-based intervention that addresses homelessness in people with severe and persistent mental illness. This paper examines the perspectives of community partners on the implementation of HF in Moncton, New Brunswick. Engagement varied, but overall, HF was seen as fitting well within the network of existing community resources and filling a long-standing gap in services. Community will for sustaining HF was present, though concerns were expressed about sources for ongoing funding.

Keywords: homelessness, community partners, Housing First, implementation, mental illness, At Home / Chez Soi

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RÉSUMÉ

Le projet At Home / Chez Soi, financé par Santé Canada par l'entremise de la Commission de la santé mentale du Canada, évalue la mise en œuvre et l'efficacité de l'approche Logement d'abord, une intervention communautaire qui vise l'itinérance chez les personnes atteintes d'une maladie mentale grave et persistante. Cet article présente les résultats des entrevues avec 13 partenaires communautaires sur la mise en œuvre de Logement d'abord à Moncton. Malgré un niveau d'engagement varié et des préoccupations sur la continuité du programme, la perspective générale est que Logement d'abord s'insère bien dans le réseau de ressources communautaires et comble une lacune de longue date.

Mots clés : itinérance, partenaires communautaires, logement d'abord, mise en œuvre, maladie mentale, At Home / Chez Soi

A community's response to a new program is key to its successful implementation and future sustainability. This paper examines a community's response to the implementation of a supported housing intervention for chronically homeless individuals with severe mental health issues in a small Canadian city. While there are many factors that contribute to the successful implementation of a program, including characteristics of the program itself and many variables related to the implementation process, how the program is received by the community is key. It is ideal for an intervention to maximize collaboration among existing community agencies and to fit within the broader health and wellness vision of the community (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). With this in mind, this paper examines the perspective of community stakeholders on the implementation of the Housing First program in Moncton, New Brunswick, during the At Home / Chez Soi trial. This kind of evaluation is crucial because issues that arise in the specific context in which a program is implemented can impact the ultimate effectiveness and sustainability of the program, and dissemination of reports on these issues can assist those wishing to implement in similar contexts (Stetler et al., 2006).

The At Home / Chez Soi Project

The At Home / Chez Soi project, funded by the Mental Health Commission of Canada (MHCC), is a five-year research demonstration project testing programs intended to assist people with a mental illness who have experienced housing problems of a long-term nature. The At Home / Chez Soi project entails the delivery of supported housing through the Housing First model, which is based on the Pathways to Housing approach originally developed in New York City (Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis, 2005; Tsemberis, 1999, 2010; Tsemberis & Eisenberg, 2000; Tsemberis, Gulcur, & Nakae, 2004). Specifically, the intervention includes a combination of Assertive Community Treatment (ACT) or Intensive Case Management and subsidized housing in the private rental market.

Housing First (HF) is an innovative housing model for homeless individuals with severe and persistent mental illness that has been gaining support in its evidence base and in its uptake in a growing number of Western countries in recent years (see, for example, Government of Alberta, 2008; Perlman & Parvensky, 2006; Tsemberis et al., 2004). As opposed to a Continuum of Care model, in which clients are moved through graduated levels of housing, each closer to independent housing, Housing First places homeless

individuals straight into independent housing without any conditions on obtaining that housing (Tsemberis, 1999, 2010). Through the At Home / Chez Soi project, the HF model was recently implemented in five Canadian cities, namely Moncton, Montreal, Toronto, Winnipeg, and Vancouver. The focus of the current paper is the Moncton site.

The Local Context

Evidence-based practices and programs are not likely to be implemented on a useful scale without the support of political, financial, and service systems at both a provincial and local level (Schoenwald, 1997). The National Implementation Research Network notes that one of the conditions fundamental to implementation success is that "state and federal funding avenues, policies, and regulations create a hospitable environment for implementation and program operations" (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005, p. vi). At a policy-development level, there are signs that this "hospitable environment" may exist for the HF intervention in Moncton. In 2011, New Brunswick launched *The Action Plan for Mental Health in New Brunswick 2011–18* (Province of New Brunswick, 2011), which encouraged innovations in mental health to help address the challenges faced by the province's mental health system. Several of the strategic goals set out in this plan are congruent with the underlying values of an intervention like Housing First. The Action Plan stated as its first strategic goal the transformation of service delivery through collaboration. It emphasized the need to place the individual with a mental illness at the centre of treatment and care, as well as the importance of addressing social determinants of health. These priorities map onto the two fundamental principles of the Housing First model, which takes a client-centred/consumer choice approach to care and recognizes the importance of alleviating homelessness without imposing contingencies around treatment engagement and adherence. The fourth strategic goal in the province's Action Plan also supported an intervention like Housing First. This goal focused on collaborating and belonging, emphasizing the importance of family, workplace, and community, and further specifying the need to "enhance and expand initiatives to support those living with mental illness" (p. 7).

The Current Study

When implementing an innovative program, such as Housing First, in a community where a network of established services are currently serving the target population, it is important to consider this local context as a key variable in the implementation process. It has long been recognized that in order for a program to be successfully diffused in a community there must be active engagement and participation from community partners (Rogers, 1983). It is also the case that collaboration among agencies and programs is complex, with numerous variables interacting and changing over time that can facilitate or hinder the implementation of a program (Rattelade & Sylvestre, 2012). The aim of this paper, therefore, was to survey community partners in Moncton about the HF program implemented through At Home / Chez Soi, in order to better understand the nature of the community's perceptions of and engagement with the program.

The following were the six main objectives of this study:

1. To describe the type of contact community partners had with the At Home / Chez Soi project;
2. To determine community partners' overall impressions of the At Home / Chez Soi project;

3. To examine community partners' understanding of key program characteristics and to describe the elements of the program that they felt needed further improvement;
4. To provide an account of the perceived impact of the At Home / Chez Soi project;
5. To examine the fit between HF and the community services already offered in Moncton;
6. To explore community partners' thoughts about sustaining HF after completion of the At Home / Chez Soi project.

METHODOLOGY

Description of the Sample

Research staff invited managers and service providers of health and social service agencies that provided services to the target population of the study. These included an emergency shelter, drop-in centres, meal programs, a community health clinic, hospital psychiatric services, a needle exchange program, a supportive housing program, a community coalition, and a rural mental health centre. Some of the agencies made referrals to the study at the beginning of the study as well as providing services to participants throughout the course of the study. Participants from these agencies were selected based on their knowledge and contact with the At Home / Chez Soi project. A total of 13 key informants were invited, and all accepted to be interviewed. Four interviews were conducted in French and nine in English. These interviews were audio-recorded and transcribed. Data collection was completed over a 6-month period from October 2010 to March 2011 at which time the program was 12 to 18 months old.

Procedures

A community partners interview protocol was developed by the research team (see Appendix). The protocol included six areas of focus: (a) to describe the type of contact community partners have had with the At Home / Chez Soi project; (b) to understand community partners' overall impressions of the At Home / Chez Soi project; (c) to determine community partners' perceptions of the key program characteristics of At Home / Chez Soi, and to hear their opinions about the elements of the program that need further improvement; (d) to provide an account of community partners' perceptions of the impact of the At Home / Chez Soi project; (e) to examine the fit between the services offered in Moncton with the At Home / Chez Soi project; and (f) to explore ideas at the community level, about how the Housing First intervention could be sustained when the At Home / Chez Soi demonstration project was complete.

Research team members conducted interviews with community partners over the telephone or in person at their respective work sites. Interviews were approximately 30–45 minutes in duration.

Data Analysis

All community partner interviews were audio-recorded and transcribed. Research team members conducted thematic coding of transcripts with the aim of understanding community partners' perspectives on the At Home / Chez Soi project as related to the six focal points outlined above. Data analysis was conducted using a general inductive approach (Thomas, 2006). To verify and establish the quality of the data,

two members of the research team coded the themes associated with assigned research questions on a small number of transcripts and conciliated their results to reach consensus. Subsequently, one of the members of the research team completed the coding of themes and the final results emerging from this coding were then verified by the two members. A final verification of the coded themes was conducted by a third member of the research team subsequent to his or her reading of the interview transcripts.

RESULTS

A number of themes emerged under each of the six study objectives. These are displayed in Table 1. A description of the data, along with representative quotes related to each objective, follows.

Table 1
Key Themes Identified

Study Objectives	Themes
Type of contact with At Home / Chez Soi	• Involved as a referral source • Updates received from the program administrator during meetings • Close collaboration to implement the rural part of the project • Provided staff, to participate in At Home committee • Had frequent contact with the ACT team for common clients • Helped to follow up the control group
Overall impressions	• Reported a general overall positive impression • The project should have different access criteria • Staff from At Home are open to collaboration that is service-oriented • Liked the Housing First philosophy • Staff from At Home are improving, learning true new experiences (about risk tolerance) • The randomization process is difficult to accept
Understanding of program characteristics…	• Housing and support services • Access to the resources • Outreach services • Housing First philosophy • Landlords
… and elements requiring improvement	• Nothing, the program is working well • Should have different access criteria (faster access) • The security aspect for the employee • It would be beneficial to have some group therapy • Have some employees that have experience in outreach • Have some support workers on the team, people that are professional are not necessary

... continued

Table 1
(Continued)

Study Objectives	Themes
Perceived impact of the program	• No reduction of services utilization • Help with waiting list, reduction of new referrals • The project helped to develop connections in the community • Improvement in psychiatric symptoms • They experienced a paradigm shift in services: from support to recovery • Helped to open discussion with government • Helped researchers develop new understanding • Taught service providers the reality of the situation homeless people experience • Do not see impact on the client • Program not working for some challenging clients • Project has positive impact; they are waiting for confirmation from the research results • Clients do better with the program • Better medication adherence • Reduction in hospitalization (emergency visit, health services) • Stabilization • Some find jobs • Look healthier
Fit between HF and existing services	• Yes, but I have little knowledge • Yes they provide a faster access to mental health services • Moncton could have services that are more integrated • The project has challenged the way some agencies intervene • The project fills a part of the gap created by deinstitutionalization • The project helped create better adherence to other medical services • The projects took competent staff from other agencies—redistribution of human resources
Thoughts on sustainability	• Worries that the project will end • Should be financed by government • It would be a chance to have services that are more integrated • Work in collaboration with other agencies • The costing analysis should help advocate • More places could be created—increase program capacity

Program Contact and Knowledge

Community partners reported various levels of involvement and degrees of knowledge about the At Home / Chez Soi project. Most of the interviewed community partners had an extensive understanding of the program and had encountered frequent contact with program staff and administrators. A few reported only being aware of the program through information sessions that were provided during the initial implementation of the program, or having little to no knowledge of the program. Community partners also reported being connected to the program through their clients who participated in HF.

> Okay, well, we went to all the meetings about the program and I knew that they selected several of my clients here at _____, and they were so excited to have a place of their own and it is such a good program, and is just awesome having them feel better about themselves and having a place to go and help whatever else they did for them, finding them a place and yeah, I can't say enough good things about it.

Some community partners reported offering parallel services or serving the same clientele as the At Home / Chez Soi project. They described having frequent contact with the ACT team to ensure that the services offered were integrated and that there was minimal risk of service duplication. Some of these community partners reported that they had successfully discharged some of their clients to the At Home / Chez Soi project when services were duplicated. This was considered favourable because it allowed them to serve more clients. Finally, community partners reported that they had planned to be involved at the program completion to ensure that all clients were integrated back into community services appropriately, which demonstrated an understanding of the timeline and scope of the At Home / Chez Soi project.

Overall Impressions

In general, impressions of At Home / Chez Soi were positive. Specifically, community partners noted that At Home / Chez Soi offered much-needed services to the community. The majority described feeling that the services were offered by competent, compassionate, and caring providers. They also reported that the ACT team seemed to have good chemistry and that the multidisciplinary nature of the team was beneficial to clients' recovery and well-being.

> I mean it is definitely a team of people who have this program at heart, and really care about these people and respect these people, and there is a level of respect for these people in wanting to help them in a respectful way and based on what they identify as their needs and stuff.

While none of the interviewees had overtly negative impressions of the program, a few community partners shared their thoughts about what they thought was lacking. A few hoped to see an expansion of the program so that more clients could be served, while others hoped for an expansion of the array of services offered to clients. Finally, several community partners reported that they were initially skeptical about the approach of the program, specifically with respect to the harm reduction approach and the housing first philosophy, but after observing several successes these same individuals reported that their views had shifted and were now more positive.

Key Program Characteristics and Areas Needing Further Improvement

Across interviewees, a consistent set of key program characteristics were noted. Specifically, the majority mentioned that having affordable independent housing in combination with excellent supportive services was imperative to client success.

> I think the most important thing is, the whole content of it, is the housing, obviously, options, but the fact that you have the support with it, like that each individual of the 100 participants have that mental health support worker. I think that is essential in the transition for these people because you can't just pick people up off the street, throw them into an apartment and say good luck.

Some community partners offered additional insight into key program characteristics. They reported that it was imperative to offer outreach services in the community in a flexible manner, referring specifically to the team's capacity to build and nurture positive and trusting relationships with clients. A few community partners stated that offering around-the-clock care and services to clients was a key program feature that aided recovery.

With respect to how the program could be improved, they had numerous ideas about things they would change in At Home / Chez Soi. Some suggested that it would be useful to have additional resources allocated to the program. Specifically, they mentioned that it would be helpful to increase financial support for clients, decrease the client-to-staff ratio, have an ACT team member on call 24 hours a day, and make the program accessible to additional clients.

> I guess, if I could think of one more thing, it would be financial support for individuals, at least in the start-up, maybe it's there, I don't know, but we have had a few individuals come in, you know, looking for it, because there is really nowhere to go in the Moncton area if you need financial support… If you get more funding, funding allotted towards those kind of financial needs, like getting their IDs, things like that, like the basic start-up things, because if you are going to have a program like that and it is going to be a full support program, maybe it would be good to work a budget in there.

One community partner suggested that the ACT team could have more support workers rather than costly professionals so that the ratio of staff to clients could be smaller. Other community partners reported that more effort needed to be made to increase communication with community organizations so that services could be offered in a cooperative fashion and so that community organizations would feel better equipped to talk to their clients about the At Home / Chez Soi project.

> The whole aspect of trying to get people to understand what the program is all about so they don't have unrealistic expectations, which we know comes quite often in certain forms of mental illness. But if we could have minimized that, that would have been better… because we became the people who were selling the product, in a sense, you know. The people on the street that eventually got into the program were brought in through different agencies in the community that were working with them, and so yeah, I think we maybe should have had a little more frame for the ones that worked in that area.

One community partner did not agree with the harm reduction model and felt that clients should be abstinent for the program to be successful.

Impact of the Program

Most community partners reported seeing At Home / Chez Soi as having had a positive impact. A few had difficulty identifying an impact produced by the program, and reported that they felt their clients did not have access to the program, while another thought the program was too small to produce measurable changes in the community.

The majority of community partners who identified positive impacts described impacts at both the client level and at the systems level. At the client level, community partners reported that the program was helpful as it facilitated clients achieving stabilization and provided access to mental health services. Community partners also described that the program allowed clients to be active participants in their recovery by maximizing choice and personal decision-making. They reported that clients felt empowered, and had a sense of hope for the future as a result of the overall program philosophy.

> Well, I think just giving them confidence in themselves. All this time they were down and out and not able to get into places or even get food. They had no food and so, like it's like this, food banks and food kitchens are a really big help also to this program, because we all work together and they have a place to live now and they manage their money better and they still can get help at places like food banks and stuff.

At the systems level multiple impacts were noticed by community partners. Some saw an impact on their waiting lists and the number of new referrals.

> I think the fact that you guys are doing the work that you are doing, takes some of the pressure off of us.

> There are still lots of mentally ill people who access our services, but I would say there is not as many as there were before.

Another systems-level impact that was described includes a general increase in awareness about the issues surrounding homelessness in the community. The At Home / Chez Soi project has created a movement in the community to help support initiatives that work on reducing homelessness. This has created an open discussion with municipal, provincial, and federal government on how to address the issues in the community. In addition, community partners reported that the program has helped clarify the meaning of homelessness by shining a light on the hidden homeless population. Finally, several community partners described that the At Home / Chez Soi project had influenced a paradigm shift in homelessness intervention. Many community partners reported being skeptical of the approach (i.e., harm reduction, independent living, recovery-oriented) but after observing positive impacts had restructured their own programs.

> With a person with a history of schizophrenia you think this person is incapable of recovery. But the program demonstrated that all individuals are capable of recovery; even those with severe mental illness can be successful. (Translated)

Program Fit With Services Offered in the Community

When community partners were asked if At Home / Chez Soi was a good fit with the overall mental health services offered in the community almost all community partners agreed that the fit was good. Some community partners stated that the program helped fill a gap in services created by the deinstitutionalization movement that occurred over a decade ago.

> In the 50s the average hospitalization for mental health was 7 years, in the 70s it was one year and a half. Now we are down to an average hospitalization of two weeks. We have pushed reduced hospitalizations and deinstitutionalization in hopes that the community services would better fit the needs of this population. Unfortunately there were not enough services and some clients were not ready to be on their own in the community. This is why this program is a perfect fit for this community and population. (Translated)

Community partners described that At Home / Chez Soi created frontline and ongoing services for challenging clients. Though most community partners believed that At Home / Chez Soi offered complementary services to those offered in the community, a few reported feeling as though some of the services were duplicated from those currently offered and thus refused to see clients enrolled in the program.

Suggestions for Sustainability

Many community partners were concerned about the continuity of the program. They felt it was a valuable service that should be maintained, and some went so far as to state that it was a necessity in the community and that there should be a campaign for additional funds. Most community partners were hoping that either the provincial or federal government would take over the financial support of the program upon project completion. They described that ensuring governmental support included knowledge translation activities (e.g., dissemination of reports) and suggested that funding should be increased in order to offer more rent subsidies, additional community support, extended program capacity, and a range of broader services.

DISCUSSION

Overall, it appears that community partners in Moncton were receptive to the Housing First program implemented through the At Home / Chez Soi project. In addition to the political landscape described earlier, which included a provincial mandate congruent with the values of interventions like Housing First, this paper demonstrates the ground-level engagement of the existing community agencies that were already involved in working with the target population.

It is a positive sign not only that most community partners *felt* well informed about the program but also that they demonstrated their knowledge about the program by consistently and correctly identifying the key characteristics of the program, including both the housing and support elements. It is an indicator of early success in the implementation process that community partners felt they had been offered many opportunities to learn about the program, to be kept up to date throughout the implementation thus far, and to have ongoing contact with program staff and administrators. This suggests that the program made itself sufficiently accessible to community members and that engagement strategies were effective. It may have been helpful for the project to have built these strong lines of communication even further in advance of implementation, as some community partners felt that they were not well enough informed to help their clients manage expectations and understand the HF program and the nature of the research design when it was initially introduced. This is an inherent challenge in projects where an outside entity (in this case the MHCC) brings an intervention to a community, as opposed to those that are community-generated and are implemented as the result of community mobilization around an important need. Doing the advance work to prepare communities and agencies for the implementation of an evidence-based program is fundamental to a successful implementation (Adelman & Taylor, 2003; Arthur & Blitz, 2000; Barber, Barber, & Clark,

1983; Bierman et al., 2002; Cleaver & Walker, 2004; Crosby, 1991; Dennis, Perl, Heubner, & McLellan, 2000; Klem, 2000; Taylor et al., 1999). While At Home / Chez Soi achieved general success on this front, according to these community members, even more preparation would have been appreciated. It is noteworthy that while a few community partners specifically noted that they would like to have been better prepared to talk to their clients about the random assignment in the study design, and specifically the reality that not everyone who was eligible would actually receive housing, no one voiced objections to the use of the randomized design itself. This is, potentially, another indicator of a successful implementation. In an implementation-research project such as At Home / Chez Soi, community buy-in to the research component is also integral to the success of the project.

Once the program was in the implementation phase, it appeared that the HF program and the community partners were able to communicate and collaborate effectively in order to minimize potential overlap in service delivery. Eliminating duplicate services allowed community agencies to serve additional clients, who would have otherwise remained on waiting lists or simply been unable to access services. In this way, HF was embraced by community partners as a valuable addition to the service delivery network in addressing issues of homelessness in Moncton. The nature of the At Home / Chez Soi demonstration project's external funding did not facilitate true community ownership of the HF program. However, community partners did intend to be involved in the wrap up stages of At Home / Chez Soi in order to work to achieve ongoing services and smooth transitions for clients who were participating in HF—so the spirit of community ownership did appear to be present to the extent that this was possible.

Community partners identified that in addition to meeting the needs of clients and working well with existing programs, the At Home / Chez Soi project facilitated progress on the big-picture issues of raising awareness about homelessness in Moncton, and opening conversations with multiple levels of government about how best to address the problem of homelessness. The community itself also appeared to experience a paradigm shift in terms of adopting stronger harm-reduction and recovery approaches to dealing with homelessness. Some community partners attributed this shift to the introduction of the HF philosophy, and to the project's ability to demonstrate that these approaches can work with this population. By embracing the program's philosophy in this way, the community, again, took ownership of the program to the degree that they could.

While there were some glitches early on in terms of sufficient communication with community partners, skepticism about the HF approach, and duplication of services, perceptions of how well HF fit within the existing network of services were very positive—another indicator of a successful implementation. It appears that HF not only connected and collaborated well with existing services, but was also perceived to have filled a long-standing gap in services for some of the most challenging clients.

The overall satisfaction of the community partners with the perceived impacts of the program is encouraging. Partners who were interviewed for this study were those who were actively involved in serving the population targeted by the At Home / Chez Soi project. These are the people who work daily to serve the needs of those struggling with homelessness. They are familiar with their needs, and they are familiar with the local context. These community partners are thus well positioned to comment on the impacts of a new service like HF, and their positive impressions suggest that the program was successfully implemented with promising outcomes.

One of the downfalls of externally funded demonstration projects is that despite excellent community buy-in and support, the community does not actually own the administration of the program. This can result in challenges in sustainability once the project funding comes to an end. Community partners were asked for their suggestions around sustainability, and commonly referred to the need for ongoing funding from various levels of government. This speaks to the need for early and active engagement of government, or other funders, to take ownership of a program such as this one. Too often, successful demonstration projects are not sustained because project funding ends before ongoing resources have been secured. Community partners suggested that it would be important to effectively communicate the results of the research to foster ongoing government support. The research team of the At Home / Chez Soi Demonstration Project has made significant efforts to release research findings throughout the life of the project (Mental Health Commission of Canada, 2011, 2012, 2012b, 2012c). In addition, ongoing discussions have been held with the Department of Health and Wellness and the Department of Social Development in New Brunswick from the outset on how the program can be sustained beyond its demonstration period and help inform the provincial mental health strategy (Province of New Brunswick, 2011).

CONCLUSIONS

The community partners included in this study demonstrated a general sense of community support for the intervention, and a level of acceptance such that the program functioned as an expected part of the community's ongoing activities. This bodes well for a successful implementation, and in turn, an effective intervention (Edwards et al., 2000). It also appears that the requisite community buy-in and ownership are available for sustainability of the program, but that resources for ongoing funding may present the biggest challenges in this regard.

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APPENDIX

INTERVIEW SCRIPT

1. What kind of contact have you had with the At Home / Chez Soi program?
2. Can you provide me with your overall impression of the At Home / Chez Soi project and its implementation in Moncton?
3. What are the most important program characteristics of the At Home / Chez Soi project?
4. Conversely, what program characteristics of the At Home / Chez Soi project would you change?
5. Have you noticed any systems-level impact in mental health services and / or social services in Moncton or South-East New Brunswick as a result of the At Home / Chez Soi project?
6. Has the At Home / Chez Soi project impacted your clients in any way?
7. In your opinion, do you believe there is a good fit between the At Home / Chez Soi project and the overall mental health services offered in Moncton?
8. What are your impressions of the service providers involved in the At Home / Chez Soi project?
9. What ideas do you have as to how the At Home / Chez Soi project can be continued after the end of the project in March 2013?