The At Home/Chez Soí Project:
Project Implementation at the Vancouver, BC Site
Executive Summary

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May 2011

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Three-Page Summary

This report examines how the Vancouver site mobilized research, housing, and service provider teams, as well as community partners, in order to recruit, house, and support participants in the At Home/Chez Soi Project. The report describes the strengths and challenges facing various project stakeholders as they implemented all aspects of the project from the onset of recruitment in October 2009 through to January 2011. Given the short time period during which both research and service provider teams were developed, we interviewed selected project stakeholders early on in the implementation of the project (May/June, 2010) and a more complete group in December 2010 and January 2011, including participants from each intervention arm of the study.

In response to the growing population of homeless people in Vancouver and related health and social problems, several non-profit organizations have established housing and other supportive services, many of which are located in the Downtown Eastside. However, while Provincial Assertive Community Treatment (ACT) Standards have been developed and a Provincial Advisory Committee has been established to initiate ACT province-wide, prior to initiation of the At Home Project, there were no ACT teams in Vancouver and only three teams province-wide. Thus, a critical element of context in Vancouver is the lack of basic service components (i.e., Housing First, ACT, Intensive Case Management). This dearth of services may help explain the magnitude of complexity and tension in planning and implementing the At Home Project (i.e., not merely bringing people together around a common framework, but introducing key components of the framework at the same time).

In this report, qualitative methods were used to examine key components of the intervention teams; successes and challenges faced by various teams; adaptations to the local context; and innovations that have developed over time. A semi-structured interview guide was created in consultation with the National Qualitative Working Group. Interviews with stakeholders were conducted in two phases: early phase interviews (9 individual interviews; 2 focus groups) were conducted in May/June 2010, and later phase interviews (4 individual interviews; 4 focus groups) were conducted in December 2010 and January 2011. The final sample consisted of 61 individuals (13 individual interviews; 48 individuals participating in one of 6 focus groups), all of whom were involved in some degree in the early and/or later implementation phases of the project. Individual interviews included researchers (n=4), service providers (n=7), and other project staff (n=2). Focus groups were held with each of the three intervention teams (n=23) and with participants in each of the three intervention arms (n=25). Two research assistants reviewed all transcripts and prepared a detailed summary of responses by question. The research assistants, along with two co-Investigators, then reviewed the summary and developed key themes, which are summarized below.

Key Program Components

Respondents identified a number of key program components that are critical to housing and supporting adults with mental illness. These components include the Housing First philosophy,

which removes many barriers that homeless people typically face when trying to obtain housing; adequate rental subsidies which enable participants to live in apartments and neighborhoods previously inaccessible to them; and the commitment to re-housing participants if needed. Second, respondents identified the importance of providing high-quality, intensive support services that are tailored to the individual. Many of these services (e.g., psychiatric assessment and addictions counseling) are difficult for participants to access through the existing system of care. Finally, building a cohesive team and finding the right team leaders were identified as critical to well functioning programs and the success of the project overall.

Early and Anticipated Outcomes

Early outcomes include successfully obtaining scattered-site apartments and transitioning participants into housing. Most participants have remained stably housed despite long histories of homelessness and complex health and social challenges. Service providers have been successful in building relationships with a population that is often slow to trust people, and have engaged many participants in a wide variety of services. In focus groups, the majority of project participants agreed that they are very satisfied with the quality of housing and supports as well as the opportunity to live outside of the Downtown Eastside. Anticipated outcomes include developing independent living skills among participants and maintaining people in supported housing beyond the life of the project, creating a national housing strategy, and changing the local service delivery system in order to create a more integrated continuum of care.

Key Themes

Key themes across all levels of the project included building relationships and trust, facilitating meaningful involvement of people with lived experience, developing and continuing group processes and governance that support the project, and the flexible management of resources to address unanticipated events. Respondents described the need for collaboration within and between teams in addition to community involvement that extends to health care providers, social support organizations and local businesses. Such collaboration will ensure project outcomes are sustained over the long term. Respondents expressed the hope that systematic changes will emerge as a result of the project, leading to improved health outcomes for individuals with complex needs. Respondents also expressed the importance of creating “safe spaces” and dismantling hierarchical structures to support the active engagement of peers while strengthening project teams through skill development and knowledge exchange.

Local Adaptations and Innovations

Respondents noted a number of local adaptations and innovations. The primary adaptations of the interventions have been around substance use, which is very prevalent among the Vancouver homeless population. Staff have received specialized training in substance use and harm reduction approaches and an addictions specialist was added to the ACT team. With regard to innovations, a number of peer-driven initiatives have developed including social activities and support groups. The development of employment opportunities, an on-site pharmacy at the congregate site, and landlord appreciation events are some other innovative practices that have been developed.

Strengths and Challenges

Strengths that emerged during the implementation phase include housing people in both scattered-site apartments and the congregate setting in a timely manner. Even if someone needs to be re-housed, the process of finding another unit and moving the participant has proceeded very smoothly. Respondents credited the work of the housing procurement officer as critical to this success. An additional strength includes the diverse skills that members of each team bring to the collective project. All project teams are generally cohesive, supportive and satisfying work environments for the majority of respondents. Respondents also noted that communication within and across teams is very good and is critical to supporting the work of individual team members. Finally, respondents identified a number of key partnerships that have been developed with external agencies that facilitate the work of the teams. These partnerships include the Ministry of Social Development, a neighborhood advisory committee that monitors interactions between community and the congregate site, and staff at the local hospitals and community mental health teams.

Challenges that will continue to be addressed as the project progresses include further engaging the community and existing system of care, integration of service provision and research, providing support to participants who have very high levels of need and are difficult to engage, and addressing the high levels of trauma that impacts the recovery of many participants.

Looking Forward

Going forward, respondents highlighted a few areas that may require more attention. First, the majority of respondents expressed concern around the lack of conversation, both locally and across sites, around building national consensus in order to sustain project gains and to advocate for a national housing strategy. Respondents were clear that in addition to helping the participants who are receiving housing and support through the project, they want to see significant reform to the housing and health care systems that affect homeless people with mental illness across the country. Second, a number of respondents acknowledged that there are some participants who are not responding to the interventions. More attention and discussion needs to be focused on these participants, however, it is challenging to find the time and energy given the high demands placed on staff to meet the basic needs of clients on their caseloads. Similarly, respondents described significant gaps in the current system of care which make it very challenging to address the needs of some participants, including mental health emergencies, inpatient hospitalization, suicidal ideation, and treatment for longstanding and severe trauma. Finally, respondents called for continued engagement and relationship-building with the community, particularly key agencies in the existing system of care and landlords and community groups. This engagement is critical, not only to communicate knowledge gained through the project but to begin to transform the current system of care. System reform is necessary in order to improve service delivery and to more fully integrate non-profit organizations that work with homeless populations.