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**‘At Home/Chez Soi’ Follow-Up Implementation Evaluation: Toronto Site Report**

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January 2013

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## I. INTRODUCTION

The At Home / Chez Soi research demonstration project is a complex health intervention that examines the effectiveness of “Housing First” approaches to improving the health and quality of life of clients who experience both homelessness and serious mental health problems. The project aims to develop evidence on effective services and interventions for homeless people with mental health problems, and will help inform policy and programming to end homelessness in Canada.

The At Home / Chez Soi program, funded by the Mental Health Commission of Canada (MHCC), builds on existing evidence and knowledge in the field, and applies it to the Canadian context. It is currently being implemented in five cities across Canada: Moncton, Montreal, Toronto, Winnipeg, and Vancouver. Each of these sites focuses on a specific target population or sub-study. Given the ethno racial diversity of the city, the Toronto site of the At Home project features a Third Arm Intervention targeting the needs of homeless people with mental illness from ethno-racial groups that is informed by Anti-Racism / Anti Oppression (AR/AO) principles.

This report reflects findings from the one year follow-up Implementation Evaluation conducted at the Toronto site. It includes the results of a fidelity assessment completed in April 2012 by a Quality Assurance team for the At Home project, as well as the perspectives of service providers from the Toronto Site. The purpose of this evaluation is to identify changes in program fidelity as well as to understand continued and emerging strengths, challenges and improvements in the implementation of the At Home / Chez Soi program over a period of one year (May 2011- May 2012). The main objectives of this research are:

- 1) To describe changes in fidelity assessment ratings from early to later implementation
- 2) To examine the reasons for implementation challenges and strengths
- 3) To understand staff perspectives on the theory of change of the Housing First model
- 4) To understand landlords’ experiences with the program
- 5) To learn about issues that arise regarding program sustainability

In line with the five objectives of the mixed methods research noted above, there are five sets of research questions:

- (1) Fidelity evaluation questions
  - a. Are there changes from early to later implementation in the fidelity ratings of programs as determined by the fidelity assessment tools implemented by the Quality Assurance (QA) team?
  - b. What are the current areas of strength in fidelity?
  - c. What are the current areas of challenge in fidelity?

- (2) Developmental evaluation questions

- a. What are the reasons for issues that continue to represent implementation fidelity strengths?
- b. What are the reasons for emerging implementation fidelity strengths?
- c. What are the reasons for issues that have emerged as apparent challenges to implementation fidelity?
- d. What are the reasons for issues that continue to present an apparent challenge to implementation fidelity over time?
- e. How is implementation proceeding with respect to challenges identified in first round fidelity reports or implementation evaluation reports? (delays in housing placement, barriers to location choice, challenges with rehousing, challenges with involving participants and persons with lived experience in program operations and research, staff burnout and retention)

(3) Housing First theory of change questions

- a. What outcomes are seen during the first year and what outcomes are seen during the second year of the intervention?
- b. What are the characteristics of those participants who benefit most from Housing First and those who benefit least?
- c. What are the most important ingredients of the Housing First program at different time periods and for different groups of participants?

(4) Questions about landlord/caretaker experiences

- a. What are landlord/caretakers' perceptions about what is working well with the programs?
- b. What are landlord/caretakers' perceptions about what is not working well with the programs?

(5) Sustainability issue questions

- a. How are the concerns of the participants about the stability of their housing and program support being addressed?
- b. What are the concerns about sustainability and how are they addressed at the sites?
- c. What are the views about the legacy of the project and the lessons that have been learned?

The follow-up Implementation Evaluation of the At Home / Chez Soi project builds on the first implementation and fidelity evaluation and planning and proposal development research phase. This data will also inform ongoing routine technical assistance and training activities both locally and nationally.

## II. METHODOLOGY

### ***Description of the Sample***

Participants were identified through consultation with the Principal Investigators and members of the Toronto Site project governance structure. A total of twenty-eight participants completed key informant and focus group interviews. Participants included stakeholders who played an integral role in the first implementation evaluation conducted in January 2011, and those involved in the continuing implementation of Toronto Site At Home/Chez Soi Project.

Table 1 illustrates the number of participants in the follow up implementation evaluation by role as either having participated in a key informant interview or a focus group.

Table 1. Participants by role

Type of Interview	Role Played	Total
Key Informant	Toronto Site Coordinator Representative from the City of Toronto and the Housing Connections Lead Directors from the ACT, ICM, and Ethno-racial ICM teams respectively Team leads from the ACT, ICM, and Ethno-racial ICM teams respectively	9
Focus Group	5 staff members from the ACT team 6 staff members from the ICM team 3 staff members from the Housing Connections team 5 staff members from the Ethno-racial ICM team	4

Nine key informant interviews were conducted with individuals who have been involved in continued project implementation: four key informant interviews were held with directors of the four project teams (ICM, ACT, ER-ICM and Housing); three key informant interviews were held with team leads for each of the Support Services Teams (ICM, ACT, and ER-ICM); one key informant interview was held with the representative from the City of Toronto and finally, a key informant interview was held with the Coordinator of the Toronto Site (hereafter referred to as the “Site Coordinator”).

A total of four focus groups were also conducted: four with staff from each of the Support Services Teams and the Housing Team. The Toronto Person’s With Lived Experience Caucus (hereafter referred to as the “Consumer Caucus” or “Caucus”) was not interviewed as they are in the process of developing an independent study describing the Caucus’s involvement in the MHCC project at the Toronto site.

## ***Methodological Steps***

This mixed methods research featured a fidelity assessment and a qualitative implementation evaluation component. The study was approved by the St. Michael's Hospital Ethics Review Board. Written informed consent was obtained from all participants

Program fidelity was assessed by members of the National Quality Assurance team for the At Home Project using fidelity scales developed for housing first intensive case management (ICM) and housing first assertive community treatment (ACT). The fidelity assessment was conducted between June and July 2012, and separate reports were produced for the Housing Team, ICM team, ACT team, and ER-ICM Team respectively. The fidelity reports were reviewed by members of the local Research Team in order to highlight changes in fidelity assessment ratings from early to latter implementation.

The qualitative research on implementation was used to reinforce, expand, and provide more depth to the quantitative research on fidelity. Interviews were conducted from early May 2012 to June 2012. The interviews and focus groups ranged from approximately one to two hours in length and were conducted by an interviewer who was not involved in project implementation. All interviews were conducted at the offices' of the interviewees at their respective sites.

The experiences of landlords working with the At Home project are documented in a separate sub study completed by members of the Research Team in collaboration with the Housing Team and the City of Toronto. A total of 16 interviews were completed with Landlords and caretakers. Landlord interviews focused on the reasons for landlords' involvement in the At Home / Chez Soi program and implications for their continued cooperation. Interviews also discussed landlord experiences with similar programs as well as At Home / Chez Soi tenants vs. non-program tenants. See appendix A for Landlord Experience with the At Home Project.

## ***Coding, Analysis and Quality Assurance***

Interviews and Focus groups were audio recorded and transcribed verbatim by an independent document preparation agency. A grounded theory methodology was used to analyze data by looking at thematic categories and identifying patterns and relationship. Transcripts were then reviewed by the research interviewer, another research coordinator and a Principal Investigator, using NVivo software.

The interviewer and research coordinator coded two key informant interview and focus group transcripts independently and compared their findings. Once consensus was achieved, the study interviewer proceeded to code the remaining transcripts. At this stage, the Principal Investigator, research coordinator and interviewer met on two occasions to discuss the categories and to collectively reduce the categories to a smaller set of higher-level themes.

Additionally, field notes that were recorded by the interviewer upon completion of each interview and focus group served to support and elaborate upon the themes.

### **III. FINDINGS**

#### ***A. Developmental evaluation issues***

##### **a) Maintained and emerging strengths**

The following section describes developmental evaluation issues based on fidelity feedback reports and service provider interviews. Developmental issues include maintained and emerging strengths, recurrent and emerging challenges or trouble spots and other emerging implementation adaptations or innovations.

**i) Description of strengths from the fidelity reports.** The Toronto site has maintained a high standard with respect to the HOUSING CHOICE AND STRUCTURE criterion of fidelity, and was praised for having some of the highest initial housing and housing retention rates across the project. This has been strongly attributed to the team's firm emphasis on client choice in housing. Collaboration and communication between housing and services teams was identified as an emerging strength since the last fidelity visit, and been in part attributed to the inclusion of a housing staff in service team meetings.

Under the SERVICE PHILOSOPHY section the fidelity team noted improvements in the *Motivational Interviewing* criterion since the first round of fidelity assessments in the Across Boundaries and ICM team scores. Fidelity noted that more seasoned team members of the Across Boundaries team demonstrated a strong understanding of the concepts and skills of motivational interviewing. Also, in the *Harm Reduction Approach* criterion ICM scores have improved since the first round of fidelity. Fidelity praised the ICM team for their creative strategies and commitment demonstrated in the use of the Harm Reduction model as well as noted the positive impact that the open acceptance and understanding of the anti-racism model has had by those external to the program. The other teams remained consistent with their score from the first round in the Harm Reduction approach criterion.

The fidelity team acknowledges that Across Boundaries members have strong knowledge of people's goals and that is what is driving unique interventions. Their score under the *Person-Centered Planning* criterion improved by a point while the ICM team score improved by 3 points since the first round. The ACT team maintains their high score here. The improvement in the ICM team scores might be partially attributed to what the fidelity team recognized as extensive work being done with participants who have become pregnant since entering the program and have been able to navigate child protective services, deliver drug free babies, stay sober and maintain custody over their children. Also, the ICM team was noted for discussing and focusing on participants' strengths in team meetings which likely contributes to their improved score here. This could also explain the ICM teams' improved score in the *Broad Range of Life* criterion. The ACT

team also showed improved scores in this criterion as fidelity notes that the ACT team is compassionate and has boundaries that are flexible to meet each participant's needs and goals. Also, the Fidelity team praises a robust WRAP group in the ACT team and a health promotion and education group run by nurses. The ACT team was praised for the development of their consumer focus group which may have contributed to their increased scores.

Specific improvements were noted across the *Psychiatric Services*, *Substance Use Treatment* and *Employment and Educational Services* criteria of the SERVICE ARRAY section for the ICM team. Across Boundaries gained a point in the *Employment and Educational Services* criterion but maintains their high scores in the other domains. Fidelity reports comment on Across Boundaries having great community linkages to providers, medical doctors, detox units etc as well which could have likely contributed to their improved score. As well as would have their ability to meet unexpected challenges as opportunities for client growth. The fidelity assessment also highlighted significant work around employment and education services for across the ICM, ACT and Across Boundaries teams, contributing to their improved scores from the first round of fidelity visits.

**ii) Service provider perspectives on strengths.** When asked about maintained or emerging strengths of the project over the last year, both key informants and focus group participants highlighted the following key areas a) service provision, b) partnerships/collaboration and c) management level support.

a) Service Provision Strengths

Many of the strengths identified by respondents were related to service provision. The level of clinical expertise was considered an important strength of the project in Toronto as respondents commented on the effectiveness of having direct access to clinical perspectives from a physician, nurse and/or psychiatrist. A key feature of service provision at the Toronto site is a clinical support team and meetings on a frequent basis for clinical consultation around challenging clients. This is especially helpful when dealing with a population that has complex needs.

*“I think one strength is the depth of clinical expertise within the four organizations. So, COTA, Toronto North, Across Boundaries, and St. Mike’s. I think that is a huge strength. It is the clinical expertise and the ability to have clinical consults amongst all of us. And, so, it’s from different peoples’ lens, but also from different organizational lens. I think that’s a huge strength of this project and how we’ve worked in partnership together”*

In addition to the service teams, it was noted that the housing team also has considerable expertise and maintains high professionalism and specialized administrative knowledge.

Participants also noted that staff is highly committed to the adherence of client choice and take strong client centered approaches in their case management. As well, respondents highlighted team growth, *“As a team there has been a lot more maturity.”* Staff maturity,



dedication, perseverance, flexibility and creative problem solving was considered a strength, thought to be reflected in the site statistics on enrollment and housing. Respondents noted that risk assessment, clinical consultation, discharge planning and the various other measures required to apply the Housing First model in Toronto have been better understood and therefore more effective over the last year.

The unique AR/AO approach employed by the ER-ICM team was certainly noted as a strong tool in working with racialized participants to address power dynamics that exist. The AR/AO philosophy is based on three values: that racism and oppression have profound negative effects on health and mental health; that clients need to heal in ways that are meaningful and relevant to them; and that racism and oppression can occur at individual, and system levels and that intervention is needed at both levels (Sarang, O'Campo & Durbin et al., 2009). This approach facilitates case workers to engage and provide support services to clients from racialized groups experiencing homelessness and serious mental health problems **by explicitly addressing** issues such as racism or discrimination in a service environment that is welcoming, making this third arm approach unique to the Toronto site

*“We work from an anti-racism, anti-oppression framework and we have staffs who speak a variety of different languages. So, that gives us the comfort level with the clients that we have. And if we do find that there’s a language that we’re unable to provide support in, we are able to get a translation or hook up with one of our other staff who can then help out with the language issue. It is not a permanent solution, but certainly enough for us to manage, to continue to support.”*

Peers are involved in various aspects of the project and have displayed diligence and commitment in their roles. Peers have lived experience of homelessness or mental illness and are seen as allies to the participants, being able to relate with them effectively. They are also trained and educated in social work and hired onto the team to provide important support services. While peer support has emerged as an invaluable asset in service provision, concerns have been raised about the status and compensation afforded to these staff. While this issue is beyond the scope of this evaluation, concerns expressed warrant future consideration by management.

#### b) Partnerships and Collaboration

Increased partnership and collaboration has played an integral role in service delivery within and across services teams during the latter phase of implementation. . Staff and managers noted that teams have matured over the last year and that there is greater cooperation between front line staff. In this regard, the clarification of roles for housing staff and services staffs has contributed to greater cohesion across teams. Collaboration between teams helped foster respect for expertise and recognition of what each team brings to the project. As one focus group participant mentioned,

*“That we’re accomplishing something. I think the numbers support that. I attribute those numbers to that increasing cooperation between the various teams. There is an increasing respect for the expertise that we each bring to the work that we’re doing on this project.”*

Across the site it was also mentioned that collaboration with external agencies or “*silent partners*” such as Ontario Works or Ontario Disability Support Program has been extremely helpful in working together to meet client recovery goals. Respondents attributed much of this collaborative strength to the structure of the Toronto site. Out of diverse roles and perspectives a solid group structure has emerged during latter implementation.

*“Whether it’s just around clinical consults or ongoing clinical care, or discharge planning, or even any risk assessments that arise there’s an ability and a structure within which we could pull these people together.”*

#### c) Management Level Support

Leadership was also identified as a maintained strength at the Toronto Site. Leads from all three services teams were commended for their skill and knowledge and employing approaches to working with staff that focused on problem solving by staff rather than employing top down strategies, and focusing on strengths rather than deficits in their approach to working with participants. Respondents noted that managers have been flexible and taken on several roles in addition to their regular tasks. Participants mentioned that in complex situations, program managers do not hesitate to step in and lead by example.

*“The program manager never gives up on a client. I think that she sets a good example for staff. And, I think that that would be I would say one of the strengths that we have.”*

The leadership of the Toronto site coordinator was mentioned as an important strength. Respondents described her as someone who makes herself readily available to staff and is heavily involved on different project fronts. Her knowledge and familiarity with diverse project issues were identified as a real asset to the team as is the supportive structure that she helps to create.

*“I think the Site Coordinator has obviously been a strength. I think she is very involved in all the different aspects of the project. I’d say that the fact that she’s so knowledgeable about all the different workings is also an asset. Because, then she’s familiar with everything and she can ask the right questions and then be supportive where needed. I think just her having the ability to be, to make herself available, participating on SOT, but then also being able to attend meetings, whether it’s the clinical review meetings, or the people with lived experience meetings. My point is that her ability to really know everything about the project helps her coordinate it really well.”*

### b) Recurrent and Emerging Challenges or Trouble Spots

**i) Description of challenges from the fidelity reports.** The adherence to the specific criteria of first choice of clients was one of the biggest challenges to procurement of housing. Attempting to meet the highly specific participant criteria would often create

some delay to housing. This is reflected in the maintained low scores if not lowered scores from first to second fidelity assessments across all teams in *Housing Availability* under the HOUSING CHOICE & STRUCTURE category. However the ability to ultimately find a good housing match for participants partially contributes to the project's high rates of housing retention. As a trouble spot, the fidelity team highlighted that there was the lack of a standard release of information from across the project. There are multiple forms and consents used and the challenge that this presents is that it necessitates multiple consents across programs and agencies which makes it difficult to exchange information in a timely manner.

*Contact with Participants* under the PROGRAM STRUCTURE section was identified as a challenge in the first round of fidelity visits and remains a challenge with this round. The fidelity team observed that charts do not demonstrate the same breadth of work being done on client centered goals. In Across Boundaries' charts clients goals were present and organized in a checklist but had few accompanying notes listed. The Fidelity Team observed that there was a lack of daily linkage of the daily activities to each participant's goal in the ACT team and observes that this is different from their last assessment. It was noted for the ICM team during their chart review that they did not meet the expected threshold of seeing participants at least three times a month. This aligns with research coordinator's notes of the Fidelity debrief sessions conducted in April 2011 directly after their assessments with each team. It is unclear why the fidelity scale scores show improvement in the ACT team scores under this criterion, and show a maintained 3 out of 4 for Across Boundaries which is relatively high. The ICM team maintains a low 1 out of 4 since the last fidelity assessment. It was explained that this might have been a challenge initially due to the fidelity team chart review on a particularly vacation heavy month for ICM team workers. It was suggested that a random selection of ten charts be reviewed for a month that did not have so many vacations to see what the frequency of face to face meetings with participants were held.

**ii) Service provider perspectives on challenges.** The following section outlines a diverse range of recurrent and emerging challenges during latter implementation described by key informants and focus group participant. These include structural, service provision, and cultural challenges.

#### A) Structural Challenges

Some structural / administrative barriers that were mentioned include staff retention, frequency of meetings, communication, collaboration, budget shortfalls, and complaints process.

**Staff Retention:** Key informants have characterized staff retention as a challenge that is inherent to the nature of the project. It requires highly trained professionals who have the skill set and the right attitude toward a complex client population, which ranges widely among program participants. This makes the job even more demanding. Recruitment and retention are further challenged by what has been described as a tight budget and a finite timeline, highlighting the difficulties in providing adequate training for any new staff hired to the project.

*“We provide some training, but it’s not even close to adequate to really give staff the skills that they could use in this job.”*

At least two permanent positions were vacated on the project in the last year. The impetus for this has been a combination of staff workload and concern about job security. Focus group informants expressed continuous job related stress and feelings of being over worked with too many cases and pressures to meet project timelines. This is a recurrent challenge mentioned in the first implementation evaluation report as well. Respondents also noted that dealing with persistent housing issues for some clients exacerbate their caseload and restrict them from offering higher levels of clinical services.

*“A lot of clients still only come to me for housing needs. I’m not happy with my housing, I don’t like this, I need this and it’s a role that I really try to clarify - that I’m not a housing worker. I’m not getting to a different level of service with some clients because they see me as a housing worker.”*

Frontline staff also expressed frustration with not being involved in the discharge of their clients, as final decisions are made at the project level. This issue has been expressed since earlier implementation.

*“So we might have a consensus about where this client should be and we’re the ones that are working directly with the person, right, but then all that goes out the window at the collaborative meetings about whether a client is ready for discharge or not so it makes you kind of powerless.”*

Frequency of meetings: The high number of meetings continues to be a source of frustration for many project leads and managers. Key informants mentioned that some project and team meetings are lengthy and not productive at times and could be streamlined to produce more effective results. As well, meeting with too many people or outside observers (such as new staff) is considered unproductive and sometimes uncomfortable.

Communication on Research Activities: At the project level focus groups complained of gaps in the timely feedback on relevant research activities. For example, delays were noted in reporting on quality assurance assessment by the project’s National Research Team. Teams felt that the findings from the various assessments of project fidelity were not adequately communicated to them, despite being a resource for service enhancement. While some respondent characterized the fidelity visits as “stressful” and questioned the capacity of the research to “capture the essence of the project”, the majority of respondents stressed the importance of knowledge sharing and recognize the added value of learning from each other via effective performance feedback and continuous quality improvement. Team members recognize the value of being able to measure their approaches with best practices, strategies and innovations in the other sites across Canada implementing the At Home / Chez Soi program.

*“Once a month there is a meeting with workers but we still don’t understand what the Fidelity is in the other cities. How it measures up. Yeah, there’s a scale saying this approach works with that or do you want to do this.”*

Many respondents expressed that they are often confused by the multiple ongoing research initiatives that stem from the project. They are aware that many things are going on, but are not clear as to what they are. Respondents stated that the research team should clarify and communicate better with service teams so as to provide some guidance.

*“Having that research expertise communicated on a regular basis throughout our site operations team meetings helps bring everyone back to what we’re trying to achieve here, right? This is a research project. Here are the parameters of the research. Here’s where there’s some flexibility. Here’s where there’s not a lot of flexibility. Here’s where this will negatively impact the research. So, that kind of communication and guidance from the research perspective, I think, has been both reassuring and also, useful in guiding the operation of project.”*

Some service teams report that they do not get report materials circulated to them and are not kept well informed. They understand that the nature of the research team is very different from service provision, however they suggest that communication can be improved upon.

**Collaboration and Communication:** Although the collaboration and communication between teams has been recognized as an improvement some tension persists in the relationships between Service and Housing teams as well as the City of Toronto and the Mental Health Commission of Canada (MHCC).

*“I think some of the other trouble spots continue to be the work of the service teams and the housing teams together. So, I think, independently, they seem to be doing their thing, but I think that collaboration continues to be, although smoother now, still a bit of a source of difficulty at times.”*

Some respondents also commented on the perceived exclusion of the Housing team in many project events and collaborations. The Housing Team plays a critical role in the project but has sometimes been left out of key meetings or called in last minute to them. They are expected to provide rapid responses but themselves are sometimes prioritized poorly.

Another recurrent challenge was identified in the multiple privacy policies within the project. Communication was a real challenge early on because certain information could not be released without specific conditions being met by teams. This created obstacles for the flow of information between the teams. One respondent suggested that it might have

been more helpful to have developed a “blanket privacy policy” that would cover legalities but allow for information to be passed more freely.

The allocation of leadership responsibility at the start of the project left some questions unanswered and to a certain extent a strain lingers in the relationship between the City of Toronto and MHCC. Over the latter part of the project this relationship has decidedly improved but one respondent mentions,

*“There definitely were tensions between – I think still are – between the city and the Mental Health Commission. And, who is a lead. And so I think that there’s still some fallout from when the Commission really exerted its role as the lead in this. And the city, I think, reacted to that. And so, they have been the lead in the housing and unfortunately, when they acquired some funding through a new funding pot that came from the federal and provincial governments, they ended up not assigning any of that specifically to this project...even though they were the leads for the housing subsidy in this project. And I don’t know if that’s an outcome of hard feelings or not, but...um, that was bothersome to me.”*

**Budget Shortfalls:** Another structural challenge that emerged is the “sudden” reallocation of funds in the last year. This negatively impacted the Toronto site as it resulted in the scaling back of staff members and less flexibility for re-routing funds should the need arise for events such as damage locker insurance or replacement.

*“A trouble spot was when we had the conversation with the commission around scaling back our budgets because of the over expenditures that had been encountered as a whole by the At-Home Project. And, so that obviously meant that we had to relook at our staffing and kind of scale back on the staffing that we had just recently hired. And, so we had to go through a bit of turmoil in that.”*

**Complaints Process:** In the last year there have been some issues surfacing around the complaint process and more specifically what should be considered a complaint. Complaint processes are guided by protocols that were developed at the site level and put in place for accountability and guidance. Formal complaints that are made by participants are documented by a receiver and dealt with on a streamed process up through to higher level management – if necessary. Focus group participants have suggested the emergence of hypersensitivity towards complaints or misconstruing of complaints that perhaps were not intended. They suggest that there have been incidents where an issue interpreted and filed as a complaint might not have been one. Thus, while the complaint process is in place to facilitate and resolve discord, it has also caused some negative backlash activating consequences for staff.

*“That particular client is somebody who starts to talk and he goes off like this and I think he went farther than he meant to with complaints. But they worked it out. A couple other times we had one man who was ill when he was interviewed. And the question was asking him what his relationship is like with his worker which got him thinking, “They’re only asking me that because there must be something wrong with*

*my relationship.” And he was in here, he was really upset. He was shaking like a leaf. He was in and out of delusional stuff. And we pulled his worker in and he, we had to reassure him for about an hour that those questions didn’t mean that that was true.”*

#### B) Challenges in Service Provision:

Several challenges in service provision emerged from focus group and key informant interviews, including: concerns about case worker safety; long distance travel to participants’ homes; educational/employment resources and frequency of contact.

**Safety Concerns:** Safety concerns were expressed on a number of occasions by case workers and managers alike. There have been a number of incidents where workers have not felt safe when in the presence of their client, be it in their home or in their surrounding neighborhood. Respondents recognize that high risk participants require the doubling up of workers on home visits and have contributed to property damage, verbal and even physical abuse towards staff and case workers. This is a stressor that complicates the recovery process as some individuals require higher levels of case management. Case workers feel that there is considerable risk added to their job role when working with high risk individuals. They mention that many encounters leave them feeling uncomfortable and without control over the situation. Respondents state that some clients’ behavior puts cases outside of the scope of true case management.

*“I think too one of the things that might fall under the category of a challenge is one of the reasons for the double visits and this is going over the last year is clients. Some of our clients provide challenges with their behaviour to an extent that goes well beyond the scope of true case management.*

**Travel:** The geographic dispersion of clients across Toronto is a persistent challenge for service teams. Case workers devote many hours to being on the road and also find it frustrating to deal with the vast geographic distribution of the city and its client population. Also, key informants mentioned that visiting clients in jail can be unproductive and frustrating due to difficulties in accessing them face to face and procedural obstacles of the jail system.

**Educational/employment resources:** Respondents also commented on the limitation of the types of education and employment support opportunities and programs available in the community for clients. University programs such as *Redirection to Education*, a supported education program that provides people with a mental health history the opportunity to assess their readiness for full-time school or work, which case workers encourage, may not produce sufficient results for clients. They are a step in the right direction, but fall short of fulfilling tangible results that help clients achieve an education and/or employment.

**Frequency of contact:** The program model specifies that service teams should be meeting with their clients on a weekly basis. While this requirement is meant to assist participants in maintaining their housing and positive connections with landlords some service

providers state that this has clashed at times with the recovery processes of certain clients. Depending on their stage of recovery, they might not want to engage with their case worker as often as on a weekly basis. There are clients who have part time jobs or are attending school or might not want to be seen with a case worker in the community. Focus groups have expressed that visiting their clients too frequently can result in pushback or suspicion from clients. Finding the correct balance of visits with each individual and maintaining the trust of the client is a priority for service team members. Respondents mentioned the pressure felt to maintain a certain frequency of visits with each client and that it should be acceptable to assess this frequency per individual case.

*“Like if they have everything set, they’re doing good, they’re doing it themselves. Sometimes they’ll be like, “What’s this visit for?” And I think that should be okay, too. But, I think that there’s pressure from, just because the way the project’s set up...”*

*“I think that staffs are cognizant to the fact that, sometimes when you give somebody too much service, you’re potentially contributing to the problem. So, I think that, in those situations, they’re very quick to consult with the program manager and come up with some strategies to kind of even out the level of support”.*

### C) Cultural Challenges

When asked specifically about cultural barriers, key informants and focus groups participants agreed that Toronto’s diverse resources, including the ethno-racial ICM service team, address well the different cultural needs of clients. There were, however, a few issues that were mentioned as remaining obstacles.

The diverse immigrant population in Toronto is well reflected in the ethno-racial ICM service team. Six languages are spoken amongst the staff and volunteers working with the At Home project and 19 languages on the agency level. Although there is high representation amongst the staff it is still difficult for clients to manage immigration or administrative issues if they do not speak English. It is considered a barrier and exacerbates the settling or resettling of a client in a home. Also, ICM and ER ICM teams noted that there are difficult situations where cultural wishes clash with project guidelines. Medication is one such example when certain medications are prescribed by a physician or psychiatrist to help combat particular illnesses and they are not culturally accepted by a client.

*“If someone refuses to take medications there’s always going to be a barrier where maybe in their culture they don’t choose the same medications and you’ve just got to go from what they want, right? So, that’s a challenge.”*

These situations become controversial as the client’s choice, comfort level and cultural perspective is central to their recovery.



Focus groups and key informants also discussed the persistent experience of discrimination of ethno-racial clients. Service team members reported witnessing several forms of discrimination, most notably from landlord to client. It is present across a range of clients and service teams (not only the ethno-racial ICM team) and is regarded as having a negative impact on client recovery. Clients have been denied apartments upon meeting landlords in person and they have been sidestepped in housing interviews. But it is not clear when the behavior is targeting race, gender, age, mental health status, culture or physical appearance.

*“In terms of when participants have gone out to view apartments, there’s been perceived discrimination among the landlords. There may be a unit available and then the landlord gets to see the participant and they say, “No.” And it could be attributed to their appearance or mental health or their race, right? There have been overt comments about people’s racial backgrounds. And, so that’s sort of a barrier.”*

*“You wonder if there’s some stigmatization or something going on related to either mental health or race, but you’re not sure exactly what is at play. So I can’t say that it hasn’t taken place. I just don’t think it’s been a systemic barrier.”*

Discriminatory attitudes and actions are seen as significant setbacks in a client’s path to recovery as it affects their self esteem and overall motivation. This is one challenge that is a central characteristic of the Toronto site and its diverse population and another important reason for the continuous adherence to anti-racism and anti-oppression values.

**iii) Perspectives on moving forward to address the challenges.** Suggestions and feedback on moving forward to address challenges both by the fidelity team and service providers is mentioned at the end of this report in Program Recommendations.

### **c) Other emerging implementation issues (innovations and adaptations)**

When asked to reflect upon any other implementation issues namely improvements or innovations in the project over the last year, respondents described advances in the following areas: a) communication, b) protocols and policies and c) service provision.

#### **A) Communication:**

There has been a significant focus on improving communication at the Toronto site over the last year of the project. Particular attention was paid to improving communication between housing and service teams. This has been enhanced through the routine presence of a housing team member at weekly service team meetings. It has resulted in faster responses between teams, a platform for voicing issues, better relationships and face to face brainstorming. Respondents noted that this adaptation added to team and site cohesion as well as heightened staff morale. The open dialogue allowed case workers and housing staff to work with clients in a more efficient and timely manner.

*“One of their staff started to come on a regular basis to our meetings and still comes to our meetings. And, so, it’s so much easier to deal with challenges related to serving the client. When you can sit down and have a face-to-face conversation and really understand what the other person’s perspective is. I think that we have enough time under our belt with them to be able to say, “You know what, I see your perspective, but I have a different perspective because I’m playing a different role here.” And I think that we’re better at respecting the different views of the different players within the broader team.”*

Although communication between service teams and the research team was identified as “disconnected” in the first implementation evaluation report, it has improved over the last year. Respondents noted that although research has a very separate role on many fronts, it has been beneficial to tighten contact with them and recognize that all partners work with the same clients and that the research component is important for the whole team.

#### B) Protocols and Policies

Project resources have been adapted and improved upon in the latter phase of the project. Respondents note that with the completion of enrollment leaving them more time, the teams have had the opportunity to review and further adapt protocols and policies over the last year. Some respondents view them as “*living documents*” and benefit from updating them. It has resulted in clearer understanding and more stability.

*“There’s a lot more clarity, in terms of our workings. We have protocols and procedures that were developed and kind of finalized over the last year. So, I think those are things that teach us, as organizations, a little bit more, guide us in terms of how to deal with emerging issues. So, I’d say that that has certainly allowed us to become more stabilized.”*

The Memorandum of Understanding, as created by the Site Operations Team during implementation of the project, has also been mentioned as an important source of reference. Further adaptations to protocols and policies were seen in the hiring of staff members in response to the pressure created by the rapid intake and size of caseloads as well as noted improvements in administrative support surrounding security issues.

#### C) Service Provision:

Some innovative programs have been created as a result of changing needs and client feedback at the Toronto site. Adhering to a project model that emphasizes client centered programming, peer-support groups have been created across service teams. For example, The Wellness Recovery Action Plan (WRAP) has developed into a popular program offered as an additional component of service provision through some teams. WRAP is an in office weekly group that focuses on wellness plans in a “closed group” model. Attendees must attend a certain number of sessions to receive a certificate of completion. ACT team peer workers have created movie groups and accompany participants to view them. They have also initiated cooking groups. The ACT team’s registered nurse organized nutritional groups while Toronto North Support Services had a regular *activities group, planning group and* with ACT co-led an *arts therapy group*. Most activities are community

integration oriented and encourage healthy social interaction. Peers organize outings based on client interest in order to promote empowerment.

*“We’ve been able to initiate some client-centered programming. Where participants are getting involved, having a say in what they want to do and, taking some leadership roles. We initiated the peer-support group in November. And, the first sessions looked at, what are your challenges? So it’s really an opportunity for participants to get involved in some physical activity to address loneliness and also learn about healthy eating, budgeting for groceries and meal planning that type of stuff and learning some kitchen skills.”*

Also, in the post enrollment phase of the project service teams have been actively looking into how to involve clients in various employment programs. For example, as noted in the fidelity assessment, the ER-ICM team has conducted a thorough environmental and demographic scan of their area to find what resources can be shared. Furthermore, as Across Boundaries had an initial agreement with Canadian Mental Health Association-Toronto for the purposes of employment supports, several participants have been linked to them and are working with their employment services to obtain part time jobs.

The Housing Team was also attributed with creating a few innovative processes and tools to help a clogged referrals situation over the last year. A housing vacancy list was created to be sent to all teams with an updated inventory of current and upcoming vacancies as well as approved building and supported housing in Toronto. This list was a key communication and knowledge sharing strategy between the Housing and Service Teams providing case workers with up to date information on a consistent basis. Housing Connections and the City have also joined and conducted landlord training workshops aimed at educating landlords about the project and ways to participate. This facilitated a way to maintain important relationships with landlords across the city and encourage their continuous learning and involvement.

Finally, journal clubs have been initiated and are also seen as helpful in maintaining outlets for educational opportunities on an assortment of topics, including culturally responsive approaches. The ACT team in consultation with clients organizes a monthly event where a guest speaker is invited to address an area of interest or journal topic such as working with youth or holistic approaches for Indigenous Peoples. A heightened sensitivity to cultural diversity is key to understanding the demographic context of the Toronto site and ensuring its progress.

#### **d) Issues identified from first implementation and fidelity reports**

This section specifically focuses on some housing challenges that were identified in the first implementation and fidelity reports. Recurrent housing challenges include: lengthy housing process, landlords and the need for supported housing options. Some emerging housing issues are mentioned at the end of this section and include: tenancy management, client contact with housing teams, unit damage, successful tenancies, resources and re-housing.

Housing is regarded as a resounding success, and most participants at the Toronto site have been successfully housed. However, there remain a handful of participants that have not been housed.

Some housing issues such as lengthy processes, landlords and lack of supported housing were identified as challenges in the first implementation evaluation and remain that way currently. The housing protocol outlines 17 steps that are required to house a client. Some respondents mentioned that the steps are specific to the project and cover legal requirements; however they are also tedious and significantly slow down the process. Some respondents describe the Toronto site housing protocol as meticulous and lengthy however some respondents have a different perspective.

*“There have always been multiple units available for any client who entered into the program at any given time. On average the inventory of units ranged between 8 and 12 units available to all participants. So, from one perspective, there was never delay in acquiring housing units. The delay was always in the selection process.”*

Much of the process delays that are mentioned are due to the described lack of inventory. Respondents at the Toronto site emphasizes the lack of affordable private market rental apartments located downtown

*“I think mostly it’s really hard to find downtown apartments for what we could afford between the rent subsidy and what they could afford.”*

*“The challenge of finding affordable private-market rentals is probably the key thing around the difficulty in finding housing.”*

It has been noted that another recurrent challenge to the housing process is getting landlords on board. The smaller housing corporations in particular are more hesitant to sign up to the project and be involved with clients and much less so as the end of the project timeline approaches.

Lack of supported housing options is another persistent issue that was identified from the first implementation evaluation. Since then it remains a more appropriate fit for a small number of participants for whom an independent placement has not worked out well or not preferred. Some clients who have been without a home for extended periods cannot handle being alone and thrive better with support. Many respondents describe that being able to tailor housing services and offer a supported arrangement can be more effective and contribute to a more successful recovery process.

*“At times the client will want to live in their own independent place but we’ve learned that that’s not the best thing for the client. That’s not their best place, they don’t thrive there so it’s like that’s no longer a choice, you know, because they’ve not been successful in that so we look up different places where they can still live independently but maybe with a little bit of some support.”*

In addition to some of the previously identified housing issues there are some more housing related themes that emerged from the latter implementation evaluation interviews. These issues include tenancy management, client contact with housing team, unit damage, successful tenancies, resources and re-housing. Various respondents stated that knowledge on tenancy issues has perhaps not been sufficiently prioritized within the client recovery structure. Respondents describe that assisting clients in managing their tenancies is pivotal to their recovery and is the piece that seems to be overlooked by both case worker housing worker.

*“Getting the participants to know what their rights and responsibilities are as a tenant and those types of things or that it’s not okay to have a unit that’s, you know, filled with garbage and what you can do to address that. So it just felt like the project sort of put this bubble around the participants in a way and some of that real life stuff that has impact on your ability to be re-housed down the road seemed sort of to be void from the participants because of the project. I think the service teams were working with participants and primarily concentrating on mental health issues, addiction issues... and the actual tenancies like maintaining the tenancy was definitely the piece that always seemed to get the short end of the stick”.*

Another issue was raised by focus group members with regards to housing team contact with the client. The project structures the Housing Team to have minimal contact with the client population in order to eliminate any preferential bias. However, respondents describe that there has also been some negative impact on the housing team as a result of this.

*“So sometimes the only interaction we had with the clients was when there was chaos, when there was a real problem that was going on. And then we didn’t – I mean the landlords are calling us and complaining and so – but we have no idea who the person is so I mean that was a disadvantage to me that’s going forward. I mean on one hand it’s said that because your direct relationships with the clients is so minimal that allows you to not have a bias and there are advantages to that.”*

Respondents raise concern about challenges presented by clients who damage their units, as this is seen to have an impact on their ability to maintain successful tenancy.

*“We’ve had a couple people that have done higher than \$5,000 worth of damage to their units. Then we have landlords pulling out of the project. But we’ve worked with our participants, you know, “What do you want to do to make sure this doesn’t happen again?” And some of them say, “I want to move to a different area.”, “I want to go to detox and treatment.” Some say, “I think I need to take another look at my meds,” or other things. And, we’ve had some wonderful successes with second and third housings, but not for everybody.”*

Respondents reflected on successful tenancies. Those participants who have been housed and are doing well in their housing situations are almost “off the radar”. Once again, due to the minimal contact that the housing team has with the participants it is sometimes felt as though *“housing successes are lost to us (housing team)”*.

On resources, focus group members described that incorporating the Toronto Community Housing (TCHC) market rent vacancy list that is located on the TCHC website was helpful for service teams. The list has current downtown housing information and was useful for participants who wanted housing or re-housing downtown or in areas where the housing team did not have contacts. Teams have rallied over the last year to increase the number of landlords involved and turn units over quickly when someone moved out. Teams have been expedient tapping into various resources that could be helpful.

The re-housing process is fundamentally more difficult as teams often have fewer housing choices that clients would consider their first choice. Also, re-housing a client closer to the end of the project is not as easy as leases are usually offered for a minimum of one year. All respondents agreed that the most important part in re housing a client is addressing what went wrong the first time around to ensure that the next housing is a success.

*“It’s really about understanding why the first housing wasn’t successful and are there things that need to be put in place in order to make the next housing successful? Is it the style of housing you’re choosing? Is it the level of support provided the client? What are those things that could be done differently to make it more successful?”*

Many case workers do not see re housing as a failure but instead as a learning opportunity in which the complexities of an individual client can be identified and a better program of care can be created.

## **B. Housing First Theory of Change**

This section outlines the Theory of Change outcomes are discussed in first year vs. second year, those clients who benefit most and least and finally critical ingredients of Housing First

### **i) Learning about client outcomes in First Year vs. Second Year**

Participants were also asked to reflect on the impact of the latter project implementation on clients’ recovery. When taking a closer look at client recovery in their first year, respondents emphasized the importance of housing enrollment and stabilization or abstinence for clients. In the second year, respondents identified a number of themes such as: employment, relationships, and engagement in treatment and housing.

#### **A) Employment**

Key informants and focus group members have noticed an increase in clients looking for employment in part time jobs over this last year. Some have returned to school or are taking part time classes. There has been a large shift towards volunteering.

*“I think the goal shifted from when we met the clients. Housing was the major goal. But, then, once they were housed it was other things, like jobs, volunteering...”*

*“The second year has been about goal-oriented activities that the clients are up to. So, you know, we started this board, white board, for community integration and it’s all the activities that people are up to. It’s classes and work and volunteering.”*

Along with this case workers have noticed that there has been a noticeable drop in jail and hospital time for some individuals. Other individual successes in the last year include becoming less dependent on government assistance obtaining immigration status, and learning the English language.

*“Now they have been there a year plus in their own place and now they’re willing to work. Now, they’re willing to get on with their lives besides just getting on ODSP or getting on OW. They now have a better value of themselves.”*

#### B) Relationships

Respondents have noticed some changes in the relationships that clients have formed and ended on their road to recovery over the last year. Many clients have reconnected with their estranged families, including children. These steps have been observed to be very meaningful and some of the hardest parts of recovery for some clients.

*“Before they couldn’t invite their kids, adult children over or parents or siblings when they wanted contact because they were ashamed of the way their life had turned out because of mental health addiction choices, etc. etc. Now to be able to re-approach them – it’s huge. I’ve been with clients when they’ve made that first call back to the daughter or whoever it may be and it’s amazing.”*

Other clients have formed important and nurturing relationships with animals and have acquired pets. Respondents agree that in the second year clients have taken more steps towards community integration and social interaction as well. There are clients who have emerged courageous enough to end negative or harmful relationships in their lives. Other relationships have resulted in healthy pregnancies and births.

*“I think it’s really about participants getting stabilized in housing away from their transient lifestyles. And then you see immediate changes happening. Once people settle, there’s a clarity, and they’re able to prioritize and put together some plans, and try to address some goals. And, I think that’s what we’re really seeing. No matter how small the goal, it gives you a space to think and plan and that’s important. And you feel like you’re in control.”*

#### C) Engagement in Treatment and Housing

The second year has shown a shift in priorities of clients with regards to some of their mental health or addictions issues. Clients are more willing to engage in treatment plans, address trauma through therapy sessions and be connected to physicians or psychiatrists.

Respondents have been noticing that clients are seeking mental health or substance use treatment, while others are looking into harm reduction approaches. In housing, people are recognizing what their needs are in order for them to maintain their homes. Retaining apartments has given clients an important sense of accomplishment and independence.

*“One of the guys who was a difficult client he now takes pride in showing me his place every time I go see him. Every week, he says “Look how clean my place is! Look how clean my bathroom is!” And it’s sparkling so he’s doing really well.”*

*“Having a fixed address really helped them. Once they’ve got over the anxiety of housing after they got stable housing from the shelter now they can work on their other goals, like education, getting a family doctor, attending other group programming etc.”*

## **ii) Learning about who benefits most and least from Housing First**

When asked about characteristics that describe clients who are benefitting the most and least from the Housing First model respondents described 4 key themes: a) clinical factors, b) degree of insight and willingness c) positive relationships and d) housing history and choices.

### **A) Clinical factors**

Key informants and focus group members stated that clients with high or complex mental health needs have benefitted the most from the project. Those clients that have concurrent mental health and addiction issues also benefit, as they are enrolled for housing with At Home with no treatment requirement, whereas other programs require detox treatment or have other pre conditions for housing.

*“I can see why people who have multiple mental health as well as addiction issues have barriers to get in housing. They need to be in a program or something to get housing. I think those really benefitted, you know it wasn’t that you have to go through a detox or whatever to get houses.”*

On the other hand, some respondents felt that clients that are further along in their addictions continuum are not achieving positive results. Those with severe substance issues are also having difficulty with success especially when the substance use results in impulsive behavior or relapse. Respondents also felt that those clients with complex cognitive limitations are not able to benefit either.

### **B) Degree of Insight and Willingness**

On a subjective level, clients who were observed to truly want the opportunity to be housed have had success with the program. Respondents agree that the “willingness” factor has



been vital to success in client recovery.

*“The clients who want to be in the project are the ones who will be successful. So, for example, even though we may have somebody who has been referred in and they’ve been accepted to the project if they are not ready for that apartment or for living on their own, then they will not be engaged or interested and they’ll continue to stay in the shelter or they will continue to not find that right place to move into. So I think it’s about that readiness of the client.”*

Similarly, those clients who are able to recognize or “own” their issues have been more successful. Clients that are willing to address their mental health or addictions problems are supported through that process and do benefit from the project.

Alternately, those clients who lack the insight or willingness to address their issues do not flourish with the project. Those that do not recognize their need for supported housing also have difficulty maintaining success. It was expressed that some clients appear to be taking advantage of the program and as a result do not achieve long term success either. Finally, clients who do not want to take medication for religious or cultural reasons also have a harder time benefitting from the project.

#### C) Positive relationships

Respondents agree that relationships are an important part of the recovery process for many clients. It was mentioned that clients who have found a good match to a case worker and have developed a trusting relationship with that person have a better chance of succeeding than not.

*“It is really critical and will impact on whether or not they are successful. Having a trusting relationship with the staff and being comfortable and expressing their needs.”*

Some clients were able to be housed with family members and respondents have noted that this has been beneficial to them.

#### D) Housing history and choices

Respondents noted that those clients who were able to choose housing in a geographic area that they truly wanted were more successful than those who had more limited options. Those clients who have never lived independently have more success with the Housing First approach than with other programs because with Housing First they are not required to have had previous independent living which many other programs require. Clients who have been in and out of jail and hospital and are able to keep their apartments have benefitted from the project. The security that comes with stable housing ensures the client and authorities/clinicians that release them out of care.

On the other hand those participants who have spent a considerably longer time or years living on the streets or “sleeping rough” may have a harder time benefitting as it is a larger

leap from them than somebody who may be accustomed to sleeping in shelters. Also when their goals do not include being housed clients do not benefit from the project.

*“And there are people who don’t want housing. They want to sleep under the stars. Be one with nature. Visit family. Go out for a walk. Those are their goals.”*

Respondents noted that there are those clients who only considering housing a seasonal arrangement and may not achieve long term success.

*“For some clients housing is just for a specific period of time. We’ve had some clients who when the summer months are coming they want to go back on the street, so to them housing is a place of refuge over the winter months when it’s unbearable to be on the streets. When the weather is much better, then the place to be is on the streets. They say the streets are their home. So are they unsuccessful now that they have left for the summer time months? It was a success, they made the choice to go into housing when it was unsafe for them to be on the streets because of the weather and all the other things that go on and now that they have left their place because it’s more comfortable for them to – the streets are their home – to say that’s unsuccessful is not right to me.”*

### **iii) Critical ingredients of Housing First**

When asked about ingredients that facilitate change / recovery in clients, respondent answers fell into three themes: a) resources, b) support and c) project model factors.

#### **A) Resources**

Some of the resources that are considered crucial to change for clients include tokens for transportation, clinicians or medical team members and most of all, the meaningful amount of rent supplement.

*“I think the rent supplement provides a dignity and an opportunity that is critical. It’s also unique in going with someone, regardless of readiness. So, I think the portability of the housing allowance that it is attached to the person and not a place, that the person is entitled to this, is empowering.”*

Respondents also mentioned resources for activity group expansion. Social interaction and community integration in faith groups, recreation programs or outdoor activities are key parts of client recovery.

*“Probably everyone has said this. It’d be wonderful to have the money to do more groups. To be able to have some speakers come in. We did some ice skating. We did some hikes in the parks. We had an arts and crafts group. But, all of those things take a little bit of money. And, at the beginning, it was fine renting skates for the 10 people who showed up, but then the money disappeared. And so we couldn’t really continue groups with no money, because then clients just didn’t want to come if it was just, you know, sitting around with chips and pop.”*

## B) Support

Respondents agreed that appropriate support on an ongoing basis is a key ingredient that facilitates change. A supportive worker that is able to meet the client where they are without judgment is seminal to recovery. A key strategy for workers is to address underlying issues that their client has.

*“Being there and being supportive no matter what stage the client is at. I mean sometimes it can be frustrating, because staff might want to see things moving forward and they may feel that they’re making progress and then there is a setback. But that’s just life. So to support the recovery process, I think, is just a matter of persevering and being there for the client at the place where the client is at.”*

Supported housing units are important options to have for clients that are not able to live independently. Being able to incorporate family members, language and cultural traditions into the recovery process is vital for a client as well. Respondents agree that the idea of ongoing support through multiple housing situations is significant for the client population in their recovery.

*“It’s not like you get three choices and if you don’t pick a unit then you’re discharged. It’s an ongoing choice.”*

The voices of people with lived experiences (PWLE) are another key feature to client recovery. Respondents mention that PWLE have a strong and relatable affect on the client population. They also validate the project perhaps even making it “*more accepted in communities.*” Accountability, consistency and stability are characteristics that are critical in dealing with the participant group.

## C) Project Model Factors

Respondents also identified key ingredients that are specific to project model features: appropriate caseload, flexible frequency of contact with clients, adherence to choice and, client centered and non judgmental case management. These factors have already been discussed in the first implementation report

## **C. Landlord/ Caretaker issues.**

Attached to this report as Appendix A

The experiences of landlords working with the At Home project are documented in a separate sub study completed by members of the Research Team in collaboration with the Housing Team and the City of Toronto. A total of 16 interviews were completed with Landlords and caretakers. Landlord interviews focused on the reasons for landlords’ involvement in the At Home / Chez Soi project and implications for their continued cooperation. Interviews also discussed landlord experiences with similar programs as well

as At Home / Chez Soi tenants vs. non-program tenants. See appendix A for Landlord Experience with the At Home Project.

## ***D. Issues regarding sustainability and the future of the project***

### **i) Sustainability, participant concerns and strategies at site level**

With the end of the project timeline March 31st 2013 approaching the issue of sustainability has been noted as a prominent topic in the evaluation interviews and persists as a stressor amongst staff, clients and teams. Focus groups expressed that clients have been negatively impacted and some have even stagnated in their recovery due to the anxiety that sustainability evokes. Not knowing what support system they will have April 1st 2013 has exacerbated paranoia, social issues, depression and anxiety in many clients.

*“I’ve heard from a few of my clients now that ‘we trusted you guys, we trusted you’ and that’s like a big thing with them losing that trust because they were just starting to get settled in and realized and accepted the fact that they had this really nice place and all the furniture and all that sort of stuff. And now we’re telling them it might be all yanked away from them as of March 2013 and that’s really hard to hear them say something like that and know that they’re feeling it with their whole being. They’re feeling the fear.”*

Appropriate and effective transition planning has been a stressor for case workers and impedes on moving forward with other work. Uncertainty around sustainability makes it difficult to ensure housing for those who have not been housed yet or need to be re-housed. In the housing market standard leases run a minimum of one year and with less than that potentially remaining of project funding, housing workers are having a difficult time finding landlords that will agree to rent apartments on a month to month basis. Despite their optimistic messaging, case workers feel that they are losing the trust of clients.

*“I think there is a lack of consistency and message. We’re all given separate messages, there’s no uniform message we’re delivering to the participants so they see through that, you know what I mean, that adds to the anxiety.”*

Teams are struggling to find a balance between not wanting to engage in a wind down phase prematurely, creating more anxiety, and preparing the client sufficiently in advance for a transition strategy. Some respondents highlighted the importance of conveying a direct and transparent message to clients about the sustainability issue and what action is being taken to address it.

*“We’re transparent. We talk to them about the balance of referring them to other services, but also wanting to let them know that we’re doing everything we can to sustain. So, we do talk about it. People have questions. We address it. We don’t shy away from it.”*

Staff and managers emphasize good communication and strategize on ways to improve it. For example, respondents suggest that the Site Coordinator should address teams with updates from news of higher level government meetings. This ensures that staff members are on the same page and gives them an opportunity to discuss concerns. The staff would then take this back to participants allowing them the same opportunity. Other respondents suggest that updating clients on sustainability meetings prematurely can do more harm than good. It can create unnecessary panic. Focus group members agree that the various views on the topic of sustainability have resulted in some inconsistent messaging. Uncertainty about future funding, along with mixed messaging, has contributed to increasing anxiety in clients.

*I think the fear of the end of the project is also stopping them from enjoying what they have now like some people I've talked to won't make their unit their own because they think they're going to lose it so what's the point?*

*"A lot of people are now worried that they're going to destabilize again. They were homeless for so long and maybe with their mental health concerns as well. Then they've had this, some have had three or four years so far of stability and now to think that they're going to go back to losing their housing. It could maybe destabilize their health. It's hard not to pick up on their underlying fear - what they're not saying right. And it's really difficult to manage that- to come up with a good answer that's going to satisfy their anxiety right. I don't think we have any answers that will satisfy.*

Focus group members and key informants described their efforts when trying to re-direct client anxiety. However with the added anxiety over sustainability on top of mental health or addictions issues that they are already facing, the risk of relapse increases. Focus group members describe the probability of this and how difficult it can be to prevent.

*"I have a number of clients who were clean and have relapsed because while dealing with their issues they now feel, what's the point? It's really really difficult."*

Many respondents express their struggle with the ethical dilemma that may be inherent to the project.

*"I think at some point it becomes like a personal, ethical challenge. How do I feel about possibly giving these people housing and then taking it away from them?"*

Respondents emphasized the work that is being put into transition planning. Teams have been attending lengthy transition planning meetings where ideas towards "Plan B" are being gathered, such as how to best put people on waiting lists. Housing waitlists have been updated as well as client status and location so that information on clients is updated and organized at a quick glance so that referrals can be easily facilitated. Workers are searching for affordable options that they can redirect their clients to should funding not be sustained. Also staff are negotiating with landlords hoping to establish a month to month rent agreement for their clients. Ultimately whether sustainability is achieved or not the key is to remain positive and hopeful so as to not exacerbate participants panic and so workers can maintain a productive environment moving forward. The fidelity assessment

notes in some teams a theme of maturity and balanced messaging when approaching the uncertainty of the sustainability question.

## **ii) Views about the project legacy and lessons learned**

Respondents unanimously agreed that the main legacy that this project leaves behind is the success of the Housing First model. Providing a homeless person with a home is central to a project that considers housing to be a human right. Respondents recognize that housing is a basic need and one of the first steps to recovery for people with mental health and addiction issues. As the project approaches its end phase teams attest that choice has a powerful and positive impact. In city contexts where the homeless population is significant a housing first approach is the more affordable option. It is an approach that works and begs to be implemented into the broader system.

*I think it shows that if people are given adequate support, adequate stability and predictability they start to thrive and very well too. They become easier on the budgets of governments right? So, it would be in the interest of governments to house people rather than to leave them on the streets and leave them putting a burden on the hospitals and the prison system and the courts. So, hopefully, it's more economically feasible at the, you know, at the fiscal level."*

But where does Housing First fall short? There have been a few participants that have been discharged from the project. Who does the model not work for? Respondents specify that there is another category of person for whom it doesn't work. The project does not have the capacity to deal effectively with people who are very threatening, had a history of violence and who are threatening violence. In order to ensure a safe working environment team leads and partners, in collaboration with staff members decided that teams would not be able to provide services to such participants. Further, there are concerns that the legacy of the project will be lost if sustainability cannot be secured.

*"A category of person for whom it doesn't work well is people who, in this project, we did not, have the capacity to deal effectively with people who were very threatening, had a history of violence and who were threatening violence. We certainly worked with people with a history of violence, people who have been in prison, people coming out and have no home are certainly a prime target population. But, there were some people that it was judged by the organization partner, and they're responsible under provincial law to ensure a safe workplace, and after working it through with the team, came to the conclusion that they were not going to be able to provide service to a person. But, they did that very sparingly."*

*"We can only talk about it if the program goes on – because it's like we might have experienced that it's successful and then if it doesn't go on, then what did it count for, you know?"*

Program Recommendations:

The following recommendations outline perspectives on moving forward to address some of the challenges mentioned in this report. The fidelity team and respondents provided a wide range of suggestions for program adaptation and they are divided into project level and service provision level:

#### Project Level

- Provide a model that addresses complex needs and high risk individuals comprehensively.
- Consider another year of research as client recovery and results take time.
- Organize information sessions where service teams can learn about the work that research does.
- Initiate an integrated service approach that blends service and housing teams, merges their location in order to provide a multi-faceted service delivery.
- Recognize and allow for unexpected costs in project.
- Create a sustainability protocol at beginning of project. The nature of this project and its consequences of restricted funding affect lives of participants in a fundamental way.
- Apply elements of the Housing First model to other housing projects or advocate that it be implemented on a system level.
- Consider applying head leases in the re housing process with clients. It gives service and housing teams more flexibility with ensuring housing for clients, especially for the time during which sustainability funding is still uncertain.

#### Service Provision Level

- Capping caseload and ensure meaningful support that works towards recovery.
- A variety of supported unit housing options are necessary. Provide midway option between independent and completely supported.
- Outlining clear expectations of needs from staff and managers as well as continuously checking-in with the parameters of the project.
- Engage ethno-racial clients more in program groups for their feedback.
- Organize workshops to educate landlords and their staff on working with a diversity of clients and their related issues.
- Continue the use of interpreters and increase diversity in staff.
- Seek greater clarity with respect to relative roles and responsibilities as well as a uniform understanding of which situations trigger housing agency involvement.
- Provide service teams with basic housing training on topics such as filing insurance claims etc.
- Explore how to resolve the issue of participants who are missing for many months from their apartment, but for whom a portion of the rent is still being paid, thus forestalling any landlord or program action.
- It would be beneficial to the team as a whole to have the more experienced team members run a peer supervision group to provide feedback and training to less experienced team members on motivational interviewing techniques and practices.

- Building in weekly calls and regular attendance at meetings, keeping staff participant ratios to 1:15 and carefully considering the scope of the geographic area you can serve effectively.

*“We’ve seen how people’s life changes when they get housing, when they have a place they can call home, their personal space. And not have to worry about, you know, living in a shelter, worried about getting things stolen, or being assaulted. So people are able to make positive changes in their life once they have that secured space. And open up more and accomplish some of their goals. Some of our clients have done exceptionally well.”*

*“One thing I think that the Feds did not plan for was an exit strategy. So they’re great in creating projects and making things go along. But when the funding stops or when the term stops, how do you gracefully get out of this without affecting people’s lives? Yeah, what do we say to the clients? How do we get them out of these types of situations? You’re researching something and improving people’s lives and in the absence of something sustainable...”*

*“But it’s taken that time to build that rapport, the relationship, the trust with the client. I have one person it took him four months before he could sleep in a bedroom, that adjustment period. Wanting to take care of your own personal health, you know, starting to see a doctor, like all these things and you know it’s a process but having that safe home is the biggest part.”*

## IV. CONCLUSION

The follow up implementation evaluation focusing on the last year of the At Home / Chez Soi project’s Toronto site has outlined some important strengths, recurrent and emerging challenges as well as innovations and adaptations. The second fidelity assessment recognizes Toronto as having some of the highest housing retention rates and supports many of the themes surrounding successes and trouble spots that came out of the interviews. This report considers the multicultural context in Toronto and highlights observations made about the unique Anti Racism Anti Oppression approach of the ER ICM team that supports its diverse client population. Themes that have persisted since the first implementation and fidelity reports were outlined with a specific focus on the housing domain. This section also included more recent housing related topics that have emerged as both strengths and weaknesses over the last year. Respondents showed great insight on the Housing First theory of change section discussing client recovery patterns over the last year and the key ingredients that have facilitated change. It also features a unique sub study in the Appendix that gives insight into landlord’s voices and opinions. This subsection describes the positive and negative aspects of landlord involvement with the At Home / Chez Soi project as well as highlights some important lessons learned from their experience.



Over the last year key informants and focus groups have expressed general feelings of reduced stress and increased positivity towards progress made on the project. They felt that the intensity of the work had shifted from a rushed pace of enrollment and housing to a different phase where they were now getting to know the client, dealing with tenancy issues and have been working with clients on their next steps towards recovery. Staff and managers alike have felt a “gelling” or strengthening of their teams as well as an overall heightened sense of staff morale in this latter phase of the project. Fidelity reports recognized Toronto’s housing strengths as well as several heightened scores in *person centered planning* as well as *broad range of life* criteria. Contact with participants was a trouble area for all teams as chart reviews were not reflecting the breadth of client worker relationships. Sustainability was emphasized as a topic of concern from interviewees as well as being mentioned in the fidelity reports. Some negative impact such as anxiety and relapse in clients are worrisome as is the future of participant housing and staff job security. This follow up implementation evaluation report has mentioned important structural and client related factors affecting the further implementation of the At Home / Chez Soi project at the Toronto site. The fidelity assessments and key informant interviews have provided rich insight into the latter implementation phase of the project that can contribute well to further research and a final project evaluation as well as help shape recommendations for other sites, studies or jurisdictions.

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Fidelity reports – 1<sup>st</sup> round and 2<sup>nd</sup> round.

## **APPENDIX A: Landlords' Experiences with the At Home/Chez Soi Project – Toronto Report**

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**Mental Health  
Commission  
of Canada**

**Commission de  
la santé mentale  
du Canada**

### **Landlords' Experiences with the At Home/Chez Soi Project – Toronto Report**

Report prepared by Dr. Patricia O'Campo, Tim Macleod, Anita Minh, Heidi Borenstein, & Jeyagobi Jeyaratnam

Project done in collaboration with the City of Toronto and Housing Connection

December 2012

## Introduction

Supported housing is a service delivery system that provides housing and supports to homeless adults diagnosed with a mental illness. It differs from supportive housing – a service delivery model in which housing is tied to clinical support needs and marked by progression through a housing continuum – in its separation of clinical care and housing. Supported housing is unique in its utilization of private rental units for housing provision. At the heart of this service delivery system is a novel spatialization of care – away from traditional psychiatric institutions towards community based service provision– which seeks to encourage community integration for program participants. As care moves from traditional institutions to the community it dramatically alters the stakeholders involved in service provision. Since supported housing intervention is contingent upon the procurement of commercial rental units, commercial landlords become key stakeholders in interventions.

In 2009 the Mental Health Commission of Canada (MHCC) initiated the At Home/Chez Soi research demonstration project, a randomized mixed method trial of supported housing employing both quantitative and qualitative research streams (Goering et al., 2011). The project has five project sites across Canada in Vancouver, Winnipeg, Toronto, Montreal and Moncton. Part of the qualitative research component is two implementation evaluations that seek to tell the story of implementation from the vantage point of stakeholders. One of the research questions of the later implementation evaluation is intended to foreground the experiences of landlords with the project. This paper seeks to present the experiences of Toronto landlords with project participants and staff.

Currently, little is known about the role and experiences of landlords in supported housing intervention. Kloos, Zimmerman, Scrimenti and Crusto (2002) are the only authors who have published about landlord-tenant relationships in a supported housing intervention drawing on their involvement in a project in New Haven, Connecticut. In this report, landlords are positioned as “partners in recovery” or “natural supports”, meaning community members not paid by the program who might work to support the recovery process of program participants. Understanding the relationship of program participants and landlords is an important part of the story of implementation of At Home/Chez Soi. It remains to be seen what the relationships between landlords, program support staff, and program tenants might look like in the Canadian context, particularly in Toronto where the specifics of the commercial housing market are likely sharply divergent with those of New Haven as well as other Canadian cities. Since there is little research on this area, it is important to understand generally the experiences of landlords with program participants and supports as well as the impact landlords might have on program tenancies. Additionally, Toronto has a history of supported housing interventions in which program landlords have likely been involved. It might be helpful to solicit how the implementation of At Home/Chez Soi compares with other Toronto based supported housing program.

## **Methodology**

### **Design and Methods**

A total of 49 landlords were initially contacted by members of the Housing Connections team and invited to participate in key informant interviews for the landlord sub-study of the At Home/Chez Soi project. Housing Connections is an organization that deals with the housing component of At Home/Chez Soi in Toronto. Landlords were selected based on their initial contact with a member of the Housing Connections team. Two types of landlords were contacted for this project: (a) traditional commercial landlords, and; (b) landlords who, in addition to their traditional roles as landlords and property managers, provide supports such as cleaning and cooking (e.g. boarding home operators). Landlords were identified in a three-step process. Potential landlords were contacted and notified of the study by phone through Housing Connections. Landlords were then contacted via email or phone by the qualitative researchers at the CRICH for recruitment into the study. The email or phone call explained in detail the purpose, objectives and content of the sub-study, along with information about confidentiality and anonymity; details regarding data storage and security; and study contact information. Subsequent to this email or phone call, research team members phoned each of the landlords to determine interest and type of interview preference, as well as to schedule a time for an interview. Agreement to begin the interview was deemed sufficient consent to take part in the study.

Forty nine landlords and building managers were contacted individually by research team members from May to July 2012 and were asked to participate in a voluntary interview in order to gauge their impressions of the At Home/Chez Soi project implementation. Of those landlords 16 agreed to be interviewed - 12 of which were traditional commercial landlords and four of which were landlords who provided supports like cooking and cleaning - 20 did not respond to messages, seven did not want to participate and six could not be reached resulting in a participation rate of 70%. Of the 16 landlords who consented to be interviewed, 13 were interviewed by telephone and three were interviewed in person.

Researchers at the Toronto site developed the Landlord Interview Protocol with input from the research staff and members of Housing Connections. The research questions were developed by the same research team and are presented below in Table 1. Landlord interviews focused on reasons for landlords' involvement in the At Home / Chez Soi program and implications for continued cooperation with the program. Experiences with the At Home / Chez Soi program and with other similar programs and landlords' experiences with At Home / Chez Soi tenants versus non-program tenants were also discussed. Open-ended questions and prompts were used to elicit responses. Respondents were given the option of not answering questions, as participation was voluntary. The anonymity of respondents was ensured at the time of interview, and identities will remain known only to the research staff.

Table 1  
*Landlord sub-study research questions*

Question Number	Question
1.a	What are landlords experiences with the At Home/Chez Soi program, both positive and
1.b	What are landlords experiences with the At Home/Chez Soi program, both positive and
2	What are clinical and housing teams experiences, both positive and negative, with landlords?
3	What are the lessons that might be learned from other programs from the landlord perspective?

## **Coding Analysis**

All 16 landlord interviews were audio-recorded and transcribed. Interview transcripts were analyzed using thematic analysis and a grounded theory method of analysis. The analytic process began with margin coding the textual interview data for descriptive themes related to landlord experiences by all members of the research team. The research team then created a coding framework by going through each member's codes and achieving consensus to ensure reliability of the quality of the data. The research analysts then used NVivo software to code the transcripts according to this coding framework. Analysts then transformed codes into higher-level categories by analyzing and grouping similar codes into conceptual categories by research question as a team using a process of consensus. Once broad categories emerged they were subsequently reduced to a smaller set of higher-level themes. The research team conducted a final verification of the coded themes by research question.

## **Findings**

### **Landlord positive and negative experiences with housing and clinical teams**

When prompted about their experiences of the At Home program, landlords talked at length about their experiences with the housing and clinical teams. Landlords felt they had "good relationships" with housing and clinical teams marked by co-operation. Landlords also found the housing and clinical teams to be capable and professional. One landlord suggested:

*"So, and I got the response right away, for whatever concern I had...I was directed in the right way, and suggested the right solutions."*

Some landlords felt that communication was quite strong with housing and clinical teams:

So we never, ever had any issues, you know, getting in touch with anybody or getting things dealt with the way that they needed to be dealt with.

Good communication was associated with successful tenancies while positive relationships with competent support were identified as facets of the At Home/Chez Soi program that are working well for landlords. Finally, landlords appreciated the co-operation of housing and clinical teams in facilitating moves for clients when tenancies were unsuccessful in order to avoid costly and drawn out eviction proceedings.

There were some landlords who felt communication could be improved along three axes. Firstly, some landlords suggested they were unsure of who to call for support. One landlord suggested if they were provided with detailed lists of who to call “it will help a lot”. Secondly, landlords expressed a desire for a “more structured, regular... line of communication” with scheduled check-ins for landlords and supports. It would be helpful if there was a protocol developed to address this gap in communication. Finally, landlords expressed a desire to know more about the disability level of program tenants, “...just so they have a little bit of background”. While some landlords acknowledged there were clear privacy concerns, others were largely unaware of such limitations. It should be noted that support staff were responsible for explaining the limits of confidentiality when questions arose.

Landlords also identified damages as a trouble spot. They generally were concerned about either the time it took for repairs to be completed or having to spend their own money on repairs, which seemed discordant to some landlords’ experience of other mental health programs. It should be noted that At Home/Chez Soi does pay for damages and has an insurance policy and that this dissatisfaction might be explained by those landlords with past experience participating in head lease interventions where the housing teams have more of a role in negotiating damages.

### **Landlord positive and negative experiences with tenants**

Many landlords indicated a desire to help tenants with mental illness. As one landlord said, “...I wanted to do something with ..., mental health or disabilities... And I contacted all these agencies for this project”. Many landlords reported having positive relationships with tenants and indicated that they make an effort to treat program tenants the same as other tenants:

*“I try to develop a relationship to, to make them feel like they are not different than any other tenant, because I’m an individual who, you know, who have a good relation with all the tenants, you know, and communicate with them on a daily basis, and all of that, so...”*

Some landlords felt that positive relationships with tenants was an important ingredient for what is working well with At Home/Chez Soi and contributing to successful tenancies. Additionally, some landlords talked about making accommodations for program tenants' life circumstances. One landlord reported:

*"Because the clients that I have there are happy and I have one girl, she is there, she keeps coming to me, " I'm just wondering" – she's Chinese, she said, "Um, I just wondering when my program is over what am I going to do? Am I going to still be here, to live here when the program is over? What am I going to do when it's over?". I keep telling her, "Don't worry, you know. I'm not going to put you out. We will try to make other accommodations."*

Finally, some landlords reported observing positive changes in program tenants' lives and a desire to contribute to this process. Yep. Well I will tell you it's a good program, it helps everybody, now we have to help the residents who have any capacity. They...we want to help in the normal way of life you know what I mean?

The trouble spots that emerged for landlords in relation to program tenants coalesced around screening, visitors, property damage and maintenance, and payment. In terms of screening, landlords often reported that some tenants "just do not belong" and ought to be housed in a "special place" where they might access more supervision and often linked the need for more supervision to unsuccessful tenancies:

*"Um, and everybody's interest was just keeping him safe, keeping him housed and not having to deal with the issues that he had originally, like, dealt with. So we did that to the best of our ability, but like I said, at the end of the day, it was still established that he needed to be in a more supervised environment..."*

Additionally, landlords linked screening to general life skills suggesting that some program tenants lacked basic skills of cleaning and maintenance of their apartments and stressed that "...you can't just bring someone from the shelter" and that program tenants needed assistance developing proficiency in both cleaning and personal finance". It should be noted, however, that landlords did have a chance to screen. Landlords had chances to meet program tenants at viewings, received standard applications from tenants and had the opportunity to initiate or decline tenancies.

Visitors were a concern for many landlords who associated them with property damage and substance use. This was one of the more prominent themes across interviews that landlords discussed as a salient trouble spot. Landlords had concerns about visitor's presence in their buildings who they perceived as exhibiting behaviors they associated with evictions. One landlord reported of their tenant:

*"You know, they'd end up allowing him to take them back to the apartment, you know, they were doing drugs, they were drinking, you know, just raising chaos in the apartment, you know, really damaged his apartment, damaged his belongings."*

Finally, landlords had issues with some program tenants not paying their portion of the rent. However, it seemed plausible that there was some confusion regarding their participation with other projects as At Home/Chez Soi tenants have their portions paid directly from their benefits.

### **Lessons learned from other programs**

When talking about other programs landlords discussed screening, lease type and damages as they are handled by other programs. Landlords rarely made mention by name to any program except CMHA's supported housing program. There seemed to be a certain amount of overlap with some landlords participating in both At Home/Chez Soi and CMHA's supported housing program. It seemed likely that landlords' comments regarding screening and damages were a function of lease type. With regard to lease type landlords spoke highly of head leases – leases in which the agency as opposed to the individual is the legal tenant of the unit – particularly insofar as landlords perceived the supports of these programs as being more involved:

*“Well like I said, the other, the other agencies that we deal with regards to the mental health and homelessness, you know, they're the head tenant...So they deal directly with everything. You know, when damages come up, they're the ones reimbursing the landlord and then working something out with their own client so things move a little easier.”*

It should be noted that in head lease programs housing teams take on the role of surrogate landlords – because the leases are in the agencies' name – and as such typically maintain a stock of housing. The positioning of supports is thus markedly different between programs. The aspects of head leases that landlords preferred – in addition to more housing team involvement – are the screening process, negotiating damages and payment arrangements. With regard to screening, landlords felt CMHA had a better system of screening that ensured they get “...people in who are appropriate”. With regards to damages, landlords felt the housing teams of head lease programs took more ownership of damages.

Finally, landlords preferred the payment structure of head leases where the agency pays the full amount and there are no monetary transactions with program tenants.

### **Landlord impact on tenancies**

Throughout interviews with landlords, there were clear spaces in which the attitudes and behaviors of landlords impacted tenancies positively, starting from recruitment where many landlords indicated community outreach and social responsibility as their reason for joining the program. Housing Connections largely utilized an existent network of landlords who had previously participated in subsidized housing programs. It seems reasonable to assume that many of these landlords would be



sympathetic to the challenges of program tenants. Additionally, landlords talked about strong commitments to helping program tenants:

*“But the other part, the human part is we still need...we want to continue and have those people that are involved in this program. My owners and me, personally, and my staff, they are willing to continue helping those people because we do want this program to go on because it's a very good program, helping people when they need...on their needs.”*

There were many instances where landlords acted to support tenancies and foster integration into the community. One landlord described including program tenants in the planning of community events that they felt were meaningful experiences for program tenants. Another landlord described referring a program tenant to a local drop-in centre where they could access peer support and some vocational training. Finally, one landlord described wanting to help tenants to achieve a “normal way of life” in the building.

Landlords also reported co-operation with housing and clinical teams that ultimately impacted program tenancies. One landlord described having keys available for supports in case of emergencies. Another landlord described keeping an eye out for the health of a program tenant:

*“Um, if I notice a client is acting different or I have a feeling that the medication needs to be changed or they need to speak with someone like the psychiatrist or something, then I would contact the housing worker.”*

Finally, landlords talked about co-operating with moves in circumstances where tenancies were not working and the program tenant required a different housing arrangement. This co-operation is important in preventing evictions that might hamper the program tenant's ability to procure housing in the future in addition to placing the well being of program tenants in front of profit. In this case, the service team would work with the client to arrange a move to avoid an eviction.

## **Conclusion**

Interviews with landlords from the Toronto site of the At Home/Chez Soi program provided a useful snapshot of implementation from the vantage point of an important stakeholder in the overall project. Increasingly it seems important to consider landlords as key stakeholders in implementation and consider how they might interact with clinical and housing program staff as part of the implementation team. Some landlords indicated that it might be helpful to improve communication by developing protocols regarding points of contact when tenancy issues arise. Many landlords had positive relationships with tenants and felt this was an important aspect of their participation. Landlords felt that these positive relationships were important in maintaining successful tenancies. Landlords indicated that damages, visitors and payment were the primary trouble spots with tenants.

Finally, some landlords indicated their preferences for head leases. In particular they liked the more involved role of the head lease housing teams in negotiating tenancy. Many landlords indicated they were happy with their communication and relationships with program staff and tenants and were happy to continue participating in At Home/Chez Soi.

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