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**'At Home/Chez Soi' Implementation Evaluation Toronto Site Report
– Executive Summary**

Report Prepared by Vicky Stergiopoulos, Stephen Hwang, Patricia O'Campo
& Jeyagobi Jeyaratnam

Centre for Research on Inner City Health, St. Michael's Hospital

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Executive Summary

The At Home/Chez Soi research demonstration project is a complex health intervention that explores “Housing First” approaches to improving the lives of individuals who experience both homelessness and serious mental health problems. The project is funded by the Mental Health Commission of Canada (MHCC) and builds on existing evidence and knowledge in the field, and applies it to the Canadian context. The At Home/Chez Soi Project is occurring in five cities across Canada: Moncton, Montreal, Toronto, Winnipeg, and Vancouver. 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.

This report describes findings from the Implementation Evaluation phase of the Toronto Site. It describes the context and pathways by which the MHCC intervention works. The purpose of this report is three-fold: (1) to highlight key program components for the Housing First/Assertive Community Treatment (ACT) and Housing First/Intensive Case Management (ICM) models, as well as the unique anti-racism/anti-oppression (AR/AO) framework utilized by the Housing first Ethnoracial ICM intervention; (2) to describe the process of implementation at the Toronto Site, including its context, relationships, structures and resources; and, (3) to highlight ongoing program adaptations and innovations in response to changes in the larger community environment.

A total of sixty-six participants took part in nine key informant interviews and nine focus groups. Participants included stakeholders who played an integral role in the overall implementation of the Toronto Site At Home/Chez Soi Project; those involved in the implementation of the Third Intervention Arm; as well as consumers in both the intervention and control arms of the study. Interviews were conducted from December 2010 to January 2011.

Key Program Components

The “Housing First” model aims to provide services to individuals who are marginalized by the existing fragmented and poorly coordinated system of care. The model provides immediate access to permanent housing and support services, guided by a philosophy of consumer choice. In the At Home Chez/Soi Project, housing, treatment, and other supports services are comprehensive and delivered in a coordinated manner in order to meet the needs of clients and to facilitate their recovery.

Staff who participated in key informant and focus group participant interviews described several key elements and proposed mechanisms of changes for the “Housing First” model. These include those elements that are related to housing and support services respectively. Housing elements included: eliminating barriers to housing access; rent supplement availability; and, continuous engagement from homelessness-to-housed. Together, these elements were thought to enhance the individuals’ sense of choice, dignity, and control.

Several elements related to service provision were also identified, and corresponded to three underlying themes: (1) providing client-driven care; (2) enhancing access and quality of care; (3) recovery orientation. These elements are facilitated by several staff practice: promoting

self-determination and independence; training and supervision of staff to deliver quality care as evidenced by good clinical judgment, creativity and empathy; recognizing recovery as a spectrum; the use of motivational interviewing to promote recovery oriented goals; facilitating access to primary and psychiatric care either directly through and ACT team, or as part of brokered service through an ICM team; and, maximizing opportunities for community integration.

The Third Intervention Arm of Toronto's At Home/Chez Soi project combines the Housing First philosophy with an anti-racism/ anti-oppression (AR/AO) framework in order to engage and provide support services to clients from racialized groups experiencing homelessness and serious mental health problems. Key informants and focus group participants identified several key elements of the AR/AO philosophy and practice. These include elements that are related to agency supports as well as elements related to staff practices. Key agency supports include a formalized commitment to AR/AO practices by the agency; supervisory and administrative staff with relevant experience in AR/AO practice; identifying and labeling racism and oppression at the workplace; a welcoming physical environment; a commitment to hiring and ongoing training of staff from the communities served by the agency; and, advocacy for system-level changes.

Key staff practices of the AR/AO model include: asking explicitly about experiences of racism and oppression to facilitating action plans to address experiences of discrimination; and, a holistic approach to health and wellness. In general, the AR/AO approach is thought to foster recovery through a number of pathways, including empathic validation, empowerment, role modeling, and a corrective experience of inclusion, helping to heal and inspire towards recovery goals and community integration.

Early and Anticipated Outcomes

Early and anticipated outcomes include several domains associated with recovery including: housing stability, quality of life, community functioning, health/mental health, health system service use, and justice system service use. In reflecting on early outcomes, both key informants and focus group members identified areas that were consistent and others that were inconsistent with their experiences. As anticipated, clients have gained immediate access to public benefits and most clients have been successfully housed. While most clients are remaining housed, housing transfers are also anticipated and have been attributed to clients learning their housing preference. Staff as noted an increase in crisis and problematic behaviors amongst some clients as an unanticipated early outcome. These behaviours have been attributed in part to isolation and disruption of established patterns and behaviours experienced by clients once housed. Finally, while education development was regarded as an early success for a number of clients, vocational development has seen mixed results.

Implementation Findings

Key informants and focus group members identified a number of factors that either facilitated or inhibited the successful implementation of the At Home/Chez Soi Project in Toronto.

Implementation themes related to relationships between project partners, organizational structures, resources, and consumer involvement emerged from the data.

Several contextual factors influencing the implementation of the project in Toronto, and subsequent adaptation and innovation were also identified. Developmental themes were related to housing choice, availability and affordability in Toronto; service density and participant recruitment; delayed participant recruitment; serving the high level of needs amongst clients; support services caseloads; strong leadership; adapting to changes in the policy landscape; and, ethnoracially diverse populations. Key themes are presented below and are organized as successful and unsuccessful elements of implementation as they related to the project level and the level of service.

	Project Level	Service Delivery Level
Successful Elements of Implementation	<ul style="list-style-type: none"> • Recruitment of homeless people with mental health problems • Housing model • Partnerships • Attention to racialized groups • Project governance • Consumer involvement 	<ul style="list-style-type: none"> • Range of supports for project clients • ER-ICM service environment • Recovery orientation • Multidisciplinary teams (e.g., Clinical Support Team) • Housing choice • Flexibility as a determinant of housing success
Unsuccessful Elements of Implementation	<ul style="list-style-type: none"> • Communication between partners • Focus on immediate housing • Time needed for good governance • Research clarity and communication 	<ul style="list-style-type: none"> • Failing to satisfy housing choice • Overworked staff • Staff not feeling heard • Lack of drop-in services

Conclusions

The Implementation Evaluation has identified a number of challenges, and highlighted a number of successes that have occurred during the implementation process. This documentation will inform project adaptations in order to more effectively deliver services to Toronto’s diverse population experiencing homelessness and mental illness. The Implementation Evaluation has also highlighted important contextual factors that should be considered in subsequent

research, including evaluations of project's outcomes. The experiences of the Toronto Site may also offer important lessons for implementation at other sites of the At Home/Chez Soi project, as well as similar research and project development in other jurisdictions.