

# Module 3

## IMPLEMENTATION OF HOUSING FIRST

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[www.housingfirsttoolkit.ca/implement](http://www.housingfirsttoolkit.ca/implement)



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# OVERVIEW

## MODULE 3 — IMPLEMENTATION OF HOUSING FIRST



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Photo by Shane Fester

# Implementation Overview

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

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

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

# KEY MESSAGES

MODULE 3 — IMPLEMENTATION OF HOUSING FIRST



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Photo by Shane Fester

## Key Messages

- **Implementing a Housing First program** entails activities such as hiring staff and involving people with lived experience, establishing staff supervision and communication protocols, training staff, housing/rehousing participants and providing ongoing supervision and support, offering ongoing and advanced training and technical assistance, and assessing and improving the program.
- Common **challenges** encountered during the implementation process include getting multidisciplinary teams to work cohesively; working with participants in adjusting to their responsibilities as a tenant through the housing and rehousing process; working with landlords in fulfilling their responsibilities as landlords; supporting participants in the community; dealing with difficult emotions and burnout of staff; reorienting program goals; developing a Housing First philosophy and sense of community; engaging people with lived experience; housing and rehousing participants with complex needs; finding housing in limited/challenging housing markets; and ensuring Housing First model fidelity.
- **Strategies for getting multidisciplinary teams to work together** include acknowledging and embracing differences as well as common purpose/values; promoting ongoing communication between teams; and developing clear protocols, roles, and responsibilities.
- **Strategies for working with participants in adjusting to their responsibilities as a tenant through housing and rehousing processes** include supporting participants from the beginning through basic skills training, as well as working with participants to reflect and learn.
- **Strategies for working with landlords in fulfilling their responsibilities** include educating landlords, and collaborative problem solving.

- **Strategies for supporting participants in the community** include creating positive relationships with program participants; creating community spaces and other resources for feeling connected; facilitating connections with participants by mobilizing the resources of the broader community; being flexible and creative about connecting with participants; and adapting program implementation to local contexts.
- **Strategies for dealing with difficult emotions and burnout in clinical/housing staff** include encouraging self-care of staff; and taking advantage of team-based case management.
- **Strategies for reorienting program goals** include meeting participants where they are at; thinking about alternatives to scattered-site housing; ensuring access to capacity-building resources and expertise; and developing innovative, creative job procurement and maintenance opportunities both within the program and through partnerships, education, and advocacy.
- **Strategies for developing a Housing First culture and sense of community** include hiring and training processes as key elements in creating team cohesion; ensuring fidelity to Housing First philosophical principles; building close relationships with landlords; and establishing clear communication with funders.
- **Strategies for engaging people with lived experience** include hiring peer support workers; holding debriefing sessions for peer support workers and other staff members; ensuring that processes are in place to elicit participant feedback about the program; normalizing peer involvement; and ensuring meaningful involvement of peers.
- **Strategies for housing and re-housing participants with complex needs and in complex housing markets** include understanding the housing environment and being creative with it; carefully considering the fit between the person and the environment; hiring dedicated and creative staff that are committed to housing participants; keeping flexible money available at all times; and working with landlords and participants to avoid evictions.
- **Strategies for ensuring Housing First model fidelity** include conducting fidelity assessments throughout program implementation.

# IMPLEMENTATION TASKS

## MODULE 3 — IMPLEMENTATION OF HOUSING FIRST



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Photo: Shane Fester

## Context

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

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

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



*Jump to Sections on:*

- [1. Planning task about hiring staff.](#)
- [2. Hiring People with Lived Experience in a number of capacities](#)
- [3. Strategies for employee retention](#)



*Watch the videos:*

- [1. Seen and Heard:](http://www.youtube.com/watch?v=M5uM12C3TEA)  
[www.youtube.com/watch?v=M5uM12C3TEA](http://www.youtube.com/watch?v=M5uM12C3TEA)
- [2. Working Together:](http://www.youtube.com/watch?v=tO2tnNdpwjw)  
[www.youtube.com/watch?v=tO2tnNdpwjw](http://www.youtube.com/watch?v=tO2tnNdpwjw)



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

## 1

## Hiring Staff and Involving People with Lived Experience

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

During the implementation stage, the hiring process should include hiring peers, with lived experience in a number of capacities, including as peer support workers, peer organizers, peer advisory committee members, and a peer

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



*Download these resources:*

- [1. Building equitable partnerships.](#)
- [2. Peer support in mental health.](#)

## 2

# Establishing Staff Supervision and Communication Protocols

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

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

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

# 3

## Training Staff

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



*Download  
Housing First  
Training  
Presentations:*

*1. Introduction  
to Cultural  
Safety*

*2. Supporting  
Peer Wellness  
and Recovery*

*3. Trauma  
Informed  
Care and  
Homelessness*

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

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

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



# 4

## Housing/Rehousing Participants and Providing Support

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

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

### Developing Risk Management and Safety Protocols

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

### Procuring Housing Options

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

### Managing Budgets Related to Housing/Rehousing

- Consider developing a budget that can cover housing related expenses, such as furniture, storage, insurance, moving costs, and unit damages.
- Create a budget line for temporary housing options, such as rooming houses and motels that may be required immediately following an eviction.
- Consider costs that may be covered through the Residential Tenancy Act or other funds that could be utilized to provide incentives for landlords.

### Working with Participants as they Choose a Housing Option

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



1. What About Tofu?



2. Waiting for Jon



3. Open Sky



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



Watch the videos online:

1. [www.youtube.com/watch?v=MXqYs6RCkDs](http://www.youtube.com/watch?v=MXqYs6RCkDs)
2. [www.youtube.com/watch?v=qwVUEsyx\\_Ic](http://www.youtube.com/watch?v=qwVUEsyx_Ic)
3. [www.youtube.com/watch?v=cfx\\_1VdpCDE](http://www.youtube.com/watch?v=cfx_1VdpCDE)

### Providing Support as Participants Receive Housing

- Encourage the participant to make choices about housing. Coach the participant in how to select housing that fits their needs, and in what to expect when meeting potential landlords. Discuss what it means to be a tenant.
- Show participants at least two or three housing options (including an array of options depending on context, such as scattered-site apartments and congregate settings). Consider developing a “housing preferences checklist” with participants, so participants can carefully consider and compare the options available to them.
- Help participants move into housing and clean the apartment/living space.
- Provide basic skills training necessary for maintaining housing. Work with participants as they learn how to clean and maintain their apartment, purchase and cook food, and manage finances. Provide support for other daily living skills, as needed.
- Anticipate early adjustment issues — many participants may feel alone and socially isolated when living in an apartment. Provide additional support when needed and consider creating community spaces to encourage socialization among participants, to fostering community involvement and inclusion.
- Recognize peer workers as an important resource during home visits. Peers can provide experience-based strategies to ease difficult adjustments.
- Engage participants in a recovery-oriented way. This includes discussing with consumers their goals and visions for the future, and working with them to find vocational opportunities and to explore educational or volunteer opportunities.
- Work with participants on coping and interpersonal skills, relationship-building, and skills regarding conflict resolution.



Click to download:  
[A sample housing preferences checklist.](#)



### 1. With Love

#### Cultivating Strong Relationships with Landlords

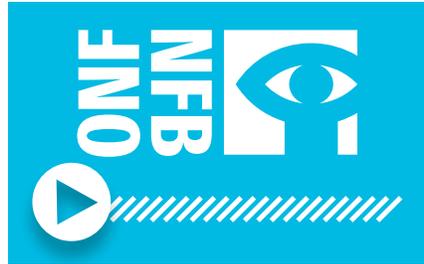
- Before issues arise, visit landlords regularly and speak with them about how the process is going. This allows housing teams to build strong and trusting relationships with landlords.
- Be attentive to landlord concerns and be responsive to issues that may arise.
- Normalize evictions for landlords. While much can be done to prevent evictions, encourage landlords to see evictions as a learning process for participants, and as an exception rather than a rule



Watch the videos online:

1. [www.youtube.com/watch?v=fSyYyNmX\\_Wg](http://www.youtube.com/watch?v=fSyYyNmX_Wg)

2. [www.youtube.com/watch?v=k7MrvvFO-vc](http://www.youtube.com/watch?v=k7MrvvFO-vc)



### 2. A Model Person

#### Rehousing: Learning from and Responding to Evictions

- When participants are evicted, encourage learning and accountability. Discuss choices that led to the eviction and strategize about ways to prevent this in the future.
- Consider exploring alternate housing options (e.g., congregate housing) for those who need an “in between” solution before living independently.

#### Fostering and Strengthening Community Partnerships

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

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

## 5

# Providing Ongoing Supervision and Support

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

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



*Learn How To Prevent Burnout:*

*[Challenges And Strategies - Preventing Burnout Section](#)*

## 6

## Offering Ongoing/ Advanced Training and Technical Assistance



*For Additional Resources:*

*1. Partnerships for Health System Improvement (PHSI)*

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

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

For programs to continue to grow and improve, technical assistance serves an important function. Consultants can provide technical assistance to the program. According to At Home/Chez Soi staff, it is

important to ensure that consultants understand the context of the program and population served, so the strategies they propose are appropriate and relevant, particularly when working with ethnoracial and Aboriginal populations. Others indicated that it is helpful to bring in individuals with diverse backgrounds and experiences in the field to provide technical assistance.

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

## 7

## Assessing and Improving the Program: Evaluation and Fidelity

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

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

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

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



### *Fidelity Resources:*

- 1. Development and validation of a housing first fidelity survey*
- 2. Implementations of Housing First in Europe*
- 3. The Pathways Housing First fidelity scale for individuals with psychiatric disabilities*

### *Evaluation Resources:*

- 1. Exploring the value of mixed methods within the At Home/Chez Soi project*
- 2. A mixed methods approach to implementation evaluation of multi-site Housing First intervention for homeless people with mental illness*

# ABOUT IMPLEMENTATION

## MODULE 3 — IMPLEMENTATION OF HOUSING FIRST



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Photo: Shane Fester

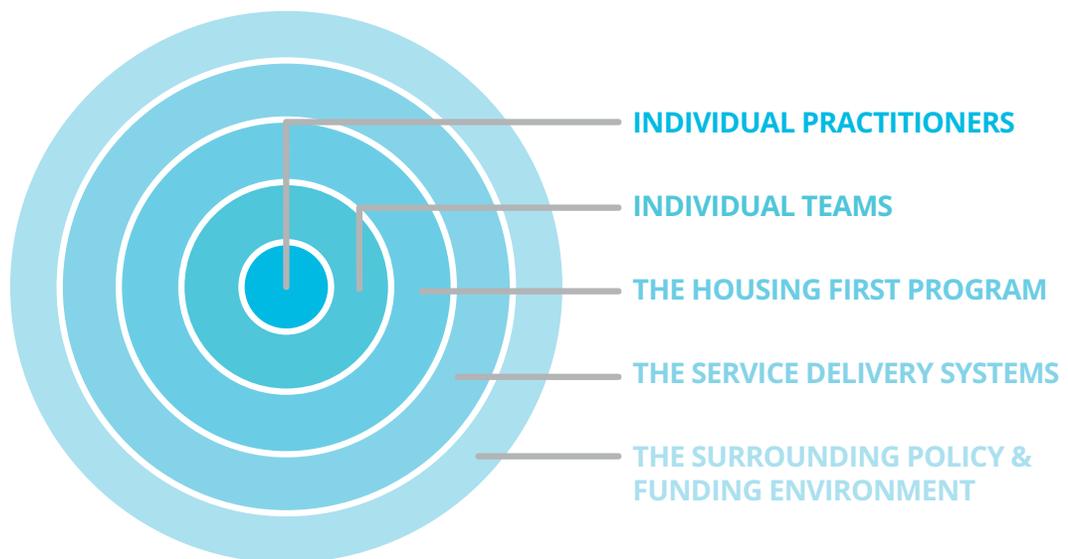
# What are the levels of implementation?

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

The levels include:

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

**Fig. 1 Implementation Model**



*Read the articles:*

1. Durlak & Dupre (2008)
2. Fixsen, Blase, Naoom, Wallace (2009)

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

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

- *Careful selection of staff*, who possess the necessary skills or aptitudes, and whose values are philosophically congruent with the Housing First model (link to planning module).
- *Initial training of practitioners and teams*, focused on introducing team practices, basic role competencies and rationales, acquiring and trying out relevant skills, and receiving initial feedback on performance
- *Coaching-oriented supervision (from team leaders)*, which helps staff put skills and team working relationships into place. Supervision also helps staff develop confidence, expertise and judgment about specific circumstances, and identify further training and technical assistance needs, including around complex clinical situations.
- *Fidelity measurement and implementation evaluation*, for ensuring the basic program principles and components are in place and identifying implementation barriers.
- *Ongoing Training and Technical assistance*, including consultation from outside Housing First experts, supporting team leaders to put coaching systems in place, to build advanced skills and expertise, and for solving complex clinical problems (which could also include networking).



*Additional resources:*

- [1. Planning Module](#)
- [2. Evaluation Module](#)

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

- *Supportive administration* from agency leaders, aimed at ensuring that program specific resources and policies are in place (e.g., having housing and clinical teams working together and under a common accountability structure) and ensuring that the organizational culture reflects Housing First principles.
- *Systems interventions*, aimed at creating supportive policies and protocols in relation to those aspects of the program that are beyond the direct control of the Housing First program (e.g., establishing linkages with referral agencies, and advocating for facilitative policies with relevant agencies and governmental departments, such as Disability, Housing, Employment and Income Assistance). Find champions within agencies and government departments that can facilitate these changes, and consider developing a Memorandum of Understanding to establish a clear understanding of how to be flexible when working with participants.
- *System-level performance monitoring*
- *Entrepreneurship* from leaders in relation to surrounding policy climate (e.g., able to pick up on opportunities with regional or provincial reforms)



*For more go to:*  
[Evaluation Module](#)

# Who coordinates an implementation strategy?

- *Team Leader or coordinator*, who is a visionary and guides/oversees the strategy.
- *Champions and entrepreneurs* that move implementation forward, especially in the beginning stages.
- *Designated Implementation Team* of three to five people, together with the coordinator to makes the strategy happen. Collectively the team should have credibility with the multiple sectors involved in homelessness service delivery and expertise in:
  - ◆ Housing First critical ingredients
  - ◆ Training and technical assistance strategies
  - ◆ Organizational change and performance measurement

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

**Table 1: Implementation Framework: Summary**

Level of Implementation	Implementation Goals	Strategies to Promote Implementation	Relevant Resources
<b>Practitioner</b>	<ul style="list-style-type: none"> <li>• Housing First values</li> <li>• Housing First competencies</li> <li>• Related evidence-based practices (illness management and recovery, dual diagnosis, supported employment; trauma-informed care)</li> <li>• Cultural competency/safety</li> </ul>	<ul style="list-style-type: none"> <li>• Staff selection</li> <li>• Training</li> <li>• Coaching (supervision, consultation)</li> <li>• Communities of Practice</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships for Health System Improvement/Mental Health Commission of Canada Training, Technical Assistance and Networking</li> <li>• Online training resources</li> <li>• Homelessness Partnering Strategy funding can be used for training</li> </ul>
<b>Team</b>	<ul style="list-style-type: none"> <li>• Effective within-team practices and protocols, including related evidence-based practices</li> </ul>	<ul style="list-style-type: none"> <li>• Training</li> <li>• Coaching</li> <li>• Supportive administration/ leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships for Health System Improvement Mental Health Commission of Canada Training, Technical Assistance</li> <li>• Housing First toolkits</li> </ul>
<b>Program</b>	<ul style="list-style-type: none"> <li>• Effective working relationships among teams</li> <li>• Clear program logic model</li> <li>• Framework of accountability</li> <li>• Supportive organizational culture</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive administration / leadership</li> <li>• Performance measurement</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships for Health System Improvement/Mental Health Commission of Canada Training, Technical Assistance</li> <li>• Fidelity visits</li> <li>• Fidelity self-assessments via Partnerships for Health System Improvement and Homelessness Partnering Strategy</li> <li>• Toolkit evaluation module</li> </ul>
<b>System</b>	<ul style="list-style-type: none"> <li>• Effective inter-agency partnerships with referring agencies and complementary programs</li> </ul>	<ul style="list-style-type: none"> <li>• Systems Interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Housing First toolkits</li> <li>• Canadian Alliance to End Homelessness and Alberta system planning resources</li> <li>• Mental Health Commission of Canada engagements at regional/provincial levels</li> </ul>
<b>Policy</b>	<ul style="list-style-type: none"> <li>• Congruent policay and funding environment</li> </ul>	<ul style="list-style-type: none"> <li>• Systems interventions</li> <li>• Policy entrepreneurship</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships for Health System Improvement policy level initiative</li> <li>• Mental Health Commission of Canada</li> </ul>

# CHALLENGES & STRATEGIES

## MODULE 3 — IMPLEMENTATION OF HOUSING FIRST



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Photo: Shane Fester

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

Our consultations with stakeholders experienced in implementing a Housing First program revealed several challenges to anticipate. We organize these challenges into 10 sections:

1. Getting multidisciplinary teams to work together;
2. Working with participants in adjusting to their responsibilities as tenants;
3. Working with landlords in fulfilling their responsibilities as landlords;
4. Supporting participants in the community;
5. Dealing with difficult emotions and burnout in clinical/housing staff;
6. Reorienting program goals;
7. Developing a Housing First philosophy and sense of community;
8. Engaging people with lived experience;
9. Housing and rehousing; and
10. Ensuring Housing First model fidelity.

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



1

## Challenge: Getting multidisciplinary teams to work together

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

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

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

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

## 2. Promote ongoing communication between teams.

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

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

### **3. Develop clear protocols, roles, and responsibilities.**

Stakeholders described the importance of developing clear accountability structures, in which different teams and stakeholders can clearly identify their roles and responsibilities, and those from other teams. In addition, developing consistent protocols that can be accessed and referenced by all stakeholders is an effective strategy. For example, having a clear protocol establishing the roles and responsibilities of housing teams versus those of clinical teams, will guide all parties in their respective roles. At the Toronto site of the At Home/Chez Soi

project, housing and clinical teams actually developed their protocols together, which encouraged cooperation, sense of ownership, team-building, and clarity. Another example would be having a protocol that describes how to deal with more complex situations (e.g., a challenging tenant-landlord relationship) that is accessible to all stakeholders — landlords, participants, and housing and clinical teams. This will ensure that all stakeholders are clear on program expectations and what their roles are in working toward a resolution.

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

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

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

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

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



**3 Hots and a Cot**



To watch, go to:

<https://www.youtube.com/watch?v=xmJGC2fI3Yo>

## 2. Working with participants to reflect and learn.

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



Go to video:

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

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



**Evicted**

### 3

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

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

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

### 1. Educating landlords.

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

### 2. Solve problems collaboratively.

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

# 4

## Challenge: Supporting participants in the community

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

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

#### 1. Creating positive relationships with program participants.

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

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



Watch the videos:

- 1. [www.youtube.com/watch?v=cRBbC4fTCY0](http://www.youtube.com/watch?v=cRBbC4fTCY0)
- 2. [www.youtube.com/watch?v=k9xf\\_03\\_838](http://www.youtube.com/watch?v=k9xf_03_838)
- 3. [www.youtube.com/watch?v=IVUc-RvVL7c](http://www.youtube.com/watch?v=IVUc-RvVL7c)



1. Evicted



2. The Wound Inside



3. Works Both Ways

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

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

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

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

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

## 4. Be flexible and creative about connecting with participants.

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



*Read more:*

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

## 5. Adapt program implementation to local contexts.

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

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



### *Additional online resources:*

- 1. Implementing Housing First in rural areas: pathways Vermont*
- 2. Moving from rhetoric to reality: adapting Housing First for homeless individuals with mental illness from ethno-racial groups*
- 3. "One Focus; Many Perspectives" A Curriculum for Cultural Safety and Cultural Competence Education*
- 4. Holding Hope in our Hearts; Relational Practice and Ethical Engagement in Mental Health and Addictions*
- 5. Standards of Practice; Case Management for Ending Homelessness*



### *For more resources on this topic:*

*Spotlight: Vancouver RainCity*

## 5

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

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

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

### 1. Encourage self-care of staff

Encourage staff to try and identify when they are experiencing difficult emotions or being triggered by the experiences of participants. Tell staff that self-care is essential and create a work environment that allows staff to engage in self-care measures. For example, include “self-care days,” where staff can leave work early or take time off of work. Encourage staff to ask for help if they need it and emphasize

that asking for help does not indicate failure. Keep in mind, as well, that not all clinicians are open to the involvement of peer support workers, so you may want to try to find spaces where peer support workers feel welcome and appreciated. Additionally, some staff with lived experience may experience vicarious trauma, and staff members may experience vicarious traumatization if someone in the program dies.

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

## 2. Take advantage of team-based case management.

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

Help team members understand that burden on the teams should diminish over time. Team members should anticipate that when teams first start up, because a larger number of new participants come into the program at once, it will likely be a challenging time, before the team gets “over the hump.” The experience in the At Home/ Chez Soi project was that as case managers gained confidence and expertise in the model and began to see the benefits to participants,

the initial sense of “fragility” of the teams went away and was replaced by a sense of resilience. Even so, stakeholders suggested some strategies for ensuring that this maturing process could happen. For example, it is recommended that when teams are being formed, to be sure to secure a “critical mass” of case managers that had already had some experience with the approach, and ensure there is a proactive strategy in place for training in the case of employee turnover. Key informants also suggested that teams ensure that not too many new participants were brought into the program at once, during the initial start-up phase.



*Link to Report:*

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

## 6 Challenge: Reorienting program goals

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

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

#### 1. Meet participants where they are at.

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

#### 2. Think about alternatives to scattered-site housing.

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

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



**A Model Person**



*Video link:*

[www.youtube.com/watch?v=k7MrwFO-vc](http://www.youtube.com/watch?v=k7MrwFO-vc)



1. Will to Live



2. Waiting for Jon



3. Fall from Grace

### 3. Ensure access to external resources and expertise.

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

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

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

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

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



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

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



#### Watch NFB videos:

1. [www.youtube.com/watch?v=5rh7hrp4sV0](http://www.youtube.com/watch?v=5rh7hrp4sV0)
2. [www.youtube.com/watch?v=qwVUEsyx\\_Ic](http://www.youtube.com/watch?v=qwVUEsyx_Ic)
3. [www.youtube.com/watch?v=LJ2a7Y\\_PjPk](http://www.youtube.com/watch?v=LJ2a7Y_PjPk)

## 7

## Challenge: Developing a Housing First philosophy and sense of community

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



### *Additional Resources:*

- 1. Staff Training materials*
- 2. Development and validation of a Housing First fidelity survey*
- 3. Implementation of Housing First in Europe: Successes and Challenges in Maintaining Model Fidelity*
- 4. The Pathways Housing First fidelity scale for individuals with psychiatric disabilities*
- 5. Implementing Recovery - A methodology for organisational change*
- 6. Making Recovery a Reality*

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

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

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

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

## 2. Ensure fidelity to Housing First philosophical principles.

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

### **3. Build close relationships with landlords.**

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

### **4. Establish clear communication with funders.**

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

## 8

# Challenge: Engaging people with lived experience

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

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

### 1. Hiring peer support workers.

Active engagement of peer support workers is integral to the successful implementation of Housing First programs. It is essential to recognize that having peer support workers as part of the process in a tokenistic way is undesirable. Peer support workers must be viewed and treated as valuable individuals with knowledge, experience, and abilities about experiences of mental health and/or

homelessness that cannot be found elsewhere. Stakeholders have found that hiring peer support workers to work with participants and create social networks for participants to be highly valuable for participants and staff alike. Peer support workers can hold training sessions for service providers to advise them on how to work collaboratively with participants. They can also be part of the collaborative process. For example, involvement of

## Challenge 8: Engaging people with lived experience - cont'd

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



### 1. Working Together



### 2. Open Sky

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

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

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



### NFB Videos:

1. [www.youtube.com/watch?v=-tO2tnNdpwJw](http://www.youtube.com/watch?v=-tO2tnNdpwJw)
2. [www.youtube.com/watch?v=cfx\\_1VdpCDE](http://www.youtube.com/watch?v=cfx_1VdpCDE)



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

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

### 4. Normalize peer involvement.

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

### 5. Ensure meaningful involvement of peers.

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



#### *Additional Resources:*

- 1. Vancouver Peer Reference Group Report on Peer Support for Homelessness and Mental Health*
- 2. Stigma, Discrimination, and PWLE Knowledge Discussion Report*
- 3. Meaningful Inclusion of Consumers in Research and Service Delivery*

## 9

# Challenge: Housing & rehousing

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

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

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

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

## Challenge 9: Housing and Rehousing- cont'd

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

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

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

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

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

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

### 4. Keep flexible money available.

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

### 5. Work with landlords and participants to avoid evictions

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



#### With Love

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

Watch it here:

[www.youtube.com/watch?v=fSyYyNmX\\_Wg](http://www.youtube.com/watch?v=fSyYyNmX_Wg)



  
**10**

## Ensuring Housing First model fidelity

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

*For more detailed information about Housing First fidelity evaluations,*

*Click here:*



- 1. Development and validation of a housing first fidelity survey*
- 2. Implementations of Housing First in Europe: Successes and challenges in maintaining model fidelity*
- 3. The Pathways Housing First fidelity scale for individuals with psychiatric disabilities*

# SPOTLIGHT SECTION

## MODULE 3 — IMPLEMENTATION OF HOUSING FIRST



### Spotlight Section

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



## Implementation Highlights from the Vancouver RainCity ACT Team

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

**Team leadership, teamwork, commitment to the Housing First model, and a strong sense of social justice** were some of the key themes that emerged from the interviews. Informants expressed tremendous praise for the team leader of the RainCity ACT team. They emphasized his dedication to and curiosity with the Housing First model, which compelled him to read and learn a lot about the Pathways Housing First Model. Furthermore, it seemed that his personal values were a fit with the Housing First Model, so he was

able to lead the team and support it from a strong knowledge base and with a deep commitment to implementing Housing First according to the principles — he truly believed it was possible and so did his team. Furthermore, the team leader was flexible and calm in his approach — he embraced new ways of working with people in situations that could have created anxiety for many. The team leader understood the importance and value in hiring the "right" people — those that had worked with people with

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

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

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



Watch the video:  
[www.youtube.com/watch?v=P-h\\_NUW3PnA](https://www.youtube.com/watch?v=P-h_NUW3PnA)



### It Happened to Me

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

## Challenges

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

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

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

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

## Strengths

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

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

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

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

# About Vancouver RainCity

## ***Housing First Principles and Values:***

- People have to come to table with similar values and principles and their actions must align with their values.
- Training and technical assistance helps solidify the core values and principles of the Housing First model. Expectations about values and principles must be made clear. Information about recovery-oriented, client-oriented, and harm-reduction practices must be emphasized. A commitment to understanding the complexity of people’s lives is essential.

## ***Commitment to Problem Solving***

- The team environment must allow for different people to come to work together and develop strong relationships with each other. There needs to be a culture committed to for problem solving and blame avoidance.
- The team leader must be committed to being removed enough from the team to hold a neutral and problem solving oriented approach.

## ***Housing First Model Fidelity and Adaptation***

- “For us, being part of a research study, being held to a fidelity scale and being provided with technical assistance was critical. Finding a ‘critical mass’ of internal champions who are really curious about the model and a good fit for its values is also critical...It’s also worth mentioning that the model of ‘Housing First’ is often used in a vague way, so its helpful to use the housing first fidelity scale that was created by Pathways and the MHCC.”
- Implementation processes are not perfect. Learning to adapt and be flexible and creative while maintaining program fidelity is important.

## ***Housing and Rehousing Suggestions***

- Avoid being punitive or coercive with participants. Participant choice (including housing choice) is fundamental to Housing First implementation. Engage with participants and be creative in your approach so that participants are satisfied with their choices.
- Providing a housing subsidy is essential.
- “If the Housing First scattered-site model is new to your area, you may find it is a significant departure from how services are typically delivered, and it may well be challenging to implement the model in a high fidelity way.”
- “In Vancouver there was significant skepticism from the mental health and housing sectors about offering homeless people the opportunity to go directly into independent apartments; you may find this too and need to work through it.”
- Rehousing is an important part of the implementation process. The number of times a participant will be rehoused varies between individuals. Some participants will never go through the process of rehousing. Try to develop preventative strategies to prevent the need for rehousing, and if/when it does occur, embrace participants as partners in the process.



*Vancouver RainCity ACT logo.*

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

# MODULE 3: BONUS

## Implementation Checklist

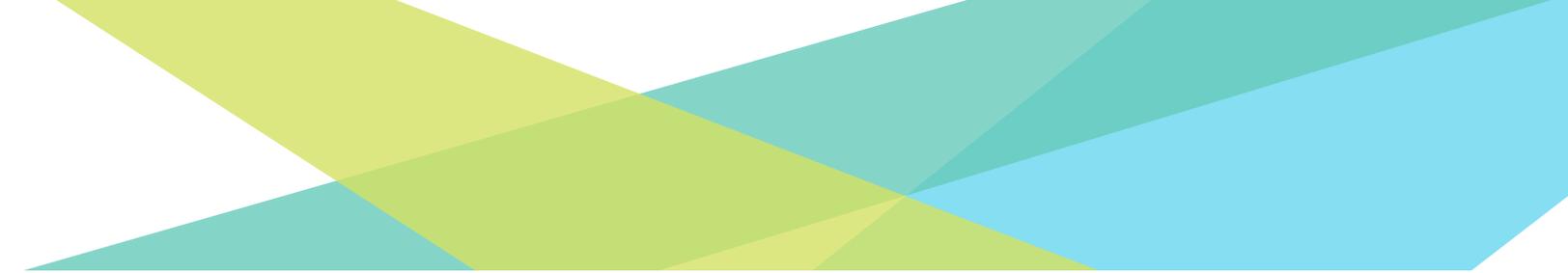
### MODULE 3 — IMPLEMENTATION OF HOUSING FIRST

- Hiring Staff and Involving People with Lived Experience**
  - Finalize the budget for program resources
  - Begin process of hiring housing and clinical/support staff, including people with lived experience
  
- Establishing Staff Supervision and Communication Protocols**
  - Plan regular (weekly) meetings with staff for support and training both separate and cross-team meetings for housing and clinical/support staff and peer workers
  
- Training Staff**
  - Provide initial training around the Housing First model (values and principles) and differentiation between roles of stakeholders/team member
  - Develop mechanisms for training of new program staff and ongoing training of continuing staff and peer workers
  
- Housing/Rehousing Participants and Providing Support**
  - Communicate the clinical needs of the target population with other stakeholders, including:
  - Complete the following with regards to housing and support services:
    - \_ Determine housing procurement options
    - \_ Create and manage budgets related to housing and rehousing
    - \_ Work with participants as they choose housing options
    - \_ Support participants during their transition to housing
    - \_ Cultivate strong relationships with landlords
    - \_ Learn from and respond to evictions and consider rehousing strategies as they arise
    - \_ Foster and strengthen community partnerships



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*Module 3  
Implementation  
Checklist*



**Providing Ongoing Supervision and Support**

- Develop staff supervision and communication procedures
- Supervise and support staff, participants, and peer workers on an ongoing basis
- Aim to learn from, improve on, and adapt to experiences with staff, participants, and peer workers while maintaining program fidelity

**Offering Ongoing/Advanced Training and Technical Assistance**

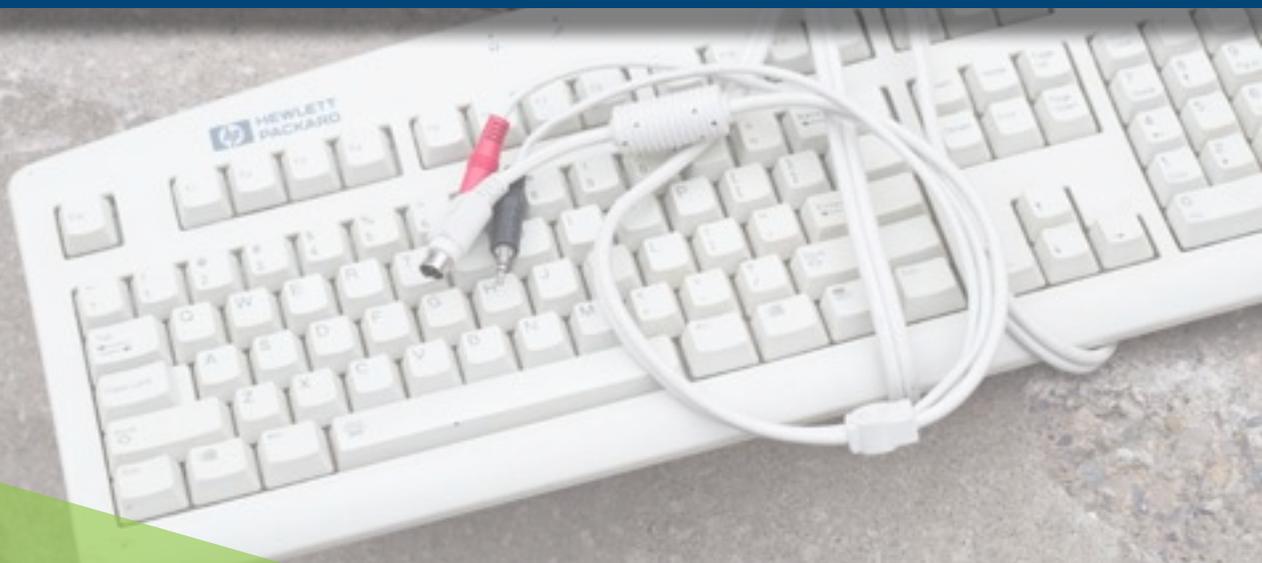
- Provide ongoing training to housing, clinical/support staff, and peer workers
- Provide additional training in areas of recovery, intergenerational trauma and trauma-informed care, addictions, motivational interviewing, harm-reduction strategies, and difficult tenancy issues
- Consult regularly with staff to determine areas where additional/ongoing training would be helpful
- Provide continued technical assistance to the program, including external expertise
- Provide advanced training through conferences and professional development opportunities
- Develop Communities of Practice as sources of continued support and learning

**Assessing and Improving the Program through Evaluation and Fidelity Assessments**

- Develop an evaluation plan and select an evaluation team
- Collect data on an ongoing basis
- Assess the program's fidelity to the Housing First model
- Provide evaluation feedback early and continually throughout implementation

# APPENDICES & RESOURCES

MODULE 3 — IMPLEMENTATION OF HOUSING FIRST



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Photo: Shane Fester

# Appendices & Resources



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

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

- **Early Implementation Report: Moncton Site**  
Aubry, Tim; Cherner, Rebecca; Ecker, John; Jetté, Jonathan; Philander, Keith | Mental Health Commission of Canada | 2012
- **Early Implementation Report: Vancouver Site**  
Schmidt, Diane; Patterson, Michelle | Mental Health Commission of Canada | 2012
- **Early Implementation Report: Winnipeg Site**  
Dudley, Michael; Havens, Matthew | Mental Health Commission of Canada | 2012
- **Early Implementation Report: Toronto Site**  
Stergiopoulos, Vicky; Hwang, Stephen; O'Campo, Patricia; Jeyaratnam, Jeyagobi; Kruk, Katherine | Mental Health Commission of Canada | 2012
- **Implementation and Fidelity Evaluation of the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-Site Report**  
Nelson, Geoffrey ; Rae, Jennifer; Townley, Greg; Goering, Paula; Macnaughton, Eric; Piat, Myra; Egalité, Nathalie; Stefancic, Ana; Tsemberis, Sam | Mental Health Commission of Canada | 2012
- **Follow-Up Implementation and Fidelity Evaluation of the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-site Report**  
Nelson, Geoffrey; Macnaughton, Eric; Caplan, Rachel; Macleod, Tim; Townley, Greg; Piat, Myra; Stefancic, Ana; Tsemberis, Sam; Goering, Paula | Mental Health Commission of Canada | 2013
- **Later Implementation Report: Moncton Site**  
Aubry, Tim; Yamin, Stephanie; Ecker, John; Jetté, Jonathan; Albert, Hélène; Nolin, Danielle; Sylvestre, John | Mental Health Commission of Canada | 2013
- **Later Implementation Report: Vancouver Site**  
Patterson, Michelle | Mental Health Commission of Canada | 2013
- **Later Implementation Report: Winnipeg Site**  
McCullough, Scott; Havens, Matthew; Isaak, Corinne; Deboer, Tracy | Mental Health Commission of Canada | 2013
- **Later Implementation Report: Toronto Site**  
Stergiopoulos, Vicky; Hwang, Stephen; O'Campo, Patricia; Jeyaratnam, Jeyagobi; Kruk, Katherine | Mental Health Commission of Canada | 2013

### ***Housing First Program Adaptation and Fidelity Resources***

- Implementing housing first in rural areas: Pathways Vermont  
Stefancic, A., Henwood, B.F., Melton, H., Shin, S.-M., Lawrence-Gomez, R., & Tsemberis, S. | *American Journal of Public Health. Field Action Report*, e1- e4. | 2013
- Moving from rhetoric to reality: adapting Housing First for homeless individuals with mental illness from ethno-racial groups  
Stergiopoulos, V. O'Campo, P. Gozdzik, A., Jeyaratnam, J., Corneau, S., Sarang, A., and Hwang, S.W. | *BMC Health Services Research*, 12, 345-359 | 2012
- Implementations of Housing First in Europe: Successes and challenges in maintaining model fidelity  
*American Journal of Psychiatric Rehabilitation*, 16, 290-312. | *Community psychology and community mental health: Towards transformative change* (Society for Community Research and Action book series). New York: Oxford University Press. | 2013
- Development and validation of a Housing First fidelity survey  
Gilmer, T.P., Stefancic, A., Sklar, M., & Tsemberis, S. | *Psychiatric Services*, 64, 911-914. | 2013
- The Pathways Housing First fidelity scale for individuals with psychiatric disabilities.  
Stefancic, A., Tsemberis, S., Messeri, P., Drake, R., Goering, P. | *American Journal of Psychiatric Rehabilitation*, 16, 240-261. | 2013
- Pathways Housing First Fidelity Scale (ACT version)  
Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. E., & Goering, P. | 2013
- Pathways Housing First Fidelity Scale (ICM version)  
Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. E., & Goering, P. | 2013
- Housing & Services Program Self-Assessment Survey  
Gilmer, T., Stefancic, A., Sklar, M., & Tsemberis, S. | 2013

### ***Implementing Recovery Resources***

- Implementing recovery: A methodology for organizational change – Policy Paper  
Shepherd, G., Boardman, J., & Burns, M. | *Sainsbury Centre for Mental Health* | 2010
- Making recovery a reality – Policy Paper  
Shepherd, G., Boardman, J., & Slade, M. | *Sainsbury Centre for Mental Health* | 2008

### ***Meaningful Inclusion of People with Lived Experience Resources***

- Meaningful inclusion of consumers in research and service delivery  
van Draanen, J., Jeyaratnam, J., O'Campo, P., Hwang, S., Harriott, D., Koo, M., & Stergiopoulos, V. | [Psychiatric Rehabilitation Journal](#), 36, 180-186. | 2013
- Stigma, Discrimination, and PWLE Knowledge Discussion Report  
[Mental Health Commission of Canada](#) | 2013
- Vancouver Peer Reference Group Report on Peer Support for Homelessness and Mental Health  
[Mental Health Commission of Canada's At Home/Chez Soi Project](#) | 2013

### ***Case Management Resources***

- Intensive Case Management Service Standards for Mental Health Services and Supports  
[Ontario Ministry of Health](#) | 2005
- The Six Dimensions of Promising Practice for Case Managed Supports to End Homelessness  
[Milaney, Katrina](#) | [Calgary Homeless Foundation](#) | 2012
- Dimensions of Promising Practice For Case Managed Supports in Ending Homelessness  
[Calgary Homeless Foundation](#) | 2011
- Standards of Practice: Case Management for Ending Homelessness  
[Calgary Homeless Foundation](#) | 2011

### ***Mental Health Commission of Canada's Cultural Safety Reports***

- Holding Hope in our Hearts: Relational Practice and Ethical Engagement in Mental Health and Addictions  
[Mental Health Commission of Canada](#) | 2013
- One Focus; Many Perspectives: A Curriculum for Cultural Safety and Cultural Competence Education  
[Mental Health Commission of Canada](#) | 2013

### ***Self Training Materials***

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



Download the  
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[Implementation  
Checklist](#)



For additional  
resources on  
Housing First:

[Click to visit the  
Homeless Hub,](#)



### **Additional Implementation Articles**

- Exploring the value of mixed methods within the At Home/Chez Soi housing first project: a strategy to evaluate the implementation of a complex population health intervention for people with mental illness who have been homeless  
Macnaughton, E.L., Goering, P.N., & Nelson, G.B. | *Canadian Journal of Public Health*, 103(Suppl. 1), S57-S62 | 2012
- Housing for people with lived experience of mental health issues: Housing First as a strategy to improve quality of life.  
Nelson, G., Goering, P., & Tsemberis, S. | In C. Walker, K. Johnson, & L. Cunningham (Eds.), *Community Psychology and the socio-economics of mental distress: International perspectives*. New York: Palgrave Macmillan. | 2012
- Early implementation evaluation of a multi-site housing first intervention for homeless people with mental illness: A mixed methods approach  
Nelson, G., Stefancic, A., Rae, J., Townley, G., Tsemberis, S., Macnaughton, E., Aubry, T., Distasio, J., Hurtubise, R., Patterson, M., Stergiopoulos, V., Piat, M., & Goering, P. | *Evaluation and Program Planning*, 43, 16-26. | 2014
- Implementation Checklist  
Canadian Housing First Toolkit | 2014
- Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation  
J, Durlak; E, DuPre | *Am J Community Psychology*; 41(3-4):327-50 | 2008
- Core Implementation Components  
Fixsen, D.; Blase, K.; Naoom, S.; and Wallace, F. | *Research on Social Work Practice*; vol. 19 no. 5 531-540 | 2009
- What are the levels of implementation?  
Canadian Housing First Toolkit | 2014
- Implementation Evaluation of a Peer Supportive Housing in the Moncton At Home/Chez Soi Project  
Yamin, Stephanie; Aubry, Tim; Jette, Jonathan; Bourque, Jimmy | *Mental Health Commission of Canada* | 2013

### **Housing First Books**

- Housing First in Canada: Supporting communities to end homelessness.  
Gaetz, S., Scott, F., & Gulliver, T. | Toronto: Canadian Homelessness Research Network Press. | 2013