

IMPLEMENTATION EVALUATION REPORT FOR MENTAL HEALTH COMMISSION OF CANADA'S AT HOME/CHEZ SOI PROJECT: MONCTON SITE

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I. INTRODUCTION

This report presents the results from the evaluation of implementation of the At Home Project / Projet Chez Soi in Moncton. The Moncton site is one of five projects initiated across Canada and funded by the Mental Health Commission of Canada (MHCC). In addition to Moncton, the At Home/Chez Soi project is being implemented in Montreal, Toronto, Winnipeg, and Vancouver. It is part of a 5-year research demonstration project testing programs intended to assist people with a mental illness who have experienced housing problems of a long-term nature.

The current report focuses on the evaluation of implementation of the At Home / Chez Soi program in Moncton over a 17-month period from its start-up in October 2009 to March 2011. The data for the evaluation was collected over a five month period from October 2010 to March 2011. The purpose of this report is to present a qualitative description of the implementation of the program from the perspective of the different stakeholder groups.

The evaluation of implementation is intended to complement an assessment of the fidelity of the program conducted in August 2010 by an external team of evaluators that included Paula Goering, Research Lead for the At Home / Chez Soi project, Juliana Walker, a staff member from *Pathways*, and two other external evaluators knowledgeable about Housing First and Assertive Community Treatment (ACT) programs. The team assessed the Moncton program with regard to its adherence to a set of standards developed by *Pathways* in collaboration with members of the National Research Team of the At Home / Chez Soi project.

The research questions guiding the evaluation of implementation were the following:

(A.) Program Theory

- (i) What are perceived as the critical ingredients of the program?
- (ii) What are the early and anticipated longer-term outcomes of the program?

(B.) Program Implementation

- (i) What is the nature and quality of the relationships among program stakeholders?
- (ii) What is the nature of consumer involvement in the program?
- (iii) What structures are in place to facilitate the implementation of the program?
- (iv) What resources are available for the implementation of the program?
- (v) How have program staff valued being part of the program?
- (vi) What changes are suggested by stakeholders to improve the program?

(C.) Contextual Issues

- (i) What are adaptations of the program to the local context?
- (ii) What are contextual influences on the implementation of the program?
- (iii) What are local innovations of the program?

Based on the findings, the report concludes with a synthesis that discusses aspects of program implementation that are working well, aspects of program implementation that are not working well, cross-cutting themes or issues, and lessons learned.

II. CONTEXT

Site Description

The location of the At Home / Chez Soi site is in the Greater Moncton region of the Province of New Brunswick. Greater Moncton includes the Cities of Moncton, Dieppe and the Town of Riverview. The Greater Moncton area population is approximately 130,000 with it having experienced a growth of 6.5% between 2001 and 2006. The language composition of the population is approximately 62% Anglophone and 35% Francophone (City of Moncton, 2011).

Approximately 70% of dwellings in the Greater Moncton region are owned with the remaining 30% being rental units. With respect to core housing needs, there have been positive improvements noted in housing adequacy, suitability and affordability since 1991. In particular, the percentage of rental dwellings considered in “core housing need”¹ decreased from 33% to 25% over the 20-year period from 1991 to 2001 (Human Resources and Social Development Canada, 2007).

As well, level of income has increased for both homeowners and renters since 1991. On average, approximately 30% of disposable income for renters is used to cover housing costs. In contrast, those living in rental situations identified as “in core housing need”, spend approximately 45% - 50% of their income on housing related expenses. This trend has remained constant from 1991 to the present (Human Resources and Social Development Canada, 2007).

There have been some small, incremental financial increases in income assistance and minimum wage. One of the significant gaps in policy that used to affect the living conditions of many renters in New Brunswick was the absence of provincial standards to regulate the safety and suitability of rooming and boarding houses. However, as of April 2010, tenants of rooming and boarding houses are protected under the *Residential Tenancies Act*. The Community Plan Assessment Framework (2007) identified approximately 15,500 individuals at potential risk of homelessness in the Greater Moncton area. These individuals were identified as living in substandard rental units (in core housing needs), as well as experiencing significant financial demands related to covering their basic shelter and living costs (approximately 50% of income dedicated to shelter/housing costs).

The location of the proposed rural arm of the Moncton site study is in the Southeast region of the Province of New Brunswick. The Southeast region is within a 60 minute drive of Greater Moncton and covers a region stretching over 2000 square kilometers. The region is made up of a variety of small municipalities and service districts that range in population from a few hundred up to four or five thousand. There are approximately 40,000 people living in the Southeast region of the province

¹ A household is said to be in core housing need if its housing falls below standards in terms of adequacy, suitability, or affordability and it would have to spend more than 30% of its before-tax income to pay the median rent of alternative local housing that meets all three standards. (Cooperative Housing Federation of Canada, 2007).

Characteristics of the Homeless Situation

Based on existing sources of data, the number of homeless individuals who received services from shelters in the Greater Moncton area in 2006 is 946 (Human Resources and Social Development Canada, 2007). This outcome reflects the annual number of individuals served by the two largest shelters (in the City) (689 male adults; 177 female adults; and 80 children).

In 2010, a total of 682 clients, representing 425 different individuals, had stays at the House of Nazareth shelter in Moncton (Greater Moncton Homelessness Steering Committee, 2011). In contrast, a total of 737 clients had stays at the House of Nazareth in 2009. The average length of stay for consumers at the House of Nazareth was a little over 6 days in both years. Overall, a total of 4,259 beds at the House of Nazareth were used in 2010 and 4,550 beds in 2009 representing a small drop in shelter use.

Description of Housing First Group

The experimental intervention for the Moncton site is a supported housing approach based on the *Pathways to Housing* approach originally developed in New York City (Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis, 2005; Tsemberis, 1999; Tsemberis & Eisenberg, 2000; Tsemberis, Gulcur, & Nakae, 2004). Specifically, the intervention includes a combination of ACT and subsidized housing in the private rental market.

Assertive Community Treatment (ACT)

The target population for ACT at the Moncton site are individuals with persistent mental health problems and with either moderate need or high need. The main objective of the ACT team is to provide consumers with needed treatment, rehabilitation or support services to facilitate their successful functioning in the community context.

Members of the ACT team are employees of the Regional Health Authority A and B. For some positions, this has required transfers within the Health Authorities, secondment from other public service departments, or the hiring of new personnel. The staff composition is set at 10 FTE representing a mix of mental health disciplines that includes a nurse practitioner, psychiatric nurses, occupational health therapist, home economist, psychologist, social worker, human resources counsellor, physician clinical director, and consulting psychiatrists. The team also includes a peer support worker who is an individual with lived experience of mental illness and addictions. There is also a team leader with training in psychiatric rehabilitation who is available to deliver clinical services to consumers as needed.

The ACT team is intended to provide follow-up clinical services for 100 consumers in the Greater Moncton area. The ACT services operate with a consumer to staff ratio of 10:1 which is the standard for ACT allowing for the delivery of intensive services. Members of the ACT team collaborate and support one another in the provision of daily services to consumers. This may include sharing common roles and functioning interchangeably with respect to execution of case planning and service delivery activities while still respecting areas of specialization and limitations associated with professional competencies. All team members have responsibilities

related to participation in delivery of core program services including outreach and consumer engagement, screening and comprehensive assessment, clinical treatment and counselling, case management and review, community service collaboration and consultation, and file management.

In addition, there are three rural service providers located out of the mental health clinic in Shediac who work in close collaboration with the ACT team in Moncton. The rural service providers provide services and support for 25 consumers living in the Southeastern New Brunswick region. Prior to being admitted for services from the rural service provider, consumers lived either in Special Care Homes, with their families, in rooming houses, or were homeless. Upon admission into the program, consumers in the rural region moved into their own housing to live independently.

The rural arm of the ACT team will operate with a consumer to staff ratio of approximately 8:1 which is a common standard for delivering ACT services in rural regions. Members of the rural ACT team collaborate and support one another in the provision of daily services to consumers. Each consumer is assigned a primary and secondary case manager from the rural ACT Team. The Physician Clinical Director located on the Moncton ACT team assumes primary responsibility for monitoring the status and response to treatment for the rural consumer.

In line with ACT delivered in the *Pathways* model, the Moncton and rural members of the ACT team are expected to deliver a complete range of services, including treatment of psychiatric and medical conditions, rehabilitation, crisis intervention, integrated addiction treatment (harm reduction approach), vocational assistance, as well as any other needs identified by the patient. The service approach is informed by recovery principles assisting consumers to adopt valued social roles and become integrated in the community. Although the ACT team assists consumers to access needed resources in the community, they assume primary responsibility and are expected to provide most of the mental health services they need.

Upon admission to the ACT program, a service plan is developed in collaboration with the consumer at the first meeting. The ACT team works closely with a housing worker to help consumers quickly find housing that they choose and can afford with the rent supplement. Although the housing worker is not a formal member of the ACT team, he or she works closely with the team to assist consumers with selecting housing, negotiating with landlords, moving into housing, and adapting to the new living situation as a tenant. The housing worker also is involved in assisting consumers with mediating with landlords when housing problems are encountered.

In line with the *Pathways* program, consumers are required to have minimum of one visit per week from an ACT team member; however, they can choose whether or not they want to participate in treatment and a harm reduction approach to substance use is adopted as they are not expected to stay abstinent. Clinical services are organized around an individual's service plan developed in collaboration with the consumer to assist them in the direction of recovery.

Staff services are available from 8:30 a.m. until 10 p.m. seven days per week. Evening hours include provision of outreach and crisis response responses which are supported by the existing Mental Health Mobile Crisis Unit of the Regional Health Authority. The ACT team office for the Greater Moncton area is located in close proximity to the downtown core. The selected site is in a convenient central location to facilitate team members' contact with consumers. The office for the rural service providers is located at the Shediac mental health clinic.

The ACT team holds daily organizational meetings to review consumers' progress and the outcomes of the most recent staff-consumer interactions including appointments, informal visits, or emergency after-hours responses. In addition, members collaborate to develop a team work schedule to coordinate key treatment and support activities for consumers. This organizational meeting is held at the beginning of each work day and lasts for approximately one hour. The daily team work schedule provides a summary of all consumer activities to be completed for the given day. Members of the rural team participate in these meetings through teleconference.

The organizational team meetings provide a daily opportunity for primary case managers to receive peer feedback, consultation and supervision from the full ACT team. In addition, the primary case managers are responsible for maintaining accurate consumer records, detailing information about the consumers' mental health condition (e.g. onset, course, diagnosis, target symptoms) current assessment results, treatment and rehabilitation plans, as well as support services provided.

Following the organizational staff meeting, team members depart into the community to fulfill their assigned support and treatment related activities. The ACT Team Manager is responsible to monitor the work activities of the various team members and to modify the schedule to address unplanned consumer needs or crisis type situations.

The Physician Clinical Director, in collaboration with the Team Manager assumes primary responsibility for monitoring the status and response to treatment for each consumer. In addition, they provide operational and clinical supervision of all team members.

Subsidized Housing

Consumers who are randomly assigned to Housing First Services are provided with subsidized housing. This service aspect is coordinated by a Housing Worker who is located at the United Way of Greater Moncton and Southeastern New Brunswick. In particular, the Housing Worker delivers this service component through the following steps: (1) identifying private market housing that meet the needs of consumers based on their personal preference, (2) accompanying consumers to visit available apartments, (3) negotiating lease agreements with landlords, (4) helping consumers move in and set up their apartments, (5) providing necessary support to assist consumers to adapt to their new living situation, and (6) serving as a mediator between landlords and tenants if problems are encountered. The Housing Worker also attends ACT team meetings as necessary to participate in service planning for tenants.

A key feature of the Housing First approach is the provision of a rent supplement to ensure that participants pay a maximum of 30% of their income for housing. Given the housing situation in Moncton that includes a relatively high vacancy rate and a long waiting list for social housing, all of the consumers of the program have moved into private market housing. The delivery of housing and support services is provided without any pre-conditions of housing readiness; however consumers must be willing to have a reasonable portion of their monthly income allocated directly to cover rent expenses. They must also agree to meet with an ACT team member program staff at least once a week to discuss their current housing situation and any areas of need or concern.

Description of Care as Usual Group

Participants in the treatment as usual group receive whatever other services and supports are available in the community other than the experimental program. These can include the range of longer-term services available through the community mental health centres (CMHCs) such as case management, community support, and rehabilitation as well as the community supports provided by other settings detailed above such as re-integration services, transitional and housing programs, and outreach services. It is recognized that the elements making up some of these services will be the same as those of the experimental intervention.

Relative to the other sites participating in the At Home / Chez Soi project, Moncton is the most resource deprived in terms of housing and community mental health services. There are two organizations in Moncton providing long-term supportive housing: (1) Alternative Residences Inc. which offers 30 units for mental health consumers that can accommodate up to 76 individuals; twenty-six of the 30 units are apartments and the other four are 24-hour supervised residences; the maximum stay is set at two years; and (2) Future Horizons Housing Inc. which has 12 units (3 two-bedrooms & 9 three-bedrooms) available for consumers of Headstart Inc. and offers a range of support services along with the housing (Greater Moncton Homelessness Steering Committee, 2008). The provincial Department of Social Development has 647 units of social housing available in Greater Moncton. As well, it provides rent supplements for another 669 units in the private housing market. There are no supports tied to any of these units.

Publicly-funded mental health services are delivered in Moncton and in the adjoining rural region through CMHCs, tertiary and secondary facilities, and psychiatrists in private practice. The tertiary and secondary facilities and psychiatrists in private practice are located in Moncton. These services are managed and operated by two regional health authorities, Regional Health Authority A and Regional Health Authority B.

CMHCs are the main source of services delivered in the community and these are organized under three core programs: (1) acute services (i.e., 24-hour crisis intervention, short-term therapy prevention, consultation and service delivery coordination), (2) child and adolescent services (i.e., individualized assessment and treatment, service provision for all family members), and (3) adult long-term services (i.e., treatment, monitoring, psycho-social rehabilitation) (Health Systems Research and Consulting Unit, 2009). Types of services

delivered by these programs include case management services, community support services, and rehabilitation services (Health Systems Research and Consulting Unit, 2009).

Addiction services deliver counselling and withdrawal management support for individuals with problem substance use. Programs available in Greater Moncton include a detoxification centre, outpatient counselling, health promotion, and wellness activities and school-based youth support services.

III. METHODOLOGY

Description of the Sample

All staff members of the ACT team, the Physician Clinical Director, ACT Team Manager, Housing Lead, Site Coordinator, Housing Staff, Co-lead Researcher, a select group of consumers of the program, and a select group of landlords were invited to participate in either a focus group (i.e., ACT staff and consumers) or interview (i.e., key informants and landlords). Data collection was conducted between October 2010 and March 2011.

A total of three focus groups were conducted with staff members of the ACT team, two involving staff (N = 6; N = 3) working predominantly with consumers living in Moncton and the other involving staff (N = 2) working exclusively with consumers in the rural region. A total of nine key informant interviews were completed with the Physician Clinical Director, ACT Team Manager, Housing Lead, consulting psychiatrists (N = 2), housing staff (N = 2), Co-lead Researcher, and MHCC Site Coordinator.

Program consumers for the focus groups were selected by two research coordinators overseeing the recruitment of participants in Moncton and the rural region. The selection by research coordinators was intended to have diverse participants from the standpoint of sex, age, primary language, and level of functioning. As well, selected consumers were judged as being able to participate in a comfortable manner with peers in a focus group. A total of three focus groups were conducted with consumers (N = 14) of which two involved consumers living in Moncton (N = 9) and one had consumers living in the rural region (N = 5).

A member of the housing staff selected a group of 18 landlords who had at least 6 months experience with renting units to program participants. The selection of landlords was intended to reflect diversity from the standpoint of number of units rented to program participants, length of time involved renting to program participants, nature of experience with program participants, and location of rental units (i.e., Moncton or South-Eastern New Brunswick). Of the 18 landlords invited to participate, a total of 11 were interviewed.

Methodological Steps

Common focus group and key informant protocols developed by the national qualitative group for the five At Home / Chez Soi sites were used. Areas of focus in the protocols included: (1) critical program ingredients, (2) anticipated program outcomes, (3) nature and quality of relationships among stakeholders, (4) program structures and governance, (5) consumer

involvement, (6) program resources (7) program adaptations to the local context, (8) program sustainability, and (9) suggestions for program changes.

Researchers at the Moncton site developed the landlord interview protocol with input from the housing staff and members of the Local Advisory Committee. Landlord interviews focused on the perceptions of landlords of At Home / Chez Soi participants, perceived advantages and disadvantages to renting to program participants, experiences with program participants, and suggestions for improving communication between landlords and the program.

Research team members conducted the focus groups with ACT staff and consumers from Moncton at the Manse (Moncton ACT team office) and with ACT staff and consumers from the rural region at the mental health clinic in Shediac. Focus groups with ACT staff were approximately 90 minutes in duration. Focus groups with program participants were also approximately 90 minutes in duration. Key informant interviews were 30-45 minutes in duration.

For landlord team interviews, research team members sent out a letter of invitation to selected landlords explaining the purpose and demands of the study. Landlords were given the option to be interviewed in person or by telephone. Subsequent to sending the letter, research team members phoned each of the landlords to determine interest and type of interview as well to schedule a time. Of the 11 landlords who accepted to be interviewed, 9 were interviewed over the telephone and 2 were interviewed in person. Consent forms, invitation letters to landlord, and interview protocols that were used with participants are presented in appendices at the end of the document.

Coding Analysis

All focus groups, key informant interviews, and 10 of 11 landlord interviews were audio-recorded and transcribed. The tape-recorder malfunctioned for one of the landlord interviews conducted over the telephone. As a result, the interviewer produced extensive notes from memory immediately after the call to reconstruct the content of the interview. Research team members conducted thematic coding of transcripts intended to answer the aforementioned research questions guiding the evaluation of implementation.

Establishment of Quality of Data

Initial coding of themes related to most helpful program components on transcripts was conducted by all members of the research team. Subsequently, coded themes were compared and discussed until a consensus was achieved on a set of common themes. Following this initial process, research team members conducted thematic coding related to different research questions in pairs. To verify and establish the quality of the data, the paired research team members coded the themes associated with assigned research questions on a small number of the same transcripts together and conciliated their results to a consensus. Subsequently, one of the members of the research team completed the coding of themes and the final results emerging from this coding were verified by the two members. A final verification of the coded themes related to research questions was conducted either by all of the members of the research team together or by the pairs assigned to a particular question.

IV. FINDINGS

Program Theory

(i) What Are Perceived as the Critical Ingredients of the Program?

In presenting findings on critical ingredients, we have grouped them into the areas of housing and support. Overall, key informants, ACT staff, and consumers shared similar perspectives on the housing and support elements that are key components in the At Home / Chez Soi program.

Housing

Access to affordable housing. Access to housing was identified by both consumers and program staff as a critical ingredient of the At Home / Chez Soi program enabling consumers to achieve the necessary stability in their living situation to then begin to work on other issues, such as employment. The housing was described by program staff as providing consumers with security. A key component facilitating this access to affordable housing was the rent subsidy. Consumers identified the rent subsidy as particularly important, providing them a sense of security as they have housing that they can now afford over the long-term.

Housing First philosophy. Several components of the Housing First philosophy were identified as helpful by all stakeholders. Personal choice, including the option to participate in treatment separate from the housing, was viewed as important. A staff member noted that consumers are viewed as experts in the Housing First perspective and that staff learn from consumers, rather than consumers simply responding to staff expectations. Consumers were able to maintain access to the program even if they continued to use substances. Consumers reported feeling valued, regardless of whether or not they were clean and sober. Staff viewed this philosophy as contributing to their success in engaging consumers and developing a positive relationship with them.

“Well, I think it is all about value. That you’re valued wherever you are as a person. It’s not you have to be clean, sober, and straight and functioning as most of the world does to be accepted and valued. So I think that’s a big part of it.”(KI2, 32-5)

“Ce qui ressort le plus dans tout cela c’est toujours le choix du consumer. Alors le choix du logement, le choix de l’individu d’accepter un suivi thérapeutique ou tout simplement accepter que nous soyons présents sans avoir besoin d’intervenir, fait que se sont des éléments essentiels à ce projet ici. ” (KI7, 23-6)

« Tu peux faire des erreurs puis ils ne t’abandonnent pas. » (FG4, 217)

The independence promoted by the Housing First philosophy was identified as a critical ingredient on several levels. Staff reported that it was important for them to assist consumers to develop independence and responsibility over their lives. Consumers noted their satisfaction with living independently and having their own private space in which they could do as they pleased.

Landlords. The relationships with landlords in the community were perceived as a critical ingredient to the success of the program. Without the landlords, it would not be possible to access affordable housing of good quality and enable the operation of the program. In most cases, it was noted by key informants and staff that landlords have been usually understanding and willing to continue to house consumers despite some difficulties. Key informants identified the partnership with the United Way as crucial in developing good relationships with landlords due to their extensive previous experience and connections in the private sector.

Support

Staff support. The staff support available to consumers was considered by all program stakeholders as a critical ingredient of the program. The knowledge that regular and frequent support is available by the program was viewed as particularly important in assisting consumers to move forward in their lives. Key informants and staff noted that the consumer to staff ratio is low allowing for fairly intensive services to be delivered to consumers. This intensive support was viewed as assisting consumers to begin integrating themselves into daily life.

The intensive support provided by the program was also viewed by key informants and staff as enabling the program to focus on prevention, rather than always reacting to crises. In particular, it was believed that staff could more concretely facilitate consumers' engagement in new activities and access to other services. As well, the intensity of the services allowed staff to follow consumers more closely and regularly ensure that they receive the required services. With the regular follow-up, problems can be detected more quickly. Quick follow-up was perceived as a very important ingredient of the support provided by the program.

« Faut être disponible pour ces gens là, il faut être flexible pour ces gens là. Si nous n'avons pas la possibilité de répondre à leurs demandes quand ils nous ouvrent une petite porte pour être capable de le faire si on n'est pas présent, on va manquer cette opportunité là de les embarquer dans un processus de changement. » (KI7, 99)

Staff indicated that their support was also helpful for consumers in learning how to maintain their housing, as some consumers had not lived in housing for some time. Consumers noted that initially their conversations with staff involved more small talk, but as they spent more time with staff, they would gradually begin to discuss personal issues with which they were struggling. Consumers reported that the staff support has been helpful to them in dealing with different difficulties.

"I'm just going to say it straight. I've had troubles with my mental illnesses. And basically, since coming through here, I've been able to overcome them, by them coming to visit me and whatever." (FG3, 407)

« Y sont tout le temps là pour nous autres. » (FG4, 74)

Range of support. Staff and consumers noted the wide range of assistance being provided to address diverse needs such as vocational support, cooking, laundry, grocery shopping, paying bills, scheduling, organization, and budgeting. The provision of support in a wide range of areas

was considered an important ingredient of the program. Some consumers also mentioned the helpful support they were receiving around family relations.

Access to community resources. In addition to the services provided directly by program staff, another important component of the At Home / Chez Soi program identified by all program stakeholders was the assistance related to accessing resources in the community, such as health care and social services. It was noted by staff that the different professional backgrounds represented on the ACT team has facilitated their tapping into community resources for consumers instead of needing to develop new services internally to the At Home / Chez Soi program. Consumers noted that when they identify themselves as At Home / Chez Soi participants to other care providers, they perceive that they receive more respect and get better services. Consumers recognized that staff members made significant efforts to help them find other resources in the community that they require.

« Anything que tu veux demande puis si ils peuvent pas le faire ils vont continuer à chercher jusqu'à temps qu'ils trouvent la réponse. » (FG4, 88-9)

Home visits. Staff and consumers alike perceived the home visits to consumers' homes as extremely beneficial. Staff noted that you get a clearer sense of consumers' lives when you see them in their home environment. Staff members also believed that home visits contributed to developing positive and open relationships with consumers.

Multidisciplinary team. Another critical ingredient of support noted by key informants and staff was the multidisciplinary make-up of the ACT team with a range of professions represented. This multidisciplinary make-up was viewed as enabling the ACT team to respond to a greater range of consumer needs which were perceived as often complex. Staff members appreciated the multidisciplinary team for the possibility of offering holistic care to consumers, the ease with which services can be coordinated internally for consumers, and for the opportunities to further their knowledge through contact with colleagues from other disciplines. Consumers also expressed appreciation for having a wide range of needs addressed by the ACT team.

« Je trouve aussi que c'est une approche intéressante, avoir un regard multidisciplinaire sur des problèmes qui sont des problèmes complexes qui touchent plusieurs domaines, quand on parle de l'habileté de la personne de fonctionner socialement, à prendre soin d'elle-même, qui a des problèmes de santé mentale, de consommation ça fait appel à diverses expertises, alors de pouvoir offrir ces diverses expertises là dans un même suivi je pense que c'est important. » (KI4, 19-27)

Staff commitment. Consumers expressed an appreciation for staff members being available outside regular workday hours. Staff and key informants reported that the At Home / Chez Soi team is very dedicated to the program, and perceived the team as passionate about their work. This commitment was considered a key contributor to the program's success.

“There's huge commitment to making a Housing First approach because we're so accountable to our landlords, to the community, to our participants. (...) we've set the

standard high, our commitment level pretty high. We've got to live up to those things now." (K18, 315-7)

Transportation. Staff and consumers noted that the provision of transportation was an essential service provided to consumers enabling them to make appointments and get groceries. The importance of transportation as part of the complement of services was identified by staff and consumers in both Moncton and the rural region. However, it was noted as being particularly critical for consumers in the rural region.

Relationships. Relationships between staff and consumers and relationships among consumers themselves were considered by staff and consumers as important ingredients of the support. Some consumers were helping each other, such as driving others around, or providing support and company to each other. There was recognition among key informant and staff that this was an area that could be developed further.

(ii) What are the Early and Anticipated Longer-term Outcomes of the Program?

In line with the research question, the early outcomes are grouped together and presented first followed by the anticipated outcomes. Early outcomes refer to outcomes perceived by key informants and staff or reported by consumers as being achieved for some consumers after a short period in the program. Anticipated longer-term outcomes are outcomes targeted to occur after a longer period in the program.

Early Outcomes

Improved functioning. Staff and key informants reported that, in general, consumers presented as being more functional and organized in comparison to their presentation at the time of their admission to the program. Consumers also indicated perceiving themselves as having improved functioning and being better able to focus on their challenges and recovery. Some consumers reported that they have begun to develop new social networks. One consumer discussed how since his involvement with the program his family relations have improved after a family member gave him another chance. Another consumer noted increased autonomy and responsibility for aspects of his life for which he previously did not take responsibility. Several consumers stated that the program has transformed their lives in a positive manner and reported that they noticed others in the program also doing well. Staff noted that although it can be easy to focus on the few consumers who are really struggling, many are doing well.

"It's like getting all of the little problems taken care of, so you can figure out what the big ones are. So in my case, I got away from where I didn't want to be living. I got my own place. Didn't have to worry about anyone else's problems intruding on me. I could start focusing on mine. It let me figure out...get medication, get out of the house more, instead of just...get out of the house for the right reasons. Instead of just to get away from the smell of dope 24 hours a day, that other consumers and other neighbours had. And uh, medication led to being more social and better networking and getting a girlfriend. So it gets better and better." (FG3, 432-8)

“J’ai jamais été aussi bien que depuis que je suis dans le programme ici. » (FG4, 94)

A key informant recounted how a member of the community commented to him or her about consumers appearing to have changed in a significant and positive manner with the support of At Home / Chez Soi. As well, key informants reported that staff working for the Department of Social Development in Moncton has noted a decrease in “*anxiety*” and “*transience*” within their system. It was also noted by a key informant that a particular shelter (House of Nazareth) has recently had empty beds, something which has been quite uncommon for this agency. Anecdotally, a key informant also perceived that there are fewer “*visible*” homeless individuals on the streets. As well, the key informant suggested that there has been a decrease in cost to the RCMP and to the hospital because of consumer support by At Home / Chez Soi.

Although some consumers noted that they still struggle with their mental health, many stated that their mental health has improved. For example, one consumer reported that his life has changed and that his depression has been alleviated. Other consumers reported that the support from the program has helped them to overcome their mental illness. As a result of their better functioning, consumers reported having set personal goals related to education, employment, and health.

Staff and key informants described an increased trust on the part of consumers, such as consumers allowing staff into their homes and being honest about substance use. A consumer reported that, at first, he was reluctant to trust anyone, but has now begun to be more forthcoming and to discuss things with the staff.

Improved self-perceptions. Some consumers reported that they had become more assertive with others. Staff members also indicated noticing that some consumers demonstrated more pride in themselves.

« Je suis certaine qu’ils ont une certaine fierté, que je trouve qu’il avait pas avant, il a une certaine envie d’être bien qui avait pas avant, même les plus gros, les plus compliqués, il a certain plus grande fierté de lui-même que moi je ne voyais pas avant, avant... » (FG6)

One consumer noted that participating in At Home / Chez Soi had given him more “*courage*”. A consumer reported feeling more equal to others and having more self-confidence. One consumer stated that she was not satisfied with her previous housing situation, so she actively searched for new accommodations and attended apartment viewings independently. A key informant also agreed that the consumers seem to be more self-assured and self-confident. Related to this increased self-confidence, consumers reported having more optimism about their lives, contrasted with previous pessimism.

Consumers also noted having a greater appreciation for life. One consumer reported that he feels “*good now*”, rather than “*bad*” about himself and about his life. A key informant noted that with an increased ability to take care of themselves combined with having a home to shower and keep possessions, consumers develop a new and better perspective of themselves. In line

with this improved perspective, program staff reported that consumers can have a better quality of life now that they have a secure and stable home.

Improved financial situation. Consumers reported having improved finances compared to their situation prior to being in the program. They described previous difficulties covering the costs of housing. They indicated that now they have money to take care of basic needs such as covering housing-related costs and buying food.

Reduced substance use. Staff and key informants noted that it was important to be able to recognize the small successful steps made by consumers, such as a reduction in substance use. In line with this observation, some consumers reported that they were making efforts to decrease their drug use. Staff and key informants suggested that it is important to maintain realistic expectations and, that without acknowledging the small successes, it is easy to become discouraged.

Anticipated Outcomes

Decreased use of health care. A key informant reported that consumers are now healthier and are better able to afford healthy food. In the long term, it was expected that fewer consumers will need to be hospitalized or visit the hospital emergency room.

Improved mental health and recovery. Key informants and staff anticipated that consumers' mental health would improve over the long term as a result of the security and intensive support offered by the program, improved life skills, and eventual employment in some cases. Key informants and staff expected that it was possible to assist consumers to address their mental health problems and achieve some stability in functioning. Over the long term, they perceived consumers as being able to develop independence and live autonomously with their mental health issues stabilized with medication.

Employment. Staff reported that some consumers are beginning to get involved in the workforce through paid and volunteer positions. Some consumers corroborated this involvement in the workforce. Other consumers have expressed an interest and are developing plans for future employment. Being employed is a change for consumers, and staff described some of them who were employed finding it to be a challenge. Although At Home / Chez Soi staff reported that they were supportive of consumers' employment, it was noted that the program would benefit from further development of employment support as part of its core services.

Community integration and acceptance. It was anticipated by staff and key informants that consumers would become integrated into the community, particularly through employment. Consumers would also become better integrated by developing more trust of those around them, including the At Home / Chez Soi staff. Related to achieving better community integration, key informants anticipated that the positive outcomes of At Home / Chez Soi consumers would lead community residents to accept the program and its consumers. In other words, the success of the At Home / Chez Soi program would serve over the longer-term to improve the perceptions of people with mental health problems living in the community.

Safety. A key informant reported that the safety of the consumers was an important anticipated outcome. This safe environment would allow consumers to make independent choices, without worrying about potential harmful consequences, such as physical abuse and victimization.

Maintaining housing. Finally, a key informant reported that it was anticipated that the majority of consumers would likely be able to maintain their housing. The achievement of housing stability over the long term was considered by all stakeholders as a cornerstone on which other outcomes would be achieved.

Program Implementation

(i) What is the Nature and Quality of the Relationships Among Stakeholders?

The relationships among stakeholders have been grouped into relationships among program staff, relationships between program staff and consumers, relationships between program staff and the research team, relationships with other At Home / Chez Soi sites, and relationships between the program and landlords.

Relationships among program staff. It was stated by a key informant that the program staff had good relationships with each other prior to the start of the program and this contributed to the development of a good working environment within the program. Staff members appreciated the different expertise and perspectives that everyone on the team brought forward. They described having encountered some communication problems in terms of service delivery. They cited examples of some consumers receiving the same service twice or not at all due to miscommunication between staff members.

There were also some difficulties noted by staff in the relationship between the ACT team and the housing team with regard to differentiating their specific roles within the program and in terms of the consumers. It was noted that the goals of the two teams are different but sometimes overlap. One staff member stated that it sometimes appeared that the housing team had an alliance with the landlords more so than to the consumers. With regards to the rural team, it was noted by the rural program staff that they did the housing searches rather than the housing team and this added to their workload.

Relationships between program staff and consumers. The relationship between the staff and consumers was characterized by staff and consumers as generally positive. One consumer stated that he appreciated the multidisciplinary nature of the team, in that he requires help from both the nurse and the social worker. The consumers also appreciated that they could talk to the staff about problems and one consumer stated that the staff has even helped her in crises that occurred during the weekend. Some consumers described staff as being like family to them and that they really appreciate the support that is provided.

Program staff viewed their therapeutic relationship with consumers as developing in a positive manner due to the home visits which are considered a central aspect of the provision of support by members of the ACT team. Being able to see consumers in their home and have conversations with them improved program staff's ability to form relationships with consumers.

Through this close contact with their lives in the community, the staff felt that they got to know and care for consumers in a more engaged manner.

Although consumers expressed appreciation of the support provided by program staff, some consumers reported difficulties regarding the services received from the staff. One consumer stated that the staff “*cuts us all from the same cloth. They judge too quickly*”(FG3, 421-422). A second consumer found that there were times when he had legitimate complaints about his apartment, but he had difficulty getting one of the staff members to understand the roadblocks he was facing.

Another consumer acknowledged that it can take time to build the relationship between staff and consumers. He stated that for the participants coming off the street and into the program, they often do not like the home visits at least initially and do not trust staff from any agency very easily. What he noticed was that as the home visits went on, these consumers became more comfortable and began to open up more and deal with their issues.

Relationships between program staff and the research team. The relationship with the research team was described by program staff as flexible and beneficial. At the same time, some of the staff stated they did not have much contact with the research team. For one staff member, caution was taken when discussing issues with the research team, as the staff member did not want to share too much information about consumers so as not to affect the research outcomes. A key informant found the research team to be accommodating to the concerns of the ACT team and the housing team and able to “*take away the academic hat*” when interacting with the program staff. Some difficulty was encountered in the rural region around scheduling of interviews with consumers as program staff were initially driving the research interviewer to consumers’ home because the interviewer did not have a vehicle. As a result, it frequently proved to be difficult to coordinate schedules among consumers, the research team, and the staff. Rural staff members felt they did not have the time to add this additional responsibility to their already demanding workload. The problem was resolved by having the interviewer arrange for transportation separately with a research assistant.

Relationships with other At Home / Chez Soi sites. Program staff members stated that they have limited contact with staff from other sites. One of the staff members noted that the housing team seems to have more contact with other sites. Program staff thought that having this relationship with the other teams would be beneficial, as the different sites could compare strategies, rather than looking to solutions through outside partners. One staff member noted that they have adopted the model of separating housing from ACT that was being used by one of the sites out west.

Relationships between the program and landlords. The relationship between the program and landlords was described by a key informant as a “*delicate dance.*” As Moncton is a smaller city, one key informant stated that, “*we have to be very conscious of our landlord relations because if we happen to have a landlord relationship that goes bad, then that word spreads quickly.*” The majority of landlords were described as supportive, but it was acknowledged throughout several of the interviews with key informants that landlords scrutinized program consumers more closely than they would scrutinize their other tenants.

A key informant stated some of the landlords were under the impression that they would not be responsible for dealing with any issues that the consumers may have and that the program would handle it all. Staff members stated that there were attempts to educate the landlords, but some were still quick to judge the consumers. In contrast to these issues, one staff member recounted an interaction with a landlord regarding one consumer's late rent payments. The staff member explained the consumer's circumstances and upon hearing it, the landlord offered some alternatives for the consumer to resolve the situation.

The consumers did not report having extensive interactions with their landlords, but some did mention encountering difficulties with them. Several consumers discussed instances where improvements were required within their apartments, but the landlords did not follow through on the improvements. Other consumers lamented that the landlords have all of the power in the relationship when they are non-responsive or difficult. One consumer stated that when he first moved in to his apartment, he was having some difficulties and therefore smoking a lot. He approached two or three people in the building for a cigarette, which led the landlord to give him a verbal warning. He stated that he had not asked for cigarettes since the verbal warning, but then received a written warning for the same issue.

As a group, landlords expressed openness to renting to program participants. Many of the interviewed landlords had experienced problems with some participants they had as tenants; however, they remained open to renting to program participants. Only one of the interviewed landlords indicated that she would no longer rent to program participants because of problems she had encountered with tenants from the program. She described his reasons for making this decision as “*drug use, drug dealing, police showing up at the door, non-payment of rent and on and on and on*” (LI4, 30).

Landlords cited three major advantages to having consumers of At Home / Chez Soi as tenants: (1) the fact that the rent was guaranteed by the program, (2) that the program pays for damage to apartments caused by a program participant, and (3) that the program can be contacted and will become involved if and when problems are encountered with program participants. One of the landlords also mentioned that another advantage to renting to program participants is how efficient the program had handled an eviction of a problem tenant who was with the program. It did not require following the formal process for evictions. Another landlord noted being initially uncomfortable with evicting tenants from the program but was relieved and appreciative of how program staff were helpful with the process and the fact they still wanted to rent an apartment from him even after he had to evict a program consumer.

.....it was handled extremely well and everything went very smooth after he moved out, the clean up and everything. Everything was looked after 100%.....the taste I got in my mouth when it was all said and done was, hey, this was just great. Put it this way, thank god he was in the program.....everything we deal with and the rules and regulations, sometimes it can be a real pain in the butt or whatever and so this was a big advantage. (LI5 42-44, 195-205)

Three of the interviewed landlords also noted they decided to rent to program participants at least in part for altruistic reasons. These reasons included wanting to assist people with mental health problems because of having personal experience with mental illness in his family, giving people who had major difficulties in their lives “*a second chance*”, and giving something back to the community because of feeling privileged as someone who was part of a successful family business.

Landlords also cited disadvantages to renting to program participants that included the fact they tended to be in their apartments all of the time which increased the utility costs, produced a significant and noticeable amount of second-hand smoke in the apartment building, and were generally more noisy, proving to be a distraction for other tenants. Another disadvantage involved the problem tenants that landlords encountered whose behaviour led to having to evict them.

Cited reasons by landlords for eviction included behaviours that prompted other tenants to complain to the landlord (e.g., drug use, noise, drug dealing, inappropriate language, conflict with other tenants). Another problem encountered by some landlords with some program participants that has led to eviction has been the problems caused by visitors to a tenant’s apartment, some who even move in to stay with the tenant.

“But right from the get go, you know, you get girls screaming outside the door at 2 or 3 in the morning and all the neighbours, it just rattled everything immediately in a very short, short time. He’s not even in a month and his notice now is given to vacate..... When I’m down there and see four or five guys walking up the street and when they hit his door, they don’t ring the doorbell, they don’t knock, they just open the door and all go in, you know.” (LI5 74-81)

Landlords seemed to share two different perspectives on At Home / Chez Soi program participants depending in part on their experience with them to date. Some landlords described in an unequivocal manner that program participants were no different than their other tenants. Moreover, they described treating them in the same manner as other tenants.

“I told them right up front that we treat them like everybody else. If we had any issues, we would deal with them directly, if, we had noise complaints with one of them, so we issued them a written warning, and a verbal warning, we follow the same protocol.” (LI2 80-82)

Other landlords who were interviewed noted an awareness of there being some differences in the history and presentation of program participants such that they will scrutinize them closer than their other tenants. This latter group of landlords also indicated that they responded differently in encountering problems with program participants by immediately contacting the program rather than attempting to resolve issues themselves as they would respond to other tenants in their units.

“what I see from people coming in, it’s people with needs, like the housing, people coming up from the street, they’re homeless, so they are brought into the apartment and

you can tell from how they dress, their appearance, but you can also tell they appreciate the apartment.” (LI10 23-45)

“There’s a possibility that my antenna might be up just a little bit at the start or whatever.” (LI5 161)

«moi, j’avertirai les propriétaires avant de les prendredire que les locataires sont pas faciles..... je ne sais pas comment expliquer ça, c’est différent. Oui, c’est sûr, c’est pas des locataires typiques.....Parce que souvent c’est juste que ces consumers ils fit pas dans ton building. » (LI8 385-400)

“...when there’s an issue, we have to inform an intermediary. And whereas, typically we would send a warning letter and then move to eviction for issues of noise or behaviour and in this instance we actually, typically we don’t even engage with the tenant, we often involve At Home.” (LI3 38-41, 146-148)

Virtually all of the landlords who required assistance concerning a program participant expressed satisfaction with the rapid and effective response of the program. One landlord did indicate dissatisfaction and disappointment with the responsiveness of the At Home / Chez Soi staff in the context of having problem tenants. Two landlords noted that they had accepted tenants they would not have otherwise. They felt that when these tenants encountered difficulties (i.e., crisis calls resulting in an ambulance coming two times and a program participant who was scaring other tenants because of his behaviour) the program failed to respond in an effective manner. In one case, it was indicated that the difficulties occurred on a weekend and this contributed to the delayed response.

Relationships between program participants and community service providers. Some staff members questioned whether relationships between program participants and community service providers should be discontinued upon their admission into the At Home / Chez Soi program. One staff member stated that some consumers have terminated relationships with service providers with whom they have a much stronger working alliance than program staff.

It was suggested that program staff should work with consumers’ service providers and try to maintain their involvement, particularly if a long-term relationship exists. Consumers also supported the maintenance of prior relationships. One consumer described receiving services in the community from one of the ACT team members prior to admission into the program and he has been able to maintain this relationship. The consumer appreciated this opportunity, as he felt he was developing a strong bond with the staff member.

(ii) What is the Nature of Consumer Involvement in the Program?

The involvement of consumers in the program, including At Home / Chez Soi consumers and staff members with lived experience, posed both advantages and challenges.

Consumers of the Program

Consultation with consumers. During one of the consumer focus groups, a participant stated that she appreciated the focus group, as it served as an opportunity to discuss what she liked and what she did not like about the program. It was recommended by participating consumers that these group feedback sessions should occur with greater frequency, as it served as a way for consumers to interact and see how each other are doing.

Staff members reported often receiving program feedback through informal means, particularly during home visits; however, it was stated that some consumers did not feel comfortable giving feedback, as they were afraid of the criticism getting back to people and hurting their feelings. One staff member reported some trepidation in acquiring consumer feedback, as the consumers may lack the communication skills to constructively criticize the program. It was thought that the consumers may only provide negative feedback. Acting on consumer feedback was questioned during one of the staff focus groups. It was acknowledged that a lot of consumer feedback has not been discussed with management, as much of the feedback involves specific program elements, such as home visits. It was questioned as to how to incorporate consumer feedback when it is in direct opposition to the implementation of key program components.

One staff member was unsure as to the degree in which consumers have been involved within the program in a truly collaborative manner.

“You know, we’ll make a group and let the participants take host of the group...but we’re still giving them the power opposed to asking them to come in and be partners...as opposed to saying, ‘okay, how do you think we should do these things?’” (FG5, 714)

Consumers helping each other. Staff members reported that some consumers were helping out other consumers with providing information about available community resources. This informal exchange of information was valued and appreciated by program staff.

Consumer disengagement. One staff member stated that once housed, consumer participation can wane in some instances. With the acquisition of housing, some consumers no longer want to be involved with the program.

Consumer assistance with dissemination. In terms of future directions for consumer involvement, one key informant stated that it would be beneficial to have consumers who are comfortable enough to speak on behalf of the program. This would help to sell the program and demonstrate how the program has changed lives.

Staff Members with Lived Experience

According to program staff, staff members with lived experience were described as bringing specific competencies to the program. They were described as being able to understand and connect with the consumers to a great degree. The consumers were said to build trust more

quickly with staff members with lived experience, as the staff has an understanding of what they are experiencing.

There was some limited concern expressed with having staff members with lived experience involved with the program. It was stated by a staff member that staff with lived experience have had different life experiences and life trajectories, which may limit their professionalism. For example, there were concerns about professional boundaries being crossed and consumers being treated as friends. Relapse was also expressed by staff as a concern, as the situations encountered in the program can be stressful and one is often exposed to the substance use of some consumers.

(iii) What Structures Are in Place to Facilitate Program Implementation?

Several organizational structures were mentioned by program staff and key informants as important to the successful implementation of the program. However, the value and role of these structures to program implementation was not described in great detail

Staff Structures

Leadership from the Clinical Director. The Clinical Director of the ACT team was described by program staff as someone with extensive experience in working with the targeted population of consumers. A staff member stated that through this leadership, the implementation of the program is done well. The two team leads together were characterized by staff as being focused and able to suggest solutions to problems.

Staff needs versus consumer needs. It was stated that there is sometimes an incongruence between the structure of the ACT approach and the needs of the consumers. One of the staff members thought that the program is sometimes implemented according to what works well for the staff, with consumer needs being secondary.

Program Structures

Flexibility of staffing across rural and urban. There is sharing of employee resources among the rural and urban arms of the program. This arrangement has helped with the implementation of the program in the rural region. A key informant stated that when rural consumers require services that cannot be offered by the rural staff, then members of the urban ACT team step in.

Housing separated from ACT. A staff member stated that the program as a whole functioned with greater efficiency once the housing team was separated from the ACT team.

Value of partnerships. The partnerships with the various provincial government departments, such as the Department of Health and the Department of Social Services, has assisted with program implementation by making it easier to access necessary information on program participants, particularly around health and social service records.

Local Advisory Committee. Contact with the Local Advisory Committee was very limited, as stated by one of the staff members. As such, it was not viewed as playing a significant role in program implementation.

(iv) What Resources are Available for the Implementation of the Program?

Internal and external resources were identified by program stakeholders as facilitating the implementation of the program. Internal resources included training, expertise available within the ACT team, competencies of staff, and consumers themselves. External resources included the services and support provided through partnerships with government and community agencies. Related to resources, staff and key informants were asked about program plans for sustainability and their perceptions about this issue is also presented in this section.

Internal Resources

Staff training and support. Program staff identified the staff training provided both locally and nationally as an invaluable resource for the implementation of the program. They noted that the training was ongoing and of in-depth nature on a range of relevant mental health issues. Related to this training, staff appreciated the ongoing technical support provided to them by *Pathways*. They also noted how easily it could be accessed when it was needed.

«on aura une téléconférence avec Julianna pour parler de ce consumer là que l'on a de la misère avec, ça c'est une chance incroyable d'avoir cette expertise là un phone call away, un petit e-mail away. Ça fait une grosse différence. » (FG1 546-548)

Expertise available from ACT team. Program staff recognized that having a multidisciplinary ACT team served as a very helpful resource in their work with consumers. In particular, they noted how they could easily access through the team expertise and information in different areas such as medications, nutrition, etc.. As a result, they believe that consumers were getting more complete and up-to-date services.

“Multi-discipline focus, absolutely is our strength. It's amazing that we have those resources around the table.” (FG5 102-103)

Staff competencies. Program staff identified knowledge of mental health and addiction issues as essential competencies for working with consumers. Related to this knowledge, they noted the importance of being able to assess in an accurate and detailed manner functioning of consumers on an ongoing basis. In addition to knowledge and assessment skills, program staff highlighted the importance of personal attributes that included being open, non-judgmental, respectful, flexible, and able to adapt to change. In describing personal attributes, there was a realization that the nature of the work and the population being served required them to go beyond traditional professional roles within each of their disciplines.

Consumers as a program resource. Program staff also identified consumers as a program resource in that they have informed staff and other consumers in the program about

community resources. As previously mentioned, the development of a peer support group was suggested as something to be considered in further developing the program. Related to consumers as a program resources, program staff from the rural region noted that parents of consumers have been helpful resources and have been available to assist them.

External Resources

Department of Social Development. Key informants identified the Department of Social Development as a very important community partner contributing to the successful implementation of the program. They noted that the majority of At Home / Chez Soi participants are consumers of the Department of Social Development who receive social benefits from them. It was believed that the working relationship between At Home / Chez Soi in Moncton has benefitted from having direct contact with supervisors within the Department of Social Development. In particular, a key informant explained that staff from At Home/Chez Soi could speak directly to a supervisor to resolve problems encountered with program participants.

The program has also encountered some challenges in working with the Department of Social Development. One of the key informants stated that there were difficulties in getting the correct income information from Social Development so that the housing subsidies could be determined. It was acknowledged that this issue was being worked on. There was also mention of the differing ideologies between the Department of Social Development and the At Home/Chez Soi program. One key informant stated that the process of giving choice as much as possible to consumers is a departure from the usual consumer processes followed by Social Development, particularly with regard to housing.

Department of Health. The Department of Health was also recognized by key informants and program staff as a key partner facilitating the implementation of the program. Program staff viewed the fact they were government employees as an innovative part of the program design that will also facilitate its sustainability. They believe that having program staff who are government employees makes it more likely for the program to become integrated and have an impact on the mental health system. A key informant described how the early involvement of the Department of Health in the project was crucial to bringing other partners on board for the program.

So because we started involving the Mental Health staff, the frontline staff and the Regional Director, the first day that this project started it brought in all the other partners and so for me that's probably what is the crucial part.....Right from the beginning of this project, the public servants, the Deputy Ministers, the Assistant Deputy Ministers, were the first ones that partnered. Once you had their approval and a partnership with them the other doors are opened and still opening. (KI9 30- 36)

Other governmental agencies. Other government agencies also recognized as being important partners by key informants and program staff included the Royal Canadian Mounted Police and the Department of Post-Secondary Education, Training, and Labour. Having involvement from these agencies in addition to the Department of Social Development and Department of Health was deemed as crucial by one key informant, as it enabled for a greater

transfer of information for the purpose of both service coordination and research. At the time of the evaluation, new partnerships were being sought out with the Department of Public Safety and with probation and parole offices in the Department of Justice.

United Way of Greater Moncton and Southeastern New Brunswick. Key informants and program staff identified The United Way of Greater Moncton and Southeastern New Brunswick as a community partner that has played a critical role in program implementation as they have coordinated the housing portion of the service for consumers. The United Way was described as an experienced agency that has a good sense of community and an understanding of the private sector. This background has contributed significantly to the program developing relationships with various housing providers in the private market. The involvement of the United Way with its strong community ties has also resulted in the At Home/Chez Soi program accessing a diverse range of services and community resources for consumers such as subsidized or free memberships to the YMCA. It was noted that the United Way has made available one of its employees to assist the At Home/Chez Soi housing staff member.

Community Agencies. The implementation of the At Home/Chez Soi program in Moncton has also benefited greatly from relationships with a wide variety of community agencies. Program staff gave an example of the use of the mobile crisis team by the program to provide coverage of participants in the event of crises during hours that program staff is unavailable. They also identified the use of community services by consumers like soup kitchens, Meals on Wheels, and emergency shelter services as important. A key informant described program staff members as having extensive knowledge of the community programs that are offered in Moncton. As a result, they will assist consumers to access these community services rather than trying to recreate them within the program. Information was shared between the program and the different community agencies to better help the consumers.

Key informants thought that community partnerships could be further developed. For example, it was noted that agencies such as the Rotary Club, city councils, the Women's Progress Club, and city businesses could be approached to become involved with the program, particularly around employment. One key informant stated that certain resources within the community could be used to a greater extent, particularly the Reconnect agency. Community partnerships will likely expand, as a key informant stated that agencies are now approaching At Home/Chez Soi to collaborate on programs and service delivery.

One hurdle that the program encountered with community agencies was the misunderstanding of program participation. Some agencies believed that everyone was accepted into the program, as opposed to the randomization involved in being assigned to the program or to standard care. Program staff and a key informant indicated that the program also had to work hard to get some community agencies involved, as some community agencies can be closed off and skeptical of larger government organizations or of the philosophy of the program.

Landlords. The collaboration of landlords in taking program participants as tenants was recognized by key informants and program staff as crucial for the successful implementation of the program. At the time of the evaluation, among the 11 landlords who were interviewed, only one landlord had stopped renting to program participants because of encountered problems.

Landlord interviews suggested a continuing interest to renting to participants notwithstanding some of the difficulties experienced by them.

Sustainability

Assertive Community Treatment. Key informants and program staff believe that the ACT team will be easier to sustain since it is already integrated into mental health services with the program staff being provincial employees in the Department of Health. A key informant noted the interest of the Department of Health to develop ACT services in New Brunswick, an interest clearly expressed in the Department of Health's *Action Plan for Mental Health in New Brunswick, 2011-18* (Province of New Brunswick, Department of Health, 2011). It was acknowledged that there could be greater difficulty in implementing an ACT team in the rural region, due to the greater distances involved. The key informant suggested that a modified Dutch version of ACT, Functional Assertive Community Treatment, may be better suited for the rural region. One key informant suggested that training in the philosophy and services of the ACT model needed to be integrated into professional training programs at universities in New Brunswick in order for the system to have the necessary capacity to shift in this direction.

Housing. Key informants viewed sustaining the housing component of the program as more difficult. One key informant stated that compared to the ACT team, housing is not part of the government system. Two key informants also questioned whether or not the United Way would want to continue in the housing role once the pilot project ends. As a result, it was believed that other non-governmental agencies had to be approached or the housing component will have to be integrated into an existing government department. A key informant stated that the Department of Social Development would most likely be approached to take on the housing component. It was thought that this partnership could present some challenges, given the high level of demand for social housing and the fact that the Housing First philosophy of the At Home/Chez Soi program is different to the philosophy adopted by the Department of Social Development in its management of housing tenants.

Research. Several key informants stated that it was important for the research findings on the cost-benefit of the program to be disseminated. The outcome evaluation was also stressed as important, as these consumer outcome measures will be able to demonstrate that the program is having an impact. Key informants stated that it is important for the researchers to disseminate their findings widely throughout the course of the project in order to produce the necessary buy-in and public support for the continuation of the project. One key informant recommended that research findings be presented regularly to managers at all levels within the mental health system.

.....I think that where it can be swayed the most for sustainability, certainly you can talk about health dollars, all those savings in cold hard cash which we desperately need in this province, with fifty cents on every tax dollar going to health.....if you can convince people that there's a good dollar value....it's huge. Everybody pays taxes. (KI2 239-250)

(v) How Have Program Staff Valued Being Part of the Program?

Program staff listed the opportunities for training and development and the overall work environment as impacting their experiences with being involved in the program. They clearly realized and were enthusiastic that they were involved in a new and innovative program in the province. Specific aspects of the program valued by staff that were mentioned included training opportunities, enhanced knowledge of consumer experiences, opportunities for extending one's professional role, and the professionalism of staff in the program.

Training opportunities. Several staff members stated that the national program has been generous with providing training and that it was “*amazing*” that staff could be in attendance.

Thinking “outside the box”. Some of the staff members discussed how the program has required them to “*think outside the box*” and step beyond their professional roles. This type of job flexibility was counter to what many staff experienced in previous traditional positions within their professional disciplines in institutional settings.

Enhanced knowledge of consumer experiences. There was an appreciation for the opportunity to learn more about “*street culture*” and the experiences of the consumers. Staff learned new terms used by consumers and through this knowledge, it enhanced their ability to work with them.

Professionalism of staff. A staff member noted that there is a great deal of professionalism and passion within the ACT team and that this was a refreshing component of working there. One of the key informants stated that in witnessing the ACT team meetings, she was able to see the staff enjoying their work.

(vi) What Changes Are Suggested by Stakeholders to Improve the Program?

In response to how the program should be further developed or improved, a number of specific suggestions were proposed by key informants, staff, and consumers. The suggestions have been grouped into increasing program capacity, improving service processes for consumers, improving program communication with external sources, and ensuring staff well-being.

Program Capacity

Develop vocational and educational components. It was noted by several key informants that the program in its first year of functioning did not have a strong vocational component. As a result, some consumers accepted work positions without having the necessary support and ability to maintain them. One key informant stated that there is a strong interest among consumers to develop work skills either through vocational training or education. It was suggested by a second key informant that strategic partnerships could be developed with certain employers with the goal of having them hire program participants. These partnerships would

include educating employers on mental health issues and how the consumers could contribute to a positive workforce. It is important to note that a vocational specialist has been added to the ACT team in the later stages of this evaluation.

Increase addiction treatment capacity. A key informant stated that the program needs to develop further its capacity to deliver in-house addictions treatment to consumers and integrate this treatment with existing community resources. Related to increasing this capacity, it was suggested staff would benefit from training focusing on motivational interviewing and using a recovery /strengths based approach to addressing addictions.

Increase availability of psychiatric consultation. Over the course of the past year, the program has added psychiatric consultation which is provided by two psychiatrists who are each on-site at the Manse a half-day per week. A key informant suggested that an increase in the amount of available psychiatric consultation to the ACT team would be beneficial.

Offer cooking classes and education related to nutrition. The addition of cooking classes and general food education was recommended by one of the key informants to address a need among a number of program participants. Related to this suggestion, the key informant thought that consumers needed assistance in how to shop for nutritious food within the limitations they face financially.

Develop a housing stock. One key informant stated that it would be beneficial for the program to have its own housing stock. It was also suggested that there be more assistance with finding housing in the rural region, as it proved to be difficult.

Refine program eligibility criteria. Some key informants questioned the current eligibility criteria of the program which includes serving consumers with moderate need levels. Specifically, they suggested that the eligibility criteria for the program needed to be refined so that consumers with more severe mental health problems and greater need are given priority.

Service Processes

Increase social opportunities for participants. Consumer focus group participants proposed several ideas for improving the social life of consumers. These included a “meet-and-greet” where consumers and staff could get together and meet each other, a coffee house, karaoke, a dry dance, and a drop-in room where people could socialize. Similarly, a key informant stated that she would like to see some type of movie night offered to consumers. By doing so, it would help consumers become more skilled at social events.

Staff members thought that it would be beneficial to get consumers out mingling and to build upon their interests and strengths. One staff member suggested that the development of a consumer self-help group would be beneficial. Another staff member did caution that social skills training may be needed before social integration activities can occur for some of the consumers. The participant stated that

“.....we’re expecting them from going, not knowing where their next meal and not being able to shower and living out of a knapsack, to expecting them to go bowling...function at these different functions and social things and I feel like we’re missing a huge initial component which is like teaching basic hygiene, teaching basic social skills. (FG5, 174)”

Decrease number of people involved with each consumer. Some consumers expressed frustration with home visits. As stated by one participant

“...what happens now is that you have somebody at the door and you have no idea who they are and then you got to go through the whole thing again [e.g., explaining difficulties]. (FG3, 17-18)”

Due to the variety of people dropping in for home visits, it was thought that the staff may not fully understand consumer issues. Encountering several staff members was also described as emotionally exhausting by one of the consumers and one consumer stated, *“how many times can you talk about the same problem?”* It was suggested that it would be beneficial to make it more consistent as to who conducts the home visits and if a new staff member is going to take over, to have both staff members present to explain the change.

Increase consumer access to transportation. All of the stakeholder groups identified the lack of access to transportation as a significant problem for consumers, particularly those living in the rural area. The lack of transportation was a barrier for consumers to get to appointments to receive health and social services or to visit the food bank. Some consumers also needed transportation in order to visit and maintain relationships with family members and friends. Program staff in the rural area estimated that they were spending up to half of their time driving consumers to appointments and other engagements. Consumers expressed appreciation for the rides they get from the program while still noting a need for more transportation since they indicated regularly missing appointments because they are unable to access transportation. It is unlikely that the program can increase its capacity to deliver transportation and other avenues (e.g., car pools, roster volunteer drivers) for addressing this significant need among consumers will have to be explored.

Develop interventions to reduce unwanted apartment traffic. One key informant stated that the program needs to start thinking about strategic interventions to reduce the unwanted visits to consumer apartments by friends and acquaintances in order to maintain positive tenancies. It was explained that as a result of their homelessness history consumers have developed many relationships with other individuals who are homeless or precariously housed. As a result, consumers often find that their apartments serve as meeting grounds, with a large influx of people coming in to visit and even sometimes taking it over.

Develop opportunities for consumer feedback. Both program staff and consumers suggested that there needed to be increased opportunities for consumer to provide feedback on their experiences in the program as well as suggestions for improving it. As noted previously, the feedback to date has been largely informal and provided to program staff. Consumers

expressed appreciation for the opportunity to participate in focus groups for both the fidelity assessment and for this evaluation.

Program Communication

Provide education to landlords. Program staff believe that providing information and educating landlords about mental health issues could improve relations between landlords and program participants. Program staff viewed some landlords as scrutinizing At Home / Chez Soi consumers more closely than their other tenants. They stated that there needs to be an assurance that consumers' rights are respected in the context of having a good and ongoing relationship with landlords and that sensitizing them to mental health issues can be helpful in this regard.

Inform legal system about the program. Staff members suggested that it would be beneficial to educate personnel in the legal system about the program and become more involved with the legal system in general. It was stated that the program regularly has to explain the program to court and legal personnel when a consumer has legal difficulties. There is recognition on the part of program staff that collaboration with the legal system is necessary in order for consumer needs be met. A consumer suggested that it would be beneficial for the program to have more information available for consumers on the legal system and legal issues in general. It was recommended that the program and consumers have access to lawyers or police officers available to answer questions.

Facilitate the sharing of information with the health care system. One key informant stated that the care provided by the program to consumers would be improved if there was a more seamless transfer of information from health care providers and settings involved with the consumers and external to the program. For example, one key informant indicated that when consumers get hospitalized, getting information about consumers from the hospital has proven to be difficult due to confidentiality reasons. The hospital staff have been unaware that the At Home / Chez Soi staff are serving as a consumer's primary case worker in the community, so information sharing has been lacking.

Manage parental involvement. One key informant identified the unanticipated issue of the program having to deal with the parents of some of the consumers, particularly in the rural area. Program staff suggested that the program needs to be explained in greater detail to involved parents of consumers in order to better manage high expectations.

Other

Ensure staff well-being. Key informants and program staff indicated that there needs to be an emphasis on the self care and well-being of the staff. In particular, it was suggested that measures be taken to prevent employee burnout by finding ways to ensure staff work regular hours. Even some consumers noted that staff seemed overworked, needing to frequently work overtime hours. As a result, they stated they try to limit the demands that they make on staff members. As a way of addressing the issue of overworking, there was a suggestion that the number of staff members be increased. A key informant suggested that finding ways to ensure staff well-being and prevent burnout will decrease the attrition rate experienced in the program.

Contextual Issues

(i) What Are Adaptations of the Program to the Local Context?

There were a small number of local adaptations to the Moncton At Home / Chez Soi project in the areas of services and staffing described in the focus groups with staff and consumers and key informant interviews.

Services

Criteria for participation in the At Home / Chez Soi program. A key informant noted that the consumers in the Moncton project were eligible for participation in the program if they presented with either moderate or high level of needs. In other cities, consumers needed to be assessed as having a high level of need to participate in the program. As a result, consumers' diagnoses were more likely to be depression and / or ADHD, rather than psychotic disorders, such as treatment-resistant schizophrenia. The selection of consumers for the rural arm of the project also differed from all other study arms in the five sites. Specifically, for the rural region, consumers were referred and chosen if they met the eligibility criteria, whereas the selection of consumers in all of the other study arms was randomized so that participants received either an experimental "housing first" condition or standard care.

Intensity of services. The services delivered to consumers living in the rural region were described by key informants as being more intense because of the lower consumer to staff ratio (ratio in rural region was intended to be 8:1 versus 10:1 in Moncton). As a result, key informants perceived the rural staff focusing more on the daily functioning of participants. However, other program staff noted that the third staff member in the rural region had been on an extended sick leave and that the remaining two staff members were providing support to 24 consumers and this actually limited the amount of support they could provide. As well, key informants noted that since Moncton serves consumers with both moderate and high needs, the intensity of services are regulated in line with consumers' needs.

Transportation. The staff members working in the rural region noted that they often drive consumers to appointments and other services as the access is limited without other public transportation being available. The Moncton staff members also reported that they drive consumers to appointments and resources. It was noted that the provincial government is planning to implement a program for volunteers to drive people to services that they require. This program would lessen the burden for transportation on the At Home / Chez Soi staff.

Similarity of services offered in Moncton and the rural region. One key informant perceived the Moncton and rural sites as providing similar services because of the integration of the rural staff in the Moncton ACT team.

"I see the services as being delivered very similarly (rural and Moncton). And that has a lot to do with every morning meeting, the teams are together. So the consistent approach amongst both teams" (K18, 157-8)

Staffing

Division of workload for rural region. The rural staff noted that there were only two of them covering 25 consumers as the third staff member had been off sick for a number of months. Consequently, they divided the consumers and each works principally with the same consumers, rather than working with them equally and switching off each week. This is a divergence from the Housing First model because of the limited number of staff.

“Je trouve qu’ont est un petit peu trop individualisé qu’on devrait l’être, je sais que le modèle At Home on devrait changer tout le temps, changer chaque semaine. » (FG1, 797)

According to the rural staff, it was unclear if the staff member who was on sick leave will be replaced. It was explained that the rural region lost a staff member when it was decided to have a staff work weekends.

Hours of staffing. A key informant explained that the staff in Moncton are not available 24 hours a day. Instead consumers have access to the mobile crisis team and the crisis intervention centre located in Moncton from 10 p.m. to 8 a.m. The reason given by the key informant for this modification is that there is not sufficient staff available for around-the-clock coverage and there was concern that the staff would be unwilling to be on-call overnight.

Psychiatric services. A key informant also explained that the staffing of the ACT team differed from the traditional ACT model as the Clinical Director was a family physician with extensive experience with this population, rather than a psychiatrist. However, psychiatrists have joined the team and are available for consultation.

Accessing of external services to assist ACT team. According to a key informant, the ACT team at the Moncton site is accessing available external services when it is needed for a small number of consumers to supplement their support services. These include house cleaning and moving services.

(ii) What are Contextual Influences on the Implementation of the Program?

Contextual influences on the implementation of the At Home / Chez Soi program at the Moncton site included factors related to the community, consumers, and available resources.

Community

Size of community. Key informants and program staff indicated that the small size of the community impacts the At Home / Chez Soi project and consumers in several ways. A perceived advantage of the small size of the community for staff has been their regular contact with and knowledge of services in the community available to program participants. It was also noted by key informants that the small size of the community facilitated the spread of information about the new program to other professionals, the general public, and potential consumers. In particular, information about the project was viewed as having travelled quickly throughout Moncton and the rural region through word of mouth.

However, key informants and program staff also viewed the small size of the community as a potential disadvantage when certain information about the project or consumers is shared. For example, in some cases, landlords shared information about difficult consumers in the network of landlords and it made it more difficult to house those individuals. The small size of the community also contributed to landlords sharing information about their experiences with the program, leading them for instance to negotiate for similar compensation related to repairs at their properties. Similarly, consumers also participate in networks in which they have contact with other program participants. As a result, a key informant emphasized the importance of the program providing similar kinds of services and sending consistent messages to program participants.

Nature of homelessness. In Moncton, it was perceived that the homeless individuals were not necessarily living on the street, whereas in larger cities that may be the case. The homeless population in Moncton is less visible, making it more difficult to determine their needs.

Sense of community. It was noted by a key informant that the Acadian culture that is prevalent in Moncton and in the rural region is communal in nature contributing to a supportive collective effort behind a program like At Home / Chez Soi.

« Autre chose c'est la culture acadienne, y a de quoi d'ouvert, alors tout le monde embarque, ont essaie de se battre pour cela. » (K15)

Consumers

Contact with families. In the rural region, the staff members noted that they are often in contact with the family members of consumers as the consumers moved from living with their families and their families remained very involved with them. Staff also reported that parents sometimes called and complained about the level of care. Staff thought that up until now there has been not enough contact with and support of families in the program and that should become a focus of the program.

Wide range of consumer functioning. As previously described by key informants, the Moncton program is serving consumers presenting with a wide range of need levels. As a result, the level of functioning of consumers varied, with some even functioning at a much higher level than expected. In particular, some consumers were functioning fairly independently, were working full-time, and had secure housing. In other cases in the rural region, some consumers were still living with family members or in residences where they were supported by others. In some of these cases, it was described as challenging for consumers to transition into an independent living situation.

Resources

Access to resources. A key informant perceived a greater availability of community resources in the form of formal social services or governmental services in Moncton than in the rural region. Instead, consumers living in the rural region relied on receiving supports from neighbours, the church, and the community.

Lack of public transportation. Program staff, key informants, and consumers identified the limited nature of public transportation as a significant issue that affects the mobility of consumers because of the large geographical area covered by project and the rural nature of the setting. The bus system in Moncton was perceived as inadequate and transportation was described as being even more challenging in the rural region with certain towns not having any public transportation into Moncton. As a result, staff members are often required to drive consumers to appointments, and transportation takes up much of their time. The lack of transportation also affects consumers' abilities to attend appointments and access resources in the community. Some consumers, especially those in the rural region, are viewed as being isolated socially due to a lack of transportation.

“Je ne pense pas que ça été considéré une chose aussi importante que ça l'est, dans la réalité de la vie de nos consommateurs, parce que la majorité des raisons pourquoi qui viennent pas à des rendez-vous qui peuvent pas aller à la food bank, c'est parce que y ont pas de drive. » (FG6, 299-302)

Lack of choice for consumers. Although a central value of the Housing First philosophy involves “choice”, all stakeholder groups noted that consumers in Moncton experienced limitations to the amount of choice they experienced with regard to choosing housing and furnishing it. In both the rural region and in Moncton, it was stated that there was a limited selection of housing because of the small size of the rental market. Moreover, in Moncton, if consumers wanted to live in certain areas or downtown, then there could be few options. Similarly, the housing available in the rural region was described as being particularly limited. In Moncton, the furnishings were pre-selected and bought in bulk, so consumers did not choose much of their furniture.

“Sometimes when you are trying to house people and you don't always have time to find the right place, it is a place. And that's not the Housing First principle. I know that it's supposed to be choice but in a small market you don't have that choice, you're limited by affordability, by whether the landlord is on board with the program, you're limited by location, participants where they want to live, sometimes they want to live in a certain area and there's no place there, well sometimes that choice is certainly taken away. So it's not always choice first, sometimes it's practical.” (KI3, 323-9)

(iii) What are Local Innovations of the Program?

Key informants and program staff identified the staffing, the rural arm of the project, and the bilingualism as innovations to the Moncton site of the At Home / Chez Soi project.

Staffing. The Moncton At Home / Chez Soi site had professions on the multidisciplinary team that were considered unique for an ACT team by program staff. In particular, these included a home economist and a psychologist. Another innovation related to staffing raised by a key informant involved staffing the ACT team positions with staff who are employees of the New Brunswick Department of Health. This arrangement was viewed as being key for ensuring the sustainability of the program beyond March 2013.

Rural. Both key informants and program staff noted the innovative nature of offering Housing First services in a rural region. Although the rural region only has two staff members, the Moncton and rural region staff collaborate closely and share resources. Members of the Moncton ACT team are available to consult with rural staff or visit rural region consumers if it is decided that it would be helpful. For example, the psychologist or home economist will go to the rural region.

“We’re only really, theoretically, purely, they’re only running with 3 staff, although they’ve been having 2 staff. So you don’t get the diversity of the full ACT team. Although we all sit around the table when they discuss their consumers and we have loans out to them. If they perceive that they need a home economist to do some teaching, then the home economist will go out. So there’s some flexibility there.” (K11)

A key informant explained that there is also an effort to integrate the two sites by ensuring that when someone from the national office visits, there is an event in the rural region in order to include those staff. Meetings for these visits are held in both the rural region and Moncton.

Bilingualism. Another innovative aspect of the Moncton site identified by program staff is the bilingual nature of the program with services offered to Francophone and Anglophone consumers.

V. CONCLUSIONS

What is Working Well in Implementation?

Overall, the findings of the current evaluation highlight the successful implementation of the At Home / Chez Soi program in Moncton and Southeastern New Brunswick. There was consensus among the program stakeholders that the key components expected of a Housing First program modeled on the *Pathways* program were in place. In particular, the program had been able to assist consumers through the use of rent subsidies to access and move into affordable housing.

The development of a growing pool of landlords who in large part expressed commitment to the program and its participants is evidently a critical ingredient to facilitating this access and helping participants establish stable permanent housing. This commitment of landlords appears to be present even in the face of challenges and difficulties encountered in housing some of the program participants.

There was also consensus among the different groups we interviewed that the program is delivering timely and effective support to consumers. Staff members and consumers described having positive relationships that serve as a foundation for setting goals, working on personal issues, and responding to crises when they arise. Consumers and program staff perceived the adoption of a Housing First philosophy in the program and regular home visits as key contributors to these positive relationships.

There was also a perception that the multidisciplinary make-up of the team enhanced the kind and range of support being provided by the program to consumers. Relationships among program staff were described as being positive and collaborative in nature with the team approach to working with consumers as value-added. Staff were perceived by key informants and consumers alike as being highly committed to the program and participants. This commitment is also an important contributor to its successful implementation. Staff viewed the program as innovative and requiring them to extend beyond the traditional service provider roles within their professional discipline.

The establishment of strong partnerships with government departments, community agencies in the not-for-profit sector, and landlords is a notable strength of the implementation of the At Home / Chez Soi project in Moncton. These partnerships have assisted the program to become integrated over time into the system of health and social services. As well, they have helped staff to access for consumers needed community resources and services that supplement ACT services.

There was a shared perception among consumers, staff, and key informants that consumers in the program had experienced improvements in general functioning and self-perceptions. In line with what is expected of Housing First programs, they identified more recovery-focused outcomes as anticipated longer-term outcomes (e.g., employment, community integration, mental health).

What is Not Working Well in Implementation?

As described above, the program appears to have been successfully implemented, providing housing and generic support to consumers. Anecdotally, the services are described as assisting consumers to achieve housing stability as well as improvements in functioning. Despite this early implementation success, there is a realization by program stakeholders that program capacity in a number of areas should be further developed so that services offered by the program can be extended to respond in a more focused manner to consumer needs.

Identified areas for increasing program capacity include addictions treatment, vocational and educational support, peer support, education related to food preparation and nutrition, and psychiatric consultation. It was noted that the development of in-house expertise within the ACT team in these areas would enable the program to better address the presenting needs of program participants.

Related to increasing program capacity in such areas as vocational and educational and peer support, it was evident that once consumers achieved housing stability, they became interested in finding productive and meaningful ways to use their time. In order for the program to respond to these important emerging needs of consumers, it will require moving the focus of services from being less reactive in nature to being proactive and recovery-focused. The recent addition of a vocational specialist to the ACT team can assist consumers who feel ready to set and pursue vocational goals.

Consumers in the focus groups also expressed a need for improving their social life and they generated numerous ideas towards this end. We heard examples from both staff and consumers in the focus groups of consumers being a resource to each other. It seems that this is an area in which there is potential for further development. It was suggested by one staff member that the development of a self-help group involving consumers in program as one way for tapping into this potential.

The addition of a home economist to the ACT team is intended to develop in-house capacity to assist consumers with food preparation and nutrition planning. The program also plans to increase the amount of psychiatric consultation. Given the number and range of community organizations collaborating with the program, it is likely that they can be called upon to assist the program to develop vocational / educational and social opportunities for program participants.

Key informants, staff, and consumers raised the significant workload of staff as a concern. The combination of undertaking a new professional role and the team taking on a full case load in a protracted period of time has contributed to this heavy workload. Although staff have been dedicated and committed to the program since the start, there is concern that the workload is not sustainable over the long term and will impact negatively on the quality of the services. Although the issue seems to be present for staff in both Moncton and the rural region, it was raised as a significant issue for the two members of the rural staff, who have been working for several months without a third staff member because of a sick leave.

Key informants and staff highlighted the importance of consumers having access to transportation. Moreover, it appears that staff spend a significant amount of time providing transportation to consumers so that they can get to appointments or shop. This was particularly the case for staff working with rural consumers since there is limited public transportation available. Despite the significant efforts taken by staff to accommodate consumers with rides, it was still perceived that they were not able to meet their needs and this limited the mobility of consumers.

Although the program has been successful in developing a relatively large pool of landlords (i.e., currently over 30) committed to the program, managing the relationship between landlords and the program and landlords and program participants is an ongoing challenge. Based on our interviews with the landlords, it appears that there are many who view and treat consumers as regular tenants.

However, there are some landlords who appear, as a result of previous experience or lack of knowledge about mental health issues, to have pre-conceived beliefs about consumers. They also appear in some cases to set higher expectations than usual on consumers as tenants. Difficulties with landlords have developed as a result of them renting to program participants whom they have had to evict. The most common problem leading to eviction appears to be the introduction of “outsiders” to the apartment block who visit or even move in with program participants.

In addition to the importance of keeping the lines of communication open with landlords, staff reported a need for better communication with both the legal and the health care systems. According to staff, personnel (e.g., judges, lawyers, probation officers) encountered in the legal system who come into contact with program participants are frequently not aware of the program. Similarly, it was raised that program communications and collaboration with hospitals in Moncton has been deficient when program participants are hospitalized and this lack of communication can potentially impact the quality of care and discharge plans for consumers.

Cross Cutting Themes and Issues

Based on the evaluation findings, we identified the following cross-cutting themes and issues.

1. The program theory behind the At Home / Chez Soi program in Moncton described by program stakeholders in this evaluation corresponds well to the *Pathways* model as presented in the literature and in the training provided by *Pathways* staff for this project. Perceived core ingredients of the program in Moncton included facilitating access to affordable housing, offering choice in housing and support, providing consumer-centered support, and adopting a recovery orientation in establishing goals and working with consumers. Long-term anticipated outcomes of the program include assisting consumers to achieve stable housing, community integration, participation in meaningful activity such as school and / or work, improvement in quality of life, and ultimately recovery.
2. The success of implementing a supported housing approach such as the At Home / Chez Soi program rests heavily on the quality of relationships among program staff, between program staff and consumers, and between the program, consumers, and landlords. The psychosocial interventions delivered in supported housing require strong working alliances among all of the program stakeholders for them to be effective. As documented in the findings of this evaluation, the At Home / Chez Soi program in Moncton has been successful in developing positive and productive relationships among its program stakeholders and this has been a key contributor to its success.
3. The delivery of services and supports to consumers in the context of the At Home / Chez Soi program has proven to be challenging and demanding work for program staff. It requires flexibility, openness, and a willingness and comfort with extending beyond traditional roles for which staff are trained within their professional disciplines. On the one hand, this can be an attractive aspect to the work of a service provider on the ACT team. On the other hand, it requires an ability to face and adapt, on an ongoing basis, to new and ambiguous clinical situations. The complex needs of consumers in the At Home / Chez Soi program can place heavy demands on program staff especially in the initial stages of participation in the program as support is being planned and coordinated to most effectively target consumer needs.
4. The evaluation findings highlight the important role that community partnerships have played in the successful implementation of the At Home / Chez Soi program. From the

outset, the program has been able to develop strong and supportive partnerships with key provincial government departments (e.g., Department of Health, Department of Social Development) and with key local not-for-profit community organizations and agencies (e.g., United Way, Greater Moncton Homelessness Steering Committee, emergency shelters, drop-in centres, food banks). The creation of a Local Advisory Committee, Regional Directors' Committee, and the Not-For-Profit Committee are important program structures contributing to the development of these partnerships. These partnerships have facilitated the recruitment of program staff, participant referrals for the demonstration project, and access to community resources for consumers. They are also playing an important role in working towards the sustainability and replicability of the program in Moncton and other areas of New Brunswick.

5. Consumers receiving services from the program appear to be an untapped resource who could make important contributions to the services and supports being delivered by the program. Program staff mentioned that some consumers were receiving assistance from other consumers through exchange of rides or information about accessing community resources. Consumers expressed appreciation for the opportunity to participate in the focus groups and provide their feedback on the program. It was clear to us that their perspective was distinct from program staff and key informants. It was noted by staff that feedback to date from consumers about the program has been largely informal and adhoc in nature.
6. The relatively small size of Moncton and the addition of a rural arm make the study at the Moncton site unique and distinct from previous research on Housing First and from other sites in the At Home / Chez Soi project. Key informants and program staff stated that the small size of the community has both advantages and disadvantages. A notable advantage was the perceived relative ease of informing the community about the new program. Another related advantage is that the smaller size of the community makes it easier to integrate new and innovative services, particularly in the context of the strong and supportive community partnerships that have been developed. Two disadvantages raised by key informants and program staff involved the relative ease with which information can circulate among landlords about consumers and among consumers about the services they receive from the program. Another difficulty encountered by the program associated with the relatively small size of the community involved the lack of adequate public transportation available to consumers which limited their mobility.

Lessons Learned

The following lessons learned refer to recommended actions intended to address the issues described in the previous section.

1. There is recognition among key informants and program staff of the importance of further program development to achieve longer-term anticipated outcomes of the program. In particular, key informants and program staff highlighted the need for extending program capacity so that more targeted interventions can be delivered to consumers in the areas of addictions treatment and vocational / educational support. For addictions treatment, it is recommended that the program build its capacity towards implementing within ACT “integrated treatment strategies”, an evidence-based approach that combines mental health

and substance abuse services in one setting (SAMSHA, 2010). The program has made inroads in developing vocational / educational support by hiring a vocational specialist as a member of the ACT team. It is recommended that the program examine the “individual placement and support (IPS) or supported employment approach” as a model to guide this specialist. The Montreal site of At Home / Chez Soi can likely provide some assistance with orientation to IPS as it has integrated it into its ACT team and is studying it as part of their research.

2. As previously described, the program has successfully built very good relationships among program stakeholders that include program staff, consumers, research staff, landlords, and community agencies. Ensuring that the relationships continue to be positive will be an ongoing challenge for the program given the demands on and expectations of everyone involved. The continued planning of events which have contributed significantly to effective relationship-building is recommended. These include program staff training days, social events involving program staff, consumers, and researchers, and special events that bring together program staff, landlords, and consumers.
3. The Mental Health Commission of Canada has invested significantly since the beginning of At Home / Chez Soi in the training of program staff. The program has been fortunate to have personnel from *Pathways* involved in the training and provision of technical support. This training has occurred both nationally and locally. It has been particularly important for the Moncton staff because the Housing First approach and ACT services have not been provided anywhere previously in New Brunswick. It will remain important that training and the receipt of technical support continue to be a priority of the program in order to continue the orientation of program staff to their new professional roles. As well, the delivery of Housing First combined with ACT or Intensive Case Management in the field of community mental health is still as an early stage of development and we can expect the approach to evolve over time.
4. As previously mentioned, the At Home / Chez Soi program has developed strong collaborations with relevant ministries in the provincial government and with community agencies from the not-for-profit sector in Moncton. The creation of a Local Advisory Committee, Regional Directors’ Committee, and Non-Profit Sector Committee appear to have played an important role in developing these collaborations. It makes sense to continue to nurture these partnerships through these committees by continuing to solicit the input of partners for further program development and for the achievement of sustainability. Given the vital role of community partners in these areas, it is recommended that research findings emerging from the project be communicated regularly to them through the program’s committee structure.
5. A fundamental value of the Housing First philosophy of *Pathways* that is expected to guide services and support is the empowerment of consumers. The solicitation of feedback from consumers about the program is one way of empowering them. As presented in this report, consumers provided a fresh and distinct perspective on the program that included several suggestions for improving services. Therefore, it is recommended that the program develop a systematic process for obtaining consumer feedback and input for program development and

improvement purposes. An example of a structure at another At Home / Chez Soi site is the Consumer Panel in Toronto. In addition, it is recommended that the program develop a peer self-help group. The *Pathways* program in New York is in the process of developing this kind of group and they could provide assistance towards developing one at the Moncton site.

6. The relationships between the program and landlords were aptly described by a key informant as involving “*a delicate dance*”. There is recognition by everyone involved in the program of the critical importance of having supportive landlords given housing is a cornerstone of the delivered support. To date, the program has developed a relatively large pool of landlords willing to rent to consumers. However, interviews with landlords uncovered a number of issues and challenges that landlords had encountered in renting to program participants. The rapid and effective response of the program in most instances when informed of difficulties by landlords has been crucial to keeping them supportive of the program. It is extremely important that this timely and effective troubleshooting continue to be part of the support provided to consumers. As well, it is recommended that the program continue to make efforts to educate and inform landlords about the program by continuing to hold periodic meetings with them. It would make sense that research findings emerging from the project also be communicated to them at these meetings.

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APPENDIX A: INFORMED CONSENT FOR KEY INFORMANT INTERVIEW



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Study Funding

The study has received funding from the Mental Health Commission of Canada.

Introduction

Before you agree to participate in this research study, it is important that you read and understand the following explanation of the study. It describes the purpose, procedures, benefits, and risks associated with the study. If you have questions after you read through this form, ask your interviewer. You should not sign this form until you are sure you understand everything on this form.

Purpose of the Research

The goal of this study is to compare the effectiveness of new services that include housing and support to regular services available in Moncton. For the study, we will be following a group of 200 people living in Moncton for a two-year period. Of this group, 100 people will be receiving the new services and the other 100 people will be receiving the regular services. The study is part of a national study in which different kinds of new services relating to housing and support are being examined in five different cities, including Moncton. The other cities are Montreal, Toronto, Winnipeg, and Vancouver.

WHAT IS MY ROLE IN THIS STUDY?

For this evaluation, we are asking you to participate in one in-person interview that will last approximately 60 minutes. The purpose of this interview is for you to share your knowledge about the implementation of Housing First services in the MHCC Homelessness and Mental Health project in Moncton. You will be asked a series of questions in the interview. The interview will be audio-recorded and the interviewer will also be taking detailed notes.

WHY SHOULD I PARTICIPATE?

We believe that your opinions are important because the findings of this research will inform other jurisdictions who are interested in planning similar initiatives. We will also be interviewing other people who played a key role in the implementation of the Chez Soi / At Home Program.

ARE THERE ANY RISKS TO MY PARTICIPATING?

Participating in this research involves few risks. There is a possibility that some questions may make you uncomfortable, but please remember that you are not obligated to answer any question. Your answers will be kept private and confidential by the researchers. The main benefit of participation is the knowledge that you are contributing to the development of services for people with mental health problems experiencing homelessness. Please remember that you may end your participation at any time.

DO I HAVE TO PARTICIPATE?

No. You do not have to participate. Participating in this evaluation is **voluntary**. You may refuse to answer any question. You may stop the interview at any time.

HOW WILL INFORMATION COLLECTED IN THE STUDY BE HANDLED?

Only members of the research will have access to the data. No identifying names of persons or organizations will appear in any reports arising from this evaluation. As an additional precaution, consent forms will be stored separately from collected data.

To protect your confidentiality, all of the information you provide in the interview will be transcribed and then transferred to a secure computer server located in Ontario, on which the data from the five cities participating in the studies will be stored.

We will keep locally in our research office in Moncton your name and other identifying information on a separate form. Identifying information you give us will be kept on paper in a locked filing cabinet in the research office and only authorized research staff will have access to the information. Data bases created for the study and all records containing personal information whether in electronic or paper format such as consent forms will be destroyed 10 years after the completion of the study.

In reporting results, your answers will be combined with those of all the other people we will interview. If something you say in the interview is used, it will be reported in such a way that no one will be able to identify you. We will maintain the privacy of your answers by never using your name in reports written based on this evaluation.

WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT MY RIGHTS AS A PARTICIPANT IN THIS STUDY

If you have any questions about your rights as a research participant, you may contact the Ethics Office or the Chair of the Social Sciences Research Ethics Board at the University of Ottawa at (613) 562-5841 or the Chair of the Research Ethics Board at the Université de Moncton at (506) 858-4310.

INFORMED CONSENT

I know that I can refuse to answer questions and may withdraw my consent at any time.

I have received a copy of this form for my own records.

I hereby consent to participate in the study.

(Signature of participant)

(Date)

(Printed name of participant)

(Date)

(Signature of Researcher)

(Date)

APPENDIX B : CONSENTEMENT POUR ENTREVUES AVEC PERSONNES CLÉS



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Financement de la recherche

L'étude a reçu du financement de la Commission de la santé mentale du Canada.

Introduction

Avant d'accepter de participer à ce projet de recherche, il est important de lire et de comprendre l'explication suivante de l'étude. Elle décrit le but, les procédures, les avantages et les risques associés à l'étude. Si vous avez des questions après avoir lu ce formulaire, veuillez parler avec l'intervieweur qui vous est assigné. Vous ne devez pas signer ce formulaire si vous n'êtes pas certain de tout comprendre ce qu'il contient.

But de la recherche

Le but de l'étude est de comparer l'efficacité de nouveaux services, qui incluent le logement et le soutien, aux services déjà offerts à Moncton. Dans le cadre de cette étude, nous ferons le suivi de 200 personnes qui habitent Moncton, pour une période de deux (2) ans. De ce groupe, 100 personnes recevront les nouveaux services et 100 personnes recevront les services déjà offerts. Cette étude fait partie d'une étude nationale dans lesquels différents genres de nouveaux services liés au logement et au soutien sont examinés dans cinq villes : Moncton, Montréal, Toronto, Winnipeg et Vancouver.

QUEL EST MON RÔLE DANS CETTE ÉTUDE?

Dans le cadre de cette évaluation, nous vous demandons de participer à une entrevue en personne d'une durée d'environ 60 minutes. Le but de cette entrevue est de vous donner l'occasion de partager vos connaissances sur la mise en œuvre du modèle d'intervention axé sur la *priorité au logement* dans le projet de recherche sur la santé mentale et l'itinérance CSMC basé à Moncton. Nous vous demanderons une série de questions pendant l'entrevue. Nous ferons un enregistrement sonore des entrevues et l'intervieweuse ou l'intervieweur prendra également des notes détaillées.

POURQUOI PARTICIPER?

Nous croyons que vos opinions sont importantes, car les résultats de cette étude fourniront des renseignements à d'autres juridictions qui prévoient procéder à des projets semblables. Nous effectuerons aussi des entrevues et groupes de discussion avec d'autres personnes qui ont joué un rôle central dans la mise en œuvre du programme *Chez Soi / At Home*.

QUELS SONT LES RISQUES SI JE PARTICIPE?

Participer à cette recherche comporte peu de risques. Il est possible que quelques questions vous mettent mal à l'aise, mais n'oubliez pas que vous n'êtes pas obligé de répondre. Les chercheuses et les chercheurs garderont vos réponses de façon confidentielles. L'avantage principal de participer est celui de savoir que vous contribuez à l'amélioration des services pour des personnes sans domicile fixe qui ont des difficultés de santé mentale. Nous vous prions de vous rappeler que vous êtes libre de mettre fin à votre participation en tout temps.

EST-CE QUE JE DOIS PARTICIPER?

Non. Vous n'êtes pas obligé de participer. Votre participation est **volontaire**. Vous pouvez refuser de répondre à toute question si tel est votre désir. Vous pouvez mettre fin à l'entrevue en tout temps.

COMMENT SERONT TRAITÉS LES RENSEIGNEMENTS RECUEILLIS PENDANT L'ÉTUDE?

Seulement les membres de l'équipe de recherche auront accès aux données. Aucun nom de personnes ou d'organismes ne paraîtra sur les rapports provenant de cette évaluation. Comme mesure additionnelle, les formulaires de consentement seront conservés séparément des données recueillies.

Pour protéger la confidentialité de vos informations, les informations personnelles que vous aurez partagées avec nous lors des entrevues seront transcrites et puis transférées à un serveur sécurisé situé en Ontario, où seront entreposées les données recueillies dans les cinq villes qui participent au projet de recherche.

Nous garderons votre nom et d'autres informations qui vous identifient sur un formulaire séparé dans notre bureau à Moncton. Nous garderons ces informations identificatrices que vous partagerez avec nous dans un classeur verrouillé au bureau et seulement le personnel de recherche autorisé y aura accès. Toutes les bases données créés pour le projet et tous les documents qui contiennent de l'information personnelle, soit en format électronique ou sur papier, tels les formulaires de consentement, seront détruits 10 ans après le fin du projet.

Lors de la communication des résultats, vos réponses seront combinées avec celles des autres personnes qui ont participé aux entrevues. Si quelque chose que vous avez dit est utilisé, nous ferons en sorte qu'il soit impossible de vous identifier. Nous assurerons la confidentialité de vos réponses en n'utilisant jamais votre nom dans les rapports écrits basés sur cette évaluation.

À QUI EST-CE QUE JE DOIS M'ADRESSER SI J'AI DES QUESTIONS À PROPOS DE MES DROITS EN TANT QUE PARTICIPANTE OU PARTICIPANT DANS CETTE ÉTUDE?

Si vous avez des questions sur vos droits en tant que participante ou participant à une recherche, vous pouvez communiquer avec le Bureau d'éthique en recherche ou avec la présidente du Comité d'éthique de la recherche en sciences sociales et humanités à l'Université d'Ottawa au 613-562-5841 ou avec le président du Comité d'éthique de la recherche à l'Université de Moncton au 506-858-4310.

CONSENTEMENT ÉCLAIRÉ

Je sais que je peux refuser de répondre aux questions et que je peux retirer mon consentement en tout temps.

J'ai reçu une copie de ce formulaire que je peux conserver dans mes propres dossiers.

Je consens par la présente à participer à l'étude.

(Signature de la participante ou du participant)

(Date)

(Nom en lettres moulées de la participante ou du participant)

(Date)

(Signature de la chercheuse ou du chercheur)

(Date)

APPENDIX C: KEY INFORMANT INTERVIEW GUIDE

Thank you for attending this interview. As you know, the purpose of this interview is for you to share your knowledge about key program components of the MHCC At Home/Chez Soi project and their implementation. We believe that this is important because the findings of this research will inform other jurisdictions that are interested in implementing similar initiatives. The interview will take less than one hour.

Before we get started let's review the consent form. Then you can decide if you want to participate in the interview.

[Interviewer reviews the information letter and consent form with the participant.]

What questions do you have before we begin?

[After questions have been asked and answered, the participant is asked to complete the consent form and give it to the interviewer.]

I am now going to start the tape recorder.

The purpose of today's interview is to focus on the key program components of the MHCC At Home/Chez Soi project. By components, I mean the critical ingredients of the services that are being delivered in the project.

1. What are the most important program components of the Housing First/ACT model at this site?

Probe about specific elements in the fidelity assessment tool.

2. Are there differences in the program components of Housing First/ACT for people living in the rural area? (If yes) What are those differences?

3. What outcomes do you anticipate as a result of the Housing First/ACT in Moncton and the rural region?

Probe about short term vs. long term outcomes and anticipated timelines for their impact

4. Can you explain how the Housing First/ACT program will produce positive outcomes for clients (e.g., improved housing stability, better functioning in the community)?

Probe: What specific activities, services, or supports are central to producing outcomes ?

How are consumers affected by these program components?

5. What do you feel are the most helpful components of the different interventions in facilitating consumer recovery?

6. What has been done (if anything) to adapt the program to the local context? Were there changes made to the Housing First/ACT program that are specific to your project? Why were these changes made?

7. What other organizations or partners are needed to produce program outcomes?

8. What do you hope to achieve with participants by the end of the study?

9. In your opinion, what are the key factors that create positive change for consumers over time?

Probe about quality of life, physical health, mental health.

10. If you had more time, what would you like to have done to further define or develop the interventions or services delivered by Housing First/ACT?

11. What ideas do you have as to how the findings of the At Home/Chez Soi project can be shared with others?

12. What ideas do you have as to how the At Home/Chez Soi project can be sustained?

APPENDIX D : GUIDE D'ENQUÊTE SOUS FORME D'ENTREVUE

POUR LES PERSONNES CLÉS

Merci de participer à cette entrevue. Comme vous le savez, l'objectif de cette entrevue est de vous permettre de partager vos connaissances à propos des composantes clés du projet Chez Soi de la Commission de la santé mentale du Canada et de son implantation. Nous croyons qu'il est important de définir les composantes déterminantes de ce programme et d'en établir la fidélité par rapport au modèle. L'entrevue durera moins d'une heure.

Avant de commencer, examinons le formulaire de consentement. Vous pourrez ensuite décider si vous souhaitez participer à l'entrevue.

[L'intervieweur passe en revue la lettre d'information et le formulaire de consentement avec les participants.]

Avez-vous des questions avant de commencer?

[Après avoir répondu aux questions, on demande aux participants de remplir le formulaire de consentement et de le remettre à l'intervieweur.]

Je mets en marche le magnétophone.

L'entrevue d'aujourd'hui porte surtout sur les composantes clés du projet Chez Soi de la Commission de la santé mentale du Canada. Par composantes, je veux dire les éléments essentiels des services offerts dans le cadre de ce projet.

1. Quelles composantes du volet Priorité au logement et SIM sont les plus importantes ici?

Posez des questions relevant d'éléments précis de l'outil d'évaluation de la fidélité.

2. Quelles composantes du volet Priorité au logement et SIV sont les plus importantes ici?

Posez des questions relevant d'éléments précis de l'outil d'évaluation de la fidélité.

3. Quels composantes du volet Priorité au logement relatives aux interventions spécifiques sont-elles offertes ici? (Remarque : Cette question est facultative.)

(Moncton seulement) – Les composantes du volet Priorité au logement diffèrent-elles pour les personnes recevant un SIM en région rurale? (Si oui) Quelles sont ces différences?

4. Quels résultats attendez-vous des volets Priorité au logement et SIM, Priorité au logement et SIV et Priorité au logement et interventions particulières pour ce site?

Posez des questions concernant les résultats à court et long termes et les échéanciers prévus relatifs aux répercussions de ces volets.

5. Croyez-vous que les composantes des différents volets auront des résultats positifs chez les utilisateurs? (P. ex. amélioration de la stabilité de logement ou du fonctionnement dans en société.)

Question : Quelles sont les activités ou interventions particulières essentielles au succès des volets?

De quelle façon ces composantes du programme touchent-elles les utilisateurs du programme?

6. Que sont, selon vous, les composantes les plus utiles aux différentes interventions pour favoriser le rétablissement des utilisateurs?

7. Quelles sont les mesures qui ont été prises (le cas échéant) pour adapter le programme au contexte local? Quels changements ont été apportés aux volets Priorité au logement et SIM spécifiquement pour votre projet? Pourquoi ces changements ont-ils été apportés?

8. Quels sont les autres organismes ou partenaires nécessaires au succès du programme?

9. Que comptez-vous accomplir avec les participants d'ici la fin de cette étude?

10. Selon vous, quels facteurs clés engendrent des changements positifs chez les utilisateurs à long terme?

Posez des questions concernant la qualité de vie, la santé physique, la santé mentale.

11. Si vous aviez plus de temps, que feriez-vous pour définir plus précisément les interventions?

12. Avez-vous des idées pour propager les observations du projet Chez Soi?

13. Avez-vous des idées pour que le projet Chez Soi ait des répercussions durables?

APPENDIX E: INFORMED CONSENT FOR ACT STAFF FOCUS GROUP



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Purpose of the Research

The goal of this study is to compare the effectiveness of new services that include housing and support to regular services available in Moncton. For the study, we will be following a group of 200 people living in Moncton for a two-year period. Of this group, 100 people will be receiving the new services and the other 100 people will be receiving the regular services. The study is part of a national study in which different kinds of new services relating to housing and support are being examined in five different cities, including Moncton. The other cities are Montreal, Toronto, Winnipeg, and Vancouver.

WHAT IS MY ROLE IN THIS STUDY?

For this evaluation, we are asking you to participate in a focus group that will last approximately 60-90 minutes. The purpose of this focus group is for you to share your knowledge about the implementation of Housing First services in the MHCC Homelessness and Mental Health project in Moncton. You will be asked a series of questions in the focus group. The interview will be audio-recorded and the interviewer will also be taking detailed notes.

WHY SHOULD I PARTICIPATE?

We believe that your opinions are important because the findings of this research will inform other jurisdictions who are interested in planning similar initiatives. We will also be interviewing and holding focus groups with other people who played a key role in the implementation of the Housing First Program.

ARE THERE ANY RISKS TO MY PARTICIPATING?

Participating in this research involves few risks. There is a possibility that some questions may make you uncomfortable, but please remember that you are not obligated to answer any question. Your answers will be kept private and confidential by the researchers. You are also asked to keep information shared in the focus group confidential. The main benefit of participation is the knowledge that you are contributing to the development of services for people with mental health problems experiencing homelessness. Please remember that you may end your participation at any time.

DO I HAVE TO PARTICIPATE?

No. You do not have to participate. Participating in this evaluation is **voluntary**. You may refuse to answer any question. You may stop the interview at any time.

HOW WILL INFORMATION COLLECTED IN THE STUDY BE HANDLED?

Only members of the research will have access to the data. No identifying names of persons or organizations will appear in any reports arising from this evaluation. As an additional precaution, consent forms will be stored separately from collected data.

To protect your confidentiality, all of the information you provide in the focus group will be transcribed and then transferred to a secure computer server located in Ontario, on which the data from the five cities participating in the studies will be stored.

We will keep locally in our research office in Moncton your name and other identifying information on a separate form. Identifying information you give us will be kept on paper in a locked filing cabinet in the research office and only authorized research staff will have access to the information. Data bases created for the study and all records containing personal information whether in electronic or paper format such as consent forms will be destroyed 10 years after the completion of the study.

In reporting results, your answers will be combined with those of all the other people we will interview. If something you say in the interview is used, it will be reported in such a way that no one will be able to identify you. We will maintain the privacy of your answers by never using your name in reports written based on this evaluation.

WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT MY RIGHTS AS A PARTICIPANT IN THIS STUDY

If you have any questions about your rights as a research participant, you may contact the Ethics Office or the Chair of the Social Sciences Research Ethics Board at the University of Ottawa at (613) 562-5841 or the Chair of the Research Ethics Board at the Université de Moncton at (506) 858-4310.

INFORMED CONSENT

I know that I can refuse to answer questions and may withdraw my consent at any time.

I have received a copy of this form for my own records.

I hereby consent to participate in the study.

(Signature of participant)

(Date)

(Printed name of participant)

(Date)

(Signature of Researcher)

(Date)

APPENDIX F: CONSENTEMENT POUR LES GROUPES DE DISCUSSION AVEC LES INTERVENANTS DU ACT



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Financement de la recherche

L'étude a reçu du financement de la Commission de la santé mentale du Canada.

Introduction

Avant d'accepter de participer à ce projet de recherche, il est important de lire et de comprendre l'explication suivante de l'étude. Elle décrit le but, les procédures, les avantages et les risques associés à l'étude. Si vous avez des questions après avoir lu ce formulaire, veuillez parler avec l'intervieweur qui vous est assigné. Vous ne devez pas signer ce formulaire si vous n'êtes pas certain de tout comprendre ce qu'il contient.

But de la recherche

Le but de l'étude est de comparer l'efficacité de nouveaux services, qui incluent le logement et le soutien, aux services déjà offerts à Moncton. Dans le cadre de cette étude, nous ferons le suivi de 200 personnes qui habitent Moncton, pour une période de deux (2) ans. De ce groupe, 100 personnes recevront les nouveaux services et 100 personnes recevront les services déjà offerts. Cette étude fait partie d'une étude nationale dans lesquels différents genres de nouveaux services liés au logement et au soutien sont examinés dans cinq villes : Moncton, Montréal, Toronto, Winnipeg et Vancouver.

QUEL EST MON RÔLE DANS CETTE ÉTUDE?

Dans le cadre de cette évaluation, nous vous demandons de participer à un groupe de discussion en personne d'une durée de 60 à 90 minutes. Le but de cette groupe de discussion est de vous donner l'occasion de partager vos connaissances sur la mise en œuvre du modèle d'intervention axé sur la *priorité au logement* dans le projet de recherche sur la santé mentale et l'itinérance CSMC basé à Moncton. Dans le groupe de discussion, nous demanderons aux participants une série de questions concernant le programme dans lequel vous travaillez. Nous ferons un enregistrement sonore de la discussion parvenant du groupe et les facilitateurs prendront également des notes détaillées.

POURQUOI PARTICIPER?

Nous croyons que vos opinions sont importantes, car les résultats de cette étude fourniront des renseignements à d'autres juridictions qui prévoient procéder à des projets semblables. Nous effectuerons aussi des entrevues et groupes de discussion avec d'autres personnes qui ont joué un rôle central dans la mise en œuvre du programme *Priorité au logement*.

QUELS SONT LES RISQUES SI JE PARTICIPE?

Participer à cette recherche comporte peu de risques. Il est possible que quelques questions vous mettent mal à l'aise, mais n'oubliez pas que vous n'êtes pas obligé de répondre. Les chercheuses et les chercheurs garderont vos réponses de façon confidentielles. Nous vous demandons aussi de garder confidentiel l'information partagée dans ce groupe de discussion. L'avantage principal de participer est celui de savoir que vous contribuez à l'amélioration des services pour des personnes sans domicile fixe qui ont des difficultés de santé mentale. Nous vous prions de vous rappeler que vous êtes libre de mettre fin à votre participation en tout temps.

EST-CE QUE JE DOIS PARTICIPER?

Non. Vous n'êtes pas obligé de participer. Votre participation est **volontaire**. Vous pouvez refuser de répondre à toute question si tel est votre désir. Vous pouvez mettre fin à l'entrevue en tout temps.

COMMENT SERONT TRAITÉS LES RENSEIGNEMENTS RECUEILLIS PENDANT L'ÉTUDE?

Seulement les membres de l'équipe de recherche auront accès aux données. Aucun nom de personnes ou d'organismes ne paraîtra sur les rapports provenant de cette évaluation. Comme mesure additionnelle, les formulaires de consentement seront conservés séparément des données recueillies.

Pour protéger la confidentialité de vos informations, les informations personnelles que vous aurez partagées avec nous lors des entrevues seront transcrites et puis transférées à un serveur sécurisé situé en Ontario, où seront entreposées les données recueillies dans les cinq villes qui participent au projet de recherche.

Nous garderons votre nom et d'autres informations qui vous identifient sur un formulaire séparé dans notre bureau à Moncton. Nous garderons ces informations identificatrices que vous partagerez avec nous dans un classeur verrouillé au bureau et seulement le personnel de recherche autorisé y aura accès. Toutes les bases données créés pour le projet et tous les documents qui contiennent de l'information personnelle, soit en format électronique ou sur papier, tels les formulaires de consentement, seront détruits 10 ans après le fin du projet.

Lors de la communication des résultats, vos réponses seront combinées avec celles des autres personnes qui ont participé aux entrevues. Si quelque chose que vous avez dit est utilisé, nous ferons en sorte qu'il soit impossible de vous identifier. Nous assurerons la confidentialité de vos réponses en n'utilisant jamais votre nom dans les rapports écrits basés sur cette évaluation.

À QUI EST-CE QUE JE DOIS M'ADRESSER SI J'AI DES QUESTIONS À PROPOS DE MES DROITS EN TANT QUE PARTICIPANTE OU PARTICIPANT DANS CETTE ÉTUDE?

Si vous avez des questions sur vos droits en tant que participante ou participant à une recherche, vous pouvez communiquer avec le Bureau d'éthique en recherche ou avec la présidente du Comité d'éthique de la recherche en sciences sociales et humanités à l'Université d'Ottawa au 613-562-5841 ou avec le président du Comité d'éthique de la recherche à l'Université de Moncton au 506-858-4310.

CONSENTEMENT ÉCLAIRÉ

Je sais que je peux refuser de répondre aux questions et que je peux retirer mon consentement en tout temps.

J'ai reçu une copie de ce formulaire que je peux conserver dans mes propres dossiers.

Je consens par la présente à participer à l'étude.

(Signature de la participante ou du participant)

(Date)

(Nom en lettres moulées de la participante ou du participant)

(Date)

(Signature de la chercheuse ou du chercheur)

(Date)

APPENDIX G: FOCUS GROUP INTERVIEW GUIDE FOR ACT STAFF

Thanks everyone for attending this voluntary focus group session. As you know, the purpose of this interview is for you to share your knowledge about the implementation to date of the MHCC At Home/Chez Soi project. We believe that this is important because the findings of this research will inform other jurisdictions that are interested in implementing similar initiatives. The focus group will be no more than one hour to one and a half hours in length.

Before we get started let's review the consent form. Then you can decide if you want to participate in the focus group.

[Interviewer reviews the information letter and consent form with participants.]

What questions do you have before we begin?

[After questions have been asked and answered, participants are asked to complete the consent forms and give them to the facilitators.]

Let's begin by introducing ourselves to the rest of the group.

[After introductions have been made.] I am now going to start the tape recorder.

The purpose of today's discussion is to focus on the implementation of the MHCC At Home/Chez Soi project. I will give everyone a chance to respond to each question. If you don't want to give your opinions or voice your experiences about the question, feel free to pass.

Fidelity Evaluation Issues

First, I'd like to ask you about the extent to which the implementation of the MHCC At Home/Chez Soi program at this site corresponds to the original plans. Are there any discrepancies between planned and actual implementation of Housing First/ACT and Housing First/ICM? (If yes) What are they? Why are these discrepancies present?

Formative Evaluation Issues

General Formative Issues

Now I'd like to know your thoughts about which parts of the project are working well and which aspects are not working as well. What parts of the implementation of the MHCC At Home/Chez Soi project do you think are working well?

Probe question:

What things have helped program implementation to go smoothly (e.g., service team, project team, landlords, wider community, partnerships, research, the national team)?

What parts are not working well?

Probe question:

What challenges and barriers have emerged as the program has been implemented (e.g., systemic issues, other organizations, landlords, team dynamics, leadership, human resources, etc.)?

Relationships

How have the research, housing services, other service providers and other stakeholders been working together?

- How have working relationships evolved since the beginning of the project?
- Is there anything that needs to be addressed to improve working relationships?

What has the relationship been like between the national team overseeing the project and your site group during the implementation process?

What other stakeholders have been involved in the implementation process and in what capacity?

Consumer Involvement

Next, I'd like to ask you to talk about the role of consumer participation in the implementation of the project.

1. How have people with lived experience participated in the implementation of the project?

2. What has facilitated the involvement of people with lived experience? What barriers have there been to this involvement?

1. So far, what types of impacts have resulted from consumer participation in the project?

Structures

What organizational structures does the project have in place to provide direction and assistance with the implementation the Housing First/ACT services? How well are they working?

Probe about advisory committee, regular meetings

What aspects of the project's organizational structure facilitate the implementation of Housing First / ACT services? What aspects impede this implementation?

Resources

What resources have been important for successfully implementing Housing First /ACT services?

Probe questions:

1. What qualities and skills do you think are critical for the staff who do this work?
 - What did you do initially to train your staff to do the work?
 - Local training
 - National training (Toronto, webinars, site visits, etc.)
2. How is the sustainability of the program being addressed?

Developmental Evaluation Issues

Next, I'd like to ask you about the ways that the Housing First/ACT program in Moncton and the rural region have changed, developed, or adapted over the course of its implementation so far.

1. What has been done (if anything) to adapt the programs to the local context?
2. What are the key factors in the program's environment, such as the larger community, network of services, that are influencing its successful implementation? (e.g., broader system/policy changes, resources, team dynamics, leadership, etc.)
3. Describe how any new program innovations, if any, including the rural-based services, have resulted from changes over time?

Ending the Interview

Are there any other perceptions about the program you haven't had a chance to mention you would like to add before we finish up?

As I bring this focus group to a close I would like to know about your experiences (how you feel, what you are thinking) about having participated today/tonight. What was it like for you to participate in this focus group?

APPENDIX H : GUIDE D'ENTREVUE POUR LES GROUPES DE DISCUSSION AVEC LES INTERVENANTS DU ACT

Merci à tous de participer à cette discussion volontaire en groupe. Comme vous le savez, l'objectif de cette entrevue est de solliciter vos commentaires concernant l'implantation du projet Chez Soi de la Commission de la santé mentale du Canada à ce jour. Nous pensons que cela est important du fait que les résultats de cette recherche permettront d'informer d'autres territoires intéressés par l'implantation d'initiatives similaires. La discussion ne durera pas plus d'une heure à une heure trente.

Avant de commencer, examinons le formulaire de consentement. Vous pourrez ensuite décider si vous souhaitez participer à cette discussion.

[L'intervieweur passe en revue la lettre d'information et le formulaire de consentement avec les participants.]

Avez-vous des questions avant de commencer?

[Après avoir répondu aux questions, on demande aux participants de remplir les formulaires de consentement et de les remettre aux animateurs.]

Commençons par les présentations.

[Après les présentations.] Je mets en marche le magnétophone.

La discussion d'aujourd'hui porte sur l'implantation du projet Chez Soi de la Commission de la santé mentale du Canada. Je vais donner la chance à tous de répondre à chaque question. Si vous ne voulez pas donner votre opinion ou parler de vos expériences concernant la question, n'hésitez pas à passer votre tour.

Problèmes d'évaluation de la fidélité

Tout d'abord, j'aimerais vous demander jusqu'à quel point l'implantation du programme Chez Soi sur ce site respecte le programme original. Y a-t-il des écarts entre l'implantation planifiée et l'implantation réelle des volets Priorité au logement et SIM et Priorité au logement et SIV? (Si oui) Quels sont-ils? Pourquoi ces écarts sont-ils présents?

Problèmes d'évaluation formative

Problèmes formatifs généraux

J'aimerais maintenant connaître votre opinion concernant les éléments du projet qui fonctionnent bien et ceux qui fonctionnent moins bien. Selon vous, quels sont les éléments de l'implantation du projet Chez Soi de la Commission qui fonctionnent bien?

Question :

Quels sont les éléments qui ont facilité l'implantation du programme (p. ex. équipe des services, équipe du projet, propriétaires, communauté élargie, chercheurs, équipe nationale)?

Quels éléments ne fonctionnent pas bien?

Question :

Quels défis se sont posés lors de l'implantation du programme? (P. ex. problèmes systémiques, autres organisations, propriétaires, dynamiques d'équipes, leadership, ressources humaines, etc.)

Relations

Comment le personnel de recherche, des services d'hébergement et les autres partenaires ont-ils collaboré?

- Comment ont évolué les relations de travail depuis le début du projet?
- Y a-t-il un problème à régler afin d'améliorer les relations de travail?

Quelle a été la relation entre l'équipe nationale qui supervise le projet et le personnel de votre site au cours du processus d'implantation?

Quelles sont les autres partenaires qui ont participé au processus d'implantation et à quel titre?

Participation des utilisateurs

Maintenant, j'aimerais que vous me parliez du rôle accordé à la participation des utilisateurs dans l'implantation du projet.

1. Comment les personnes ayant un vécu de la maladie mentale ont-elles participé à l'implantation du projet?
2. Qu'a favorisé la participation des personnes ayant un vécu de la maladie mentale? Quels ont été les obstacles à cette participation?
3. Jusqu'à présent, quels types d'effets a engendré la participation des utilisateurs à ce projet?

Structures

Quelles sont les structures organisationnelles en place au sein de votre projet pour fournir une orientation et de l'aide relatives à l'implantation du volet Priorité au logement et SIM? À quel point fonctionnent-elles?

Quels sont les aspects de la structure organisationnelle du projet qui facilitent l'implantation du volet Priorité au logement et SIM? Quels aspects font obstacle à l'implantation?

Ressources

Quelles ont été les ressources importantes dans la réussite de l'implantation des volets Priorité au logement et SIM et Priorité au logement et SIV?

Questions :

1. Selon vous, quelles sont les qualités et les compétences essentielles que doit avoir le personnel qui accomplit ce travail?
 - Qu'avez-vous fait, au début, pour former votre personnel à accomplir le travail?
 - Formation à l'échelon local
 - Formation à l'échelon national (Toronto, webinaires, visites de sites, etc.)
2. Comment favorise-t-on la durabilité du programme?

Problèmes d'évaluation du développement

J'aimerais maintenant vous demander de quelle façon les volets Priorité au logement et SIM, Priorité au logement et SIV ou Priorité au logement et interventions particulières ont évolué ou se sont adaptés depuis l'implantation.

1. Qu'a-t-on fait (le cas échéant) pour adapter les programmes au contexte local?
2. Quels sont les facteurs clés de l'environnement du programme (c.-à-d. la communauté élargie, le réseau de services) qui influencent la réussite de son implantation? (P. ex. changements du système ou des politiques en général, ressources, dynamiques d'équipes, leadership, etc.)
3. Décrivez comment des innovations au programme (le cas échéant) y compris le troisième groupe, ont émergé de ces changements au fil du temps?

Fin de l'entrevue

Avez-vous d'autres impressions sur le programme que vous n'avez pu mentionner et que vous aimeriez ajouter avant de terminer?

Avant de mettre fin à cette discussion, j'aimerais savoir ce que vous avez ressenti ou pensé au sujet de cette rencontre. Que retenez-vous de votre participation à cette discussion?

Pourrait-on faire quelque chose pour améliorer la rencontre?

J'éteins maintenant le magnétophone.

Avez-vous des questions?

Je vous remercie d'avoir participé à cette discussion. J'apprécie que vous ayez partagé votre expérience avec moi.

APPENDIX I: INFORMED CONSENT FOR CONSUMER FOCUS GROUP



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Study Funding

The study has received funding from the Mental Health Commission of Canada.

Introduction

Before you agree to participate in this research study, it is important that you read and understand the following explanation of the study. It describes the purpose, procedures, benefits, and risks associated with the study. If you have questions after you read through this form, ask your interviewer. You should not sign this form until you are sure you understand everything on this form.

Purpose of the Research

The goal of this study is to compare the effectiveness of new services that include housing and support to regular services available in Moncton. For the study, we will be following a group of 200 people living in Moncton for a two-year period. Of this group, 100 people will be receiving the new services and the other 100 people will be receiving the regular services. The study is part of a national study in which different kinds of new services relating to housing and support are being examined in five different cities, including Moncton. The other cities are Montreal, Toronto, Winnipeg, and Vancouver.

WHAT IS MY ROLE IN THIS STUDY?

For this study we are asking you to participate in a focus group with some other clients of the program that will last approximately 60-90 minutes. The purpose of this focus group is for you to share your knowledge about the implementation of Housing First services in the MHCC Homelessness and Mental Health project in Moncton. You will be asked a series of questions in the focus about your impression of these services. The focus group will be audio-recorded and the interviewers will also be taking detailed notes.

WHY SHOULD I PARTICIPATE?

We believe that your opinions are important because the findings of this research will inform other jurisdictions who are interested in planning similar initiatives. We will also be interviewing and holding focus groups with other people who played a key role in the implementation of these services to gain their perspectives as well.

ARE THERE ANY RISKS TO MY PARTICIPATING?

Participating in this research involves few risks. There is a possibility that some questions may make you uncomfortable, but please remember that you are not obligated to answer any question. We are also asking focus group participants like you to keep any information shared in the focus group confidential. All of the collected information will be kept private and confidential by the researchers. The main benefit of participation is the knowledge that you are contributing to the development of services for people with mental health problems experiencing homelessness. Please remember that you may end your participation at any time.

DO I HAVE TO PARTICIPATE?

No. You do not have to participate. Participating in this evaluation is **voluntary**. You may refuse to answer any question. You may stop the interview at any time.

HOW WILL INFORMATION COLLECTED IN THE STUDY BE HANDLED?

Only members of the research will have access to the data. No identifying names of persons or organizations will appear in any reports arising from this evaluation. As an additional precaution, consent forms will be stored separately from collected data.

To protect your confidentiality, all of the information you provide in the focus group will be transcribed and then transferred to a secure computer server located in Ontario, on which the data from the five cities participating in the studies will be stored. Any notes taken by researchers will be kept by them in a secure location and will not include identifying information of focus group participants.

We will keep locally in our research office in Moncton your name and other identifying information on a separate form. Identifying information you give us will be kept on paper in a locked filing cabinet in the research office and only authorized research staff will have access to the information. Data bases created for the study and all records containing personal information whether in electronic or paper format such as consent forms will be destroyed 10 years after the completion of the study.

In reporting results, your answers will be combined with those of all the other people we will interview. If something you say in the interview is used, it will be reported in such a way that no one will be able to identify you. We will maintain the privacy of your answers by never using your name in reports written based on this evaluation.

COMPENSATION

For your participation in this interview, you will receive compensation in the amount of \$20.

WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT MY RIGHTS AS A PARTICIPANT IN THIS STUDY

If you have any questions about your rights as a research participant, you may contact the Ethics Office or the Chair of the Social Sciences Research Ethics Board at the University of Ottawa at (613) 562-5841 or the Chair of the Research Ethics Board at the Université de Moncton at (506) 858-4310.

INFORMED CONSENT

I know that I can refuse to answer questions and may withdraw my consent at any time.

I have received a copy of this form for my own records.

I hereby consent to participate in the study.

(Signature of participant)

(Date)

(Printed name of participant)

(Date)

(Signature of Researcher)

(Date)

APPENDIX J: CONSENTEMENT POUR LES GROUPES DE DISCUSSION AVEC LES UTILISATEURS



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Financement de la recherche

L'étude a reçu du financement de la Commission de la santé mentale du Canada.

Introduction

Avant d'accepter de participer à ce projet de recherche, il est important de lire et de comprendre l'explication suivante de l'étude. Elle décrit le but, les procédures, les avantages et les risques associés à l'étude. Si vous avez des questions après avoir lu ce formulaire, veuillez parler avec l'intervieweur qui vous est assigné. Vous ne devez pas signer ce formulaire si vous n'êtes pas certain de tout comprendre ce qu'il contient.

But de la recherche

Le but de l'étude est de comparer l'efficacité de nouveaux services, qui incluent le logement et le soutien, aux services déjà offerts à Moncton. Dans le cadre de cette étude, nous ferons le suivi de 200 personnes qui habitent Moncton, pour une période de deux (2) ans. De ce groupe, 100 personnes recevront les nouveaux services et 100 personnes recevront les services déjà offerts. Cette étude fait partie d'une étude nationale dans lesquels différents genres de nouveaux services liés au logement et au soutien sont examinés dans cinq villes : Moncton, Montréal, Toronto, Winnipeg et Vancouver.

QUEL EST MON RÔLE DANS CETTE ÉTUDE?

Dans le cadre de cette évaluation, nous vous demandons de participer à un groupe de discussion d'une durée d'environ 60 à 90 minutes. Le but de ce groupe de discussion est de vous donner l'occasion de partager vos connaissances sur la mise en œuvre du modèle d'intervention axé sur la *priorité au logement* dans le projet de recherche sur la santé mentale et l'itinérance CSMC basé à Moncton. Nous vous demanderons une série de questions pendant la discussion sur ce que vous pensez de ces services. Nous ferons un enregistrement sonore de la discussion et l'intervieweuse ou l'intervieweur prendra également des notes détaillées.

POURQUOI PARTICIPER?

Nous croyons que vos opinions sont importantes, car les résultats de cette étude fourniront des renseignements à d'autres juridictions qui prévoient procéder à des projets semblables. Nous effectuerons aussi des entrevues et groupes de discussion avec d'autres personnes qui ont joué un rôle central dans la mise en œuvre de ces services.

QUELS SONT LES RISQUES SI JE PARTICIPE?

Participer à cette recherche comporte peu de risques. Il est possible que quelques questions vous mettent mal à l'aise, mais n'oubliez pas que vous n'êtes pas obligé de répondre. Nous demandons également aux participantes et participants du groupe de discussion de garder confidentiel ce qui partagé lors de la rencontre. Les chercheuses et les chercheurs garderont tous les renseignements recueillis confidentiels. L'avantage principal de participer est celui de savoir que vous contribuez à l'amélioration des services pour des personnes sans domicile fixe qui ont des difficultés de santé mentale. Nous vous prions de vous rappeler que vous êtes libre de mettre fin à votre participation en tout temps.

EST-CE QUE JE DOIS PARTICIPER?

Non. Vous n'êtes pas obligé de participer. Votre participation est **volontaire**. Vous pouvez refuser de répondre à toute question si tel est votre désir. Vous pouvez mettre fin à l'entrevue en tout temps.

COMMENT SERONT TRAITÉS LES RENSEIGNEMENTS RECUEILLIS PENDANT L'ÉTUDE?

Seulement les membres de l'équipe de recherche auront accès aux données. Aucun nom de personnes ou d'organismes ne paraîtra sur les rapports provenant de cette évaluation. Comme mesure additionnelle, les formulaires de consentement seront conservés séparément des données recueillies.

Pour protéger la confidentialité de vos informations, les informations personnelles que vous aurez partagées avec nous lors des entrevues seront transcrites et puis transférées à un serveur sécurisé situé en Ontario, où seront entreposées les données recueillies dans les cinq villes qui participent au projet de recherche. Les notes prises par les chercheurs durant le groupe de discussion seront gardées dans un lieu sûr et ne contiendra pas d'information qui pourrait vous identifier. Nous demandons aussi aux participants dans les groupes de discussion de garder confidentiel l'information qui est partagée.

Nous garderons votre nom et d'autres informations qui vous identifient sur un formulaire séparé dans notre bureau à Moncton. Nous garderons ces informations identificatrices que vous partagerez avec nous dans un classeur verrouillé au bureau et seulement le personnel de recherche autorisé y aura accès. Toutes les bases de données créés pour le projet et tous les documents qui contiennent de l'information personnelle, soit en format électronique ou sur papier, tels les formulaires de consentement, seront détruits 10 ans après le fin du projet.

Lors de la communication des résultats, vos réponses seront combinées avec celles des autres personnes qui ont participé aux entrevues. Si quelque chose que vous avez dit est utilisé, nous ferons en sorte qu'il soit impossible de vous identifier. Nous

assurons la confidentialité de vos réponses en n'utilisant jamais votre nom dans les rapports écrits basés sur cette évaluation.

REMBOURSEMENT POUR PARTICIPATION DANS LE GROUPE DE DISCUSSION

Pour votre participation dans ce groupe de discussion vous recevrez un remboursement de \$20.

À QUI EST-CE QUE JE DOIS M'ADRESSER SI J'AI DES QUESTIONS À PROPOS DE MES DROITS EN TANT QUE PARTICIPANTE OU PARTICIPANT À CETTE ÉTUDE?

Si vous avez des questions sur vos droits en tant que participante ou participant à une recherche, vous pouvez communiquer avec le Bureau d'éthique en recherche ou avec la présidente du Comité d'éthique de la recherche en sciences sociales et humanités à l'Université d'Ottawa au 613-562-5841 ou avec le président du Comité d'éthique de la recherche à l'Université de Moncton au 506-858-4310.

CONSENTEMENT ÉCLAIRÉ

Je sais que je peux refuser de répondre aux questions et que je peux retirer mon consentement en tout temps.

J'ai reçu une copie de ce formulaire que je peux conserver dans mes propres dossiers.

Je consens par la présente à participer à l'étude.

(Signature de la participante ou du participant)

(Date)

(Nom en lettres moulées de la participante ou du participant)

(Date)

(Signature de la chercheuse ou du chercheur)

(Date)

APPENDIX K: FOCUS GROUP INTERVIEW GUIDE FOR CONSUMERS

Thanks everyone for attending this voluntary focus group session. The purpose of this group is for you to share your experiences about the services that you are receiving, or have received, in your community. This research is part of the MHCC “At Home” project. It will help us to understand the services that are currently available in your community, what you believe works well, and what could be improved. The focus group will take about one hour to one and a half hours.

Before we get started, let’s review the consent form. Then you can decide if you want to participate in the focus group.

[Interviewer reviews the information letter and consent form with participants.]

What questions do you have before we begin?

[After questions have been asked and answered, participants are asked to complete the consent forms and give them to the facilitators.]

Let’s begin by introducing ourselves to the rest of the group.

[After introductions have been made.] I am now going to start the tape recorder.

The purpose of today’s discussion is to learn about your experiences accessing services in your community. I will give everyone a chance to respond to each question. If you don’t want to give your opinions or voice your experiences about the question, feel free to pass.

1. What type of services are you currently receiving, or have you received, in this program and in this community?

Potential probes:

- a. What is that program like?
- b. What group provides that service?
- c. Where do you go to access that service?

2. What things are helpful about the services you are receiving or have received? Why are these things helpful? How have they helped you in your recovery?

Probe for:

- a. Accessibility issues (e.g. location, hours, language)
- b. Quality issues (e.g. helpful people, comfortable setting)

3. What things are not helpful about the services you are receiving or have received? Why are these things not helpful? How have they not helped your recovery?

Probe for:

- a. Accessibility issues (e.g. location, hours, language, rules/barriers that get in the way of receiving services)
- b. Quality issues (e.g. unhelpful people, uncomfortable setting, feelings of judgment or stigmatization)

4. What do you think should be changed about the services available in this program and in this community?

Potential probes:

- a. Are there any services that are not currently available that you think would be helpful?
- b. How could the services you are receiving from the At Home/Chez Soi project be improved?

As I bring this interview to a close I would like to know about your experiences (how you feel, what you are thinking) about having participated today/tonight. What was it like for you to participate in this interview?

Is there anything we could do to improve the interview?

I am now shutting off the tape recorder.

What questions do you have of me?

Thank you very much for your participation in this interview. I appreciate your willingness to share your experiences with me.

APPENDIX L : GUIDE POUR LES GROUPES DE DISCUSSION AVEC LES UTILISATEURS

Merci à tous d'être présents à cette discussion volontaire en groupe. Cette discussion a pour but de solliciter vos commentaires sur les services que vous recevez, ou que vous avez reçus, dans votre communauté. Cette recherche fait partie du projet Chez Soi de la Commission de la santé mentale du Canada. Elle nous aidera à avoir une meilleure idée des services actuellement offerts dans votre communauté, des éléments qui selon vous fonctionnent bien et des aspects à améliorer. La discussion durera entre une heure trente et deux heures.

Avant de commencer, passons en revue le formulaire de consentement. Vous pourrez ensuite décider si vous voulez participer à la discussion.

[L'intervieweur passe en revue la lettre d'information et le formulaire de consentement avec les participants.]

Avez-vous des questions avant de débiter?

[Après avoir répondu aux questions, on demande aux participants de remplir les formulaires de consentement et de les remettre aux animateurs.]

Commençons par les présentations.

[Après les présentations.] Je mets en marche le magnétophone.

La discussion d'aujourd'hui porte sur votre expérience de l'accès aux services dans votre communauté. Je vais donner la chance à tous de répondre à chaque question. Si vous ne voulez pas donner votre opinion ou parler de votre expérience, n'hésitez pas à passer votre tour.

1. Quels types de services recevez-vous actuellement, ou avez-vous reçus, dans le cadre de ce programme et dans votre communauté?

Questions potentielles :

- d. À quoi ressemble le programme?
- e. Quel groupe offre ce service?
- f. Où allez-vous pour accéder à ce service?

2. Quels sont les aspects utiles des services que vous recevez ou avez reçus? En quoi ces aspects sont-ils utiles? Comment vous ont-ils aidé dans votre rétablissement?

Demandez-leur de parler des :

- c. Problèmes d'accès (p. ex. emplacement, heures, langue)
- d. Problèmes de qualité (p. ex. personnes utiles, environnements confortables)

3. Quels sont les aspects défavorables des services que vous recevez ou avez reçus? Pourquoi ces aspects sont-ils défavorables? Pourquoi ont-ils nui à votre rétablissement?

Demandez-leur de parler des :

- c. Problèmes d'accès (p. ex. emplacement, heures, langue, règles et obstacles qui empêchent l'accès aux services)
- d. Problèmes relatifs à la qualité (p. ex. personnes inutiles, environnements inconfortables, jugement ou stigmatisation ressentis)

4. Qu'est-ce qui devrait changer, selon vous, par rapport aux services offerts dans le cadre de ce programme et dans la communauté?

Questions potentielles :

- c. Y a-t-il des services qui ne sont actuellement pas offerts mais qui seraient utiles, selon vous?
- d. Comment pourrait-on améliorer les services que vous recevez par le projet Chez Soi?

Avant de mettre fin à cette discussion, j'aimerais savoir ce que vous avez ressenti ou pensé au sujet de cette rencontre. Que retenez-vous de votre participation à cette discussion?

Pourrait-on faire quelque chose pour améliorer la rencontre?

J'éteins maintenant le magnétophone.

Avez-vous des questions?

Je vous remercie d'avoir participé à cette discussion. J'apprécie que vous ayez partagé votre expérience avec moi.

APPENDIX M: INVITATION LETTER TO LANDLORDS



UNIVERSITÉ DE MONCTON
EDMUNDSTON MONCTON SHIPPAGAN

Date

<Insert Address>

Dear ,

We are writing you as members of the research team from the University of Ottawa and the Université de Moncton that is conducting an evaluation of the At Home/Chez Soi program currently being implemented in the Greater Moncton Area. The evaluation is part of a larger multi-city project sponsored by the Mental Health Commission of Canada.

We would like to invite you to participate in an interview with one of us as a landlord or property manager in this evaluation. In particular, we would be interested in hearing your experiences of the program and its participants to date. Your input will help us to understand the functioning of the At Home / Chez Soi program, specifically what is working well in the program and what aspects of it could be improved.

The interview will last 30 to 45 minutes and will be audio recorded. We will be phoning you the week of February 7th to see if you would be interested in participating and to answer any questions you may have. We will be conducting the in-person interviews during the week of February 20, 2011 at a time and location that is convenient for you.

Your participation will be confidential and only members of the research team involved in this particular study will have access to your data for analysis purposes. Study information will be kept in a secure location at the University of Ottawa. The results of the study may be published or presented at professional meetings, but the identity of individual participants will not be revealed.

Please be aware that your participation in the study is completely voluntary. You do not have to participate if you do not want to. You are also free to withdraw at any time or decide not to answer any of the questions asked of you in the interview.

Thank you for your time and we look forward to speaking with you.

Sincerely,

Tim Aubry, Ph.D., C.Psych.
Co-lead, Moncton site
At Home / Chezsoi
Director and Senior Researcher,
Centre for Research on Educational
and Community Services
University of Ottawa

Jimmy Bourque, Ph.D.
Co-Lead, Moncton Site
At Home / Chez Soi
Directeur,
Centre de recherche de
développement en éducation
Université de Moncton

APPENDIX N : LETTRE D'INVITATION POUR LES PROPRIÉTAIRES



UNIVERSITÉ DE MONCTON
EDMUNDSTON MONCTON SHIPPAGAN

Date

<Insérer l'adresse>

Chère ,

Nous vous écrivons en temps que membres de l'équipe de recherche de l'Université d'Ottawa et de l'Université de Moncton qui effectue actuellement une évaluation du programme At Home/Chez Soi dans la région du grand Moncton. L'évaluation fait partie d'un large projet multi-site subventionné par la commission sur la santé mentale du Canada.

Nous aimerions vous inviter à participer à une entrevue en temps que propriétaire ou gérant de propriété. En particulier, nous aimerions nous entretenir avec vous concernant vos expérience avec le programme et ses participants. Votre contribution nous aidera à comprendre le fonctionnement du programme At Home / Chez Soi, plus spécifiquement ce qui fonctionne bien et ce qui pourrait être amélioré.

L'entrevue durera de 30 à 45 minutes et sera enregistrée par un système audio. Nous vous téléphonerons dans la semaine du 7 février pour connaître votre intérêt à participer et nous répondrons à vos questions.

Votre participation sera confidentielle et seulement les membres de l'équipe de recherche impliqués dans cet aspect de l'étude auront accès à vos données. Les informations de l'étude seront conservées dans un endroit sécuritaire à l'université d'Ottawa. Les résultats de l'étude seront peut-être publiés ou présentés à des conférences professionnelles, mais votre identité individuelle en temps que participant ne sera pas révélée.

S'il vous plait, sachez que votre participation dans cette étude est complètement volontaire. Vous n'avez pas à participer si vous ne le souhaitez pas. Vous êtes également libre de vous retirer en tout temps ou de décider de ne pas répondre à certaines des questions qui vous sont adressées durant l'entrevue.

Merci pour votre temps et nous espérons vous rencontrer sous peu.

Sincèrement,

Tim Aubry, Ph.D., C.Psych.
Co directeur, site de Moncton
At Home / Chez Soi
Directeur et chercheur sénior,
Centre de recherche sur l'éducation
et les services communautaires
Université d'Ottawa

Jimmy Bourque, Ph.D.
Co directeur, site de Moncton
At Home / Chez Soi
Directeur,
Centre de recherche et de
développement en éducation
Université de Moncton

APPENDIX O: INFORMED CONSENT FOR LANDLORDS



UNIVERSITÉ DE MONCTON
EDMUNDSTON MONCTON SHIPPAGAN

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TEL : (506) 858-4808

Study Funding

The study has received funding from the Mental Health Commission of Canada.

Introduction

Before you agree to participate in this research study, it is important that you read and understand the following explanation of the study. It describes the purpose, procedures, benefits, and risks associated with the study. If you have questions after you read through this form, ask your interviewer. You should not sign this form until you are sure you understand everything on this form.

Purpose of the Research

The goal of this study is to compare the effectiveness of new services that include housing and support to regular services available in Moncton. For the study, we will be following a group of 200 people living in Moncton for a two-year period. Of this group, 100 people will be receiving the new services and the other 100 people will be receiving the regular services. The study is part of a national study in which different kinds of new services relating to housing and support are being examined in five different cities, including Moncton. The other cities are Montreal, Toronto, Winnipeg, and Vancouver.

WHAT IS MY ROLE IN THIS STUDY?

For this evaluation, we are asking you to participate in one in-person or telephone interview that will last approximately 30-45 minutes. The purpose of this interview is for you to share your knowledge about your experiences with the Housing First services and clients in the MHCC Homelessness and Mental Health project in Moncton. You will be asked a series of questions in the interview. The interview will be audio-recorded and the interviewer will also be taking detailed notes.

WHY SHOULD I PARTICIPATE?

We believe that your opinions are important because the findings of this research will inform other jurisdictions who are interested in planning similar initiatives. *We have also interviewed other people who played a key role in the implementation of the Housing First Program.*

ARE THERE ANY RISKS TO MY PARTICIPATING?

Participating in this research involves few risks. There is a possibility that some questions may make you uncomfortable, but please remember that you are not obligated to answer any question. Your answers will be kept private and confidential by the researchers. The main benefit of participation is the knowledge that you are contributing to the development of services for people with mental health problems experiencing homelessness. Please remember that you may end your participation at any time.

DO I HAVE TO PARTICIPATE?

No. You do not have to participate. Participating in this evaluation is **voluntary**. You may refuse to answer any question. You may stop the interview at any time.

HOW WILL INFORMATION COLLECTED IN THE STUDY BE HANDLED?

Only members of the research will have access to the data. No identifying names of persons or organizations will appear in any reports arising from this evaluation. As an additional precaution, consent forms will be stored separately from collected data.

To protect your confidentiality, all of the information you provide in the interview will be transcribed and then transferred to a secure computer server located in Ontario, on which the data from the five cities participating in the studies will be stored.

We will keep locally in our research office in Moncton your name and other identifying information on a separate form. Identifying information you give us will be kept on paper in a locked filing cabinet in the research office and only authorized research staff will have access to the information. Data bases created for the study and all records containing personal information whether in electronic or paper format such as consent forms will be destroyed 10 years after the completion of the study.

In reporting results, your answers will be combined with those of all the other people we will interview. If something you say in the interview is used, it will be reported in such a way that no one will be able to identify you. We will maintain the privacy of your answers by never using your name in reports written based on this evaluation.

WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT MY RIGHTS AS A PARTICIPANT IN THIS STUDY

If you have any questions about your rights as a research participant, you may contact the Ethics Office or the Chair of the Social Sciences Research Ethics Board at the University of Ottawa at (613) 562-5841 or the Chair of the Research Ethics Board at the Université de Moncton at (506) 858-4310.

INFORMED CONSENT

I know that I can refuse to answer questions and may withdraw my consent at any time.

I have received a copy of this form for my own records.

I hereby consent to participate in the study.

(Signature of participant) (Date)

(Printed name of participant) (Date)

(Signature of Researcher) (Date)

APPENDIX P: CONSENTEMENT POUR LES PROPRIÉTAIRES



Chercheurs principaux

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Téléphone : (613) 562-5800, poste 4815

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Avant d'accepter de participer à ce projet de recherche, il est important de lire et de comprendre l'explication suivante de l'étude. Elle décrit le but, les procédures, les avantages et les risques associés à l'étude. Si vous avez des questions après avoir lu ce formulaire, veuillez parler avec l'intervieweur qui vous est assigné. Vous ne devez pas signer ce formulaire si vous n'êtes pas certain de tout comprendre ce qu'il contient.

But de la recherche

Le but de l'étude est de comparer l'efficacité de nouveaux services, qui incluent le logement et le soutien, aux services déjà offerts à Moncton. Dans le cadre de cette étude, nous ferons le suivi de 200 personnes qui habitent Moncton, pour une période de deux (2) ans. De ce groupe, 100 personnes recevront les nouveaux services et 100 personnes recevront les services déjà offerts. Cette étude fait partie d'une étude nationale dans lesquels différents genres de nouveaux services liés au logement et au soutien sont examinés dans cinq villes : Moncton, Montréal, Toronto, Winnipeg et Vancouver.

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Dans le cadre de cette évaluation, nous vous demandons de participer à une entrevue en personne d'une durée de 30 à 45 minutes. Le but de cette entrevue est de vous donner l'occasion de partager les expériences que vous avez vécues avec le modèle d'intervention axé sur la *priorité au logement* dans le projet de recherche sur la santé mentale et l'itinérance CSMC basé à Moncton. Nous vous demanderons une série de questions pendant l'entrevue. Nous ferons un enregistrement sonore des entrevues et l'intervieweuse ou l'intervieweur prendra également des notes détaillées.

POURQUOI PARTICIPER?

Nous croyons que vos opinions sont importantes, car les résultats de cette étude fourniront des renseignements à d'autres juridictions qui prévoient procéder à des projets semblables. Nous effectuerons aussi des entrevues avec d'autres personnes qui ont joué un rôle central dans la mise en œuvre du programme *Priorité au logement*.

QUELS SONT LES RISQUES SI JE PARTICIPE?

Participer à cette recherche comporte peu de risques. Il est possible que quelques questions vous mettent mal à l'aise, mais n'oubliez pas que vous n'êtes pas obligé de répondre. Les chercheuses et les chercheurs garderont vos réponses de façon confidentielles. L'avantage principal de participer est celui de savoir que vous contribuez à l'amélioration des services pour des personnes sans domicile fixe qui ont des difficultés de santé mentale. Nous vous prions de vous rappeler que vous êtes libre de mettre fin à votre participation en tout temps.

EST-CE QUE JE DOIS PARTICIPER?

Non. Vous n'êtes pas obligé de participer. Votre participation est **volontaire**. Vous pouvez refuser de répondre à toute question si tel est votre désir. Vous pouvez mettre fin à l'entrevue en tout temps.

COMMENT SERONT TRAITÉS LES RENSEIGNEMENTS RECUEILLIS PENDANT L'ÉTUDE?

Seulement les membres de l'équipe de recherche auront accès aux données. Aucun nom de personnes ou d'organismes ne paraîtra sur les rapports provenant de cette évaluation. Comme mesure additionnelle, les formulaires de consentement seront conservés séparément des données recueillies.

Pour protéger la confidentialité de vos informations, les informations personnelles que vous aurez partagées avec nous lors des entrevues seront transcrites et puis transférées à un serveur sécurisé situé en Ontario, où seront entreposées les données recueillies dans les cinq villes qui participent au projet de recherche.

Nous garderons votre nom et d'autres informations qui vous identifient sur un formulaire séparé dans notre bureau à Moncton. Nous garderons ces informations identificatrices que vous partagerez avec nous dans un classeur verrouillé au bureau et seulement le personnel de recherche autorisé y aura accès. Toutes les bases données créées pour le projet et tous les documents qui contiennent de l'information personnelle, soit en format électronique ou sur papier, tels les formulaires de consentement, seront détruits 10 ans après le fin du projet.

Lors de la communication des résultats, vos réponses seront combinées avec celles des autres personnes qui ont participé aux entrevues. Si quelque chose que vous avez dit est utilisé, nous ferons en sorte qu'il soit impossible de vous identifier. Nous assurerons la confidentialité de vos réponses en n'utilisant jamais votre nom dans les rapports écrits basés sur cette évaluation.

À QUI EST-CE QUE JE DOIS M'ADRESSER SI J'AI DES QUESTIONS À PROPOS DE MES DROITS EN TANT QUE PARTICIPANTE OU PARTICIPANT DANS CETTE ÉTUDE?

Si vous avez des questions sur vos droits en tant que participante ou participant à une recherche, vous pouvez communiquer avec le Bureau d'éthique en recherche ou avec la présidente du Comité d'éthique de la recherche en sciences sociales et humanités à l'Université d'Ottawa au 613-562-5841 ou avec le président du Comité d'éthique de la recherche à l'Université de Moncton au 506-858-4310.

CONSENTEMENT ÉCLAIRÉ

Je sais que je peux refuser de répondre aux questions et que je peux retirer mon consentement en tout temps.

J'ai reçu une copie de ce formulaire que je peux conserver dans mes propres dossiers.

Je consens par la présente à participer à l'étude.

(**Signature** de la participante ou du participant)

(Date)

(**Nom en lettres moulées** de la participante ou du participant) (Date)

(**Signature** de la chercheuse ou du chercheur)

(Date)

APPENDIX Q: INTERVIEW GUIDE FOR LANDLORDS

Thank you for agreeing to be interviewed. As you know, the purpose of this interview is for you to share your opinions about the At Home / Chez Soi program and its clients. We hope that the findings of interviews with landlords like yourself will help us improve the services that are being offered in this program. The interview will take 30-45 minutes.

Before we get started let's review the consent form. Then you can decide if you want to participate in the interview.

[Interviewer reviews the information letter and consent form with the participant.]

Do you have any questions about the interview before we begin?

[After questions have been asked and answered, the participant is asked to complete the consent form and give it to the interviewer.]

I am now going to start the tape recorder.

The purpose of today's interview is to focus on your perceptions of the At Home / Chez Soi program and the tenants from the program to whom you are renting a unit.

1. How many participants from the At Home / Chez Soi program are tenants in your units?

Probe: How long have each of them been tenants?

2. What are your perceptions of the At Home / Chez Soi clients who have rented units in your apartments?

Probes: What kind of tenants have they been?

Are they different in any way from other tenants?

3. As a landlord, have you had to treat tenants from the At Home / Chez Soi program differently than your other tenants?

Probe: (If yes) How have you treated them differently? Why?

4. What have been the advantages of renting units to At Home / Chez Soi tenants?

5. Have there been drawbacks to renting units to At Home / Chez Soi tenants?

Probe: (If yes) What are they?

6. If there has been a problem with a tenant from the At Home / Chez Soi program, have staff from this program been helpful?

Probe: (If yes) Who did you contact? Have they been helpful?

Probe: (If no) How were they not helpful? How could they have responded differently?

7. Have you had to evict any participants from the At Home / Chez Soi program from one of your units?

Probe: (If yes) How many? For what reasons, have you evicted these tenants? Could anything have been done to prevent the eviction?

8. Do you have suggestions for improving communication between the At Home / Chez Soi program and landlords?

9. Are you interested in being involved in the program by serving on the Advisory Committee or in some other way?

10. Is there anything else you would like to add or say about the At Home / Chez Soi program?

Thank you for your participation in this interview. It is greatly appreciated. Your feedback along with that of others will be shared with the program staff of At Home / Chez Soi.

APPENDIX R : GUIDE D'ENQUÊTE SOUS FORME D'ENTREVUE

POUR LES PROPRIÉTAIRES

Merci d'avoir accepté d'être interviewé. Tel que vous le savez, l'objectif de cette entrevue est de vous permettre de partager votre opinion à propos du projet At Home|Chez-soi et ses clients. Nous espérons que les résultats des entrevues avec les propriétaires tels que vous nous aideront à améliorer les services offerts par le programme. L'entrevue prendra entre 30 et 45 minutes.

Avant que nous commençons, voyons le formulaire de consentement. Ainsi, vous pourrez décider si vous voulez participer à l'entrevue.

[Intervieweur revoit la lettre d'information et le formulaire de consentement avec le participant]

Avez-vous des questions avant que l'on commence?

[Après que les questions ont été posées et répondues, il est demandé aux participants de remplir le formulaire de consentement et de le donner à l'intervieweur]

Je vais maintenant partir le magnétophone.

L'entrevue d'aujourd'hui se concentre à la fois sur vos perceptions du programme At Home|Chez-soi, et sur vos perceptions des locataires provenant du programme à qui vous louez un logement.

1. Combien de participants provenant du programme At Home|Chez-soi sont locataires dans vos logements?

Sous question : Depuis combien de temps chacun d'entre eux sont-ils locataires?

2. Comment percevez-vous les clients de At Home|Chez-soi qui ont loué vos appartements?

Sous questions : Quels types de locataires ont-ils été?

Sont-ils différents d'autres locataires de quelques façons que ce soit?

3. En tant que propriétaire, avez-vous eu à traiter un locataire provenant du programme At Home|Chez-soi différemment de vos autres locataires?

Sous question : (si oui) En quoi les avez-vous traités différemment? Pourquoi?

4. Quels furent les avantages de louer des logements aux locataires provenant du programme At Home|Chez-soi?

5. Y a-t-il eu des désavantages à louer des logements au(x) locataire(s) provenant du programme At Home|Chez-soi?

Sous question : (si oui) Quels sont-ils?

6. S'il y a eu un problème avec un locataire provenant du programme At Home|Chez-soi, est-ce que les employés du programme ont été utiles?

Sous question : (si oui) Qui avez-vous contacté? En quoi ont-ils été aidants?
(si non) En quoi n'ont-ils pas été aidants? Comment auraient t'ils pu répondre différemment?

7. Avez-vous eu à expulser de vos logements certains participants provenant du programme At Home|Chez-soi?

Sous question : (si oui) combien? Pour quelles raisons avez-vous expulsé ces locataires?

Qu'est-ce qui aurait pu être fait pour prévenir l'expulsion?

8. Avez-vous des suggestions qui permettraient d'améliorer la communication entre le programme At Home|Chez-soi et les propriétaires?

9. Aimeriez-vous vous engager dans le programme en siégeant au comité consultatif ou d'une autre façon?

10. Y a-t-il autre chose que vous aimeriez ajouter ou dire à propos du programme At Home|Chez-soi.

Merci de votre participation à cette entrevue. Elle est grandement appréciée. Vos commentaires combinés avec ceux des autres propriétaires vont être partagés avec les employés du programme At Home|Chez-soi.