## The At Home/Chez Soí Project: Project Implementation at the Vancouver, BC Site Key Messages

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## **Key Messages**

This report examines how the Vancouver site mobilized research, housing, and service provider teams to recruit, house and support participants in the At Home/Chez Soi Project. It describes the strengths and challenges the local team faced as they implemented all aspects of the project from October 2009 to January 2011. A semi-structured interview guide was created in consultation with the National Qualitative Working Group. A first wave of interviews with stakeholders was conducted in May and June of 2010 and a second wave of interviews was conducted in December 2010 and January 2011.

Respondents identified a number of key program components that are critical to housing and supporting adults with mental illness. Key components include the Housing First philosophy, which removes many barriers that homeless people typically face when trying to obtain housing; adequate rental subsidies which enable participants to live in apartments and neighborhoods previously inaccessible to them; and the commitment to re-housing participants if needed. Second, respondents identified the importance of providing high-quality, intensive support services that are tailored to the individual. Finally, strong leadership and building a cohesive team were identified as critical to well functioning programs and the project overall.

Early outcomes include successfully obtaining scattered-site apartments and transitioning participants into housing. Service providers have been successful in building relationships with a population that is often slow to develop trust, and have engaged many participants in a wide variety of services. Anticipated outcomes include maintaining people in supported housing beyond the life of the project, creating a national housing strategy, and changing the local service delivery system in order to create a more integrated continuum of care.

Key themes across all levels of the project included building relationships and trust, facilitating meaningful peer involvement, developing and continuing group processes and governance that support the project, and the flexible management of resources to address unanticipated events.

Respondents noted a number of local adaptations and innovations. The primary adaptations of the interventions have been around substance use, which is very prevalent among the Vancouver participants. Innovations include a variety of peer-driven activities, the development of employment opportunities, an on-site pharmacy at the congregate site, and landlord appreciation events.

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