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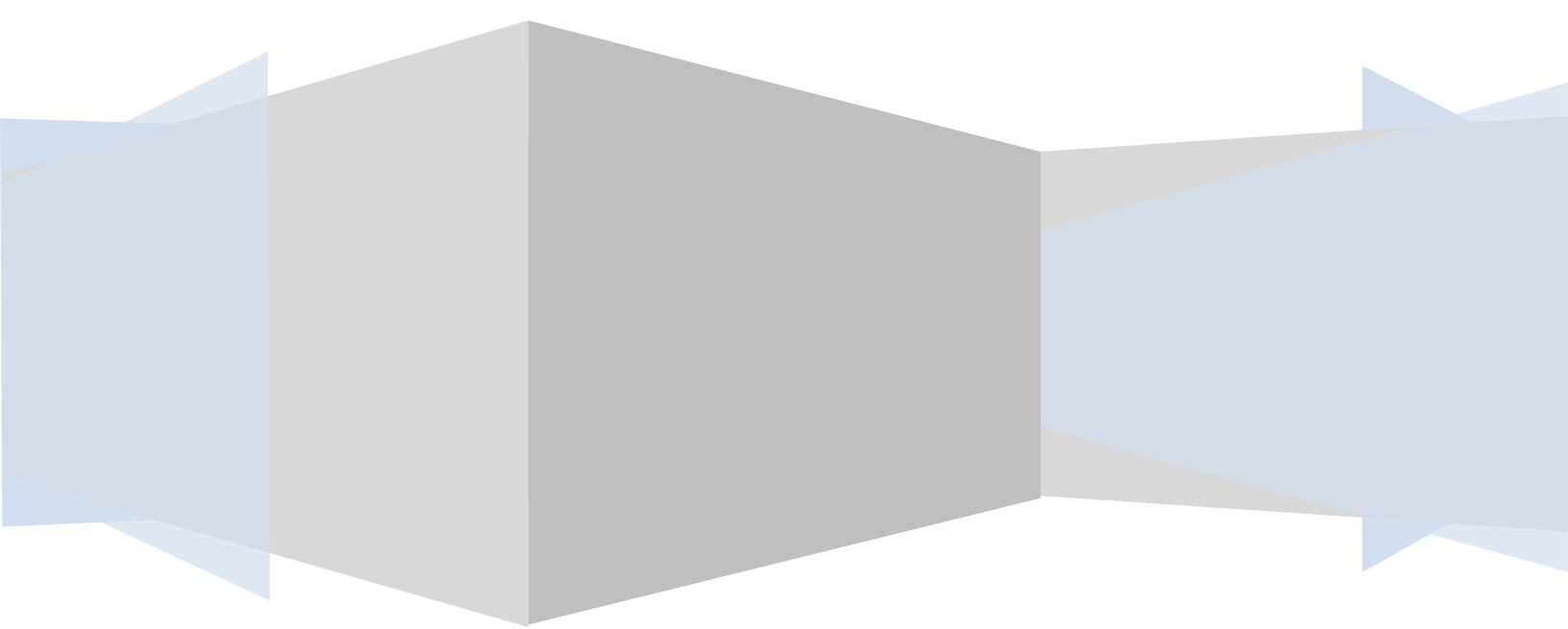
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The At Home/Chez Soi Project

**Sustainability of Housing and Support Programs
Implemented at the Winnipeg Site**

Scott McCullough and Sarah Zell

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THE INSTITUTE OF URBAN STUDIES, THE UNIVERSITY OF WINNIPEG

Mailing Address:

515 Portage Avenue
Winnipeg, Manitoba R3B 2E9

Offices:

599 Portage Avenue, Winnipeg
phone: (204) 982-1140
fax: (204) 943-4695
general email: ius@uwinnipeg.ca

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Sustainability of Housing and Support Programs Implemented at the Winnipeg Site

The findings and analysis in this publication are those of the authors and are based on interviews conducted with project stakeholders. They do not necessarily reflect the opinions or positions of the organizations mentioned or of the Mental Health Commission of Canada.

The research protocol for this study was reviewed and approved by the University of Manitoba Bannatyne Campus Research Ethics Boards in January 2014.

Authors: Scott McCullough and Sarah Zell

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Definitions and Acronyms

ACT	Assertive Community Treatment (program)
CMHA	Canadian Mental Health Association
EIA	Employment and Income Assistance Program, Government of Manitoba
HSSI	Housing, Supports and Services Integration, Winnipeg Regional Health Authority, Manitoba Health
Housing Plus	<i>Pre project end:</i> social agency that handled move-in/outs and provided furniture to participants <i>Post project:</i> a new program that sources units for Housing First programs in Winnipeg, operated by the Winnipeg Rental Network
HPS	Homelessness Partnering Strategy, Employment and Social Development Canada, Government of Canada
ICM	Intensive Case Management (program)
IUS	Institute of Urban Studies, University of Winnipeg
LEC	Lived Experience Circle
MB Housing	Department of Housing and Community Development, Government of Manitoba
MGR	Manitoba Green Retrofit: a social enterprise developed out of the At Home/Chez Soi project that provided repair and construction services
MHCC	Mental Health Commission of Canada
NiApin	Program name of the site-specific ICM intervention of the Winnipeg site, At Home/Chez Soi project
PACT	Program of Assertive Community Treatment, of the Winnipeg Regional Health Authority – Community Mental Health Program
PWLE	People with Lived Experience
SRO	Single Room Occupancy hotel
Wi Che Win	Program name of the ICM intervention of the Winnipeg site, At Home/Chez Soi project
Wiisocotatiwin	Program name of the ACT intervention of the Winnipeg site, At Home/Chez Soi project
WRHA	Winnipeg Regional Health Authority, one of five RHAs under Manitoba Health

Executive Summary

This report is the final Winnipeg Site Report of the Mental Health Commission of Canada's At Home/Chez Soi project. The research examined the sustainability of Canada's At Home/Chez Soi Housing First (HF) programs for homeless persons with mental illness leading up to and after the end of the demonstration phase of the randomized controlled trial. It covers the final period of the project when Sustainability of the project was being planned and implemented, and tells the sustainability story of the project—what happened and why. The objective was to examine to what extent the HF programs were sustained in terms of continuation, fidelity to the HF model, systems integration, and expansion, and to identify factors that facilitated or impeded sustainability outcomes. The findings in the report result from key informant interviews, focus groups, and HF fidelity self-assessment questionnaires from each of the service teams.

The Sustainability story is told across three periods of time: a **Sustainability Planning** period during the last year of the project; a **Transition** period when the programs were receiving interim funding and were gradually integrated into provincial systems; and a **New System** period following program integration. The **Sustainability Story** is followed by a brief overview of **factors that impacted** the success of sustainability at the Winnipeg site and **Cross-Cutting themes and lessons** that emerged.

The Sustainability Story

Sustainability Planning Period (final year of the demonstration project): During the last year of the project the Winnipeg site's Sustainability Committee worked to transition the project teams and participants leading up to the project end. The Committee's primary objectives were to advocate for the program's continuation under the provincial government and to present a funding proposal, which requested transition funding to cover two years, to the Minister of Health. The proposal argued that transition funding was critical to maintain participant housing, to allow time for participants to transition into other existing service programs, and to give the provincial government time to "fully consider longer-term policy implications of Housing First as an effective approach."

During this period and through transition as the demonstration phase ended, service staff and participants expressed concern related to unpredictable and uncertain funding. Participants worried they would lose their housing and become homeless again and they noted a change in services, especially the reduction in cultural programming. Program staff experienced anxiety related to possible job loss, which impacted retention and created additional challenges for the service agencies.

The Transition Period (from project end on March 31, 2013 to mid-2015): This period was marked by considerable uncertainty regarding funding and significant changes to services, partnerships, and the structure of the service sector. The sustainability of funding was challenging at the Winnipeg site. Respondents indicated that the provincial government was unable to fund the programs at the level they had been under the At Home/Chez Soi project did. Rent subsidies continued, but for a smaller number of participants. The service agencies experienced significant cuts to their budgets, partially in line with reduced caseloads, and they sought alternative funding. Funding cuts contributed to increased workloads, stress levels, and staff turnover for the agencies. The resultant services were less robust than those provided during the At Home/Chez Soi project, but the three service teams persisted through transition, continuing to offer the best services they could.

During the transition period, partnerships and the structure of the homeless-serving sector across government and in the non-profit and community-based service sector changed. Winnipeg's Community Task Force to End Homelessness formed and launched *The Plan to End Homelessness in Winnipeg*, which provided recommendations that guided sector development. Missing system components—including a single-point intake and assessment program and a central housing registry and procurement strategy—were created. In addition, a census of the homeless population was undertaken. Some relationships, for example between the Winnipeg Regional Health Authority (WRHA) and Manitoba Housing, evolved as responsibilities shifted, while some, especially with Employment and Income Assistance (EIA) “*reverted to normal.*” Landlord partnerships were challenged by poor communication and transition barriers, but many persisted.

Essentially, the previous system was reorganized to allow the integration of the service teams into provincial systems, which has created space for HF as a model of service delivery.

New System Period (since mid-2015): In this period new funding has been secured, intake has recommenced, and program management has changed. The three agencies continue to provide services, now in a new context, and they have begun to accept new clients. The programs have new funding sources and now operate under different funding criteria. Research findings indicate possible drift from fidelity to the Housing First model, particularly related to three areas: a decline in the robustness of services, a concern around consistency of practice related to misunderstanding of HF, and the effect of funding mandates on HF practices. Respondents highlighted the loss of cultural services, housing procurement, and national administration and staff training that had been part of the At Home/Chez Soi project.

Despite these challenges, the Housing First approach has been widely disseminated from the Winnipeg site; stakeholders largely agreed that since project end there is a broader understanding and uptake of Housing First within the social service sector and wider mental health community. Housing First principles have also been more widely adopted across government, though changes to these large systems are slow. Senior-level stakeholders spoke of enhanced acceptance of Aboriginal-led agencies by the broader health system and increased acknowledgement that these agencies are effective at working with people the health system has failed to reach in the past. Knowledge of Housing First has also been disseminated to the public through extensive publicity and media events.

Over the two years of transition and into this new system period, Winnipeg developed missing system components and reorganized the systems into which the At Home/Chez Soi service team were integrated. A much different organizational structure now supports agencies delivering Housing First services in Winnipeg—a fragile and evolving new system.

Factors Influencing Sustainability

Many factors impacted how and to what extent the At Home/Chez Soi project was sustained in Winnipeg. These include the policy and funding context, the community context, factors related to the capacity-building approach used for the site, local leadership, as well as strategies related to dissemination of the research findings.

Prior to the project, the Housing First approach was untested in Winnipeg. The service programs were developed based on a capacity-building model, and implementation of the programs involved the creation of culturally respectful partnerships between local Aboriginal and non-Aboriginal service agencies,

universities, and a variety of government departments. One objective of bringing the partners together was to build trust and create an environment capable of sustaining a Housing First approach over the long term. This has been at least partially successful.

Capacity Building Model: The capacity-building approach promoted sustainability; the service teams were strategically housed in the community with the intention of drawing on and building their capacity, reinforcing the network of relationships in the Winnipeg service sector. A lot of work focused on the development and training of the service teams and bringing partners together and building trust, and these activities took time and impacted fidelity at the beginning of the project. However, because these agencies had no previous experience delivering Housing First or housing in the community, respondents indicated they had flexibility in developing an culturally-appropriate adaptation of Housing First, which was ultimately more sustainable.

Policy & Funding Context: All stakeholders considered the policy and funding context crucial to how the At Home/Chez Soi programs were sustained in Winnipeg. At project end, respondents indicated it would have been challenging to immediately integrate the programs into the larger system for a number of reasons including jurisdictional concerns, administrative concerns, and challenges related to the fact that the service teams were part of a research project effectively ‘outside’ the system. The project operated as a kind of parallel system, and it took some work to ready the larger system to integrate those programs.

Many stakeholders spoke about the siloed nature of government departments and confusion nearing the end of the project about where the At Home/Chez Soi programs would fit and who would take responsibility for them. Some respondents hoped the project would alter the larger system; to some extent it has, but there were challenges in achieving this. In adopting and funding the At Home/Chez Soi programs, the Province needed to consider larger issues of equity and alignment with provincial priority areas while simultaneously operating in a climate of funding constraints. Nevertheless, though there was a lag time after project funding ended, the provincial government has been able to ‘integrate’ the programs. Some respondents felt the provincial government should have been more strategically involved at an earlier stage in the project.

Though the programs were sustained, *how* they were sustained was in large part influenced by the existing policy environment and by funding limitations that forced some program adaptation.

Community Context: Winnipeg was specifically chosen as a site for At Home/Chez Soi because of an overrepresentation of Aboriginal people in the city who were homeless and living with mental health challenges and addictions. A local and Indigenous sense of ‘ownership’ of the project and its implementation was established early on and was seen by many stakeholders as a pre-condition for Indigenous involvement in the project. This also led to expectations in the community that the project would be sustained and that commitments as understood by the Indigenous community would be upheld. The fact that the community was engaged from the inception and that local Indigenous communities not only supported but also played a leading role in all aspects of the project was crucial to its sustainability in Winnipeg.

Sustainability Strategies: Many stakeholders felt the intentions to engage in sustainability planning from the beginning were never fully actualized. As the focus shifted to project implementation, a targeted focus and momentum around sustainability planning was lost, culminating in what some respondents

described as a frenzied and somewhat unfocused preparation for transition. Many stakeholders felt there was a lack of a coordinated overall game plan and noted strategies that could have been adopted or implemented earlier in the project.

There were a few key decisions by local leadership that promoted sustainability. For one, some senior-level individuals stepped away from the project and returned to roles in government before the project end to help ease the transition. The implementation model—of capacity building—was strategically adopted, with the objective of establishing capacity in the community, and respondents stressed the importance of the relationships forged through the project, many of which have endured and facilitated sustainability.

Project Research Findings: Most stakeholders indicated that the research team spearheaded sustainability efforts at the Winnipeg site. They pointed to the dynamic role of the research findings in providing evidence of the effectiveness of the Housing First approach. A few stakeholders felt that results from the research could have informed the way the service teams operated on the ground in a more direct way, but the service teams emphasized the importance of evidence-based practices and the value of the research findings in their own funding promotion. The communication of findings also contributed to a spirit of perseverance at the site. Some stakeholders felt that research results could have been leveraged more effectively and expressed disappointment that publication delays inhibited their potential impact locally. Stakeholders also mentioned a disconnect between the information that was presented and what was needed by policymakers. Overall, most stakeholders agreed that the research findings played an important role in demonstrating that Housing First can work and did influence government uptake of the Housing First model.

Cross Cutting Themes

Several major themes and lessons emerged out of the findings in this report:

The implementation and governance structure are crucial to sustainability. Adoption of a capacity-building approach and strong local-level partnerships promoted sustainability.

Transition planning should begin early and be sustained throughout implementation. While stakeholders noted that sustainability was considered at the outset, meaningful transition planning fell to the side as the focus shifted to project implementation. Many felt that greater and more coordinated effort earlier would have helped sustainability.

Clear communications is important for stakeholder engagement and buy-in. The Winnipeg sustainability story points to the importance of clear and standardized messaging for the continued engagement of project partners. Uncertainty around the transition plan and how it was to be managed led to anxiety across the site, with especially detrimental effects on some service providers and project participants.

The project provided an opportunity to break down jurisdictional silos. Complex issues such as homelessness and mental health straddle several policy areas, and stakeholders reflected that programs should be more adaptable to meet individuals' distinct and dynamic needs.

The flexibility of the Housing First model and adaptation to the local context impacted sustainability. The flexibility and the adaptability of the intervention plays an important part in its

sustainability. Many stakeholders discussed how the Housing First model may be too narrow and needs to be adapted to the local context to achieve successful results.

Reflections on sustainability planning and research. A key issue that emerged is the importance of defining ‘sustainability’ as part of sustainability planning. What ‘sustainability’ means—and for whom—needs to be delineated from the start and clearly communicated to all stakeholders.

Conclusion

The sustainability story of the At Home/Chez Soi programs in Winnipeg is the story of a difficult handoff with limited transition planning, but one that ultimately concludes with tempered success. The challenges were significant, and securing funding and achieving stability has not been easy, but the three service teams nevertheless persevered. There is now a much different organizational structure supporting the programs of the At Home/Chez Soi project in Winnipeg, a structure that now enables broader uptake of Housing First principles in the homeless-serving sector and to a lesser extent the health system. This report demonstrates how early and strategic sustainability planning is important for promoting the continuation of an intervention and also for ethical reasons. At the Winnipeg site, an ‘Indigenized’ Housing First model has been developed and proven effective. The At Home/Chez Soi project can also be credited with stimulating wider interest at the local level and in the public about the overlapping issues of homelessness and mental health and the efficacy of Housing First interventions. Lessons learned through both implementation of the project and the sustainability story of the Winnipeg site will have a lasting impact on the homeless-serving sector and the broader community.

I. Introduction and Context

This is the final report of the Mental Health Commission of Canada’s At Home/Chez Soi demonstration project in Winnipeg, which officially concluded March 31, 2013. This report explores the “story of sustainability”—that is, how and why the programs developed by the project were sustained, program changes leading up to and following the project end, and impacts of the project for participants, programs, service providers, and the broader homeless-serving sector and mental health system. The report is the result of a series of interviews and focus groups with project stakeholders, facilitated by researchers at the Institute of Urban Studies at the University of Winnipeg, as well as fidelity self-assessments completed by the service teams.

Community Context

According to the 2011 Census, Winnipeg is a community of 730,018 people. Winnipeg is home to Canada’s largest urban Aboriginal population, which accounts for more than 10 percent of the city’s population.

During the course of the At Home/Chez Soi project, Winnipeg experienced extremely low vacancy rates that did not rise above 2.0% between 2000 and 2012, with periods below 1% (see Table 1; CMHC 2013). These low vacancy rates refer to all units, including more expensive ones, and typically the vacancy rates for affordable units were even lower. The low vacancy rates have been attributed to low investment in the sector and the conversion of apartment buildings to condominiums in response to Manitoba’s tight control of rental rates. The low vacancy rates limited available housing stock and strongly impacted the ability of the project to provide housing.

Table 1: CMA Vacancy Rates, 2009–2013

Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013
1.10%	0.80%	1.10%	1.70%	2.50%

Source: CMHC (2010–2013)

Over the last two decades, several studies have shed some light on the demographics of Winnipeg’s homeless population, but information has varied. In October 2015, Winnipeg undertook its first point-in-time count of this population. The Winnipeg Street Census identified 479 people in absolute homelessness (347 in emergency shelters and 132 unsheltered) and 921 provisionally accommodated persons, of which 281 were in transitional housing and would otherwise be homeless (Maes Nino et al., 2016, p. 16). As with all point-in-time counts the Street Census is considered an undercount, especially of the hidden homeless population, but it provides the most comprehensive profile of Winnipeg’s homeless population to date.

The demographics of the At Home/Chez Soi participants in Winnipeg are reflected in the findings of the Winnipeg Street Census. According to the Census, the majority of individuals experiencing homelessness are male and more than 70% identify as Indigenous. Both the At Home/Chez Soi study and the Census found that most became homeless for the first time in their mid-20s and about half had spent time in

foster care or group homes. The Street Census identified that the most frequent age a person became homeless was 18 years—an important finding for policy development (Maes Nino et al., 2016).

Previous Implementation Reports and Fidelity Reports for the Winnipeg site have emphasized the unique characteristics of its homeless population, noting the damaging effects of intergenerational and complex trauma for Aboriginal participants and the legacy of residential schools, poverty, addictions, solvent use, violence, sexual violence, and child abuse (McCullough et al., 2012, p. 20). These characteristics have important implications for program delivery. Trauma affected participant tenancy success. Solvent users were particularly challenging to house, and special protocols had to be developed. The reports noted widespread discrimination and racism against participants, both by landlords and in the health system. A high percentage of participants had very low education levels, impeding movement onto other life paths (Distasio et al., 2014a). Also, a preference for communal living was associated with many problems related to ‘unexpected visitors,’ which led to evictions and multiple re-housing events.

Overview of the Project Site

The research component of the Winnipeg demonstration project was co-led by the Institute of Urban Studies at the University of Winnipeg and the Department of Psychiatry, University of Manitoba. During the period when sustainability was being discussed there were two Site Coordinators, one of whom left the project in its final year.

Three Housing First intervention service teams were established as part of the project. The Assertive Community Treatment (ACT) team, known as Wiisocotatiwin, operated through the Mount Carmel Clinic and provided services to high-need participants. The Ma Mawi Wi Chi Itata Centre delivered an Intensive Case Management (ICM) program known as Wi Che Win (or “Walk with Me”). The Aboriginal Health and Wellness Centre offered the NiApin program as the site-specific (third arm) intervention component. It was an ICM model that served only Aboriginal participants, had an additional day program, and provided housing alternatives to its constituents at first point of entry. Both ICM teams delivered services to moderate-need participants. A hallmark of the Winnipeg site was the incorporation of Aboriginal values and culture into all aspects of the project.

During the first years of the project, the Winnipeg Regional Health Authority (WRHA), one of five RHAs under Manitoba Health, coordinated housing procurement centrally for all three teams. The Housing Coordinator maintained landlord partnerships and created a pool of housing units for project participants. This function was devolved to the service agencies during the final year, in anticipation of the project end. The WRHA also administered the rent supplements. Throughout the project, Manitoba Housing was the largest supplier of housing. Additionally, two social enterprises were created in Winnipeg to assist the project. Housing Plus supported participants by providing household furnishings and managing participant moves into/out of suites. Manitoba Green Retrofit (MGR) was established to assist with unit repairs and maintenance.

Because of the overrepresentation of Aboriginals in Winnipeg’s homeless population, the project strategically partnered with Aboriginal agencies to provide the service arms. However, neither these agencies nor any others in the city had Housing First programming prior to the project start in 2009. The WRHA did offer supportive housing and Programs of Assertive Community Treatment (PACT), and it was considered a key partner in the project because of its experience providing housing with supports to vulnerable populations. Lacking experience with the Housing First model, the Winnipeg site was

envisioned and developed as a community capacity-building project. As such, one objective was to disseminate knowledge of Housing First practices in the homeless-serving sector and broader community.

Previous Assessments of Program Fidelity

Program fidelity for the Wiisocotatiwin (ACT), Wi Che Win, and NiApin teams was formally assessed by a national team of evaluators in October 2010 (reports in January–February 2011). A second fidelity assessment occurred in February 2012 (reports in February–March 2012). These assessments involved interviews with staff, observation of staff meetings, a focus group with participants, and review of participant charts. The second assessment also reviewed the housing arms of the site—housing coordination undertaken by the WRHA and the housing services handled by Housing Plus. Teams were assessed on the following domains of fidelity to Housing First: Housing Choice and Structure; Separation of Housing and Services; Service Philosophy; Service Array; and Program Structure.

In general, the ICM teams scored moderately well on the fidelity rating, and the ACT team scored very well. A common challenge among the teams was the difficulty with housing participants. At the time of the second fidelity assessment, the housing procurement/coordination role was gradually being devolved to the service teams. Winnipeg had the lowest vacancy rates among the demonstration sites, at times less than 1%, and this impacted the ability of all three teams to (re)house participants. The low vacancy rates compounded additional challenges with housing, including poor choice of housing at rates affordable to participants, the concentration of affordable rental housing in less desirable neighbourhoods (that some participants were trying to escape), difficulties in procuring damage deposits, and systemic racism by landlords. All three teams struggled to provide opportunities for participant input into programming.

Additional highlights of the 2012 fidelity assessment are presented for each team below:

Wiisocotatiwin (ACT Team) – The team received high scores across all domains except Housing Availability and Housing Choice, which are related to the extremely tight housing market in Winnipeg at the time, low housing subsidies, and endemic prejudice against Aboriginal participants. This problem was experienced by all three teams.

Wi Che Win (ICM Team) – The 2012 Fidelity Report noted that some staff had limited understanding of aspects of the housing model and service philosophy (e.g., harm reduction strategies, motivational interviewing techniques, and assertive engagement), likely due to high staff turnover. A webinar was used to increase the level of training in these techniques. The team also struggled to offer a full service array, especially with regard to connecting participants with psychiatric, substance use, and physical health services, though there is a lack of such services in the community. Wi Che Win partnered with ACT to bolster their services. Wi Che Win also struggled to meet participants at least three times per month, again due to high staff turnover that left participant/staff ratios at times exceeding 30:1.

NiApin (Third Arm – ICM-AB Team) – It was reported that, as the team progressed, NiApin was developing internal strategies around re-housing for participants with multiple evictions and participant housing choices. The team needed additional training in the harm reduction approach and motivational interviewing. NiApin also struggled to see participants at least once a week. For NiApin, it seemed the approaching end of the project was affecting performance, as staff had “*grave concerns about their own employment,*” and this anxiety was mirrored in the participants.

II. Methodology

The overall research approach is one of mixed methods. One objective of a mixed methods approach is to capitalize on the use of triangulation to tell a story across stakeholder perspectives. The research consisted of three components: First, we conducted a series of semi-structured interviews with key informants who were involved with the At Home/Chez Soi project leading up to and through transition at the end of the project. Qualitative data generated through interviews were supplemented by survey data. We collected Housing First fidelity self-assessment questionnaires from each of the service teams. The goal of the self-administered survey is to describe fidelity to the Housing First model; it is an effective tool for gathering basic program information and provides a framework to assess several core components of the model (Gilmer et al., 2013). Finally, we conducted focus groups with the current service teams as well as consumers who had been participants in the project. The focus groups built on the survey data, providing deeper insight into the programs' continued adherence to Housing First principles.

Sample Description

The sample represents a range of stakeholder groups, including those involved in site coordination and housing procurement, members of the research team, service providers representing the non-profit organizations that led and continue to house the ACT and ICM programs, program consumers, as well as individuals representing other decision-makers and community partners, including stakeholders such as Manitoba Housing and the Winnipeg Regional Health Authority. Sampling of respondents was purposive in nature and recruitment was targeted. Initial contacts, including the Co-Principal Investigators and past Site Coordinators, suggested other stakeholders to interview.

A total of 10 interviews were conducted with 11 key informants. All key informants had been integrally involved in the implementation and lead-up to the transition at the end of the research demonstration project in the Winnipeg site. The sample breakdown is shown in Table 2.

Table 2: Interview Sample

Interviews	<i>N</i>
Site Coordination/Housing Procurement	3
Research Team	1
Service Teams	3
Decision-Makers or Community Partners	4

In total, three focus groups were conducted (Table 3). Two of them were held with members of the service teams, one with the Wiisocotatiwin ACT team (n=4) and one with the Wi Che Win ICM team (n=5). Although repeated attempts were made, we were not able to arrange a focus group with the NiApin

ICM team.¹ Focus groups with the service team staff were arranged by the program managers of each team, who scheduled them so the majority of their staff could attend. Not all service team members were able to participate, though, and one participant had to leave a focus group early to respond to a client crisis. As such, views expressed in the focus groups cannot be generalized to the entire team. We also found that many team members had been hired relatively recently (many after the end of the demonstration project). While those individuals were not able to comment on the actual sustainability planning or project transition, they provided valuable observations about their level of training and current program practices as related to the Housing First model.

Table 3: Focus Group Sample

Focus Groups	N
ACT Team – Mount Carmel	4
ICM Team – Wi Che Win	5
At Home/Chez Soi program participants	5

We relied on the assistance of the Lived Experience Circle (LEC) to recruit individuals for the consumer focus group. Collectively, participants represented a cross-section of consumers from all three service teams. Two individuals were not direct program consumers; one had been randomized into the Treatment as Usual (TAU) or control group, and one was accessing other services in the Aboriginal Health and Wellness Centre, including the NiApin program’s drop-in, but was not enrolled as a participant in the At Home/Chez Soi project. While they were not able to comment on Housing First program delivery or how services have evolved since the project end, their perspectives did contribute to a greater understanding of how the transition period was understood more widely in the homeless community and ‘on the streets.’ They also provided valuable insight about current conditions related to program access and systems navigation in the city.

Methodological Steps

The majority of interviews were held between November and December 2014, and one additional interview was conducted in March 2015. Fidelity self-assessments were distributed to the three service teams following interviews with the program managers. They were completed independently and returned to us in December 2014. The focus groups were held in February 2015. All interviews and focus groups were co-facilitated by the authors. They were held in-person and at a location convenient to the participants, and they lasted approximately 1–1.5 hours. With the consent of participants, all interviews and focus group sessions were recorded and transcribed.

Interview guides for individual interviews and focus groups were developed in consultation with the National Qualitative Working Group. While we adhered to the questions in the guide and ensured that all

¹ At the time of the focus groups the teams were in organizational transition and operating under huge time and funding constraints, and NiApin was not able to participate in research.

key areas were addressed, the interviews were semi-structured and conversational in nature. Questions were adjusted or reworded slightly as needed for clarification, and prompts were often used to reframe or adapt questions to the site-specific context. For example, if not raised already, we would ask specifically about the Aboriginal community when discussing dimensions of sustainability such as the ‘community context.’ We started with more open discussion of a topic first, to avoid biasing responses, and we used follow-up questions to explore particular themes as they emerged or recurred.

Coding and Analytical Approach

The researchers remained “close” to the data throughout collection and analysis; the same researchers collected, transcribed, and coded all data. We worked collaboratively to develop a codebook of common themes using the interview guide as a template. Initial codes were provisional and were adjusted throughout the analysis. To ensure inter-rater reliability, we jointly coded long passages of text and worked to achieve consensus on coding categories. Throughout the process we shared reflective memos and met frequently to discuss why certain themes were chosen or how we conceived of them and how they interrelated.

Transcriptions were analyzed using the qualitative software analysis program NVivo. The coding process involved an iterative tacking back and forth between theory and data (Burawoy et al., 1991; Strauss and Corbin 1990). First, we engaged in open coding, identifying and pulling together data that recurred and/or which appeared to point to emerging or particularly significant themes. Thematic coding was then used to refine the coding process and develop more firm categories. Finally, we engaged in axial coding, which involved some recoding of data. It allowed us to identify cross-cutting themes and highlighted the interrelation of themes while pointing to areas of overlap and discrepancy between (and within) stakeholder groups (Strauss and Corbin 1990). Statements included in this report are a synthesis of stakeholder comments and are not intended to be representative of the views or opinions of any one stakeholder group or of the authors.

Positionality and Research Limitations

The researchers were relative ‘outsiders’ with respect to the At Home/Chez Soi study and its implementation. One researcher has been involved in the project since 2011, authoring the second Implementation Report as well as peripheral research. The other researcher was hired on to the project only for this phase (as of September 2014). As such, the data were in some senses richer because, at times, respondents had to explain more in-depth or provide more context about the site’s history. This also meant the researchers were less likely to make particular assumptions that might dissuade them from pursuing certain lines of enquiry. At the same time, we were able to draw on experience analyzing the project implementation to ask more targeted follow-up questions.

Based on our comparative analysis, the fidelity self-assessment scores reported here may be positively biased in some areas. As Gilmer et al. (2013) suggest, the self-report surveys provide a rough metric for assessing fidelity, but without site visits or further observational or ethnographic work, it is difficult to ascertain the extent to which self-reported items correspond to actual practices. However, this limitation was somewhat mitigated through the focus groups with the service team staff and consumers. The focus groups allowed us to unpack responses in the fidelity surveys with concrete examples and extended discussion about evolving or ongoing program practices. This was an opportunity to affirm the accuracy of the descriptive, narrative account of the story of sustainability at the Winnipeg site, as constructed

through cross-data comparative analysis. Three follow-up interviews with senior-level stakeholders were conducted in February 2016, both to engage in member checking and to update some parts of the report. Member checking also involved sharing portions of the report draft with a cross-section of participants who were representative of stakeholder groups.

III. What Happened: The Sustainability Story

For convenience, this report refers to three periods of time: a **Sustainability Planning** period during the last year of the project when frantic efforts were made at sustainability; a **Transition** period from project end to mid-2015 when the programs were receiving interim funding and were gradually integrated into provincial systems; and a **New System** period following program integration, in which new funding has been secured, intake has recommenced, and program management has changed.

Sustainability Planning Period

Pre Project-Ending, leading up to March 31, 2013 – Service staff and participants expressed concern regarding the impending end of the project as early as April 2012, as documented in the second Implementation Report (McCullough et al., 2012). These concerns continued through the end of the project and into the transition period, during which funding was very unpredictable. For participants, the worry was that they would lose their housing and become homeless again. Participants also noted a change in services, especially the reduction in cultural programming. For staff, concerns related to possible job loss, and they began to move on to other professional opportunities. This in turn created an additional challenge for the service agencies, which had to try to fill positions with short-term contracts.

In the last year of the project, the Winnipeg site formed an informal Sustainability Committee, which worked to ensure the transition of the project teams to a more permanent basis. This Committee involved the Co-Principal Investigators, Site Coordinators, and the Service Team Leads, with assistance from the National Team and a Government Relations specialist. No records or minutes were kept of Committee activities, but its primary objectives were to advocate for the program’s continuation with the provincial government and the creation of an ‘ask’—a funding proposal presented to the Minister of Health (Bruce et al., 2012). The proposal reviewed the successes of the project in Winnipeg and requested \$5.1 million in transition funding to cover two years. It also indicated that the national administration level of the At Home/Chez Soi project was attempting to secure additional funding from the federal government to cover two years of housing subsidies. The proposal argued that transition funding was critical to maintain the participants currently housed, to allow time for participants to transition into other existing programs, and to give the provincial government time to “fully consider longer-term policy implications of Housing First as an effective approach.”

Transition Period

March 31, 2013 until July 2015 – Despite considerable uncertainty regarding funding arrangements over the final year of the project, none of the participants lost their housing, and the service teams continue to operate in spite of relatively high staff turnover. The federal government did provide additional funding to cover the costs of the housing subsidies for one year (approximately \$200,000 for the Winnipeg site) and offered to provide a transition coordinator (though this was not taken up in Winnipeg). Provincial funding

for service delivery during this period was less robust than it was under the project; it was provided on an interim basis while negotiations for more permanent funding within the provincial government were ongoing. Decreases in funding and reorganization of funding streams have impacted both the teams and service delivery to participants.

Partnerships changed, with many new actors and new roles. Over the two years since the end of the project, a range of actors including the provincial government, the Winnipeg Poverty Reduction Council, and the three service agencies of the At Home/Chez Soi project have worked to restructure the system. During that time, the city established a Task Force and adopted a *Plan to End Homelessness*, and missing system components were created—including a coordinating agency for Housing First programs and a single-point intake and assessment agency. The system was reorganized to allow the integration of the service teams into provincial systems, which has created space for Housing First as a model of service delivery.

New System Period

Post July 2015 – The three agencies continue to provide services, now in a new context. The service agencies have developed new ‘2.0 versions’ of their original programs and have begun to accept new clients—for the first time in years. New funding sources, particularly the federal government’s Homelessness Partnering Strategy (HPS), have been accessed. As such, the new programs operate under different funding criteria (see ‘An Evolving System’ below), and drift from Housing First fidelity is a concern. We now see a much different organizational structure supporting Housing First agencies in Winnipeg—a fragile and evolving new system.

IV. Sustainability Outcomes

Funding

Rent Subsidies

At the end of the At Home project, rent subsidies were paid for by the additional funding provided by the federal government. These subsidies, administered by the WRHA during the project, are now administered through the Department of Housing and Community Development of the Government of Manitoba (MB Housing). After that year, MB Housing allocated internal resources for rent supplements for those individuals who were project participants only.

The housing subsidy amounts were also threatened by the project end. Over the course of the project, some participants had been receiving subsidies much higher than the standard \$250—some as high as \$450. This was necessitated by the extremely low vacancy rate in Winnipeg, resulting in the unavailability of housing at any price—never mind housing that was affordable, of quality, and offered participants a choice outside of the inner-city. As the project neared transition there was a concerted effort to move as many participants as possible into MB Housing units or other subsidized or lower-cost housing, and to move some high-subsidy participants into units that cost less. Nevertheless, at the time of this study about a dozen participants remained in high-subsidy housing, grandfathered in because of long tenancies. By the end of 2014 there were about 150 project participants stably housed, but MB Housing

was only paying subsidies for about 80 tenants (with the remainder living in rent-geared-to-income units, SROs, rooming houses, or incarcerated).

Service Agencies

Funding from the provincial government for the service agencies represents a reduction from what they received under the project. The Province redirected funding from within existing budgets of Manitoba Health to maintain the agencies through 2013–2014, but only on an interim basis while negotiations for more permanent funding were ongoing. Service teams (case management and operations) were funded by Manitoba Health through the WRHA. Terms of funding were 3 or 6 months in length.

During this long period of interim funding, the service teams applied to MB Health for more permanent funding. One service agency reported that funding for the two ICM teams has been cut by 50% since the project end. Funding levels for ACT have remained more consistent; while they reported being funded “almost to the same extent” at end of 2014, they “expected cuts of up to 25%.” Though more highly funded than the ICM teams, the ACT team pointed out that it was still underfunded compared to the WRHA PACT teams.

The original funding proposal submitted to the Province was for \$2.55 million per year for 2 years to maintain the project teams at levels comparable with original project funding. Teams indicated that the Province responded with an offer of \$1.2 million for all three teams, and after discussion raised it to \$1.8 million. This was still a reduction of at least 30% from original project funding. Caseloads had fallen during this period, so reduction in funding was based in part on the recognition that the teams had fewer clients. At the beginning of 2015, the parties were still in discussion and decisions were being made about where to cut back the three programs. The WRHA continued to work closely with the service agencies to plan for the sustainability of their programs within the lower funding level, and it encouraged them to seek additional funding through HPS as well as share resources where possible, such as landlord services. Provincial government stakeholders stated that funding the housing subsidies was relatively easy for the Province—the real challenges were long-term commitments to fully funding the service agencies and integrating them into the existing service system (see ‘An Evolving System’ and ‘Policy and Funding Context’ sections below).

The two ICM teams applied for additional funding through HPS. This has presented challenges because HPS has different funding criteria than the At Home/Chez Soi project. For instance, the teams reported that HPS would only fund housing subsidies on an emergency basis, and only if the service agencies could prove the Province would sustain such subsidies. As of December 2014, MB Housing acknowledged that it had not yet figured out how to maintain the subsidies, so the programs had not received emergency housing subsidies from HPS. As well, HPS stipulated that funding must be used for new Housing First programs and clients (and not existing clients of the At Home/Chez Soi project). The two ICM teams have developed new programming to align with the new funding criteria. NiApin’s new program based on the Housing First model is called A Place to Call Home, and Wi Che Win has also started new programming. The program offerings differ from those available under the At Home/Chez Soi project. The teams reported that because of HPS funding criteria (related to geographic restrictions), A Place to Call Home could not offer housing subsidies or some culturally appropriate responses such as medicine picking, feasts, or sweat-lodges—services crucial to the success of Housing First among Winnipeg’s Aboriginal homeless community. NiApin reported, similarly, that their two programs were

running side by side offering slightly different services. NiApin would have preferred to blend the funding and offer one set of services, but HPS criteria as they were made this challenging.

The ACT team has also struggled with the ‘new clients under different funding criteria’ problem. ACT reports that it has begun to accept new clients, funded from different sources with separate criteria, resulting in new programming running parallel to the existing ACT program (the team refers to it as an “*ACT version 2.0*”). For instance, HPS funding for new participants do not automatically give the clients access to the health care component of the ACT program because health care is a provincial responsibility, and HPS funding is federal. The health care component is 75% of ACT staffing. This sets up a conflict where some participants are not allowed to use some ACT services/staff. The ACT Manager noted that this resulted in differing outcomes for clients or blurring of outcomes between clients in parallel programs, which in turn is problematic for funders who “*like distinctiveness, and measurable success.*”

In pursuing additional funding, the ACT team faces a different challenge than the ICM teams, because as a medical intervention it cannot apply for direct federal funding—health is a constitutionally mandated provincial responsibility. The ACT team is also looking to HPS for funding, but recognizes its use would be limited to non-health services. The ACT program has found that private funders are often unwilling to fund health or mental health interventions because those are government responsibilities. The ACT team gave the example of private funders that are willing to provide for a food program, but not a mental health nurse.

Additionally, responsibility for the ACT program has been moved between departments within the WRHA. Post-project, the team was initially housed under Aboriginal Health, and subsequently it was moved under the new Housing, Supports and Services Integration (HSSI). Each move has entailed a time-consuming transition period, bringing the new partner up to speed and clarifying funding arrangements.

Overall, we repeatedly heard that funding cuts over the transition period greatly impacted the service teams, and that services were less robust than those offered by the At Home/Chez Soi project. But it is also important to note that throughout the long period of funding uncertainty, the three service teams persisted. Reportedly, they showed tenacity and dedication in continuing to offer the best services they could under the circumstances. Since mid-2015, more permanent funding arrangements have been developed with the Province, and new funding has also been received through HPS. This has stabilized the teams and allowed for new intake of clients, but has resulted in parallel programs under the same roof because of different funding criteria from these different funding streams. This in turn impacts coherent service delivery and creates the possibility of different outcomes.

Staff Retention and Effects on Staff

We heard of staff and participant anxiety about the end of the project as early as April 2012 (McCullough et al., 2012), more than two years before the current research. Provincial government stakeholders noted that messaging from the National Team about what they hoped the federal government would invest in continuation of the project was shifting. The service teams indicated they received no clear communication from site leadership or the provincial government—probably because there was no clear message to be delivered. Uncertainty about the future of the programs contributed to staff turnover, and managers had difficulty filling positions on short-term contracts (often 3–6 months at a time), both near the end of the project and through the interim period. Staff shortages created additional challenges for

agency managers, increasing the workload and stress for remaining staff and making planning—for both agencies and staff—extremely difficult. As one government stakeholder describes, “*We couldn’t get the commitment on funding, so staff were leaving because there was no guarantee. It was hard to recruit people because no one wanted to go into an uncertain job like that.*” Teams remarked that they could not “*get a car loan or mortgage because their job security is so low.*” Site leadership remarked that both the final year of the project (when it wasn’t clear what the federal contribution would be) and the transition period (with uncertainty around the continuation of provincial funding) were “*very demoralizing on the teams... It’s been an absolutely frustrating process for them.*”

Wi Che Win had already lost some positions over the course of the project. They reported losing funding for a psychiatrist and a housing specialist position. Program Manager and Team Leader positions were combined into one position. The staff turnover post-project was nearly 100%—there was only a single staff member with experience of At Home/Chez Soi at the time of the focus group. Staff noted there is no housing specialist; an administrative assistant prepares a list of leads for housing, and case workers find housing for their participants. They indicated this involves a lot of driving around looking for rental signs and is mostly “*the luck of the draw.*” Team members spoke of fewer resources, resulting in limited time spent with participants, increased difficulty finding housing, and lowered participant expectations of the program, given the new reality of programs operating under a more limited budget and reduced services.

NiApin also experienced significant staff turnover. The program manager estimated that post-project staff turnover was about 50%, noting it was because “*people need to eat, and people need to look after their families, and they need something that’s sustainable.*” The manager indicated that staff turnover “*strained our ability to deliver services.*” Although NiApin leadership mentioned difficulty finding and maintaining trained staff, they also recognized that enough staff had stayed for institutional memory of the program to remain: “*We never lost all of our history,*” and participants could still “*come in and see a familiar face.*” The dedication of the team was also noted—staff undertook multiple roles as necessary, with the housing person doing support work and the program manager working on the front line when necessary.

The ACT team was arguably the most stable of the three, but they also spoke at length about the effects of staff turnover. Staff reported they were short three outreach workers, three nurses, a mental health support worker, and an occupational therapist as of February 2015. As well, a peer support worker was on long-term leave, and a casual worker was working full-time hours without benefits. The program manager spoke of not having a psychiatrist to write prescriptions for more than a year, a critical challenge for ACT services. Nursing was another specific challenge. Nurses are in high demand and the agency found they move on to other opportunities quickly. The Health Authority was offering \$15,000 a year more than the ACT team for positions with limited weekend, on-call, or evening work. Again, the team members were typically taking on multiple roles and mentioned not having enough time for the required engagement with participants. They continue in “*crisis management,*” “*running around trying to put out fires*” and focused on “*the squeaky wheels*” rather than longer-term planning or case management.

Because we’re so short-staffed we are so entrenched in the clinical... it’s like ‘here’s your meds, I’ve gotta go.’ You’re running around just trying to get people their meds, and it’s really difficult to maintain trust, and to have a relationship.

The ACT Manager made similar observations about the required staffing for service delivery. To paraphrase:

For the ACT team, full funding is needed to deliver the program services as intended. To provide the 24-hour/day services, we need eleven people on the team to manage the schedule... Interim funding and short-term funding interrupts our ability to deliver steady services for the participants... If we're only open 9 to 5 things start to fall apart, just in terms of that engagement and cohesive planning with people... the ACT team considers this very dangerous from a program risk management perspective.

All three teams spoke repeatedly about burnout, an issue identified in earlier Implementation Reports (McCullough et al., 2012). One team member said: *"I can't even imagine what it would look like if we had a full table, a full staff. I would probably just cry. I would just feel, 'thank you.'"* Staff felt that the work is *"stressful beyond belief"* and teams were *"starting to see people fall apart, and not just your clients but your co-workers too, and it has an effect on you."* Burnout was exacerbated by short-staffing, which required individuals to fill multiple roles, and by the difficulty staff had accessing supports for themselves; they felt they could not take leave or vacation because of short-staffing or a lack of benefits. Additionally, because the ACT team was part of Mount Carmel Clinic and thus the health system, they were unionized. The short-term funding contracts, use of casual labour, and the difficulty staff experienced accessing benefits meant the union was *"not super impressed with us."*

The long transition period of tenuous funding and the restriction on taking new clients was demoralizing and took its toll on the teams. By the time of the focus groups, the teams had assumed they would be back in full operation, with full staffing and a full roster of clients. That had not yet happened, and the teams had not had new intake in years. Several stakeholders noted that the teams were just *"doing the same thing"* with the same clients:

I would say that there's been a flatlining. You have no new intake, you have the same folks, there's nothing to recharge your batteries. You continue to deal with [not knowing] if your positions are going to be available tomorrow. I think some of the messaging to staff members has been pretty depleting for them. I don't know how they've been able to come back to work on a daily basis knowing that they might not be funded tomorrow. It's very demoralizing...

Effects on Participants

Our research stressed how deeply the transition period also affected participants. Participants were aware of the possibility the programs might be losing funding almost a year before project end (McCullough et al., 2012). The teams spoke of their moral obligation to keep participants informed about the funding uncertainty, and participants experienced fear and anxiety, especially over the possible loss of housing. Participants were also clearly aware of staff turnover and the associated impact on programming and services. Participants emphasized that turnover impairs trust-building and the relationships crucial to program success. Staff noted that some participants *"withdraw, or not engage, because they're just tired of telling their story. I mean, there's some that have had nine case workers."* Participants talked about losing favourite staff members and some services, especially cultural programming. They overwhelmingly observed a shift in the atmosphere of the service agencies, from one of welcome to one of stress:

You could just feel it. [The programs/staff] are like the clients... living month to month, not knowing if they would get funding. Some people didn't know if they would get subsidized for

housing or be on the street again, and nobody was saying anything. A lot of tension. A lot of people worried.

One team member described the tight relationship between the teams and participants, and how funding insecurity and program instability impacted participant stability:

That's directly related to the instability of funding... we're asking them to change, and to do that we need to be stable. But when every 3 months we're wondering if we'll have to get a new job, it means... the staffing can't be stable, and we can't make commitments that we follow through on with our participants. Their lives are chaotic already; that's exactly what we're here to address.

Loss of Administrative Staff

Stakeholders at multiple levels commented on the effect of losing layers of project administration. Impacts were noticed in three areas: loss of housing services, loss of training, and loss of leadership/direction. For all three teams, the devolution of housing services posed a significant challenge. The two ICM teams spoke of challenges maintaining properly trained staff (to fidelity standards) without the national-level training. The ACT team indicated they were not receiving national-level training but did have some training in-house.

Several senior-level stakeholders also commented on the loss of national leadership and coordination post-project. They mentioned difficulties related to knowledge transfer and the challenge of adhering to a philosophy during organizational change. Several respondents pointed to the potential for program drift and loss of focus post-project and observed that minimizing turnover in staff and leadership was critical:

So loyalty and tenure, knowledge and capacity are really important to sustain. When you have turnover, without a real commitment to incorporate it in your new teams... you lose it and are easily exposed to drift.

All three Team Leads stayed on through the transition period, though, and this promoted program sustainability. The manager of NiApin remains with the program and now also co-directs the new Doorways program. Wi Che Win's manager also stayed on through transition, and then moved to the Doorways program in the summer of 2015. The program manager of ACT stayed with the program until the end of 2015, before moving on to the WRHA (see 'An Evolving System' below). Having this sustained program leadership was crucial to maintaining agency operations, and the perseverance and dedication of the Team Leads promoted the stability and endurance of the agencies.

Lived Experience Circle

One outcome of the At Home/Chez Soi project is the continued work of the Lived Experience Circle (LEC; Hatch 2014). The LEC was created in part to ensure that Aboriginal perspectives were honoured and promoted. It has had an important role in marketing the Housing First brand within the social service sector, to government, and to the wider public. Throughout the Winnipeg site, people with lived experience (PWLE) of mental health and of homelessness were represented in various roles: on the Advisory Committee, as staff with service providers, and as research team members (see Distasio et al., 2014a).

The work of the LEC to advocate for Housing First and for the inclusion of PWLE continues to inform local policy and programming decisions. Members of the LEC sit on several boards of agencies that work within the homeless-serving sector. However, the recognition of the contributions of PWLE and their full inclusion—particularly through paid employment in the service sector—has yet to be realized.² The LEC reports that they are often expected to contribute their time and knowledge in a voluntary or tokenistic capacity, and while progress is being made, this remains disheartening for them.

Core administrative funding for the LEC is provided by the Institute of Urban Studies and will continue through 2016, and they remain an enduring legacy of the program in with Winnipeg site. Without new sources of funding, the continuation of the LEC in a formal capacity is uncertain.

Local Partnerships

Nearly all of the local partnerships of the At Home/Chez Soi project have remained after the end of the project, though many have changed. There has been a reorganization of the Winnipeg site, with some organizations taking on new roles, new organizations being developed, and funding streams shifting. These changes are described below.

Housing Coordination

During the project, housing coordination was undertaken by the Housing Procurement Team developed for the project by the Community Mental Health Department of the WRHA. The Housing Team was contracted by the project to oversee housing procurement, rental payments, and landlord engagement, as well as to engage in some capacity building with the service teams as they established relationships with landlords. At the conclusion of the project these roles were devolved to other players, primarily the service agencies. The Housing Procurement Team committed to training the service teams on the WRHA database system. The team then dissolved and its members returned to other work outside of At Home.

MB Housing has taken on responsibility for the management of the housing subsidies. This is an administrative role only, and they typically do not address housing procurement or landlord concerns. They have continued to contract Manitoba Green Retrofit (MGR) for repair services for suites. Respondents indicated that it makes sense for MB Housing, rather than the WRHA, to oversee some the housing responsibilities. The WRHA had little experience managing housing prior to the project, and it had to develop property management systems for invoicing, rental payment systems, cheque payment processes, and databases systems that tracked everything from tenants to keys to an inventory of units. Developing these systems took time and effort at the beginning of the project, but these are systems that MB Housing already had in place.

Shifting the housing payments to MB Housing was challenging, but may have resulted in some advantages. The database developed for the Winnipeg site was transitioned over to the MB Housing system, and the WRHA invoicing system was redesigned so that housing subsidies could be integrated into the MB Housing finance division processes. Respondents indicated that transition took approximately 2 months, and during that time there were many late payments to landlords. Landlords had

² Previous Implementation Reports pointed out that even when included, PWLE were at times not adequately supported in their roles, which contributed to re-traumatization and burnout (Dudley and Havens 2011; McCullough et al., 2012).

been informed 3 months prior to the end of the project that rent payments would be shifted to MB Housing, but the late payments stressed some partnerships with landlords. MB Housing already had the capacity to manage housing, and now that the system is transitioned, it has been able to improve payment times and options for landlords, as well as offer tenants additional services like direct deposit. All reports suggest the relationships between the three service programs and MB Housing continue to be positive.

The reorganization of housing coordination impacted the service teams, with roles of housing procurement and landlord relations devolved to them. The teams commented they have “*had to take on a lot more work*” and that housing is extremely hard to find. The teams have been relying on a few willing landlords, and they have commented that landlord engagement is challenging, uncoordinated, and inefficient. Many stakeholders noted that the centralized Housing Procurement Team of the project was a better approach, and it is hoped that the development of two new organizations—Doorways, a single-point intake and assessment agency, and Housing Plus, a new housing procurement agency for Housing First programs—will ease these challenges for the teams (see ‘An Evolving System’ below).

Landlord Partners

Most stakeholders identified landlords as key partners—especially in Winnipeg’s very tight housing market. Some landlords have worked with the service agencies since the beginning, some have dropped out over the course of the project, and a few new ones have partnered since the end. Landlord relations were impacted by the end of the project and the way transition was managed. Several stakeholders suggested landlords had been “*left in the lurch*,” not knowing whether subsidies or repairs to suites would continue past the official end date. Delayed planning and poor messaging led to the “*lack of a clear sense, clear direction, or clear statement of what was going to happen*.” An originally planned ‘landlord thank-you event’ never occurred, likely because it was idea that got lost following the devolution of housing coordination. Many stakeholders viewed this as a missed opportunity to communicate success to landlords and to reinforce relationships.

The teams spoke of the contradiction of landlord expectations based on experience with the At Home/Chez Soi project with the new reality of the programs operating on reduced budgets without the Housing Procurement Team. They indicated that landlords continue to expect guarantees that units will be returned in the same condition as rented, that MGR will complete any repairs, and that tenants will receive high levels of support.

The two teams interviewed also noted the reliance on a few “*go-to landlords*” for the majority of their housing, which was identified as incredibly useful, but also a potential problem. Landlords have broken partnerships with the project, especially over damaged suites and problem tenants, and the dependency on a few landlords presents significant risk, especially as Winnipeg’s landlord community is small and close-knit, and problems experienced by one are often known to all. Teams have broadened their housing options. They have an agreement with MB Housing to use rooming houses on a short-term basis—primarily to build credit and rental history for people who have none (see ‘An Evolving System’).

EIA and Medical Systems

Service agency staff characterized relationships with the health system and Employment and Income Assistance (EIA) as based on personal rather than formalized partnerships. Although seen as critically important to navigate systems, it was felt that the informal relationships limited the scope of what could

be accomplished. Some service providers felt that their teams were not viewed or treated as credible or effective members of the medical and mental health systems.

The ACT team indicated they integrated more with Mount Carmel Clinic since the end of the project. Because of aging and general physical health concerns they noted an increased focus on primary care. They were accessing and relying more heavily on the resources of Mount Carmel to access primary care and the clinic's pharmacy. Staff felt that integration has altered their perception in the wider system. When interacting with systems like EIA, it is Mount Carmel Clinic, and not the ACT team, requesting information. The ACT program now shares the same reporting system as Mount Carmel Clinic. Though they felt they were increasingly accepted as part of the wider health system, the team still spoke of feeling like "outsiders," citing difficulty in accessing services for participants and resistance by the medical system to interact with people who may be intoxicated, in crisis, or have a history of violence. ICM teams noted challenges connecting participants with mental health workers and all teams noted the lack of addiction services.

Multiple stakeholders commented on the changed relationship with EIA after the end of the project. During the project, EIA worked with the project to expedite participants who needed disability status, and registered many participants as having a mental health disability, which provided them more funding than if they were on the regular EIA caseload. EIA bypassed a fairly strict policy requiring a medical assessment of a mental health disability. After the project ended, EIA policy "*reverted to normal*" and many participants lost their disability status and the extra funding that came with it, often with little to no notice. Now, fewer participants qualify for disability benefits through EIA. EIA policy also reverted to allowing only one damage deposit over a participant's life, rather than providing participants with damage deposits automatically. If a participant loses that deposit (e.g., through eviction or damage to a suite), any additional damage deposit funding is an "*overpayment*" to be repaid. These changes have had a large impact on participants and were considered serious challenges by service providers.

An Evolving System: New Partnerships and Integration

Through the sustainability planning and transition periods, project partnerships were reorganized as funding streams shifted, and a variety of new organizations focused on homelessness in Winnipeg were established.

Provincial partnerships were shaken up at the end of the project. During the project the Site Co-Coordinator also served as Assistant Deputy Minister of Manitoba Health – Healthy Living and Seniors, and sat on the Cross-Departmental Coordination Initiative (CDCI) of the provincial government. The CDCI worked to bring the provincial stakeholders to a common table to address project issues, and this was a huge advantage to the project. The CDCI was influential, for instance, in bringing EIA to the table as a project partner. CDCI disbanded officially about a year before the end of the At Home/Chez Soi project. When the project ended, the At Home/Chez Soi service programs fell under the umbrella of MB Health and the remnants of the CDCI—and they have continued to work to integrate the programs into the provincial systems. As mentioned, the WRHA is now delivering the service arm, and MB Housing, in a new partnership, is administering the subsidies. Through these departments, the Province continued to fund *only* the clients—and only that number of clients—who were originally part of the At Home/Chez Soi project. The Province had not expanded client quotas for the three service teams as of January 2015, and each team caseload had fallen to approximately 70 participants. MB Health/CDCI continued to work

with the At Home/Chez Soi teams, the Winnipeg Poverty Reduction Council, and within the provincial government to integrate the At Home/Chez Soi programs into existing provincial systems.

Convened by the United Way and the Winnipeg Poverty Reduction Council, Winnipeg's Community Task Force to End Homelessness formed in late 2012 and in April 2014 launched *The Plan to End Homelessness in Winnipeg* (WPRC 2014). This *Plan* is important for understanding the sustainability of the At Home/Chez Soi project because it provides the context in which the programs now operate. A primary recommendation of the *Plan* is the creation of a non-profit organization to provide leadership, coordination, and centralized funding for homelessness initiatives. This organization, End Homelessness Winnipeg (EHW), launched in mid-2015.

The *Plan* also recommends a streamlined process to fast-track homeless individuals into housing, using a Housing First model within a Person-Centered System of Care (along with other housing-with-supports options). The single-point intake and assessment program called Doorways launched in mid-2015. It is a cooperative venture by the three original service agencies of the At Home/Chez Soi project, the Canadian Mental Health Association (CMHA), and the Urban Eagle Transition Centre (of the Assembly of Manitoba Chiefs). Its aim is to provide sector-wide, consistent assessment and to channel people into the most appropriate programs. Reportedly, the initial emphasis of Doorways was intake of the Treatment as Usual (TAU) group of the At Home/Chez Soi project. It has begun to accept clients for referral to agencies, with a goal of about 130 people, and a few individuals have been housed in its first few months of operation.

The *Plan* also recommends the development of a central housing registry and procurement strategy for all housing-with-support programs. Under the Winnipeg Poverty Reduction Council – End Homelessness Winnipeg, the Winnipeg Rental Network is developing the centralized housing procurement agency, which is called Housing Plus (not to be confused with the agency of the same name that provided household goods and moving services for the At Home/Chez Soi Winnipeg site). This new housing procurement agency will coordinate housing for the three At Home/Chez Soi programs as well as four other community-based agencies now providing housing-with-supports programming: Resource Assistance for Youth, West Central Woman's Resource Centre (These Four Walls), Urban Eagle Transition Centre (Fresh Start), and Ma Mawi Wi Chi Itata Centre (Beaver Medicine Bundle Youth Program). An additional Housing Supply Working Group of End Homelessness Winnipeg has formed with the task of sourcing 300 units of housing over 5 years. One year into its mandate this committee is still identifying partners in the landlord community.

Lastly, the *Plan* recommends careful monitoring, evaluation, and continuous improvement of programs and services for the homeless, with the first step being the completion of a census of the homeless population. As mentioned above ('Community Context'), Winnipeg undertook its first point-in-time count of the homeless population in October 2015. The Winnipeg Street Census was conducted as a *census* rather than just a count, collecting broad demographic and service needs information (Maes Nino et al., 2016).

In fall 2014, the WRHA created a new department called Housing, Supports and Services Integration (HSSI). The WRHA moved existing administrative resources to this department with a mandate to coordinate situations where housing and services are needed together. The department oversees programs and initiatives that are funded by the WRHA, and fall under Housing First/Supported Housing models.

This includes the three original service programs of the At Home/Chez Soi project, the Bell Hotel (supportive housing), and the WRHA PACT teams.

MB Housing has stated it is committed to providing a wider spectrum of housing types and services for people experiencing homelessness. MB Housing is also exploring how to expand its rent supplement program, and its ability to support the original At Home/Chez Soi programs. Additionally, it has agreed to the use of rooming houses in Housing First applications and is now subsidizing rooming houses at \$140/month (compared to the \$250/month for apartments).³

Over the last two years Winnipeg has seen the development of missing system components and a reorganization of the systems into which the At Home/Chez Soi service team have been integrated and within which Housing First practices can be more widely adopted. This happened *after* the end of the At Home/Chez Soi project, but as several senior-level respondents explained, neither the MHCC nor provincial government stakeholders understood how best to integrate the project into provincial systems (this is discussed in detail in the ‘Policy and Funding Context’ section below). For integration to happen the Province needed to restructure systems:

The community wasn't ready because we didn't have the Task Force [to End Homelessness]. Now they are. The WRHA wasn't ready; now they are. The systems have to be ready to be integrated into, and that wasn't there either... there wasn't necessarily the structure there to put it into... That was one of our major challenges.

V. Fidelity and Consistency of Practice

There was and continues to be wide concern about consistency of practice of Housing First among stakeholders. Concerns focus on three areas: the decline of services during the 2-year transition period after the project end, dilution of Housing First through misunderstanding of the model, and the effect of new HPS funding that mandates Housing First practices.

According to the fidelity self-assessment surveys completed in December 2014, program fidelity to the Housing First model in Winnipeg was relatively high and scores remained fairly consistent with findings from the previous assessments. See the Appendix for a detailed summary of scores. Overall, the areas of greatest weakness were Housing Process and Structure and Service Array. All three teams noted the loss of Housing Plus, which was a social agency created as part of At Home/Chez Soi that had provided furniture at move-in. Also, the teams struggled with housing participants. The ACT team, for example, indicated they were at times prioritizing timing over housing choice, moving clients into first available vacancies. The range of housing types had expanded—there are subsidies for rooming houses, and service providers noted that these have worked well for some participants. Teams also continued to struggle with providing psychiatric services and substance use treatment (services that are limited in the city) and the

³ As part of this initiative, MB Housing, the United Way, and the West Broadway Community Organization sponsored the development of a housing quality rating tool for rooming-house applications of Housing First. The *Observer-Rated Housing Quality Scale: Rooming House and Single Room Occupancy Edition* was developed by the Institute of Urban Studies (IUS) and launched in fall 2015. This tool was adapted from the original OHQS tool designed for the At Home/Chez Soi project. One goal of the tool is to give MB Housing the assurance of housing quality the government requires to fund rooming houses in Housing First applications.

inclusion of peer specialists. The greatest strength among the teams was in Service Philosophy. They also scored high in the area of Separation of Housing and Services, which suggests that the requirements for gaining access to housing and provisions of lease agreements held close to the model, notwithstanding challenges related to housing procurement.

As detailed above, funding reductions post-project constrained service provision in the three agencies. At NiApin, project participants noted the loss of cultural programming, a less effective housing role, and a general sense that the program was ‘less welcoming,’ with the high staff turnover and loss of favourite staff.

At Wi Che Win, staff turnover was nearly 100%. The one staff member who had At Home/Chez Soi experience had returned after a long absence and observed a reduction in resources and services and increased difficulty in housing with the project period. In focus group discussion, the staff of Wi Che Win seemed less familiar with the core practices of Housing First than in previous fidelity assessments. When asked, staff replied they had not received any training in Housing First core practices since the project end, and most were relatively new to the agency. Wi Che Win noted that the high staff turnover caused by the funding challenges, combined with the loss of access to training from the National Team, made it extremely difficult to keep staff proficient in Housing First principles or to maintain a high level of fidelity.

Wi Che Win staff caseloads have stabilized at about 20 people per worker,⁴ and the program had instituted new policies to increase the likelihood of successful tenancies. Participants moving into a new unit were required to give Wi Che Win a key and sign a release allowing caseworker entry. They have adopted a new policy that newly housed tenants receive daily visits from their caseworkers for the first 30 days. Staff members reported this helped reduce problems, especially those associated with unanticipated visitors. Drop-in groups have also continued and are popular.

The ACT program reported similar challenges post project. Funding cuts reduced staff levels and the services that could be offered, and the loss of project administration created additional barriers, particularly around housing services. Staff spoke of the challenges of securing apartments and the lack of apartment holds, repairs, storage, or assistance with unit turnovers and move-outs. While the ACT team does have a housing specialist, the decline of housing services has impacted relationships with landlords and the ability of the team to house people. The loss of project administration also affected the ACT program’s partnerships with the Bell Hotel and MB Housing—on which the team could previously rely for housing units.

Many stakeholders argued that the reduced funding for the agencies and resultant reduction in services has threatened the perception of the Housing First model in Winnipeg. They argued that the successful outcomes of the At Home/Chez Soi project were based on a richer model than the one that is continuing, and there is great concern that current programming will not show the same results. We heard from many stakeholders that the current programs are:

⁴ Note that caseloads were initially 20 but peaked as high as 34 due to intake demands and staff attrition (McCullough et al., 2012). Target caseloads under the project were reduced to around 16 because of the many needs of the “moderate”-need group.

“less robust”
“incrementally cheapened”
“cut off at the knees”
reduced by a *“death of a thousand cuts”*
“a watered down version”

and stakeholders reflected that:

“You’re not going to get the same kind of programming when you cut [funding] in half,” and “the likelihood that they’re going to replicate our results is small. The fidelity is going to be challenging. They are not funding a new ACT team. They’re funding a lite-ICM team.”

An overview of why this happened was provided by site leadership:

The challenge at the end of the day for the Province is not that they don’t like the approach, or don’t think the evidence is strong enough; it is that they don’t have the ability to figure out how to fund it. If you read the headlines about the budget shortfalls across the board... you ask yourself, ‘do we invest in homelessness, or do we invest in smaller kindergarten classes?’ How do you take the massive amount of competing values and requests by so many different groups at the provincial level, and fund them all? So at the end of the day, we did what we intended to do, which was prove beyond a doubt that Housing First was effective in ending homelessness for people with mental health challenges... unquestionable that it works. The challenge is, was our approach too expensive for Manitoba? And if so, can you deliver Housing First-lite? Or Housing First Manitoba style? Can you make some adjustment to the model and still continue to provide that end goal of ending homelessness?

The second major concern around consistency of practice relates to agencies misappropriating ‘Housing First’ as a label to describe their services. The problem may be related to a lack of detailed understanding of the Housing First model among some working in the sector (as well as the public), combined with competition for funding. Many stakeholders mentioned that a few organizations now refer to their programming as ‘Housing First’ without adhering to the model. Stakeholders also expressed concerns about the effect of new HPS funding requirements, which require that 65% of HPS funding be directed to Housing First programming. Respondents were concerned that agencies might claim to engage in Housing First practices simply to secure funding—there was particular worry that programs that are abstinence-based, punitive, or religious in nature might be moving toward a so-called Housing First model. Provincial government stakeholders worried that inconsistencies in the understanding and application of Housing First practices could create confusion for the public and government and undermine the model by diluting evidence of its effectiveness.

VI. Dissemination and Influence of Housing First

Stakeholders spoke about the dissemination of Housing First in Winnipeg and more widely across Manitoba, but it was mostly discussed in terms of awareness-raising and publicity efforts rather than the actual uptake of Housing First model.

Public

Efforts to reach the public were extensive; many media events and community meetings were held, and stakeholders felt these had significant impact on the public awareness and perception of Housing First and the At Home/Chez Soi project. Many stakeholders felt that for the public, homelessness is an important topic, and that the underlying premise of Housing First makes sense: *“For a lot of people, it signalled for them a very important personal and social value. People shouldn’t be on the street, and the system needs to find a better way of responding.”* Another respondent commented that not only did the public understand the basic idea behind Housing First, but that *“they probably picked it up faster than [we did]; it was a no-brainer as far as the public was concerned.”*

Publicity and storytelling about the At Home/Chez Soi project was credited with awareness-raising and acceptance of the Housing First approach. Many stakeholders felt the public has come to realize that placing people in hospitals or jails is not a good use of resources. As one stakeholder noted, at the beginning of the project:

There was a lot of negativity. By the end, we were able to say that the \$30–50 a day it costs to support [a person] is far less than the existing system. So the cost of doing nothing is enormous. We finally convinced a lot of people that homelessness is not some inexpensive thing that occurs to people who are lazy. We were able to dispel that myth. We also dispelled the myth around peer involvement... peer involvement is critical. We did a pretty good job in having peer community representation. We did quite a few public engagement events that no one else did... like Focusing the Frame. We turned the tables on public perception.

Peer representation became a cornerstone of dissemination in Winnipeg and was repeatedly cited as effective. In particular, the members of the LEC have shared their experiences and knowledge at countless media events and training seminars and continue to do so. Respondents felt these efforts generated interest and expanded understanding and compassion in the public, and were particularly effective at gaining the attention of senior-level members in government.

Lastly, many stakeholders commented that the public *wanted* to know more about the At Home/Chez Soi project. Many respondents reported that friends and family repeatedly asked about the project and its successes and learnings. One stakeholder noted the At Home/Chez Soi project presented a *“really good opportunity to take a health social services system that is sometimes very boring and drab, and [make it] very engaging to the broader community. Those are real benefits.”*

Our research suggests that recognition of the benefits of the At Home/Chez Soi programs and their successes disseminated not only through the public, but specifically throughout the population experiencing homelessness. We heard many reports of individuals approaching service staff and asking about the At Home/Chez Soi project and whether there is any way to get into the programs. Information about the project was widely known *“because of word of mouth from the participants,”* and this not only raises awareness and support for the programs but also stimulates demand.

Stakeholders did note that publicity and knowledge exchange efforts had dropped off since the end of the project, and that it is important to keep the message of *“Housing First is an important intervention”* in the media and public. The drop-off might be related to the loss of national- and site-level administrative layers at project end.

Homeless-Serving Sector

Stakeholders largely agreed that since project end there is a broader understanding and uptake of Housing First within the social service sector and wider mental health community (though fidelity to the model is of concern). One senior-level stakeholder described:

There's been a huge impact. I think all of those sector groups have recognized that At Home/Chez Soi demonstrated success with the Housing First approach. And that overall it had very good results for the participants who were stably housed; for cost savings for the bigger system; and for better matching services to the needs of those folks. So I think the research definitely demonstrated that. And I think at the provincial [level], the systems that serve this population recognize that Housing First was an effective approach... it filled a gap in services for those who were chronically and episodically homeless that weren't well served by the system initially. There is an expertise there that has been created by the Housing First providers that really wasn't necessarily there before. [Previously], it was piecemeal or scattered in different programs.

The high staff turnover associated with the difficult transition period at the Winnipeg site, while unfortunate, has resulted in dissemination through human capital. Many service team staff trained by the project have moved on but remain within the service sector or mental health system. One stakeholder noted that the system has seen “*knowledge dissemination through staff turnover.*”

More broadly, there has been a lot of communication around the model within the sector. There have been many presentations by the research and service teams, who have shared stories, lessons learned, and perspectives on the value of the Housing First. Respondents said that, as a result of the At Home/Chez Soi project, Housing First language has become more common around tables focusing on homelessness. One program manager noted discussion has shifted from an emphasis on ‘housing-readiness’ to ‘Housing First.’ Another stakeholder recalled a 2014 training session involving 150 people who work in the sector, at which participants were excited about Housing First and the opportunity “*to do participant-based programming that is driven towards people getting better, rather than just keeping them from getting worse.*” Following the training session, the ACT team received many invitations to work with other programs in the community. The ACT team reports there is system-wide interest in their program, and they get many requests to mentor or give presentations.

Additionally, Project Northern Doorway began in early 2013 in Thompson, Manitoba. This project provides supportive housing for individuals at risk of homelessness. It is led by a consortium of service providers and provides supervised, affordable housing with individualized and coordinated health, counselling, and employment services for a targeted high-service-use homeless population. The project piloted a housing strategy using rooming-houses and bed-and-breakfasts and has reported some success.

Lastly, evidence of the impact of the At Home/Chez Soi project on the homeless-serving sector is manifested in Winnipeg’s first *Plan to End Homelessness* (WPRC 2014). The *Plan* extensively cites the At Home/Chez Soi project and places Housing First as the primary policy moving forward.

The Health and Housing Systems

We heard reports that Housing First principles have also been more widely adopted across local government systems, though changes to these large systems are slow. For example, MB Housing not only has taken on administration of the subsidies, but also has recently partnered with a local organization to provide the housing for a Housing First styled housing-with-supports project.

We heard mixed reports on how well known Housing First was within the mental health system. A few service providers recalled encountering mental health professionals who still had not heard about Housing First or the At Home/Chez Soi project. More common was the feeling that the mental health system had changed for the better—that the system is now aware of Housing First, how it works, and that it is “*almost a given now.*” The WRHA has indicated it sees a lot of benefit from the ACT model in the client population it serves, and it now has three PACT teams. As well, the CMHA-Winnipeg developed a Community Housing and Supports project for people who have experienced chronic homelessness. As part of the development of this initiative, there was some cross-training with staff from the At Home/Chez Soi teams and consultation with the agencies to glean some lessons learned. While the program has had positive community and landlord feedback as a new Housing First initiative, one stakeholder noted that it does not have the resources that At Home/Chez Soi did, and may not be delivering the same level of services.

One stakeholder spoke of the dissemination of Housing First-type practices into the broader health service system. There is a new hospital discharge team that works on discharging at-risk patients to the most appropriate housing-with-supports in the community. This respondent also spoke of a broader recognition of harm reduction in the health community as coming out of the At Home/Chez Soi project. Other learnings of the At Home/Chez Soi that have made it into the health system include better landlord engagement and the use of holding fees by the WRHA to secure core housing for their PACT teams.

Multiple senior-level stakeholders spoke of enhanced acceptance of Aboriginal agencies by the broader health system. They felt there was increased acknowledgement that the agencies are effective at working with people the system has failed to reach in the past. It is in part because they have strong relationships with the clients and their communities (see ‘Community Context’ section below). This recognition has informed practices of mental health services of the WRHA; stakeholders spoke of more consultation with the Aboriginal community in general and an evolution in its understanding of cultural issues. It was felt that Mental Health could no longer initiate a new program without consulting and including the community, “*Whereas before, they just didn’t think of it.*”

And Beyond

Dissemination has occurred outside of the homeless-serving and health sectors. Multiple seminars on ‘Housing First 101’ have been delivered to the Manitoba Non-Profit Housing Association (MNPHA), individual non-profit housing providers, and the Professional Property Managers Association (PPMA), with some effect. Although perspectives of the project among landlords are mixed, we did hear of ongoing interest in the Housing First approach. The primary reason appears to be that landlords are often challenged by tenants in crisis, but are willing to work with tenants who come with supports.

One service team member (a recent graduate of psychiatric nursing) reported that the basic tenets of Housing First are beginning to be included within local educational programming. We heard that Housing First was widely known and discussed among student nurses in Winnipeg, as were the reports and

National Film Board films associated with the At Home/Chez Soi project. As another program manager pointed out, the inclusion of Housing First as part of the curriculum for professionals eventually working in the sector—including social workers, nurses, and doctors—would contribute significantly to the normalization and widespread adoption of the approach and would impact the larger system.

To conclude, the core practices and principles of Housing First have had wide dissemination in Winnipeg and, to a lesser extent, provincially. In the homeless-serving sector there has been a more substantive uptake of Housing First practices. Within the broader mental health and health service systems Housing First is making inroads, but these larger systems are slow to change, with multiple levels of policy and many thousands of staff to inform.

VII. Factors Influencing Sustainability

Many factors impacted how and to what extent the At Home/Chez Soi project was sustained in Winnipeg. These include the policy and funding context across government sectors and scales, the community context, factors related to the capacity-building approach adapted for the site and how it was implemented, organizational supports and local leadership, as well as strategies related to dissemination of the research findings.

Policy and Funding Context

All stakeholders considered the policy and funding context crucial to how the At Home/Chez Soi programs were sustained in Winnipeg. As mentioned, at the outset of the project, the Housing First approach was untried in Winnipeg. The At Home/Chez Soi service programs were developed based on a capacity-building model. Implementation of the programs involved the creation of culturally respectful partnerships between local Aboriginal and non-Aboriginal service agencies, universities, and a variety of government departments. One objective of bringing the partners together was to build trust and create an environment capable of sustaining a Housing First approach over the long term.

In describing the policy context, both prior to and following the project's implementation, most stakeholders referenced challenges related to the distribution of power and responsibilities across levels and policy areas in government. There was tension expressed by some local stakeholders who felt the At Home/Chez Soi project was a “*boutique program*” that the federal government “*dumped*” on the Province. Some respondents attributed this sense of imposition to the way the project was negotiated on the front end, that it was “*the feds sort of coming forward with their camo and big army boots... like the cavalry [saying] ‘we’re here to solve Aboriginal urban problems.’*”

Views on provincial responsibility regarding the project were mixed. Some stakeholders recognized that the Province had little obligation to continue to fund research-oriented programs established with finite federal funds and a set expiration date. Others, particularly in the Aboriginal community, felt that the Province had agreed to certain commitments to sustain the project at its inception. One respondent elaborated: “*My understanding of the deal always was if the Province accepted this money, the deal was that they had to figure out how to merge the program into the regular funding... I remember that conversation.*” Our research reveals a mismatch of expectations related to how program “sustainability” would be defined and understood. One stakeholder pointed out that for the Province, “*sustainability was described as continuing to serve only those clients who were part of the At Home initiative, and to some*

extent the adoption of Housing First. But the first and primary goal was to ensure ongoing commitment to the clients of At Home.”

As mentioned earlier, provincial funding at the close of the project (March 31, 2013) was dedicated (and limited) to maintaining the supports for the existing At Home/Chez Soi participants. This upset service providers, who felt that the government should commit not only to the participants, but also to the Housing First approach more broadly. Some government stakeholders noted, however, that while the policy context in Winnipeg and Manitoba was and remains largely supportive of the Housing First approach, it was not exactly clear how the At Home/Chez Soi service programs would fit within existing policy areas and strategies (especially on the housing side). At the time the At Home/Chez Soi project was ending, respondents indicated it would have been challenging to immediately integrate the programs into the larger system. There were a number of factors related to this, including jurisdictional concerns, systems ‘readiness,’ and the fact that the service teams were created specifically as part of a research demonstration project.

As part of a research project, the At Home/Chez Soi teams were operating as a parallel system—one that would need to be integrated into the existing system. Integration was made more difficult because the research intervention itself was designed specifically to target a population that was not well served by the existing system. Stakeholders spoke about how the mental health system and EIA, in particular, do not deal well with individuals with concurrent disorders and behavioural or medical complexities. One senior-level stakeholder at the Winnipeg site made the observation that the project provided a “*window of opportunity*” to demonstrate how the policies in systems such as mental health and EIA work to exclude many people who are not diagnosed with a “*classic disability from a doctor.*” The At Home/Chez Soi programs were seen to have both broader eligibility requirements and the ability to be more engaged, flexible, and assertive in their programming: “*the agencies have that assertive quality where they are willing to pound the pavement and walk down the back alleys to connect.*” One service provider echoed, “*The people we were working with were [seen] by the mental health system as not being serviceable. Not treatable, intractable... So I think one of the key things we’ve done is show the system that all people can be engaged in service if it’s tailored correctly.*” Some respondents were disappointed the project was not able to adequately challenge the system to change its policies and regulations to better serve this population.

A few respondents pointed to the fact that program implementation at the Winnipeg site was based on a community capacity-building approach, and as such, one explicit aspiration was indeed to effect system-level change, to change the model of how people were approved for and routed into programs through EIA, Manitoba Housing, and the WRHA. Reflecting on the transition, one stakeholder said:

So you get to the end... after trying to make all these changes to policy and program direction... as soon as the MHCC money dried up and they were back on provincial [funding], the easiest way for people is to revert back to the default [way of doing things]... We tried to let people know that the essence of Housing First is to help the most challenging individuals... folks that were forgotten by every single system possible, and been refused service by every single system possible. The only way to get them into the system was to change the rules of the system... and now the rules have changed back.

There was hope among some stakeholders that evidence from the demonstration project as well as the integration process itself would alter the larger system and arguably to some extent it has, but there were challenges in achieving this. Many stakeholders spoke about the siloed nature of government departments and confusion nearing the end of the project about where the At Home/Chez Soi programs would fit and who would take responsibility for them. Some considered the implementation of the project in Winnipeg an exploratory attempt to build those cross-departmental partnerships, with a focus on addressing the needs of a particular sub-population of the homeless. At the provincial level, the Cross-Department Coordination Initiative (CDCI) was tasked with addressing the issue, but in the end:

was not able to unlock the integration of multiple departments and initiatives and... if we don't all work together, [an] individual won't be housed. If we go back to the old system of all independent [departments], it just doesn't work. We took the foot off the gas and went back to siloed 'not my concern, not my department.'

As the project neared its end, among many respondents there was indeed “*a sense of people scurrying back to their regular roles.*” The At Home/Chez Soi programs did not align easily with the existing system because they—like the issue of homelessness—straddle several policy areas, with responsibilities and potential funding sources dispersed both horizontally across provincial departments and vertically along scales of government (e.g., HPS as a federal body not funding ‘health’ related supports).

Stakeholders in the provincial government emphasized that the At Home/Chez Soi project was a research project with the primary objective of showing that Housing First works. As such the project operated as a kind of parallel system, and it took some work to ready the larger system to integrate those programs because they did not necessarily meet broader system requirements. Provincial stakeholders indicated that the three At Home/Chez Soi service teams were not operating on formal contracts (which limited their accountability) with the government partners who assumed interim responsibility for them following the transition, and they viewed this as risky. At the time of the current study, the Province was in the process of entering into service agreements with the teams, to have a performance schedule attached to those contracts, and to identify specific expectations around housing services. Some government representatives expressed concerns related to provincial responsibility, citing a number of questions that had to be addressed before the Province could take on the programs. These included issues related to program management as well as client graduation and future intake, issues not intrinsic in the design of the research project. Additionally, in adopting and funding programming the Province needs to consider equity across the province, so there was some concern with ‘scaling up’ what was a Winnipeg-based project. To integrate the At Home/Chez Soi programs into the larger system, they needed to be adapted slightly to align with the system requirements.

Moreover, in order to take on the At Home/Chez Soi programs—and Housing First—they needed to align with provincial priority areas. At project end, homelessness was an issue of political interest in the city. Winnipeg had established its Task Force to End Homelessness and the issue was primary for the Poverty Reduction Council (though some respondents questioned the efficacy or urgency of these responses, especially in relation to the sub-population represented by participants in the At Home/Chez Soi project).

However, homelessness was not as high a priority area for the Province at the time. As one stakeholder baldly stated,

Well, I'm going to tell you what the context at the time was... as a province we just had the major flood happen. Basically there was... a climate of funding constraints that occurred. I think that was the major challenge to getting the At Home/Chez Soi funded, because it was 'where are we going to find this money?' I think the government recognized that it had to be sustained; it was a matter of where the money would come from.

At the end of the At Home/Chez Soi project, the priority issue was still the major 2011 Manitoba flood, and the policy and funding contexts did not immediately afford the political will or the financial capital to ensure more permanent sustainability for the At Home/Chez Soi programs.⁵ A few respondents also pointed out that Manitoba is a comparatively 'have-not' province, characterized by a 'risk averse' financial climate in which there is a lot of pressure to manage costs. One respondent summarized: *"I think ultimately the Province didn't know which way to go. I don't think they were 100% sold... or, they didn't have the resources. [The funding proposal submitted by the Winnipeg site] was a good proposal, a good idea, but a good idea among dozens or hundreds of priority areas in the province. We have to remember that. There's not a lot of money."*

The provincial government has been able to incorporate the At Home/Chez Soi programs, though there was a lag time after the project funding ended before program 'integration' was accomplished (and it was still quite precarious and based on short-term funding arrangements). In part, integration was possible because Housing First principles aligned with the already existing policy direction in the Province. There had been movement toward PACT and toward a more Housing First approach. The WRHA, for example, had already been offering some housing with supports. However, there is still not a full embrace of the Housing First approach provincially—there is interest that has not fully translated into policy changes. Within the province, Housing First has been adopted more as a best practice than a model, within a larger approach to housing vulnerable populations. Some see the adoption of Housing First principles locally as a top-down consequence of the requirements of HPS—whose funding has both contributed to 'buzz' about Housing First and to sustaining the existence of and forcing adaptations to the At Home/Chez Soi programs.

Multiple stakeholders mentioned that for stronger and more successful sustainability of the At Home/Chez Soi programs, the provincial government, while involved in some capacity from the beginning, should have been more strategically involved at an earlier stage in the project. One respondent suggested that progressively staged funding commitments would have obligated provincial (financial) involvement throughout the project. In other words, requiring the provincial government to dedicate a higher proportion of funding earlier in the project would have brought them on as a more active partner

⁵ There was enormous impact from the 2011 Manitoba flood on people and provincial budgets; it forced 7,000 people from their homes, declarations of emergency in 70 communities, and the evacuation of 18 First Nations communities. As of December 2015, 1,933 people, mostly from First Nation communities, remain housed in hotels and apartments. Costs of the flood, for which the Province is primarily responsible, are estimated at \$1.3 billion and still rising (Mortillaro 2014; Government of Canada 2016).

sooner: “*Instead of giving \$20 million from the beginning, it should have been 70/30. The Province should have had a real stake right from the beginning and then phase it in... Partner on the money, and you do so to successful outcomes.*” Respondents referred to inadequate engagement by MHCC with the community and local-level leadership, which might have provided more momentum towards the end of the project, as well as the lack of a local high-level policy champion to advocate provincially. As well, the federal offer of a transition coordinator was not taken up in Winnipeg, and this person might have assisted in liaising between the project and the provincial and local governments (see discussion in ‘Local Leadership’ section below). Though the At Home/Chez Soi programs were sustained, *how* they were sustained was in large part influenced by the existing policy environment and by funding limitations that forced some program adaptation.

Community Context

Winnipeg was specifically chosen as a site for At Home/Chez Soi because of an overrepresentation of Aboriginal people in the city who were homeless and living with mental health and addictions. This population faces many relatively unique challenges related to the damaging effects of intergenerational and complex trauma associated with a legacy of colonization and social and racial discrimination. These challenges posed a barrier to project implementation and to housing stability, but progress was seen over time (McCullough et al., 2012).

The Aboriginal community asserted itself and worked to negotiate its involvement in the project at the outset. A local and Indigenous sense of ‘ownership’ of the project and its implementation was established early on and was seen by many stakeholders as a pre-condition for Aboriginal involvement in the project.⁶ This led to certain expectations in the community about how the project would be sustained—and that commitments as understood by the Aboriginal community would be upheld. “*The Aboriginal community believed in the beginning negotiations... they believed and they were told... that there would be sustainability for this. That’s why they agreed to come on. And because they weren’t going to agree to being researched again.*” Some of the push for Indigenous involvement and ownership of the project was related to a legacy of colonialism and a resistance to non-Aboriginals conducting research about/on Aboriginal peoples. One respondent explained:

Indigenous community leaders... were very clear from the beginning that you don’t come in here and start mucking around unless you’re actually going to do something properly... Long-term. And that is responsive and appropriately delivered. The resistance to research just for the point of it, you know, for intellectual curiosity... well, the community tends to be less interested in that... And I think that’s been huge.

The fact that the community was engaged from the inception and that local Indigenous communities not only supported but also played a leading role in all aspects of the project was crucial to its sustainability in Winnipeg. Leading up the end of the project, several stakeholders with the Province identified the homeless-serving and Aboriginal communities as the central players in pushing—“*they really kept pushing and pushing*”—to keep the programs going.

⁶ This was raised repeatedly throughout our research on sustainability but is also discussed at length in other site-specific reports (see especially Dudley et al., 2010).

Within the At Home/Chez Soi project, the Winnipeg model was distinct in that it was based on community capacity building. There are a number of ways the capacity-building approach impacted sustainability. First, the service teams were strategically housed in the community: in Mount Carmel Clinic, Ma Mawi Wi Chi Itata Centre, and the Aboriginal Health and Wellness Centre. All three teams had “*strong roots in the community,*” and the intention was to draw on and build their capacity “*to understand how to direct resources to individuals who had been missed for too many years.*” Many respondents recognized the teams had an investment in the community and in project participants that might not have been as strong had the teams been housed elsewhere in the system. Despite obstacles in project implementation and a lack of clarity around how the project would be transitioned, the service teams persevered through anxious and contingent circumstances. One informant relayed that:

One of the things we really learned from the Aboriginal community is how invested they are in each other and their culture. While many other organizations and agencies could have opened an office on the street because they got money, their staff would have been gone out the back door as soon as they knew there wasn't money. It shows these are folks who really want to make a difference for their community.

The commitment the three teams had to the project participants consolidated their strong and positive working relationship.

As mentioned above, one important outcome of the capacity-building approach was the network of relationships that were forged. While some local-level partnerships contracted toward the end of the project, the program managers of three community-based service teams have remained relatively unified. Discussing the community context of the project, many stakeholders referenced the long history of social activism and organizational engagement around Aboriginal issues in Winnipeg. They noted that the capacity and spirit of perseverance animating Winnipeg’s social service milieu contributed to the teams’ collaboration and endurance. One respondent reflected:

I think number one Winnipeg is small; as big as it is, it's small. I think its relationships. I've been around over 30 years doing stuff in the inner-city... All three of us, we continued working together, we stayed united, we didn't let people piece us off, you know? And I think [that's] because we were innovative and creative thinkers and we wouldn't say no, we wouldn't take no, and we kept on pushing.

Respondents noted that the perceived wealth of the project caused divisiveness within the social service community. Representatives from the service teams felt there was a lack of understanding on the part of other (typically more ‘traditional’) homeless-serving non-profits and charities in the city about their short-term, research-tied nature and uncertain future. This led to some resentment and intensified a sense of rivalry and competition over program funding and ‘legitimization’ within the system—both among the three service teams and between the At Home/Chez Soi agencies and the wider social service community. However, over the longer term, the capacity-building approach appears to have had success in contributing to program sustainability. Because programs were embedded in Aboriginal organizations, there was perhaps a higher likelihood they would be sustained within that community. Some service providers felt the project helped develop their capacity and “*has enabled us to build more capacity in our community, more knowledge, expertise, structure, to work with Indigenous people,*” which in turn paved the way for Aboriginal-run agencies to serve as homes for Housing First-type programming going forward.

While the capacity-building focus of the Winnipeg site largely promoted sustainability, it might have hindered sustainability efforts in some respects as well. Housing First as an approach had not been attempted in Winnipeg prior to the project, and a lot of work focused on the development and training of the service teams and on bringing partners together and building trust. The non-profit organizations in which the service programs were housed had to expand their service delivery (and, to some degree, mandates) to deliver Housing First programming. During the project's implementation providers faced a number of site-specific challenges. As mentioned above, local housing market conditions, particularly at the start of the project, limited the supply of affordable, quality rental options and inhibited the rapid housing of participants. Additionally, complex trauma was identified by all three service teams as a major root cause of many participants' addictions, especially in the case of solvent abuse (McCullough et al., 2012). This posed an obstacle to housing, and the project saw some participants experience a series of evictions and re-housings and incurred hefty fees for damages. The site needed to learn how to assist particular individuals in maintaining successful tenancies (see Distasio et al., 2014b). Many stakeholders mentioned that this experience led to a breakdown of relationships and soured the Housing First 'brand' with some landlords in the city. A few respondents felt that there was not enough done to deliver appropriate messaging to housing providers about transition plans or to thank them for their involvement with the project. Some worry this will negatively affect plans to implement or expand Housing First in the community going forward: *"If we're going to be doing rapid re-housing, you need to have a housing stock to be working with and I'm not sure how landlords will take to this again."* Another respondent echoed, *"It's going to be a massive challenge to be embracing and engaging landlords and units in the new world unless we can really define it as something different [than At Home Housing First]."* Stakeholders thus had mixed views on how well the project contributed to the creation of a community environment capable of or willing to support Housing First initiatives in the future.

Several stakeholders commented on the challenge of integrating a Housing First model in a context where, not only is the housing market extremely tight, but the philosophy of individualized treatment is in some respects at odds with a cultural background that supports and sometimes benefits from more communal-style living. They noted that to adapt Housing First effectively to the Winnipeg context, an Aboriginal-influenced approach viewed participant housing more collectively:

We're working within a community that is very collective in their way of social engagement, and not only just because it's an Aboriginal community, but because it's a homeless community... and we need to look at working with groups, instead of working with the independent person.

Because of Winnipeg's distinct community context, culturally-specific local adaptations were made in the delivery of Housing First, and many stakeholders felt that without this approach the programs would not have been as successful. Since the end of the project, the service teams have adapted the Housing First model further, experimenting with communal living; in partnership with Manitoba Housing they have expanded the housing options for participants in their programs to include rooming houses, which have worked well for some individuals.

The At Home/Chez Soi project in Winnipeg built on and helped strengthen the capacity of the community, and there are a number of ways this contributed to sustainability. Overall, stakeholders acknowledged a positive working relationship among community partners and local government organizations that was critical to sustaining the housing and supports established during the At Home/Chez Soi project. Partnerships were forged that left a legacy of cultural sharing. As one non-

Aboriginal respondent pointed out, there have been cultural adaptations to Housing First attempted in other places, but in Winnipeg “*the difference is that you have a different voice here. They are Indigenous people to Winnipeg, with a strong voice, who are speaking out in terms of what they want.*” Moreover, in spite of all the barriers local conditions presented, the service teams persevered. Multiple stakeholders pointed to the strength of the Aboriginal community—its leadership, expectations, tenacity, and long history of social organizing—as fostering a spirit of perseverance and contributing in positive ways to the sustainability of the At Home/Chez Soi project in Winnipeg.

Strategies, Organizational Support and Local Leadership

A few stakeholders noted that project sustainability was ‘on the table’ from inception; it was discussed as early as the Winnipeg site proposal (Dudley et al., 2010). Indeed, many stakeholders mentioned that the Aboriginal community only agreed to participate in the project—agreed to “*be researched again*”—on the condition there would be planning for sustainability of the programs afterwards. Many stakeholders felt the intentions to engage in sustainability planning from the beginning, however, were never fully actualized. There was a feeling that the issue of sustainability got lost as the focus shifted to project implementation, and that momentum was lost near the project end, culminating in a frenzied but somewhat unfocused preparation for transition. One government stakeholder suggested that sustainability planning should have mirrored good case management:

You know, an old basic principle of case management is when you meet your client, on your first meeting you plan for discharge. And it’s almost like, that’s what should have been done [with the project]... all those conversations were always, ‘Well, we’ll get to it next meeting; we’ll get to it next meeting.’ And then there aren’t any next meetings, and what is the transition plan?

Two senior-level stakeholders sensed an expectation that the project would “*just flourish on its own,*” and that the provincial government would simply continue to pay for the programs as they were. Stakeholders did not reference any detailed discussion about how the project programs would be integrated, administered, or managed, and several respondents felt the work required to ensure a (relatively) smooth transition to sustainability was not undertaken early enough.

During the sustainability planning period (in the year prior to project end), there was a Sustainability Committee established locally, and though stakeholders referenced multiple meetings about sustainability, many expressed dissatisfaction over the lack of a coordinated overall game plan. Committee meetings focused extensively on funding and on exploring options to ensure participants were not ‘dropped’ when the project ended. Some specific strategic actions undertaken included the movement of participants into Manitoba Housing or other lower-cost housing, research dissemination (see ‘Research Findings’ below), and the development of the funding proposal submitted to the provincial government. When it became clear the Province was not going to fund the entire proposal as submitted, site leadership and the teams worked to secure interim funding, so they could “*buy more time, to continue to try and get core funding at full capacity*” while they continued to serve their current clients.

When asked about specific strategic planning for sustainability, most respondents pointed to the funding proposal submitted to the Province, and several noted that they felt there was not a clear consensus of what to ask for, of what steps to take to facilitate integration. With hindsight, however, many noted

strategies that could have been adopted, or that were adopted but could have been implemented earlier in the project, including:

- Develop a clear overall plan for sustainability, with specific strategic action items
- Identify missing components of the existing system (e.g., single-point intake and assessment, or a coordinating/administrative body)
- Identify the provincial systems into which programs could be moved, and develop a plan to integrate them
 - Clearly delineate partner roles and responsibilities, and potential funding streams, and how they align with program criteria
 - Stage provincial funding incrementally, requiring a higher investment from the Province that would bring them on as a more active partner from the beginning
- Identify a high-level champion in local government
- Solidify key partnerships (e.g., landlords through public-private partnerships)
- Adopt an integrated local communications strategy, to include mechanisms for knowledge transfer and a messaging strategy to promote local and public buy-in

As a research project, At Home/Chez Soi was designed primarily to test the Housing First model in Canadian contexts, and many stakeholders recognized the distance between the ideal of a ‘research project’ and the expectation of ‘sustained Housing First programs within existing systems.’

Implementation Model and Organizational Support

While there was not one overall strategic plan for transition of the Winnipeg site, there were a few general strategies related to implementation and the actions of local leadership that influenced sustainability. The implementation model—one of capacity building—was strategically adopted, with the objective of establishing capacity in the community, and thus to build some context for the sustainability of Housing First in Winnipeg post-project.

Implementation hinged on the cultivation of strategic partnerships, and throughout our research respondents stressed the importance of the relationships created through the project. For many respondents there was a sense that the At Home/Chez Soi project created a window of opportunity for more cross-sector coordination that was not entirely capitalized on. In the planning and discussions regarding sustainability:

There was so much thought about the timeline that we really didn't anticipate the value of the tables and steering committees after four years. So one aspect that we missed is the amount of commitment around networking and relationship building. That shouldn't be underestimated. Especially in a community like Winnipeg where relationships are so important... And even more important in the context where non-Aboriginal providers and agencies were trying to build bridges and work more intimately with Aboriginal agencies. So I think that we missed something in planning for what the tables and leadership group could do beyond the timeline.

There was no commitment to continued meetings or longer-term planning by the partners involved in site coordination and the Sustainability Committee meetings. Despite this, and while some formal partnerships have become more attenuated post-project, nearly all of the partnerships forged during the project have endured in some form.

The capacity-building approach necessitated strong partnerships. The three teams remained relatively unified, and the agencies in which the service teams were housed have retained relationships with both

MB Housing and the WRHA. As a key partner from the start, the WRHA committed to working with the government to build more formal linkages with the agencies, specifically as a way of connecting to the Aboriginal community. The fact that the service teams were embedded in non-profit (and Aboriginal) agencies with no previous experience delivering Housing First (or even housing) in the community—and not in the mental health system—gave them more flexibility in developing a new model of care (an ‘indigenized,’ culturally-appropriate adaptation of Housing First) than a traditional biomedical approach might have.

However, some stakeholders noted that not having the teams embedded within the healthcare system might have weakened their ‘credibility’ to the system and perhaps contributed to difficulties in achieving an explicit, public commitment to program sustainability. The programs did not have strong, pre-existing linkages with funders and expressed a feeling of marginalization, dismayed that they were not as widely known or immediately recognized as ‘legitimate’ within the wider system. The non-profit umbrella organizations in which they were embedded, though, did provide the service teams some organizational support—and a link to the wider system—during the transition period. Mount Carmel Clinic, for example, provided the ACT team with some interim funding as well as support in the form of advocacy within the system. Those organizations became the public face of the At Home/Chez Soi teams post-project and thus assumed some responsibility for post-project outcomes.

Some respondents indicated that the Province assumed a risk-management approach with regard to transition planning—that in the absence of a clear and coordinated plan the decision to continue to fund the programs, though at a much lower capacity, was made in part out of risk management. One government representative confirmed: *“I think the fear of what would happen if all of a sudden all of those people were dropped and were no longer stably housed and how the community would react to that, that had [an] effect.”* Another echoed:

There was no roadmap, no game plan. The next thing we knew... there were all these talks but I guess they were in every city. At the end of the day, we were no smarter for them... and then out of the blue we get a call that the federal government will pick up a certain amount of the housing costs. That’s your sustainability plan?

Local Leadership and Messaging

Most respondents indicated there was no overall strategic plan to promote sustainability as the project came to an end. Along with the transition funding for subsidies, the federal government offered funding for a transition coordinator position. Hypothetically, this person would have liaised between the provincial government and other local-level partners and assisted the Winnipeg site in developing and adhering to a roadmap for transition. The funding of a coordinator was not taken up in Winnipeg for a few reasons. First, there was concern that the offer of a coordinator came at the wrong time; the Province had already been working with the WRHA on integration for 18 months and there was concern that “parachuting” another person in the middle of planning at that point would not have made sense. As well, the provincial partners agreed that if the goal was to integrate the At Home/Chez Soi initiative into the array of services the WRHA was supporting, only a person who was knowledgeable of, and part of, the Winnipeg context—and the WRHA—could have taken on that role effectively. There was frustration related to the perception that the offer was an imposition of the MHCC on the local context: *“If the whole goal of this from the get-go was to move the system... [and] if the MHCC was ultimately getting out of this business, why would we have them in the middle of it?”*

Respondents pointed to larger factors, such as the policy context and political environment, as playing a more significant role. One respondent reflected, “*We went back to the old model, where it became individualized and competitive. ... We may have worked together because we had four years of certainty, but at some point the gloves have to come off and we all have to go after the same money. ... They’re all fighting for a few dollars. I don’t know what a coordinator would have done to ease that tension. You have a massive disconnect from one system to a system of certainty. A federal coordinator didn’t bring certainty.*”

Ultimately though, there was recognition from a number of stakeholders that local leadership might have miscalculated the scale and challenges presented by the integration project. For example:

When we experience bumps and blips we interpret them as uncertainty, waffling by the province... but maybe it’s a big project... [with] multiple departments, DMs, ADMs, ministers, directors, staff and policy people advising. So there is a lot of background noise to figure out how to sign a contract with these groups to keep them going, and not piss off other organizations. So imagine the provincial complexity... It’s not a simple thing.

There were a few key decisions taken by local leadership that promoted sustainability and arguably eased the integration process. For one, there was the decision for some senior-level individuals to step away from the project early on and return to roles in the government. One stakeholder withdrew from local project leadership about halfway through implementation in order to lobby for program sustainability within the government, an action that was credited with having major influence on the decision by the Province to provide at least interim funding to the programs. Another stakeholder, who had been involved in the site’s housing coordination, returned to a role in the provincial government, in part to provide administrative support and reception of the programs post-project. These stakeholders indicated that the Province would have been unlikely to pick up the programs without their involvement.

Several stakeholders commented on the absence of local champions in influential positions within key government decision-making roles. In addition to bolstering political will for sustainability, a local champion might have contributed to re-energizing the project and maintaining momentum around Housing First and its promulgation. One respondent reflected that the site needed “*the right kind of champion,*” one who “*can leverage the masses*” and “*become identified with the issue.*”

Several respondents noted that there could have been more coordination of local communications, both in terms of providing messaging about the project transition but also in marketing the Housing First brand:

We probably could have done a better job in forecasting and [hiring] a local communication consultant... We had it at the national level, but I think that [the national strategy] took an approach of glossy pages... which is what happens when you hire a national communications firm to manage very politically charged messaging. But there is a lot of stuff that could have been done locally... activating social media... and not just the message of ‘There are homeless people, we need to help them,’ but the positive stories... On the housing service side there are things we could have done to leverage landlords who said they were enjoying the project.

Some felt there could have been more effort to provide storytelling about successes and positive messaging about Housing First, particularly toward the end of the project. It was also felt that there would have been value in leveraging other methods of communication, such as activating social media. Local leadership could have taken a strategic approach to framing the project messaging to highlight the success

of the Winnipeg site but also adopt a more inclusive approach to explaining how Housing First addresses the issue of homelessness. One respondent observed that locally the way messaging “*was delivered suggested that shelters were bad... but that wasn’t the approach to take. From a PR standpoint there was a way better way to do it, but we didn’t know until it was too late. We left some people with a sour taste in their mouth.*”

Overall, it seemed there was a lack of harmonized planning and visioning for sustainability among local leadership. The lack of a concrete plan—early on in project implementation—made it challenging to develop clear and standard messaging about transition within the site. Several stakeholders speculated that this reduced local buy-in and support for sustainability and inhibited the effectiveness of the project to be a stimulus for wider system-level change.

Research Findings

Most stakeholders indicated it was the research team that spearheaded sustainability efforts at the Winnipeg site, and they pointed to the dynamic role of the research findings in providing evidence of the effectiveness of the Housing First approach. The research provided the numbers to support the model and demonstrate that Housing First could be delivered in a locally adapted and culturally sensitive way. Most stakeholders agreed that the research findings had some impact in supporting the continuation of the service programs. As one respondent put it:

Because everywhere we go we see people mentioning our findings... so how do you shut something down if you’re quoting them all over the place? I think that was helpful to us. Just having the final research report, and having people use that, embedding it in their proposals, I think was part of what helped the sustainability.

Research findings provided support to the dominant messaging coming out of the Winnipeg site and were credited with influencing policy and public discourse.

Preliminary research findings were shared informally in presentations to service team staff and participants. On the one hand, a few stakeholders felt there could have been a stronger marriage between research and service—that results from the research could have informed the way the service teams operated on the ground in a more direct and ongoing way, and this would have contributed “*to a more deliberate conversation to correct problems*” as they arose. On the other hand, interestingly, the communication of findings also contributed to a spirit of perseverance at the site. Some respondents noted that the presentations and interim reports were energizing—that the underlying motivation of the research gave them an added sense of purpose, of having a broader mission. One respondent said:

I found those to be very helpful tools if I found I was getting off track, or disheartened. The information coming from those reports were going to inform policy, and we just kept reminding ourselves of that... no matter how bad this gets, the goal here is to change how we think about homelessness and housing.

Providers in the service teams emphasized the importance of evidence-based practices, and the individual agencies noted the value of including the research findings in their own funding promotion:

What really impacted for sustainability funding-wise, is definitely cost-effectiveness. When I can put in there, put up a pie chart or whatever that shows that I can dramatically reduce your cost of emergency responses... I’m sure we’ve saved millions of dollars from the

healthcare system. I think that makes a huge difference... and that's the language that the government speaks.

While recognizing that evidence from the research was crucial (“*We would have no leg for sustainability without it*”), there was disagreement about the role of research findings in directly impacting program sustainability and policy uptake. Some stakeholders felt that research results could have been leveraged more effectively. Many, particularly from the policy side of the table, expressed disappointment that delays in publication of the findings (which were not available until at least 6 months after all the data had been collected) inhibited their potential impact locally. There was frustration that reports detailing local results could not be released without the national report. The delays meant that official, Winnipeg-specific results were not available for many of the discussions about site sustainability or when local political cycles might have been most opportune.

There were many times... we knew what would be in that report but were continually told we couldn't release that. So if the report had been out two years earlier, it would have helped those discussions. When it did come out, it kind of went on deaf ears. The ripeness of the timing. ... But at the end of the day, it didn't matter what happened in the other cities. Manitoba, and Winnipeg, had to look out for itself.

National-level control of research findings was seen as impeding local-level decision-making with regard to project sustainability.

Some respondents indicated that while the delays were unfortunate, preliminary results were telling a positive story and should have been sufficient to garner ongoing support. Reflecting on this, a few stakeholders felt that the findings could have been packaged differently, and mentioned a disconnect between the information that was presented and what was needed by policymakers. “*I think we at times missed the mark on figuring out what these senior officials needed from us [for policy change]. What in their head they were needing.*” It was suggested that more fine-grained, quantitative analysis illustrating the cost savings of the program for targeted government departments would have helped, “*because that's how we get the policy guys on board.*” Several service providers also mentioned that there are multiple ways of measuring “success” and expressed frustration that some successes of the program, such as participant work toward family reunification, were not as valued at the policy level. One respondent reflected that a local communications coordinator could have been hired to help, that “*as a network it would have helped us to bring together the right kinds of facts and statistics to demonstrate to each government unit (department) [the project's effectiveness].*” This might have reinvigorated momentum within the project and consolidated wider support for Housing First, including from systems such as EIA, Child and Family Services (CFS), and Manitoba Justice, as well as the public.

However, a few respondents noted that while the research was vital to promoting sustainability, there is a dilemma inherent in this kind of field demonstration research. For one, there is a lag before findings can be presented. Additionally, the nature of a ‘controlled’ demonstration means that proving success at a systems level is difficult.

It's a double-edged sword kind of thing where, we need to be able to talk about success to influence the system, to say, 'This works; invest in it'... But in terms of system costs we need to say that people are no longer needing to be attached to those really expensive system supports. And that we haven't been able to do because we haven't separated them from the research project.

Demonstrating that some participants no longer needed the program was difficult, because participants could not ‘graduate’ due to their enrolment in the research and the fact that their financial supports, which were tied to the programs (and not the participants), would be lost. Some service providers felt this caused an “*unwellness*” in the programs; while recognizing that “*during the research phase it is what it is, you keep it the way it is,*” they felt the programs were stagnant and worried this might lead to dependency for some participants.

Overall, most stakeholders agreed that the research findings played an important role in demonstrating that Housing First can work and did influence government uptake of the Housing First model. One respondent with the Province stated:

The findings were there. Slow coming out. But without the research people would not have adopted Housing First as they have. So it’s a catch-22. But before we ever get involved in a national project again, we would insist that Winnipeg have its own ability to publish... It was so frustrating not being able to use the richness and quality of the research. That would have helped an awful lot. There is so much there... If we had been allowed to have learning sessions every couple of months... it would have been huge.

Still, recognizing that it takes time for findings to be released, many feel that the breadth and richness of the data collected remains largely untapped, and they look forward to wider and deeper dissemination of the results in the coming years.

VIII. Cross-Cutting Themes and Reflections

The implementation and governance structure are crucial to sustainability.

Throughout the research, the significance of the implementation framework and governance structure of the Winnipeg site recurred. The project was conceived locally with an objective of building capacity and acting as a bridge from existing partners to the homeless-serving sector and Aboriginal community. Adoption of a capacity-building approach, and the way it was implemented—not only supporting but also integrally involving local Indigenous communities—meant that partnership building was a critical component in design and implementation. This research indicates that the existence of strong local-level partnerships promoted sustainability (see also Scheirer and Dearing, 2011), as many relationships endured even as they changed form after the project ended.

Transition planning should begin early and be sustained throughout implementation.

While stakeholders noted that sustainability was considered at the outset—that local partners would not have agreed to the project without some commitment to longer-term sustainability—meaningful transition planning fell to the side as the focus shifted to managing implementation. Many respondents felt that longer-term strategic planning for sustainability, in particular to identify funding at provincial/local levels, should have occurred much earlier in the project (see also Steadman et al., 2002), and there needed to be a structure or mechanism in place to ensure both continued engagement in sustainability planning and the enactment of specific strategic actions throughout the project.

Having clear, coordinated communications—both within and outside the project—is important for stakeholder engagement and buy-in.

The Winnipeg sustainability story points to the importance of clear and standardized messaging for the continued engagement of project partners. Uncertainty around the transition plan and how it was to be managed led to anxiety across the site—with especially detrimental effects on some service providers and project participants. Having a more integrated communication strategy overall (Steadman et al., 2002), perhaps headed up by a local communications coordinator or liaison, might have mitigated some challenges related to unclear or absent messaging, especially about project transition, both horizontally and vertically within the project. Additionally, better coordination of communications could have contributed to momentum building, the identification of key targets for lobbying or publicity efforts, as well as the marketing of the Housing First approach to the wider community.

The project provided an opportunity—though one not fully leveraged—to break down jurisdictional silos.

The traditional jurisdictional boundaries separating government responsibilities, especially in this case housing and health, contribute to the creation of sub-classes of individuals who ‘fall through the cracks.’ Complex issues such as homelessness and mental health straddle several policy areas, and the system needs to work in an integrated and coordinated way to address the needs of this population, which has been poorly served by the existing system historically.

Individuals have distinct and dynamic needs that do not always align perfectly with the eligibility requirements for supports. Stakeholders reflected that what is needed is more adaptability in programs. Instead of people being linked to programs, supports could follow the person, though this would necessitate some system transformation. Through a capacity-building approach and emphasis on building partnerships, some stakeholders hoped that evidence from the project as well as the integration process itself would entail system transformation, but it is recognized that achieving system change takes time and work, as well as political and financial capital.

The flexibility of the Housing First model itself, and understanding the local context, impacted sustainability.

The flexibility and the adaptability of the intervention itself plays an important part in its sustainability (Scheirer and Dearing, 2011, p. 2062). Many stakeholders discussed how the Housing First model may be too narrow (some referred to it as “*the New York model*”) and needs to be adapted to the local context to achieve successful results. Stakeholders stressed the importance of knowing the local context and engaging the local community. This means understanding local demographics as well as local housing market conditions, policy cycles, and political priorities (see also Steadman et al., 2002).

In its implementation, while assessed to ensure fidelity to the core principles, the Housing First model was tailored to the Winnipeg site specifically—it was ‘indigenized.’ The indigenized version involved the incorporation of Aboriginal values and culture into all aspects of the project. The biomedical model of many mental health programs was seen by some participants as less inclusive and perhaps less appropriate, particularly for Aboriginal participants. The At Home/Chez Soi programs in Winnipeg incorporated cultural programming, such as medicine picking and sweats (which agencies worried would be cut because of HPS funding stipulations). The project found that communal style housing worked better for some individuals, and the programs were expanded post-project to include subsidies for

rooming houses. Local adaptations may have contributed to successful outcomes in Winnipeg, and the ‘indigenized’ Housing First approach developed and tested in Winnipeg is a legacy of the At Home/Chez Soi project and warrants further exploration.

Reflections on sustainability planning and research.

A key issue that emerged is the importance of defining ‘sustainability’ as part of sustainability planning. What ‘sustainability’ means—and for whom—needs to be delineated from the start and clearly communicated to all stakeholders (see Stirman et al., 2012). Our research repeatedly found that the definition of sustainability varied among stakeholders, and this led to different expectations around what that planning should (have) involve(d). For some, the project was sustained in that the participants continued to receive subsidies and supports after its end. For others, an objective was system transformation and the wider adoption of Housing First. Perspectives on the objectives of the project and expectations about its legacy varied, largely along stakeholder lines, and having a consensus understanding might have contributed to more defined strategic planning around sustainability.

Moreover, in researching the sustainability of the Winnipeg At Home/Chez Soi project, we have observed the value in longitudinal research that is followed up at several points—where the perspectives and energy of stakeholders can be documented through several phases (see also discussion in Scheirer and Dearing, 2011; Stirman et al., 2012). The Winnipeg At Home/Chez Soi sustainability story evolved substantially from the frenzied year leading up to the project end, through the uncertainty of an interim funding period, and finally to the current fragile and evolving new system. ‘Sustainability’ takes time, particularly where government infrastructure for integration is required, and thus it may require a longer period of follow-up to obtain a more comprehensive story of sustainability.

IX. Concluding Remarks

The sustainability story of the At Home/Chez Soi programs in Winnipeg is the story of a difficult handoff with limited transition planning, but one that ultimately concludes with tempered success. The challenges were significant, and securing funding and achieving stability has not been easy, but the three service teams nevertheless persevered. They have continued to evolve, seeking out new funding and developing new programming. There is now a much different organizational structure supporting the programs of the At Home/Chez Soi project in Winnipeg, a structure that now enables broader uptake of Housing First principles in the homeless-serving sector and to a lesser extent the health system.

This report demonstrates how early and strategic sustainability planning is important not only for promoting the continuation of an intervention that works but also for ethical reasons. The potential abandonment of a built-up intervention—one that involves real people ‘in the field’—needs to be considered and actively planned for from the outset. How the implementation and coordination of a research demonstration project unfolds has cascading ramifications for all project stakeholders, especially participants.

Through the At Home/Chez Soi project, Manitoba has developed an invaluable infrastructure for delivering services to a very challenging population. Traditional systems had limited success in engaging participants of At Home/Chez Soi in the past, but project staff have been able to reach this vulnerable population and find creative ways to earn their trust. An ‘indigenized’ Housing First model has been

developed and proven effective. The project can also be credited with stimulating wider interest at the local level and in the public about the overlapping issues of homelessness and mental health and the efficacy of Housing First interventions. Lessons learned through both implementation of the project and the sustainability story of the Winnipeg site will have a lasting impact on the homeless-serving sector and the broader community.

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Appendix: Fidelity Self-Assessment Scores

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<u>Domains</u>	<u>Items</u>	<u>AB-ICM</u> <u>Wi Che Win</u>	<u>ICM</u> <u>NiApin</u>	<u>ACT</u>	<u>Range of</u> <u>Possible Scores</u>
Housing Process and Structure	1 Housing choice	4	4	1	1-4
	2 Neighborhood choice	4	4	4	1-4
	3 Furniture assistance	2	2	2	1-4
	4 Housing subsidies	4	3	4	1-4
	5 % income towards rent	1	4	3	1-4
	6 Time to move into housing	3	2	4	1-4
	7 % in different types of housing	2	4	3	1-4
	<i>Sub-total</i>	20	23	21	7-28
Separation of Housing and Services	8 % sharing bedroom	4	4	4	1-4
	9 Requirements for gaining access to an apartment	6	6	6	1-6
	10 Requirements for staying in apartment	5	5	5	1-5
	11a Lease	2	2	2	1-2
	11b Provisions of lease agreement	2	3	3	1-3
	12 Rehousing when lose housing	4	4	4	1-4
	13 Services when lose housing	4	4	4	1-4
<i>Sub-total</i>	27	28	28	7-28	
Service Philosophy	14 Determination of services	4	4	4	1-4
	15 Requirements for psychiatric treatment	2	2	4	1-4
	16 Requirements for substance use treatment	4	4	4	1-4
	17 Approach to substance use	4	4	4	1-4

	18 Activities to promote treatment adherence	8	8	8	1-8
	19 How treatment goals are set	10	10	10	1-10
	20 Life areas targeted for treatment	5	7	7	1-7
	Sub-total	37	39	41	7-41
Service Array	21 Help to maintain housing	3	3	3	1-4
	22 Psychiatric services	2	4	4	1-4
	23 Substance use treatment	2	2	2	1-5
	24 Employment	4	5	5	1-5
	25 Education	5	5	5	1-5
	26 Volunteering	4	5	5	1-5
	27 Physical health	2	3	5	1-5
	28 Peer specialist	1	1	4	1-4
	29a Social integration	4	4	5	1-5
	Sub-total	27	32	38	9-42
Team Structure/Human Resources	31 Targets chronically homeless with mental illness and addictions	6	4	6	1-6
	33 Client:staff ratio	4	4	3	1-4
	34b Face-to-face client/staff contacts per month	4	4	4	1-4
	35 Regular staff meetings	4	4	4	1-4
	36 Function of Staff meetings	5	5	6	1-6
	37 Client input	2	4	4	1-6
	Sub-total	25	25	27	6-30
TOTAL		136	147	155	34-169