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Early implementation evaluation of a multi-site housing first intervention for homeless people with mental illness: A mixed methods approach

Geoffrey Nelson [a,*], Ana Stefancic [b], Jennifer Rae [c], Greg Townley [d], Sam Tsemberis [b], Eric Macnaughton [e], Tim Aubry [c], Jino Distasio [f], Roch Hurtubise [g], Michelle Patterson [h], Vicky Stergiopoulos [i], Myra Piat [j], Paula Goering [k]

[a] Wilfrid Laurier University, Canada
[b] Pathways to Housing, United States
[c] University of Ottawa, Canada
[d] Portland State University, United States
[e] Mental Health Commission of Canada, Canada
[f] University of Winnipeg, Canada
[g] Université Sherbrooke, Canada
[h] Simon Fraser University, Canada
[i] Centre for Inner City Health, University of Toronto, Canada
[j] Douglas Hospital, McGill University, Canada
[k] Centre for Addiction and Mental Health, University of Toronto, Canada

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ABSTRACT

This research sought to determine whether the implementation of Housing First in a large-scale, multi-site Canadian project for homeless participants with mental illness shows high fidelity to the Pathways Housing First model, and what factors help or hinder implementation. Fidelity ratings for 10 Housing First programs in five cities were made by an external quality assurance team along five key dimensions of Housing First based on 84 key informant interviews, 10 consumer focus groups, and 100 chart reviews. An additional 72 key informant interviews and 35 focus groups yielded qualitative data on factors that helped or hindered implementation. Overall, the findings show a high degree of fidelity to the model with more than 71% of the fidelity items being scored higher than 3 on a 4-point scale. The qualitative research found that both delivery system factors, including community and organizational capacity, and support system factors, training and technical assistance, facilitated implementation. Fidelity challenges include the availability of housing, consumer representation in program operations, and limitations to the array of services offered. Factors that accounted for these challenges include low vacancy rates, challenges of involving recently homeless people in program operations, and a lack of services in some of the communities. The study demonstrates how the combined use of fidelity assessment and qualitative methods can be used in implementation evaluation to develop and improve a program.

1. Introduction

Homelessness and mental illness have emerged as a pressing and costly social problem in Canada (Frankish, Hwang, & Quantz, 2009) and other western industrial countries (e.g., Minnery & Greenhalgh, 2007). For example, in a study of 300 shelter users in Toronto, 71% had either a mental illness or addiction or both (Goering, Tolomiczenko, Sheldon, Boydell, & Wasylenki, 2002). The Pathways to Housing program model of Housing First (HF) in New York City (Tsemberis, Gulcur, & Nakae, 2004) is a revolutionary approach to addressing homelessness among people with severe and persistent mental illness. In contrast to "treatment first" approaches, the Pathways HF approach provides housing to homeless people with mental illness shortly after intake without any requirements, rather than offering housing as a reward for having made progress in treatment. The Pathways HF model, also known as "supported housing" (Carling, 1995), is a consumer-driven approach that includes choice over housing, separation of housing and clinical treatment, and delivery of recovery-oriented services that focus on facilitating community integration. Pathways HF tenants receive rent supplements that enable them to

* Corresponding author at: Department of Psychology, Wilfrid Laurier University, Waterloo, ON, Canada N2L 3C5. Tel.: +1 519 884 0710x3314; fax: +1 519 746 7605.
E-mail address: gnelson@wlu.ca (G. Nelson).

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secure typical housing in the community (e.g., scattered site apartments), with the tenant paying no more than 30% of her/his income toward rent. Findings from nine randomized controlled trials (RCTs) in the U.S. demonstrate that HF supported housing approach is more effective at reducing homelessness, hospitalization, and incarceration and increasing housing stability and housing choice, as compared to treatment as usual (TAU), the residential continuum of care approach, or clinical treatment alone (Aubry et al., in press).

Because of its progressive philosophy and its success in promoting positive outcomes demonstrated through rigorous research, the Pathways HF approach has been widely endorsed and disseminated as an evidence-based practice. In the U.S., for example, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Housing and Urban Development (HUD), Veterans Affairs (VA), and the Interagency Council on Homelessness developed the Collaborative Initiative to Help End Chronic Homelessness (CICH), which implemented many HF projects across the U.S. (Mares & Rosenheck, 2011; McGraw et al., 2010). Also, many U.S. states and cities have developed 10-year plans to end chronic homelessness using the Pathways HF approach (Tsemberis, 2010). Currently, HF supported housing is moving beyond the U.S. to Australia (Johnson, Parkinson, & Parsell, 2013), Canada (Calgary Homeless Foundation, 2012; Goering et al., 2011), and Europe (Pleace & Bretherton, 2012).

There are, however, challenges to scaling up evidence-based practices such as HF. Pleace and Bretherton (2012) note that HF can be defined in many different ways, and Johnson et al. (2013) question whether scaling up HF might lead to a paradigm shift or program drift away from the original Pathways HF model. Core principles, such as consumer choice over housing and separation of housing and treatment, can be ignored or only partially implemented, resulting in status quo housing programs rather than real innovation. Research on the implementation of HF has in fact shown considerable variability in the implementation of core principles (McHugo et al., 2004; Rog & Randolph, 2002; Wong, Filoromo, & Tennille, 2007). Based on their review of implementation studies in the area of prevention programs for children, Durlak and DuPre (2008) stated that "results from over 500 quantitative studies offered strong empirical support to the conclusion that the level of implementation affects the outcomes obtained" (p. 327).

The extant research on HF has yet to incorporate fidelity assessments as part of program evaluations. As the HF supported housing model is scaled up, questions arise about whether interventions under study have been adequately specified and what model components account for effectiveness. As Mowbray, Holter, Teague, and Bybee (2003) noted, "the development and use of valid fidelity criteria is now an expected component of quality evaluation practice" (p. 316). Until recently, however, the absence of a fidelity scale contributed to a lack of clarity in describing HF in standardized ways.

Tabol, Drebi, and Rosenheck (2010) conducted a comprehensive review of the literature on HF supported housing programs. The review examined in a post hoc manner the degree of fidelity to the Pathways HF model in the descriptions of programs in published articles. A total of 15 key elements, identified as central to supported housing, clustered into five broader, overarching categories: (a) normal housing, (b) flexible supports, (c) separation of housing and services, (d) choice, and (e) immediate placement. Tabol et al.'s analysis found that less than half of the supported housing programs adhered to most of the 15 elements. Based on these findings, they concluded that the lack of fidelity to the critical ingredients of the supported housing model in many programs has hindered the broad dissemination, implementation, and evaluation of this approach.

One important implementation issue is the tension between fidelity to the original Pathways model and adaptation to the local context (Blakely et al., 1987). There is a balance to be achieved in adhering to the core program ingredients and adapting programs so that they are relevant to particular community and cultural contexts, as both dimensions are related to positive outcomes (Durlak & DuPre, 2008). Although there is some debate in this area (Blakely et al., 1987), adaptations to local context are possible and desirable and can occur without compromising the essential principles or functions of the intervention (Hawe, Shiell, & Riley, 2004). For example, to better serve consumers from different ethno-racial backgrounds in a large culturally diverse city, Stergiopoulos et al. (2012) combined HF principles with an anti-oppression/anti-racism framework.

The purpose of this article is to present findings on the evaluation of the early implementation of HF in a large-scale, multi-site Canadian project, known as At Home/Chez Soi. The early implementation evaluation entailed a fidelity assessment and a qualitative evaluation of factors facilitating or hindering implementation of the HF supported housing model.

2. The Canadian At Home/Chez Soi project

The At Home/Chez Soi project, funded for $110 million for four years (2009–2013) by Health Canada through the Mental Health Commission of Canada (MHCC), has implemented HF for homeless people with mental illness in five Canadian cities: Moncton, Montréal, Toronto, Winnipeg, and Vancouver (Keller et al., 2012). More than 2200 participants have been enrolled in this project. The project hired and trained staff in the Pathways HF model before participants were recruited into the study. This research demonstration project is a randomized controlled trial (RCT) that compares the effectiveness of HF to treatment as usual (TAU) at baseline, 6, 12, 18, and 24 months on a variety of outcome measures. Nested within each of these two conditions are two groups: those with high needs, who are served with Assertive Community Treatment (ACT) in the HF condition, and those with moderate needs, who are served with Intensive Case Management (ICM) in the HF Condition (Goering et al., 2011). In addition to quantitative analyses of outcomes and costs (Goering et al., 2012), the project has employed qualitative methods to understand the conception (Macnaughton, Nelson, & Goering, 2013), planning (Nelson et al., 2013), implementation, and narratives of participants.

The ACT programs have a recovery orientation with services provided by a team rather than one staff; ACT has a staff to participant ratio of 1:10, including a psychiatrist, a nurse, and a peer specialist; staff members are closely involved with hospital admissions and discharges; the ACT team meets daily; and staff are available seven days per week with crisis coverage around the clock (Goering et al., 2011). In ICM programs, services are provided by a single case manager; the staff to participant ratio was initially 1:20 but was later changed to 1:16 because the needs of the moderate needs group were greater than expected; case managers work closely with other services and accompany participants to appointments; there are monthly case conferences; and services are provided seven days a week, 12 h per day (Goering et al., 2011).

3. Mixed methods approach to implementation evaluation

A mixed methods approach to fidelity and implementation evaluation of the At Home/Chez Soi project was used (Macnaughton, Goering, & Nelson, 2012; Palinkas et al., 2011). We used a design that addresses both triangulation, different methods for assessing implementation, and complementarity, different methods for providing a fuller understanding of implementation (Cresswell & Clark Piano, 2011). Moreover, both the quantitative