Fidelity Assessment of a Canadian Housing First Programme for People with Problematic Substance Use: Identifying Facilitators and Barriers to Fidelity

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> **Abstract_**_This article presents the findings of a fidelity assessment conducted with a Housing First programme in Canada that supported clients with problematic substance use. A mixed-methods (quantitative and qualitative) evaluation design was used. A fidelity assessment survey, fidelity rating conciliation session, and interviews were conducted with programme staff and management to identify facilitators and barriers to the programme's fidelity to the Housing First model. Data analysis identified areas of high and low fidelity originating at systemic, organizational, and individual levels, with an overall high level of fidelity found. Factors supporting fidelity included the availability of government-funded rent supplements and organizational commitment to the principles of Housing First. Factors limiting fidelity included a lack of affordable housing and limited client and peer involvement in programme decision-making. Programme adaptations implemented for local relevance were also identified, including a novel programme partnership between two community agencies that helped to partition the delivery of housing services from support services. Implications of the results both locally and globally are discussed._

> **Keywords_**_Fidelity assessment, homelessness, Housing First, intensive case management_

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Introduction

At least 235,000 Canadians experience homelessness every year, with approximately 35,000 homeless each night (Gaetz *et al.*, 2016). Beginning in the 1970s in Canada, deinstitutionalization of patients from psychiatric hospitals into the community was implemented (Aubry *et al.*, 2015a). The slow development of community mental health services in response to deinstitutionalization contributed to housing challenges faced by people with serious mental illness across the country (Kirby and Keon, 2006). In the 1980s and 1990s, changes in the Canadian government's social and housing policies led to further increases in poverty and reductions in affordable housing (Gaetz, 2010). The legacy of this history remains today, with high levels of homelessness present in Canada, though the development of community mental health services (including housing initiatives) is now underway to address it (Nelson, 2010).

The Pathways to Housing programme, developed in the 1990s in New York City, implemented a new "Housing First" approach to end chronic homelessness of people with serious mental illness (Tsemberis, 1999; Tsemberis, 2010; Padgett *et al.*, 2016). The programme provides immediate housing to clients, maintains a separation between housing and clinical services, works from a recovery orientation, and facilitates community integration (Tsemberis, 2010; Padgett *et al.*, 2016). Tsemberis (2010) described how Housing First utilizes either intensive case management (ICM; in which case managers individually assist their own caseload of clients) or assertive community treatment (ACT; in which teams of healthcare professionals collaboratively care for all programme clients) based on client need. Aubry *et al.* (2015a) provided an in-depth analysis of the Pathways approach to Housing First, including a programme logic model for its theory of change – linking overarching theoretical principles, programme activities, and immediate-, medium-, and long-term outcomes. This model is now followed in various North American and European countries (Greenwood *et al.*, 2013; Padgett *et al.*, 2016). For a more detailed summary of the history of the Pathways Housing First model, its spread around the globe, and research on its effectiveness to assist individuals with histories of chronic homelessness achieve housing stability, see Padgett *et al.* (2016).

Implementation science now requires programmes that are evidence-based to specify their critical ingredients (Carroll *et al.*, 2007). As a result, research is now beginning to define these critical ingredients relative to the Pathways Housing First model, largely by defining a set of fidelity standards (Tsemberis, 2010). Fidelity standards can provide "guidelines to ensure that programmes implement housing, support, and treatment services, and practice philosophy that is consistent" with the Housing First model (Tsemberis, 2013, p.236). Gilmer *et al.* (2013) developed a

self-report measure to assess Housing First programme fidelity based on five domains: Housing Choice and Structure, Separation of Housing and Services, Service Philosophy, Service Array, and Programme Structure (also see Stefancic *et al.*, 2013). Research has shown that clients in Housing First programmes with higher fidelity to the Pathways model used more outpatient mental health services (Gilmer *et al.*, 2015), were more likely to retain housing (Gilmer *et al.*, 2014), and less likely to report using stimulants or opiates at follow-up (Davidson *et al.*, 2014).

Housing First in Canada

Housing First has also been implemented in Canada. Most visibly, the Canadian federal government funded the Mental Health Commission of Canada with $119 million in 2008 to conduct the At Home / Chez soi (AHCS) Demonstration Project – a randomized-controlled study comparing Housing First services to existing services for individuals with serious mental illness and histories of homelessness in five cities across the country: Vancouver, Winnipeg, Toronto, Montreal, and Moncton (Goering *et al.*, 2011). In accordance with the Housing First approach, AHCS offered services through either ICM for those with a moderate level of need or ACT for those with a high level of need. Various implementation evaluations, outcome evaluations, and fidelity assessments took place over approximately five years of AHCS. Housing First was found to produce better housing outcomes than existing services and produced rapid and greater client improvement in terms of community functioning and quality of life (Aubry *et al.*, 2015a).

In terms of AHCS fidelity assessments, fidelity was found to be related to outcomes of housing stability, community functioning, and quality of life (Goering *et al.*, 2016). Further, given differences in the five cities involved in the AHCS project, the programme was often adapted to its local context in terms of the ethnoracial characteristics of participants, community size, and availability of community mental health services. Such adaptations in the AHCS sites were implemented while still maintaining fidelity to the formal Housing First model, which was important to ensure programme success, consistency, and local relevance (Stergiopoulos *et al.*, 2012; Keller *et al.*, 2013; Nelson *et al.*, 2014; Aubry *et al.*, 2015a; Macnaughton *et al.*, 2015).

Housing First has also been implemented on a smaller scale through a variety of new programmes across Canada. At the same time the Canadian federal government was funding the AHCS project in 2008, the Ontario provincial government's Ministry of Health and Long-Term Care provided $16 million over three years to fund 1,000 housing units for the Supportive Housing for People with Problematic Substance Use Programme, "designed to provide rent supplements and support services such as helping people acquire the skills to retain their housing" (Office of the Auditor General of Ontario, 2010, p.290).

The Sandy Hill Community Health Centre

Funding from the Supportive Housing for People with Problematic Substance Use Programme was allocated to a programme site in Ottawa, Canada. Approximately one million dollars in annualized funding starting in 2010 was allocated to support 120 people in the Ottawa area through a Housing First programme jointly operated by the Sandy Hill Community Health Centre (SHCHC) and the Canadian Mental Health Association's Ottawa Branch (CMHA). The SHCHC Oasis programme provided the ICM support services to clients while a CMHA housing coordinator provided the housing services to programme clients, all within the Housing First model (Cherner *et al.*, 2014; Cherner *et al.*, 2016). This combined SHCHC and CMHA Housing First programme was the focus of the current fidelity assessment and is referred to here as the "SHCHC Housing First programme."

The SHCHC Housing First programme served clients 18 years of age or older who were homeless or at risk of homelessness, with problematic substance use and complex needs based on various factors including past substance use treatment, daily or binge alcohol or drug use, injection drug use, substance use significantly impacting daily functioning, mental illness significantly impacting daily functioning, physical health conditions (typically HIV/AIDS, hepatitis C, and liver disease), no family physician, use of hospital services, use of emergency services, use of justice services, and being barred from other community organizations for disruptive behaviour (Cherner *et al.*, 2017). Clients were accepted into programme services following assessments selecting for the most complex individuals with the above characteristics.

Kertesz *et al.* (2009) noted that the demonstrated effectiveness of Housing First in research may not be generalizable to people with substance use problems. To date, the research on outcomes for people with substance use problems is equivocal, with one study showing similar levels of achieved housing stability compared to abstinent individuals (Edens *et al.*, 2011), and another showing reduced housing tenure for tenants with a dual diagnosis (i.e., mental health and substance use problems) compared to tenants without a dual diagnosis (Tsemberis and Eisenberg, 2000). Only two studies to date have shown Housing First to achieve better substance use outcomes than treatment as usual (Padgett *et al.*, 2011; Kirst *et al.*, 2015). The precise relationship between Housing First and problematic substance use remains unclear.

However, an implementation evaluation of the SHCHC Housing First programme in the past reported positive findings, with the programme serving the intended population and delivering the intended ICM services (Cherner *et al.*, 2014). An outcome evaluation found that programme clients had better housing outcomes than a comparison group who received the usual services available in the community.

Within a 24-month period, programme clients spent 76% of their time housed and became housed on average within 105 days of entering the programme (compared to 51% of time housed and being housed within 173 days of entering the programme for the comparison group). In the last six months of the study, 81% of clients were housed for the full six months while 8% were not housed for any of the six months (compared to 55% and 25% respectively for the comparison group; Cherner *et al.*, 2016). A prior fidelity assessment at SHCHC conducted in 2012 by an external team found high fidelity on four of the five fidelity domains, with the exception of moderate fidelity in the domain of Service Array (Stefancic *et al.*, 2012).

The current study

A prior fidelity assessment at SHCHC was conducted by Ana Stefancic, Sam Tsemberis, and Juliana Walker from Pathways Housing Inc. to support programme development and improvement in its first year of operation and before caseloads reached capacity (Stefancic *et al.*, 2012). This earlier fidelity assessment did not assess the potential facilitators and barriers that might affect the SHCHC programme's capacity to meet fidelity standards. The purpose of the current study was, therefore, to conduct an internal fidelity assessment with SHCHC programme staff and management at a later stage of programme development and with caseloads at capacity, and to explicitly investigate facilitators and barriers of fidelity to the Housing First model that might be influencing the fidelity of the SHCHC programme. The following research questions guided this fidelity assessment:

RQ 1: Does the SHCHC Housing First programme demonstrate fidelity to the standards of the Pathways Housing First model?

RQ 2: What are the factors that facilitate a high level of fidelity to the Pathways Housing First model at SHCHC?

RQ 3: What are the factors that impede attainment of a high level of fidelity to the Pathways Housing First model at SHCHC?

Method

In accordance with other studies of Housing First programme fidelity in various North American and European locations, the current study utilized a mixed methods approach to the evaluation of the SHCHC's Housing First programme. First, a quantitative assessment of fidelity facilitated by external research team members was completed by programme staff to measure the fidelity of the SHCHC Housing First programme using the self-administered fidelity survey (Gilmer *et al.*, 2013; Stefancic *et al.*, 2013). This was followed by qualitative key informant interviews with programme staff to identify factors that contributed to the areas of high and low programme fidelity.

Description of the SHCHC Housing First programme

The SHCHC programme was funded with rent supplements for 116 housing units, while the programme served approximately 120 clients. Clients were supported by 12 programme professionals: 10 case managers, one housing coordinator, and one programme manager. Each case manager (typically social workers) provided ICM services to a case load of 12 clients. The programme served clients from the Ottawa area who were homeless or at risk of homelessness and had problematic substance use and serious mental illness. The clients were housed primarily in scattered-site, private-market units (n = 99), with one client living in a public housing unit. The remainder of clients were not housed due to reasons such as searching for new housing following an eviction, imprisonment, or challenges with mental health or substance use symptoms. Clients received rent supplements so that no one paid more than 30% of their income towards rent.

The fidelity assessment

Procedure and sample

First, the 37-item self-administered survey (Gilmer *et al.*, 2013) was completed individually by programme staff. A subsequent conciliation meeting facilitated by members of the research team was held with staff, during which an item-by-item review was conducted with all staff present sharing their self-assessed fidelity ratings. In cases where there was consensus on item ratings across all participants, this rating was taken as the final quantitative fidelity rating for that item. In cases where there were differences in ratings, a discussion was held among participants to explain the rationale for their ratings. Discussion continued until a consensus was reached among staff and this consensus was taken as the final quantitative rating for the item. The self-administered fidelity survey was completed individually by 10 programme staff members who had each been working with the SHCHC Housing First programme for at least six months. All programme staff and management members who were interested in participating

were invited to complete the survey. Eight case managers, one housing coordinator, and one programme manager participated. They completed the survey between June 22, 2016 and July 27, 2016. The staff conciliation meeting with the same individuals was held on July 27, 2016.

Measures

Gilmer *et al.*'s (2013) 37-item self-administered survey was completed by participating programme staff members to answer Research Question 1. The survey was composed of separate sections to assess each domain of Housing First fidelity (Housing Process and Structure; Separation of Housing and Services; Service Philosophy; Service Array; Programme Structure). Many survey items were ranked by participants on a scale of 1 (low fidelity) to 4 (high fidelity). Other items were ranked on scales with varying score ranges that were subsequently standardized to the 4-point scale. Sample survey items included "What types of psychiatric services, if any, are available to participants?" and "What percent of participants share a bedroom with other tenants?"

The fidelity assessment survey was implemented as intended, with one exception related to the comprehension of one survey item. Item 18 in the self-administered fidelity survey asked if programme staff engaged in "*quid pro quo*" behaviours to promote client adherence to treatment plans. *Quid pro quo* is Latin for "this for that," referring to an exchange in which the receipt of one thing is contingent upon giving something in return. In the Housing First context, one example could be if a case manager were to offer bus tickets to a client in exchange for the client taking medication. This would affect the client-directed nature of the service and reflect a reduction of fidelity to the Housing First model. However, many participants in the SHCHC fidelity assessment did not know what *quid pro quo* meant and were confused by the item. The meaning of *quid pro quo* was subsequently provided to participants during the conciliation meeting and a consensus was achieved on item 18 based on this understanding.

Data Analysis

Following the conciliation meeting, item ratings were averaged to produce total scores for each Housing First domain. Each domain score was also combined to produce a total fidelity score. Scores below 3 indicate low fidelity, scores between 3 and 3.5 reflect moderate fidelity, and scores between 3.5 and 4.0 reflect high fidelity (Macnaughton *et al.*, 2015).

Key informant interviews

Procedure and sample

The qualitative key informant interviews were conducted individually with SHCHC Housing First programme staff in-person or by telephone. Key informants were provided a copy of the conciliated fidelity assessment results prior to interviews. The interviews were conducted individually with seven programme staff (many of whom had also participated in the fidelity survey) between October 13, 2016 and November 7, 2016. However, all programme staff and management members who were interested in participating were invited for a key informant interview. The group of participating staff included four case managers, the housing coordinator, the programme manager, and the executive director. Their responses to interview questions were used to investigate Research Questions 2 and 3.

Materials

The qualitative interview protocol included questions investigating factors that contributed to either high or low fidelity in each Housing First domain. The interview protocol was semi-structured, with open-ended questions followed by optional probes to be used as deemed necessary by the interviewer. Participants were also queried throughout the interview to provide any additional information they believed to be relevant to programme fidelity that had not been raised by the interview protocol. Sample interview questions included: "What factors helped implement these aspects of the programme with high fidelity?" and "What barriers prevent the programme from achieving a higher level of fidelity in this area by not engaging in any of the activities identified in this item?"

Data analysis

Interviews were audio-recorded, transcribed, and then coded using QSR NVivo software. Working from the categorization scheme used by Nelson *et al.* (2017), data coding was conducted deductively by categorizing identified factors as either facilitators or barriers of Housing First fidelity. Within these two categories, subordinate coding also identified data deductively as originating from either the systemic, organizational, or individual level (with possibility of overlap between categories acknowledged). This structure provided a guide to then inductively code the data into relevant and meaningful segments of information for the fidelity assessment.

Prior to coding key informant interview transcripts, four members of the research team independently coded two transcripts for all systemic, organizational, and individual facilitators and barriers of Housing First fidelity. The four research team members compared and discussed coding results for one of these interviews over several meetings, in which they reconciled all differences in results, agreed to general coding terminology, and developed a strategy to complete coding of all

transcripts. Three research team members then coded all transcripts, with each member responsible for coding a separate set of factors (either systemic facilitators and barriers, organizational facilitators and barriers, or individual facilitators and barriers). The research team then reviewed all coding to verify the quality of the data analysis and integrate the findings.

Results and Discussion

Fidelity assessment

Table 1 presents standard scores of all fidelity assessment survey items, average domain scores, and the overall programme fidelity score on a 4-point scale. High levels of fidelity were found on 67% of items. Low levels of fidelity were found on 17% of items. The remaining 17% of items reflected moderate levels of fidelity. The overall average programme fidelity score was 3.5, indicating that the programme has a high level of fidelity to the Housing First model.
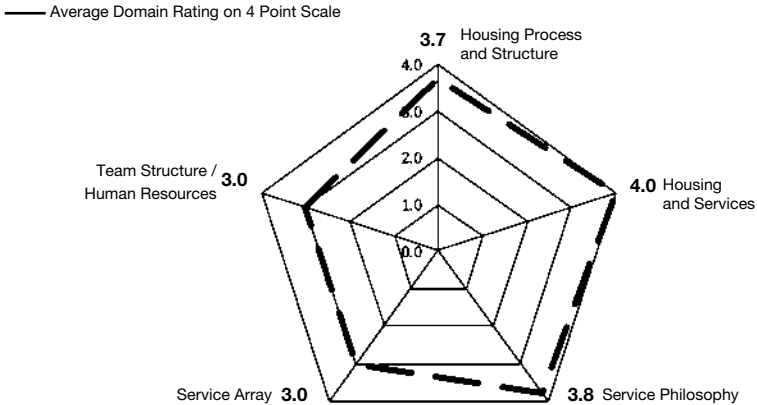
Table 1. Fidelity Assessment Item Scores and Domain Means

Domain / Item	Domain Mean / Standard Item Score (Out of 4)
Housing Process and Structure	*3.7*
1. Choice of housing	4.0
2. Choice of neighbourhood	4.0
3. Assistance with furniture	3.0
4. Affordable housing with subsidies	4.0
5. Proportion of income required for rent	4.0
6. Time from enrollment to housing	3.0
7. Types of housing	4.0
Separation of Housing and Services	*4.0*
8. Proportion of clients with shared bedrooms	4.0
9. Requirements to gain access to housing	4.0
10. Requirements to stay in housing	4.0
11a. Lease or occupancy agreement	4.0
11b. Provisions in the lease or agreement	4.0
12. Effect of losing housing on client housing support	4.0
13. Effect of losing housing on other client services	4.0
Service Philosophy	*3.8*
14. Choice of services	4.0
15. Requirements for serious mental illness treatment	4.0
16. Requirements for substance use treatment	4.0
17. Approach to client substance use	4.0
18. Promoting adherence to treatment plans	2.5

19. Elements of treatment plan and follow-up	4.0
20. Life areas addressed with programme interventions	4.0
Service Array	*3.0*
21. Maintaining housing	3.0
22. Psychiatric services	4.0
23. Substance use treatment	3.2
24. Paid employment opportunities	0.8
25. Education services	3.2
26. Volunteer opportunities	4.0
27. Physical health treatment	4.0
28. Paid peer specialist on staff	1.0
29a. Social integration services	4.0
Programme Structure	*3.0*
31. Client background	3.3
33. Staff-to-client ratio	4.0
34b. Frequency of face-to-face contacts per month	4.0
35. Frequency of staff meetings to review services	2.0
36. Team meeting components	2.7
37. Opportunity for client input about the programme	2.0
Overall Mean	**3.5**

Average fidelity scores varied across the five Housing First domains, as illustrated in Figure 1. The average scores for the Housing Process and Structure, Separation of Housing and Services, and Service Philosophy domains were 3.7, 4.0, and 3.8, respectively, indicating high fidelity in these areas. The score for the Housing Process and Structure domain indicated particularly high fidelity in terms of valuing client choice in housing and in its delivery of rent supplements. Separation of Housing and Services averaged 4.0 on all fidelity survey items, indicating that the programme is strong in its delivery of the housing portion of the programme and that the loss of housing does not affect the delivery of further housing or support services to clients. The programme also evidenced high fidelity in the Service Philosophy domain, especially in terms of client choice in services and minimal requirements imposed on clients to receive services. All items in this domain were scored as 4.0, except for Item 18 with a score of 2.5. This lower score indicates that programme staff engage in transactional behaviours to promote client adherence to treatment plans, such as cautioning the withholding of client services or engaging in *quid pro quo* exchanges, which are inconsistent with fidelity standards.

Figure 1. Average Housing First Fidelity Ratings by Domain

3.0 Team Structure / Human Resources, Housing Process and Structure **3.7**, Housing and Services **4.0**, Service Philosophy **3.8**, Service Array **3.0**

— Average Domain Rating on 4 Point Scale

Scores on items in the Service Array and Programme Structure domains were mixed. Average scores in both domains were 3.0, on the border between low and moderate fidelity. The Service Array domain evidenced this level of fidelity because of a limited availability of services to support clients interested in paid employment opportunities, and because there are no paid peer specialists on staff. In this programme's first external fidelity assessment, Stefancic *et al.* (2012) recommended introducing peer support workers to the programme. However, incorporating peer support can be a challenge for Housing First programmes. Canadian programmes that offer ICM services typically have not included peer support (Nelson *et al.*, 2014), or have experienced challenges doing so (Macnaughton *et al.*, 2015). Further, the SHCHC programme demonstrates high fidelity in the Service Array domain on several other indicators, including availability of psychiatric and physical health services, services to connect clients with volunteer opportunities, and services that target and increase clients' level of social integration.

Programme Structure domain scores fell into the low-fidelity range on three main items. These scores reflect a relatively low frequency of staff meetings per month and minimal opportunities for client input into the programme. In the first fidelity assessment, Stefancic *et al.* (2012) recommended increasing the frequency of staff meetings and introducing a client advisory council; however, this reassessment found that these aspects of implementation have not yet been addressed. Two items in this domain attained high-fidelity scores and indicate that the programme maintains a low staff-to-client ratio and frequent face-to-face contacts between staff and clients. Overall, the fidelity self-assessment indicates that the SHCHC Housing First programme operates at a level of high fidelity and adheres to most of the standards associated with the Housing First model.

Key informant interviews

Facilitators of Housing First fidelity

Key informants identified various factors that facilitate high fidelity to the Housing First model for the SHCHC programme. In the following section, these facilitating factors are organized by their origin at either the systemic, organizational, or individual level, and are summarized in Table 2.

Table 2. Summary of Facilitators for Achieving Housing First Fidelity

Systemic	Organizational	Individual
Client priority to receive community services	Commitment to Housing First philosophy	Staff member values
Complementary services available in community	Commitment to re-housing	Staff member expertise
Housing availability	Partnership for programme delivery	
Landlord support of clients	Structural separation of housing and services	
Programme reputation	Traditional lease contracts	
Rent supplements		

Systemic factors

The most important facilitator emphasized by key informants is the substantial government-sponsored rent supplements that provide financial support to programme clients. The rent supplements facilitate housing success because they are: (1) portable, allowing for client choice and re-housing as necessary; (2) large enough, when combined with client income, to cover rent for a one-bedroom apartment in a wide range of neighbourhoods; and, (3) administered with a traditional lease arrangement between the client and landlord, which contributes to clients' sense of pride, accountability, autonomy, and responsibility. Key informants described rent supplements as critical facilitators of Housing First fidelity. One key informant noted, "the number one thing that contributes to it [our success] is the fact that we have subsidies [rent supplements]. Without subsidies, we couldn't do it. That's the biggest thing." This finding is consistent with previous research, which found that funding was critical to the sustainability of Housing First programmes across Canada (Nelson *et al.*, 2017).

Characteristics of both clients and landlords were also identified as important facilitators. For clients, complex support needs such as homelessness, substance use, and mental and physical illness mean that they are often prioritized for services in the Ottawa area, which enhances the array of services and choices available to them. One key informant noted that, "what happens are our clients being considered the most complex, usually they have the easiest access to services." Regarding landlords, key informants noted a "network of landlords who were friendly and favourable to Housing First and experienced with Housing First programmes" in

Ottawa, which bolsters SHCHC's ability to maintain fidelity by making housing more available. Prior research investigating landlord perspectives identified not only various concerns about renting to Housing First tenants, such as poor unit maintenance and conflict with other tenants (Aubry *et al.*, 2015b), but also some landlords' "desire to give back to the community and to help individuals with mental health challenges" (MacLeod *et al.*, 2015, p.8). In the current study, key informants recognized the importance to fidelity of supportive landlords who make housing available to Housing First clients. Because these client and landlord characteristics reflect population-level descriptions of each group, we include them here as systemic-level fidelity facilitators, rather than as individual-level facilitators.

The SHCHC Housing First programme's reputation in the Ottawa community is another facilitator of Housing First fidelity, because it creates opportunities for the programme to find and maintain client housing. For instance, one key informant summed up the value of the programme's reputation as follows: "We have clients who have been housed and their landlord is like 'Oh you're with Sandy Hill, come on in.' And they actually went two months without getting rent and they're like, 'Yeah… you guys will pay me,' so you know, our reputation does help." Some key informants also identified various complementary services in the Ottawa area as being important facilitators of Housing First fidelity. These allow SHCHC to connect with a broader array of services and ensure their clients receive the support they desire. These complementary services particularly relate to the relationship between SHCHC and CMHA, but also extend to other health care agencies. However, other key informants felt that more could be done to provide an even broader range of services to clients. Finally, some key informants identified the availability of housing in the Ottawa area as a facilitator of Housing First fidelity. Although limited housing options were identified as a barrier by other informants as explained below, some still felt that "there is enough housing in Ottawa that we can get into an area and ultimately the decision is [the client's] in terms of whether they want it."

Organizational factors
Key informants also identified important facilitators of Housing First fidelity at the organizational level. Key informants described a high degree of organizational awareness and formal commitment to the philosophy of Housing First. The organizational approach aligns closely with Housing First principles such as client autonomy, client choice, client-directed service, harm reduction, and access to low-barrier housing. One key informant stated: "We are, I guess you could say, almost Housing First purists." Key informants recalled Housing First principles being reinforced during recruitment, hiring, and training processes, staff meetings, and conferences. One said "I think the structure of the programme, in that we are a client-directed programme, it's a part of the philosophy. People are hired with that intent and we consciously discuss that concept." Several key informants also

pointed out that the programme is embedded in two established organizations that already adhered to a well-entrenched harm reduction approach and client-directed service delivery model before the SHCHC programme began, making this a rich and appropriate context within which to establish a strong Housing First programme.

Key informants also emphasized that the programme's commitment to re-housing clients – usually necessary because of an eviction or a client's decision to move – is a notable facilitator of fidelity. Key informants explained that this commitment to re-housing could be attributed to staff members' levels of experience, their understanding of Housing First, and why it works. Re-housing is framed as an important learning experience and a necessary and expected step towards housing stability. One key informant said: "Some places you have like a 'three-strike model,' you know?… And then you don't get a rent sup[plement] anymore. Well, we don't work that way. Because sometimes it takes more than one housing attempt for them to be successful."

Further, the unique partnership between the two agencies (one a community mental health agency and the other a community health centre) contributes to the array of services available to clients. Clients are well-supported by two different agencies, each offering a broad range of supports. As one key informant explained: "We provide an integrated model of care and so we're able to wrap a whole bunch of services around this for people who choose to use it… We want people to use as many of our services here as possible." This partnership is particular to the SHCHC programme and reflects a local adaptation from the Housing First model in the Ottawa area that allows two community organizations to work together to enhance housing and treatment services for clients. This partnership between SHCHC and CMHA also contributes to the ability of the programme to connect with landlords in the community. One key informant explained that CMHA has previous experience working with landlords and has established a "network of landlords who were friendly and favourable to Housing First and experienced with Housing First programmes…" Key informants discussed the importance of working closely with landlords, being responsive to landlord calls, ensuring that rent is paid directly to landlords, and having a dedicated housing coordinator to lead in these areas, thereby promoting high fidelity to the Housing First model.

Differentiated staff roles at each organization (housing services from CMHA and treatment services from SHCHC) provide a distinct structural separation of housing and services, especially with the creation of the dedicated housing coordinator position at CMHA. Indeed, the separation of dedicated housing staff from other programme service staff is a central element of the Housing First model (Tsemberis, 2010), because shared responsibility over client tenancy leases can blur distinctions between housing and services, and thereby constrain client choice. In contrast, the SHCHC programme's use of traditional lease contracts that confer all

the standard rights *and* responsibilities of a tenancy onto programme clients under Ontario law facilitates the separation of housing and support services, and consequently enhances client-directed service and autonomy.

Individual factors

Key informants identified the primary individual-level facilitators of Housing First fidelity as follows: many individual staff members and leaders have personal values and expertise that support the Housing First mandate. Key informants spoke about how this helps build client-staff relationships, facilitates client-centered services, and thus promotes high fidelity. Key informants spoke about how their own knowledge and expertise developed through working in the field and how this is important to clients' housing success. This expertise allows them to maintain relationships with landlords, clients, and community resources, which assists in finding and maintaining housing for their clients. Housing First programme staff, particularly frontline case managers, are the foundation upon which the work of Housing First gets translated from theory into practice. Having case managers that are qualified, committed, and trained appropriately therefore appears crucial to the success of the Housing First model, particularly given the often complex and difficult situations which staff must navigate with a degree of independent discretion (Clifasefi *et al.*, 2016; van den Berk-Clark, 2016).

Barriers to Housing First fidelity

Key informants also identified various barriers that affected fidelity in certain areas of the Housing First model, which are summarized in Table 3. Key informants sometimes disagreed about whether certain factors were barriers or facilitators of fidelity. Thus, some of these barriers are similar to some of the facilitators described above and reflect nuanced understandings of how some factors can facilitate fidelity in one context but detract from it in another.

Table 3. Summary of Barriers to Achieving Housing First Fidelity

Systemic	Organizational	Individual
Client complexity	Commitment to Housing First philosophy	Staff member values
Complementary services unavailable in community	Lack of client voice and input in programme	Staff member approach to practice
Housing availability		
Landlord requirements	Limited partnerships with landlords	
Lack of funding	Programme communication and decision-making processes	
Stigma towards clients and programme		
Coordination with other agencies	Service provision without rent supplements	
	Supervision practices	

Systemic factors

Various systemic factors were identified as barriers to Housing First fidelity at SHCHC. One of the most frequent themes identified in our analysis was the characteristics of programme clients. SHCHC's clients are often in crisis, have complex histories and challenging physical and mental health profiles. Although these clients often receive higher priority access to community services, key informants felt that there can be "ethical concerns related to people who may have repeatedly trashed units, and/or who may have been threatening towards superintendents… they can be challenging in terms of offering them housing." For instance, if clients engage in problematic behaviours on an ongoing basis, programme staff sometimes feel that they have no choice but to deviate from the Housing First model to protect their clients, other people, and property, while attempting to maintain client housing and avoid burning out landlords. Thus, the complexity of clients in this programme can sometimes constrain the provision of housing and services, which can reduce Housing First fidelity.

Further, the SHCHC client population experiences significant substance use problems. Research on Housing First for people with problematic substance use has shown mixed results. Previous research with SHCHC's client population showed that the majority of clients with substance use problems receiving Housing First services can achieve housing stability; however, other clients provided with standard community care may have more success addressing substance use concerns (Cherner *et al.*, 2017). Thus, it is important to consider the varied needs of different client groups when developing Housing First programmes.

Key informants also explained how stigma sometimes operates as a barrier to fidelity for the SHCHC programme. For instance, one key informant noted that "I have one fella who anytime we go anywhere in [Ottawa neighbourhood] applying for housing, [landlords] know who he is and they judge him on past behaviours and there is no way he is going to be housed." While some landlords are supportive of programme clients, and so facilitate fidelity, others have many requirements for rental applications and high expectations of tenants, which function as barriers to fidelity by restricting access to housing for some SHCHC clients. Further, some landlords increase their rent costs to prohibitive amounts, while others have had negative experiences with SHCHC tenants and thus avoid renting to new SHCHC clients.

These barriers are further compounded by a lack of funding. While the availability of rent supplements is the core of this programme, these subsidies do not increase when rent costs increase. This reduces client choice of housing type and neighbourhood. Pricing competition from post-secondary students and government employees in the Ottawa area leads to further increases in rental costs that are

difficult to meet with SHCHC rent supplements. Insufficient funding also affects other areas of fidelity. For example, the programme has no funding to hire a peer support worker and limited funding to cover repair costs to damaged rental units. Some key informants also expressed concern that there is a lack of new rent supplements being provided to the programme; thus, they are unable to offer rent supplements to new clients (a broader concern also raised by Nelson *et al.*, 2017). Further, even when funding is adequate to supplement clients' rent, more is needed to support them to achieve goals beyond housing stability, namely obtaining health services and participating in meaningful community activities (Kumar *et al.*, 2017).

The housing context in Ottawa was identified by some key informants as another barrier to fidelity. In particular, one key informant stated: "I'll tell you a huge issue right now is the availability of housing. It's not there." Key informants noted significant difficulties finding housing, particularly affordable housing, in Ottawa. Given that Housing First promotes client choice in housing location, low availability created a barrier across Ottawa, especially within the more popular neighbourhoods where availability was notably low. As described above, other key informants saw the housing context as a facilitator of fidelity, and it remains unclear why opinions are mixed on this issue. These differences may reflect staff members' varied experiences sourcing housing with different landlords and different clients.

Another barrier to fidelity identified by key informants is restricted availability of certain support services in the Ottawa area. For instance, key informants noted limited employment support options and difficulty finding psychiatrists to assist clients. This concern is compounded for Housing First programmes like SHCHC that are organized around the ICM model of programme delivery which relies on the availability of community-based services (Tsemberis, 2010; Somers *et al.*, 2013). This concern is eased slightly for the SHCHC programme because of its connection to CMHA (which provides other services in the Ottawa area that are identified as facilitators of fidelity above), but the struggle to find a broad array of services was still highlighted by key informants. Even when services are available, key informants found it difficult to coordinate with other agencies, "because everybody has their own stats to be accountable for, so I don't feel like we are working as a system on this." As a result, making referrals to other agencies is sometimes difficult and limits fidelity in the array of available services. Indeed, this may reflect a broader system-level challenge to health care agencies trying to manage various and competing institutional demands (Scheid, 2008), which may impede development of a more efficient and integrated system of service delivery.

Organizational factors

Although key informants identified a strong programme commitment to Housing First philosophy as a facilitator of fidelity, on occasion it could also undermine fidelity. For instance, the Housing First values of client choice and client-driven services sometimes prolong the processes of finding housing for clients and engaging clients with treatment services. One key informant explained: "I think the delays [in finding housing] are really, for the most part, self-imposed by each client. It's where they're at, what they're working on, what they're willing to do."

Some operational procedures within the programme were described as interfering with programme fidelity. The programme has begun to shift toward discharging clients from services and accepting new clients without offering them a rent supplement, due at least in part to insufficient funding. This shift raised concerns among case managers, one of whom felt it represented the development of "a façade… We're still calling ourselves Housing First, when, are we really?" Because of this shift, case managers find that they need to advocate for their clients to stay in the programme rather than being discharged, to maintain client access to services. This advocacy has become the focus of some case managers' time spent in supervision, rather than focusing on clients' support needs, goals, and treatment planning.

Client input is also not well-supported by current operational procedures and this diminishes programme fidelity. According to key informants, clients are sometimes excluded from discussions about re-housing or discharge, no client advocacy groups or client committees have been established, peer support is not a component of the programme, and formal client grievance processes are not well-developed. One case manager remarked: "The formal grievance process? I don't know what that is. My clients don't know." However, client involvement and choice is valued in the Housing First model (Tsemberis, 2010), and the absence of some client feedback mechanisms at SHCHC is notable.

SHCHC's approach to supervision was identified by many key informants as a positive local adaptation used by their programme, however some of them also recognized that it is technically a barrier to the programme's fidelity. The supervision that case managers receive from the programme manager occurs during regular weekly team meetings and monthly one-on-one meetings, as well as additional phone, text, and email communications. A supervision tool is used to keep track of case managers' work with each client. Key informants generally described this approach as working well and expressed a preference for communicating as needed via technology, rather than frequently holding formal meetings to discuss client treatment planning in person. Key informants felt that this use of technology was a more modern, efficient, and effective approach to communicate, because they can obtain information about client issues faster, when needed, and without

requiring travel to the office for meetings that take time away from direct contact with clients. However, the formal Housing First fidelity assessment does not consider these kinds of communication strategies to be facilitators of fidelity (Gilmer *et al.*, 2013). Rather, the absence of more frequent in-person meetings is rated as low fidelity. Still, it represents a local adaptation from the Housing First model used and preferred by the SHCHC programme to meet less in person and communicate more often in a virtual fashion. It is unclear if this adaptation has affected the SHCHC programme's ability to assist clients to achieve goals beyond housing stability.

In terms of SHCHC's limited service array for Housing First clients, the programme makes various services available to clients, but still lacks important components like vocational support, peer support, and direct access to a psychiatrist. Reasons for this limited service array include: lack of funding; management priorities (e.g., favouring other services over peer specialists); team members' perceptions of client need (e.g., questioning whether clients are ready for vocational pursuits); difficulty filling positions (e.g., finding a psychiatrist to replace one who left the organization); and the size and stage of the programme's development (e.g., a relatively young and small programme working with complex clients).

Difficulty maintaining partnerships with landlords was also identified as a barrier to accessing housing for clients. Some landlords were described as reluctant to rent to Housing First clients, especially those with histories of evictions. Key informants stated that the programme should cover property damages caused by clients and should have a team member whose role is dedicated to cultivating relationships with landlords on a regular basis. One case manager explained that the programme has not done enough to maintain relationships with landlords and that programme fidelity has suffered as a result.

Individual factors
At the individual level, variability among SHCHC staff members' personal values and approach to practice was identified as negatively affecting programme fidelity. While staff members' individual approaches can foster fidelity, as explained above, others' individual approaches may undermine it. For instance, some key informants described how they have effectively used *quid pro quo* approaches in other settings and still use them when supporting clients at SHCHC. While they stated that *quid pro quo* is perhaps not a frequent or first-line approach, "we have this as a tool in our tool box" as needed, despite its misalignment with Housing First standards. Key informants also mentioned individual programme members' values, such as limited support for introducing peer support positions to the programme, as negatively affecting programme fidelity.

General discussion

The SHCHC Housing First programme

Various recommendations for the SHCHC Housing First programme to maintain and develop strong fidelity follow from these results. First, the partnership between SHCHC and CMHA is a unique local adaptation that helps concretize the separation of housing and services in the programme and provide clients with access to resources from both agencies. This valuable partnership should continue. Further, involving programme clients and individuals with lived experience of mental illness in Housing First is a core element of the model and should be introduced to the programme. Previous findings suggest that peer support services can enhance supports available to clients (Bean *et al.*, 2013; Mahlke *et al.*, 2014). A client advisory council or other mechanism for obtaining client feedback could increase client voice and input into guidance of the programme.

The programme's schedule of team meetings is less frequent than recommended for typical Housing First programmes. This adaptation increases time spent in the community in direct contact with clients, but it also decreases the team's opportunities to formally confer about client issues and treatment planning on a more regular basis. SHCHC staff may wish to continue using their alternative communication methods (e.g. texting and email), but should consider supplementing these with more frequent in-person meetings to ensure an appropriate amount of time is spent discussing client progress on a more frequent basis and in a more structured and consistent manner (Tsemberis, 2010). Overall, however, the SHCHC Housing First programme demonstrates a commendable level of high fidelity. Improvements should focus primarily on the areas of client voice, peer inclusion, supervision meetings, and team communication.

Housing First around the world

The current findings suggest recommendations for Housing First programmes around the globe. Most notable is the importance of rent supplements as a source of sustainable funding. Rent supplements are crucial for creating and maintaining Housing First programmes. At the same time, since these rent supplements are ideally provided to clients on an open-ended basis (and in some cases over the course of a lifetime), they limit the ability to fund a larger number of programme clients' housing over time. How to fund and manage Housing First programmes in light of this tension between lifetime supplements and assisting as many clients as possible is a challenge for many programmes and comes with a high risk of programme failure if not managed carefully (Nelson *et al.*, 2013; Busch-Geertsema, 2014).

The results also point to the relevance of stigma related to clients and Housing First programmes. While positive client and programme reputations can help reduce stigma, many Housing First programmes serve clients with complex

needs that can present real challenges for landlords. In these common scenarios, serving clients may not be enough; rather, Housing First programmes may need to foster relationships with landlords as well, support them when faced with tenant problems, and do their best to prevent landlord burnout. Results suggest that providing this kind of support might not only increase landlords' tolerance for Housing First clients, but also encourage them to rent more units to programme clients (Aubry *et al.*, 2015b).

Finally, partnerships with other organizations and services can bolster the success of Housing First programmes. The collaboration between SHCHC and CMHA provides for a structural separation of housing and services. It also provides a notable increase in service array that would otherwise be much more difficult to offer programme clients. This can serve as a partnership model for other Housing First programmes, particularly in regions such as Europe, where fidelity concerning the breadth and intensity of services available to clients is variable (Greenwood *et al.*, 2013). Further, promising research has indicated that programme clients with substance use problems may be able to retain housing under Housing First conditions (Busch-Geertsema, 2014). At the same time, many programme clients are still affected by problematic substance use even after being housed, suggesting that more substance use-related services would be valuable in these contexts (Cherner *et al.*, 2017). Particularly in an ICM-based Housing First programme, partnering with other organizations to offer these kinds of options can serve to further support clients (Tsemberis, 2010).

Conclusions

This article reported on a Housing First fidelity assessment in Ottawa, Canada. The results reflect a single case study in a mid-sized Canadian city and thus should not be overextended. Further, the results reflect the Canadian context in which Housing First programmes tend to rely on private market housing. Other regions can have distinct welfare systems and some, such as Scotland and Denmark, can rely more on social housing for programme clients (Aubry, 2014; Busch-Geertsema, 2014). Still, the results have notable implications for enhancing the fidelity and success of Housing First programmes both locally and globally. While various systemic, organizational, and individual factors can be facilitators or barriers to fidelity, it is possible for Housing First ventures like the SHCHC programme to adapt locally and maintain fidelity. This is particularly the case when Housing First programmes are provided with sustainable funding for rent supplements, when they support and foster relationships with landlords, and when they partner with other community organizations to enhance their capacity to support programme clients.

Acknowledgments

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