



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Conception of the Mental Health Commission of Canada's At Home/Chez Soi Project

CROSS-SITE REPORT

Eric Macnaughton, Geoffrey Nelson, Myra Piat,
Susan Eckerle Curwood, Nathalie Egalité

Mental Health Commission of Canada National Qualitative Research Team
for the At Home/Chez Soi Project

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TABLE OF CONTENTS

Key Messages	4
Executive Summary	5
Introduction	8
Brief Methodology	8
Findings	8
The Political Sphere	9
The story	9
Themes	10
Emerging consensus around the problem and the need for action	10
Framing the problem as homelessness and mental illness	10
Framing the project in politically reasonable terms	11
Conceptualization done quickly and secretively within a narrow decision-making sphere	12
Framing the project in broad brush strokes	13
The Policy Sphere	14
The story	14
Themes	15
Finding a balanced approach: Using principles and bridging concepts	15
Conceptualizing in a complex decision-making environment	17
Adopting a stance of pragmatism to “make things work”	17
Bringing in the “right” people	17
Enlightened brokers	18
Challenges and tensions of conceptualizing in a complex policy environment	19
The Community Sphere	20
The story	20
Themes	21

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TABLE OF CONTENTS

Accommodating concerns and bringing forward local expertise	21
Envisioning what the project would look like on the ground	23
Brokering: Moving within and between worlds to achieve a shared conceptualization	23
Basing the project	24
The Sustainability Sphere	26
The story	26
Themes	26
Continuing and expanding the project past 2013	26
Sustaining the vision and new ways of working together	26
Sustainability of services	26
Financial sustainability	27
Summary and Lessons Learned	28
References	30
APPENDIX	
A: Detailed Methodology	31

KEY MESSAGES

This study examines the conception of the At Home/Chez Soi project. A total of 18 key informants were interviewed, including policy makers, Mental Health Commission of Canada (MHCC) staff and board members, and key informants at each of the project sites. The report tells the story about the conceptualization of the project in the political, policy and community spheres. The events of the political sphere have to do with the initial motivation for the project; those of the policy sphere have to do with how the project was conceptualized as a research demonstration project blending scientific rigour and policy relevance; and the events of the community sphere had to do with how the approach was accommodated to local concerns. In addition to telling the story, the report qualitatively analyzes the major themes underlying the conceptualization process in each of these spheres.

The events in the political sphere of the project's conceptualization provide a lesson that the process by which innovative solutions go forward is not a rational, linear process. Especially in the case of complex social problems, such as homelessness and mental illness, problems are fundamentally ambiguous, and the process by which these bubble to the surface and catch the attention of decision makers is unpredictable, and may have to do with the occurrence of salient, symbolic events. The findings from this report suggest, however, that when solutions emerge, they are framed in terms that allow a consensus to emerge by individuals who have the rhetorical acumen to understand how to situate them in ways that are persuasive to multiple audiences.

Given the complexity of the project, key project leaders in the policy sphere relied not on formalized planning processes, but on a more intuitive, interactive approach. This involved not just on gathering research evidence, but on drawing on their own experience, and reaching out to individuals in their networks whom they trusted to be able to help scope out the solution. The lesson for others seeking to develop solutions that address similarly complex social problems is in the value of organic, collaborative approaches to conceptualization (i.e., those that rely on experience and social capital, as well as research evidence). There is a need in these situations to be able to not only tolerate ambiguity and risk, but to step back and reflect on problems and to take advantage of serendipitous events. The challenge is to do so in a context of speed.

As the project moved into the community realm, a new facet of complexity was introduced—that of accommodating the project to the terrain and arena of interests and perspectives within each site. In addition, a process had to be developed for envisioning how the project would be based on the ground, and for deciding who would participate. In seeking to understand this terrain and develop partnerships, the project continued to rely on informally working through networks. The lesson here has to do with the emerging tension between the positioning that arose out of this organic environment, and the need for a more reflective, inclusive process for choosing partners and bringing in local expertise. Another key lesson is the need to take a reflective approach for recognizing, acknowledging and reconciling the inevitable differences in world view that mark such a multi-sectoral project, and for helping each site move towards a true “community of practice.”

EXECUTIVE SUMMARY

This study examines the conception of the At Home/Chez Soi project. A total of 18 key informants were interviewed, including policy makers, Commission staff and board members, and key informants at each of the project sites. The report tells the story about the conceptualization of the project in the political, policy and community spheres. The events of the political sphere have to do with the initial motivation for the project, and how the project was framed as a national initiative addressing homelessness and mental illness. The events of the policy sphere have to do with how the project was conceptualized as a research demonstration project blending scientific rigour and policy relevance. The events of the community sphere have to do with how the approach was accommodated to local concerns. In addition to depicting these events, the report qualitatively analyzes the major themes underlying the conceptualization process in each of these spheres.

The original conception of the At Home/Chez Soi project flowed out of the convergence of a number of factors. The growth of a broad-based societal consensus on homelessness and an expanding “social movement” around mental health had created an environment in which mental health and homelessness were increasingly viewed as appropriate issues for government intervention. The driving forces behind the choice to take action at this particular time and in this particular way appeared to relate to certain salient situations, such as the homelessness situation in Vancouver’s Downtown Eastside as the Olympic Games approached, combined with a strong commitment to the issue of mental illness at the highest political levels. Within this environment, Michael Kirby, Chair of the Mental Health Commission of Canada (MHCC) played a key role in brokering an agreement between MHCC and the federal government. By using his connections, credibility and experience within the multiple spheres of politics, policy making, and the mental health community, he was able to translate and work between these spheres so that the general outlines of a credible solution to homelessness and mental illness could emerge.

The events in the political sphere of the project’s conceptualization provide a lesson that the process by which innovative solutions go forward is not a rational, linear process. Especially in the case of complex social problems, such as homelessness and mental illness, problems are fundamentally ambiguous, and the process by which these bubble to the surface and catch the attention of decision makers is unpredictable, and may have to do with the occurrence of salient, symbolic events. The findings from this report suggest that when solutions do emerge, there is a key role to be played by individuals who have the rhetorical acumen to understand how to situate them in ways that are persuasive to multiple audiences. These individuals are critical for building consensus around innovative solutions and moving ideas forward to implementation.

The plan to move forward was characterized by one key informant as entailing a “whole of society approach.” In other words, finding a solution to the complex problem of homelessness and mental illness required a complex, multi-sectoral, and multi-jurisdictional effort. Given the scope of the project and the speed with which it was conceived, key project leaders did not rely on formalized planning processes, but on a more intuitive, interactive approach. This approach involved not only gathering research evidence, but also drawing on their own experience, as well as reaching out to individuals in their networks whom they trusted to be able to help scope out the solution. The lesson for others seeking to develop solutions to similarly complex social problems is in the value of organic, collaborative approaches to conceptualization that rely on experience and social capital, as well as research evidence. There is a need in these situations not only to be able to tolerate ambiguity and risk, but also to be able to step back and reflect on problems, as well as to take advantage of serendipitous beneficial events. The challenge is to do so in a context of complexity and speed.

As the project moved into the community realm, a new facet of complexity was introduced—that of negotiating the realities of the local environment and the array of interests and perspectives at each site. In addition, a process had to be developed for envisioning how the project would function on the ground at each site. This included many important decisions, including where the project would be based vis-à-vis the existing service delivery system, which organizations would participate (and which would not), and the roles that each group would play. In seeking to understand local realities and develop partnerships, the project continued to rely informally on working through networks. Working in this organic way, tensions often emerged between local players, and therefore a key lesson learned is related to the need for a more reflective, inclusive, and transparent process for choosing partners and bringing in local expertise.

Another challenge arose around the creation of venues and “making space” for less powerful or non-traditional project partners (e.g., Aboriginal and ethno-cultural communities, persons with lived experience of mental illness, and the NGO sector). Achieving collaboration among diverse groups also depended on certain other key issues, such as recognizing and valuing fundamental differences (e.g., differences in perspectives between researchers and service providers, or between the Aboriginal and non-Aboriginal world views and conceptions of mental health and homelessness), and having disparate partners go beyond their individual perspectives and find a commitment to an overall vision of what the project was about. Factors that facilitated this type of collaboration included efforts to identify neutral spaces for the different groups to come together, and the emergence of natural brokers or “enablers” at the site level who could understand and bridge perspectives among the various partners and clear up misunderstandings. A key lesson from this part of the conceptualization process is the need to take a reflective approach for recognizing, acknowledging and reconciling the inevitable differences in world view that mark such a multi-sectoral project, and for helping each site move towards a true “community of practice.”

Sustainability issues, related to conceptualizing how the project will fit into each of the local sites on an ongoing basis, were uniformly recognized as critical for the success of At Home/Chez Soi. “Sustainability” had a number of different connotations. For some people, sustainability means the continuance and expansion of the At Home/Chez Soi project past 2013, while for others, sustainability is a concept that reaches beyond the boundaries of the project itself. To others, sustainability also meant continuance of the vision, values, and way of working that are being put into practice in the demonstration sites, and includes sustaining new and productive partnerships, supporting increases in community capacity to address issues of homelessness and mental health, and continuing to build upon the knowledge that is being developed through the project. Significant concern was displayed about the ethical ramifications of providing clients with a service that may not continue, though in the end, this concern was outweighed by the possibility of creating significant meaningful and lasting change in the supports available for those with homelessness and mental health issues. As one participant said, “If the money disappears and the services disappear...the obligation of the institution towards the clients remains completely.”

By far, the largest challenge to sustainability was financial. There is an inevitable tension when the federal government provides funding for a short-term demonstration project which will ultimately have to be sustained (or not sustained) at the provincial level. As one site representative said, “If I didn’t get the provincial government on board, then in 2013, it was all for nothing.” There is a clear understanding on the part of the sites that evidence alone does not equal continued funding, given the entrenchment of existing practices. It will be necessary, therefore, not only to build an evidence base, but also to position the work as something that politically and morally must continue. It is possible that financial sustainability can become less of a concern if proponents of the At Home/Chez Soi initiative do some careful thinking and negotiating about how the project can be framed as being in sync with ongoing policy initiatives of the governments being expected to continue the funding in a relatively weak economic climate.

Although sustainability of At Home/Chez Soi remains an unresolved issue which continues to drive the project, several key lessons can be distilled from the project's experience to date. First is the importance of engaging in sustainability planning, even during the conceptualization phase of an initiative. Second is the need to reflect upon particular goals for sustainability and to attempt to develop a language of sustainability that is common to all partners. Third is the importance of framing sustainability in such a way as to be congruent with the goals and priorities of the current policy environment.

A theme that cut across all the different spheres of conceptualization was the significance of what could be called the "climate" of the project. While the initiative's complexity could be associated with anxiety, what allowed it to go forward was the sense of opportunity and goodwill so commonly remarked upon by key informants. It was this climate that allowed key project members to draw in the right people, and continue the process of collaborative decision making that led to the project's conceptualization; and it was this climate of commitment to the project and to the vision of people who had been homeless moving off the streets into homes that, despite some tensions, kept the partners working together and towards this ultimate goal. It can be hoped that this climate will also carry forward as plans for project sustainability further coalesce. Perhaps the lesson here is that fostering and preserving a sense of hope or expectancy is critical to any attempt to collectively engage a growing group of people to solve a complex and difficult issue.

INTRODUCTION

This research is an examination of the conception of the national Mental Health Commission of Canada's (MHCC) demonstration project, At Home/Chez Soi. The purpose is to uncover the origins of this demonstration project. This research should be valuable in elucidating how innovative, large-scale demonstration projects come into being. No previous research has examined the origins of Housing First research projects in different jurisdictions, even though it is being taken up in many different locales. The main research question driving this study was how was the MHCC's At Home/Chez Soi demonstration project in Canada conceived and created?

Brief Methodology

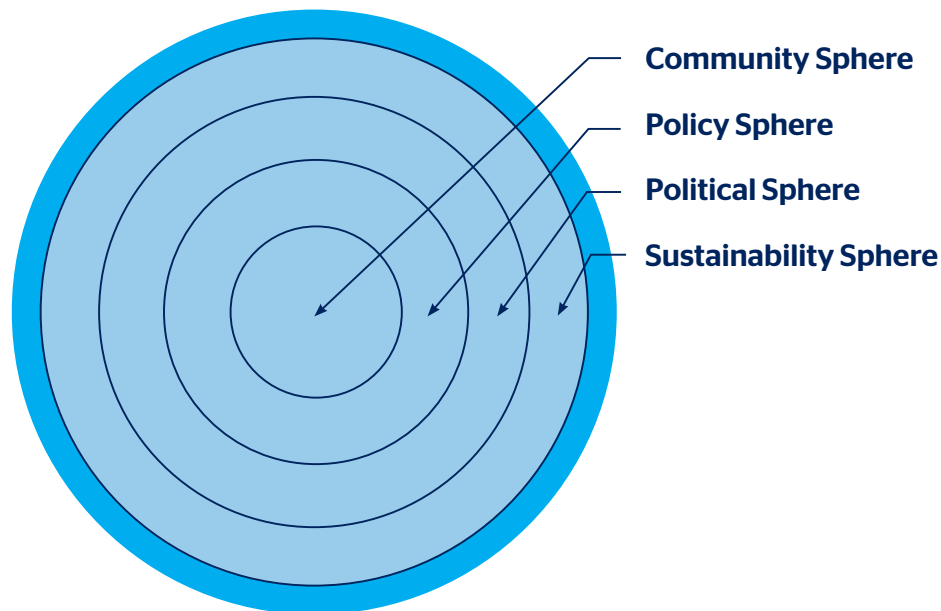
Key informants with knowledge of the project's conception were identified by the At Home/Chez Soi Project Lead and Research Lead, and then interviewed for approximately one hour. Key program documents were also reviewed as supplementary information. Interviews were transcribed and analyzed using inductive, qualitative methods (see Appendix A for a full description of the methodology). The analysis was conducted by one main researcher who conducted the majority of the interviews and coded all the transcripts. A total of 18 key informants, who were involved in the different spheres of interest (political, policy making, and community level), were interviewed for this research. Most of these individuals were policy makers, though two played both a research and policy-making role, and two individuals were Site Coordinators who had formerly been in the political and policy-making realms, respectively. Given that the policy sphere entailed developing a research approach, one of the key informants in this sphere was a researcher. Both of the Site Coordinators had also worked previously in the community sector. To help ensure rigour, the four other members of the National Qualitative Research Team were also involved in the analysis, as each member reviewed the coding from four selected groups of transcripts of interviews.¹ Following a dialogue with each member, a revised coding framework was developed, which guided the development of the draft. After team members reviewed initial and subsequent drafts, the report was sent out to the key informants who participated in the interview to ensure that quotes had been used in their correct context, and to gather feedback on the emerging analysis.

Findings

The findings are divided into the following spheres: (a) the political sphere, (b) the policy sphere, (c) the community sphere, and (d) the sustainability sphere. The storyline of the political sphere was about identifying and framing the need for a response to homelessness, securing funding for a national initiative addressing homelessness and mental illness, and defining the broad parameters of a project solution. The policy sphere involved fleshing out the parameters of this funding agreement into a draft Request for Applications (RFA), which set out the nature of the proposed approach. The community sphere translated and adapted this approach to the realities of the local sites. Finally, the sustainability sphere conceptualized how the project and its service approach would fit into the local site on an ongoing basis. The spheres cannot be strictly separated into phases, as they involve interrelated and overlapping processes and events. For each of these spheres, we describe the story (key events and decisions) constituting that sphere and the main themes regarding the process of conceptualization in each sphere. In the final section, we briefly note a number of themes that cut across all of the spheres, as well as identify some lessons that can be carried forward.

¹ The transcripts were divided into four batches, including the policy and political sphere interviews, and two groups of community sphere interviews.

THE POLITICAL SPHERE



The story.

The At Home/Chez Soi project has its roots in the Mental Health Commission of Canada (MHCC). Beginning in 2003, Senator Michael Kirby chaired a Senate Standing Committee on Social Affairs, Science and Technology. After holding more than 50 meetings and hearing from more than 300 people from across Canada, the committee produced a report (Kirby & Keon, 2006) that recommended the creation of the MHCC. In March 2007, Prime Minister Harper and Minister of Health Tony Clement asked Senator Kirby to chair the Commission.

In January 2008, Mr. Kirby received a telephone call from a senior member of the Canadian government who asked for his assistance in formulating a project for people with mental illness experiencing homelessness. Mr. Kirby remembered this phone call as follows:

"The question I was asked was, by a very senior government official...would the Mental Health Commission be interested in doing a project that focused on the homeless mentally ill? Specifically, how do you actually provide services to those people?"

Over the next several weeks, Mr. Kirby interacted with representatives of the federal government, as well as certain members of the mental health community, to begin to conceptualize the broad strokes of an initiative. Although the precise nature of the project was not clearly defined at this point, it was conceived as entailing both research and service.

Without divulging the source of the funding at this time, Mr. Kirby enlisted the help of Steve Lurie of the Canadian Mental Health Association branch in Toronto and Dr. Paula Goering of the Centre for Addiction and Mental Health in Toronto in formulating the project. The proposed scope of the project quickly grew from one city to five cities. Once the cities for the project were selected, Mr. Kirby spoke with government representatives from the provinces in which the five cities were located to get their buy-in to the project. With the exception of Québec, politicians from the provinces that would host a project site gave their endorsement. Kirby then appointed Dr. Jayne Barker, the Commission's Director of Policy and Research, to lead the initiative, who, together with MHCC Chief Operating Officer (COO) Dr. John Service,

negotiated with Health Canada the broad parameters of a funding agreement that specified the guiding principles of a project that would be announced in the federal budget in March 2008.

Themes.

In this section, we describe themes that are important in understanding what led to this project receiving financial support from the federal government, and in understanding how the broad parameters of the initiative were conceptualized.

Emerging consensus around the problem and the need for action. One important theme was the recognition by different levels of government, service providers, advocates, and citizens that the problem of homelessness was significant, and that current approaches to addressing homelessness in many cities were not working. There was also a sense that more evidence was needed to understand challenges and successes more fully in order to move forward on the issue. Further, there was a crystallizing consensus that the link between homelessness and mental illness was significant. The Downtown Eastside of Vancouver was noted by several key informants as a community where some type of intervention was needed. As Dr. Jayne Barker noted, Vancouver's situation was discussed "in the context of the [2010] Olympics, which was a very important factor to acquiring the funding."

"The Downtown Eastside because of the injection site and how that was going and the Downtown Eastside because of the Olympics. And the interest in the provincial government doing something about the Downtown Eastside for a number of years, not just because of the Olympics, but going back several years." (Key informant interview, John Service)

"The idea started with 'let's do something for the homeless on the Downtown Eastside of Vancouver.'" (Key informant interview, Michael Kirby)

While the Downtown Eastside of Vancouver was an example of an obvious need, Barker stated that there was a more widespread recognition of the importance of addressing the problem of homelessness across Canada.

"I think there was a pivotal time when people recognized that homelessness was really an issue in Canada. Not just in big cities but in small communities as well. I remember there being an article in one of the Vancouver [news]papers about [a smaller community]. So that understanding was beginning to be in the general public more. I think there was a real desire to want to do something about it. There were...those big picture perspectives that helped move things forward." (Key informant interview, Jayne Barker)

Framing the problem as homelessness and mental illness. After the federal government came to Mr. Kirby, the project concept moved towards explicitly framing the problem as homelessness and mental illness, as opposed to solely homelessness. Mr. Kirby and other key informants saw homelessness and mental illness as interrelated problems. As Mr. Kirby stated,

"The homeless issue was the start of this. Then the question was: if you're going to work on homelessness, why not do two things?...Since you can't service everybody anyway, why not focus on the homeless mentally ill? Thus the idea started with 'let's do something for the homeless on the Downtown Eastside of Vancouver.' But because of the Prime Minister's interest in dealing with people with mental illness, it expanded into a project targeted at the homeless mentally ill."

Key informants noted that the recent formation of the MHCC provided an appropriate and credible vehicle to drive this initiative, both from the standpoint of the government, and from the perspective of the Commission itself.

“...It’s pretty well known that...there’s a huge percentage of people who are homeless that have mental health issues. And I think because that was...sort of an issue that...the department of Human Resources and Skills Development [Canada] (HRSDC) has a homeless initiative and it’s certainly [at the] top of their mind, I think, because of the link to the Commission and the view that there is a vehicle here, an arm’s length organization from government that was set up with this purview to look at mental health issues. It was felt that that was more of an appropriate fit [with the Commission than HRSDC]...(O)n that point it’s been...a well-known point...that the current government...philosophically...support(s)...the engagement of third party organizations...not just simply organizations that...the federal government has set up at arm’s length to government but also...non-government organizations and other...community level organizations so I think, that was another reason why it was viewed as...a good vehicle to actually implement this project.” (Key informant interview, government representative)

From the point of view of the Commission, it made sense to take part in the initiative, because of the important relationship between housing and mental illness, and because this was an opportunity to have a significant impact.

“That is why it made so much sense. There was no internal opposition. It just made sense. I mean, homelessness and mental health are linked.” (Key informant interview, John Service)

“We wanted to make sure that we did this right. We knew it was...a one-time opportunity. We also knew it was the first time that the government has done this sort of funding arrangement with the Commission. Or for the Health [Department], it was the first time they had done anything of this scope. So we all really wanted to get it right.” (Key informant interview, Jayne Barker)

As well as the importance of the government’s approach to the MHCC in framing the At Home/Chez Soi project around homelessness and mental illness, the respect that different stakeholders had for Mr. Kirby was also important, both in terms of the credibility of the MHCC as a vehicle, and also for moving the project forward. He was seen as a policy person with a reputation as being effective in making change, a champion of a social movement around mental health issues, and someone with the ability to work across political boundaries. Mr. Kirby’s role in conceiving the At Home/Chez Soi project was one of a leader or an enlightened broker, someone who could work across different systems and bring people together towards a common vision for a project that would address an important social issue.

“Obviously everyone knows sort of his political background, but I think Kirby was able to transcend those political lines, you know, given that, at the end of the day, what people really respect are fresh and innovative ideas...I think that’s what gave him the ability to sort of transcend those political lines and to be recognized as an individual that can actually get something done...I think it’s also sort of his, you know, it was also Kirby’s keen sense of how government works that would allow him to situate his ideas within a machinery that I think we all kind of recognize can be sort of cumbersome at times... But he’s able to kind of transcend that and speak a language that people understand and express ideas in a way that will resonate with the key decision makers.” (Key informant interview, government representative)

“I think it depended heavily on Mike Kirby’s relationships and he was the major [factor], he was the person that brought this about on the non-governmental side as far as I can understand it.” (Key informant interview, John Service)

Framing the project in politically reasonable terms. Another aspect of project framing concerned the issue of the federal government providing mental health and housing services. Mr. Kirby and the decision makers he spoke with quickly recognized that it was important to have a research component to the project, so as not to contravene the federal-provincial contract about which level of government was responsible for providing services. As Mr. Kirby stated,

“This was meant to be a [research] project from the beginning. The feds couldn’t get into actually providing the services, because then you’d be in this whole constitutional quagmire.”

Another important facet of framing the project as politically reasonable was making it a pan-Canadian project. Mr. Kirby and other key informants noted the importance of having a project with sites across Canada.

“If you’re going to do a demonstration project, you’ve got to do it across the country or you get killed politically. Politically, if a pilot project is run in only one area, and if the area you picked is Vancouver, then it looks like the government is pandering only to the Olympics, and the politics of that are terrible. The politics of what you want to do is really good. But, if I can put my political hat on, my political hat would say you’d better do it in two or three other places. I said if you’re going to do that, you might as well do one in every region of the country. That of course took a beginning proposed budget from \$25 million to \$110 pretty quickly.” (Key informant interview, Michael Kirby)

“Mike [Kirby] had some conversations around homelessness and housing and looking at it as a national project involving several sites and cities across the country that would then make it politically reasonable for the federal government to get involved.” (Key informant interview, John Service)

In light of his conversations with a senior decision maker in government, Mr. Kirby then proposed several different cities in each region of Canada for the project. “I thought it was important...trying to get different features in every city.” Vancouver has a population with co-occurring addictions; Winnipeg has a large Aboriginal population; Toronto has a significant immigrant population; Montréal has primarily a francophone population; and Moncton is a smaller, semi-rural environment with a bilingual population. Moreover, the cities span the country from east to west. The different qualities of the cities that were selected as sites capture the diverse landscape of Canada. Certain political considerations also entered into the criteria for site selection. For instance, given that the province of Alberta was in the midst of an election while sites were being considered, the timing was not considered optimal for the inclusion of Edmonton or Calgary. In Québec, there was tension around whether Montréal or Québec City would be chosen.

Conceptualization done quickly and secretly within a narrow decision-making sphere. There was collaboration between various parties during the initial conception of the broad parameters of the initiative, with Mr. Kirby acting as the broker or point person for the initiative in the period leading up to the finalization of the funding agreement between the MHCC and Health Canada. While there were expert consultants involved, most of the negotiation occurred at a political level with the federal and provincial governments.

Moreover, prior to the announcement of the funding in the federal budget, negotiations regarding the project were done discreetly. Mr. Kirby initially represented the potential funding to Steve Lurie and Paula Goering as coming from a potential large donor. It was not until after the announcement was made that he went back to these people to explain what he called the “subterfuge” that he used in his initial conversations with them, and that he had done this because of the necessity of observing budget secrecy.

As well, the board of the MHCC did not know of the negotiations regarding this project that the Commission would host. One key informant noted that board members were in an awkward position because they did not know of the project or the role of the Commission in it.

“Board members and senior staff members signed confidentiality agreements as part of their fiduciary responsibility to their organization, and board members have the ultimate responsibility for the organization. The Commission has a budget of \$15 million a year and it is being asked to take on another project worth [\$110] million? Over [4] years? The board didn’t have much information about the project. It came as a surprise. I was surprised that the project was in fact passed by the board

without much more discussion because of the size of the project and the size of the budget and the size of the human resource capacity at the time. In other words, what were the implications going to be...I think it's a governance issue. Do boards generally approve initiatives of this size that they don't know very much about?" (Key informant interview, John Service)

Another key informant observed that this type of discretion is common in politics and made a comment that suggested that the role of stakeholders outside of political circles who seek to have input on decisions being made within a narrow sphere of decision making could be characterized as "feeding the beast." The negotiations were characterized by their speed, as well as their stealth. Key informants stated that sometimes there is money left over in a government's budget that government wishes to spend. Given that the allocation of year-end money often needs to be planned within tight time frames, this was one of the factors that precipitated the federal government to ask Mr. Kirby to assist them in quickly preparing a project whose funding could be included in the budget.

"What was the actual span of time between, three weeks before the federal budget and our meeting? It was not very long and then of course, once I knew it was in the budget I couldn't tell. Nobody at the Commission, not a soul at the Commission knew until the day before. I had to tell the day before because I had to prepare a press release. (Key informant interview, Michael Kirby)

"I remember that [the] budget in 2008 was, [in]...really late February or I actually think it might have been very early March, so for the Commission, it was a really rapid process, between the time the budget announced the \$110 million and the end point which was March 31 to get the funding agreement in place in time between the Minister of Health who was Tony Clement at the time, and the Chair of the Commission. (Key informant interview, government representative)

Framing the project in broad brush strokes. While the project was to involve both research and service, the precise nature of the project was not formulated before it was funded. One key informant noted the risk of such an approach, and suggested that the research aspect of the project could help mitigate this.

"To certain senior levels' credit, I think they were willing to take a very calculated and measured risk by saying this is an idea that is worth exploring. And we're going to explore it in a way that will give us the evidence." (Key informant interview, Rod Ghali)

Another key informant talked about the flexibility that the funding agreement provided, and the influence its principles had on the subsequent conceptualization of the project.

"The funding agreement specifies a set of outcomes. That was all hammered out in those meetings. It specified the principles that are going to drive the project, and those principles and outcomes have played a huge role and they are not specific, I mean they are things like building on what is already there, working collaboratively, the involvement of people with lived experience, like really bread and butter kind of stuff. But it really plays quite a major role in shaping how the project has unfolded...So those meetings were really important in shaping the general parameters. But they didn't say is it going to be a randomized controlled trial? Is it going to be done nationally or done in the individual site? They didn't shape it in that way at all." (Key informant interview, Jayne Barker)

As is discussed in the next section, when the initiative moved into the policy sphere, the environment continued to be marked by speed. As the initiative became public and as more people were brought in to help define what it would look like, both in terms of the approach to addressing homelessness and mental illness and to researching its impact, the details of the initiative began to take shape.

THE POLICY SPHERE

The story.

The story of the policy sphere is about the key decisions and events that shaped how the broad brush stroke parameters of the project were filled out into a draft Request for Applications (RFA), which provided a more detailed portrait of the proposed approach to the implementation and evaluation of an initiative to address homelessness and mental illness. The first key event within this period was when Michael Kirby and Dr. Jayne Barker, At Home/Chez Soi Project Lead for MHCC, recruited Dr. Paula Goering as the Research Lead. Goering had been informally involved in the very beginning stages of the project's inception by Kirby, at the suggestion of Steve Lurie, MHCC Service Systems Committee Chair. As Goering was doing the initial conceptual work, Barker and Mike Kirby began visiting key decision makers at each of the sites to gain their perspective on how the project should be structured. Later, as is described in the next section of the report on the "community sphere," an RFA was drafted and then was taken out to the sites for further consultation and feedback by key stakeholders.

To flesh out the project more fully, the project required more human resources. Thus, Barker, and later Goering, began to expand the team. Both worked to develop a process for selecting the project's National Research Team (NRT), which was subsequently given responsibility for helping develop the research design. Goering also reviewed relevant research and consulted international experts in the field. About the same time, Dr. Carol Adair was hired to begin the process of setting out a common, cross-site set of outcome measures. One key decision both Adair and Goering identified was the choice to focus on quality of life and recovery as outcomes of interest, despite having these "pooh-poohed" by some individuals who were consulted. Goering mentioned that the desire to measure relatively long-term (two-year) quality of life changes was one of the factors that influenced the decision not to include a lengthy formative stage at the site level, since this would take up time at the front end that would prevent the project from being able to discern quality of life impacts in the project's later stages. This decision, however, did contribute to the time pressure during the early period of the project.

A number of factors converged towards the identification of Housing First (in particular the Pathways program in New York City, which combined Housing First and Assertive Community Treatment [ACT]), as an appropriate intervention to implement and test in the Canadian context. The factors that brought the approach to the attention of Goering, Barker and other key informants at both the national and site levels were the growing evidence base, the intervention's focus on the principles of recovery and community integration. Another key consideration was related experience and interest with pursuing similar programs, both within the federal government, and in major Canadian jurisdictions, for example, the Streets to Home program in Toronto. The choice also had to do with the research done by key At Home/Chez Soi project staff, as well as the influence of their networks. While Goering first encountered the program through the literature (e.g., a timely review done by Dr. Geoff Nelson and Dr. Tim Aubry who became members of the NRT; Nelson, Aubry, & Lafrance, 2007), Barker's interest was piqued after she was introduced by Vancouver decision maker Jae Kim (also a key informant in the present study) to a leading proponent of Housing First in the U.S., Philip Mangano. A turning point for the initiative was when Goering travelled to New York to meet the originator of the Pathways model, Dr. Sam Tsemberis. Tsemberis, a Canadian originally from Montréal, subsequently committed to becoming involved in the project on the NRT, citing the project as an incredible opportunity to build the knowledge base of the Pathways program "by a quantum leap" and a chance to return to his roots (which he identified as "a homecoming").

On the research side, Goering gained valuable, though sometimes divergent, advice from a number of different sources. These included an informal network of international experts with experience in researching multi-site implementation

and outcomes of supported housing and employment, also the MHCC's Scientific Advisory Committee, and subsequently the At Home/Chez Soi NRT. This was the group of researchers that had been created to formally advise the project, who at this point included Dr. David Streiner, Dr. Jeffrey Hoch, Dr. Tim Aubry, Dr. Sam Tsemberis and Dr. Carol Adair.

One key piece of advice to the project team (i.e., Barker, Goering and the NRT) from the international experts was to ensure that the research made a clear comparison between the intervention and control conditions. Another important piece of advice was to make sure the approach included resources for training and technical assistance (T & TA) and for measuring the fidelity with which the key aspects of the model were implemented. Given the commitment of Tsemberis, the project was able to enlist the Pathways program to help design an implementation manual and facilitate the T & TA aspect of the project. Subsequently, the City of Toronto and Streets to Home became actively involved. They also took a leadership role in the implementation manual and T & TA aspects alongside Pathways.

Goering identified one particularly significant decision by the project leadership as the conceptualization of the draft research design as a randomized controlled trial (RCT), despite concerns that such a rigorous design wouldn't be feasible. The RCT would feature a "second arm" (Housing First/Intensive Case Management - discussed in more detail in the "Community Sphere" section), and a "third arm", which allowed local sites to develop their own locally appropriate interventions. The initial meeting of the project's NRT, as well as ongoing discussions with the Toronto site (discussed later) were identified as instrumental in moving towards this conceptualization.

Another significant feature of the proposed RCT design was that it was to involve a partnership with key stakeholders in the evolving design and conduct of the research. Adair noted that the approach was a "hybrid" that strived for a balance between scientific rigour and relevance to community stakeholders, and between service delivery and research. Barker also noted that the decision making around the scientific aspects of the project—both within the policy sphere and later when local researchers were involved—was not a typical research model in that the Commission "is very actively involved."

Themes.

There were several main themes in the policy sphere.

Finding a balanced approach: Using principles and bridging concepts.

"[Doing an] RCT wasn't the only sort of research design characteristic that was...considered a high priority. We also had the principles (from the agreement with Health Canada)." (Key informant, Carol Adair)

"[The] one piece of advice that we ignored...was that if you're doing a demonstration project you had to decide, is the service or the science, the higher priority...But, you know it was one of the things where Jayne and I talked about it, and we just couldn't see it...[because]...I was fairly certain that, the highly centralized model would not be compatible with a knowledge translation kind of approach which had to be in there 'cause...[of direction from Michael Kirby, which was]...that the one thing I ask...is that you design this so that it's the best possible research you can produce...I kept what he said in mind, about what would be the best kind of evidence in this situation..." (Key informant, Paula Goering)

"[The meeting with the MHCC Science Advisory Committee] gave us some...constructive feedback some, more skeptical feedback. But also some really good suggestions, things like, talk to Penny Hawe, and think about the difference between a controlled trial, of a, you know, a routine intervention in a controlled [pragmatic] trial with a complex intervention. And her writings were really helpful to me conceptually, about the value of keeping the definition of what we were doing, around principles and

functions and high level components versus trying to standardize and be really particular. So to allow room for that adaptation.” (Key informant, Paula Goering)

Earlier sections of the report have noted how key informants mentioned the importance of the funding agreement principles in helping the project team conceptualize the initiative. In particular, these principles stipulated that the approach should take a collaborative approach between researchers, service providers and policy makers, should also feature the central involvement of people with lived experience of mental illness, and that the initiative should seek to impact the quality of life of the research participants.

As mentioned, the approach to research articulated in the draft RFA was a hybrid one which, in keeping with the principles of the Funding Agreement, sought to balance the principles of scientific rigour and practical relevance to the key local stakeholders. However, finding such a balance involved reconciling divergent perspectives. On the one hand, there were concerns about whether the service delivery context was “too messy” to be standardized and studied in a scientifically rigorous way across a number of sites. At the same time, there were concerns that service providers or community members would not be in favour of such an approach, given the negative experience of certain communities with traditional research, and given a feeling that the project was about service delivery, and that research should not dominate. On the other hand, those in favour believed that, given the resources provided by the initiative, there was a feasible “once in a lifetime” opportunity to carry out a real world RCT of a scale and scope that would have a significant service delivery impact, as well as provide the right kind of evidence to ensure a significant policy legacy.

Thus, there were two competing issues or questions which emerged that had to be resolved. On the one hand, the question emerged as to what extent the initiative should (or feasibly could) be an RCT that provided rigorous evidence regarding outcomes; on the other hand there was a concern that the project would meet the practical needs of stakeholders within specific contexts. The advice from expert multi-site health services researchers in the U.S. suggested that the way to reconcile this dilemma was to choose a clear focus: either on a strictly controlled research approach or on one that emphasized the practicalities of service delivery using a less rigorous design. These individuals suggested that from a practical perspective, it would be difficult to carry out an RCT while simultaneously taking the time to deal with decision-making processes at the site level.

The decision of the MHCC project to choose a middle way, rather than one particular route, was facilitated by bridging concepts which suggested ways of reconciling the concerns and values mentioned above. One notion that provided a conceptual bridge was that of “integrated knowledge translation,” which provided a means of brokering the two worlds of research and service delivery, in that it provided a model or process for addressing the concerns of key stakeholders in defining the research questions. Goering noted that it was significant that both she and Barker, in part due to their previous experience in research and policy-making environments, were familiar and confident with this approach, and were thinking “along the same lines” in coming to this decision about what design would provide the “best kind of evidence.”

“Yeah so, so I did things like, you know, write my initial thoughts and assumptions about how this might work and send it to Jayne. And she had been doing the same thing and it was remarkable...in terms of, you know, using integrated knowledge translation you know. Some of the basic values and approaches we would use in the project.” (Key informant, Paula Goering)

The notion of Housing First as a “complex intervention” provided the other means of conceptually bridging the concerns of relevance and rigour (Hawe, Shiell, & Riley, 2004). This literature, which certain members of the MHCC’s network of researchers pointed Goering towards, suggested that multi-faceted interventions like Housing First had central underlying principles or critical ingredients that would be necessary to standardize across sites, but that these would necessarily need to be adapted to be implemented successfully in each context. The literature on complex

interventions also guided the decision to undertaking a mixed-methods design, given the utility of qualitative methods in helping understand fidelity, and discern underlying processes and theories helping to explain the change in the participants brought about by the intervention. Dr. Geoff Nelson and Dr. Myra Piat were subsequently brought onto the NRT to articulate the qualitative aspects of the design, and help flesh out the approach to mixed methods.

Conceptualizing in a complex decision-making environment.

“The challenge was that it was a big topic area that none of us had a huge amount of expertise in...The project is such a huge complex undertaking.” (Key informant, Jayne Barker)

“It was a really interesting process and it wasn’t like we had some map.” (Key informant, Jayne Barker)

Given pressured project timelines, and an initially small staff group, the decision-making environment was perhaps not surprisingly commonly depicted in terms describing a sense of speed, such as being a “blur,” “major scrambling,” and “being on a fast train and never getting off.” Another challenge identified was the sheer “scope” and “difficulty” of conceptualizing an approach to a problem of the magnitude of homelessness and mental illness that involved both service implementation and research. Thus, the core project team (Goering, Barker and Adair) faced the challenge of conceptualizing in a complex decision-making environment, with little guidance other than the broad parameters of the funding agreement. In fact, when they started their work, core team members shared a perception that they were working figuratively and literally “with a [nearly] blank whiteboard” on an initiative where there was no guiding “map”, and where they were “being stretched” to doing things differently.

In the context of this environment, the project relied not strictly on research evidence and formal decision-making and planning processes, but on an approach to conceptualizing that could be characterized as informal, intuitive, and networked or collaborative. Several factors that we describe below, together with the bridging concepts mentioned above, allowed the project members to make the key decisions that ultimately led to the definition and refinement of the RFA.

Adopting a stance of pragmatism to “make things work”. Key informants identified a number of ways that the project succeeded in pragmatically making things work and getting the project off the ground under tight time constraints. For instance, having the Commission as the vehicle driving the At Home/Chez Soi project, rather than being run directly by the federal government, circumvented the usual federal-provincial or inter-jurisdictional “conformances” (a formal sign-off process). Certain key decisions (i.e., developing an outcome measurement protocol, hiring site coordinators) were also identified as saving several months. Further, the funding agreement negotiations between the MHCC and Health Canada were characterized as having a spirit of wanting to make things work that was in accordance with the high-level of political commitment that pervaded the policy-making process. A similar spirit and quickness characterized the RFA review process, where the decision to undertake a developmental funding process “saved all sorts of time,” relative to the usual competitive process. “Making it work” was a phrase that reoccurred a number of times in relation to the optimistic, motivated climate surrounding the initial phases of the initiative. This pragmatic stance enabled the project team to push forward and “go with the flow” in the face of ambiguity, with the assurance that issues could be dealt with as they arose.

Bringing in the “right” people. Early on, the project had only a small management team. Accordingly, “bringing in the right person[s]” and expanding the formal project staff group was an obvious need in order to properly carry out the initial conceptual and developmental work of the project. “Right” was described in terms of the quality or capabilities of the person for the job, as well as the characteristic of having a previous working relationship or shared style of working with core group members. This was perceived as especially important given the need to work collaboratively at a distance to move the project forward in a timely fashion. One key informant commented:

"I can't imagine what it would have been like...if we didn't have, a kind of social capital...in terms of... knowing what people had to offer...in terms of having a certain level of trust and understanding. [This has been] a very important thing that keeps me sane and keeps the process moving forward." (Key informant, Paula Goering)

Finding the "right mix" of people (i.e., people who had complementary styles and strengths) was also deemed important, as was having specialized roles and functions. Having "big-picture" as well as "detail" people, and having people with good interpersonal skills, in addition to having individuals who worked well behind the scenes and who could move things along, added up to what one key informant referred to as a "spectacular management team." Key informant Patrick McGrath of the MHCC's Science Committee noted the importance of building a group both centrally and locally composed of "really skilled, talented people who can work in this interface between science and the real world situations." It was also important that the group had both commonality and differences in terms of how they conceptualized the project; and in the event of differences, it was important to be able to "turn differences into complementary strengths." Being able to do so was seen as entailing a commitment to addressing and resolving differences in approach to specific problems.

Enlightened brokers.

"...There wasn't time to do a real formal process, it was quite serendipitous...it was just, you know, wise people doing what they needed to do at that time, talking to the right person and mobilizing it that way...and leadership, just getting the right people...I think. You know I think Jayne and Paula just... mobilized the resources in their networks, their...staff that had worked for them, people they knew...just knowing the who's who—like you couldn't drop a person in from another country and say well now you do this right, I mean you have to draw on all your relationships and things you've done in the past and just [bring in] practical people who have good know-how and can make it happen." (Key informant, Carol Adair)

What this quote suggests is the importance of what could be called an "enlightened broker" approach to conceptualizing in complex situations, the nature of which is that no single person or small group of people has the expertise to solve a problem. The enlightened broker is an individual with the knowledge and practical experience to intuit the big picture of a situation, but who also has an extensive network of individuals on which to draw, and who possesses the "social capital" to mobilize collective conceptual resources quickly. One key informant in particular mentioned the importance of having individuals in leadership positions who are confident enough to have a sense of the limits of their own knowledge, and also the ability and inclination to access directly or indirectly within their network(s) the requisite expertise and know-how. Key informants spoke also about how this informal networked and intuitive approach was often associated with "serendipitous" events which helped move things ahead in a way that was timely but no less comprehensive than more systematic approaches to conceptualization using more formalized literature reviews and consultation processes. This is not to suggest that the project did not consult the scientific literature appropriately; for instance, systematic reviews were used in developing the measurement protocol. The point to be emphasized, however, is that scientific evidence was just one aspect of the decision making surrounding the conceptualization of the project. In addition to evidence, decision making was also guided by principles, and by the collective expertise and intuitive judgment provided by the project's leadership and the networks these individuals were able to draw upon.

As mentioned in the political sphere section, and will be discussed further in the community sphere discussion, the enlightened broker often also has networks in different spheres (e.g., politics, policy, research, community, etc.) and is able to move within and translate between these worlds to help individuals from divergent perspectives and values come together and move in a common direction.

Challenges and tensions of conceptualizing in a complex policy environment.

Despite the efforts to deal with this difficult environment, certain tensions or challenges became evident. Faced with time pressure, and complex demands, the team could not always address certain issues. For instance, the conceptualization of the mixed methods aspect of the study was not defined during the initial conceptualization phase. Other issues had to be placed on the back burner until more pressing challenges could be addressed. At times, project members believed they were working in parallel, without the knowledge that would enable them to do things that were consistent with other aspects of the project. For instance, the conceptualization and design of the outcome measures was recognized in retrospect to be consistent with the funding agreement principles although, at the time, the key informant hadn't had the opportunity to "connect the dots."

Another tension had to do with the need to make hard choices, which resulted in not being able to address an issue of importance to many members of the MHCC network: fully addressing the needs of youth who are homeless.² Another hard choice that had to be made because of time constraints was choosing to forego having a formative stage to the project, so that the project had time to recruit a large enough sample and then having adequate follow-up time to measure quality of life outcomes in the latter phases of the project. A final challenge, as the project moved from the realms of politics and policy into the community context, was the tension between often informal networked approaches to decision making and the expectations for a more formalized open process when dealing with and reconciling the perspectives and interests of various community stakeholders.

² The project was, however, able to address this issue subsequently, by developing a partnership with Canadian Institutes for Health Research to commission other research on youth experiencing homelessness.

THE COMMUNITY SPHERE

The story.

As mentioned, while the initial conceptual work was being done, Dr. Jayne Barker and others³ began visiting key decision makers at each of the sites, starting a process that one key informant termed “a huge education.” Said Barker,

“...We were just trying to figure out what made sense in each province and who any of us had connections with. You know having that personal connection really helped the conversation be much more meaningful. Um, and if you already have, you know can have your first conversation with somebody that knows you and trusts you that really is very, very helpful.”

These meetings allowed the Commission to increase understanding and commitment in relation to the project, while at the same time get an initial sense of how the project made sense at the local level. The meetings were also important for helping get a “lay of the land” or “postcard summary” as to the existing service delivery terrain within each site, and the arena of players and interests within it. In addition, the interactions facilitated some initial partnerships, as interested individuals and agencies came forward to express interest in playing a role in the project, while others fell away from the table.

After the draft RFA was finalized, Dr. Paula Goering and Dr. Sam Tsemberis then returned to each of the sites, again to explain the proposed approach and to gather feedback as to how well the details of the RFA were received in each local context, both with respect to research and the intervention. A key question in Goering’s mind was whether the idea of an RCT would be supported by the service-provider community and by other key stakeholders. Both Goering and Tsemberis, however, believed they were able to successfully convince their audiences that an RCT would provide the strongest evidence and have the most significant impact on policy and practice in the longer term. In retrospect, Goering noted that it was serendipitous (“accidental rather than purposeful”) that Tsemberis was involved in these meetings, particularly because of his credibility with service providers, both on the proposed intervention and on the issue of research.

As Adair noted, “one of the strategies was to use Sam’s experience to the max, because, you know, in a way he was an outsider. He was an arms-length individual who could say, you know who had no stake in the particular jurisdiction and their struggles or their power struggles.”

Goering indicated that while a number of changes were made to the RFA as a result of these lay of the land meetings and other previous meetings, the most significant decision was to proceed with their initial decision to conduct an RCT. Previous meetings with the City of Toronto resulted in some significant enhancements, including the addition of the second arm to the study. This avoided having the City of Toronto Streets to Homes (S2H) program directly compared with the Pathways program, given that S2H had achieved considerable success, and that it shared a number of similarities as well as differences with the Pathways model. Both programs used a Housing First philosophy but used different service delivery structures and target populations, with S2H serving all those on the street and Pathways focusing on those with highest need. The situation involved considerable negotiations, and the resolution involved agreeing to add the second arm to the trial (Housing First/ICM). This was a less intensive intervention which could be compared to “Treatment as Usual” (TAU) for a sub-population that only S2H had served (those with “moderate needs,” as opposed to the “serious needs” served by the Housing First/ACT approach). The resulting change also explicitly incorporated the experience and expertise of the Toronto S2H ICM model into the research design.

³ Barker was accompanied by Goering in Toronto. Later on, Kirby met with decision makers in Winnipeg and Vancouver.

For her part, Barker noted one of the important decisions impacting the conceptualization of the project at the community level was deciding to appoint a coordinator at each site who could facilitate the necessary partnerships and move the project along in keeping with the tight timelines. She and Tsemberis also noted the importance of developing a non-competitive proposal peer review process and expert panel that could facilitate the process of partnership development at each site, and also provide the developmental support that was important, given the different capacities at each of the sites. With the incorporation of the amendments into the finalized RFA in November of 2008, the developmental process was then used to facilitate the planning and proposal development stage.

Themes.

The themes describing how the process of conceptualizing played out in the community sphere include:

(a) accommodating community concerns and bringing forward local expertise, and (b) envisioning what the project would look like on the ground.

Accommodating community concerns and bringing forward local expertise. In general, the project was introduced into a receptive climate, in the sense that there was tension for change in relation to the issue of homelessness and “foundational work” done within the sites upon which the project could build. There was also a sense of interest and credibility surrounding the Commission’s entrance into the scene with the general outline of a proposed solution, though this sense varied both within and between sites. Key informants noted that, where a receptive climate was present, this had to do with “groundwork” done by the Commission, in particular Kirby and Barker’s initial consultations, as well as with previous groundwork done by Michael Kirby in relation to the formation of the MHCC. They also noted the importance of the pre-announcement meetings held by Michael Kirby with key politicians in each of the sites, and the significance of his relationships in being able to gain high level buy-in for the project prior to its formal announcement.

On the other hand, Kirby himself noted the initial vulnerability of the project in Québec, where his network was not as strong, and as Kirby himself said, “I was the wrong guy to be putting it forth” and where there were concerns about the province’s lack of influence in choosing the locale for the project. Key informants in other provinces also noted that, even when high-level political support did exist, this does not necessarily translate to receptiveness with other decision makers. Thus, they noted the importance of “working it through,” in the sense of engaging individuals from various levels, both within government and within the service delivery system, in the conception of the project. A key informant in one site noted how she understood the value of gaining high-level political support, but she nonetheless thought it “odd” that this more formal process of gaining support from other decision makers had not taken place.

Initial readiness or buy-in also depended on the extent to which the Housing First approach itself was perceived as making sense and as being complementary to foundational work at the site levels. Again, key informants generally believed the approach was credible, and in many cases perceived it to be consistent and complementary with the direction being pursued within the site (e.g., in Vancouver it was perceived as taking over where the previous Four Pillars approach had left off), particularly when a champion existed within the site to frame the project in terms that portrayed the project’s congruence with the sites’ interests (i.e., in New Brunswick, having Ken Ross ensure that the project was “in sync” with key provincial policy initiatives, and in Québec, having Olivier Farmer convince leaders from his hospital and local health authority that the project would allow them to assume a leadership role in the area of urban health research.)

Key informants noted, however, that there was an initial perception within some sites that the project was redundant with what was happening on the ground currently, and that questions existed about the added value of proceeding in a context where there was a sense that there was already a considerable wealth of experience that needed to be

respected. There were also concerns within some sites that the project might be disruptive to locally valued ways of doing things which were distinct from the Housing First approach. This tension between the proposed approach and local practices existed, for instance, in sites where a well-developed social or congregate housing sector was present, and in Winnipeg where the notion of providing a mental illness-specific approach to dealing with homelessness was incongruent with the way members of the Aboriginal community perceived the problem, and required the creation of an “Aboriginal lens.” Another potential concern was that the proposed intervention modeled on Pathways could be perceived as externally developed (e.g., “by white knights from the East”) and thus not necessarily appropriate to local needs and approaches which the MHCC may not have fully understood or valued.

Finally, in some sites there was ambivalence surrounding the proposed research design. In general, there was a sense that certain valued features of the project (e.g., consumer involvement and qualitative research) could have happened sooner rather than later. In Winnipeg, there was a historical unease with traditional research involving Aboriginal people, and unrealized expectations related to the shifting messages from the Commission about how ownership of the research would play out. In other sites, there was a sense of uncomfortable risk in participating in a project that featured head to head comparisons between Pathways and locally valued approaches, and where resources to continue providing service were not guaranteed beyond the period of the project. As Goering noted:

“...So the question [and eventual solution] was, trying to figure out how to incorporate both the Canadian experience and the American experience and bring them together...[so] we could move forward with them both feeling that they had...a stake in this. In all the process of doing that and sorting that out, it also became clear to us that we didn't want...to say we're replicating a model program. We wanted to say, these are examples of applications of this philosophy and approach...but we wanted to leave the exact...details about the implementation, open...”

Thus, to deal with these issues, the project team early on decided to make some significant changes in the overall project design which sought to accommodate these concerns. These included adding the second arm that avoided a direct comparison between local approaches, and also served to augment the research approach to add a policy-relevant question about the viability of a less intensive approach to case management. It also enabled a collaborative approach to the research/service agency partnerships going forward. More significantly, this modification resulted in the formal inclusion of Canadian partners (i.e., Toronto's S2H program) in the At Home/Chez Soi initiative that avoided the perception that the project was about the implementation of an American model program. Instead, the design was framed as the evaluation of interventions meeting the underlying philosophy and critical ingredients of Housing First/ Case Management in relation to TAU.

The other significant modification, the addition of the project's local “third arm,” also served to avoid direct comparisons with local alternatives and allowed the adoption of locally and culturally appropriate variations to the Housing First basic principles (e.g., the ethno-cultural arm in Toronto, the rural/family/board-and-care arm in Moncton, the Aboriginal arm in Winnipeg, the social housing arm in Montréal, and the congregate arm in Vancouver).

A number of key informants within the sites pointed out that the changes made to the conceptualization of the project went beyond “accommodations” made by the National team, and represented proactive, original contributions by sites to the design which significantly added to the RFA's overall soundness and potential. For instance, in addition to Toronto's contribution to the design and the description of the ICM intervention, Moncton brought in a rural component, and Winnipeg introduced the notion of the “Aboriginal lens”. All of these issues were seen by sites not only as local modifications, but as active contributions to the project as a whole.

While addressing many concerns, with the additions, the final research design became more complex, which presented problems in comprehending its logic, sometimes even for the researchers involved in developing it who

could sometimes “get twisted around” in trying to understand it. Some other concerns remained. For instance, ethical concerns about randomization to a TAU condition created a source of discomfort; though people in this condition were not provided with any services beyond what was currently offered, TAU was frequently perceived as meaning that people in this condition would receive no service. Sites eventually made peace with this to some extent, in part because of the credibility of Tsemberis with service providers. Tsemberis was able to frame the overall design as “adding and not taking away” resources.

Envisioning what the project would look like on the ground. The accommodations identified above made the initiative more coherent and concrete on paper. Considerable work remained, however, in bringing the partners within each local site together and in beginning to envision what the project would look like on the ground. Key informants identified the Site Coordinator and others as playing a key role in brokering and facilitating a process for involvement, but nonetheless identified some confusion among stakeholders about “what the project was about and who could be involved,” in leading or being part of the process, which led to positioning by the interested players. Other key aspects of envisioning what the project would look like locally had to do with how the identified partners would come together to move towards a shared vision of the project, within a sometimes complex arena of interests, featuring various strong ideas about appropriate approaches, and a history of inter-agency tension. A final issue concerned how the initiative was envisioned to fit within the wider service delivery and policy context.

During the course of the community consultations, stakeholders often came forward in an organic “self selection” process, whereby interested parties positioned themselves, and others began to back away. At times, however, there were problems associated with having an informal partnership development process that relied on self selection versus having a more democratic or formal process. In some cases, self-selection made sense, given the expertise of the partners who came forward. However, the need for the project to take an active role in bringing people in was particularly apparent for partners whose participation made sense, but who may have lacked power in relation to the players in the formal mental health system. The more traditional players were more likely to have access to information and the resources to “position themselves as the go-to group,” and were more likely to have expectations that the project would “give us the money” and/or allow them to assume leadership.

Choices about actively bringing in some partners may have meant that others had to be left out, so partnership selection could be a potential minefield that needed to be navigated carefully. As mentioned, during the initial consultations, project staff talked about the importance of being able to contact someone they knew who could help offer a sense of the arena of interests in each site, and who could provide a sense of how the project should negotiate the local terrain. Nonetheless, bringing the right people to the table was identified as being more difficult for the project when working within a more complex terrain which, given the time pressure faced by the project, may have created a steep learning curve and difficulty navigating “on the fly.”

Examples of bringing people in included the efforts made in Winnipeg to help the Aboriginal community assume ownership of the project by hiring a co-coordinator from the Aboriginal community, using an approach to inclusion that was multi-leveled and eclectic. Another example was the creation of the Consumer Caucus in the Toronto site. One key informant commented that the involvement of people with lived experience was a valuable part of the project, even though it happened later rather than sooner.

Brokering: Moving within and between worlds to achieve a shared conceptualization. Given the conceptualization of the project as a collaborative approach to homelessness and mental illness, the need for creating successful partnerships emerged quickly as critical. Thus, at the site level, the dialogue between the potential partners was crucial for helping further define the project by adapting the original high-level concept in terms that made collective sense to the local community and its partners. Within the project, a number of strategies emerged for dealing with the ongoing challenge of achieving the collaboration through which this shared approach could be defined.

One strategy was the creation of the Site Coordinator role and selection of the “right person” (i.e., someone who had the relevant experience, expertise, credibility and relationships). The Site Coordinator often played an “enlightened broker” function, using her experience and networks to identify relevant partners, who could be brought in to help conceptualize what the project would look like on the ground. Again, similar to other spheres, the Site Coordinator, and other informal brokers, needed the ability to move between worlds and build bridges to understand and broker between the number of different perspectives that were involved in the project. Often the Site Coordinator was a person who had previously worn “different hats” (e.g., who had policy and community experience) and could shift back and forth between these various roles as the need arose.

Creating a shared perspective also entailed the creation of venues and “making space” for less powerful or non-traditional project partners (e.g., Aboriginal and ethno-cultural communities, persons with lived experience of mental illness, and the NGO sector) so that they could be brought to the table, and begin to consolidate their perspective and then share this with others. Moving between worlds was also facilitated by organic emergent strategies or factors, such as identification or existence of a neutral space (i.e., provided in Toronto by St. Michael’s Hospital, and in Vancouver by the Vancouver Foundation), and on the emergence of natural brokers or “enablers” at the site level who could understand and bridge perspectives among the various partners, and who could clear up misunderstandings.

Achieving collaboration also depended on certain other key issues, such as recognizing and valuing fundamental differences (e.g., in Winnipeg, the fundamental differences in how the Aboriginal community conceptualized mental health and homelessness), and having disparate partners go beyond their individual perspectives and find a commitment to an overall vision of what the project was about. Achieving such collaboration was recognized as an ongoing challenge, but was seen by one key informant to be facilitated by having a Site Coordinator or other brokers who were able to “recognize all partners, and get them to see themselves as part of a common solution...as citizens trying to help other citizens.” Other key informants suggested that, given the complexity of the issues involved, building bridges also required the ability to communicate clearly and a commitment to constant dialogue and to working things through, especially in the early going. Developing trust in each other, and building commitment to the project as a whole, were seen as crucial to getting beyond the inevitable “bumps” that came with working in this sort of project. One key informant mentioned that despite “significant bumps,” the vision of helping people who had been homeless come off the street kept the key players within his site committed to the project.

Basing the project. Within the period of activity associated with the community sphere, decisions at the site level had to be made about where the project would be based in relation to the existing service delivery system. The basing of the Site Coordinator was one such consideration. Basing the Site Coordinator in “neutral territory” or within a site that acted as a “hub” where various networks connected, facilitated the process of “herding cats” or bringing together the sometimes disparate players and perspectives that needed to be at the table, establishing trust, and moving them towards a common vision of the project.

While having the Site Coordinator in a position that enabled her to broker across worlds was helpful, the decisions about where the service delivery aspects would be based was another matter. There were strong feelings in some quarters that the project had to work within the system, and that it would have been advantageous for one agency within the formal mental health system (or the homelessness service system) to “grab all the services” to achieve the necessary coordination, and to achieve a streamlined lead governance model that was in keeping with the accountability structure of the existing system, rather than having the lead agency apart from this structure, or taking a networked or “alliance simple” approach. In other cases, however, Site Coordinators developed deliberate strategies and “took heat for” distancing the project from the formal system, and made space for the inclusion of other partners (e.g., the NGO sector, primary care health clinics) in the deliberations regarding where the lead agency would be based.

A final aspect of conceptualizing what the project looked like on the ground was the need pointed out by key informants, particularly those who were policy makers or had policy backgrounds, to anticipate how the project would fit within the bigger picture of service delivery and policy making in the long run. In this respect, a key consideration was the need to conceptualize the project in terms that were “in sync” or “had synergies with” the wider system, and with ongoing policy initiatives. They saw this as a key aspect of formulating the project in a way that ensured its stability over time.

THE SUSTAINABILITY SPHERE

The story.

The story of the sustainability sphere is about conceptualizing how the project and its practices will fit into local sites on an ongoing basis, after the demonstration project has run its course. Key informants interviewed for this research uniformly recognize sustainability as a critical issue for the initiative. However, participants have differing perceptions of the extent to which sustainability was a part of discussions during the conception phase. Some participants indicate that sustainability conversations have been on the table “since Day One,” “even before the RFA.” Others state that the issue of sustainability was not brought to the table during the conception phase, and some have even indicated that they have not yet seen any form of sustainability planning taking place. Even for those who described having been involved in up-front discussions around sustainability, the question of “What happens after?” remains in the forefront of their minds, along with a sense of urgency—“2013 is going to come really fast.” It is clear that no real solution to the sustainability question has been reached.

Themes in the story.

It became clear from interviews that participants view sustainability in several different ways. For some people, sustainability means continuance of the project itself. For others, sustaining the specific project was not as important as sustaining a new vision around provision of services for homelessness and mental health, as well as new working relationships that have been built through the MHCC project. Sustaining services and sustaining financial viability were other important ways in which the concept of sustainability came into play.

Continuing and expanding the project past 2013. Although key informants were clearly in agreement about the importance of sustainability to the MHCC demonstration project, several different conceptualizations of sustainability emerged from the interview data. For some people, sustainability meant the continuance and expansion of the At Home/Chez Soi project past 2013. Important sustainability-related goals for this group included building a high profile for the project and developing a strong evidence base for the approach. Sustainability of funding for the implemented services was a particularly critical issue for this group.

Sustaining the vision and new ways of working together. Another group of informants discussed sustainability, not necessarily in terms of continuing At Home/ Chez Soi, but rather as a concept that reached beyond the boundaries of the project itself. This group talked about sustaining the new relationships between university and community partners that are being developed through the MHCC project, sustaining the increased capacity that is being built to address issues of homelessness and mental health, and continuing to build upon the knowledge that is being developed through the project. For this group, sustainability meant continuance of the vision, values, and way of working that are being put into practice in the demonstration sites. One person spoke in terms of social movement building. A particularly important issue for this group was that the knowledge developed through the MHCC project be leveraged to create change in public policy to sustain support for effective interventions for homelessness and mental health.

Sustainability of services. Both groups recognized sustainability of services to the particular group of individuals being served through the demonstration project as an ethical imperative. As one participant said, “If the money disappears and the services disappear...the obligation of the institution towards the clients remains completely.” Another expressed the concern, “We can’t be housing people for five years...and then put them on the street at the end of it.”

Financial sustainability. By far, the largest challenge discussed in terms of sustainability was financial sustainability. This discussion primarily centred on the tension that is created when the federal government provides funding for a short-term demonstration project which will ultimately have to be sustained (or not sustained) by the provinces. Representatives from a number of the sites talked about the importance of getting provincial government buy-in—“It wasn’t a challenge. It was a fear. Because if I didn’t get the provincial government on board, then in 2013, it was all for nothing.” At the same time one provincial government representative expressed their frustration with the expectation placed on them by the local government to continue programs and services begun by the federal government. “Sustainability is not you turn around and ask the province for money,” said one. Another noted, “Oftentimes the provincial government has wanted to walk away from some federal money when it’s been...boutique money...funding little projects, seeing how it goes.”

As mentioned previously, some key informants noted that financial sustainability can be less of a concern if proponents of the At Home/Chez Soi initiative do some careful thinking and negotiating about how the project can be framed as being “in sync” with ongoing policy initiatives of the governments being expected to continue the funding. As one key informant stated, “The challenge is how to take whatever you learn and...to use those learnings to implement not just new policies but also, [influence the] reallocation of resources, [the] reallocation of responsibilities, [and] all the other things that may happen.”

While key informants emphasized how ensuring sustainability requires the need to demonstrate the project’s effectiveness, there was a clear understanding that evidence alone does not equal continued funding, given a climate of economic uncertainty and reduced resources, and given the barriers to changing existing practices. As one key informant said, “If this project shows that scatter-site housing based on vouchers is extremely effective for this population, and it solves the problem immediately, and it costs a hell of a lot less than the average social housing unit, well, then, it’s threatening and disrupting [to the existing model].” Participants, therefore, saw the need not only to build an evidence base, but also to position the work as something that politically and morally must continue.

In conclusion, sustainability is recognized as a critical issue, the solution to which continues to drive the project. Participants demonstrated significant concern about the ethical ramifications of providing clients with a service that may not continue though, in the end, this concern was outweighed by the possibility of creating significant meaningful and lasting change in the supports available for those with homelessness and mental health issues. One participant succinctly summarized by describing it as “worth the risk.”

SUMMARY AND LESSONS LEARNED

The original conception of the At Home/Chez Soi project flowed out of a convergence of a number of factors. There was a latent readiness associated with emergence of a broad-based societal consensus on homelessness, as well as a growing wave or social movement around mental health. The motivation for moving forward appeared to relate to certain salient situations, such as Vancouver's Downtown Eastside, combined with political commitment from the highest level on the issue of mental illness. Within this environment, Michael Kirby played a key role in being able to broker an agreement between the MHCC and the federal government. By using his connections, credibility and experience within the multiple spheres of politics, policy making, and the mental health community, he was able to translate and work between these spheres so that the general outline of a credible solution could emerge.

The events in this "political sphere" of the project's conceptualization provide a lesson that the process by which innovative solutions go forward, or evidence is translated, is not a rational, linear process. Especially in the case of complex social problems such as homelessness, problems are fundamentally ambiguous, and the process by which these bubble to the surface and catch the attention of decision makers is unpredictable, and may have to do with the occurrence of salient, symbolic events. The study suggests, however, that when solutions do go forward, they have been framed in terms that allow a consensus to emerge by individuals who have the rhetorical acumen to understand how to situate them in ways that are persuasive to multiple audiences. This points towards the insights of Greenhalgh and Russell (2005) who argued that policy making is a "rhetorical drama" that innovators would be well advised to understand.

The plan to move forward was characterized by one key informant as entailing a "whole of society approach," in other words, as requiring a complex, multi-sectoral, multi-jurisdictional effort to address the complex problem of homelessness and mental illness. Given the magnitude and speed of this challenge, the key project leaders relied not on formalized planning processes, but on a more intuitive, interactive approach, that entailed not just gathering research evidence, but on drawing on their own experience, as well as reaching out to individuals in their networks whom they trusted to be able to help find a solution.

The lesson for others seeking to develop solutions that address similarly complex social problems is in the value of more organic, collaborative approaches to conceptualization which rely on experience and social capital as well as research evidence. As one key informant put it "there is never enough evidence to go forward." Thus, there is a need in these situations to be able to not only tolerate ambiguity and risk, but to be able to step back and reflect on problems, as well as take advantage of serendipitous beneficial events. The challenge is to do so in a context of speed. Here, the literature on sense making in the face of complex social problems by Weick and others may be instructive for the project team and others seeking to conceptualize similar initiatives (Weick, Sutcliffe, & Obstfeld, 2005).

As the project moved into the community realm, a new facet of complexity was introduced—that of accommodating the project with terrains and arenas of interest and perspectives within each site. In addition, a process had to be developed for envisioning how the project would be based on the ground, and for deciding who would play leadership roles. In seeking to understand this terrain and develop partnerships, the project continued to rely informally on working through their networks, but also employed formal strategies through the vehicle of the Site Coordinator. The lesson here has to do with the emerging tension between the positioning that arose out of this organic environment, and the need for a more reflective, inclusive process for choosing partners and bringing local expertise into the design of the project. In certain cases, special efforts must be made to make space for traditionally disenfranchised groups. Another key lesson is the need to take a reflective approach for recognizing, acknowledging and reconciling the inevitable differences in world view that mark such a multi-sectoral project, and for helping each site move towards a true

“community of practice” (Wenger, 1998), which reflects an altogether new paradigm of doing business.

A theme that cut across all the different spheres of conceptualization was the significance of what could be called the “climate” of the project. While the initiative’s complexity could be associated with anxiety, what allowed it to go forward was the sense of opportunity and goodwill so commonly remarked upon by key informants. It was this climate that allowed key project members to draw in the right people, and continue the process of collaborative decision making that led to the project’s conceptualization; and it was this climate of commitment to the project, and to the vision of people who had been homeless moving off the streets into homes, that kept the partners working together and towards this ultimate goal. Perhaps the lesson here is that preserving this sense of hope is the most important part of the project or other similar ones attempting to collectively engage a growing group of people to solve such a complex, difficult issue.

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DETAILED METHODOLOGY

Overall Approach

The overall approach follows from Charmaz' (2006) constructivist grounded theory strategy of inquiry. The selection of this inductive approach is suggested given the relative lack of guiding theoretical frameworks of relevance to the present study question. As described below (analysis steps), subsequent analysis steps look for underlying and cross-cutting categories and processes that encompass the data, using existing sensitizing concepts or theory when these prove relevant. The approach also makes use of theoretical and methodological memos and maps/diagrams to document emerging themes, and to account for analysis decisions. Given that the project involves multiple interviewers, the approach makes use of a field note template as a way of building reflexivity within the team, and so that later interviews (and other members of the interviewing team) can be sensitized to emerging themes and hunches from the earlier interviews. The analysis approach also employed other strategies to enhance rigour, such as involvement of participants in the analysis (member checking), use of follow-up interviews and supplementary data sources (e.g., project documents), and the participation of a research team in the analysis (triangulation of analysts as described below in "analysis steps").

Sampling and Data Gathering

The data were primarily gathered from purposively sampled interviews with 18 key informants identified by Project Lead and Service Lead of the At Home/Chez Soi project as playing an instrumental role in the conception of the initiative. The interviews were conducted on an in-person and over-the-phone basis. Sampling was purposive: after the first set of interviews, three general categories of participants ("high level politics", "intellectual development", and "site development") were identified, which corresponded with the initial sense that the conceptualization of the project entailed work at each of these three spheres: politics, policy and community. In an effort to ensure that the sampling frame was not biased towards inclusion of those individuals invested in the project's success, efforts were made to ensure that interviews were conducted with certain individuals who were no longer with the project, and who were known to have expressed concerns with the project. In addition to interviews, the data gathering also involved the review of key project documents (the project Funding Agreement and Project Précis).

Analysis Steps

The steps entailed:

- Having one analyst review and do initial coding of all transcripts;
- Grouping the transcripts according to aspect of the analysis (political, community or policy spheres) and having an additional member of the research team read and code the transcripts within each group;
- Conducting a meeting between the main analyst and each of the other team members, to ensure a consistent approach to initial coding, and to identify potential focused codes;
- Having the main analyst developing a focused coding framework for each of the three spheres of analysis;
- Producing a map representing the categories (focused codes) and their interrelationships within each sphere;

- Producing a draft which was reviewed by all team members, who provided feedback on the analytic framework and on the fit between codes and categories; and
- Sending out the draft for member checking (review of quotes, and comment on the analytic framework).

Limitations of the analysis relate to the possible inability or unwillingness of the key informants to share sensitive information of relevance to the research question, for example, their reluctance to fully and explicitly share information about the political considerations that may have factored in to the initial motivation for the At Home/Chez Soi project. Also, some of these factors have transpired prior to the period inquired about by the study questions (e.g., the role of Vancouver's ex-mayor and the BC Premier in advancing the issue of the Downtown Eastside is hinted at but not elaborated at by key informants). As mentioned, there may be a tendency among key informants internal to the project to be less inclined to talk about project challenges or shortcomings, given their emotional investment in the project.