ROOFS FOR YOUTH FOYER PROGRAM EVALUATION

Prepared for the Calgary John Howard Society
February 25, 2019

TURNER | STRATEGIES

Contents

Canada

List of Acronyms

CJHS – Calgary John Howard Society

CHF – Calgary Homeless Foundation

CYOC – Calgary Young Offenders' Centre

HPS – Homelessness Partnering Strategy

HMIS – Homeless Management Information System

SPDAT – Service Prioritization Decision Assistance Tool

Executive Summary

This report describes work carried out to evaluate the "Roofs for Youth" program administered by the Calgary John Howard Society.

Evaluation Approach

A Developmental Evaluation approach was undertaken to allow the evaluator to work with staff over the course of the pilot to appropriately incorporate and drive continuous learning and improvement.

Areas of Strength

The Roofs program follows a client-centred approach incorporating harm reduction. Able to house 50 youth at any time, with a budget of approximately $42K per program space per year, this program incorporates both place-based and scattered-site housing and is overall a better investment than keeping youth in emergency shelters/systems.

Foyer components funded through HPS complemented the supportive housing with employment, community building, and health supports. These Foyer components added considerable value to support the youth particularly in their immediate health needs, employment readiness, and enhancing meaningful daily activities. Peer support was also encouraged with a focus on mental health and addictions.

Overall, the data analysis, youth, and staff reports confirm that public system use and acuity levels decrease notably as a result of the program. Employment/education, health, and housing stability are further improved at a cohort level. Quality of life and overall wellbeing also improved significantly.

The Roofs model appears to be a highly effective housing model for high acuity youth. Even those with high acuity scores remained stably housed for a significant time period.

Areas of Improvement

Staff, external stakeholders, and youth raised concern over unmet health needs. Frustration with systemic challenges impacting addictions and mental health support was evident, and staff recognise managing expectations around programming limits their effectiveness and youth's long-term outcomes.

Staff and youth noted tensions managing Foyer focus on employment/education expectations in a harm reduction context. Both recognise the need for clarity on how to communicate rules relating to substance use, challenging behaviours, and resident accountabilities.

Finding creative ways to motivate youth and engage them in meaningful activities is difficult. This is not for lack of effort on staff's part: additional supports and training should identify options to engage active substance users without compromising the harm reduction model.

Data Analysis Key Findings

At Program Intake

- 41% of clients have either been continuously homeless for a year or more or had at least four episodes of homelessness in the past three years.
- At intake, the majority of clients do not have a stable source of income: just 22% of clients were working in full-time, part-time, or seasonal positions. Albeit a different cohort, 75% of clients at the six-month mark report an income source.

- Clients report the following top three basic needs: food, rent, transport.
- 26% of clients have an ongoing physical health condition, and 63% of clients have ongoing mental health issues.
- 44% of clients have ongoing addictions/substance abuse issues, and the most common service referral is addiction service/treatment.

Follow-up Assessments

- Analysis of untreated health issues during follow-ups suggests these require consistent support throughout the duration of the program.
- Further analysis is needed on youth who report untreated addictions/substance abuse issues after three months.
- Public systems utilisation increases between three and six months as clients address their legal issues or access health services. Interaction reductions generally occur after nine months in the program.*
- Youth development surveys indicate a 50% increase in belonging and independent living skills (finances 55%, living 36%) for matched assessments.*
- SPDAT overall scores show an 83% reduction in acuity for matched assessments.*

*Note – caution: small sample size.

Recommendations at a Glance
Program Level

1. Work to secure appropriate resources are in place to support complex youth with significant health and safety needs.
2. Support capacity building and staff training in harm reduction, addictions, mental health.
3. Develop clear house rules and expectations with staff and clients.
4. Recognise youth as part of families throughout service planning and delivery.
5. Enhance program capacity to deliver supports to diverse youth, particularly Indigenous and LGBTQ2S youth.
6. Balance the focus on employment for youth with correctional backgrounds, complex mental health and addictions needs.
7. Support the development of appropriate housing options to make them available for those over 24-years-old, and those wishing to maintain sobriety.
8. Advance flexible, youth-led approaches to housing and supports that support successful transitions.

Funder Level

9. Ensure appropriate implementation timeframes and resources.
10. Support greater funder coordination to address youth homelessness throughout planning and implementation.
11. Integrate focused career planning, employment, and education supports with Housing First approaches.

Introduction

Understanding the Scope

In 2017, the Calgary John Howard Society (CJHS) was successful in securing HPS funding to add key Foyer elements (employment, natural supports, health, and community development) to its Roofs for Youth Housing First for a 13-month period. To discern the overall impact the intervention has on youth, natural supports, and public systems, CJHS contracted Turner Strategies to deliver a comprehensive evaluation of the program.

Overview: The Roofs program operated by the Calgary John Howard Society (CJHS) provides housing for youth who are experiencing or at-risk of homelessness with support services based on their individual needs. The youth in this program may have involvement with the justice system and/or do not have family supports, or involvement from child intervention services.

Staff develop strong, one-on-one relationships with youth, helping them with: goal planning; relationship development; skill development; schooling; advocacy; employment support; navigating and understanding the justice system; strengthening natural supports; stabilization; and outreach. Youth pay rent based on 30% of their income.

Participation in the program is voluntary, and youth cannot be forced to stay. Through these supports, youth are guided into adulthood with the skills they need to achieve independence.

Funding: Homelessness Partnering Strategy funding totaled $386,734 of a total budget of $2,121,958 (CHF: $1,641, 710; UW: $93,514)

Staffing model: Program Manager; three Team Leads; 10 FTE Youth Residential Staff; five Caseworkers; one Housing Liaison; one PTE Nurse Educator; one FTE Employment Coach; two FTE Community Builders Complementary training support provided by CJHS Employment Supports stream – 0.5 FTE

Evaluation Approach

Over the course of the project, the consultant worked with key staff to develop and confirm the design of the evaluation strategy, touch base on progress, and determine final document content.

January-February 2018: Literature Review

The evaluator completed an environmental scan using available internal and external data sources to identify Foyer-relevant literature. This helped discern the key indicators to assess impact on safe and stable housing, financial stability, increased independence, positive relationships and natural supports, improved self-esteem, and quality of life.

February-October 2018: Youth Voice

To engage youth end, four focus groups (22 youth total) were held along with four one-on-one interviews to engage youth in overall input on the program. Honoraria for youth participating in interviews were made available at $20/hour for participation. Youth provided written consent.

Total	Raido	Windsor	Scattered Site
22 youth engaged in the evaluation process	Two focus groups (six, four youth) Two one-on-one interviews	Two focus groups (five, four youth) Two one-on-one interviews	Three one-on-one interviews

September – October 2018: Staff Engagement

The evaluator reviewed organisational and program documentation and conducted group interviews with all program staff across all organisational levels, including frontline, management, and executive leadership. Input was sought on the impact of services, impact of participation, areas of strength, and improvement for the program and the broader homeless-serving system.

This was achieved through three focus groups with frontline staff, one with the Team Leaders, and individual interviews with the Housing Liaison and Nurse. Additional meetings were held with the executive leadership for the program to provide updates and seek input.

Total	Frontline Staff	Leadership
21 CJHS staff engaged in the evaluation process	Three focus groups (13 staff) Two one-on-one interviews Housing liaisons, case workers, case managers, community builders, employment coaches	Team leads: one focus group (three staff) Small group /one-on-one meetings: three staff (Team Manager, Director, Asst ED)

June 2018: External Stakeholder Input

To assess the perspectives of program referral sources in Calgary, such as youth/adult shelters, youth serving-agencies, and mainstream public systems engaged with the programs, the evaluator provided an overview of the approach at a meeting of the Roofs Advisory Committee and sought feedback to inform the evaluation.

Total – Three external stakeholders
Two Calgary Police Service staff
One Calgary Young Offenders Centre

January 2019: Data Analysis & Report Development

HMIS data for the Roofs program will be pulled in September to enable analysis in January as close as possible to the project end date. The analysis will include any assessments used in the data base, such as SPDAT, Quality of Life, Circle of Courage, etc.

February 2019: Knowledge Translation

Once the project report is finalised with staff input, it will be translated into French. The evaluator will also provide the program with an executive summary that can be designed with an infographic for print. We can support the creation of key messaging and dissemination further, as per program direction.

Program Model

This section summarises the tenets and key components of the Foyer program model, and its Calgary Roofs application.

Overview of the Foyer Model

The Canadian Observatory on Homelessness developed a comprehensive review of international evidence on applications of the model to discern a set of Foyer core principles which propose to address some of the identified challenges with the model (Gaetz & Scott, 2012b). These principles provide useful guidance for the evaluation of the program.

	Core Principles of Foyer Model
1	Focus on helping disadvantaged young people who are homeless or in housing need – including young people leaving care – to achieve the **transition from dependence to independence.**
2	**Developmentally-appropriate** environment to build competence and a feeling of achievement.
3	**Holistic approach** to meeting the young person's needs based on an understanding of adolescent development.
4	**Formal plan and agreement** between the Foyer and young person as to how the Foyer's facilities and local community resources will be used in making the transition to adulthood.
5	Supported transition that is **not time limited**, in which young people can practice independent living.
6	Investment in **education, training, life skills, and meaningful engagement** in order to improve long-term life chances.
7	Provision of a **community of peers and caring adults** with emphasis on peer mentoring.
8	Provision of necessary and appropriate **aftercare** to ensure successful transitions to adulthood and independent living.

Roofs for Youth Program Model

The goal of Roofs for youth is to give youth experiencing homelessness a safe place of their own with structure to support their healthy transition to adulthood, and strengthen their sense of belonging and natural supports.

The program is client-centred and individualised to each resident, providing 24/7 staffed housing and intensive supports to youth living at Raido and Windsor Park, and case management support to those in scattered-site. Staff help youth to develop independent living skills, connect them to community resources, and provide day programming (education, employment, treatment), income assistance, and developing relationships with natural supports. There is not a specific timeline that youth can remain with Roofs, allowing youth to stabilise – however, youth must be 24-and-under to be part of the program.

Using a Hub and Spoke model of place-based housing, Raido and Windsor (the Hub), and scattered site

housing (the Spokes), Roofs staff work with the client to determine which housing situation is appropriate for them.

A harm reduction approach is taken to reduce risks and harmful effects associated with substance use without requiring abstinence. Youth are supported to make healthier decisions about high-risk behaviours such as alcohol and drug use or casual sex, meeting their needs and helping with safety in the community. Staff strive to develop safe settings for youth where they can share stories without being judged.

The specific enhancement achieved through Foyer funding enabled the addition of community builder, employment support, and nurse educator staffing to complement housing and case support workers. Roofs emphasises natural supports for the young person; assessing, forming, and strengthening the youth's relationship with their family, friends, educators, peers.

The Calgary John Howard's employment team was brought in to support youth in Roofs as well complementing the Employment Coach with employment programming and job readiness training and workshops.
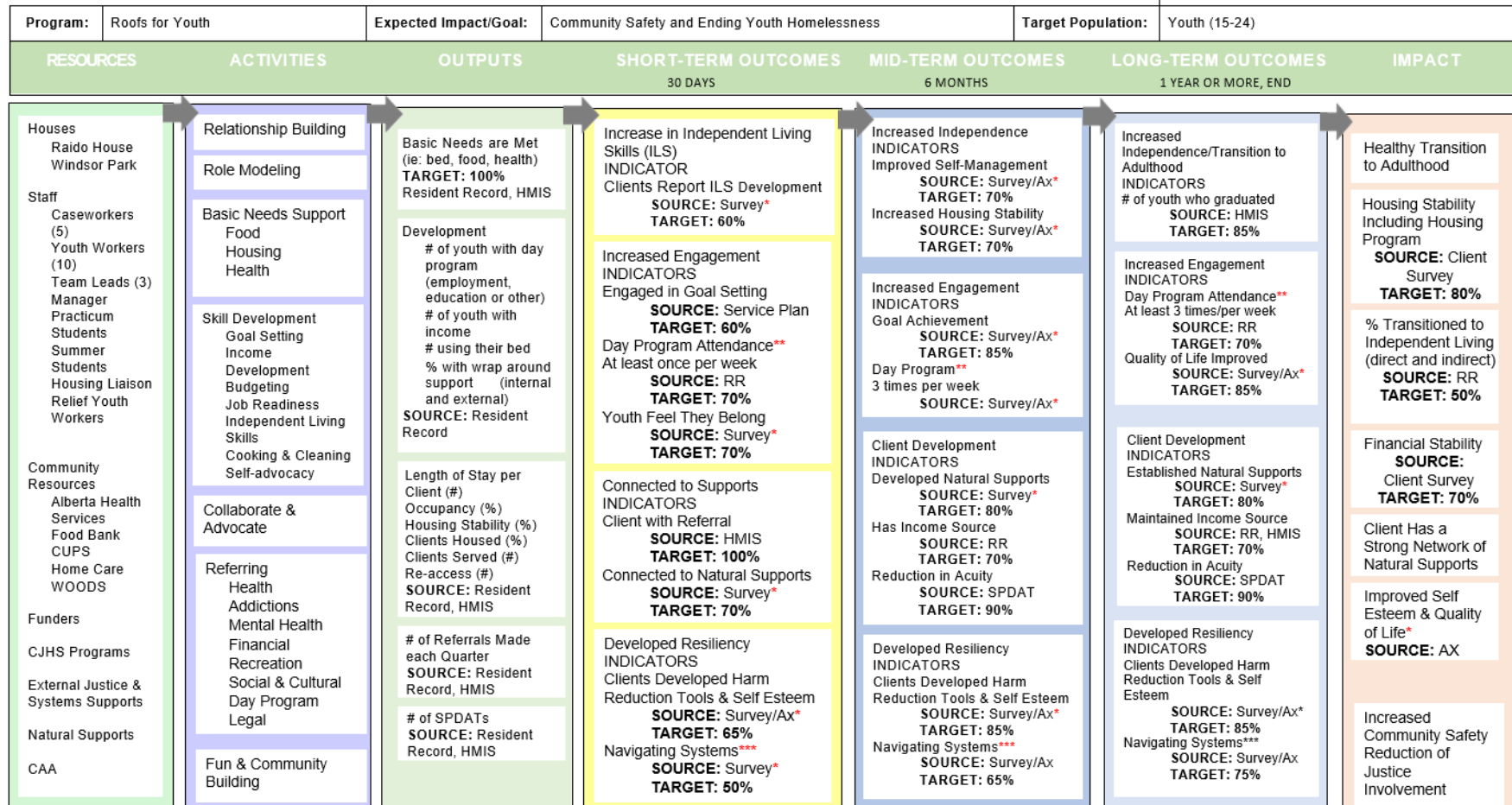
A program evaluation framework was developed internally to support continuous improvement and measure impact over time. The section Outcomes Analyses explores these further using various assessments and surveys.

Figure 1: Logic Model

CJHS

ROOFSFORYOUTH LOGICMODEL

DATE: April 30, 2018

| Program: | Roofs for Youth | Expected Impact/Goal: | Community Safety and Ending Youth Homelessness | Target Population: | Youth (15-24) |

RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES 30 DAYS	MID-TERM OUTCOMES 6 MONTHS	LONG-TERM OUTCOMES 1 YEAR OR MORE, END	IMPACT

Houses
Raido House
Windsor Park
 	
Staff
Caseworkers (5)
Youth Workers (10)
Team Leads (3)
Manager
Practicum Students
Summer Students
Housing Liaison
Relief Youth Workers
 	
Community Resources
Alberta Health Services
Food Bank
CUPS
Home Care
WOODS
 	
Funders
 	
CJHS Programs
 	
External Justice & Systems Supports
 	
Natural Supports
 	
CAA
	Relationship Building
	
	Role Modeling
	
	Basic Needs Support
	  Food
	  Housing
	  Health
	
	Skill Development
	  Goal Setting
	  Income Development
	  Budgeting
	  Job Readiness
	  Independent Living Skills
	  Cooking & Cleaning
	  Self-advocacy
	
	Collaborate & Advocate
	
	Referring
	  Health
	  Addictions
	  Mental Health
	  Financial
	  Recreation
	  Social & Cultural
	  Day Program
	  Legal
	
	Fun & Community Building
		Basic Needs are Met (ie: bed, food, health)
		TARGET: 100%
		Resident Record, HMIS
		
		Development
		  # of youth with day program (employment, education or other)
		  # of youth with income
		  # using their bed
		  % with wrap around support (internal and external)
		SOURCE: Resident Record
		
		Length of Stay per Client (#)
		Occupancy (%)
		Housing Stability (%)
		Clients Housed (%)
		Clients Served (#)
		Re-access (#)
		SOURCE: Resident Record, HMIS
		
		# of Referrals Made each Quarter
		SOURCE: Resident Record, HMIS
		
		# of SPDATs
		SOURCE: Resident Record, HMIS
			Increase in Independent Living Skills (ILS)
			INDICATOR
			Clients Report ILS Development
			SOURCE: Survey*
			TARGET: 60%
			
			Increased Engagement
			INDICATORS
			Engaged in Goal Setting
			SOURCE: Service Plan
			TARGET: 60%
			Day Program Attendance**
			At least once per week
			SOURCE: RR
			TARGET: 70%
			Youth Feel They Belong
			SOURCE: Survey*
			TARGET: 70%
			
			Connected to Supports
			INDICATORS
			Client with Referral
			SOURCE: HMIS
			TARGET: 100%
			Connected to Natural Supports
			SOURCE: Survey*
			TARGET: 70%
			
			Developed Resiliency
			INDICATORS
			Clients Developed Harm Reduction Tools & Self Esteem
			SOURCE: Survey/Ax*
			TARGET: 65%
			Navigating Systems***
			SOURCE: Survey*
			TARGET: 50%
				Increased Independence
				INDICATORS
				Improved Self-Management
				SOURCE: Survey/Ax*
				TARGET: 70%
				Increased Housing Stability
				SOURCE: Survey/Ax*
				TARGET: 70%
				
				Increased Engagement
				INDICATORS
				Goal Achievement
				SOURCE: Survey/Ax*
				TARGET: 85%
				Day Program**
				3 times per week
				SOURCE: Survey/Ax*
				
				Client Development
				INDICATORS
				Developed Natural Supports
				SOURCE: Survey*
				TARGET: 80%
				Has Income Source
				SOURCE: RR
				TARGET: 70%
				Reduction in Acuity
				SOURCE: SPDAT
				TARGET: 90%
				
				Developed Resiliency
				INDICATORS
				Clients Developed Harm Reduction Tools & Self Esteem
				SOURCE: Survey/Ax*
				TARGET: 85%
				Navigating Systems***
				SOURCE: Survey/Ax
				TARGET: 65%
					Increased Independence/Transition to Adulthood
					INDICATORS
					# of youth who graduated
					SOURCE: HMIS
					TARGET: 85%
					
					Increased Engagement
					INDICATORS
					Day Program Attendance**
					At least 3 times/per week
					SOURCE: RR
					TARGET: 70%
					Quality of Life Improved
					SOURCE: Survey/Ax*
					TARGET: 85%
					
					Client Development
					INDICATORS
					Established Natural Supports
					SOURCE: Survey*
					TARGET: 80%
					Maintained Income Source
					SOURCE: RR, HMIS
					TARGET: 70%
					Reduction in Acuity
					SOURCE: SPDAT
					TARGET: 90%
					
					Developed Resiliency
					INDICATORS
					Clients Developed Harm Reduction Tools & Self Esteem
					SOURCE: Survey/Ax*
					TARGET: 85%
					Navigating Systems***
					SOURCE: Survey/Ax
					TARGET: 75%
						Healthy Transition to Adulthood
						
						Housing Stability Including Housing Program
						SOURCE: Client Survey
						TARGET: 80%
						
						% Transitioned to Independent Living (direct and indirect)
						SOURCE: RR
						TARGET: 50%
						
						Financial Stability
						SOURCE: Client Survey
						TARGET: 70%
						
						Client Has a Strong Network of Natural Supports
						
						Improved Self Esteem & Quality of Life*
						SOURCE: AX
						
						Increased Community Safety Reduction of Justice Involvement

Assessment or client survey (i.e. Global Appraisal of Individual Needs (GAIN-SS)/Internal Survey/Adverse Childhood Experiences Survey (ACES) Survey/Quality of Life/Circle of Courage)
*** Addressing justice issues, accessing health services, etc.
*** Includes type of day program (i.e. employment, education, employment preparation or other)   RR = Resident Record HMIS: Homeless Information Management System

Program Data Collection

The purpose of this section is to expand the knowledge base on Roofs clients and measure the impact of programming as collected by agency administrative data: Housing First assessments and Youth Development assessments. The raw databases are summarised into useful information to inform conclusions and support decision-making.

Data Sources

Figure 2: Roofs Data Sources

	Source	Timeframe	Number of Records/ Assessments	Number of Unique Clients
HF Move-in Assessment	HMIS ART	Quarterly Data: October 1, 2017 to December 31, 2018	27	26
HF Quarterly Follow-Up Assessment – Youth	HMIS ART	Quarterly Data: October 1, 2017 to December 31, 2018	208	61
HF Exit Assessment	HMIS ART	Quarterly Data: October 1, 2017 to December 31, 2018	20	20
Housing Assessment	HMIS ReportWriter	Assessment Date: October 1, 2018 to December 31, 2018	95	48
Circle of Courage Assessment	HMIS ReportWriter	Assessment Date: October 1, 2017 to December 31, 2018	33 Baseline 10 Follow-Ups	33 Baseline 10 Follow-Ups
Quality of Life Assessment	HMIS ReportWriter	Assessment Date: October 1, 2017 to December 31, 2018	26 Baseline 11 Follow-ups	26 Baseline 11 Follow-ups
Service Prioritisation Decision Assistance Tool	HMIS ReportWriter	Measurement Date: October 1, 2017 to December 31, 2018	216	58

Findings

Target Population & Eligibility

Program eligibility criteria was outlined in the contract with the funders and focused on homeless youth up to the age of 24. The program focused on chronically and episodically homeless youth with involvement with the justice system; those with higher acuity and longer homelessness histories were prioritised to ensure measurable decreases in negative interactions with public systems (corrections, health, and shelter) were achieved.

The primary referral sources reported in the program were Coordinated Access and Assessment youth table managed by the Calgary Homeless Foundation (CHF). To ensure youth who were appropriate for the employment component of the program were selected, CJHS placed emphasis at intake on screening in participants interested in the employment component and employable (i.e. able to work).

Program Eligibility (Roofs):

- Youth 15 to 24 years of age
- Require case management support
- Homeless or at risk of homelessness
- Discontinuation of family/social service support
- In need of supported, independent living
- Chronic involvement in the justice system
- Face multiple barriers such as mental health issues, legal issues, addiction issues, etc.
- Participants may be in need of assistance in developing life skills, supported independent/dependent living, developing job skills, and furthering education

The Homeless Management Information System (HMIS) intake data reviewed below confirms that the participant group served generally met the proposed eligibility and prioritisation criteria. Staff and youth highlighted the complex issues facing participants coming into the program: youth had involvement with corrections that was long-standing and, in turn, impacted their ability to obtain housing and employment due to criminal records. Relationships with family and friends were often strained as well, making community reintegration a challenge for youth coming out of corrections.

Those at Raido had more involvement with school than Windsor or the scattered-site program, likely connected with the younger ages there. The other challenge facing this group related to addiction and mental health issues, which may not be disclosed at intake, but emerges as challenges throughout engagement in the program.

Client Overview

As of December 2018, there were 52 active clients in the program. In the 14 months of the evaluation period, the program has provided one-on-one and group support to 26 new youth (intakes) and 61 youth who were at various stages of program participation (three-month mark, six-month mark, nine-month mark, etc.). Further, 20 youth exited the program during the timeframe. Almost 80% of clients

are at two-years-or-less in the program. As of December 31, 2018, the average length of time all clients completing follow-ups have been in the program is 23.4 months.

Intake Demographics

Figures 3 and 4 show the age, gender, and ethnicity of new clients entering the program between October 2017 and December 2018.

Figure 3: Gender and Age
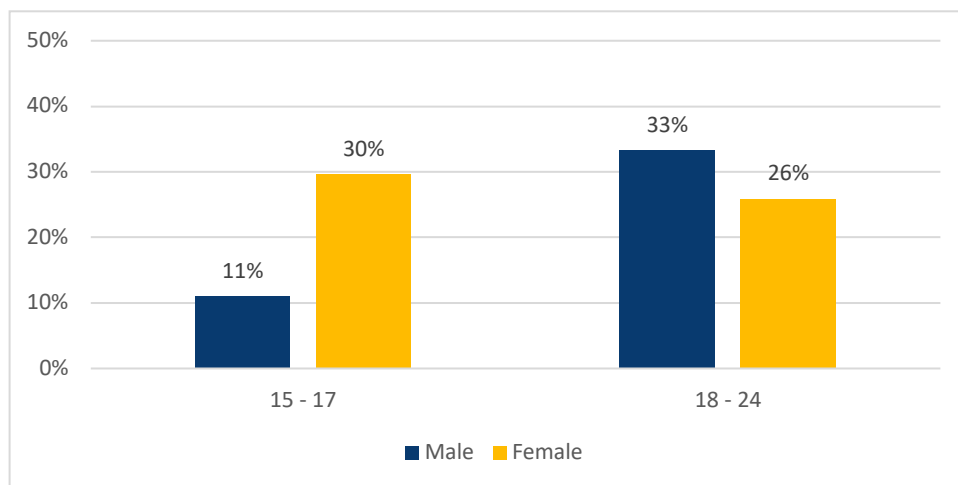
Figure 4: Intakes – Ethnicity
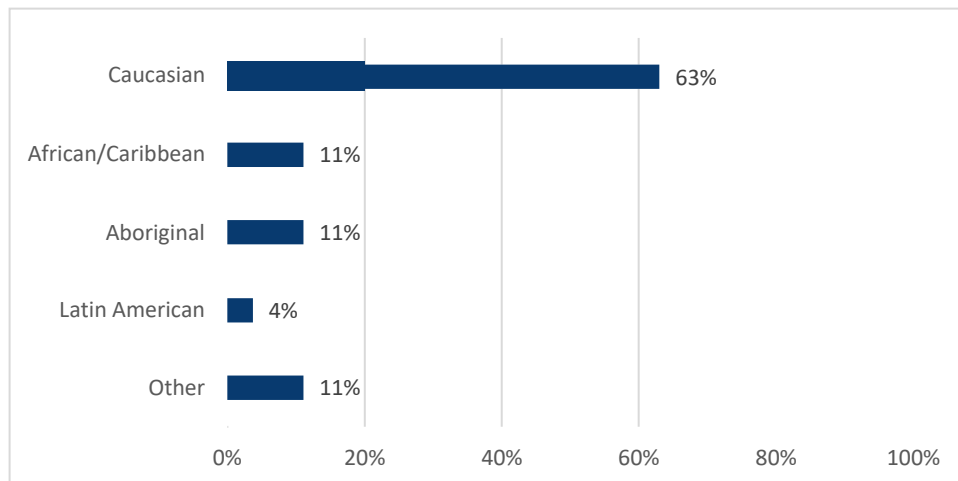
All clients were Canadian Citizens and stated their Migrant Status as 'Not Applicable'.

Client Profile

The typical client entering Roofs is a young person with a history of justice/legal system involvement and complex health needs. The following intake data provides a profile of clients entering the Roofs program during the evaluation period.

Housing First Intake

Twenty-seven clients completed an intake form during the time period (26 unique, with one client returning 13 months after initial intake).

Figure 5: Residence prior to program entry
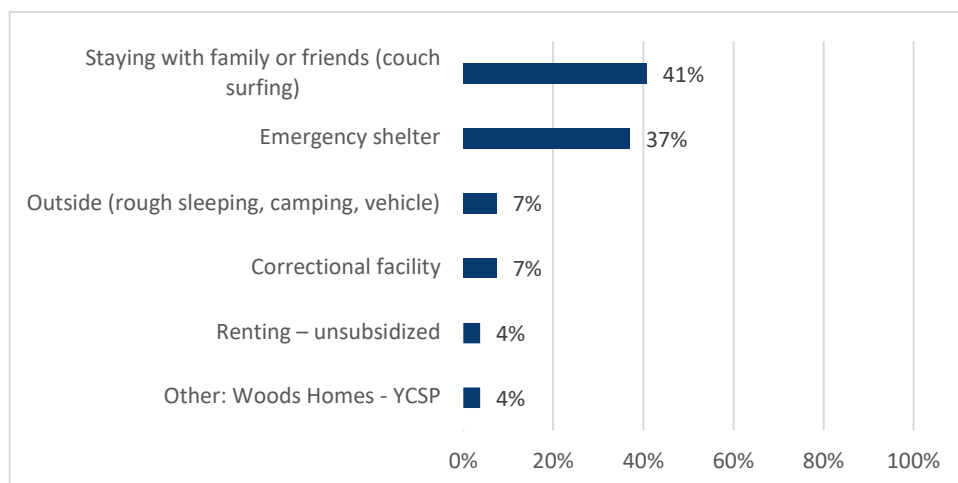
At intake, clients reporting the following family information: all clients reported their family situation as being single, with no dependents; one client reported being pregnant; 4% had Child Protective Services involvement; and 22% had experienced family violence.

Homelessness History:

Figure 6: Chronic and Episodic Homelessness   *Figure 7: Absolute or Relative Homelessness*
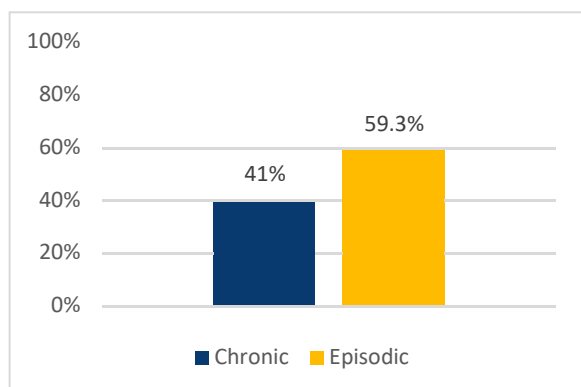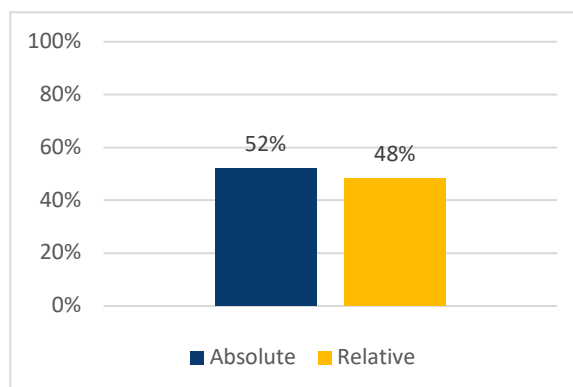
Forty-one percent (41%) of clients have either been continuously homeless for a year or more, or had at least four episodes of homelessness in the past three years. These clients must have been sleeping in a place not meant for human habitation and/or in an emergency homeless shelter; 59.3% of clients have been homeless for less than a year, and had fewer than four episodes of homelessness in the past three years.

Fifty-two percent (52%) were absolutely homeless (i.e. emergency shelter or street), and 48% were relatively homeless (i.e. living in spaces that do not meet health and safety standards).

Income

At least 80% of clients do not have a stable source of income.

Figure 8: Income Sources

Figure 8: Income Sources

Income Source	Percentage
No income	69%
Full-time Employment	12%
Assured Income for the Severely Handicapped (AISH)	8%
Part-time Employment	4%
Panhandling	4%
Alberta Works/Income Support	4%
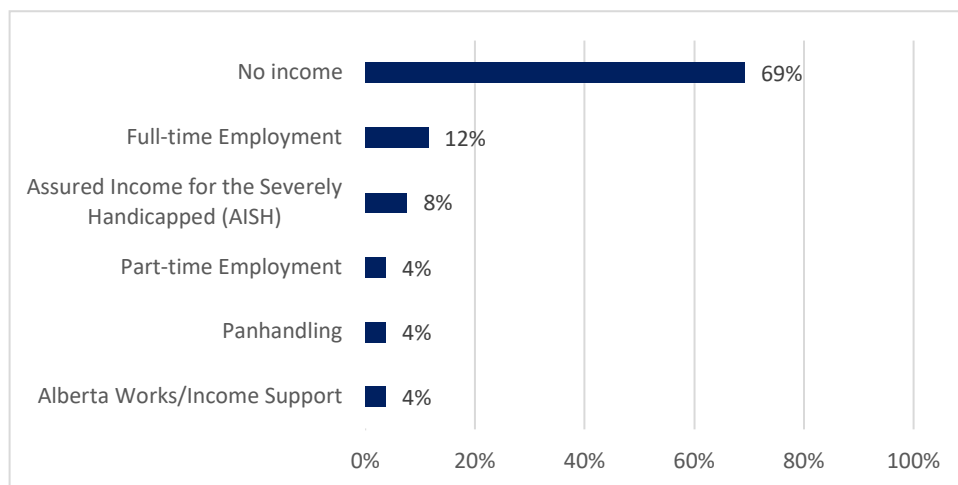
Employment, Training, and Education

Figure 9: Employed

Category	Percentage
No	78%
Yes – Full-time	11%
Yes – Part-time	7%
Yes – Seasonal	4%
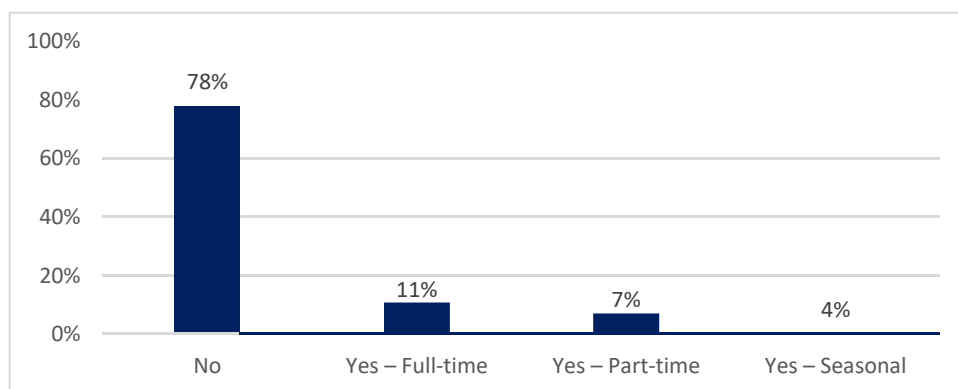
Twenty-two percent (22%) of clients were working in full-time, part-time, or seasonal positions.

Figure 10: Education program participation

Category	Percentage
No	56%
Yes - Full Time	30%
Yes - Part Time	15%
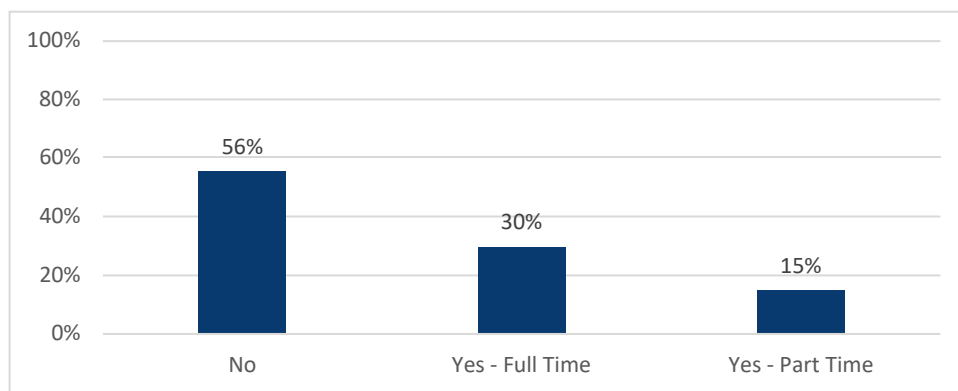
Forty-five percent (45%) of clients were participating in full-time or part-time education programs.
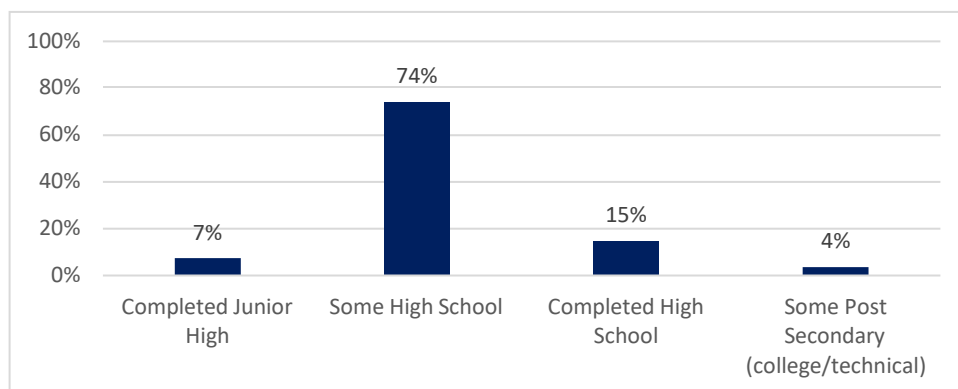
Almost 20% have completed high school or some further post-secondary education.

Health Information

Youth experiencing homelessness may exhibit high rates of risk-taking behaviours, face additional barriers to access of health care, and suffer from a high burden of poor health. Clients were asked about their treated and untreated health issues.

Figure 12: Ongoing physical health
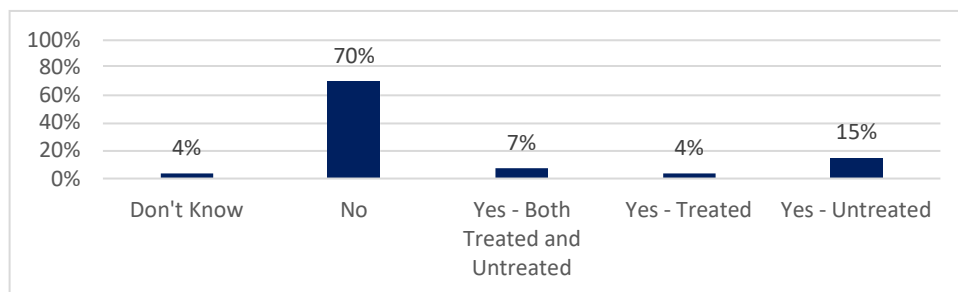
26% of clients have an ongoing physical health condition(s).

Figure 13: Ongoing mental health
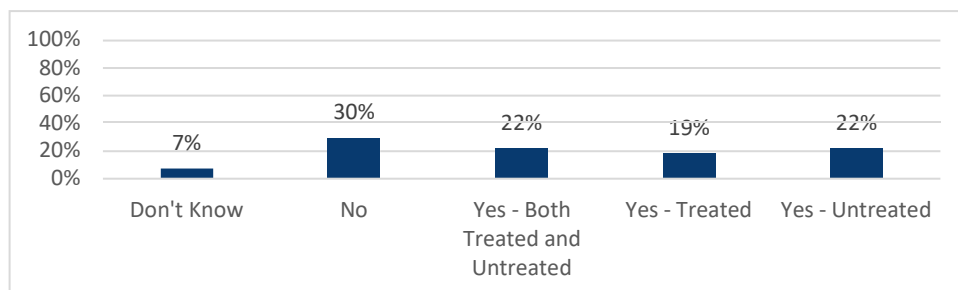
Sixty-three percent (63%) of clients have an ongoing mental health issue(s).

Figure 14: Addictions/Substance abuse
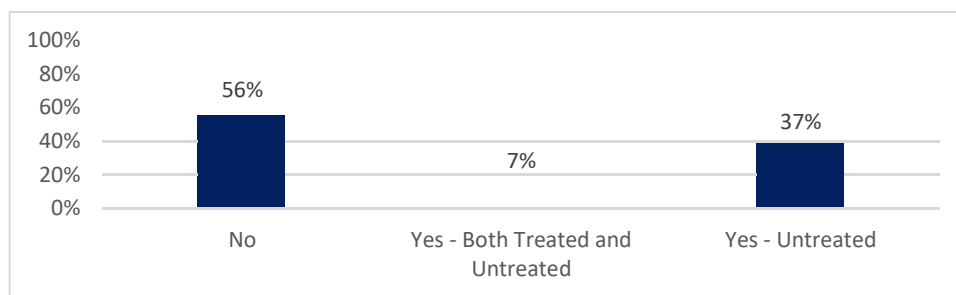
Forty-four percent (44%) of clients have ongoing addictions/substance abuse issues.

Figure 15: Health System Utilisation

Health System	0	1 to 5	6 to 10	More than 10
Days hospitalised	63%	15%	7%	15%
Times hospitalised	59%	37%	4%	0%
EMS utilisations	63%	33%	4%	0%
Times to ER	48%	37%	15%	0%

Thirty-seven percent (37%) have had at least one day in hospital, 41% have been hospitalised one or more times, 37% have used EMS services, and 52% have been to the ER one or more times.

Figure 16: Justice System Utilisation

Justice System	0	1 to 5	6 to 10	More than 10
Days in jail	74%	11%	4%	15%
Times in jail	74%	26%	0%	0%
Police interactions	48%	37%	4%	11%
Court appearances	56%	41%	0%	4%

Thirty percent (30%) have spent one or more days in jail, 26% have been to jail one or more times, 52% have had one or more police interactions, and 45% have had one or more court appearances.

Case Management Approach

The data analysed, program participant, and staff interviews confirm that the program observing key patterns of service engagement in the population served at this time. Participant, external shareholder and staff interviews, as well as youth confirm that the case-management approach is participant-led and following a harm reduction, Housing First philosophy. The intensity of the service is determined on a case-by-case basis, and shifts according to youth needs. The staff work with each participant to understand the situation, and to explore individual strengths, interests and goals.

Staff are relationship-focused, and build trust and relationships with youth. All youth interviewed reported they received individualised, flexible support that was tailored in terms of focus and support depending on the situation they were dealing with, and what their identified needs were. They felt they continued to be supported without a strict timeline on having to exit the program.

"I can go to staff with whatever; they're supportive – not pushy." (Youth Interviewee 12).

The youth involved had histories of considerable vulnerability before they became involved with the program. This included addictions, mental health (anxiety, depression, experiences of trauma), and family conflict – as well as homelessness and system interactions with child intervention, justice, and health. Several had already left home, or were kicked out by their caregivers, and were attending school sporadically, if at all.

Figure 17: Intake – Personal History
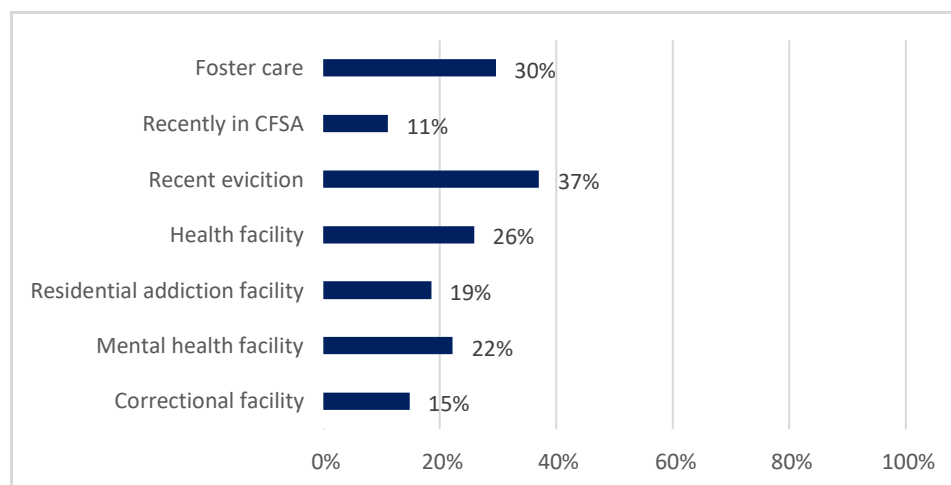
Participants undergo assessment and goal planning at the start of the program, and caseworkers work with them to build on strengths and achieve these over time. The housing advocate worked to locate housing options that meet youth's needs and preferences, assess safety and habitability of units, and support move-in and landlord relations. Caseworkers oversaw the allocation of rent supports to complement youth's income, and worked with the youth to access community resources, depending on their needs and goals.

Figure 18: Housing Assessment – Type of unit and associated monthly rent (Move-Ins)

	Market Housing (24%)	Non-Market Housing (2%)	Subsidised Housing (2%)	Supported Housing (72%)
$0	1	0	0	9
$1–$500	2	1	1	59
$501–$1000	17	1	0	0
$1000–$1500	3	0	1	0
Total units	23	2	2	68

The program staff reported that case plans were developed to meet the unique needs of participants and included goal planning, assessment of needs, referrals to mainstream and community resources, counselling and support, as well as housing placement and landlord negotiations. This was substantiated by the program policies and procedures.

Figure 19: Intake – Basic Needs required at Intake
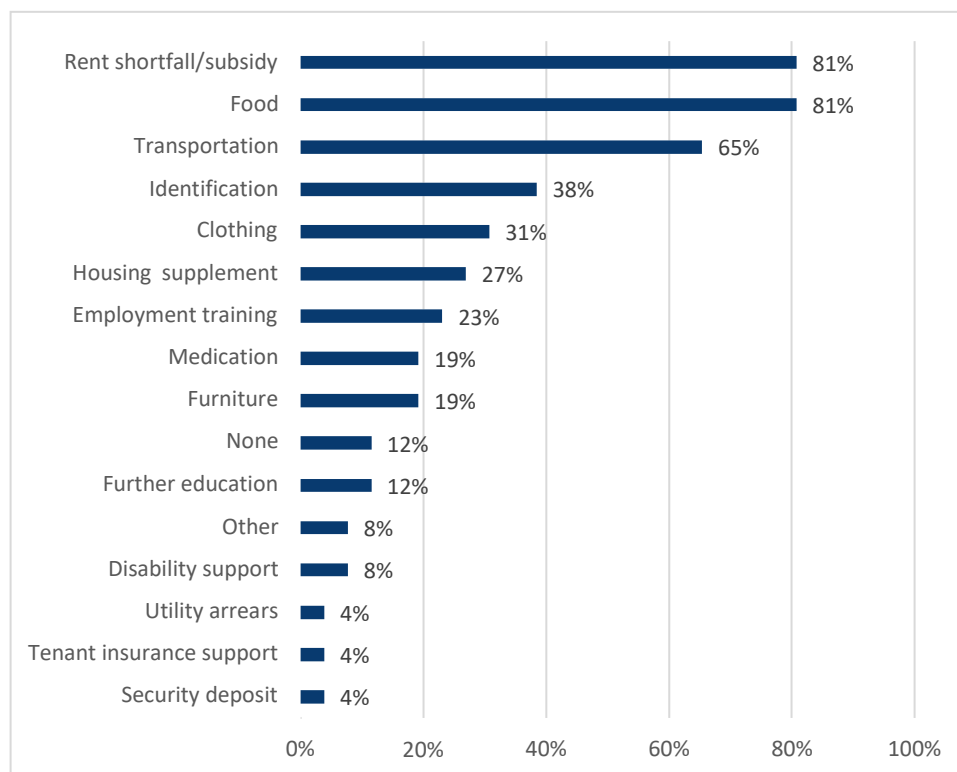
The top three basic needs for clients are rent, food, and transportation. Affordable housing in Calgary is difficult to find. Youth may become food insecure in balancing rent and food costs. Further, a lack of transportation may impact employment, training, or education program attendance.

It is important to note that Roofs has been accredited using the Canadian Accreditation Council Standards of Practice for Case Management for Ending Homelessness, which are grounded in Housing First principles. This accreditation status has important implications for overall practice as Roofs is required to meet a comprehensive slate of service quality elements. It means that in practice the program is subject to regular internal reviews to assess compliance to rigorous service quality standards, which are in turn audited by the CHF yearly and the Canadian Accreditation Council every three years.

Support Focus & Intensity

Case management was generally undertaken on a formal and informal basis; the youth and lead caseworkers met one-on-one at coffee shops, or at participants' homes about once every two weeks on average, and kept in touch in the meantime. For youth at Windsor and Raido, staff were onsite as housing support workers, and were therefore able to complement the caseworker efforts. During periods of crisis, interactions intensified notably to several calls/texts daily and in-person meetings as needed.

Figure 20: Follow-ups – Caseworker Contact
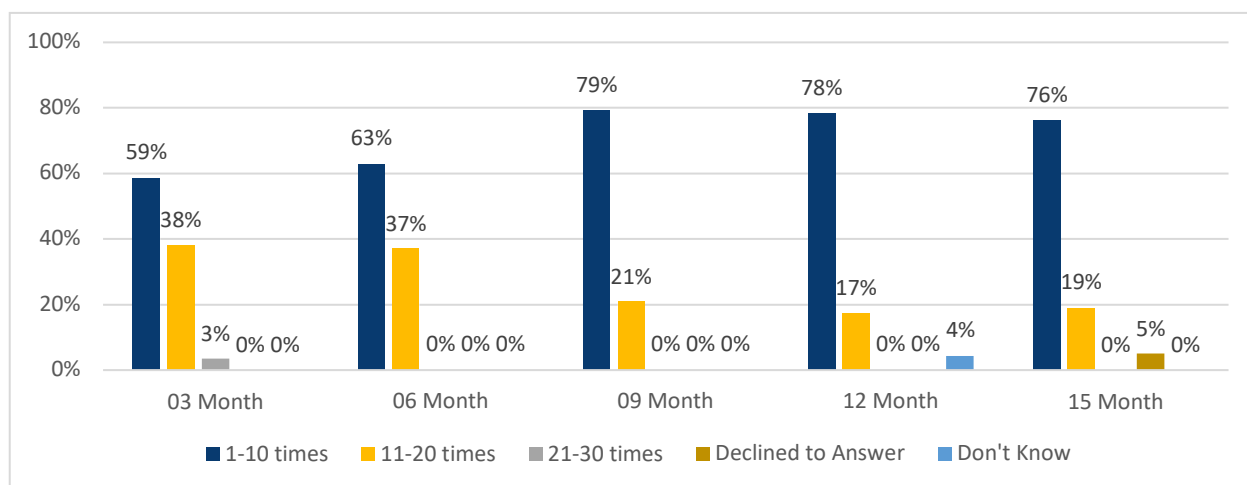
Roofs staff provide more intensive case management in the first six months of clients entering the program.

While the focus of the interaction was impacted based on whether the participant was dealing with an immediate crisis or issue, these contacts were generally regarding the life areas of:

1. Mental health
2. Substance use
3. Interpersonal conflict
4. Housing and homelessness
5. Education/Employment
6. Financial issues/Basic needs (food bank, social assistance)
7. Education and employment (to a lesser extent)

The scattered-site housing approach presented particular challenges for staff to support participants in guest management as participant family and friends would often pressure them to use their housing, which led to housing instability and eviction in some cases.

Figure 21: Follow-ups – Current Housing Situation
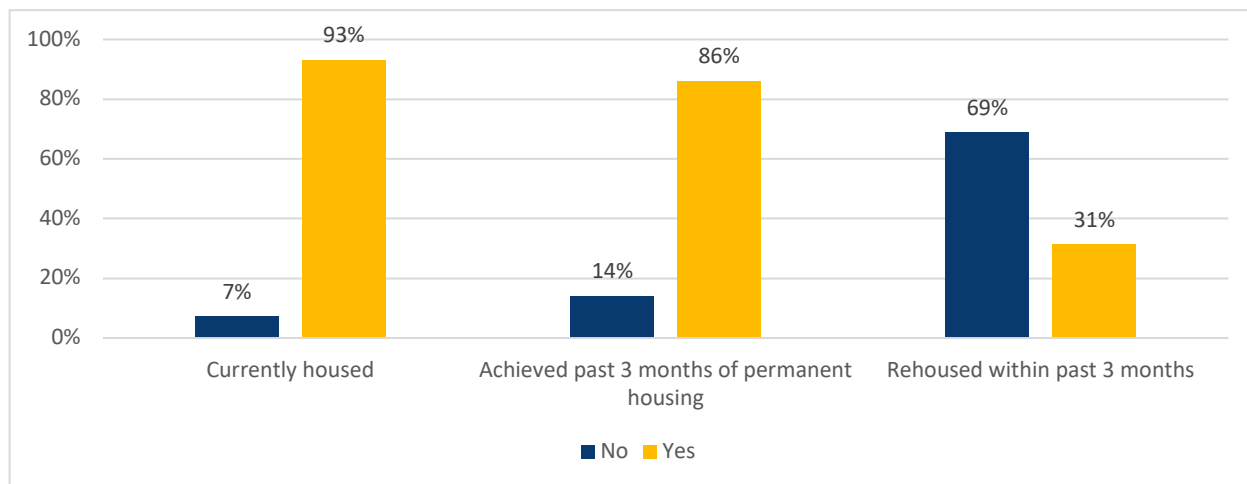
Thirty-one percent (31%) of clients were rehoused at least once in the time period. Further detail on this may be elicited from the Housing Assessments data analysis in the Appendix.

Finding appropriate housing that was affordable for youth was another challenge in a tight rental market as well, particularly for younger tenants.

Connecting Youth to Supports

Staff describe their case management approach to focus on service integration. A key role of staff was to connect participants with appropriate supports including addiction treatment, probation, mental health supports, employment, education, and income assistance. Such services were brokered as per the goals of the participant and their readiness, rather than required for program participation.

Figure 22: Follow-ups – Top 5 Basic Needs for Each Quarter
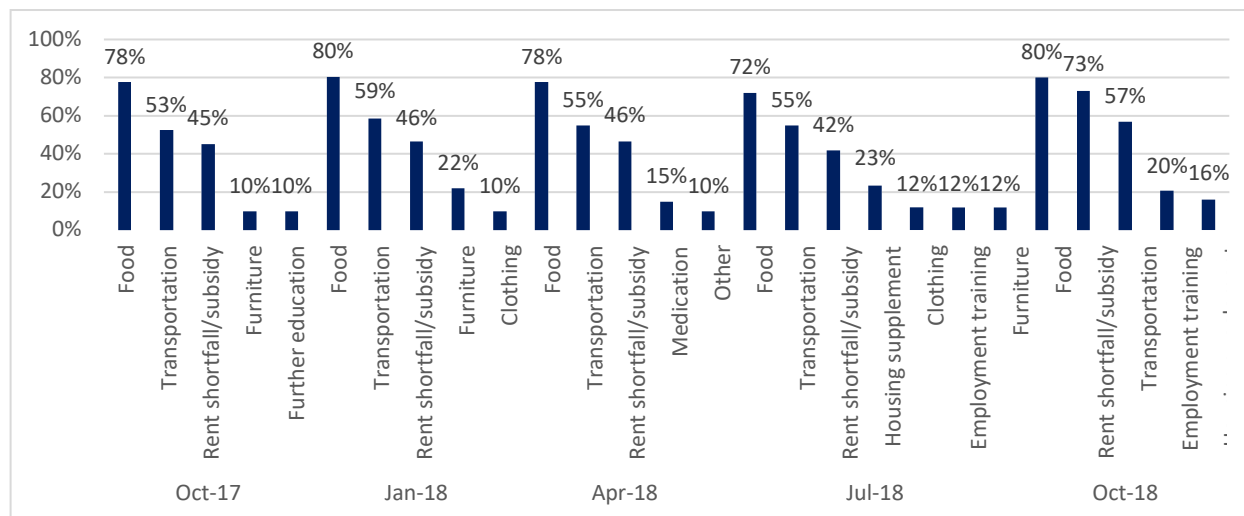
Food, transportation, and rent subsidies are the top three basic needs for most clients each quarter.

Figure 23: Follow-ups – Top 5 Service Referrals for Each Quarter
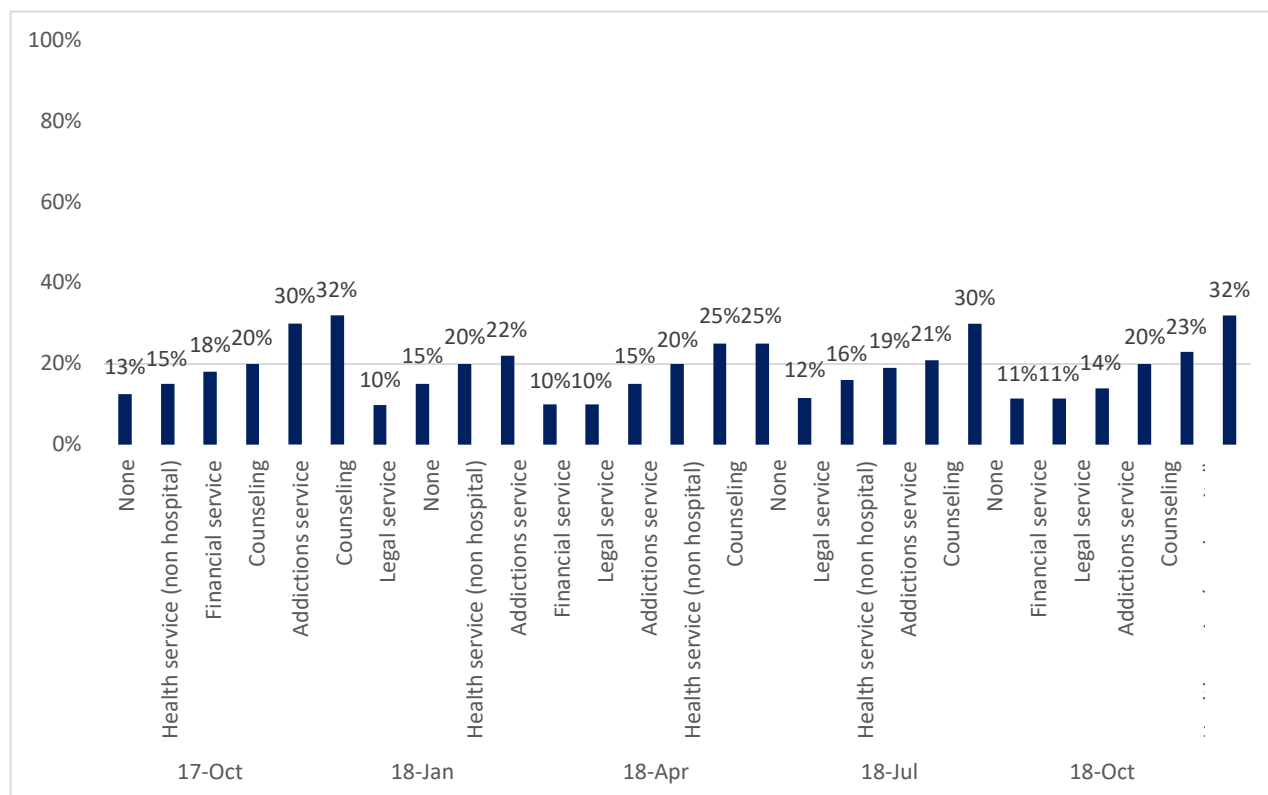
Addictions services, counselling, and health services are the main service referrals.

For RFY staff, appropriate treatment referrals include consideration of culture, gender, religion, sexual orientation, identity and diversity issues, client preference, family and living circumstances, community relationships, and treatment accessibility.

While family reunification was supported, participants often had very strained family relationships and thus were less likely than their younger counterparts to reunify. Instead, case management focused on maintaining appropriate boundaries. Though some participants may have had child intervention backgrounds, the program did not identify coordinating with this system as a common occurrence. Rather, the justice system involvement was predominant as participants needed support meeting probation orders, and dealing with warrants and tickets.

In terms of education, for participants were over the age of 18 going back to school was not a common goal. Upgrading and training were more common along with finding employment. Staff supported youth in securing employment, finding student funding options or various training programs depending on participant need and interest. For those under 18, encouragement for school attendance was occurring though, it was still up to the youth to attend schooling.

Figure 24: Follow-ups – Gained Paid Employment in Past Three Months

Legend: Yes – Full-time, Yes – Part-time, Yes – Seasonal, Yes – Casual/Contract
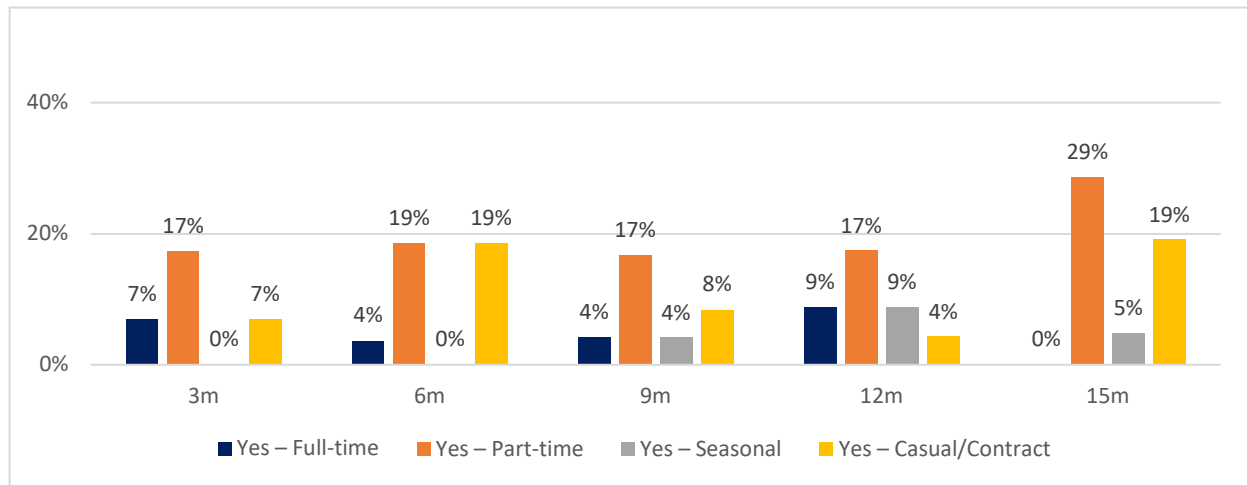
The longer youth are in the program, the more likely they are to gain employment: a greater proportion of clients at 12 months and 15 months had some form of employment during the time period.

Figure 25: Follow-ups – Current Job Training

Legend: No, Yes - Full Time, Yes - Part Time
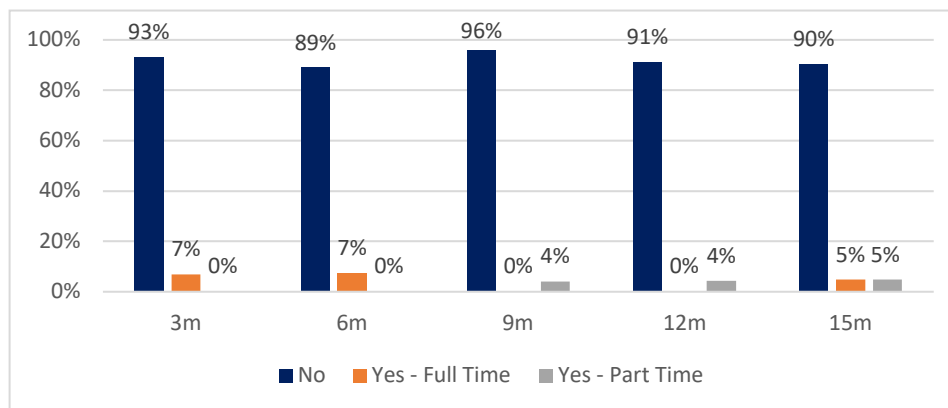
Regardless of length of time in the program, approximately 5-10% of clients were in some form of job training during the time period.

Figure 26: Follow-ups – Job Training Past Three Months

Legend: No, Yes
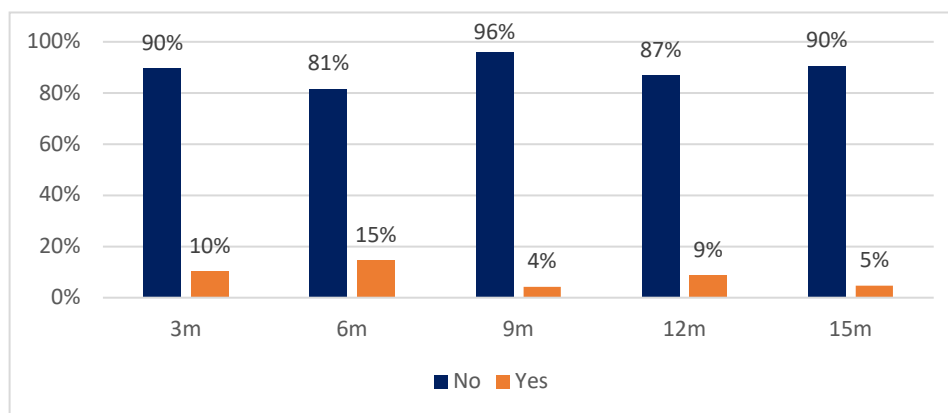
Linked to the similar question above, approximately 5-10% have had some form of job training in the past three months.

Figure 27: Follow-ups – Education Program
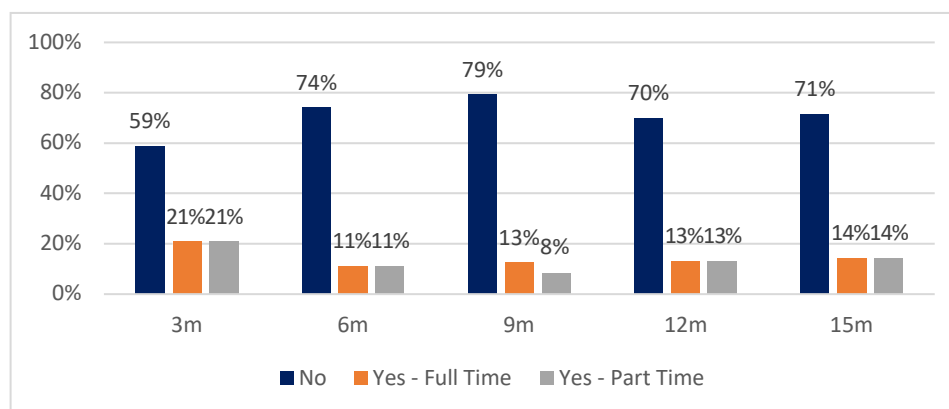
Almost 65% of clients participate in a full-time or part-time education program within three to six months of starting the program.

Social Participation

The percentage of clients who responded "Yes" to following social participation questions are displayed below.

Figure 28: Follow-ups – "Yes" to Social Participation Questions
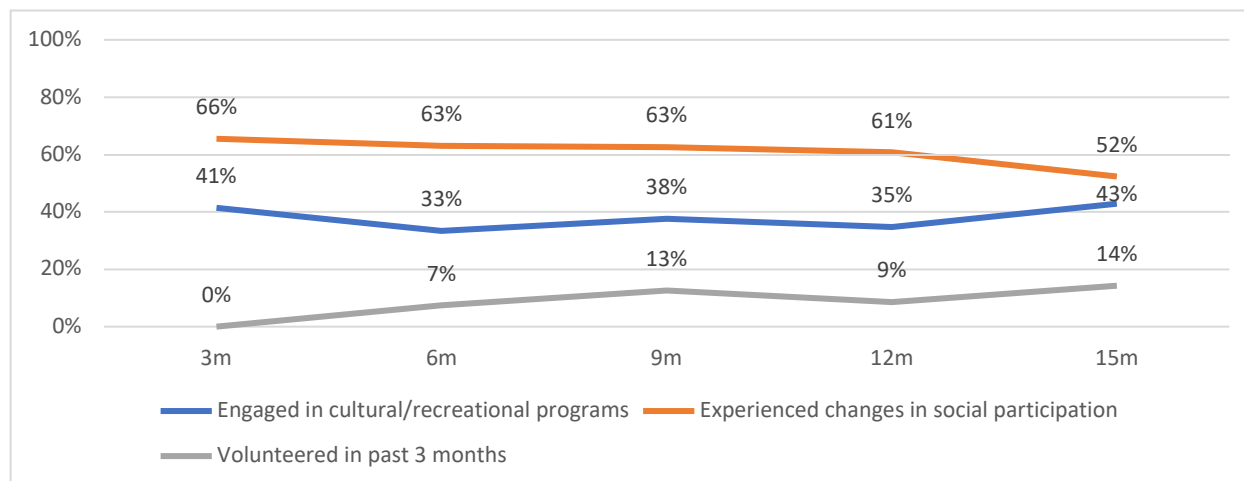
The following two variables are not yet in the ART reports:

- Have you continuously engaged in meaningful activity three to four times per week during the past three months?
- Have you been connected with natural supports during the past three months?

Health Supports

Figure 29: Follow-ups – Ongoing Physical Health Condition
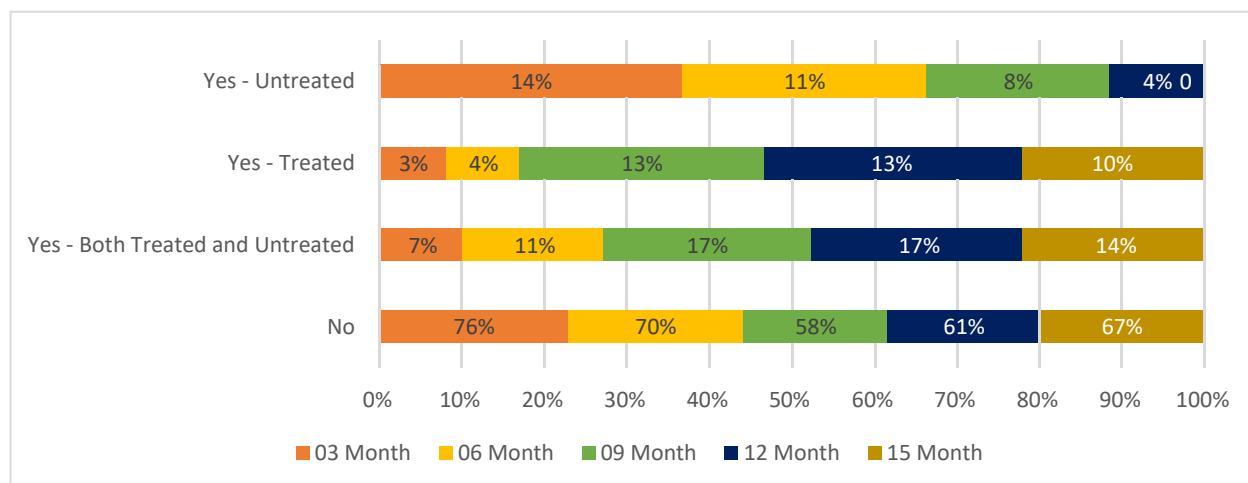
A greater proportion of clients have untreated physical health conditions within six months of starting the program.

Figure 30: Follow-ups – Ongoing Mental Health Condition
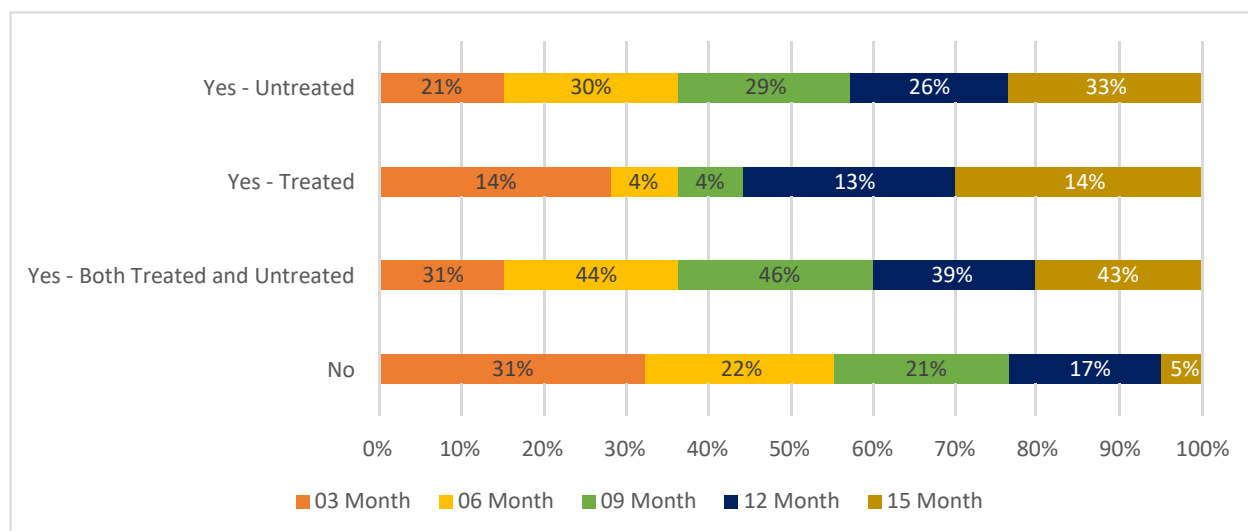
More than half of clients entering the program within six months reported having untreated mental health conditions within six months prior.

One third (33%) of clients state an untreated mental health issue at 12 and 15 months; caution of the small sample size here.

Figure 31: Follow-ups – Addictions/Substance Abuse Issue
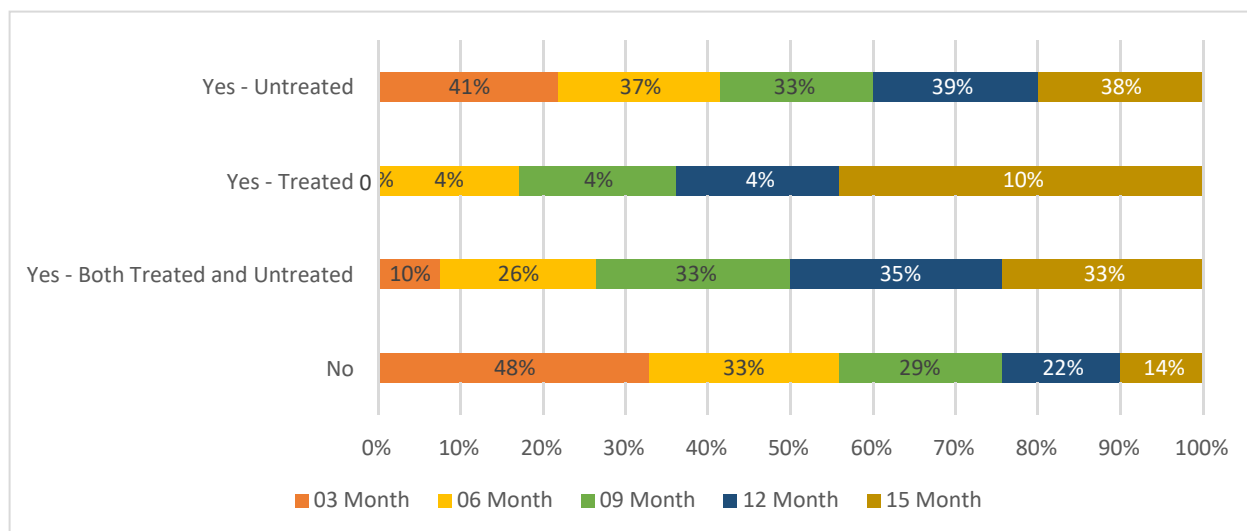
Approximately 50% of clients recorded an untreated substance abuse issue within three months of entering the program.

Almost 40% of clients state an untreated substance abuse issue at 12 and 15 months. Caution of the small sample size.

Outcomes Analyses

Housing First follow-ups and Youth Development surveys can be analysed to help understand the degree to which the program activities are achieving selected[1] short-term and mid-term outcomes.

Short-Term Outcome: Connected to Supports

<u>Client with Referral:</u> The target for client with a referral at 30 days is 100%. Currently the average is approximately 85% using the three-month follow-up.[2]

Figure 32: Three-month Follow-up – No Referrals

Three-month Follow-up	Service Referral = None	Total	Percent
Oct–Dec 2017	1	8	13%
Jan–Mar 2018	1	6	17%
Apr–Jun 2018	0	4	0%
Jul–Sep 2018	1	7	14%
Oct–Dec 2018	1	4	25%

[1] HMIS database does not contain all surveys at this point in time.
[2] HMIS tracking starts at three months, not 30 days

Short-Term and Mid-Term Outcome: Developing Resiliency

Navigating Systems: HMIS data (Health System Involvement). The target for accessing health services at 30 days is 50%[3], and six months is 65%.

It is difficult to relate "accessing health services" (Health Navigation) from the Roofs program logic model to "number of incidents" (Health Involvement) in the HMIS data. An interpretation is presented below.

Figure 33: Average of Health System Involvement (Number of)
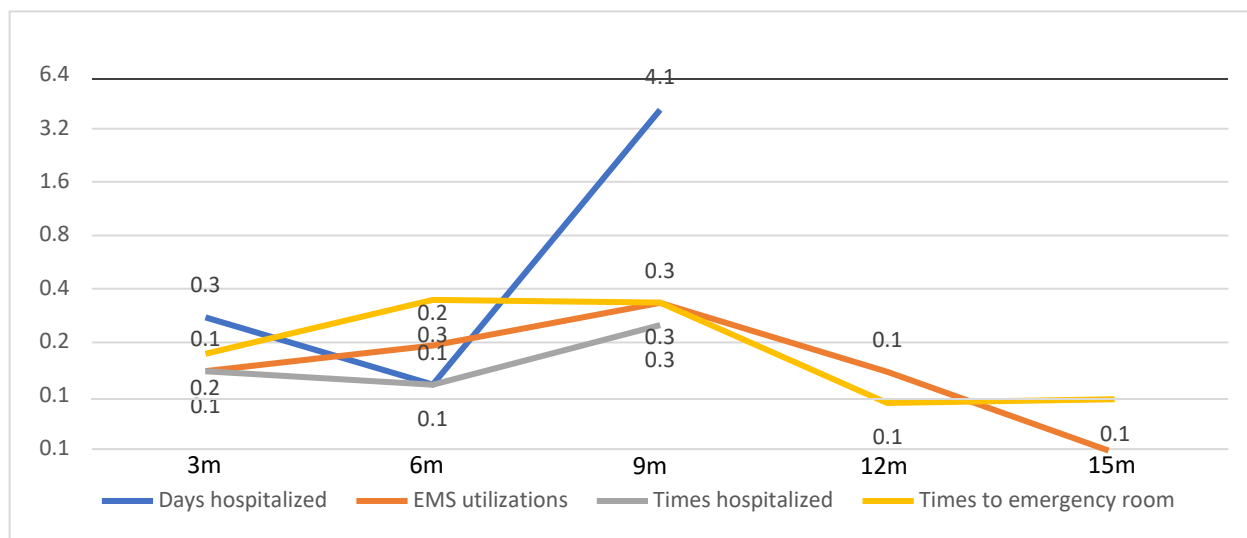
The longer clients are in the program, the less likely they are to have health system involvement. There is insufficient panel data[4], so averages of the "number of times" clients indicated for health system involvement during each assessment are displayed in Figure 30, and again for the percentages calculated from the frequencies of client health system involvement in Figure 31.

---

[3] HMIS tracking starts at three months, not 30 days
[4] Panel data consists of records of numerous phenomena that were collected over several time periods for the same group of clients. Only five clients had consecutive 3, 6, 9, 12, 15 for analysis, but their intakes were not in the timeframe. A 'deep dive' on just eight who had intakes and up to nine-month assessments only – see page 18.

Figure 34: Percentage

	Number	Intake	3m	6m	9m	12m	15m
Days hospitalised	0	63%	90%	92%	79%	100%	100%
	1 to 5	15%	10%	8%	13%	0%	0%
	6 to 10	7%	0%	0%	0%	0%	0%
	More than 10	15%	0%	0%	8%	0%	0%
Times hospitalised	0	59%	90%	92%	79%	100%	95%
	1 to 5	37%	10%	8%	21%	0%	5%
	6 to 10	4%	0%	0%	0%	0%	0%
	More than 10	0%	0%	0%	0%	0%	0%
EMS utilisations	0	63%	90%	81%	75%	91%	95%
	1 to 5	33%	10%	19%	25%	9%	5%
	6 to 10	4%	0%	0%	0%	0%	0%
	More than 10	0%	0%	0%	0%	0%	0%
Times to emergency room	0	48%	86%	69%	71%	95%	90%
	1 to 5	37%	14%	31%	29%	5%	10%
	6 to 10	15%	0%	0%	0%	0%	0%
	More than 10	0%	0%	0%	0%	0%	0%

The low reported rates are of note to program staff who report that incidents recorded do not reflect client reports, given high health system usage at Windsor. Perhaps the recall for the youth at the time of reporting is the reason.

We cannot compare assessments longitudinally; however, the darker the green, the higher the proportion of clients with zero incidents of health system involvement at that specific monthly assessment.

Navigating Systems: HMIS data (Justice System Involvement). The target for addressing justice issues at 30 days is 50%[5], and six months is 65%.

It is difficult to relate "addressing justice issues" (Justice Navigation) from the Roofs program logic model to "number of incidents" (Justice Involvement) in the HMIS data. An interpretation is presented below.

---

[5] HMIS tracking starts at three months, not 30 days

Figure 35: Average of Legal System Involvement (Number of)
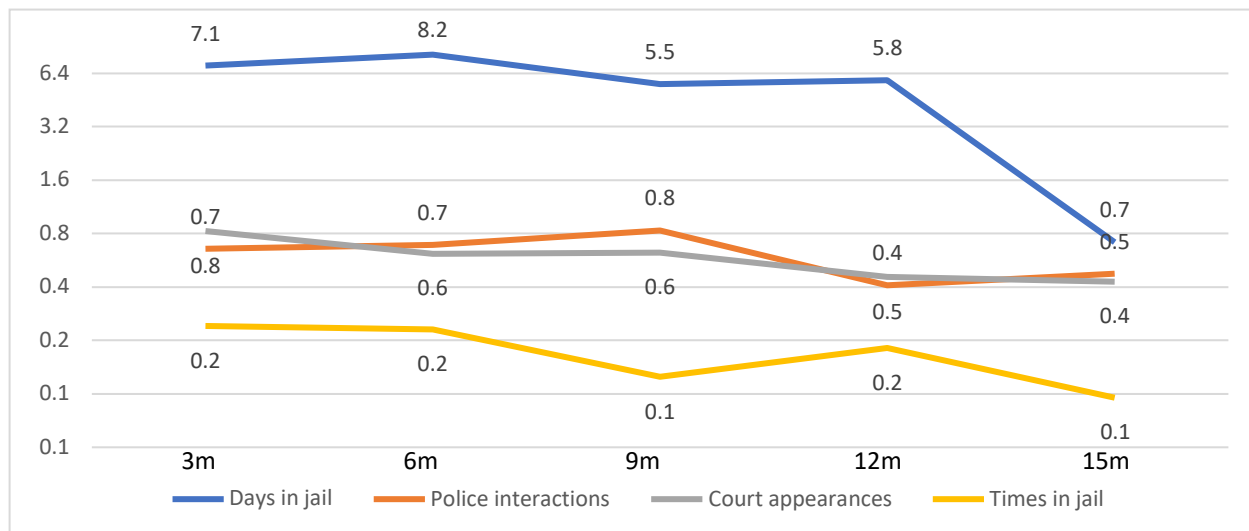
Likewise, insufficient panel data means averages of the "number of times" clients indicated for legal system involvement during each assessment are displayed in Figure 35, and again for the percentages calculated from the frequencies of client legal system involvement in Figure 36.

Figure 36: Percentage of Legal System Involvement at Intake, 3, 6, 9, 12, and 15-month Assessment.

	Number	Intake	3m	6m	9m	12m	15m
Days in jail	0	74%	83%	81%	88%	82%	90%
	1 to 5	11%	0%	8%	0%	5%	5%
	6 to 10	0%	3%	0%	0%	0%	0%
	More than 10	15%	14%	12%	13%	14%	5%
Times in jail	0	74%	83%	81%	88%	82%	90%
	1 to 5	26%	17%	19%	13%	18%	10%
	6 to 10	0%	0%	0%	0%	0%	0%
	More than 10	0%	0%	0%	0%	0%	0%
Police interactions	0	48%	69%	62%	54%	73%	71%
	1 to 5	37%	31%	38%	46%	27%	29%
	6 to 10	4%	0%	0%	0%	0%	0%
	More than 10	11%	0%	0%	0%	0%	0%
Court appearances	0	56%	69%	62%	54%	68%	67%
	1 to 5	41%	31%	38%	46%	32%	33%
	6 to 10	0%	0%	0%	0%	0%	0%
	More than 10	4%	0%	0%	0%	0%	0%

Again, although we cannot compare assessments longitudinally, the darker the green, the higher the proportion of clients with zero incidents of legal system involvement at that specific monthly assessment.

Deep Dive: Public Systems Reduction for 8 Clients

Panel Data for Eight Clients: Intake, Three, Six, Nine-month Assessments captured within the time frame. Use caution when interpreting the following tables.

Figure 37: Legal System Involvement

	Average Days in Jail	Average Times in Jail	Average Police Interactions	Average Court Appearances
Intake	46.5	0.5	6.0	2.0
3m	8.8	0.3	0.8	1.1
% change at 3 months	81% decrease	50% decrease	88% decrease	44% decrease
6m	18.9	0.4	1.4	0.9
% change at 3 months	116% increase	50% increase	83% increase	22% decrease
9m	11.3	0.1	1.5	0.5
% change at 3 months	40% decrease	67% decrease	9% increase	43% decrease
Average reduction every 3 months over 4 assessments	2% decrease	22% decrease	2% increase	36% decrease

Figure 38: Heath System Involvement

	Average Days Hospitalised	Average Times Hospitalised	Average EMS Utilisations	Average Times to ER
Intake	13.0	1.5	2.4	3.0
3m	0.0	0.0	0.1	0.0
% change at 3 months	100% decrease	100% decrease	95% decrease	100% decrease
6m	0.1	0.1	0.3	0.5
% change at 3 months	stable	stable	100% increase	stable
9m	0.1	0.1	0.3	0.3
% change at 3 months	stable	stable	stable	50% decrease
Average reduction every 3 months over 4 assessments	33% decrease	33% decrease	2% increase	50% decrease

Mid-Term Outcome: Client Development

Income: HMIS data. The target for clients with an income source at six months is 70%. Currently the average is approximately 75%.

6-month Follow-up	Income Source = None	Total	Percent
Oct–Dec 2017	0	3	0%
Jan–Mar 2018	2	7	29%
Apr–Jun 2018	2	6	33%
Jul–Sep 2018	2	4	50%
Oct–Dec 2018	1	7	14%

The target for clients with an income source at "end"[6] is 70%. Currently the average at exit is 31%, with an additional 6% unknown.

Figure 40: Income at Exit
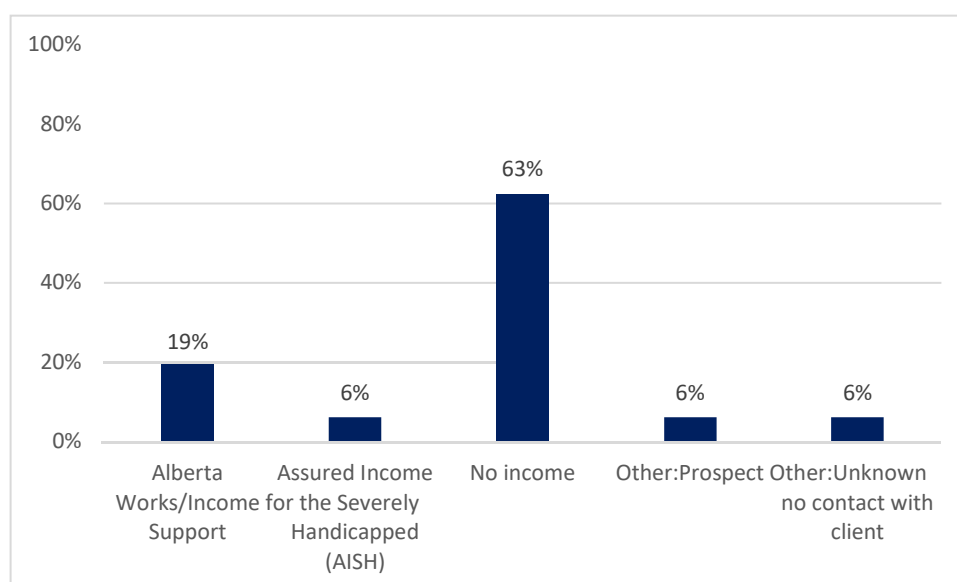
Sixteen youth completed the Exit Assessment on Income in the time period. Further investigation on the high percentage of clients leaving the program with no income is needed. This is confirmed by staff who note that just because youth graduate, this does not mean they no longer need income assistance.

Reduction in Acuity: HMIS data - SPDAT

The Service Prioritisation Decision Assistance Tool (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with clients experiencing homelessness to prioritise which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses, and corroborate those with evidence.

Roofs staff use the SPDAT v 4 for Youth. This SPDAT is designed to:

Help prioritise which youth should receive what type of housing assistance intervention, and assist in determining the intensity of case management services:

---

[6] Logic Model uses terminology "end" and the author interprets this as "exit".

- Prioritise the sequence of youth receiving those services
- Help prioritise the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritisation of different elements within a case plan
- Track the depth of need and service responses to clients over time

The target for youth with a reduction in acuity at six months is 90%. Currently the average at six months is 83%.

Twenty-six youth completed an Intake SPDAT in the time period. Averages of the Total Sores youth received during each assessment are displayed in Figure 41.

Figure 41: Youth SPDAT – Total Score Averages
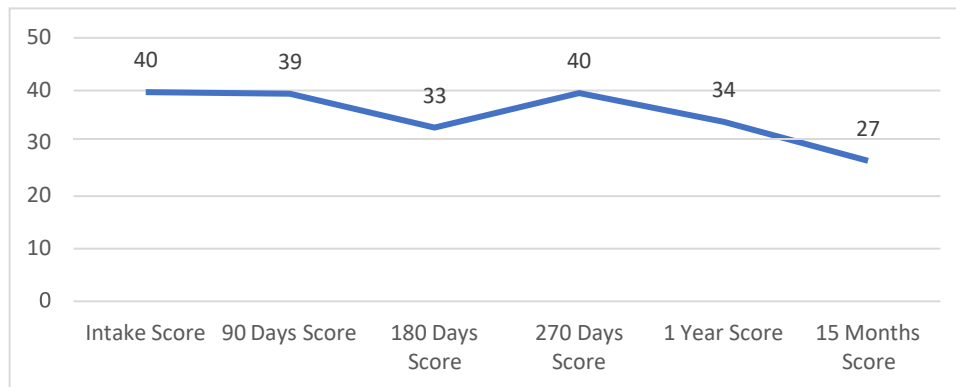
SPDAT score range at Intake:

- Lowest Acuity 0–3: None
- Moderate Acuity 4–7: One youth
- High Acuity 8+: 24 youth

Panel data is available for six youth at the six-month mark. Caution must be used when interpreting the results.

Figure 42: SPDAT Total Score change – Intake and 180 days

Domain	Youth	Percentage
SPDAT overall score (increase)	1 client	17%
SPDAT overall score (decrease)	5 clients	83%
Total	6 clients	100%

Emphasis must be placed on individual analysis of Client SPDAT scores: higher scoring youth are more likely to return to homelessness, so Roofs staff are encouraged to track individual SPDATs score changes carefully.

Housing with supports appears to be a highly effective housing model for youth even with high SPDAT scores, six youth who scored above 12 remained stably housed in the Roofs Program after 18 months.

Two youth completed a graduation SPDAT, each with a score between zero and three. Generally, youth who score less than four successfully self-resolve, or return home. Family reunification and other case management services appear sufficient for many.[7]

Short-Term Outcome: Increased Engagement
<u>Youth feel they belong:</u> The target for clients with an increase in belonging at 30 days is 70%. Youth development survey data provides insight into belonging.

Circle of Courage
The Circle of Courage is a model of positive youth development based on the universal principle that to be emotionally healthy all youth need a sense of belonging, mastery, independence, and generosity.

Thirty-three youth completed an initial Circle of Courage Assessment during the timeframe. The average score was calculated for each domain.

Figure 43: Circle of Courage – Initial Assessment (all youth)
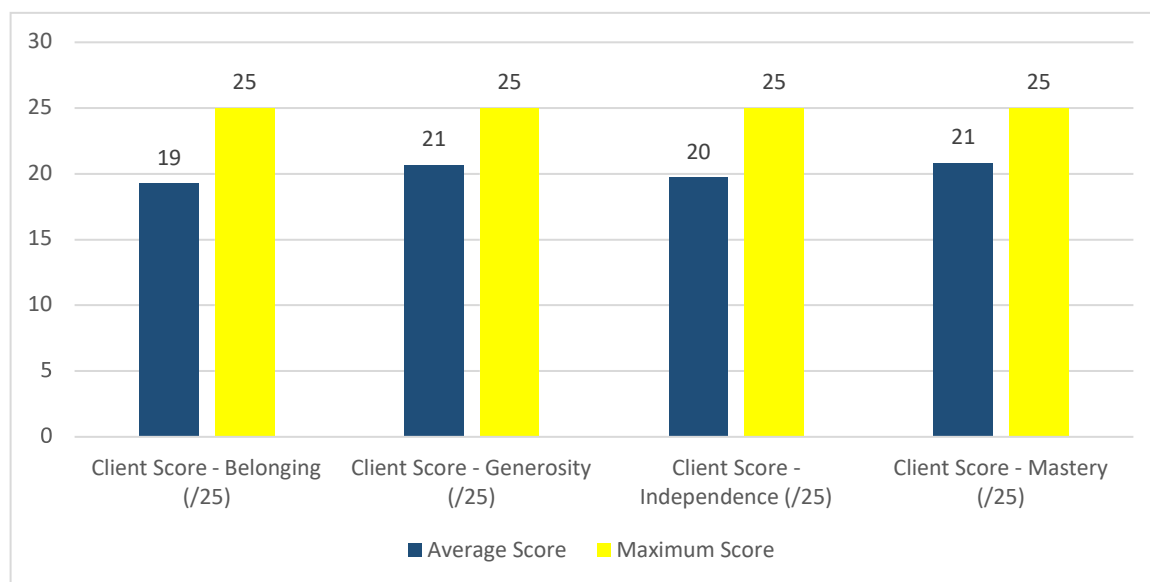
Ten youth also completed a follow-up Circle of Courage assessment. The average scores for initial assessments and the follow-up assessment can be compared. Caution must be used when interpreting the results.

---

[7] Rice, E. 2016. Linking Assessment Tools to Housing and Outcomes for Youth. Retrieved from https://www.cais.usc.edu/wp-content/uploads/2018/02/Rice-Assessments-and-Outcomes.pdf

Figure 44: Circle of Courage – Youth with a Follow-up Assessment
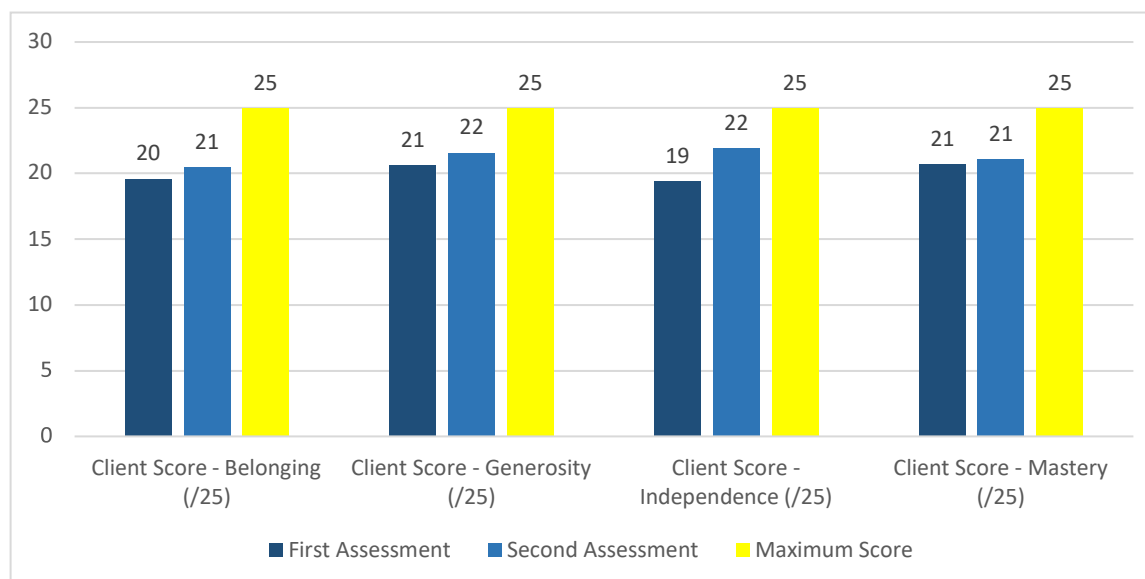
On average, across all domains: Belonging, Generosity, Independence, and Mastery, youth scores increased over time.

Further investigation into the domain of belonging shows a 50% increase among youth with matched assessments

Figure 45: Belonging Score Change

Domain	Youth	Percentage
Belonging (increase)	5 clients	50%
Belonging (decrease)	5 clients	50%
Total	10 clients	100%

Short-Term Outcome: Increase in Independent Living Skills (ILS)

Youth report ILS development: The target for youth with ILS at 30 days is 60%. Youth development survey data provides insight into independence.

Quality of Life

Twenty-six youth completed the Quality of Life Assessment: Baseline. The average score was calculated for each domain.

Figure 46: Quality of Life – Initial Assessment (all youth)
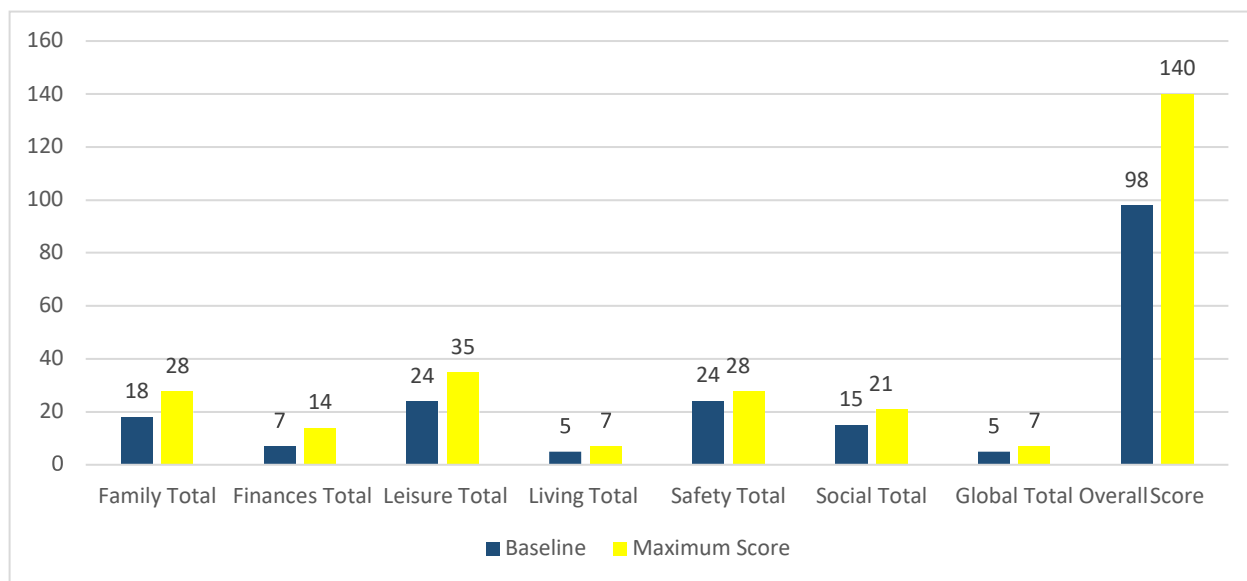
Family, Finances, and Leisure scored the lowest on average compared to the maximum score.

Eleven youth completed a Quality of Life follow-up assessment: 30 day, three months, and six months[8] which could be matched to a baseline assessment. Thus, caution must be used when interpreting the results.

Figure 47: Quality of Life Baseline and Follow-ups within a Six-month Period
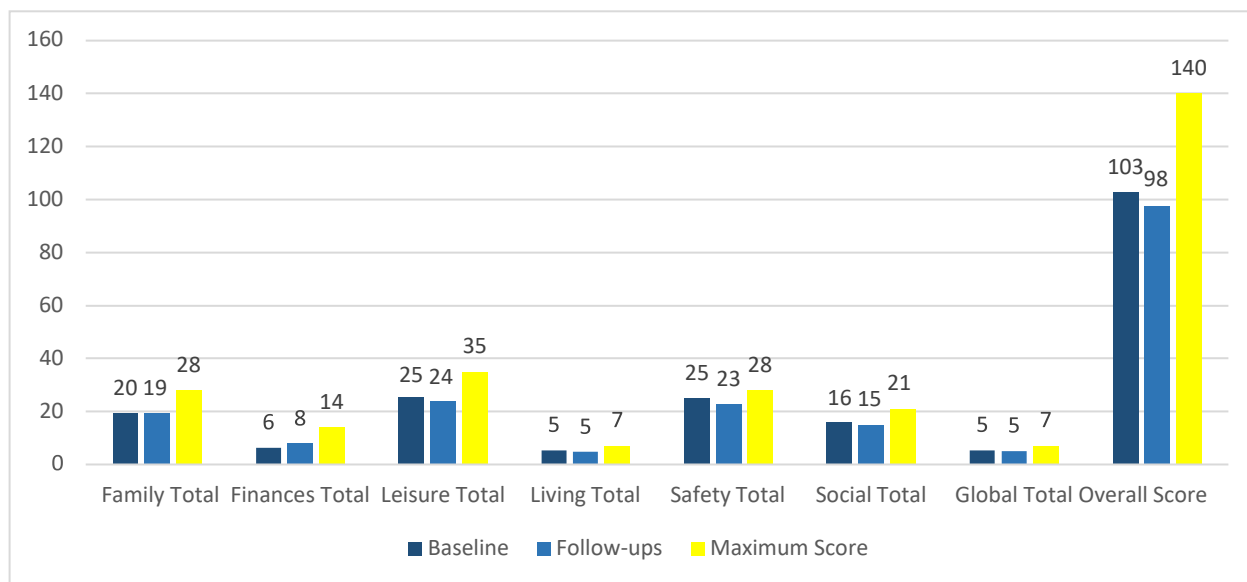
The average scores for initial assessments and the follow-up assessment can be compared. On average, the Finances domain has increased for clients within the first six months of the program, and Living has remained stable. Family, Leisure, Safety, and Social domains saw small decreases.

---

[8] Follow-ups were collapsed due to small sample size.

Further investigation into the finances and living domains shows a 55% increase among youth with matched assessments for the former, and a 36% increase for the latter.

Figure 48: ILS (Finances and Living) Score Change

Domain	Youth	Percentage	Domain	Youth	Percentage
Finances (increase or stable)	6 clients	55%	**Living (increase or stable)**	4 clients	36%
Finances (decrease)	5 clients	45%	**Living (increase)**	7 clients	64%
Total	11 clients	100%	**Total**	11 clients	100%

Additional data analyses are presented in the appendix of this report covering the following assessments

1. Exit Assessment
2. Housing Assessments
3. SPDAT

Graphs and cross-tabs summarise other data elements outside the scope of the Roofs Logic Model.

Evaluation Results

This section summarises the findings of the evaluation, both qualitative and quantitative analyses.

Areas of Strength

- **Addressing basic needs & safety**. Program offers the most complex youth a safe place to be with their basic needs are met.

- **Client-centred/harm reduction**. The program is client-focused, following a Housing First and harm reduction approach meeting youth where they are at.

- **Cost effectiveness**. Supporting 50 complex youth at any time, with a budget of about $42K per program space is overall a better investment than keeping youth in emergency shelters/systems.

- **Place-based and scattered-site housing**. The Hub & Spoke approach to housing options has proven beneficial to youth who are able to move in and out of these options pending circumstances.

- **Foyer supports**. The community building, employment, and nurse educator added considerable value to support the youth particularly in their immediate health needs, employment readiness, and enhancing meaningful daily activities.

- **Peer supports**. The program encouraged peer supports, which included a harm reduction group of youth working with the nurse on substance use, mental health, and physical health issues.

- **Supportive, relationship-focused staff**. Youth appreciated the non-judgemental approach of staff, and felt they were cared for and listened to. Staff with lived experience brought an important lens to this approach as well.

- **Developmental evaluation approach.** Having the evaluator work appropriately with staff over the course of the pilot incorporated the continuous drive towards learning and improvement.

Areas for Improvement

Unmet Health Needs

Over the course of the program, the staff and external shareholders, as well as youth, identified systemic and organisational barriers contributing to youth homelessness. Interviewees highlighted that while they appreciated the support of the program, there were **limits** to the program. This frustration

was also echoed by the staff who reported coming up against various system and program barriers internally and externally that made supporting participants difficult. They found that by being upfront about these limits with youth and natural supports, one could manage expectations.

Youth noted that the Foyer support was extremely useful, in fact essential to keeping them safe. One noted emphatically, "*if it wasn't for this place, I'd be dead*" (Interviewee 11). This sentiment that the program was critical as an ultimate safety net was a major theme in youth reports and staff focus groups.

Long term, there remain barriers to housing, mental health, and income with which youth still struggle. Youth and staff noted that the 'system' had repeatedly failed them and their youth – and while the program was very important, it did not resolve these ongoing gaps in supports for complex clients.

A key issue of the program identified by the participants and the staff was the limit of the support's impact considering broader systems issues. Particularly, for youth struggling with addictions and mental health, "*it's not that they're psychiatrists – they can help me with the basics, but they're not doctors*" (Youth Interviewee 14).

The nurse educator was a key strength reported by staff and youth; she led peer support and staff training work, along with public health education in the homes and for scattered-site housing. Her expertise "brings up the game for all of us" as one staff notes, with respect to harm reduction, yet she was limited in her role and was unable to actually practice nursing – though significant opportunities emerged to do so.

Internal Tensions & Sustainability

There were ongoing tensions identified by staff and youth with respect to the movement towards harm reduction. This shift has been introduced over the past two years, and the tensions on staff-youth expectations about behaviours and drug use, participation in house activities, and employment/education reflects a larger underlying difference in service approaches and philosophies internally that need to be addressed as the program continues to mature.

There is no doubt the program enabled an important testing ground for Foyer supports work in practice for this population. The youth served consistently reported the benefits received. Yet, as a one-off, 13-month pilot the impacts are limited. Future considerations of the ramp up of such an initiative with a clear indication for long term support should be carefully considered by funders.

As of now, the Foyer pieces of the program have been wound down, and no indication of future funding is being communicated, despite the positive results of the pilot.

Balancing Harm Reduction

Both youth and staff noted that the shift to harm reduction has created some tensions in the program. In particular, staff identified needing more clarity on how to communicate rules relating to substance use, challenging behaviours, and resident accountabilities.

Participation in program activities, working on goals etc. were seen as challenging to advance if youth were not interested. This left some staff at the frontlines feeling that they were "just glorified babysitters". While they were "keeping them alive, I worry what happens when they leave here at 24; they're not ready for the real world".

This sentiment was expressed by youth who saw staff as understanding, but also struggling to engage them in addressing underlying issues and moving their lives forward. Because of the commitment to harm reduction, staff struggled with how to motivate youth – especially those with active substance use.

Decisions around challenging behaviours or house rules were also reported to be unclear, creating tension among staff and youth, among staff, and among the youth. Going "over our head" was reported by several staff who noted if youth did not like a staff decision, they circumvented them with management. This in turn contributed to staff not feeling respected by the youth, and challenging their ability to engage them in working on goals.

Frontline Supports

Staff and youth noted that they have considerable challenges serving clients with complex needs, and that additional training and capacity building was needed for them to overcome engagement and motivation barriers in a harm reduction context.

Staff also reported being understaffed and having to fill in overnight and on-call shifts because of shortages. Some admitted to being burnt out and suffering from the effects of witnessing overdoses and self-harming behaviours among the youth. Staff retention emerged as a key challenge not unique to Roofs that added another dimension to the program and from youth's perspective, a sense of instability in those who supported them.

They noted having strong team members, team leads, and management, but needing supports to become more effective with youth. Youth interestingly noted that staff needed more support to be effective and training to 'get us motivated... I don't know how, that's their job not mine!' – an interviewee noted.

Safety Planning

As noted, the complexity of clients means that criminal activities, drug use, and conflict in the homes emerged. However, staff reported having only one staff overnight and worried at times about their own and youth safety, "What am I supposed to do if one of them is ODing upstairs, and another comes at me

in the office?" It is important to note that the one-staff model was funder-driven, and should be revisited in light of the new types of drugs being used (meth, opioids); this may not have been a consideration until more recently from a safety perspective.

Daily Activities

While some youth were quite active at school and work, or with their peer groups, others 'basically do nothing all day' (Interviewee 5), and rely on a peer group primarily concerned with drug use as well. The need for meaningful and engaging activities for such youth is a struggle. This is not for lack of effort on staff's part; however, additional supports and training could be useful to identify other types of options to engage active drug users without compromising the harm-reduction model.

Some youth suggested adding more activities to the homes, such as board games, cooking sessions, arts supplies, and internet access as additional options as well. Supporting youth make better natural supports connections was also noted as well with positive peers and healthy family connections.

Key Lessons Learned:

- System barriers that the program is unable to address limit its capacity to address participant needs. In particularly, mental health and addiction supports are consistently reported as unmet needs by participants and staff.
- Engaging positive natural supports requires increased capacity building for staff.
- Program staff need additional management support and training to discern best course of action, balancing harm reduction as well as natural consequences for youth.
- The limits of the program's efficacy are largely entwined with broader service system barriers and limitations – particularly around health and long-term housing supports.

Recommendations

Program Level

1. **Work to secure appropriate resources are in place to support complex youth with significant health & safety needs.**

   Given the complexity of youth needs, a clear relationship with Alberta Health Services should be in place. The nurse educator was a critical component for the program that should be maintained and enhanced. AHS or AH funding could be pursued, or an arrangement with AHS to deliver onsite supports can be explored.

   From a safety perspective, having only one staff on overnight is problematic. Funders should explore this challenge with the program, and add resources to ensure youth and staff safety needs are addressed.

2. **Support capacity building and staff training in harm reduction, addictions, mental health.**

   Given the high needs of youth reported, and staff challenges with harm reduction and engaging youth in goal setting/working on goals, it would be beneficial to explore additional training options to build capacity. Adding staffing with clinical backgrounds might help address this reported gap further as well.

3. **Develop clear house rules and expectations with staff and clients.**

   Given that considerable tensions emerged from staff and youth on managing accountabilities for residents (house cleaning, doing dishes, guests, internet use), it would be beneficial to keep working on the co-development of house rules and expectations, as well as consequences and rewards to which parties can agree. This can be done while maintaining a harm-reduction focus and engaging youth in positive activities.

4. **Recognise youth as part of families throughout service planning and delivery.**

   The provincial *Plan to Prevent and Reduce Youth Homelessness* recognises the important role of family reunification, where appropriate, as part of a comprehensive approach to ending youth homelessness. While some youth may be disconnected from their families, others are not, nor wish to be. In the case of Foyer participants, consistent support is needed for participants to develop and maintain healthy connections with family and friends.

   Ensuring supports are both open and supportive of youth *as* families and *in* families, and skilled in supporting their specific needs, emerged as an essential learning for future implementations. Staff may need additional capacity building in this area to support youth in establishing positive relationships with natural supports.

5. **Enhance program capacity to deliver supports to diverse youth, particularly Indigenous and LGBTQ2S youth.**

It is of note that stakeholders at both sites noted additional efforts could be made to enhance culturally-appropriate services and enhanced connections with Indigenous and LGBTQ2S services. What is of note is that some staff and youth reported that in some instances they may not want such services either. Balancing these tensions between being open and supportive of the needs of diverse youth without imposing these is an area that merits further analysis from a research perspective as well.

Though only a very small number of youth self-identified as LGBTQ2S in the pilot, it was noted by some stakeholders as an area where more training and awareness was needed to enhance practice.

6. **Balance the focus on employment for youth with correctional backgrounds & complex mental health & addictions needs.**

Because the pilot implementation aimed to focus on youth with complex backgrounds and correctional involvement, the Foyer model's employment focus was difficult to operationalise at times. For instance, youth were challenged to keep a mainstream job when dealing with substance use. The staff were similarly challenged to support youth who were not interested in employment as well; balancing the push to work/go to school with the harm reduction – meet youth where they are a – philosophy was something staff and youth struggled with that merits further exploration.

There is nevertheless indication that such an approach, which balances recovery and reintegration from corrections and managing complex, can be adapted to support youth using a Housing First approach complemented by employment and education supports.

Proposed exploration of creative work arrangements, social enterprise models, and pre-employment supports and training emerged as areas for future potential programming for this population.

7. **Ensure appropriate housing options are available for those over 24-years-old and those wishing to maintain sobriety.**

Funders: Homelessness Partnering Strategy, Alberta Community & Social Services, Calgary Homeless

Foundation Agencies: Calgary John Howard Society

Consistent reports from youth and staff highlighted the importance of place-based and scattered-site models and the ability of youth to move back and forth, pending needs. One gap they noted was uncertainty of what occurs after they turn 24 and need to exit the program, as well as those who wished to be in sober environments.

8. **Advance flexible, youth-led approaches to housing and supports that support successful transitions.**

While the literature on Foyer remains divided on the role of set lengths of stay, there is certainly agreement on the need for flexible, individualised supports. The pilot did not have a set length of stay, which was considered to be beneficial in creating a sense of stability and security for youth. As

they aged out at 24, Calgary John Howard Society Housing First programs for adults could accept transfers where necessary as well.

The youth interviewed appreciated the ability to access the Roofs program as needed, with the knowledge that they could return for supports at any point. There was a contrast noted by some youth between the program's approach and the time limits around having to leave at age 24. Some of the youth reported being anxious about their future housing status because of these restraints. This in turn added pressure on staff to assist these youth with housing-specific support.

Funder Level

Funders: Homelessness Partnering Strategy, Alberta Community & Social Services, Calgary Homeless Foundation, Alberta Health Services, Alberta Health, Alberta Justice

9. **Ensure appropriate implementation timeframes and resources**.

    Firstly, the considerable time commitment required to successfully implement the types of collaborations the pilot set out accomplish must be accounted for during the pilot design. Secondly, 13 months is not an appropriate timeframe to implement a Foyer initiative. Not only is this an inadequate time for start-up to secure programming space, staffing and housing, but longer term, the risk placed on participants is significant. As both Housing First and Foyer models promote the notion of participant-led practice around service intensity and length of stay, it would be important that the initial pilot design take a realistic approach to ensure such expectations can be met.

    Thus, if the program being piloted advances a 'no length of stay' approach – which the Foyer model proposed by Gaetz and Scott (2012a, 2012b) does, then funding security would be needed to enable this in practice. Funding does not need to come exclusively from one source; however, part of the initial negotiations would include stitching together the necessary resources for a fulsome implementation.

    This implementation saw federal funding invested without a guarantee for continuing operations beyond December 2018. Given the high costs of start-up and ramp down for the implementation, a cost-benefit analysis of such investments in the future may lead to an adjustment to funding allocations and/or timelines as well.

10. **Support greater funder coordination to address youth homelessness throughout planning and implementation.**

    In this implementation, a considerable number of funder stakeholders are involved: the Government of Canada, Government of Alberta (Alberta Health Services), and Community Entities (Calgary Homeless Foundation).

    While not a seamless process, this direction towards greater integration between government levels and departments, as well as community-based funders, is promising. In this case, however, it was not clear how the pilot outcomes would be integrated in relation to the CHF and AHS practice.

Future approaches should consider the roles and responsibilities of each party, and their aims and expectations for the project outcomes require clarity and consistent communication for all involved.

11. **Integrate focused career planning, employment and education supports with Housing First approaches.**

While implementation challenges on integrating these approaches certainly existed, there was nevertheless a value-add to the program from the perspectives of youth and referring agencies, which can be considered in future program development for this population. An intentional integration with Housing First from the start and throughout implemented should be encouraged and supported.

From a research perspective, we need to better understand the benefits and drawbacks of a standalone employment/education program compared to building this service within a housing program. A more comprehensive assessment of the long-term impacts, of such interventions, is needed as well, beyond program exit for youth.

Conclusion

Data presented above provides a snapshot of Roof youth in the program between December 2017 and December 2018. Summaries of Housing First assessments and Youth Development assessment demonstrate the positive impact Roofs staff have on youth while providing housing and supports.

Housing First Assessment analysis demonstrates a reduction in health and justice systems interaction over time, despite the small time period of analysis. Youth Development Assessments (Circle of Courage: Belonging, Generosity, Independence, and Mastery) show that youth scores increased; and (Quality of Life) Finances domain has increased for clients within the first six months of the program.

Further analysis of Housing Assessments and SPDAT Scores, such as linking to Health Information, Employment/Income, and Housing Outcomes in the HF assessments would provide further detail.
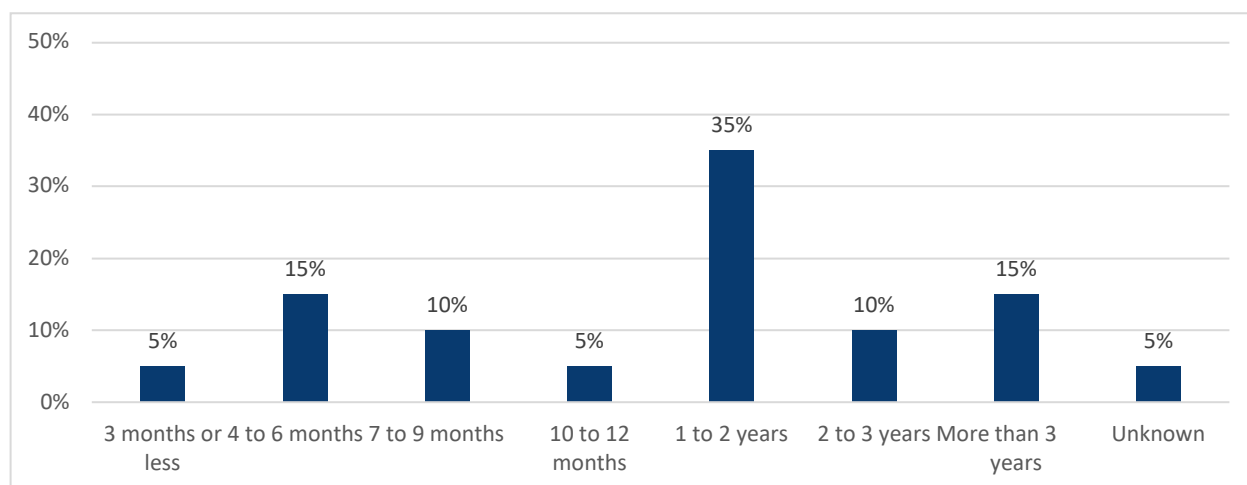
Supplemental Appendix

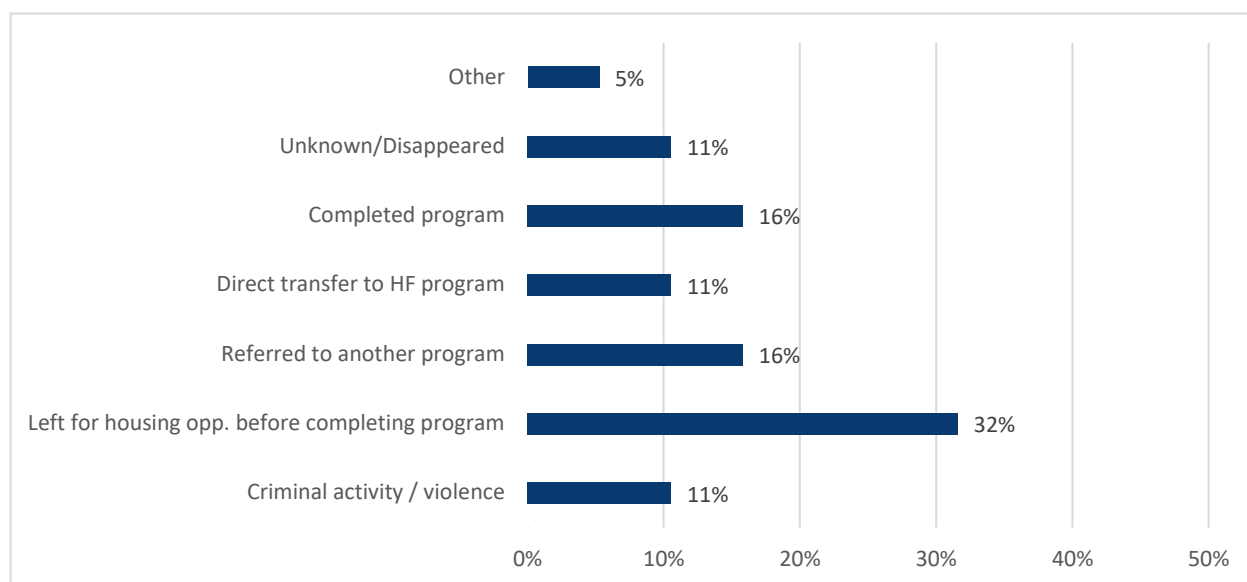## Additional Quantitative Data Analysis

Exit Assessment

Twenty youth exited the program between October 2017 and December 2018.
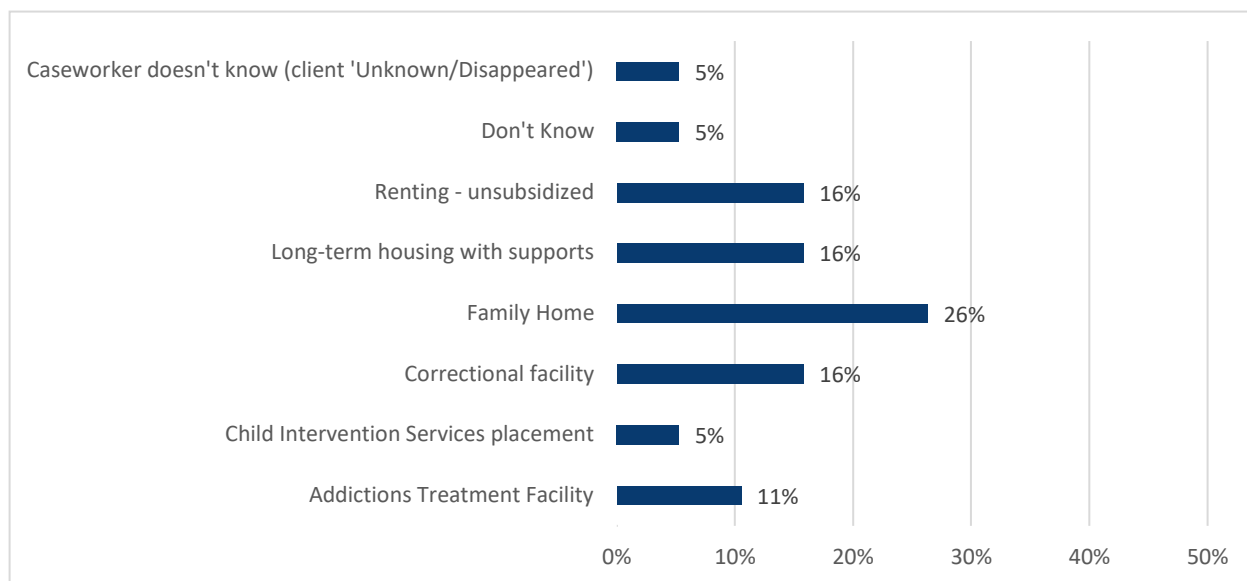
Figure 49: Length of Time in Program

Thirty-five percent (35%) left the program after less than a year, and 25% stayed longer than two years before leaving the program.

Figure 50: Reason for Leaving

Fifty-nine percent (59%) had a positive reason for leaving (completed the program, left for a housing opportunity, transferred to another program).

Figure 51: Destination

Fifty-eight percent (58%) had a positive destination (renting, long-term housing with supports, or family home). Given the temporary nature of Child Intervention Service, Corrections and Addictions treatment, 32% had a neutral destination; and 10% had an unknown destination.

Housing Assessment

Housing Assessment Form – Singles and Youth

a. To collect data to gain a better understand of the average cost of a unit based on program demographic, common sources of income for clients in programs, and primary reasons for a client to move-out of a rental unit

b. Track client trends to assist housing locator and caseworkers in finding suitable housing for clients

Forty-eight unique youth completed 95 Housing Assessments.

Figure 52: Reason for Housing
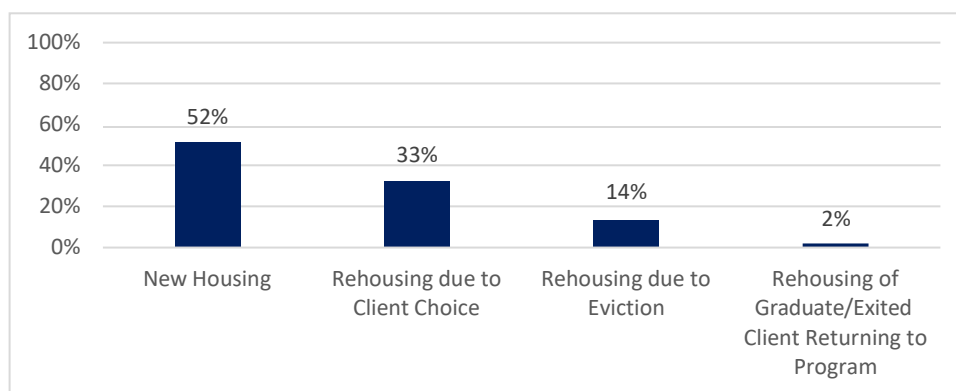
Move-outs

Figure 53: If "Rehousing due to Eviction", please specify the primary reason for eviction:
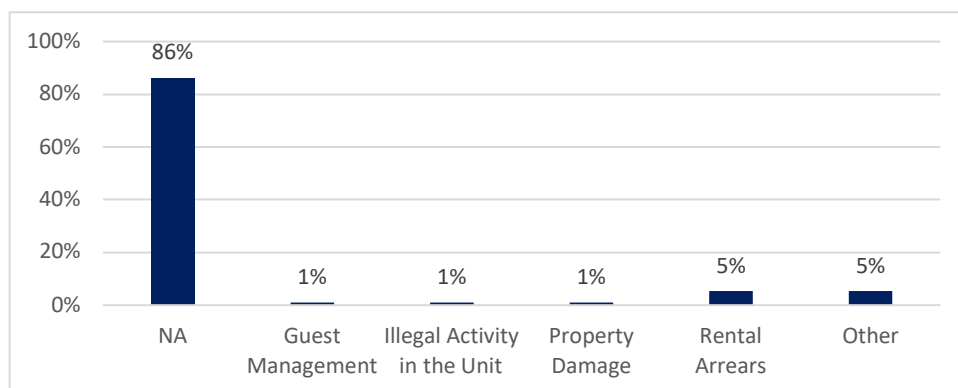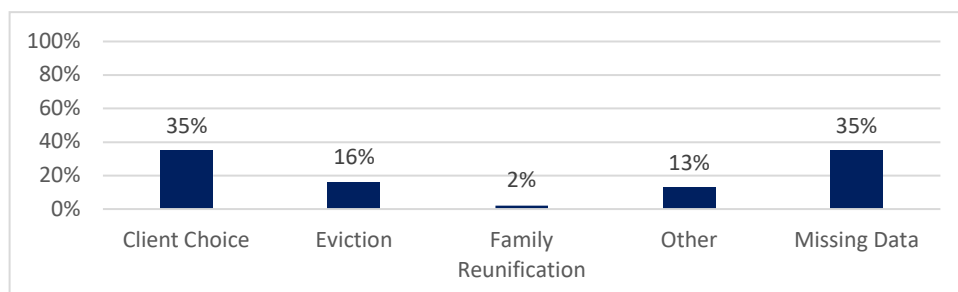

Figure 54: Reason for Move-Out

There was damage to 15% of units, and of these, the CJHS Agency paid $2510.00 according to client reports during the time period.

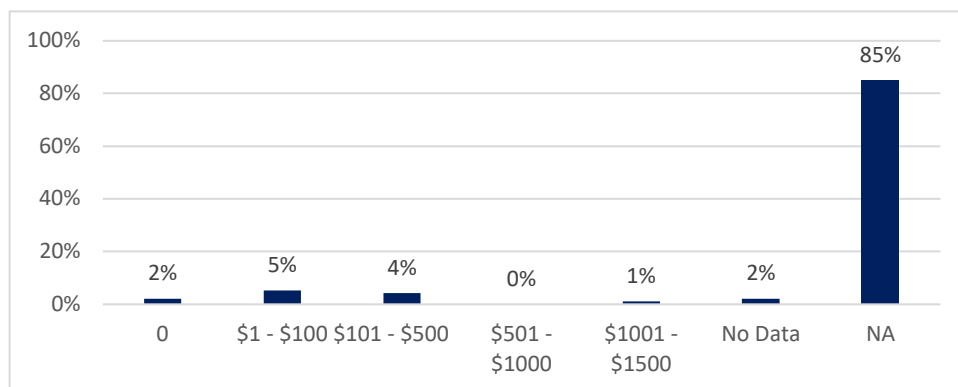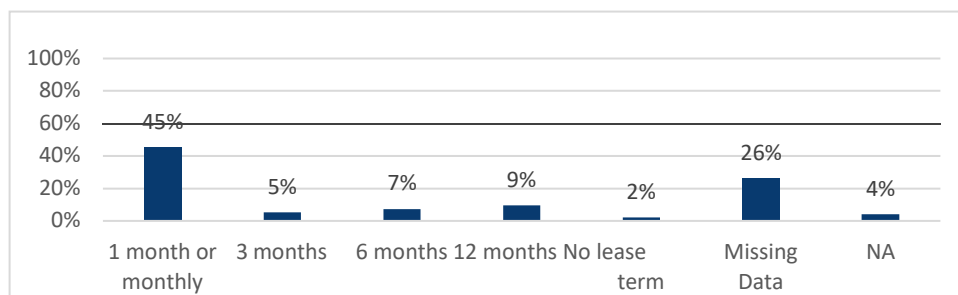*Figure 55: Damage Amount Paid by the Agency*

Figure 56: Lease Term

Lease Term bar chart:
- 1 month or monthly: 45%
- 3 months: 5%
- 6 months: 7%
- 12 months: 9%
- No lease term: 2%
- Missing Data: 26%
- NA: 4%

Ninety-four percent (94%) of units are insured, and 50% have short-term leases: one to three months.

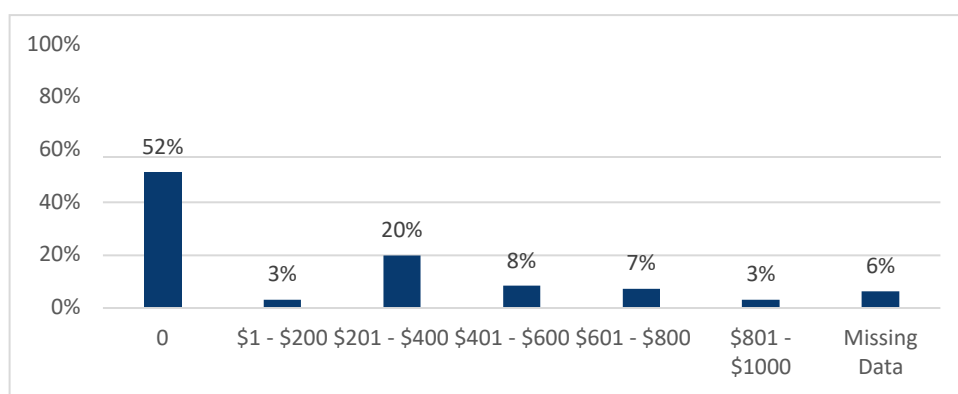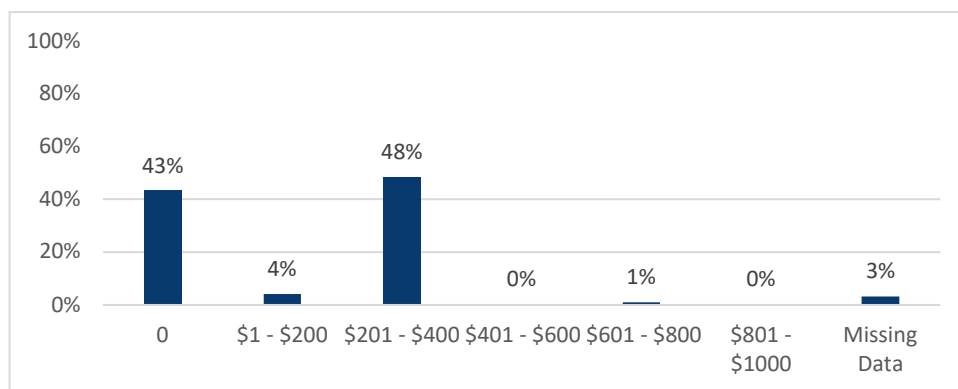*Figure 57: Total Amount of Monthly Rent Paid by the Agency Rental Subsidy*

Total Amount of Monthly Rent Paid by the Agency Rental Subsidy bar chart:
- 0: 52%
- $1 - $200: 3%
- $201 - $400: 20%
- $401 - $600: 8%
- $601 - $800: 7%
- $801 - $1000: 3%
- Missing Data: 6%

Figure 58: Total Amount of Monthly Rent Paid by the Client

Total Amount of Monthly Rent Paid by the Client bar chart:
- 0: 43%
- $1 - $200: 4%
- $201 - $400: 48%
- $401 - $600: 0%
- $601 - $800: 1%
- $801 - $1000: 0%
- Missing Data: 3%

A damage deposit was required by 18% of youth move-ins – the average amount being $789.00

Service Prioritisation Decision Assistance Tool
SPDAT domains and average scores at Intake, 3, 6, 9, and 12-months assessment.

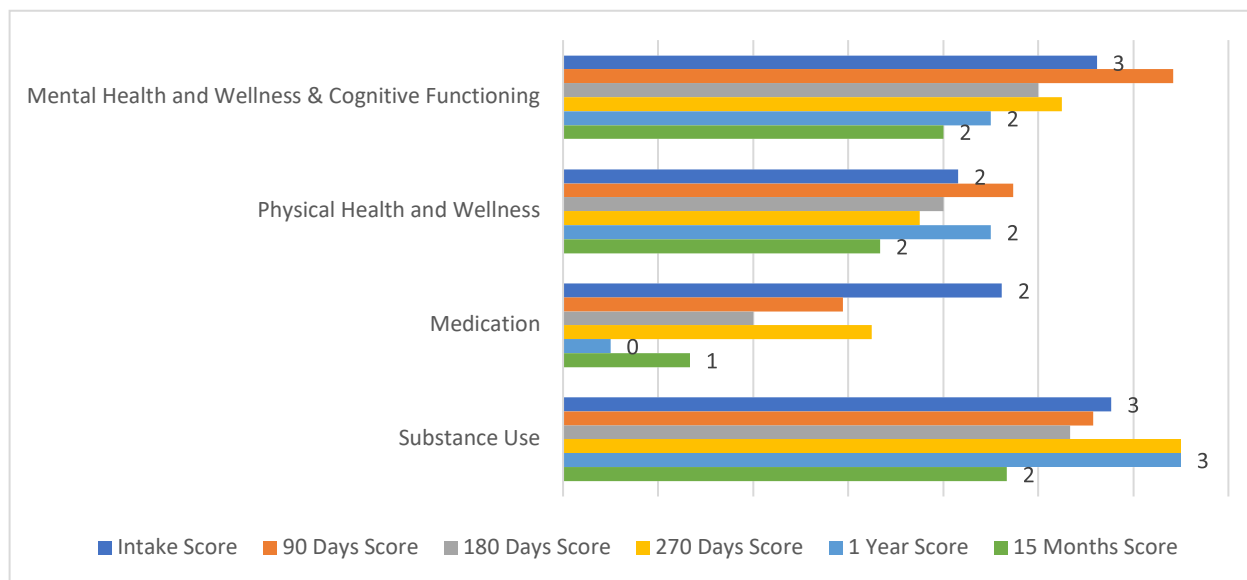*Figure 59: Health Domains and Average Scores*

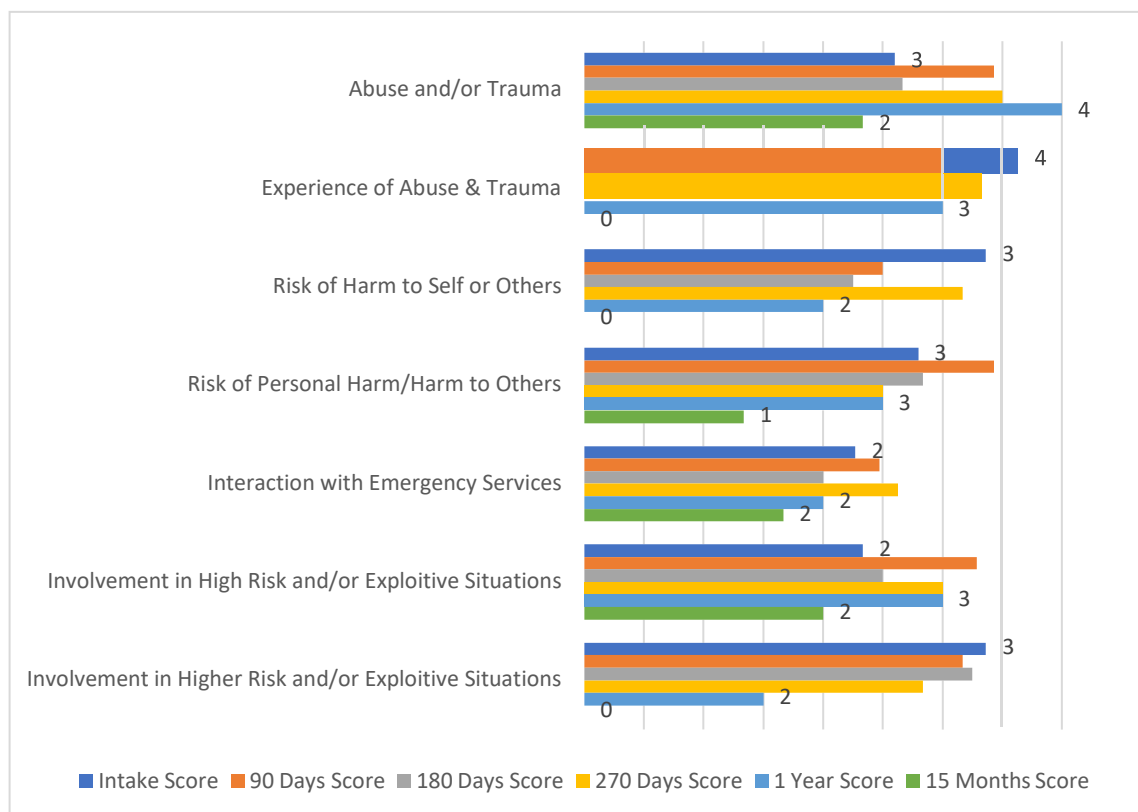*Figure 60: Abuse, Self Harm, and High Risk domains*

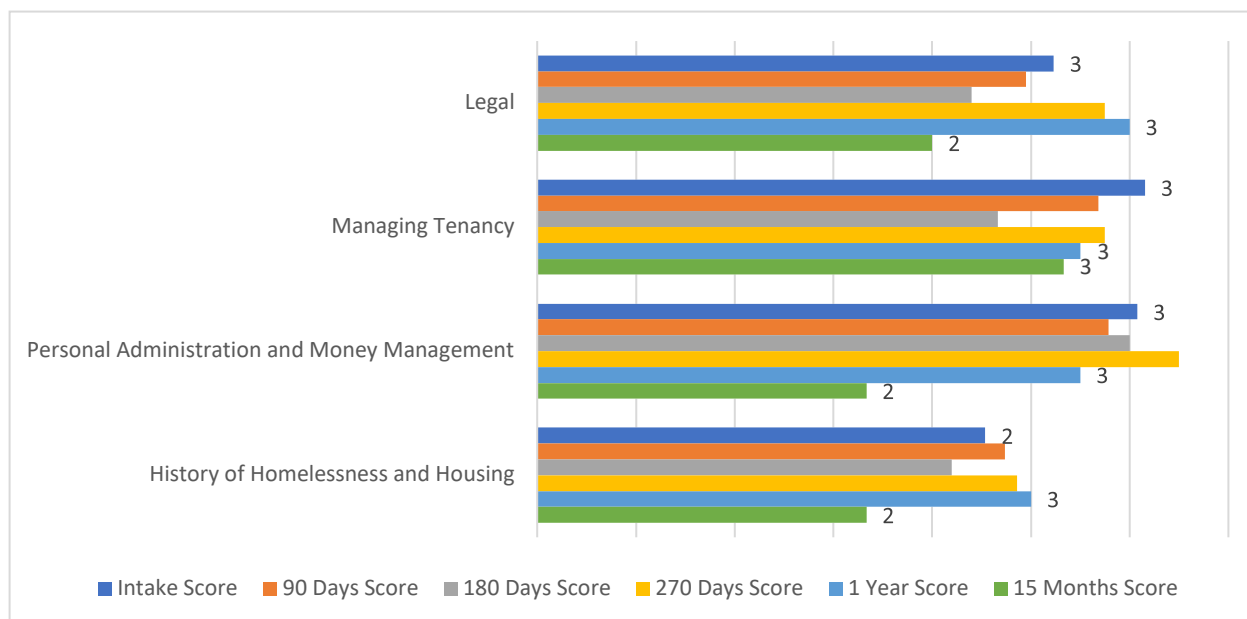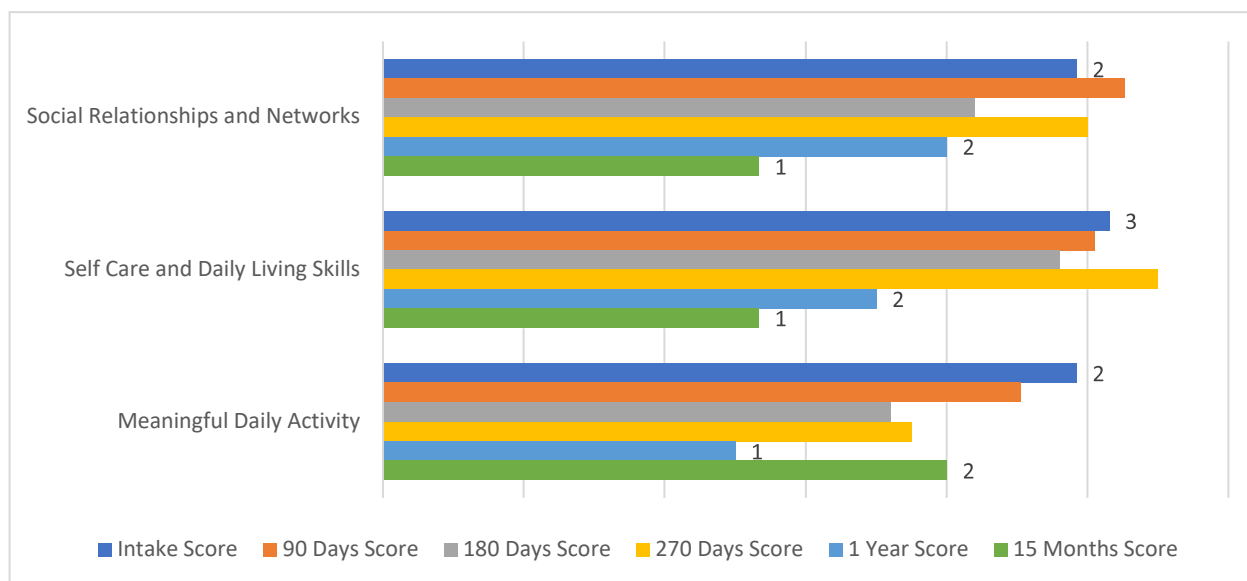*Figure 61: Legal, Financial, and Housing Domains and Average Scores*

Figure 62: Social Domains and Average Scores

After a year, the following domains had an average score decrease:

- c. Experience of Abuse & Trauma
- d. Interaction with Emergency Services
- e. Involvement in Higher Risk and/or Exploitive Situations
- f. Managing Tenancy
- g. Meaningful Daily Activity
- h. Medication
- i. Mental Health and Wellness & Cognitive Functioning

j. Personal Administration and Money Management
k. Risk of Harm to Self or Others
l. Risk of Personal Harm/Harm to Others
m. Self Care and Daily Living Skills
n. Social Relationships and Networks

Domain	Average Percentage Decrease (Intake and One-Year Assessments)
Mental Health and Wellness & Cognitive Functioning	20%
Medication	89%
Experience of Abuse & Trauma	18%
Risk of Harm to Self or Others	41%
Risk of Personal Harm/Harm to Others	11%
Interaction with Emergency Services	12%
Involvement in Higher Risk and/or Exploitive Situations	55%
Managing Tenancy	11%
Personal Administration and Money Management	9%
Social Relationships and Networks	19%
Self Care and Daily Living Skills	32%
Meaningful Daily Activity	49%