

Technical Report

Realist Evaluation Sanctum 1.0



Gary Groot, Melissa April, Anum Ali,
Maura MacPhee, Tracey Carr

January 2023



We pay our respects to the late Richard Jessop, who provided invaluable contributions to the project.

He will be remembered for his resilient character, humor, humility, and passion for Sanctum. His understanding of the Sanctum residents provided great insight and will continue to have a positive impact on his community.



TABLE OF CONTENTS

Executive Summary	3
1.0 Introduction	4
1.1 Background	4
1.2 Program description	4
1.3 Evaluation purpose	5
2.0 Methods	5
2.1 Initial program theory statements	5
2.2 Patient partner participation	6
2.3 Participant interviews	6
2.4 Data analysis	7
3.0 Findings	8
3.1 Participants characteristics	8
3.2 Main evaluation findings	10
3.3 Sample quotes	12
4.0 Key takeaways	17
5.0 Recommendations	18
6.0 Conclusion	20
7.0 References	22
8.0 Appendices	23
8.1 Realist Evaluation method	23
8.2 Full list of interview quotes	24

Executive Summary



Based in Saskatoon, Saskatchewan, the Sanctum Care Group operates the Sanctum 1.0 program for people living with HIV/AIDS. The aim of Sanctum 1.0 is to use a harm reduction philosophy to supply respite and supportive care to people living with HIV/AIDS in a community-based home environment.¹

This evaluation aims to understand how and why Sanctum 1.0 leads to successful or unsuccessful outcomes. This report is meant to aid endeavors to replicate the program in other geographic locations. A former resident of the program collaborated with this patient-oriented research project as a patient partner.

Data collection included:

- Document review
- Interview with the Executive Director of Sanctum 1.0
- Observations of the patient partner
- 11 participant interviews

The findings outline how Sanctum 1.0 improves outcomes for residents by creating conditions that foster intrinsic motivation, self-worth, belongingness, empowerment, and self-efficacy. These conditions decreased risky behaviors, increased life-saving medication practices, and the development of healthier relationships, and improved self-care management.

The report highlights the importance of the hallmarks of the Sanctum program: a harm reduction philosophy, provision of a home-like environment, and patient-oriented care.

1.0 Introduction

This report provides a description of the Realist Evaluation of Sanctum 1.0 that was conducted from May 2020 to December 2021 by Dr. Gary Groot's University of Saskatchewan (USask) research team. The first section presents background on HIV in Saskatchewan, a brief description of the Sanctum 1.0 program, and the evaluation purpose. The second section outlines the evaluation method. The third section describes the evaluation findings including participants' quotes. Finally, the last section presents key takeaways regarding the program's implementation at a staff level.

1.1 Background

In November 2015, prior to the opening of Sanctum 1.0, Saskatchewan had the highest provincial HIV diagnosis rate in Canada.² While the national rate has since decreased, the latest report from 2020³ shows Saskatchewan is still three and a half times higher than the national average. Comparatively, the province with the next highest rate is Manitoba.³ The table below describes geographic location and HIV rates per 100,000 population for 2014 and 2020.^{2,3}

Area	2014	2020
Canada	5.8	4.3
Saskatchewan	10.8	15.7
Manitoba	6.6	7.0

1.2 Program Description

Sanctum 1.0 is a care home for HIV positive persons who have high-risk behaviors, like drug use, and harmful social conditions, including homelessness.¹ Sanctum's program aims to offer a non-judgmental, harm reductive, and patient-oriented approach to provide three types of care:

- supportive care (e.g., sub-acute, rehabilitative)
- palliative/hospice care (e.g., pain control, symptom management)
- respite care

Sanctum 1.0 intends to create positive outcomes for residents and the health care system, such as improved health and social outcomes, decreased hospital readmissions, and reduced acute care costs.¹



1.3 Evaluation purpose

The purpose of the evaluation was to understand how and why Sanctum 1.0 works and for which residents. This report aims to describe how and why the Sanctum 1.0 program results in successful or unsuccessful outcomes to aid in endeavors to replicate the program in other locations.

2.0 Methods

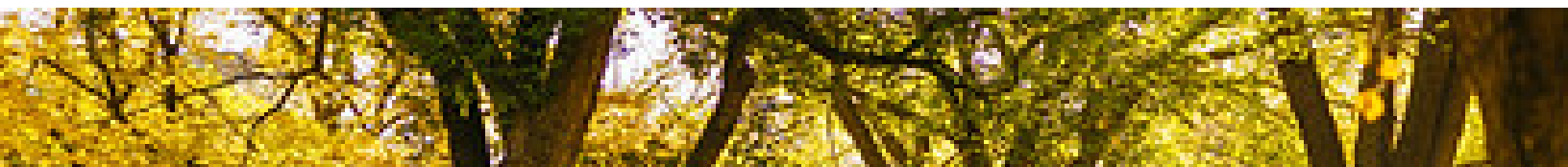
To evaluate 'what works for whom, in what respects, and how,' we chose a Realist Evaluation approach. (See Appendix 7.1 for more details about Realist Evaluation). This study, including the development of the funding proposal, was informed by the Sanctum Care Group and the University of Saskatchewan. A formal research agreement was signed in May 2020 between the Principal Investigator, Dr. Gary Groot, and board of directors of Sanctum Care Group to collaborate on data collection and dissemination. The primary data gathering took place between May 2020 and December 2021. The methods are described below. The project was approved by the USask Research Ethics Board in August 2021 after full board review (BEH ID 1595). The delay regarding the ethics approval was related to amendments to project protocols due to COVID-19 restrictions.

2.1 Initial ideas

The preliminary ideas about how Sanctum 1.0 worked were based on:

- a literature review of other programs with residential components for People Living with HIV (PLHIV)
- a previous Sanctum evaluation report from the Public Health Observatory Saskatchewan Health Authority
- an interview with the Sanctum Executive Director
- patient partner experiences
- the Sanctum Care Group website

These preliminary ideas were then used to create questions for the interview guide so that participants could verify whether Sanctum 1.0 operated according to the initial ideas. For more information about the initial ideas (or *initial program theory* in Realist terms), please see the protocol paper published in 2021.⁴



2.2 Patient partner participation

This work would not have been possible without the engagement of a patient partner who had been through Sanctum 1.0. Two patient partners, one from Sanctum 1.0 and one from Sanctum 1.5, were hired as team members and were involved in:

- providing resident perspectives about how the program works
- creating the interview guide
- recruiting participants
- conducting interviews
- analyzing findings
- presenting findings

Their insights were extremely valuable in using appropriate language and avoiding triggering words or questions. Once the interview guide was completed, the patient partners were trained by the researchers on interviewing techniques. Having a patient partner conducting the interviews created a connection between participants and patient partners and allowed for more open dialogue during the interviews. Patient partners also had the opportunity to develop research knowledge and skills and received training through the Saskatchewan Centre for Patient-Oriented Research (SCPOR).

2.3 Participant interviews

Participants were identified from a list provided by the Executive Director of Sanctum 1.0, and a contact from another Sanctum Care Group program helped initiate and organize interview times.

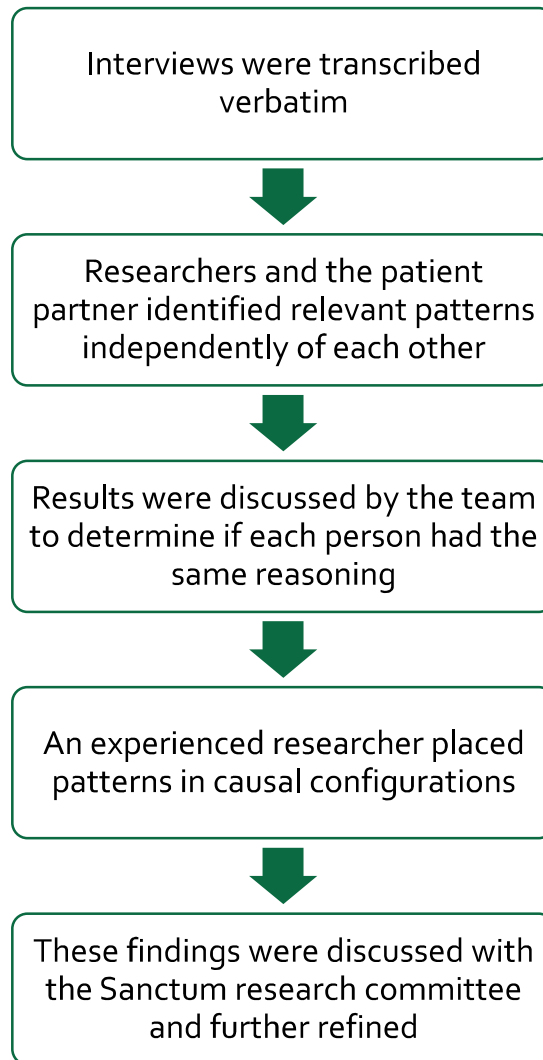
Of the eighteen participants contacted:

- six did not respond
- one was unavailable
- eleven participants (61%) were interviewed

To ease participants into the interview, the interview guide topics and consent forms were sent to the participants prior to the interview. The participants were interviewed virtually using the Zoom platform. A patient partner led the interviews by introducing themselves, obtaining consent, and asking questions from the interview guide.

2.4 Data analysis

The steps in analysis are listed below:



3.0 Findings

3.1 Participants Interviews

Participant interviews were conducted between September 2021 to October 2021 and ranged from 10 minutes to 32 minutes, with an average of 20 minutes in duration.

3.2 Participant characteristics

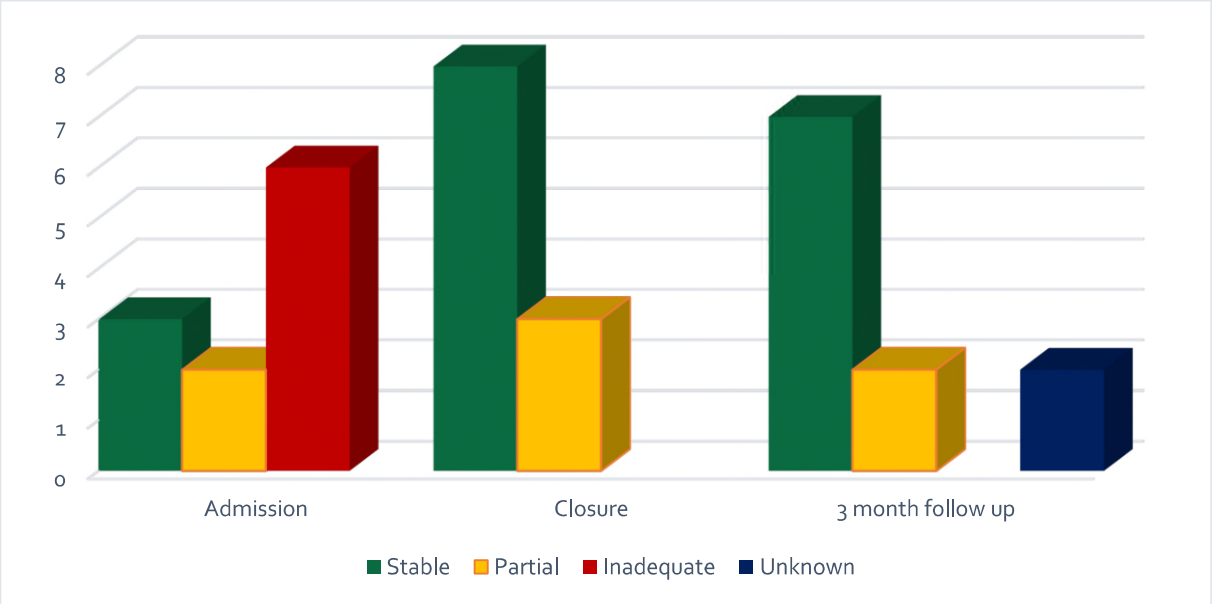
We obtained each participant's consent to access their Sanctum records to glean participant characteristics. Of the participants we interviewed, 7 were male and 4 were female. Ten identified as Indigenous and one identified as Caucasian. Many of the participants were unhoused prior to admission to Sanctum. Level of education ranged from attending only elementary school to having a trade certificate or diploma. Most participants (n=8) had completed some high school. Finally, community social supports that participants accessed consistently from admission to follow-up were the Friendship Inn, the Food Bank, AIDS Saskatoon/601, and HIV Case Management. Other data are listed in the following table:

Table 1. Participant Admission Data (n =11):

Characteristics	Range	Average	Median
Age at first admission	26.5-54.6 years	40 years	40 years
Number of times in Sanctum	1-4 times	2 times	1
Days between referral and admission	1-31 days	13 days	12
Duration of stay	78-387 days	100 days	91

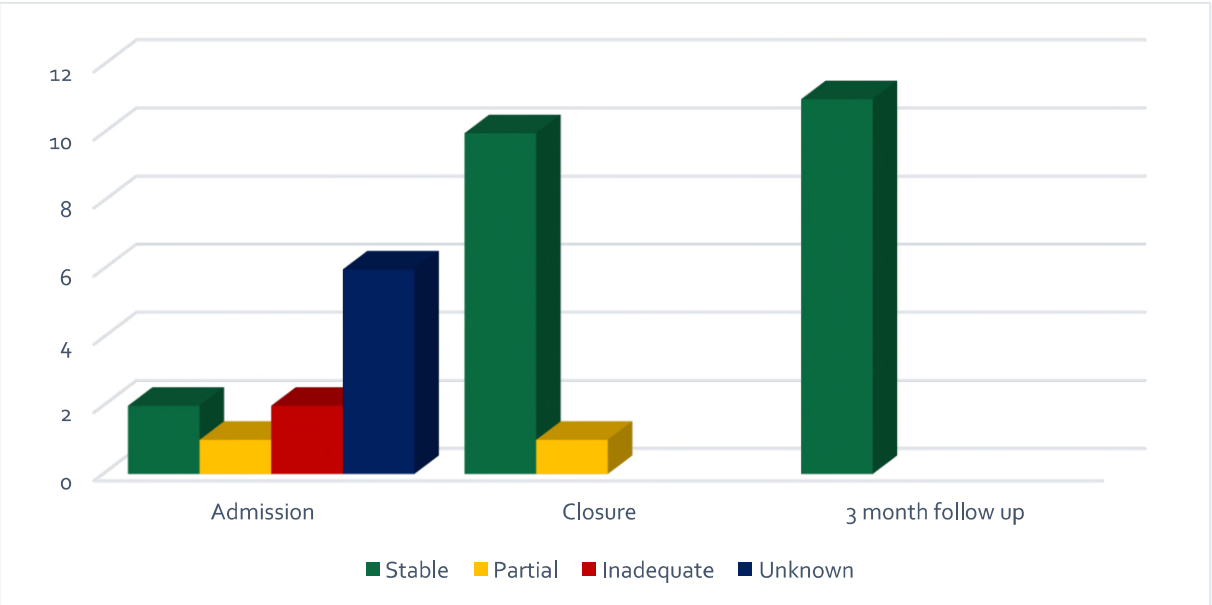
Graphs 1, 2 and 3 show participant housing status, financial status, and self-reported mental health status at admission, closure, and 3 months post-Sanctum 1.0, based on first time entry into the program. Unknown means there was no information available at the time.

Housing status is identified as *Stable* if 'housing has been stable for 3 months'; *Partial* means 'housing is not stable, but participant has transitional or shelter support while working on secure permanent housing'; *Inadequate* means 'participant was homeless, couch surfing or in shelter with no plan for housing'.



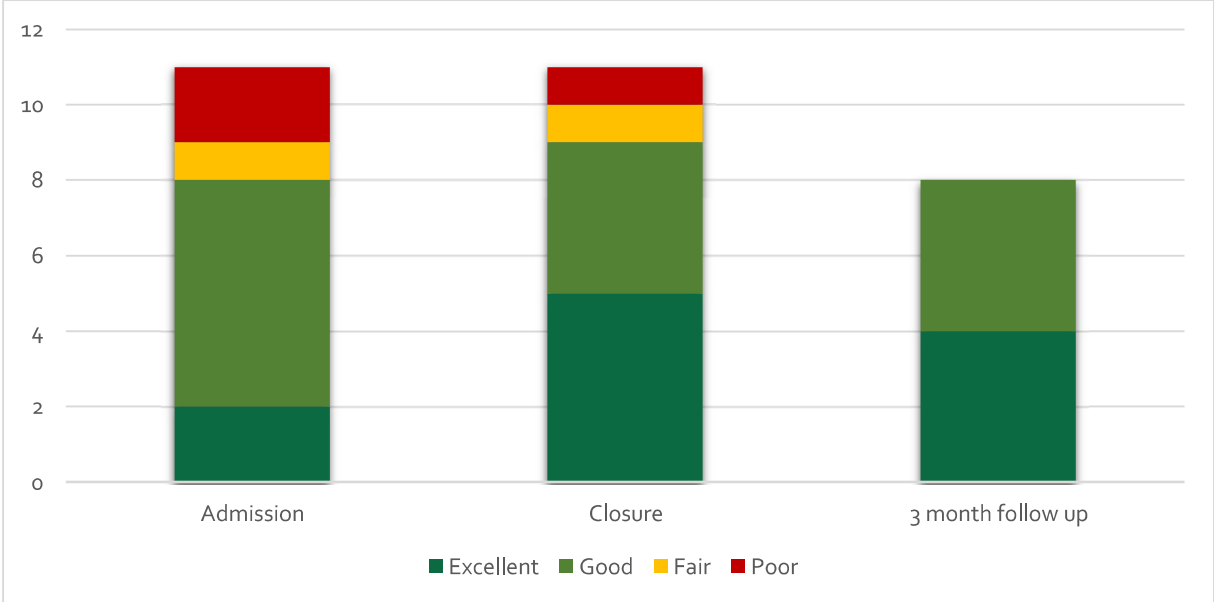
Graph 1. Housing status from admission to follow-up

Financial status is identified as *Stable* if 'income has been stable for 3 months either income assistance or employment'; *Partial* is if 'income is not stable for 3 months, but are in process of securing income but not yet secured' or *Inadequate* if 'participant no secure income'.



Graph 2. Financial status from admission to follow-up

Mental health status is identified as *Stable* if 'participant has one or more mental health diagnosis and has been receiving therapy medication, or counselling for 3 months'; *Partial* is if 'participants client has one or more mental health diagnosis has some support/therapy less than 3 months' or *Inadequate* if 'participant has one or more mental health diagnosis and has no support/ therapy'.



Graph 3. Self-reported mental health status from admission to follow-up*
*note: 3 participants did not have data at follow-up

3.3 Main evaluation findings

The findings are structured in three levels according to the individual resident, the peer mentors and Sanctum staff, the Sanctum program, and the community. Each of these levels contain statements about how and why the program works, known in Realist Evaluation terminology as context-mechanism-outcomes configurations. The context includes important program characteristics associated with successful outcomes. Mechanisms are underlying causes or triggers that inspire individuals to take action. Outcomes represent realistic, attainable goals for the program's participants.

Important program characteristics were:

- ✓ providing knowledge of medications,
- ✓ access to meaningful cultural crafts and activities,
- ✓ opportunities for spiritual care and cultural connection,
- ✓ a harm reduction philosophy,
- ✓ a non-judgmental, family-like environment,
- ✓ a patient-oriented approach where residents are engaged in their own health decisions,
- ✓ offering knowledge of available supports in the community.

The key underlying causes were:

- intrinsic motivation
- self-worth
- belongingness
- empowerment
- self-efficacy

Program outcomes were:

- decreased risky behavior
- increased life-saving medication practices
- development of healthier relationships
- improved self-care management

The relationships between these characteristics and the underlying causes of program outcomes are summarized in Table 2 according to each level identified in the analysis.

The relationships in the table are described in the following way:

- Context: Program characteristics or other conditions that significantly influence program outcomes are *italicized*;
- Mechanisms: Underlying causes of outcomes are in brackets;
- Outcomes: Program outcomes are **bolded**.

Table 2. How and why Sanctum 1.0 works

Individual Residents
<p><i>When residents have knowledge of their medications, they improve self-care management and decrease risky behaviors <u>because</u> they want to get better and live longer (intrinsic motivation).</i></p>
<p><i>When residents have opportunities for spiritual care, cultural connection and meaningful activities, engagement in risky behaviors decreases <u>because</u> of increased pride in who they are (self-worth).</i></p>
Peer Mentors
<p><i>When there are peer mentors to talk to, residents are able to self-disclose, <u>because</u> they trust mentors with shared lived experiences.</i></p>
Sanctum Staff
<p><i>When staff and peer mentors use a harm reduction philosophy, residents decrease risky behaviors <u>because</u> they want to get sober (intrinsic motivation).</i></p>
<p><i>When staff and peer mentors use a harm reduction philosophy, residents decrease risky behaviors <u>because</u> they feel less stigmatized.</i></p>
<p><i>When staff and peer mentors provide a non-judgmental family-like environment, residents learn how to develop healthier relationships with others <u>because</u> they feel included and respected (belongingness).</i></p>
<p><i>When staff and peer mentors adhere to a patient-oriented approach where residents are engaged in their own health decisions, residents' self-care management improves <u>because</u> they feel in control (empowerment).</i></p>
Sanctum and Community Services
<p><i>When residents have knowledge of available supports in the community (through Sanctum), their self-care management is improved <u>because</u> they believe they can succeed (self-efficacy).</i></p>

3.3 Sample quotes



For each of the eight statements in Table 2, this section supports the findings by offering sample quotes from the interview participants. The statements are in boxes alongside participant quotes.

When participants were educated about the importance of consistent medical management, they gained hope in living, and they understood what could happen if they were not taking medication on time. Participants stated that consistent medical attention ensures that they take their medication.

When residents have knowledge of their medications, **they improve self-care management and decrease risky behaviors** because they want to get better and live longer (intrinsic motivation)

Yeah, yeah. They always made sure they come give me my meds on time, that was a good thing because I have that imprinted in my mind now, to take my medication every day because they got the wheels going, they got the cycle for me to take my pills every day and I know now, I have to, otherwise I'll die if I don't. And that's the main thing.

Participants were asked how Sanctum helped with sobriety throughout their healing process. Residents discussed that one of the things that helped them take their mind off drugs and their addiction was having something to do to keep them busy. Having access to crafts, gardening, or beading was important.

When residents have opportunities for spiritual care, cultural connection and meaningful activities, **they decrease risky behaviors** because of increased pride in who they are (self-worth)

If you're planning on getting sober, you're going to be there for a while, you've got to put some work, be proud of craft work, put your mind to your craft, maybe that could be there. When I was there, I painted some nice rocks that I was proud of, I made a lanyard while I was there, I did that. I started a garden while I was there.

Another aspect of the Sanctum program that participants appreciated was being able to reconnect with their spiritual roots. After recovery from acute care, they mentioned having the opportunity for spiritual connection such as sharing circles and talking with Elders who helped them in their journey.





Oh, just by staying there and not using any drugs, being positive, I follow spirituality, that's helped me. A lot of smudging and praying to our creator and the grandfathers, grandmothers, that's what I do every day.

A feature that many participants mentioned was the practice of hiring peer-mentors and the ability to communicate with staff who understood what they were experiencing.

*When there are peer mentors to talk to, residents are able to **self-disclose**, because they trust mentors with shared lived experiences*

It did, it gave me another person to talk to and he understood what I was going through, and he was able to talk with me every second day, he would be there.

One aspect of Sanctum that the participants appreciated and respected was that Sanctum had a harm reduction approach, and staff genuinely cared about the participants.

When staff and peer mentors use a harm reduction philosophy, residents decrease risky behaviors because they want to get sober (intrinsic motivation)

But I learned from Sanctum to be proud of who I am, not hold my head down low. And I could go in any store and any place, and I'd have a right to be there just like anybody else, and they taught me that, and to love myself. You should see how I look.

Participants also felt they were not labeled as a 'certain type of person' and that they were free to be themselves.

When staff and peer mentors use a harm reduction philosophy, residents decrease risky behaviors because they feel less stigmatized

There were days I wanted to give up, so many times I wanted to give up, rough days, super rough days, I just wanted to quit, and I came close a couple times, I ran away when I first came to Sanctum, I ran away first night, and it took me two days to come back to Sanctum, smarten up. I wanted to get my life back on track, just to get sober, and when I came back [staff] was like 'You can do it, you got this, you can do this.' She was like 'We'll give you a chance, you can do this.' And I 360'd my life right around after that.

Many participants described the Sanctum program as friendly and providing a home-like environment, which made them feel comfortable. Being able to open the fridge at any time and to eat leftovers was important to participants' agency. They also described Sanctum as being like a family. One participant mentioned that Sanctum was a welcoming place to heal. Some participants did not want to leave the program.

When staff and peer mentors provide a non-judgmental family-like environment, residents learn how to develop healthier relationships with others because they feel included and respected (belongingness)

Well, at first, I was kind of leery of it, but I got used to it quite quickly and it was, I thought, pretty home-like, you know? I didn't feel like an outsider, felt at home, it was nice.



Participants appreciated feeling in control of their health and having the opportunity to get better by being in an environment where people care about them.

*When staff and peer mentors adhere to a patient-oriented approach where residents are engaged in their own health decisions, **residents' self-care management improves** because they feel in control (empowerment)*

They taught me that my HIV is not going to rule me, I rule my HIV, like I'm not going to die of HIV as long as I take my meds. I rule my HIV, I don't let it rule me kind of thing. I'm not going to let it define me.

The support of community and peer mentors and reconnecting with family was recognized as integral to the entire experience. Some participants described the importance of ongoing supports after transitioning to the community.

*When residents have knowledge of available supports in the community (through Sanctum), **their self-care management is improved** because they believe they can succeed (self-efficacy)*

The support, when I left, I had – they gave me a worker that would check up on me all the time, follow ups, and take me to my doctor's appointments, or just to go have coffee, even celebrated my one-year sobriety, and I haven't touched nothing since I left Sanctum.



4.0 Key Takeaways

For a program to successfully serve clients facing similar challenges in other jurisdictions, the findings from this evaluation suggest three key takeaways. In the words of the participants, staff improve outcomes for Sanctum 1.0 residents through the following approaches:

- A harm reduction philosophy
- A non-judgmental, family-like environment
- A patient-oriented approach

- **Staff employed a harm-reduction philosophy and treated participants with respect, regardless of their choice to use or to abstain.**

They give the opportunity, they're supportive of drug use and stuff like that. They tell people there 'You can do it, just don't do it on the ground' and they're real supportive of it, they don't frown on it or nothing, they know people are going to do it, right, and they don't make it a taboo thing or nothing like that, they just ask respectfully for them not to do it, and I respect it, that's awesome. Because they know they're dealing with intravenous users, they know they're going to use, right? They don't pussyfoot around it; I think that's really awesome.

- **Staff and peer mentors provided a non-judgmental, family-like environment.**

She would listen to me, and nobody ever listened to me, and they would tell me things like 'You deserve' because when I grew up, that word was not in my house, nobody said 'deserve', nobody said 'I love you', things like that at my house. But there they did, and 'good morning' and things like that. Just the littlest things.

The moment I got out I didn't want to go because I was so sad, because I thought I'm leaving my family and no one's going to love me anymore.

- **Staff were always available to help participants with appointments or just to talk – the essence of a patient-oriented approach.**

They helped me with that, and they drove me around to my appointments and stuff like that. They were always there to help me when I really needed them, even just to talk, it was a beautiful thing. It really, really helped me.

5.0 Recommendations for Staff

Participants and patient partners were asked how Sanctum 1.0 could be improved. The following suggestions were provided, with some quotations.

1. **Build partnerships with local community supports and organizations:**

Participants highlighted how Sanctum's connections with the local communities enhanced transition from Sanctum to an effective and sustainable community-based lifestyle. This is particularly true with regards to addressing food insecurity.

While there is an array of community supports services available across Saskatchewan, knowledge of, ability to access, and transitions between services can be improved to ease the transition of participants leaving the program. For future Sanctum locations, having community partnerships offering resources in close proximity to the Sanctum program will be vital.

Partnerships can encompass collaborations with police, hospitals, housing services, Ministry of Social Services department to reunite families, and other social and community services.

2. **Staff training and retention**

Many participants highlighted that staff didn't have experience or training in harm reduction work or the ability to navigate emotionally demanding tasks. Staff should be aware of and ready for the emotional challenges of working with vulnerable populations. New staff should be trained in harm reduction and trauma informed care. Additionally, awareness around staff's mental health needs must include regular well-being check-ins to reduce burnout and staff turnover. The need for more staff was also mentioned, especially with respect to medication administration and teaching.

"I don't know, it's just kind of something that has to be really addressed, it's kind of a problem to have people dying where we're finding somebody dead in their room. It'd be pretty disturbing to other workers, especially people who just start and that, I find more mature people have that ability to brush that kind of thing off, the ones that are learning how get the information from the ones that have gone through it, how to handle it, to accept that it's – I kind of figure that would be a good thing."

3. Increased peer support and mentorship

Additionally, many participants mentioned the importance of peer mentors, particularly those who have successfully completed the program and are sober and experiencing better health outcomes. Staff with lived experience must receive training on setting and respecting healthy boundaries with residents.

“If they had more peer mentors and more drivers and more activities for us to do. I always say us because I’m part of them, I’m not better, I’m not worse either. They’re always asking me, I have a ride too, but I don’t have gas to drive everybody around. They always want to go do something; they want to do what everybody else does but their house won’t let them.”

4. Increased recreational activities and diverse programs

Many participants requested more activities to keep residents occupied:

“More snacks. Let me think here. I don’t know, you guys got it down pretty good, I can’t think of anything really. Find more stuff to do, more things to do with your time, idle hands are the Devil’s playground, you know? There’s not much to do, I know, but you’ve got to find stuff for people to do when they’re bored, especially when staying in.”

“More programming, more programs for people to do, keep them busy, give them something to look forward to and work towards.”

“I would say more outings, like going out with the staff, going for walks, stuff like that. More movie nights, maybe activity nights, like where you can play bingo or stuff like that. Just more stuff to get everybody involved.”

5. Data entry for Sanctum records

Conversion to a different database is recommended so that there is less manual work needed around data entry and analysis.

There are inconsistencies in Sanctum data, such as confusion between “no” and “n/a” responses. A recommendation is that “no” should be used if the service is applicable but not used; while “n/a” should be used when the service is not needed (e.g., gynecological services as “n/a” for male clients).



6.0 Conclusion

This report describes how and why the Sanctum 1.0 program worked for the 11 participants who were interviewed. Findings showed how Sanctum positively influenced residents at an individual, program, and community level. Outcomes included decreased risky behaviors, developing healthier relationships with others, and improving self-care management through feelings of self-worth, respect, empowerment, and motivation. These outcomes were made possible through strengths of the Sanctum program, such as providing knowledge of medications, access to available supports in the community, access to meaningful cultural crafts and activities, opportunities for spiritual care and cultural connection, a harm reduction philosophy, a non-judgmental, family-like environment, and a patient-oriented approach where residents are engaged in their own health decisions.

It should be noted that we were unable to interview non-graduates due to the difficulty in reaching them either due to houselessness, or limited internet availability. Therefore, this report cannot draw direct conclusions regarding why the program did not work for non-graduates.

Programs in other jurisdictions are likely to achieve successful health outcomes for people with high-risk social conditions who are living with HIV by applying Sanctum's harm reduction philosophy, providing a non-judgmental family-like environment, and adhering to a patient-oriented approach.

Acknowledgements

We gratefully acknowledge the late Richard Jessop for his invaluable contributions to the project.

We thank the Sanctum participants for sharing their perspectives, and Sanctum staff for recruiting participants to making this work possible. The Saskatchewan Centre for Patient Oriented Research (SCPOR) offered patient partner training.

Authors

This evaluation was supported by Dr. Gary Groot's research team:

Maryam Yasinian, Marissa Evans, Erin Leeder, Dr. Ali Tote Alimezelli, Erin Leeder and Master's Students Shanice Fletcher-Hildebrand and Shelby Moniuk.

Project was funded by a Catalyst grant from:



Canadian Institutes
of Health Research



7.0 References

1. An Alternative Care Model [Internet]. Sanctum Group. Sanctum Care Group; 2021 [cited 2022Apr19]. Available from: <https://www.sanctumcaregroup.com/programs/sanctum>
2. Public Health Agency of Canada. Page 8: HIV and AIDS in Canada: Surveillance Report to December 31, 2014 - Results: At a glance [Internet]. Canada.ca. Government of Canada; 2015 [cited 2022Apr19]. Available from: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/hiv-aids-canada-surveillance-report-december-31-2014/page-8-results-glance.html>
3. Public Health Agency of Canada. HIV in Canada: 2020 Surveillance highlights [Internet]. Canada.ca. Government of Canada; 2021 [cited 2022Apr19]. Available from: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/hiv-2020-surveillance-highlights.html>
4. Fletcher-Hildebrand S, Alimezelli H, Carr T, Lawson K, Ali A, Groot G. Understanding the impact of a residential housing programme for people living with HIV/AIDS: A realist evaluation protocol [Internet]. BMJ Open. British Medical Journal Publishing Group; 2021 [cited 2022Apr19]. Available from: <https://bmjopen.bmj.com/content/11/4/e044522>

8.1 Appendix:

Method – Realist Evaluation

Realist evaluations establish what works (and what does not work) in a program, for whom, in what contexts, through identification of the how and why (mechanisms). This type of evaluation is most appropriate for new programs that appear to function as intended but where the 'how and for whom' pieces are not yet understood. Realist evaluations also provide understanding of how to adapt the intervention (i.e., Sanctum 1.0) to new contexts.

The goal of a Realist evaluation is the development and refinement of a program theory that identifies how program activities are understood to cause or contribute to outcomes and impacts. In other words, a Realist evaluation seeks to develop a deeper understanding of how and why programs work, in what contexts, and through which mechanisms rather than focusing simply on whether a program works or does not.

The assumption is that each program has a unique set of characteristics: Context, Mechanism, and Outcomes (CMO) that constitute its makeup and makes it work (or not work). Realist evaluation assumes that an intervention causes certain elements of context to generate particular mechanisms which in turn lead to observable outcomes (C+M=O or CMO configurations). Contexts are defined as the characteristics of the conditions in which an intervention operates, while mechanisms, which include reasoning and reaction, refer to the ways in which an intervention brings about change.

Considering Sanctum 1.0, an example of a CMO configuration may be how the supportive staff (C) along with patient empowerment (M) may lead to medication adherence by patients (O).

8.2 Full list of interview quotes

Individual Residents	page
<i>When residents have knowledge of their medications, they improve self-care management and decrease risky behaviors</i> <u>because</u> they want to get better and live longer (intrinsic motivation).	24
<i>When residents have opportunities for spiritual care, cultural connection and meaningful activities, they decrease risky behaviors</i> <u>because</u> of increased pride in who they are (self-worth).	26
Peer Mentors	
<i>WHEN there are peer mentors to talk to, residents are able to self-disclose, because they trust mentors with shared lived experiences</i>	28
Sanctum Staff	
<i>When staff and peer mentors use a harm reduction philosophy, residents decrease risky behaviors</i> <u>because</u> they want to get sober (intrinsic motivation).	29
<i>When staff and peer mentors use a harm reduction philosophy, residents decreased risky behaviors because they feel less stigmatized.</i>	31
<i>When staff and peer mentors provide a non-judgmental family-like environment, residents learn how to develop healthier relationships with others</i> <u>because</u> they feel included and respected (belongingness).	32
<i>When staff and peer mentors adhere to a person-centered approach where residents are engaged in their own health decisions, residents' self-care management improves</i> <u>because</u> they feel in control (empowerment).	35
Sanctum and Community Services	
<i>When residents have knowledge of available supports in the community (through Sanctum), their self-care management is improved</i> <u>because</u> they believe they can succeed (self-efficacy).	39

When residents have knowledge of their medications, they improve self-care management and decrease risky behaviors because they want to get better and live longer (intrinsic motivation).

"By taking my meds properly on time, knowing how important they are, how important it is to take my meds, I need my meds, super important to take my meds, like I need my meds to keep healthy, stay healthy, very important. I didn't realize how important it was until they told me and emphasized and showed me how important it was to take my meds, I didn't really believe it until they showed me, like "[name], you don't know how important it is?!" Like "No?" They instilled it into me, showed me a chart, showed me a paper, like "this is how important it is!" Okay, I get it, it's important!"

"Having the other medications too helped you stay away from bad ones, making proper medications."

"Well, it's for people with HIV and like I said, taking their medications, that's what happened to me, when I found my wife diseased, I lost hope and everything and I quit taking my medication and I started getting infected, HIV was going to full-blown, so I ended up in the hospital with multiple surgeries. So, that made me realize I've got to take my medication every day in order for me to be the same and stay alive, I guess."

"Yeah, yeah. They always made sure they come give me my meds on time, that was a good thing because I have that imprinted in my mind now, to take my medication every day because they got the wheels going, they got the cycle for me to take my pills every day and I know now, I have to, otherwise I'll die if I don't. And that's the main thing."

"The help, the consistent medical attention that you get, and make sure that you're taking your meds, and that's about it. Keep you on the right track, pretty much."

"Before I would never take medications, that's why I ended up in the hospital. And once I moved to Sanctum, they got me on the right medications and they would watch me and make sure I was taking them right, and they would teach me how I was supposed to be taking them. So now, when I'm living on my own, I can take my medication regularly and I don't have any problems with it."

"Yeah, they helped me with the medicines, antibiotics and stuff like that. I didn't know how to do it, even though the doctor showed me, I still couldn't do it for the longest time, but they helped me with that."

"How they helped me take care of my health, I could say they made me more aware of my health, like my blood count and all that. I never really thought of that, but they taught me all that, with HIV. I never, ever thought of that, but they taught me about that, how to take my meds, and I could become normal again. They were there for meds, make me remember them, that's about it"

"It got me taking my meds and I'm still struggling with it but here kind of helped me too to get my meds, and I'm still kind of consistent on going, so I'm getting them which is nice. It's helping me live longer."

"They treated me good and helped me to heal in the proper way and take my medication all the time, I didn't miss no medication while I was there. I haven't missed any medication since I got out of there, yeah."

When residents have opportunities for spiritual care, cultural connection, and meaningful activities, they decrease risky behaviors because of increased pride in who they are (self-worth).

"If you're planning on getting sober, you're going to be there for a while, you've got to put some work, be proud of craft work, put your mind to your craft, maybe that could be there. When I was there, I painted some nice rocks that I was proud of, I made a lanyard while I was there, I did that. I started a garden while I was there. I don't know what else. I don't know."

"I like it when they do arts and crafts, I like it when they sit down and a talking group, where people could talk about their own subject, kind of brainstorming, yeah"

"Oh yeah, they give stuff to do, they do crafts. We got locked down with COVID for 3 months, when COVID first came out, for 3 months straight, that was brutal. That's when I was first becoming sober, Oh my God, no drugs and they were like "You can leave, but you can't come back." They did crafts, painting, drawing, board games, TV. It was always – beading, they always try to find stuff for us to do."

"Find more stuff to do, more things to do with your time, idle hands are the Devil's playground, you know?"

"Oh yeah, they give stuff to do, they do crafts. We got locked down with COVID for 3 months, when COVID first came out, for 3 months straight, that was brutal. That's when I was first becoming sober, Oh my God, no drugs and they were like "You can leave, but you can't come back." They did crafts, painting, drawing, board games, TV. It was always – beading, they always try to find stuff for us to do."

"But yeah, we have crafts and stuff, we go driving, and then they have their doctors' appointments, or they take them shopping, on outings, things like that."

"Oh, just by staying there and not using any drugs, being positive, I follow spirituality, that's helped me. A lot of smudging and praying to our creator and the grandfathers, grandmothers, that's what I do every day."

"You know what, I feel content inside, I don't feel – I feel like I'm on the right path and I'm supposed to be here talking to you right now, and when I'm at Sanctum, I know I'm supposed to be there, being there where I am right now. I don't know if you believe in God or whatever, but I talk to God every day and I know he likes it when I talk to him."

"Well, just trying to stay alive because I was in the hospital, I went through 15 surgeries and 15 blood transfusions, so I – they helped me to stay alive, I guess. But I did a lot of praying, that's what helped me, the Creator."

"Right now, just working on my spirituality and I'm working on myself, trying to maintain my life in a good way, not a bad way. I always try to stop myself from doing something bad"

"When I was there, they had an elder that would come in three times a week, but I'm not sure if they have that anymore."

Interviewer: Okay. Did that help you spiritually as well?

"It did, it gave me another person to talk to and he understood what I was going through, and he was able to talk with me every second day, he would be there."

"I have a light inside me now. In my life I always had something empty inside me until I found God and that filled that emptiness, and I didn't need the booze anymore, and that's what really – they gave me that, they came, they saved me, they got me to get God into my heart and everything, I'm doing good, I'm going to live the rest of my life 'till the day I die, and God comes and gets me. I'll be the one going up, I'll be the brightest one flying in the sky."

"I took a year off, I isolated myself, I did a lot of thinking, praying, and stuff like that. I became a Christian, and if it wasn't for Sanctum, I wouldn't have become a Christian, I wouldn't be here right now"

"It's by the programs they have or those meetings they have every week, I forget what it's called, where people get together, and they do activities and stuff. They've got a talking group, I think that helps."

WHEN there are peer mentors to talk with, residents are able to self-disclose, because they trust mentors with shared lived experiences

*"It did, it gave me another person to talk to and **he understood what I was going through**, and he was able to talk with me every second day, he would be there."*

"Yeah, just by talking to people and people that work there and **talking about my problems** and talking about how I lost my wife over a year ago, and I found her OD'd on fentanyl so really opened a lot of my life to look at drugs, that people die from drugs."

"But no, they would come and talk to us and when I was there I would go and talk, try to bring it out, and I noticed when I'm there that the ladies and some of the guys are expressing their feelings more because when I go there, I say it like it is, I let them know **that they're not the only ones that went through shit**, they're not the only ones that did that, I did that too."

"And I was one of the mentors there too, I worked for a while with them, talking. I was twice a week, we went there, and we got paid for it, we helped them out and we talked about it. It was almost like an AA meeting, they talk about their problems, how they were doing, how they were feeling about one another"

When staff and peer mentors use a harm-reduction philosophy, residents decrease risky behaviors because they want to get sober (intrinsic motivation).

"They just, pretty much they told me a safer way, they just told me they don't really want me doing it, they told me it's better not to, they more supported me not doing it, like "How about let's not do it? Let's stay in and let's not do drugs!" They're more supportive of sobriety.

"There were days I wanted to give up, so many times I wanted to give up, rough days, super rough days, I just wanted to quit, and I came close a couple times, I ran away when I first came to Sanctum, I ran away first night, and it took me 2 days to come back to Sanctum, smarten up. I wanted to get my life back on track, just to get sober, and when I came back [staff] was like "You can do it, you got this, you can do this." She was like "We'll give you a chance, you can do this." And I 360'd my life right around after that."

"They helped me out, they helped me get sober. If it wasn't for Sanctum, I wouldn't be here today. They helped me get back on my feet, yeah, it's really awesome. The HART team was so awesome, the HART team were super helpful."

Interviewer: "So, I know when I was in the Sanctum program, basically just me having a place to stay helped me stay away from more risky activities, was it the same with you?"

"I guess so, yeah, **plus having the other medications too helped you stay away from bad ones**, making proper medications."

"With the other people and that, I think they weren't too encouraged to quit. I admit too that I did sneak off to have a drink or two, I had to change in my mind myself. I had to do it on my own, not – if it wasn't for their help and that, I wouldn't have had the ability to use my brain right, to think right, to love myself again, to let myself know that my life ain't over yet, I can still enjoy my life and live it out good and try to be a good person."

"It was something that you have to want, you can't force it onto them, they have to want to change, they have to want to become better. If they don't want to become better, they just continue using and it's almost like they're afraid to let go because that's all they know what to do."

"I just wish that I could go out there and start talking with these people, become like a street counsellor or something. Walk around and talk to people and tell them that their lives are not over, that they still can get off of this, and I'm living proof that you can do it, you just have to want it. You have to want it inside otherwise it's not going to happen."

When staff and peer mentors use a harm-reduction philosophy, residents decrease risky behaviors because they feel less stigmatized.

"They give the opportunity, they're supportive of drug use and stuff like that. They tell people there "You can do it, just don't do it on the ground" and they're real supportive of it, they don't frown on it or nothing, they know people are going to do it, right, and they don't make it a taboo thing or nothing like that, they just ask respectfully for them not to do it, and I respect it, that's awesome. Because they know they're dealing with intravenous users, they know they're going to use, right? They don't pussyfoot around it, I think that's really awesome. The way they're going, I think they should what they're doing, the way they should be doing it, because that's how it's going for me, it is what it is."

"They treat everybody the same, it's up to people to understand and realize that it's up to them to help themselves too, it's not – they can only support you in the way that they can and so that's how I looked at it."

"But I learned from Sanctum to be proud of who I am, not hold my head down low. And I could go in any store and any place, and I'd have a right to be there just like anybody else, and they taught me that, and to love myself. You should see how I look."

When staff and peer mentors provide a non-judgmental, family-like environment, residents learn how to develop healthier relationships with others because they feel included and respected (belongingness).

"It was better than a relationship with patient and nurse, it was more than that, they were good people. It was good that they've been there, know what you're going through. With a nurse and patient, it's just business, well, not business but just for meds, she's doing her job, it seemed like staff were going beyond that, talking to us, they were sharing what they want to with us, it made me feel better, it made me feel more, wanted to help – it was more than a regular patient-doctor relationship, they listened to us and answered us. It was a good relationship with the staff there, I liked it. That's about it."

"I thought I was going to die there too, then they put me in Sanctum and I thought that's where I'm going to die, and I won't tell you all the grief. They cared and [staff member] was the one that, she would listen to me and nobody ever listened to me and they would tell me things like "You deserve" because when I grew up, that word was not in my house, nobody said "deserve", nobody said "I love you", things like that at my house. But there they did, and "good morning" and things like that. Just the littlest things. And I liked it there because they told me how to be strong again, not just drunk."

"The impact, actually, it's good. They show gratitude, they show kindness, like caring and even when you're upset or you're getting mad at them, they don't get mad at you back or anything like that. They let you calm down and they come and talk to you, and they have a good system going."

"Well, at first, I was kind of leery of it, but I got used to it quite quickly and it was, I thought, pretty home-like, you know? I didn't feel like an outsider, felt at home, it was nice."

"The thing I liked about it, I could get up in the middle of the night and go and look in the fridge if there's leftovers and I could go put them in the microwave and warm them up and eat."

Interviewer: "Did you feel at home when you were there?"

"Yeah. I didn't want to go."

"They would drive me and stuff, and they would make sure I took my pills, it would be at a certain time, and I just got used to it. It was a routine, well me, I would keep my routine, which I still do."

"They're very optimistic, yeah. They try to be – they give you – they try to push you to go further, you know what I mean? Like they try to give you that extra "you can do it"

"I think it's a safe environment, you can be yourself there and no one judges you."

"I don't know, I really don't know. I couldn't tell you how other people are, I think being positive about it is a big thing and it does affect everybody, you know? So, I think other people are happy as long as the environment is good there".

"To tell you the truth, it set me up to be ready to be a part of society."

"I don't know, I really don't know. I couldn't tell you how other people are, I think being positive about it is a big thing and it does affect everybody, you know? So, I think other people are happy as long as the environment is good there."

"I like having the supports, everyone was always supporting me along the way when things got hard, I liked always knowing that there was always somebody there to talk to, no matter what time of day it was, there was always somebody to talk to, always."

"It's very comforting, cozy. I like it. It's warm."

"It's good but depends on the person and what they want to do with their own lives, like if they want to be positive or be negative, I see people walking out of there with no explanation, they want to go get, so for me it's just positivity that I want. A safe place to live."

"It's a good place to be positive and heal and just give it time to heal, and stuff like that."

"Yeah, I think so, because when the environment, say somebody was mad, then you – it just makes sense, you caught the vibe and it'd bring you down too, feeling miserable and down and out. That negative stuff people bring out, they did bring people down. It brought me down, I don't know about other people. It was how they were, I guess. People being happy, it did change my health. Up and at it or laying in bed being sore. The environment did help."

"Well, they have laundry day, so if it's your day for laundry you've got to do it, clean up your room. So, it was like little things to guide you throughout the day."

"It made my stay very welcome, they actually – the staff do care about the patients there, they actually make sure you're doing good, they ask you what's on your mind. They make sure everything is going good for you."

"The moment I got out I didn't want to go because I was so sad, because I thought I'm leaving my family and no one's going to love me anymore."

"Keeping me fed, making sure you get your medications, giving you a place to stay. It's quite a few reasons actually."

"Yeah, I had my own room, it was very comfortable. I liked the people that were there."

"Sanctum was there to help me. They asked me if I needed anything, they brought a TV and a VCR in, stuff for me to watch, to get better, and they came and visit me and they helped me out quite a bit"

When staff and peer mentors adhere to a person-centered approach where residents are engaged in their own health decisions, residents' self-care management improves because they feel in control (empowerment).

"But they gave me the courage to live again, to understand that I have a chance to live, that I can live normally, and I've been taking my meds and everything, and everything's been doing okay."

"They taught me that my HIV is not going to rule me, I rule my HIV, like I'm not going to die of HIV as long as I take my meds. I rule my HIV, I don't let it rule me kind of thing. I'm not going to let it define me."

"It made me come alive, like being there I was more energetic and outspoken. It kind of woke me up, it was awesome. Because the hospital environment, it wasn't like that, it wasn't like on the street, it was totally different. It made me feel great."

"I think it's a big difference on who you hire and how they maintain the housing because people are living there, you've got to keep it comfy, have to feel comfortable, if you're not comfortable you're not going to want to stay there. If they're letting some asshole work there, you're going to have asshole conditions with the people."

"Yeah, they're very optimistic, yeah. They try to be – they give you – they try to push you to go further, you know what I mean? Like they try to give you that extra 'you can do it'."

"I don't know, the relationship with staff and residents is – I don't know, it seemed like they were good, they were there for you, they did care for us. It was better than a relationship with patient and nurse, it was more than that, they were good people. It was good that they've been there, know what you're going through. With a nurse and patient, it's just business, well, not business but just for meds, she's doing her job, it seemed like staff were going beyond that, talking to us, they were sharing what they want to with us, it made me feel better, it made me feel more, wanted to help – it was more than a regular patient-doctor relationship, they listened to us and answered us. It was a good relationship with the staff there, I liked it. That's about it."

"About using, about myself. I was ready to die, and I wanted to die, and they gave me that bit of hope to carry on and stay strong."

"Awesome, if they actually take it seriously there, if they actually go through it, they can go far in life if they take responsibility for themselves, and actually put their mind to it, like I did. I've come a long way, I've come a super long way. I'm a big success story. I got my son back, I got my own place now, I'm 18 months sober"

"I was finally getting better, and I had nowhere to go, the hospital wanted to release me and I had nowhere to be released to, and then Sanctum, they offered me a place. I was kind of nervous about it when I first heard about it, kind of iffy, I'm like "What the hell, it seems too good to be true!" Like sounds way too good to be true, but no, it was awesome! They helped me out, they helped me get sober. If it wasn't for Sanctum, I wouldn't be here today. They helped me get back on my feet, yeah, it's really awesome."

"I take care of my health the way I was supposed to, if it wasn't for Sanctum then I probably wouldn't know how to take care of myself. So, they showed me how."

"Can you give an example of how Sanctum helped you take care of your health?"

"How to take my medications, when to take them, what kind of foods to eat, what's good for the health and what's not good for the health, positive lifestyle."

"They operate good, I think. It's like everybody's there to help you get on with your life."

“It helps anyone, really, just not having that stress and worry about anything, didn’t have worry about anything.”

“If I had someone to call, appointments and stuff like that, they’d help me set that up and transfer me there, and take me to my meetings or whatever, my appointments, that’s how they helped.”

“It was good, it was pretty good, it was alright. They helped me, helped me get back onto my feet, get me back out into the world where I needed to be, helped me slow down on the drugs and that, recuperate myself. It helped me so much.”

“It’s like the people been there, they knew where we were coming from. It was housing, the appointments, clothing, food, everything. I don’t know where to stop and where to begin, everything was there. I don’t think there was one thing I was ever short of.”

“It helps them to improve their health more, I would say, and to a better recovery because it’s consistent and you take care of it right away.”

“They helped me with that, and they drove me around to my appointments and stuff like that. They were always there to help me when I really needed them, even just to talk, it was a beautiful thing. It really, really helped me.”

“I liked it there because they told me how to be strong again, not just (inaudible) and drunk, and that’s all I knew.”

“I am so grateful, if it wasn’t for them, I would be dead. I would be dead, I swear I would be dead.”

“They kind of give you a program to follow and helps you to, you know, have a purpose, instead of just thinking about your next fix or whatever.”

“If it wasn’t for them, I wouldn’t be alive. They really came into my life, showed that I can live again.”

“They helped me cope with everything I was going through at the time, using and that. So, I just kind of stayed away from using.”

“Cause they were scheduled. They had them in the staff room, staff held the medication, and we all took them at a certain time, everyone took theirs at a certain time, scheduled at a certain time, and I still keep that schedule to this day.”

“Before I didn’t care about my health at all, I was into the drugs. I was addicted to fentanyl for so many years that I can’t count. And after I moved to Sanctum, they totally changed my mind on everything.”

“I’m the kind of person that just wanted to drink myself to death and now I’m the kind the person that watch what I eat, I take supplements to help with my body, my lungs.”

"I was there, they'd come knock on my door. I slept in for my morning meds, they'd come peek in on me, let me know there's meds. They'd just make sure we took them on time, reminded us because if we went to take our meds and they're just there to remind me all the time. If I slept in, they'd come say better take your meds, med time. That's about all. I had the opportunity to talk to the doctor for me to do right, about meds and any changes you want."

When residents have knowledge of available supports in the community (through Sanctum), their self-care management is improved because they believe they can succeed (self-efficacy).

"The support, when I left, I had – they gave me a worker that would check up on me all the time, follow ups, and take me to my doctor's appointments, or just to go have coffee, even celebrated my one-year sobriety, and I haven't touched nothing since I left Sanctum."

"I have to admit that I did slip a couple of times because of bad news and friends dying and that, but I didn't let it continue. I didn't every day like I did before, it was just a one-time thing, and the staff really helped, my talk with them and that, they give me encouragement and they tell me that I'm doing good, why do I keep on putting myself down, I'm getting better, and they're helping me."

"To tell you the truth, it set me up to be ready to be a part of society."

"But I learned from Sanctum to be proud of who I am, not hold my head down low. And I could go in any store and any place, and I'd have a right to be there just like anybody else, and they taught me that, and to love myself. You should see how I look."

"By supporting them, giving them the supports they need even after they leave. If they're leaving on Sanctum terms, Sanctum makes sure that they have the right tools when they're leaving to make sure that they're going to be successful later in life. Like when I left Sanctum, when I was leaving Sanctum, Sanctum arranged it for me so that I'd be leaving into NIWA, where I was going to be getting my son back from Social Services, and so they made sure that I was living in a practical living housing and everything, so I was getting my son back, and it was just awesome. I made sure to stay (inaudible) housing and everything"

"By having my own place and not to do the drugs or anything that I'll take the risk to get kicked out because I'll end up on the street."

"Just by keeping in contact with us and giving us encouragement and stuff like that. I had [staff] and she was down from the hood too."

Interviewer: "How does Sanctum help residents take control of their lives and remain sober?"
"Well, I think providing the after-Sanctum programs and their appointments, the support, I think is one way. That's how I was able to do it."

“They get you ready for when you move out on your own. They make a good release plan, so they don’t release you into the system, they make sure you’re good and ready before they leave you.”

“They kind of took care of, you know, pretty well everything you needed to leave and set you up with a place, did your income tax, everything, you know? It was really good, I thought, awesome, really.”

“Yeah, they got the housing for me, got job searching.”

Interviewer: “So, did Sanctum set anything up after you left, like did they help you with anything after you left?”

“Yeah, yeah, they helped me get an apartment and stuff and all that, helped me with food, and they got me some furniture, and it was really, really nice.”