Preventing Discharge to No Fixed Address-Youth (NFA-Y)

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Sponsors

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  - Making the Shift (MtS) Youth Social Innovation Lab
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No Fixed Address – Youth (NFA – Y)

The NFA-Y evaluation tests the effectiveness of a potential best practice intervention for preventing discharge into homelessness for youths aged 16-25

Purpose: help inpatient youth who are at-risk of being discharged to homelessness find stable housing upon hospital discharge

Clients across two hospitals access the program referral from health care provider

NFA-Y Program Overview

Find stable housing	Access financial support	Transition to Community post-discharge

Why a youth version of NFA?

- 20% of the homeless population in Canada is comprised of youth between the ages of 13-24. (https://www.homelesshub.ca/about-homelessness/population-specific/youth)
- In a given year, there are at least 35,000-40,000 youth experiencing homelessness. (https://www.homelesshub.ca/about-homelessness/population-specific/youth)
- The needs of youth differ from the needs of adults

Unique needs of youth

Education Supports

Children's Aid Society

Youth-Sector Employment

Ontario Works vs ODSP

Sex Trafficking

Housing

- Lack of tenancy history
- Need for co-signer

No Fixed Address – Youth (NFA – Y)

Staff from Youth Opportunities Unlimited (YOU) assists youth to access:

- shelter
- long term housing
- supportive housing
- private market rentals
- and other housing supports

Staff also assists youth with:

- navigating community resources
- case management
- referrals to other community partners for additional supports and dual case management.

No Fixed Address – Youth (NFA – Y)

Helps youth obtain financial assistance through

- Ontario works (OW)

- Ontario Disability Support Program (ODSP)

- employment supports.

Works in partnership with the Housing stability bank (HSB) to help youth obtain grants for first and last months' rent

Research Methods

Administrative data from hospitals, and community agencies will be assessed to determine changes in the rates of discharge from hospital to homelessness

Interviews conducted prior to discharge, and at 6- and 12-months post-discharge:

Focus groups examine perceptions of the intervention, strengths of the implementation strategy, and suggestions for improving the program

Hospital Poster & Brochure

Housing for youth (September 2023)

Out of the 48 unique individuals met this year, 45 have been diverted from homelessness

10 Live in Private Market Rentals

2 have been matched and are living in YOU Corner Stone Transitional Housing

4 Living in YOU Shelter

12 have returned to live with family

1 Youth in St. Leonard's Transitional Housing

12 Youth matched to housing programs through the City of London

4 Youth Living in CMHA Transitional Housing

Results: Participant demographics

INTERVIEW 1

Inclusion

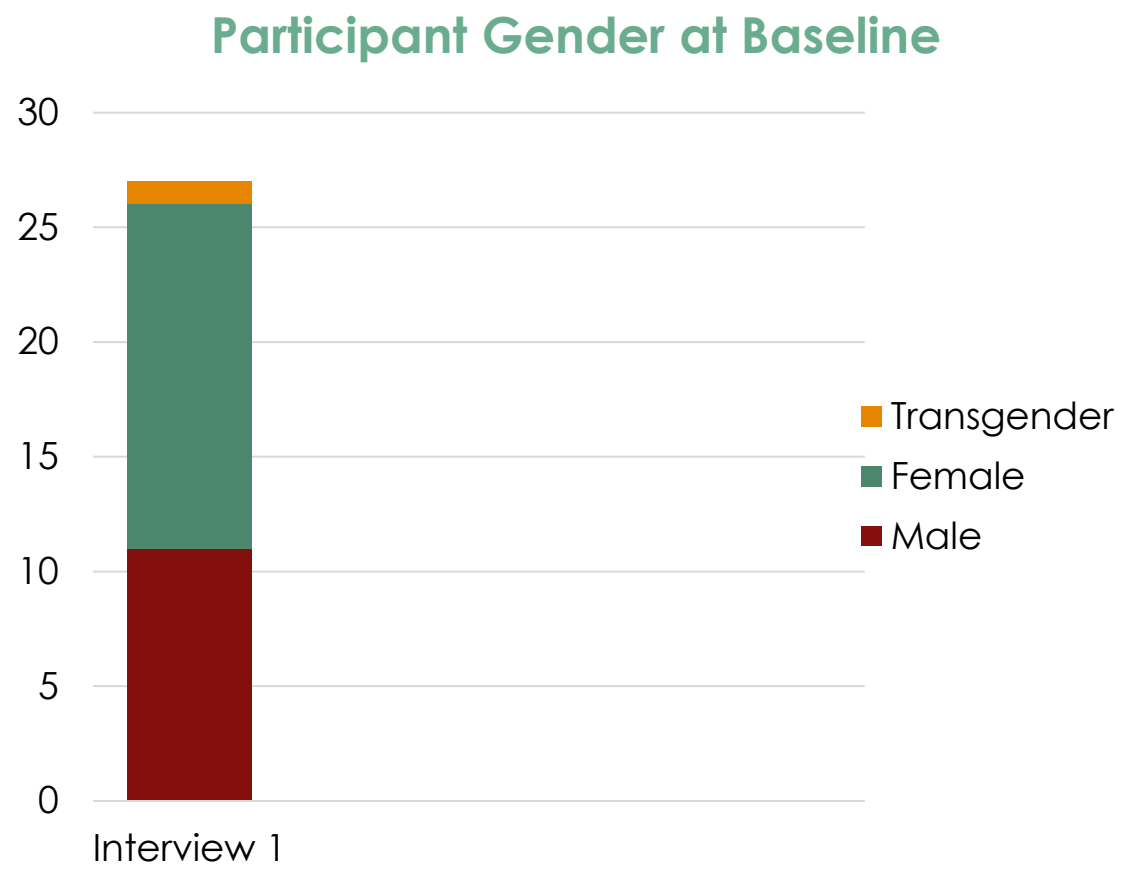
- Ages 16-24*
- Homeless or at-risk of homelessness
- Psychiatric inpatient

Program Utilization

- (As of September 2023)
- *N*=48

Interview Sample

- *N*=27
- 11 Male (40.7%); 15 Females (55.6%); 1 Transgender (3.7%)
- Age: *M*=20.3, *SD*=2.9
- Ethnic/Racial/Cultural group (Missing: *n*=1)
  - European origins (Caucasian): *n*=17
  - Indigenous: *n*=3
  - Visible minority: *n*=6



* CASES ARE EVALUATED ON AN INDIVIDUAL BASIS.

Results: Participant Psychiatric Diagnosis

Psychiatric Diagnosis(es)	Interview 1 N(%)
Yes	27 (100.0%)
Single Diagnosis	8 (29.6%)
Multiple Diagnosis	19 (70.4%)

Psychiatric Diagnosis(es) Type	Interview 1 N(%)
Developmental Disorders (e.g., autism, learning disability)	5 (18.5%)
Anxiety Disorder	12 (44.4%)
Disorder of Childhood/Adolescence (e.g., ADHD)	5 (18.5%)
Schizophrenia	9 (33.3%)
Mood Disorder	18 (66.7%)
PTSD	4 (14.8%)
Other	2 (7.4%)

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Results: Participant Physical Diagnosis

Physical Health Diagnosis(es)	Interview 1 N(%)
Yes	13 (48.1%)
Single Diagnosis	12 (44.4%)
Multiple Diagnosis	1 (3.7%)

Physical Health Diagnosis(es) Type	Interview 1 N(%)
Heart Condition	2 (7.4%)
Arthritis	1 (3.7%)
Respiratory Illnesses	2 (7.4%)
Epilepsy	1 (3.7%)
Other	8 (29.6%)

* CASES ARE EVALUATED ON AN INDIVIDUAL BASIS.

Results: Participant Homelessness

Homelessness	Interview 1: Yes N(%)	Interview 2: Yes N(%)	Interview 3: Yes (N%)
Absolute Homeless (current)	20 (74.1%)	6 (31.6%)	2 (14.3%)
Risk of Homeless (current)	7 (25.9%)	5 (26.3%)	2 (14.3%)
Absolutely Homeless (past year)	18 (66.0%)	16 (84.2%)	12 (85.7%)

* CASES ARE EVALUATED ON AN INDIVIDUAL BASIS.

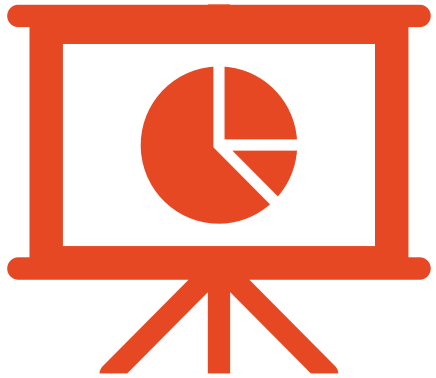
Results

From focus groups for NFA Y and H²I (adult) programs

Communication

Collaboration

Coordination



Outcomes

Communication

- The collaborative approach allows for improved communications between agencies to provide improved care for clients

- The use of focus groups to identify issues and address them allows for continuous improvement of the program

Collaboration

- This program has many different agencies with diverse perspectives and experiences
- This program involves engaging community partners, using the services they have to offer
- Having youth with lived experience on the advisory committee provides for an invaluable perspective in the implementation of the program

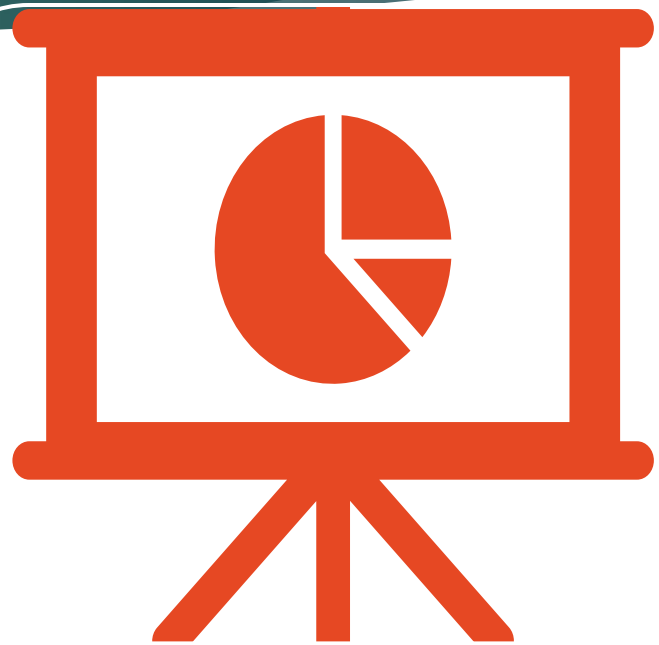
Coordination

- Having a single, internal contact to network between the participating agencies to streamline access to housing
- The use of a centralized database (HIFIS) means that different agencies can continue being involved in patient care beyond a single encounter

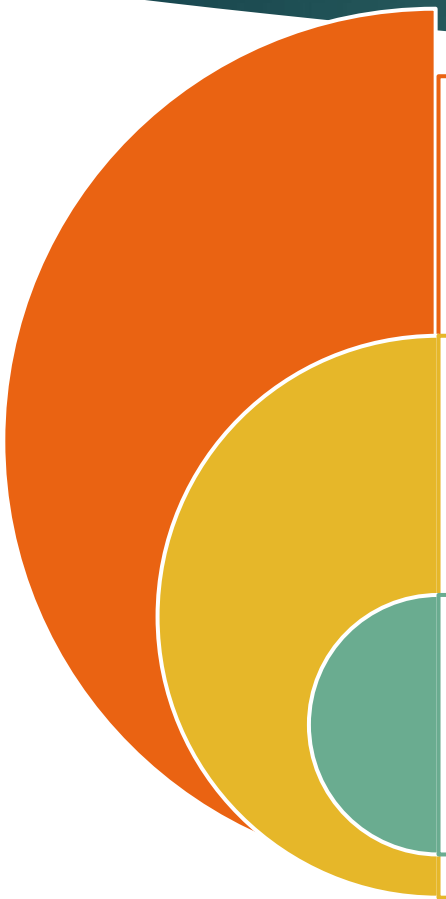
Outcomes

- *"What's gone well is actually the amount of people that have been supported into housing through our diversion and prevention efforts"*

- *The NFA Y program has been so successful that it has been sustained by LHSC as a permanent program beyond the research funding period*



Conclusions: Tips for implementation



Communication

- Recognize discharge to homelessness could be a problem in your community.
- collect administrative data on how frequently patients are discharged into homelessness.

Collaboration

- Work with agencies within your community as partners to address the issue of discharge to homelessness.
- Establish relationships with landlords

Coordination

- Establish a primary point of contact who can oversee admissions and referrals.
- Produce a brochure that contains the contact information of the primary point of contact.

Questions?

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