MENTAL HEALTH AND ADDICTIONS SUPPORTIVE HOUSING PROGRAM

Strategic Planning, Measuring Implementing Housing First Programs

Canadian Mental Health Association
Lambton Kent
Mental health for all

COUNTY OF LAMBTON

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LAMBTON COUNTY OVERVIEW

Southwestern Ontario
Border Community to the USA
Population of 126,638
11 Municipalities
3 First Nation Communities

3 Emergency Shelters
1 Domestic Violence Centre
2 Transitional Housing Units

Over 25 agencies within the housing and homelessness sector

Provides stable housing for the ***"Hardest to House"***

Incorporates ***wrap around supports*** with the intention of moving individuals into ***permanent independent living situations***

Housing Subsidies

Collaborative Team Approach

Housing First Philosophy has been ***naturally embedded*** within the program

STRATEGIC PLANNING

- ✓ Research of other communities for existing models for implementation.
- ✓ Determine barriers resulting in community level homelessness within Lambton County.

“Bring The Right People To The Table”

Identify "Gaps in Service" with respect to their own clients

Identify programming that could lessen these barriers

Identify projects to be considered for piloting- general idea of the pilot and agencies to be involved

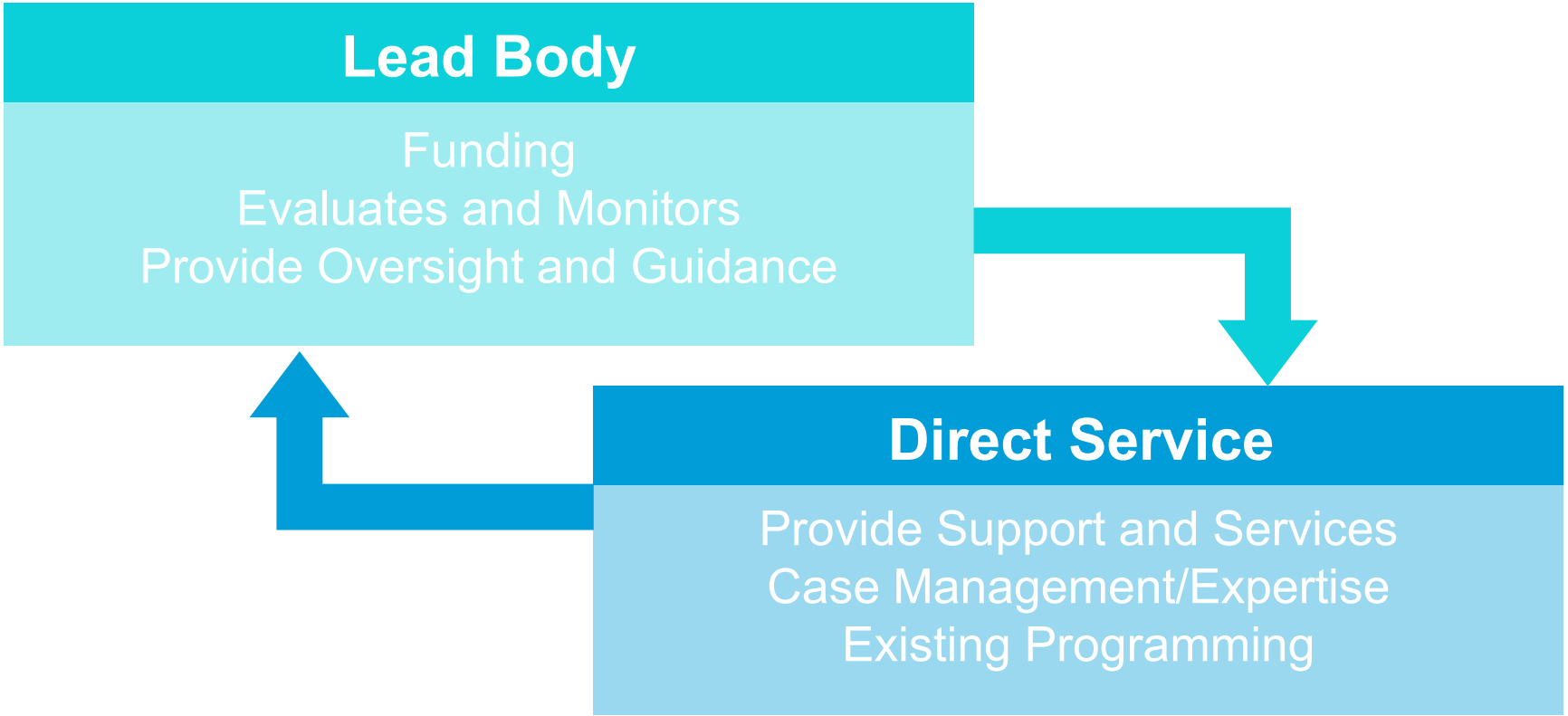
LIGHTBULB MOMENT

Enhance what we already have!

Existing services in the community could be enhanced and built upon rather than starting completely new.

These services/program were seen by the group as currently successful but unable to expand due to resources.

GOVERNANCE MODEL



HOUSING FIRST PHILOSOPHY

- Permanent, independent housing through rent subsidies and mental health supports
- Does not have conditions on housing “readiness”
- Treatment and support services that are ***voluntary, individualized and culturally appropriate***
- Services include mental health, substance use, physical health, education and employment
- Offers ***clients a choice*** of housing: i.e. scattered site across the community
- Commitment to re-house clients

PROGRAM STRUCTURE

Promote
- Direct approach of delivery agency staff
- Networking and media releases

Select
- Initiated by referral from the shelter and food bank staff
- Matching based on supply and demand

Assist
- Find safe and adequate housing
- Obtain appropriate supports by delivery agency staff

Support
- Ongoing wrap around supports
- Linking to direct supports

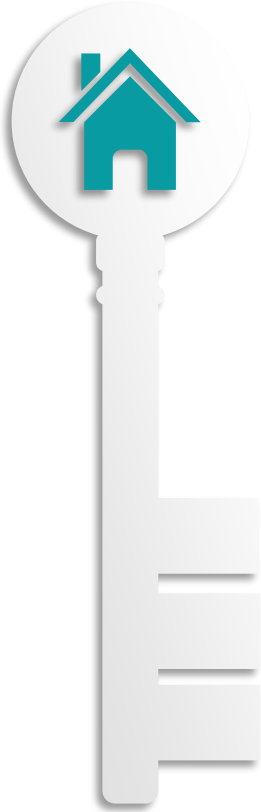
TARGET POPULATION

- ✓ Chronically Homeless
- ✓ Absolute Homelessness
- ✓ High Risk Of Homelessness
- ✓ Mental Health
- ✓ Addiction Issues

Chronic or episodic homeless may include people who are:

- *Unsheltered*
- *Emergency Sheltered*
- *Provisionally Accommodated*

COLLABORATIVE TEAM APPRAOCH



- ✓ 2 FT staff from CMHA
- ✓ Client, mental health and addictions team and shelter staff
- ✓ Staff works on site- mental health and supportive housing worker
- ✓ Provides enhanced mental health and addiction services to shelter residents to seek stable housing
- ✓ Transitions from shelter to supportive housing

ROLE OF LEAD AGENCY

- ✓ Locating and Securing Housing
- ✓ Assistance in Meeting Basic Needs
- ✓ Case Management and Skill Building
- ✓ Coordinating Services and Supports
- ✓ Assistance to Maintain Housing Tenure
- ✓ Rent Supplement/Affordable Housing
- ✓ Advocacy for tenant/client

All of which are completed with client participation

MEASUREMENTS PLAN

OUTCOME MEASURES must be ***specific*** and ***observable***

What we expected to see:

- ✓ Reduced periods of homelessness or emergency shelter
- ✓ Increased tenure in supportive housing (social or private market)
- ✓ Increased client and stakeholder satisfaction
- ✓ Reduced use of emergency services
- ✓ Increased engagement with community supports

Objectives

Increase the number of individuals housed in ***sustainable environments***

Increase the ***coordination of services*** to individuals by agencies

Identify and engage those experiencing chronic/episodic homelessness

Facilitate ***multi-agency*** case planning

Transition stabilized individuals to ***less intensive levels of supports***

Provide ***long term housing*** to individuals that meet the criteria for chronic or episodic homelessness

Indicators

- # of individuals who reduced their homeless/emergency shelter nights
- # of individuals that increased engagement with mental health supports
- # of individuals that reduced emergency services for mental health/addictions
- # of individuals that moved along the housing continuum
- # of individuals that reported an improvement in housing stability
- # of individuals who reported improved living conditions

Information to Collect

At Intake	At Discharge
✓ History of mental health/addictions service engagement/utilization	✓ Change in mental health/addictions service engagement/utilization
✓ History of homelessness or emergency shelter use	✓ Change in homelessness or emergency shelter use
✓ History of emergency services use	✓ Change in emergency services use
✓ Demographic information	✓ Change in housing dynamics
✓ Individuals current housing dynamics	

CHPI Pilots Overarching Outcomes Measurements Plan

Outcomes Measures	Data to Collect *Categories for answer options will be provided for convenience and consistency*	When to Collect: At Intake	When to Collect: At 4, 8, 12 month F/U	Method(s) of Collection	Responsibility	Reporting Mechanism
1. Movement along the housing continuum	• Client's current housing	✓	✓	Discretion of lead organization/pilot staff Some examples: • Part of intake form • Part of intake interview • During follow-up phone call(s) • Part of client satisfaction surveys **Social Planning staff can/will provide support with this if requested.*	Lead organization/pilot staff	Excel spreadsheet provided by Social Planning staff & emailed back at designated times
2. Improvement in housing stability	• Length of time in current housing	✓				
	• Client's current quality of housing *(as assessed by pilot staff)*	✓	✓			
	• Description of client's overall housing experience in past 3 years *(as assessed by pilot staff)*	✓				
3. Client's perception of housing situation before and after participation in program	• Client's feeling of safety in current housing *(based on scale of 1 - 5)*	✓	✓			
	• Client's own assessment of housing situation *(improved, stayed the same, declined, unsure)*		✓			
Demographic information	• Gender identity • Age • Vulnerable populations • Number of dependents • Marital status • Level of education • Source(s) of income	✓				
4. Success of partnerships established to implement pilots	• Assessment of partnership(s) based on various categories: o Synergy o Leadership o Efficiency o Administration & Management o Resources o Decision Making o Benefits & Drawbacks to Participating	Annual		Partnership Self-Assessment Tool (PSAT)	Social Planning staff will collect Lead organizations & their identified partners will complete	Online survey

Data Collection Methods

Pre and Post Measures	Case Management	Follow Up
• Intake Form • Discharge Form • Assessments	• One on One • Check In Appointments	• Interviews • Discharge Appointments

WITHIN ONE YEAR OF THE PILOT

- All 16 clients had experienced no episodes of homelessness since participating in pilot.
- Increased tenure in supportive housing (social or private market) **5840** days in their homes instead of homeless or in shelter.
- Increased engagement with community.
- School, Volunteering, YMCA, Groups and other community activities.

In 2018, based on the demonstrated success and impact of the program, the County of Lambton had applied to the Ministry of Municipal Affairs and Housing for Home for Good Funding- with this success, the Supportive Housing Program is now a fully funded program within the community.

PROGRESS TO DATE

COMMUNITY IMPACT

89% have moved along the housing continuum
into a Private Market Rental

✓ 100% satisfaction was reported in regards to housing and services provided.

The following impacts were identified:

Increased Affordability 94%

Increased Stability 97%

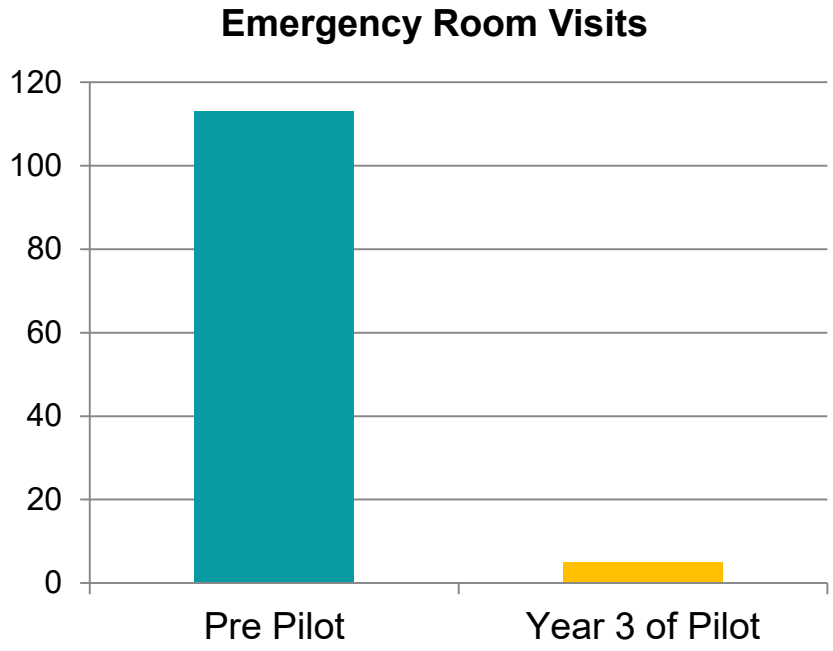
Increased Safety 97%

Improved Housing 99%

✓ Reduced use of emergency services for mental health and addictions by 80%

One year prior to the program the individuals accessed the emergency room a total of **113** times

As of today there has been a collective total of **5** emergency room visits



CLIENT STORIES

Client with history of episodic homelessness has been permanently housed since July 2016. Client has since reconnected with family members, is attending an Adult Learning Centre to receive High School Diploma and is working part time.

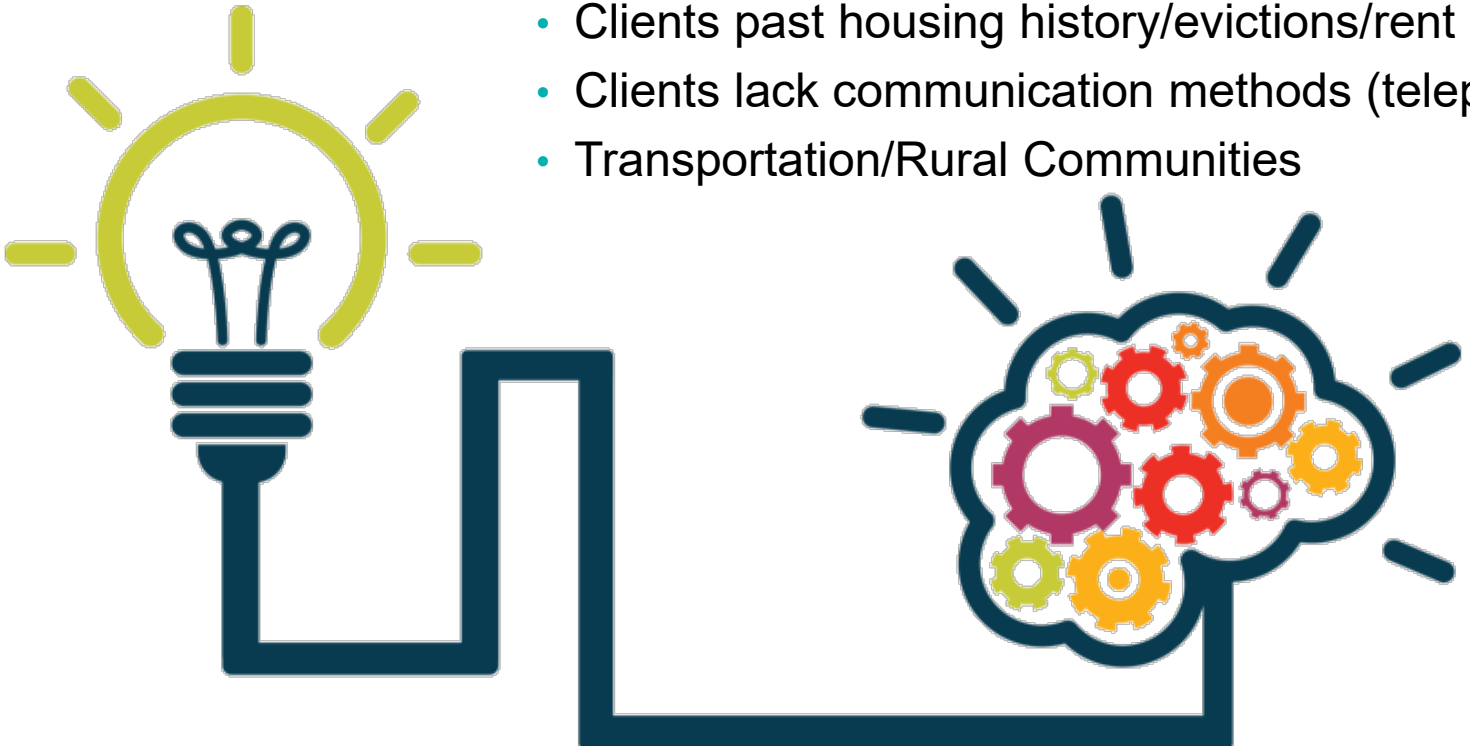
Client with history of frequent hospitalizations has been permanently housed since July 2016 with no hospitalizations since housed.

Client with history of chronic homelessness and addiction concerns has been housed since August 2016. Client receiving 3 year sobriety tag August 2019.

Client apartment maintained through incarceration period to ensure client had safe housing upon release. Client moved into Apt as of February 01, 2017 and has maintained housing with no further involvement with Criminal Justice system.

PROGRAM BARRIERS

- Apartment vacancy rates low
- Apartment costs/cost of living has increased substantially
- Clients past housing history/evictions/rent arrears
- Clients lack communication methods (telephone)
- Transportation/Rural Communities



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Discoveries That Matter