

Linking to Mainstream Services Through Housing First

Examples & Strategies For Making & Maintaining
Connections To Ongoing Supports

CAEH London 2016

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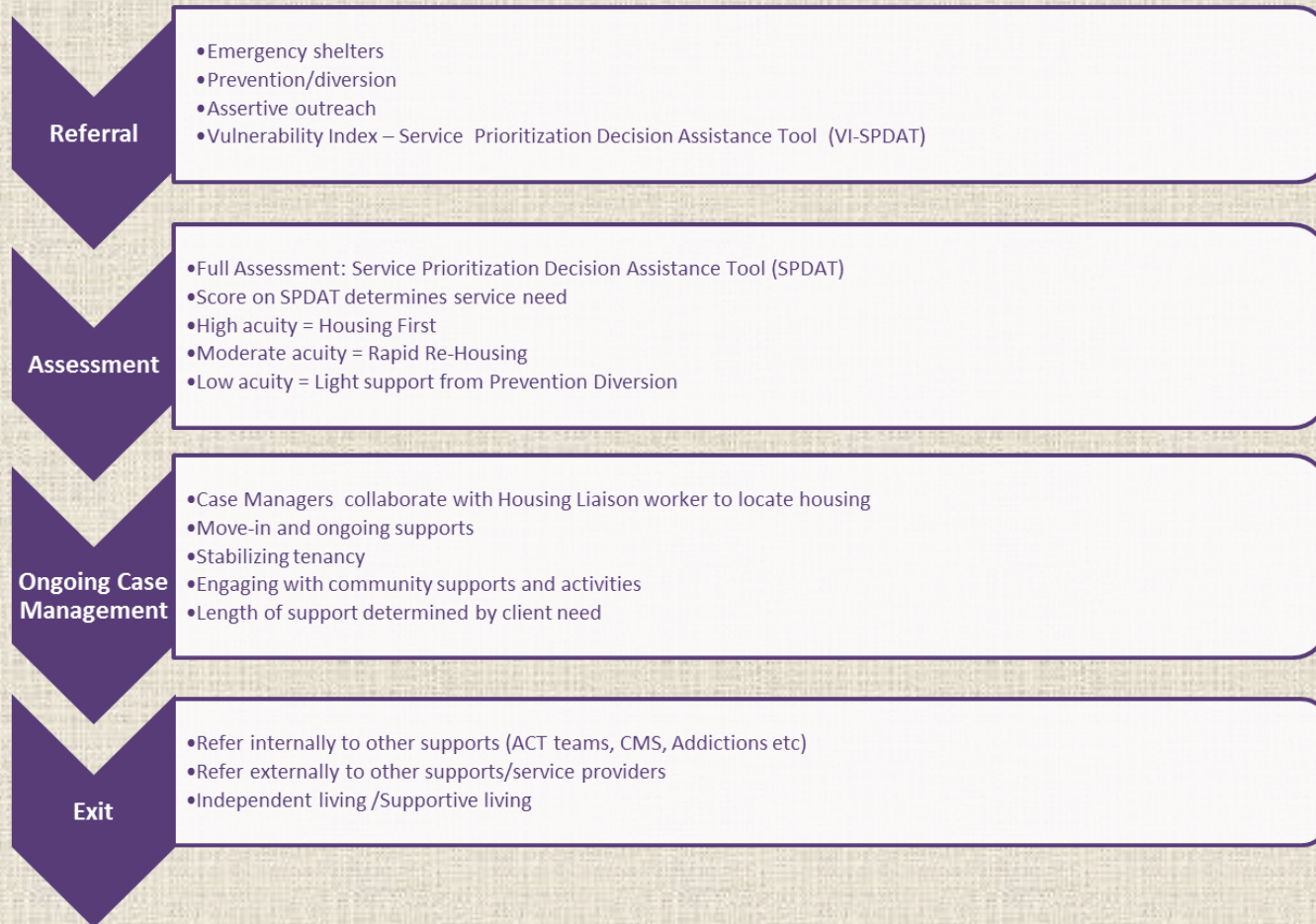
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Introduction to Housing First Kingston



Introduction to Housing First in Kingston

❖ How does Housing First fit into AMHS-KFLA?

- Allows ease of access when drawing on resources that are already in place such as Assertive Community Treatment Teams, Crisis Services, Court Support, and Housing Services.
- Utilizes previously built community partnerships such as those with the Kingston Community Legal Clinic, Providence Care, Kingston General Hospital, and the Vulnerable Sector Unit (Kingston Police Department).
- During hiring process, candidates were sourced internally, with the benefit of already having had experience working with the programs previously mentioned, as well as with community partners of the agency.



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Strategies & Solutions For Successfully Connecting Complex Clients to Mainstream Services

- ❖ **Internal referrals**
- ❖ **Assertive outreach**
- ❖ **Advocacy & follow-up**
- ❖ **Warm transfers**
- ❖ **Positive collaboration**
 - Case conferences
 - Double staffing
- ❖ **Shared philosophy**
 - Working from principles of Psychosocial Rehabilitation
 - Client centred
 - Meeting clients where they are at



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Case Studies

❖ LO

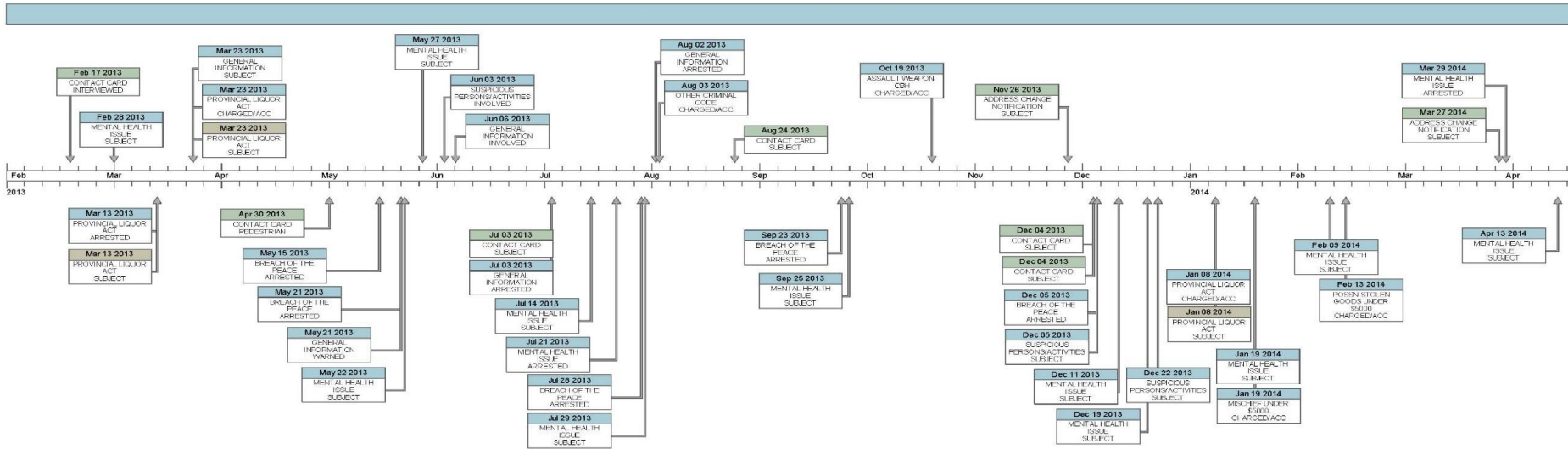
- Chronically homeless, over 15 years
- Shelter, incarceration, hospital
- Lengthy HX of substance use, legal issues
- Destruction of units, last tenancy was 3 days
- Housing search lasted over a year

Case Studies

❖ LO

- Connected with FACTT, Oct 2015
- Community support
- Housed in Mar 2016, now for 8 months
- Regular contact with landlord
- Drastic decrease in police interactions
- Decrease in hospitalizations, crisis interactions

Case Studies: LO



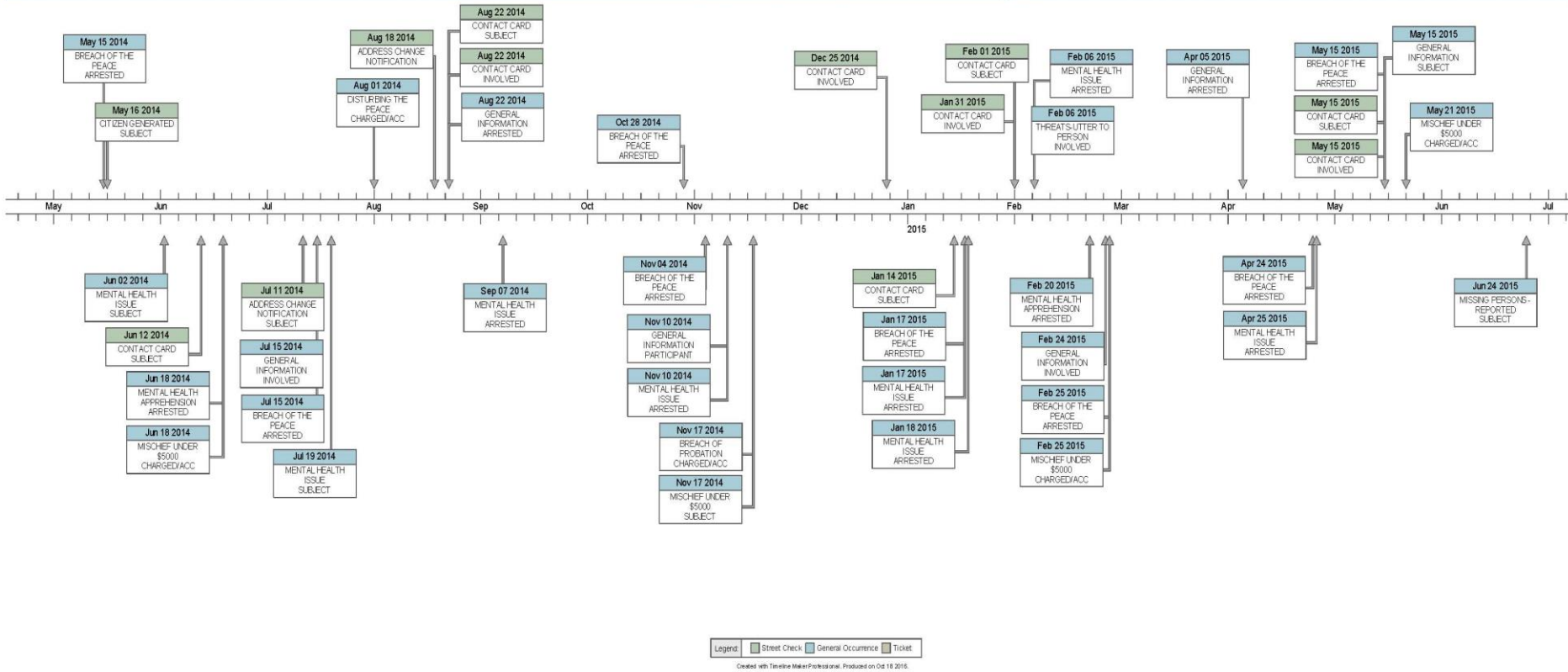
June 2013 to April 2014

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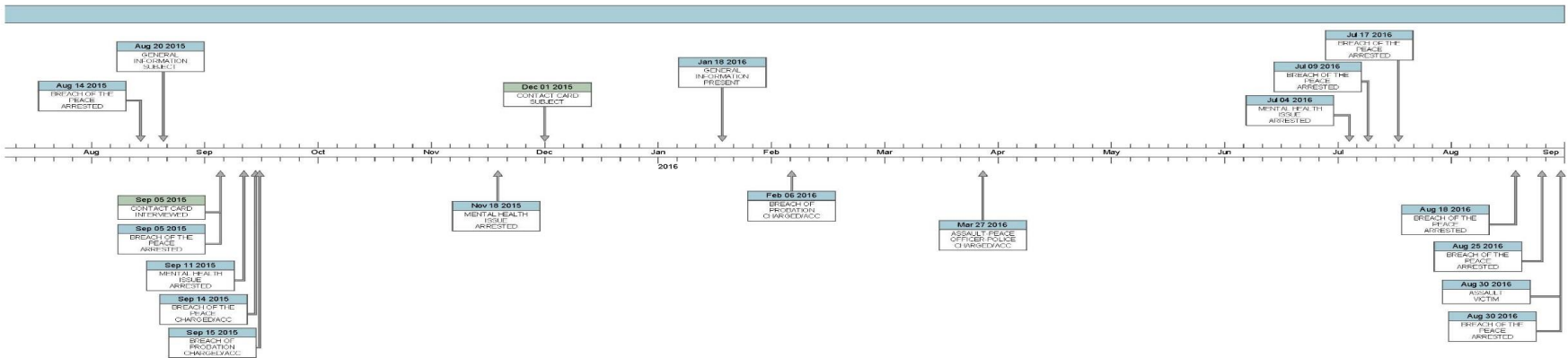


Police Contact with SUBJECT between 2013-Jan-01 and 2016-Aug-31



May 2014 to July 2015

Case Studies



August 2015 to August 2016

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Case Studies

❖ MB

- Chronically homeless, 15 years
- Primarily sleeping rough
- Long-standing SMI, Schizo-affective disorder at the age of 13
- Lengthy history of polysubstance use
- Tenancies lost due to behavior, arrears

Case Studies

❖ MB

- Discharge planning w/ forensic unit (PC)
- Brought pictures of unit
- Set up with crisis psychiatry
- Sept 2015 — move in to an open bed in AHMS-KFLA housing for a week
- 3 weeks, given N5 for smoking in the unit
- Oct 2015 — connected with NSACTT
- Nov 2015- successfully advocated for 3 week adjournment at LTB due to her mental health status

Case Studies

❖ MB

- Formed (NSACTT) late November 2015
- Dec 2015, alternate housing option, previously known landlord, smoking unit
- Discharge planning from KGH
- Dec 2015 — advocated at LTB, mediated to terminate tenancy as of Dec 31, 2015

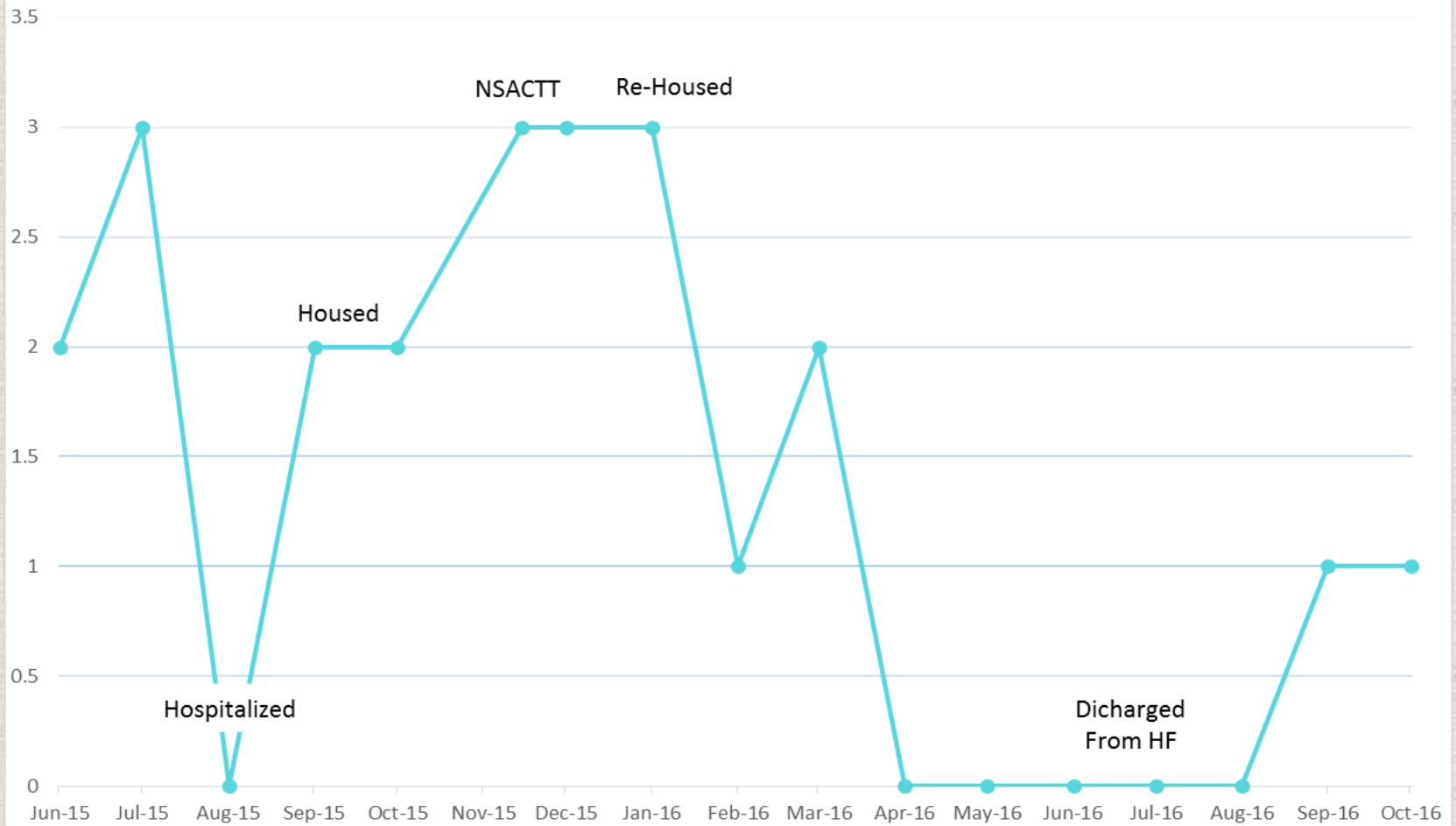
Case Studies

❖ MB

- Previous landlord provided reference
- Collaborated move for Jan 2016
- Now housed for 10 months
 - Removed from downtown environment
 - Smoking unit
- June 2016, discharged from Housing First services
- Decrease in interactions with crisis, police, and hospital

MB: A Visual

Number of Interactions With Emergency Services



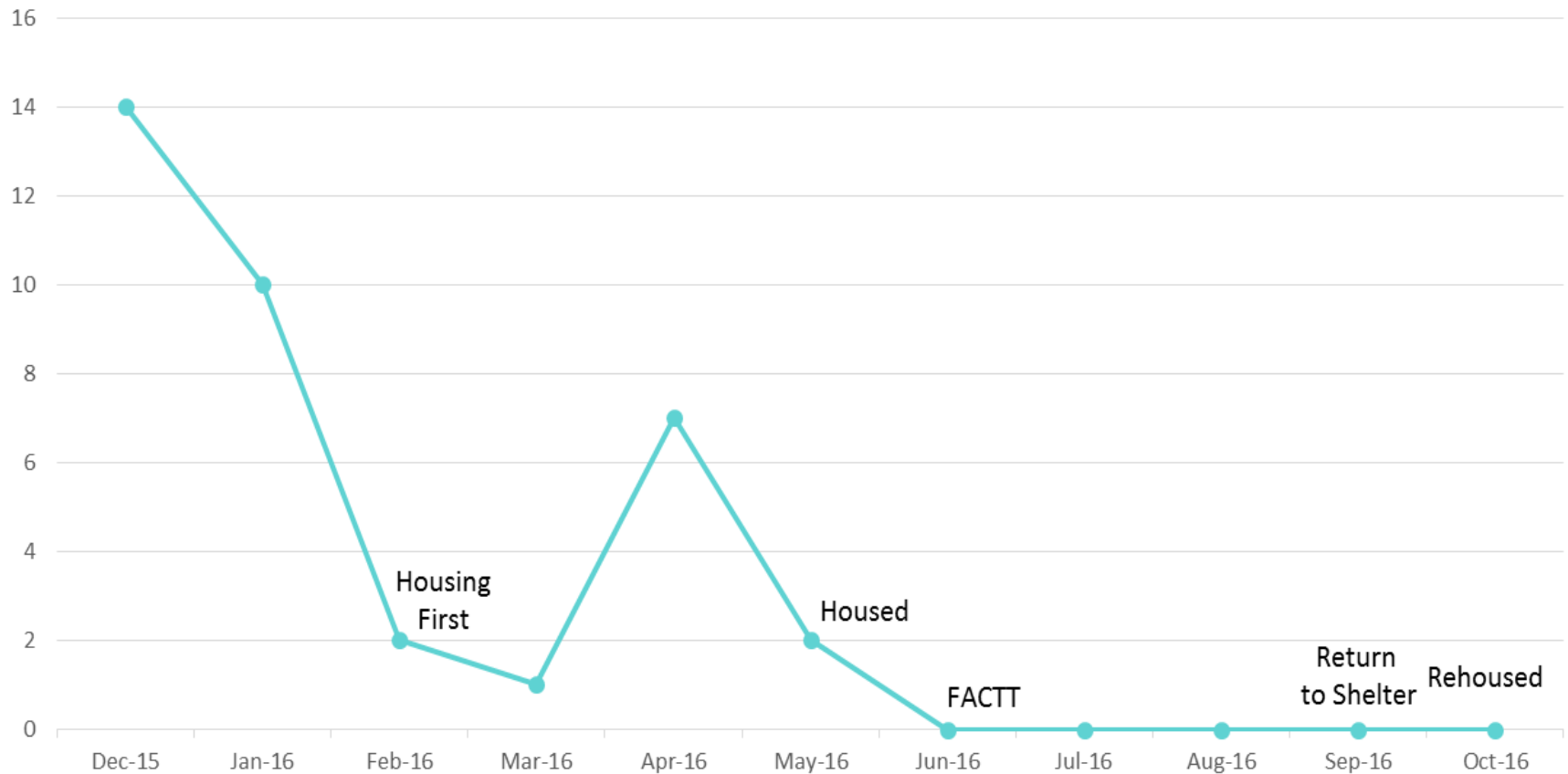
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Other Examples of Success: MD

Number of Interactions With Emergency Services



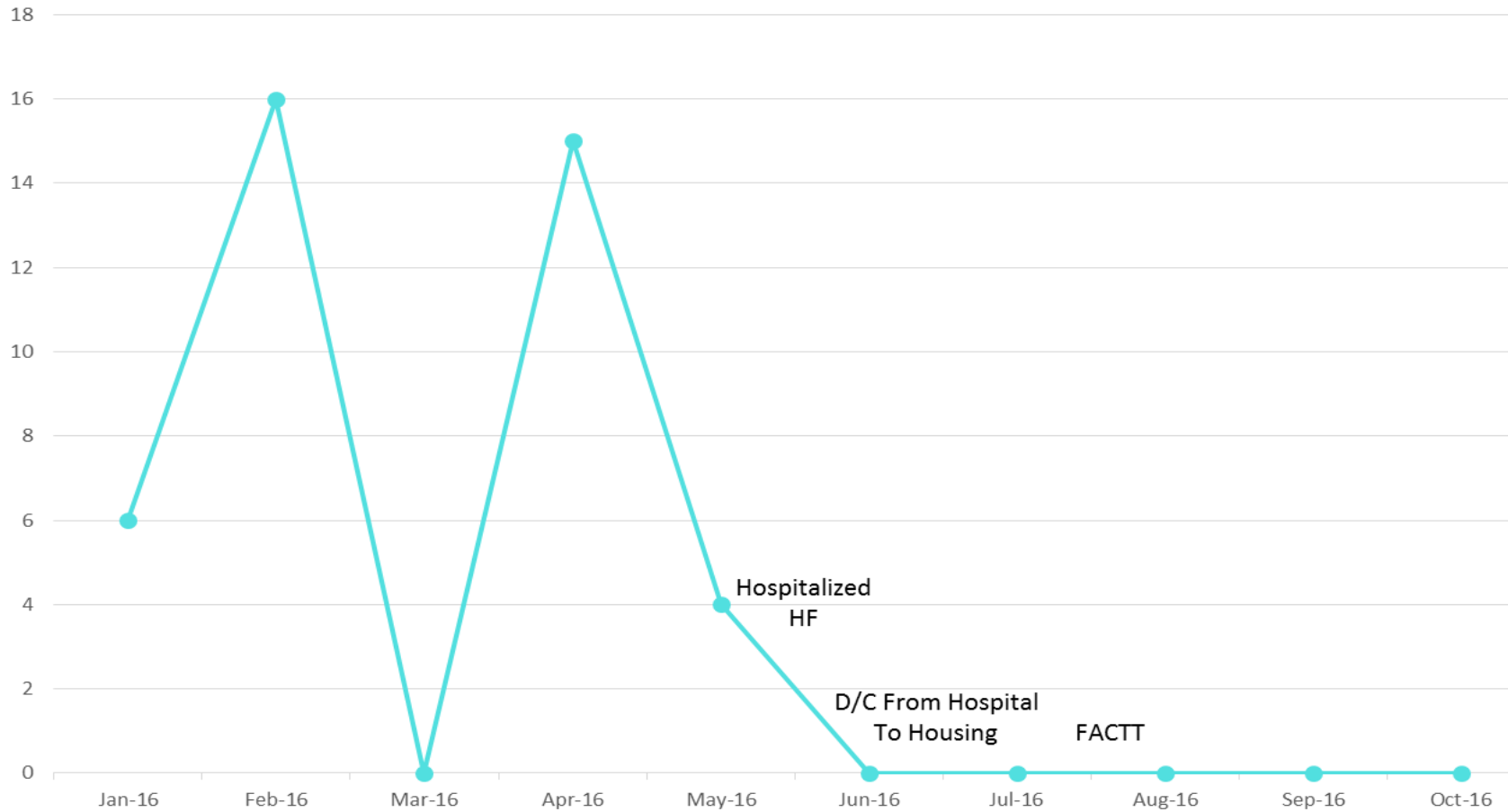
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Other Examples of Success: MF

Number of Interactions With Emergency Services



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In Conclusion...



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Questions?

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