# Housing First

## How to Build a High Fidelity Housing First Program From Scratch

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# *Step 1:* Apply For & Get Funding

- 2014 start– 3 year anniversary April 2017

- Initial funding for "Housing First Intensive Case Management Program" Staff only

- Hired, one foot care nurse, 2 OT's, 2 peer support, 2 case managers

- Partnership with ASYR, Across Boundaries, CMHA Toronto

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# *Step* 2: Establish Basic Criteria and Targets

▶ Homeless and precariously housed

▶ Serve 126 individuals annually

▶ 5000 contacts per year

▶ Primary care connected

▶ Lower ED visits

▶ Client Satisfaction, 80% satisfied or very satisfied

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# *Step 3:* Figure Out How to be a "Housing First" Program with no Housing?

▶ Worked on establishing outreach to people experiencing homelessness

▶ Partnerships with agencies serving people experiencing homelessness

▶ Offered a complimentary service to case managers whose client were experiencing homelessness or housing instability

▶ *Everybody* does outreach and housing searches

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# *Step 3(b)*: Set Goal to Have Fidelity to Housing First model

▶ Attended CAEH national conference 2014 where I first learned about Housing First

▶ Begin to set up program to better reflect HF model when rent supplements arrive (never lose faith).

▶ Inspire your staff

▶ Take advantage of all HF training offered & train all staff on the model

▶ Position your program to take advantage of opportunities and partnerships

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# Step 4: Add Rent Sups

- ▶ Rent sups started to arrive in 2$^{nd}$ year

- ▶ First 12, then 15 from the province (part of the 1,000)

- ▶ Also received some regional rent sups

- ▶ Add  "housing specialists" to the program to help with placement and long term housing stability

- ▶ Add Outreach worker

- ▶ Volunteer to be part of an evaluation

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# CMHA York & South Simcoe Housing First Process Evaluation

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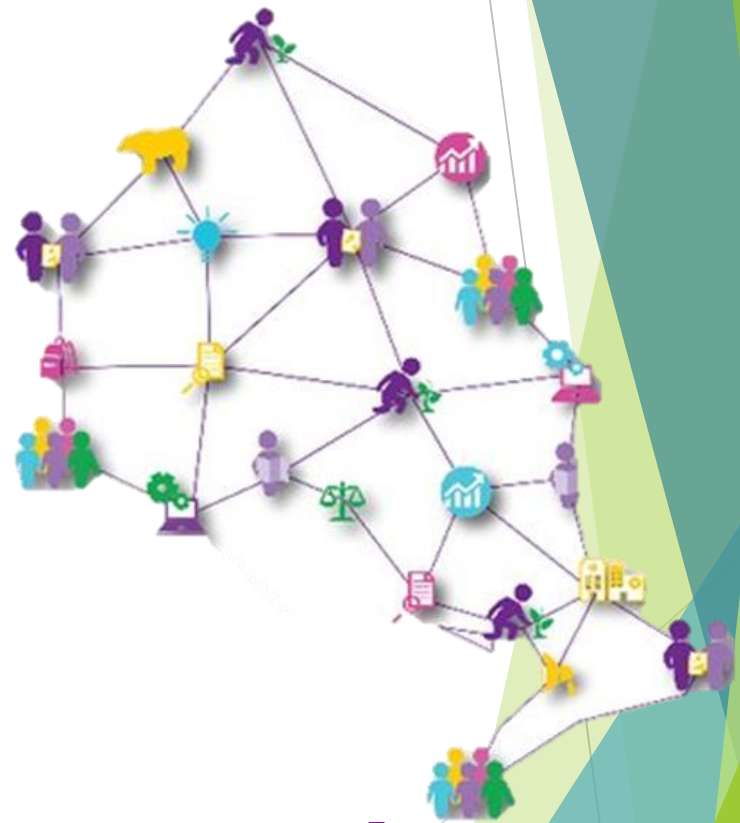
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# Supportive Housing Evaluation

- 2014-2017 provincial investment in rent supplement supportive housing program

- '1000' new units across all LHINs

- PSSP conducted process evaluation of implementation of these units in Central LHIN, by CMHA York Region & South Simcoe

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# Provincial System Support Program

Work together with partners across Ontario to improve the way people with mental illness and addictions access services

Part of the Centre for Addiction and Mental Health



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# PSSP Evaluation Team

- We measure and evaluate our local, regional, and provincial work to inform strategic planning and decision making

- Dr. Karen MacCon, Director (formerly Dr. Sandra Cunning) & Dr. Suzanne Zerger, Manager

- Evaluation staff in Toronto (GTA), Kenora, Thunder Bay, Sudbury, Penetanguishene, London, Hamilton, Ottawa, & Kingston

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# Limitations

- Shift in original evaluation purpose/audience

- Limits of data

- Tenant/client participation

- High level summary

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# Evaluation Questions & Methods

Main Evaluation Questions:

- Who were target clients and how did the program support them to find and stay in their housing?

- Did the program help clients get connected to supports and services for recovery?

- Do people's mental health and functioning in their life improve?

Methods: Staff interviews and client/tenant focus group

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# Serving Clients with *Housing First*

- Commitment to clients facing greatest challenges
  - Assessment for prioritizing
  - Assertive outreach

- Success at finding and keeping housing
  - Process of relationship building with clients and with potential landlords
  - Commitment to re-housing
  - Balancing relationships

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# Strengths

- Housing First approach

- Ensuring access for high-need clients
    - Using standardized tool along with professional judgement
    - Maintaining priority on these clients with change to central access

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# Learning 1: Prioritizing High Acuity

▶ Looking for the most vulnerable

▶ Requires assertive outreach

▶ Chose the highest ViSPDAT scores (80:20 rule)

▶ "No diagnosis needed" "Noncompliance ok"

▶ Personality disorders welcome

▶ Behavioral issues welcome

▶ Train your staff!!!! DBS, harm reduction

▶ Prepare your agency & prepare your community!

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# Prioritization Process: Stage 1

Stage 1 (first 12 rent supplements)

Change the way rent supplements are disbursed – from internal to our agency "just for our clients" to "we want to house the most vulnerable folks in the region (and they will become our clients)"

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# Stage 1 Challenges

▶ very hard for staff to give up the privilege of having that resource for their clients. Causes friction between staff and programs.

▶ High level of staff input into selection – ethical decision making process required in some instances

# Prioritization Process: Stage 2

Stage 2 (next 15 rent supplements)

Change the existing centralized access for mental health services from the principle of "wait lists are fair" to "the most vulnerable deserve to go first."

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# Stage 2 Challenges

► SA system is not designed for easy access to folks experiencing homelessness and the agencies that serve them – required multiple meetings/negotiations

► A lot of work to make it truly accessible to the most vulnerable. Outreach worker meets with potential applicants often multiple times, get's their application into SA, keeps track of them until they are chosen for the rent sup.

► Forming bridges between agencies serving homeless and SA to help improve access

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# Prioritization Process: Stage 3

**Process:** Can we find a better centralized access system that prioritizes the most vulnerable, is accessible to the most vulnerable and aligns with HF principles? Test Eway to Housing vs. S/A. Support development of coordinated HF access in the Region.

**Challenges:**

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# Stage 3 Challenges

- Moving away from existing MH centralized access system perceived as unfair by other MH agencies.

- Lack of support from MH community/funders

- Designing a better coordinated HF system

# Connecting Clients to Supports

- Unique for every individual

- Flexible at key transition points

- Some common services and process
  - Housing first without treatment requirement
  - Tenancy support
  - Mental health and addiction services
  - Broader services – e.g., physical health care, justice related, 'occupational' activity

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# Evolution of Support: Year 2

Flexible Assertive Community Treatment Team (FACTT) added for clients who want the support.

▶ Case Management team – 2 housing specialists, 2 peers, 1 OT, 4 case managers, 1 outreach

▶ Clear Role definition

▶ Add, one Nurse Practitioner, two nurses and clinical counselors

▶ Process is to step up to add support when needed and keep HF C/M.

▶ Step back down to HF C/M team when done

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# Gaps in Support

- Primarily areas of system-wide unmet needs
  - Concern for need for more rent supplements
  - Access to psychiatrists
  - Access to transportation
  - Impact of Poverty
- Impact on relationships with clients
  - Responding to frustration of clients
  - Viewing 'accessibility' from client perspective

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# Evolution of Support: Year 3

▶ Add a psychiatrist to create true FACTT level support

▶ ½ hour weekly joint team meetings to cover shared clients.

▶ Average about 6 shared clients with FACTT at any given time.

▶ The rest of clients have flexible levels of support from the HF team depending on needs

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# Current Picture

- One Outreach worker – on street outreach van, in shelters and drop in's.

- 2 housing specialists – help place people with rent sups in housing(can take as long as 6 months

- One OT

- 2 peer supports (in high demand -need more)

- 4 case managers

- FACTT support when needed

- **5 of 10 staff identify as people with lived experience**

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# Strengths

- Working with landlords

- Strong Team
  - Collaborative roles
  - Developing team structures and processes
  - Inclusion of staff with lived experience
  - Emphasis on training

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# Impact of Housing

- Finding and keeping housing is a success

- Staff reported improvements in mental health, addictions and physical health

- Social inclusion and roles

- Renewed connections with family

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# Tenant/Client Perspectives

- Importance of community, neighbourhood

- Stigma in accessing housing

- More housing!

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# Challenges

- Access to mental health and other services and supports

- Systemic gaps – housing supply and access to rent supplements

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