Understanding the Needs of Supportive Housing Applicants: The Access Point (Toronto)

Greg Suttor & Frank Sirotich

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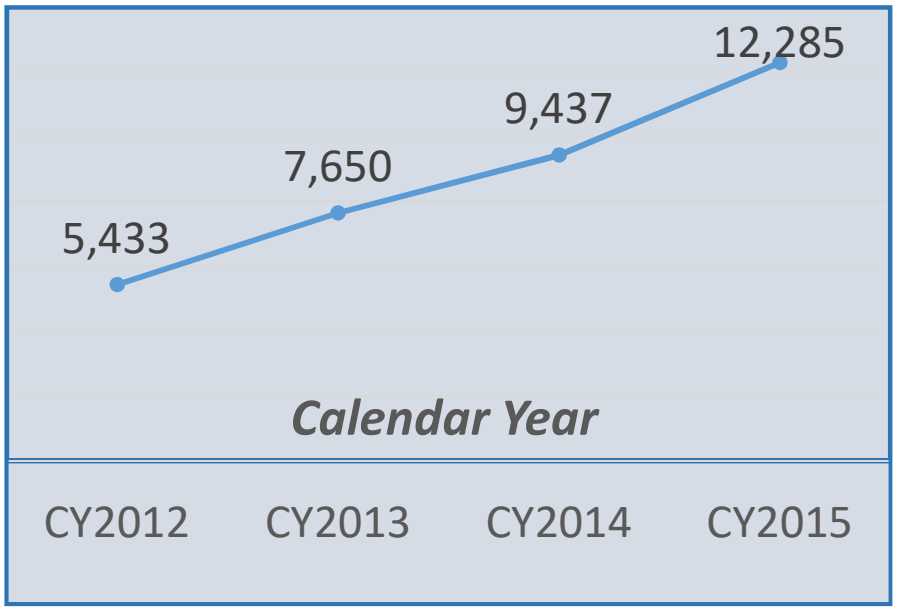
A. Introduction

Context

Joint project: **The Access Point + CMHA Toronto + Wellesley Institute**

- 2009 (MH&A supportive housing), later merger ICM/ACT Access
- 29 providers, about 5,000 units, LHIN (health authority) support
- Average 3,300 applications annually, 428 housed (2013-2015)

- Escalating waiting list:
  - Complex needs and situation
  - Who needs what?
  - How to serve people better?



Outline of Presentation

A. Introduction

Context, Research objectives, Methods, Types of variables

Focus today on 2 areas of emerging findings – among many:

B. Populations with Complex Needs

Concurrent disorder, Criminal justice involvement, High hospital users

C. People Applying who are Homeless

Research objectives

Analyse:

- Characteristics, situation, and needs of Access Point applicants
    - Waiting for supportive housing or placed via Access Point
    - Emphasis on probing complex needs + homelessness

To inform:

- Access Point processes, options for service design/enhancements
- Priorities of participating providers
- Potentially: Broader Ontario & LHIN funding and policy decisions

Methods

- Research under way March to Dec 2016, reporting out in 2017
- De-identified dataset of all variables from the application form
- Application dates from Jan 2009 to Oct 2015
- Excluded 9% applicants with no consent & 10% not eligible
  - 15,128➔ 13,784➔ final n=12,225
- Research ethics approval obtained
- Limitations include:
  - non-response/missing data
  - self-reported data

Wide range of variables

Characteristics

- Socio-demographic + housing/living situation
- Clinical characteristics – diagnosis, substance use, other
- Service use (hospital + other), criminal justice, etc.

Needs

- Support needs and safety risks
- Housing preferences

Process and outcomes

- Wait times
- Outcomes (e.g. housed, refused offer, declined applicant, etc.)

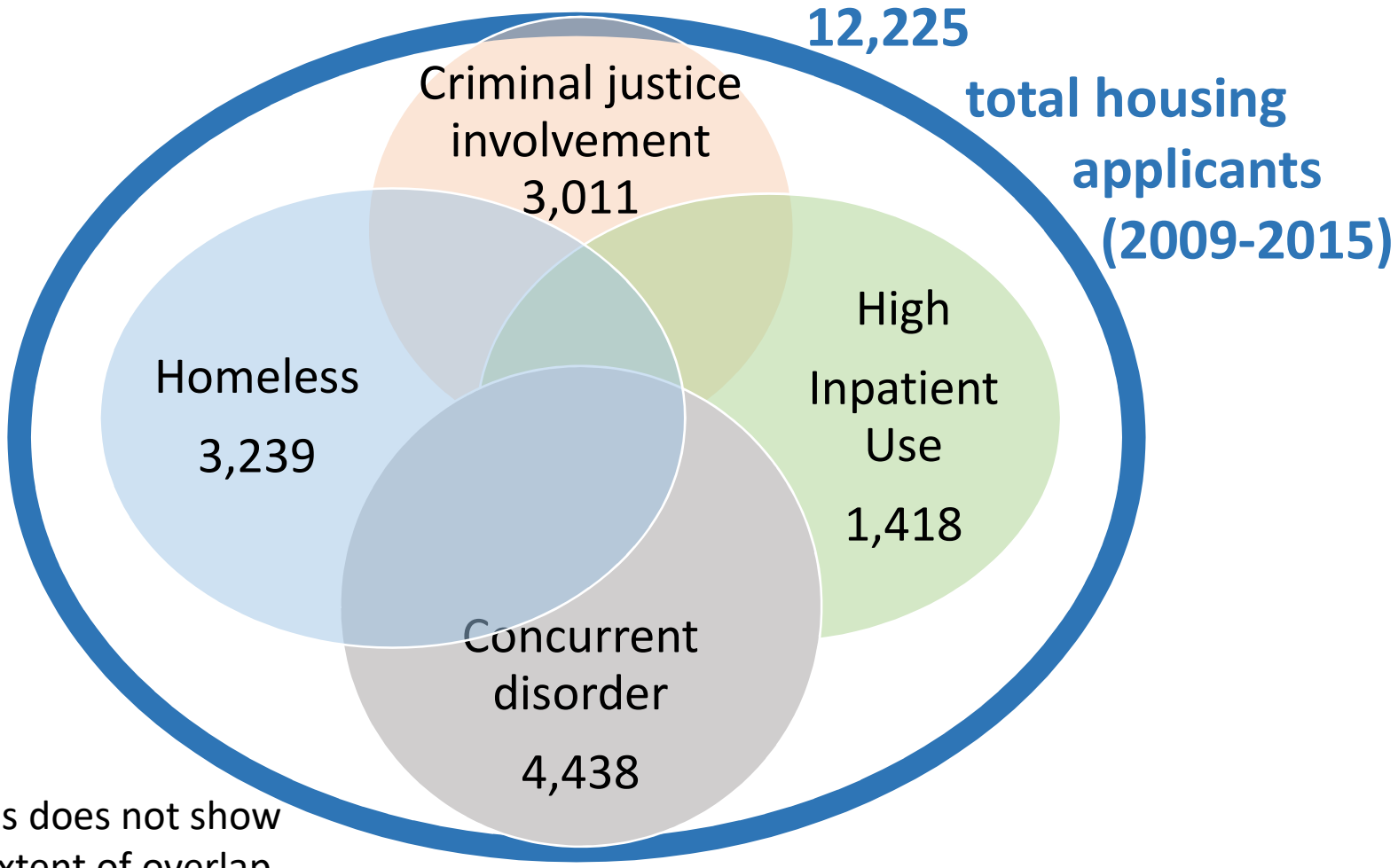
Support needs and Safety risks

Examples of Support Needs per Application Form	
Developing positive relationships	Avoiding unsafe situations
Employability	Looking after home
Education/training	Self care
Adding structure to your day	Meal preparation
Financial responsibilities	Shopping & Transportation
Avoiding crisis	Daily living skills
Managing specific symptoms	Need meals provided
Dealing with drug or alcohol use	Managing Medication

Examples of Safety Risks per Application Form	
Alcohol Causing Harm	Assault Sexual
Suicidal Thoughts	Collecting Things
Drugs Causing Harm	Anger Control
Assault Physical	Destroying Property

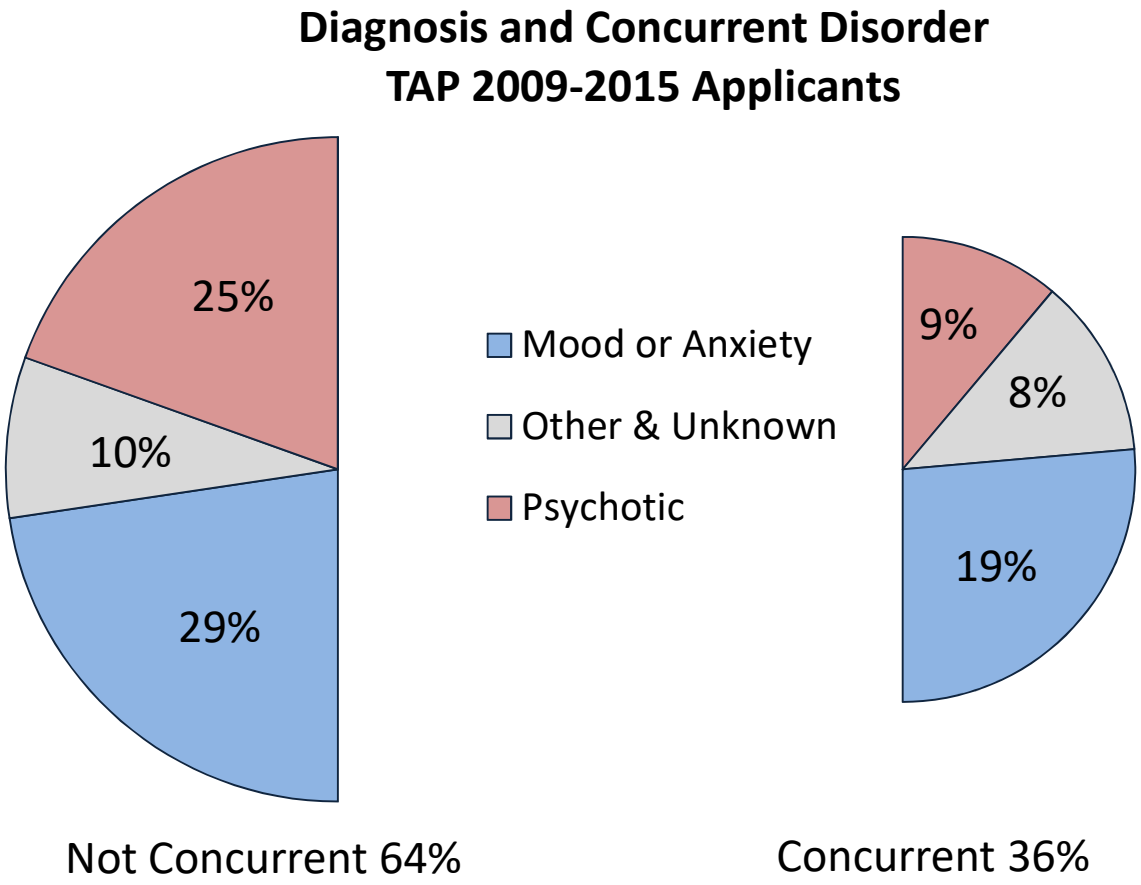
B. Populations with High or Complex Needs

Overlapping groups – high/complex needs



Note: This does not show precise extent of overlap

Concurrent disorder



Substance use associated with less psychosis, more mood disorders

Concurrent disorder – continued

- **4,438 housing applicants from 2009-Oct 2015**
- 36% of applicants (25–40% by alternative measures)
- More likely male (67% vs. 55%), younger age (42 vs. 46)
- Most common diagnosis: Mood disorder (36%)
- Moderately high support needs and safety risks
  - Average 13 support needs (vs. 10), 3.5 safety risks (vs. 1.6)
  - 23% with high needs(vs. 3%); fewer request 24-hr support
  - Higher needs: avoiding crisis (55% vs 31%),
    unsafe situations (52% vs 25%)
  - History of violence: 36% vs 18%
- 33% Shelter/NFA (vs. 23%); 22% in own house/apt (38%)
- Criminal justice involvement: 37% vs. 15%

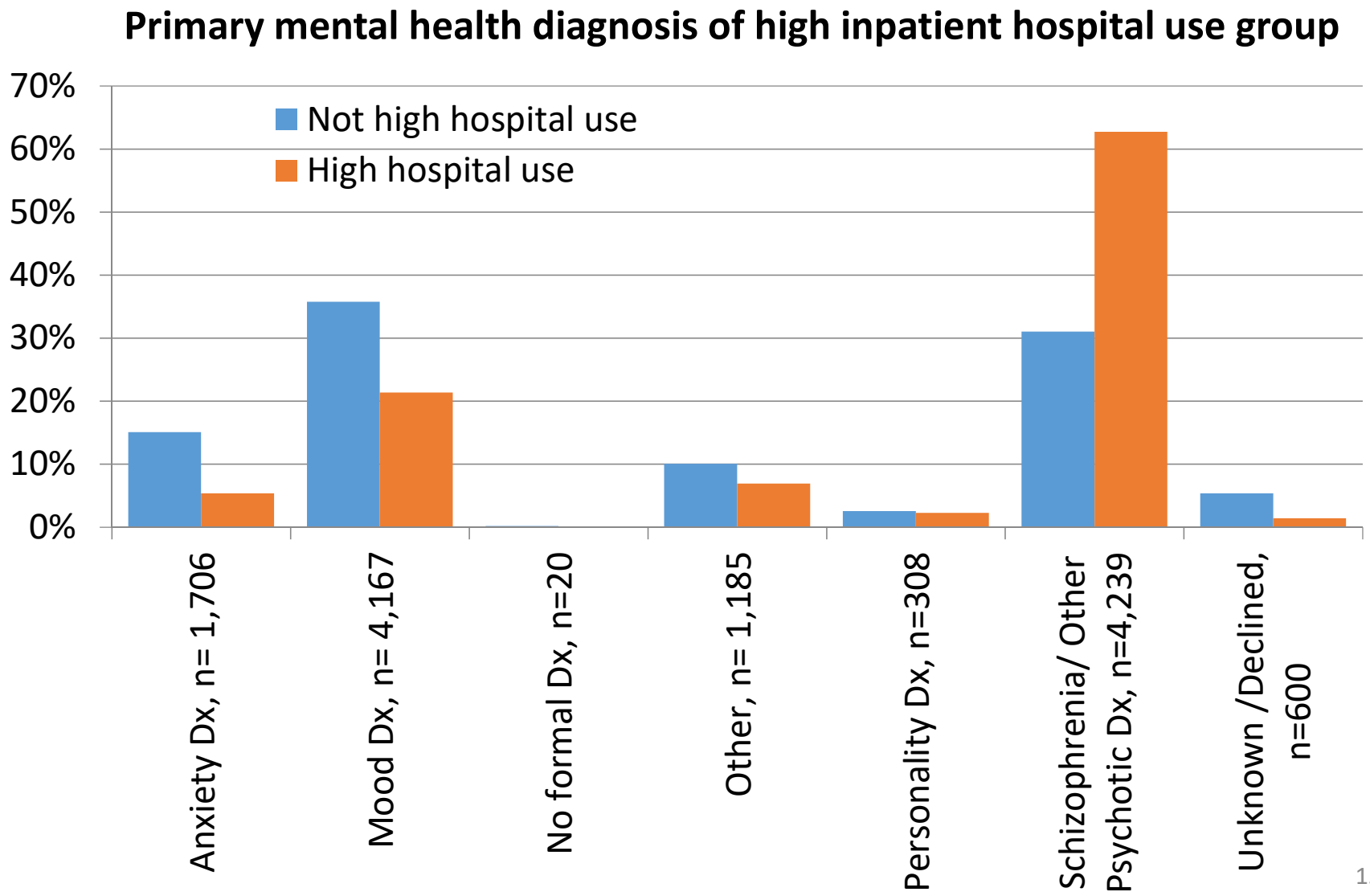
Criminal justice involvement

- **2,208 housing applicants 2012–2015 (27% of total)**
  - More likely male (74% vs 54%), younger age (39 vs 45)
  - Most common primary diagnosis is mood disorder (37%); but no difference between groups
- Higher than average # support needs and safety risks
  - Average # support needs: 13 (vs 11)
  - 18% with high needs (vs 8%); 4% requested 24-hr support (vs 7%)
  - Average # 3.4 safety issues (vs 2.1)
  - Higher needs: alcohol/drug use (54% vs 25%)
  - Safety issues: past substance use (43% vs 20%), history of violence (46% vs 17%)
- Notable overlap with homelessness and substance use groups:
  - 35% in shelter/NFA (vs 24%) , 60% have substance use (vs 31%)

High inpatient use

- **1,418 housing applicants 2009–2015** (13% of applicants)
  - Definition: Person with 50+ inpatient days in past 2 years
- Most common diagnosis: Psychosis (63%)
  - Lower substance use: 31% (vs. 36% overall)
- Moderately higher support needs and safety risks
  - Mean # support needs: 12 (vs. 11)
  - Higher needs: meals provided (22% vs 12%);
    managing medication (54% vs 28%)
    looking after home (43% vs 30%)
  - 13.5% in high needs subgroup (vs. 10% overall)
  - Mean # safety issues: 2.5 (vs. 2.3)
- Double the need for 24-hr support: 15% (vs. 6%)
- Fewer shelter/NFA: 18% (vs 27%)

High Inpatient Use – continued



Highlights: High or complex needs

Two broad clusters of applicants, with different patterns of diagnosis, hospital use, drug use, homelessness, and support needs:

- **Concurrent, criminal justice:**
  - More likely to have mood disorders; substance use & homelessness prominent; less likely to request 24-hr support

- **High inpatient use:**
  - Psychotic disorders more common; greater functional needs and more requesting 24-hr support, homelessness and substance use less prominent

Implications: High or Complex Need Populations

Applicants with CD & criminal justice

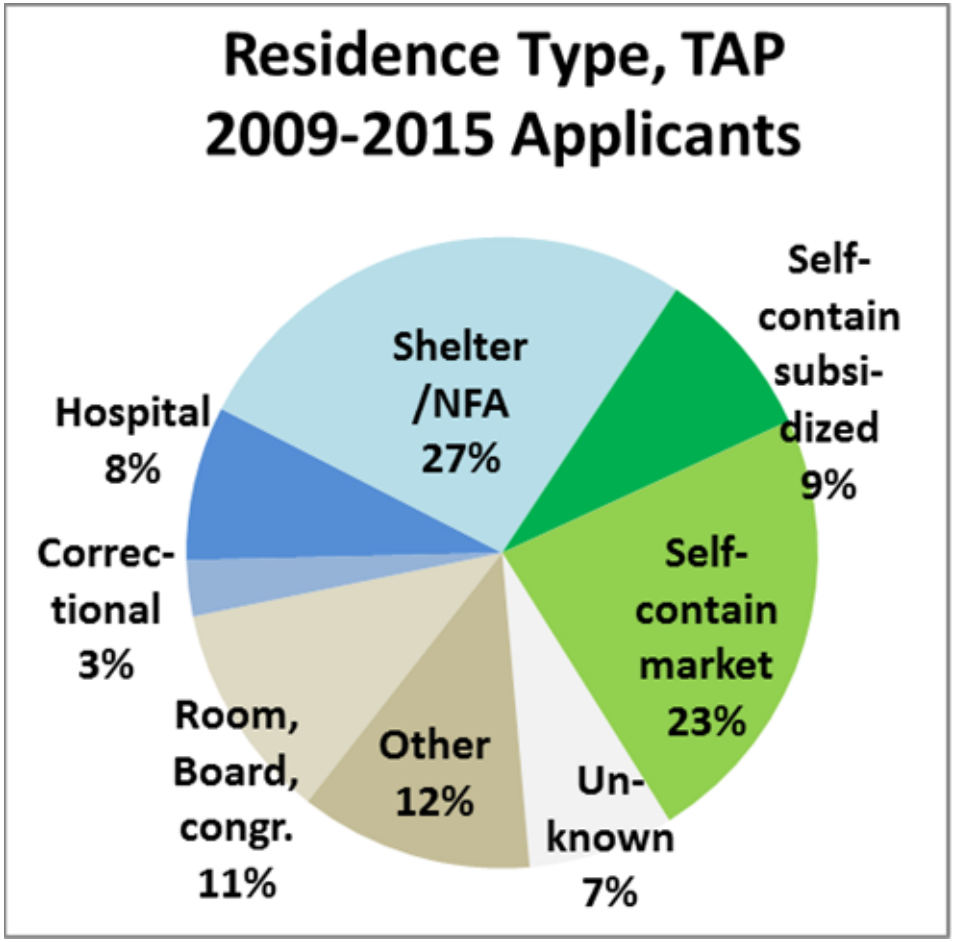
- Consider integration of CD services and behavioral interventions
- Enhance SHPPSU-like and MHJ housing stock

Applicants with psychotic disorder & high hospital use:

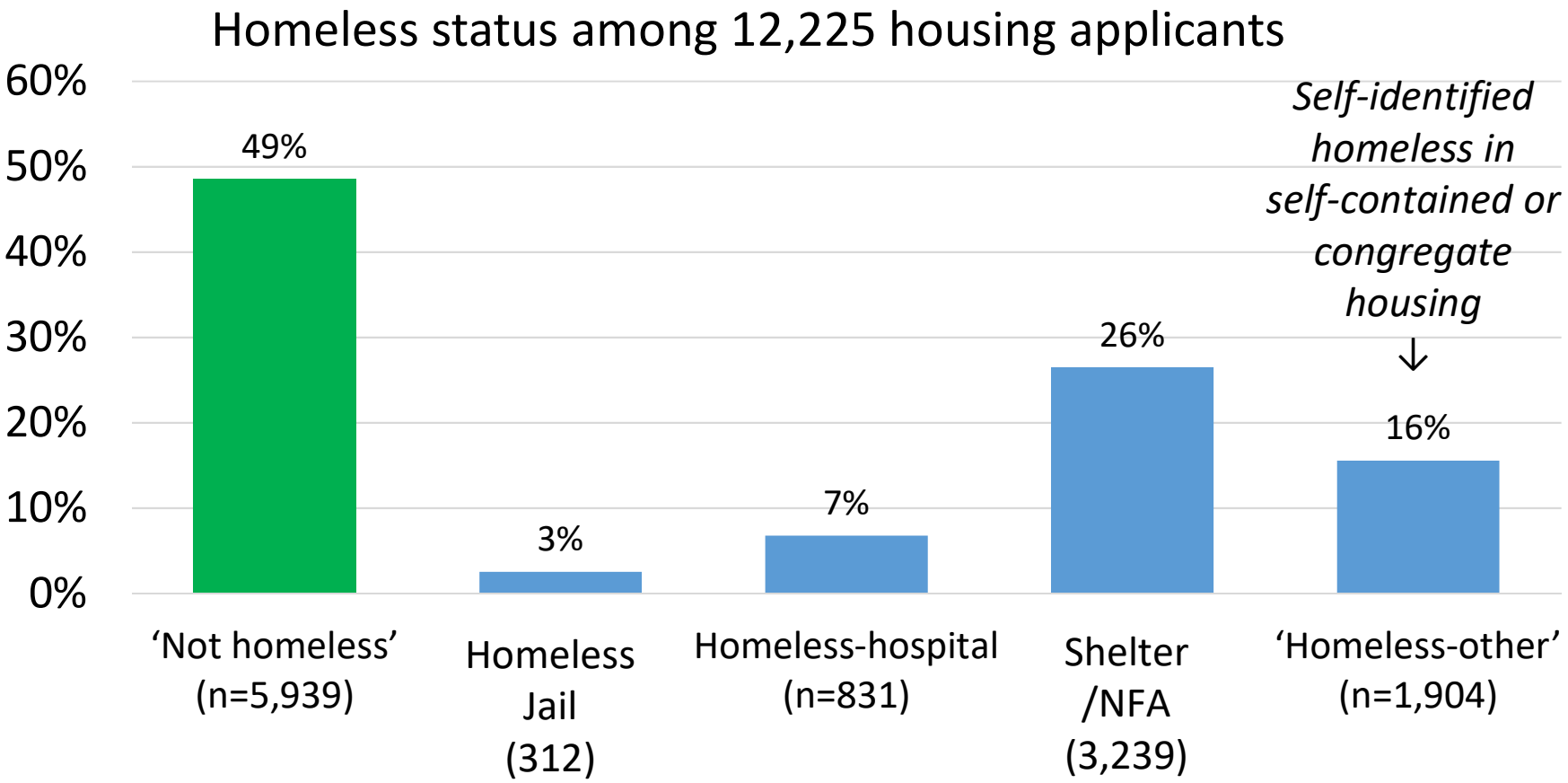
- Consider including personal support and multi-disciplinary services
- Enhance 24 hr/daily support housing options

C. People Applying who are Homeless

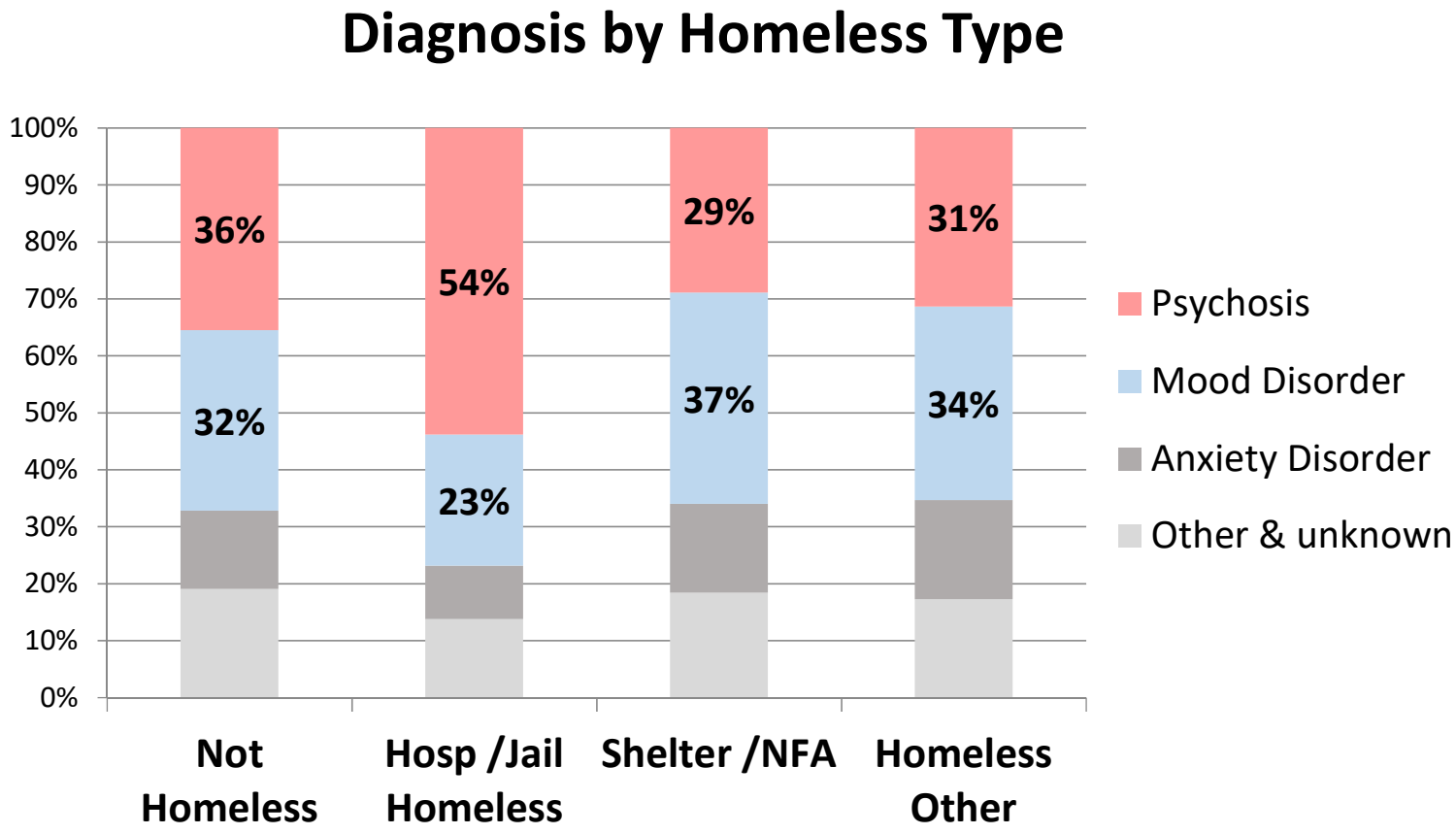
Residence type



Homelessness



Shelter/NFA homeless applicants



Shelter/NFA homeless applicants

- **3,239 housing applicants 2009–2015**
- 27% of all applicants, and 1/2 of homeless applicants
- Most common diagnosis is mood disorder (37%) – see next slide
- High prevalence of substance use (45% vs. 29% not homeless)
- Support needs and safety risks similar to overall
- Slightly more in high-needs subgroup (12% vs. 9% not homeless)
    - But mostly need occasional support, few 24-hr (5% vs. 7%)

Potential questions and implications:

- Staff skills in MH&A supportive housing re substance use
- How to provide more prompt support to homeless people
- Need support to avoid risks, but not high daily/functional needs

Other homeless applicants

Homeless people in institutions (hospital, jail):

- Different support needs from shelter/NFA homeless:
  - Hospital (13% of homeless):
    - More psychosis, 24-hr support needs
  - Jail (3% of homeless):
    - Higher average supports needs and more safety risks

Potential questions and implications:

- Distinct high-needs group, different from shelter/NFA or housed
- High functional and daily support needs

Applicants in self-contained housing

- 32% of applicants – the other side of housing/homeless spectrum …. *(Self-contained house or apt: owner /market-renter /social housing)*
- Similar to other applicants on many/most variables !
- Main differences:
  - Fewer hospital days re mental health ● Less concurrent diagnosis
  - Fewer needs re alcohol/drugs, violence ● Less legal involvement

Potential questions and implications:

- People living with family who need independence/more support?
- More analysis to clarify need for support vs need for housing?

Future Areas of Study

- Identifying predictors of placement in high, medium and low support housing
- Identifying factors associated with long wait times
- Identifying factors associated with service request outcome (i.e. placement, service provider decline, applicant refusal)

Project Team and Governance

Core research team	Frank Sirotich	(CMHA Toronto)
	Anna Durbin	(CMHA Toronto)
	Greg Suttor	(Wellesley Institute)
	Seong-gee Um	(Wellesley Institute)
	Lin Fang	(Faculty of Social Work, Univ. of Toronto)
Access Point	Karen Mann (ED) and others staff of The Access Point	
Senior project governance	• Jim Nason	(LOFT Community Services)
	• Susan Meikle	(Toronto North Support Services)
	• Kwame McKenzie	(Wellesley Institute)
	• Steve Lurie	(CMHA Toronto)

- Frank Sirotich fsirotich@cmhato.org
- Greg Suttor greg@wellesleyinstitute.com
- Karen Mann karenm@theaccesspoint.ca