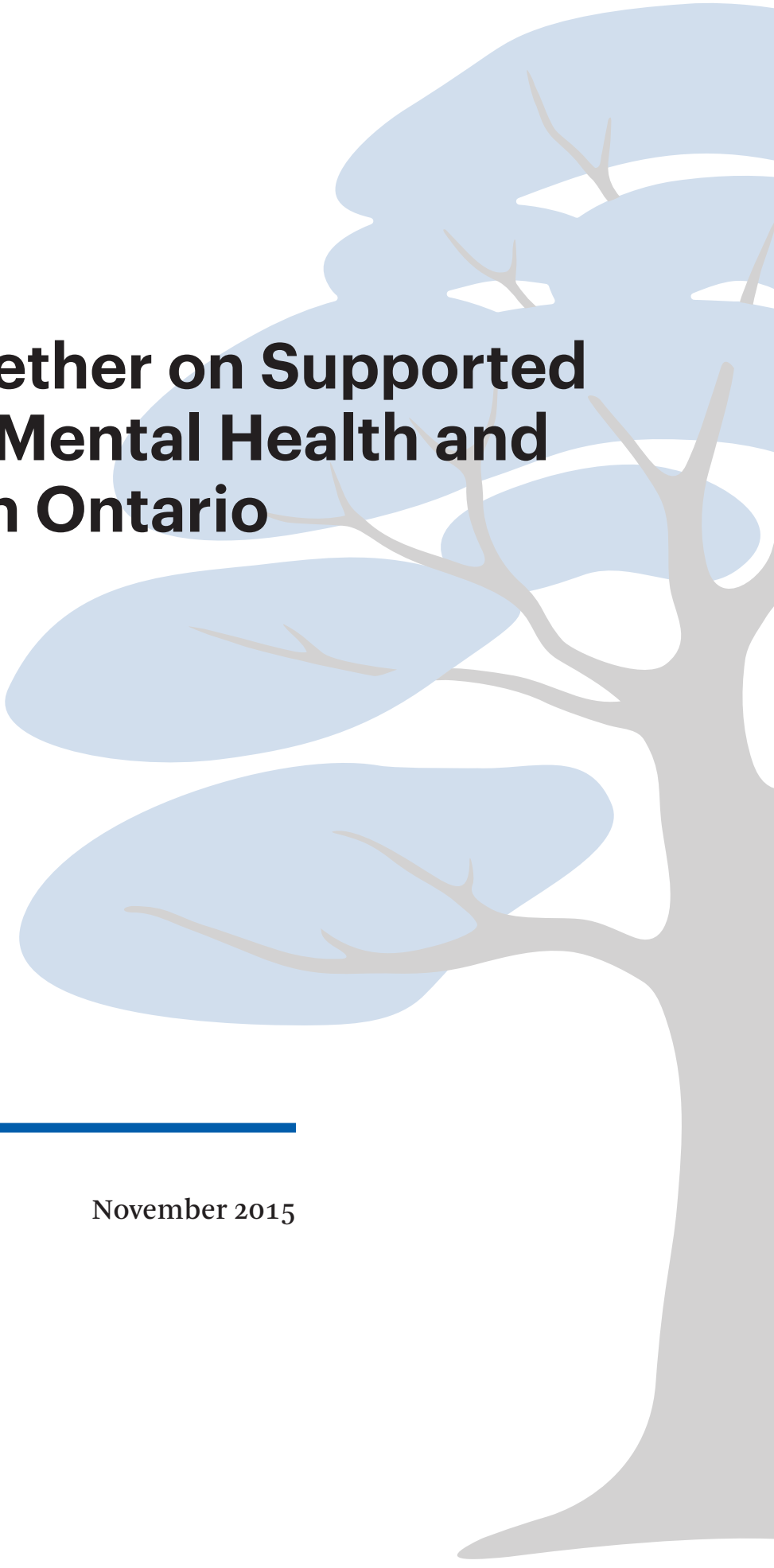
Coming Together on Supported Housing for Mental Health and Addictions in Ontario



Wellesley Institute
advancing urban health

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The Wellesley Institute engages in research, policy and community mobilization to advance population health.

About This Report

This report was prepared by Greg Suttor, Wellesley Institute. The Lab was facilitated by Jo Snyder, Director of Media & Communications, designed by Jo Snyder, Greg Suttor and Brenda Roche, and supported by Wellesley Institute staff.

About Wellesley Institute Labs

Wellesley Institute Labs bring together groups of stakeholders, experts and community to push, stretch, and test research ideas that impact the social determinants of health and health equity. Wellesley Institute works in the GTA and beyond to ask how we can improve health and health equity for all. Wellesley Institute Labs use a combination of group facilitation methods, systems thinking, and creative thinking tools to bring out the complementary expertise in the room to generate new thinking and build new collaborations.

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Executive Summary

Principles and Policy Elements for Supported Housing in Ontario: Mental Health Issues and Addictions

It is a time of opportunity for supportive housing in Ontario. Housing and homelessness are main pillars in the government's poverty reduction strategy. This is crucial because housing is a large factor in the social determinants of health. Whether someone's housing is affordable, in good repair, or has the right supports or not has a big impact on health.

This report articulates principles and elements to guide policy and programs for supported housing for people with mental health issues or addictions in Ontario and the Greater Toronto area. It reflects discussions by experts at a Wellesley Institute Lab on this subject held on July 30, 2015. Below are the guiding principles and policy elements for supported housing in Ontario emerging in the Lab discussions.

Principles

Twelve principles were identified that should guide policy and programs.

First principles

- Housing with support should foster personal development, recovery, and autonomy.
- Diverse approaches are needed to meet the needs of different people and groups
- Programs should complement and help sustain supports from family and peers.
- People need multiple low-barrier ways to access services and housing.

Service principles

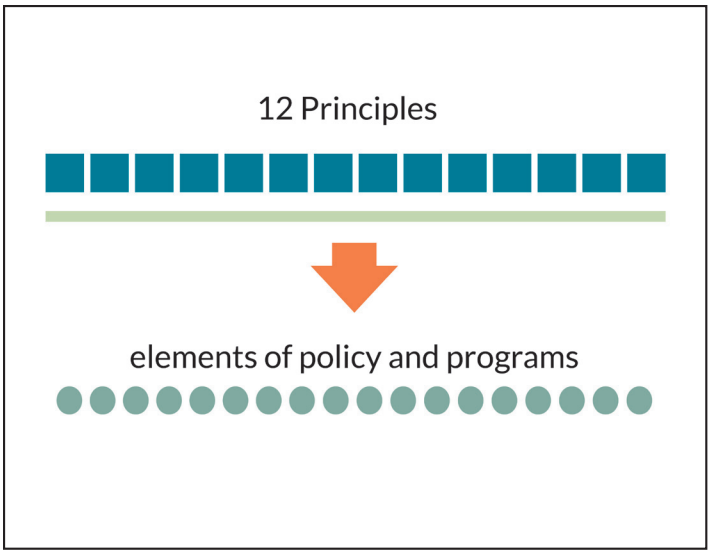
- Services should be flexible to meet the specific or changing needs of each client.
- Levels and types of support should be clear, and systematically matched to client needs.

Housing principles

- Programs should ensure housing stability, affordability, and quality.
- Programs should offer choices in a diverse and changeable housing system.

System principles

- Priorities in the main policy/program spheres should be coordinated and aligned.
- Funding must be sustained as well as efficiently used.
- System design and programs should be informed by evidence, client data, and best practices.
- Capacity must be expanded to meet population growth and evolving needs.



Elements

Various elements were identified – components or parameters of policy and programs. These are grouped under four headings: models of support, coordination of services, housing options and models, and system planning, capacity and resources. In this summary, some elements articulated separately in the report are combined for brevity.

1. Models of Support

Housing support involves qualified staff who help people with serious mental health issues or addictions to get and keep stable housing. This can include help with the skills of living independently; dealing with rent or housekeeping; opportunities for social activities, work, or employment; ensuring connections with more specialized services; and helping out if a crisis arises.

People have diverse mental health or addictions issues, and so a variety of types and levels of support is needed. Supports must be configured to fit the needs of each individual. Some people need intensive supports while others need less, and a person's needs often change over time.

Supports that follow a person if they move can offer the greatest community integration and choice. Flexible supports can be implemented when two different agencies provide the housing and the supports, or when one agency does both.

The range of models should include crisis housing, low-barrier housing for long-term homeless people, transitional supports, and peer support. For addictions, abstinence and harm reduction can each be good in different cases. Because subsidized boarding homes rarely foster autonomy and recovery, this program model should be reformed. Some high-need clients require on-site supports.

Tailored supports may be needed for particular populations such as youth, long-term homeless people, LGBT people, high health system users, racialized groups, Aboriginal people, refugees, and others. Helping clients' family members, peers, and neighbours is also important. People with mental health issues or addictions also need home care or long term care as they get older.

2. Coordination of Services

Diverse needs, varied support models, and multiple program/funding spheres present a challenge of coordination. People need low-barrier ways to access housing supports. Coordinated access with standardized assessment will ensure people are treated equitably and linked to what they need. The urgent needs of people discharged from hospitals or from jail/prisons must be met quickly.

Coordination is required with several types of municipally administered programs. Emergency shelters serve many people with mental health issues or addictions who need supported housing. Health-funded programs must also be coordinated with local homelessness prevention, housing support and re-housing programs. Coordination can also prevent discharging people into homelessness. Coordination is needed between Health-funded supportive housing and the housing that municipalities fund and administer, which also houses many people with high needs.

Good links are needed between housing-related support, which ensures a stable home base for clients, and the specialized health and community services they may also need. Collaboration among providers can serve clients better, generate new approaches and synergies, and save costs.

3. Housing Options and Models

People with mental health issues or addictions face similar housing challenges as other low-income people, in a severe form. People need stable, permanent housing. This means a normal tenancy with secure tenure, and it usually requires subsidized rents. But some clients need transitional housing, which may involve modified tenancy rights.

Clients come from different local communities and have varied preferences, so diverse housing options and locations are needed. Housing stock and market conditions vary greatly by location and by time period, so housing program approaches should adapt and respond to these differences.

Supported independent apartments provide the greatest autonomy and privacy – either in market rental or in social housing. But congregate living can suit some people who need high supports, transitional supports, or less day-to-day isolation.

Scattered rent supplement via private-landlord contracts offers options in diverse neighbourhoods. Portable housing allowances paid to the tenant can expand choices further. Dedicated supportive housing offers options in places that lack low-cost market rental, plus staff and peer support close at hand; as social housing it offers wider options than low-income people can get in the market.

Support is needed in other housing sectors too. In regular, non-supportive social housing, the priority is the unmet support needs of existing residents. Many people with very low incomes rent a room, not an apartment, and housing supports are needed in this sector. Some high-need clients need quasi-institutional housing with meals and housekeeping and support staff on site.

4. System Planning, Capacity, and Resources

Complex needs, growing population, shifting housing markets and constrained resources all call for a more systematic approach. This requires an inter-ministerial provincial policy framework. Because municipally-administered homeless and housing programs overlap with Health-funded housing in clients and service linkages, strategic alignment between these spheres is needed.

Population-based planning is essential. This includes analysis of population trends and future needs

on a province-wide and regional basis. It includes using data on client/resident characteristics, service usage, and outcomes, to inform planning in an ongoing way.

At the regional and local level, coordination is needed between municipalities and Local Health Integration Networks – in housing, homeless services, and community mental health.

Multi-sectoral approaches are needed, with aligned priorities, actions, and metrics among major players. Support for new initiatives by providers will foster innovation and resiliency, and draw on providers' deep knowledge of gaps and client needs.

It is essential to incorporate input from clients and system users in priority-setting and service planning, to ensure that programs meet needs and provide choice.

Ontario and the Toronto area have a large backlog of unmet needs and steady population growth. More housing with supports is greatly needed, and this requires expansion of housing and support funding. A first step is to sustain existing federal-provincial funding for social/supportive housing.

Good performance measures are important to monitor how well the system is doing and to ensure accountability. Funders and providers need to evaluate the various models of support in terms of efficiency of delivery, housing stability, and health outcomes.

Introduction

For each of us, our home is a foundation for our life. It is a place where we spend many hours, where our loved ones are, an anchor in a local community, a base from which we engage in the wider world, the place where we recharge. Housing is large factor in the social determinants of health – more plainly, it has big impacts on health. Housing that is too costly leads people to spend less on food and nutrition and recreation; worries about rent or eviction or neighbours can lead to high stress; poor quality housing raises the incidence of falls, burns, toxins, and respiratory problems. Unstable housing – or worse, homelessness – puts all the rest of life on an unstable footing.[1]

For these reasons, housing has become central in policy and programs to help people living with mental illness, or people with addictions, to lead stable lives.[2]

This report articulates principles and elements to guide policy and programs for supported housing for people with mental health issues or addictions, in Ontario and the Greater Toronto area. It reflects discussions by experts at a Wellesley Institute Lab on this subject, held on July 30, 2015.

It is a time of opportunity for supportive housing in Ontario. Housing and homelessness form one of four main pillars in the government's Poverty Reduction Strategy.[3] The Strategy emphasizes stable, affordable housing to meet the needs of homeless people with mental health issues or addictions and housing first approaches. Ontario's Mental Health and Addictions Strategy[4] acknowledges housing as one of the main elements in healthy and inclusive communities, which will foster better mental health; it recognizes the importance of providing housing options for people in shelters and hospitals, and includes housing with supports in its action steps. The report of Ontario's Expert Advisory Panel on Homelessnessrecognizes the importance of housing with supports for the goal of ending chronic homelessness.[5] A Mental Health and Addictions Leadership Advisory Council is advising the government on such matters, and supportive housing is among the Council's main concerns.[6] Local Health Integration Networks (LHINs) which allocate health funding in each region of Ontario are increasingly realizing the importance of housing.

Participants in the Wellesley Lab held on July 30, 2015, were a selected cross-section of independent experts, policy-makers, funders, and providers, including voices from different sectors and government levels. They contributed their expertise in a structured discussion to identify:

1 For overviews of housing and health, see: Brent Moloughney (2004), Housing and Population Health. The state of current research knowledge (Ottawa: Canadian Population Health Initiative, Canadian Institute for Health Information, and Canada Mortgage and Housing Corporation); Aziza Mahamoud, Brenda Roche, Bob Gardner, and Michael Shapcott (2012), Housing and Health: Examining the Links (Toronto: Wellesley Institute); James R. Dunn (2000), "Housing and Health Inequalities: Review and Prospects for Research" Housing Studies 15 (3): 341-366; Jeffrey Lubell, Rosalyn Crain, and Rebecca Cohen (2007), Framing the Issues—the Positive Impacts of Affordable Housing on Health (Washington DC: Center for Housing Policy.

2 See John Trainor, Peggy Taillon, Nalini Pandalangat, et al. (2012), Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illness (Ottawa: Mental Health Commission of Canada). Bonnie Kirsh, Rebecca Gewurtz, Ruth Bakewell, Brenda Singer, Mohamed Badsha, and Nicole Giles (2009), Critical Characteristics of Supported Housing: Findings from the Literature, Residents and Service Providers (Toronto: Wellesley Institute).

3 Government of Ontario (2014), Realizing our Potential: Ontario's Poverty Reduction Strategy 2014-2019, pp. 32-37.

4 Government of Ontario (2011), Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy, pp. 7.

5 Ontario, Expert Advisory Panel on Homelessness (2015), A Place To Call Home: Report of the Expert Advisory Panel on Homelessness (Toronto: Ontario Ministry of Municipal Affairs and Housing).

6 Ontario, News Release (January 26, 2015),"Ontario Appoints Panel to Look at Ending Long-term Homelessness" Province Taking Steps to address Homelessness" http://news.ontario.ca/mah/en/2015/01/ontario-appoints-panel-to-look-at-ending-long-term-homelessness.html ; Ministry of Health and Long Term Care (2014), Backgrounder: Mental Health and Addictions Leadership Advisory Council http://news.ontario.ca/mohltc/en/2014/11/mental-health-and-addictions-leadership-advisory-council.html

- principles that should inform supportive housing policy and programs;
- needed elements (key parameters or components) of supportive housing policy and programs.

In this document, supportive housing and supported housing are used with a broad meaning, embracing a range of approaches to housing with related support services. It includes dedicated supportive housing targeted specifically to people with mental health issues or addictions, as well as supported housing where people's homes are scattered in the housing market, with separate organizations providing housing and providing support. It includes private-sector housing as well as social housing. It includes Housing First and more long-standing approaches.

Supports may have an unclear meaning to people not immersed in the world of supportive housing. Housing-related supports include things such as:

- helping people get housing, when they have chronic conditions that make this quite difficult;
- helping people who were institutionalized to learn or recover the skills of living independently;
- checking in and making sure rent is paid, housekeeping is within the normal spectrum, and relations with neighbours are OK;
- helping people to be connected with more specialized mental health or addiction services;
- helping people get involved in social/recreational activities, work, or employment, to foster personal development and a fuller life;
- keeping an eye on changing needs, and intervening in crises so that if they arise they do not destabilize housing and the rest of life.

This report uses the term client when referring to people who use or require support services. Some would prefer the term consumer/survivor. Client is intended to evoke a respectful relationship between the provider and the user of a professional service – be it a lawyer, accountant, or a mental health/addiction service. The report says tenant or resident when referring to people in their housing.

Some of the points expressed in this report are established practice; others are emerging approaches; others are absent today. Many of them have been articulated in previous reports and academic research, which are referenced. Although the focus here is on mental health issues and addictions, many of the principles and elements are relevant to other types of supportive housing.

This document expresses the main points from the July 30th discussion. Most of these are matters of consensus, but each participant does not necessarily endorse every point. Participants in the Wellesley Institute Lab have had the opportunity to review a draft of this report, to ensure its faithfulness to the discussion.

Principles for the Supportive Housing System

Participants in the Wellesley Institute Lab were asked to identify the broad principles that should guide policy and programs on housing with related support for people with serious mental illness or addictions. The following twelve elements are distilled from the discussion.

1. Housing with support should foster personal development, recovery and autonomy.

Recovery is a fundamental principle in community mental health and in working with addictions. Originating in addictions, this concept has also shaped mental health services for many years. It evokes the potential of any human being to develop personally and to live a normal life, even when living with a

chronic condition. People with mental health issues or an addiction can and should be able to live in the community, with opportunities for personal growth including work, education, recreation and relationships. They should be able to choose where they live and who they live with. Society should ensure that those with disabilities, including serious mental illness or addictions, have the support and resources to enable this.[7]

2. Diverse approaches are needed to meet the needs of different people and groups.

A system with diverse approaches to housing with supports can best meet the range of individual needs, offer meaningful choice to clients, and meet the different needs of our diverse population. Needs range from high to low, from permanent to temporary, and change over time. Geographic communities vary in population profiles, growth, range of providers, and housing stock. Aboriginal people, racialized groups, ethno-cultural minorities and LGBT groups may feel that culturally appropriate services meet their needs better. Diversity also enables the system to be more resilient: more innovative and more responsive to particular needs and to social change.

3. Programs should complement and help sustain supports from family and peers.

Housing with support programs focus on services and housing options for people living on their own. But support from family, friends and peers is important in living with mental illness or addictions, and many people live with their partner or family of origin. Publicly funded services should reinforce those informal supports as far as possible, when this form of support and connection is desired by the client and family.

4. People need multiple low-barrier ways to access services and housing.

People should be able to get the help they need with low psychological barriers and procedural hurdles. People need to be able to access services through various routes, although assessment and prioritizing will continue to be needed. Urgent needs should be quickly met.

5. Services should be flexible to meet the specific or changing needs of each client.

Services should be flexible and client-centred, providing the right help at the right time in the right amount. When individual needs change, upward or downward, temporarily or not, the type and intensity of services should change accordingly. This requires flexibility within and between programs. Services should be portable, and clients should usually not need to move to another home because their support needs shift.

6. Levels and types of support should be clear and systematically matched to client needs.

Supports should be clearly calibrated, for example at high, medium or low levels and in terms of types of support. Supports should be assigned based on an assessment of individual client needs. Flexible services do not mean fuzzy lack of definition, because staff time and resources are valuable. There should be ongoing monitoring and adjustment as needed.

7 See Trainor et al. (2012), Turning the Key; Kirsh et al. (2009), Critical Characteristics of Supported Housing; John Trainor, Ed Pomeroy, and Bonnie Pape (20024, A Framework for Support Third Edition (Toronto: Canadian Mental Health Association).

7. Programs should ensure housing stability, affordability and quality.

Housing is essential for health. For people with mental illness or addictions, poor housing can worsen other problems, and good housing is a foundation for health and recovery. People with mental health issues or addictions face housing problems arising from low income and disability. These include difficulty affording housing, severely constrained choice, discrimination, poor housing quality, vulnerability to exploitation, and unstable tenancies. Supportive housing must provide stable tenancy in housing of decent quality, affordable at low income.

8. Programs should offer choices in a diverse and changeable housing system.

People with mental health issues or addictions should have choice in where they live and in what sort of housing. The housing system includes options in the market and in social housing. Housing market conditions vary by location, and shift and evolve. Housing provision must respond to this, with various options in different local areas, to meet different needs and preferences. Providing quality and affordability to people with low incomes and disabilities requires working with the market; it also requires creating housing of decent quality but low rents which is usually not feasible on a market basis.

9. Priorities in the main policy/program spheres should be coordinated and aligned.

Effective policy requires planning and alignment at a system level, across program silos. Supported housing for people with mental health issues or addictions relates to policy/program spheres beyond the supportive housing sector funded by Health and Long Term Care and the LHINs. Devolved social housing,[8] the emergency shelter system, Streets to Homes, and homelessness prevention services all serve many people with mental health issues or addictions, and provide supported accommodation. Coordination is needed between ministries and at the regional or local levels between LHINs and municipalities.

10. Funding must be sustained as well as efficiently used.

Sustainable services and housing is a widely expressed principle, which has more than one meaning. It refers partly to the need for programs to operate efficiently, to remain viable in a context of constrained fiscal resources. It also refers to the need for funding to continue in a reliable way over multiple years into the future, and keep pace with inflation so that housing affordability and quality can be kept up, and services can continue to be provided. This also points to a need to reconfigure services and resources, to meet needs most effectively.

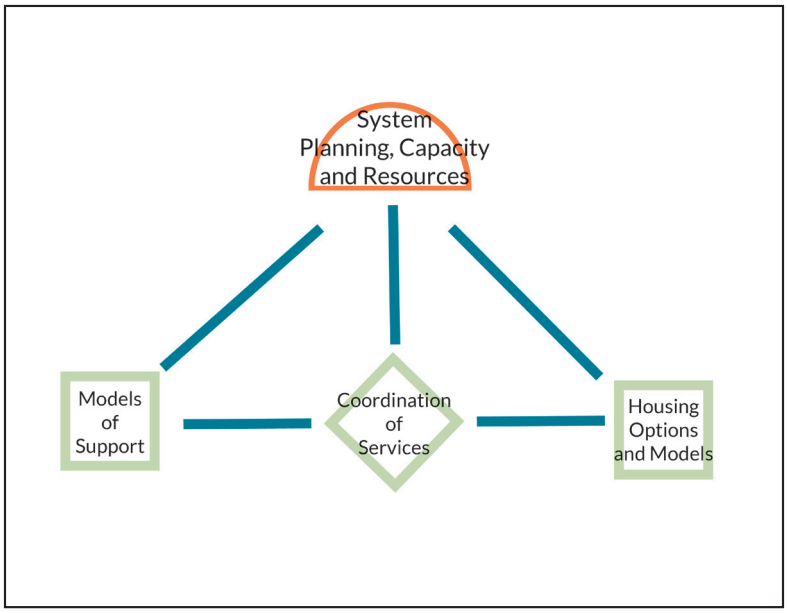
11. System design and programs should be informed by evidence, client data and best practices.

Evidence-based policy involves informing policy-making and program design from experience and results. This requires research and evaluation, and documenting and sharing best practices between providers. There is potential for client data to provide ongoing, systematic feedback on individual and aggregate needs and on program performance. This is one part of what a client-driven system should mean.

8 Devolved social housing refers to programs and funding administered by municipalities, particularly including 'alternative' housing providers, municipal housing providers, and some rent supplement/housing allowance programs.

12. Capacity must be expanded to meet population growth and evolving needs.

Ontario and Greater Toronto each grow by about 15 percent per decade, and the mental health needs of the population grow with it. The shares of population that are elderly, grew up or live in long-term poverty, or come from immigrant communities with distinct cultures, are all growing. There is a large backlog of unmet needs in mental health and addictions. In this context it is not enough to find efficiencies; it is essential to expand the scale and capacity of the system.



Design elements for the supportive housing system

Participants in the Lab were asked to identify the main required elements in a system of housing with supports. Elements are more specific than principles. Elements refer to general parameters and components of how the system is planned and configured, and how housing and services are delivered and coordinated. The elements are grouped under four headings:[9]

1. Models of support – The needed or preferred approaches to what support is provided and how;
2. Coordination of services – How people get connected to services and how the necessarily diverse supports are connected to each other;
3. Housing options and models – What sorts of housing is provided in terms of physical form, location, tenure, access, and other matters;
4. System planning, capacity, and resources – What overarching structures, roles, and resources are needed to enable the housing and services to exist and function effectively.

Any one of these headings, and any one element, may relate to more than one of the principles.

There was discussion in the lab of what is meant be client-driven and client-centred. While the terms

9 At the Lab, five headings were used. In this report, the heading "serving particular populations" is folded into models of support. Points that relate closely to each other were sometimes raised at different points in the July 30th discussions but are consolidated in one place in this report.

are used in various ways, and there is no full consensus, some main concepts were clarified.

- Client-centred provision of housing and services is primarily about flexible adaptation of services to meet individual needs in a tailored way.
- Client-centred provision still leaves a need to make prior decisions about what the priorities are, how programs are configured, and what resources are made available and how.
- Client-driven pertains to how housing and services are structured in general terms based on the needs of people who use them or need them.
- Such input may come through increasingly sophisticated data systems that effectively monitor service usage and needs, to inform program choices.
- But the system also needs to be client-driven by obtaining active input from consumer/survivors[10] about experiences, needs, preferences, and priorities.

1. Models of Support

Models of support refers to the required or preferred approaches to what types of support services are provided and how this is provided. Our communities include people with diverse of needs, circumstances, and local contexts, and policy can draw on a deep existing expertise in providing support to people with mental health issues or addictions.

DIVERSITY OF MODELS NEEDED Different people have different needs, in the nature of their mental health issues or addiction, and how it affects their daily activities, housing stability, and path of recovery. A person's needs can fluctuate, crises can arise, needs often decrease once housing is stable, and things change as life unfolds. Therefore diverse types and intensity of support are needed. There is no one best model for all needs or in all local circumstances. The policy and program framework should encourage the needed variety, and the needed flexibility within each provider to adjust the way it adapts its resources to shifting client needs.

CLIENT-CENTRED SUPPORT PLAN The type and intensity of housing-related or case management supports varies from one client to another, and over time for an individual. Different people also require connections to different specialized services – such as mental health treatment, counselling, various life skills, social/recreation programs, education, and employment supports. It is not a matter of slotting clients into a limited number of set categories, but of configuring the right type of flexible supports. This can be done whether or not supports are provided on-site and linked to the housing, or are portable. Effective community support includes housing support and case management, individualized mental health or addictions support, crisis support, and connections to a range of other supports.[11] The funding parameters for providers must enable them to implement this approach.

10 Consumer/survivors is the self-identification preferred by many people who have used mental health services or spent time in mental health institutions.

11 Lindsey George, John Sylvestre, Tim Aubry, Janet Durbin, Geoff Nelson, Annabelle Sabloff, and John Trainor (2005), Strengthening the Housing System for People who have Experienced Serious Mental Illness: A Value-based and Evidence-based Approach, 3-4.

ADJUSTMENT OF SUPPORTS TO CLIENTS' NEEDS Support providers must be able to adjust the type and intensity of supports when a client's needs change. In some or many cases, the level of support is not appropriate to the needs.[12] Too little support may undermine the ability to maintain a stable tenancy; too much can undermine autonomy and personal development. People who need less support should be encouraged in their independence, and this is often possible once housing and life circumstances are stable. But increased support in times of crisis is important for people with mental health issues or addictions. Aging can also bring a need for higher support. There is a need to periodically reassess the needs of each client, to ensure that supports adjust as individual needs evolve. Adjusting supports also ensures efficient delivery and best use of staff resources. This flexible model can be implemented regardless of whether supports are on-site and linked to the housing, or are portable.

RANGE OF LEVELS OF SUPPORT Flexibility in supports at the individual level still means a need for a framework and parameters for type and level of supports. Policy and funding must enable a range of levels and intensities, from high to low. Clients with very high needs may require staff to be present helping them every day, and there is a need for more services at this level.[13] Others need much less: for example checking in a couple of times a week, helping people connect to more specialized services, or being there if a crisis arises. Staff-to-client ratios ranging from 1:6 to 1:20 are common in the supportive housing sector, illustrating the wide range. Policy and funding structures must permit providers to adapt and adjust their services within the bounds of their overall mandates and the required accountability for funding.

CLEAR DEFINITION OF LEVELS OF SUPPORT Some participants pointed to a need for clarity on what housing-related support consists of, and what high, medium, or low levels of support would mean in terms of functions, skills, or staffing levels. Clarity is needed in a context where needs exceed available resources, and resources must be carefully assigned to serve as many people as efficiently and effectively as possible. It was suggested by some that housing-related support services needs a clearer place in community mental health funding, as a specific category of funded services distinct from mental health or addiction supports.

PORTABLE SUPPORTS OFTEN PREFERRED The preferred model is portable supports that follow the client if they move from one place of residence to another, and are 'de-linked' from the housing tenure. It means that moving to live in a different place does not alter the supports provided or the relationships with particular staff. This usually offers the greatest choice to clients, because type and availability of supports does not constrain the choice of where to live. It means that the tenancy – a commercial relationship and a power relationship – is separated from the support function.

12 ibid., p. 14, 19; Janet Durbin , Lindsey George, K. Koegl, and C. Aitchison-Drake (2005), Review of Ontario Mental Health Supportive Housing System and Potential Data Sources for System Monitoring (for Ontario Ministry of Health and Long Term Care).

13 See also George et al. (2005), 19; Kari Ala-Leppilampi (2012), Supportive Housing For Those Dealing With Mental Health And Addiction Issues In Toronto: An Interview Study To Consider System Level Characteristics and Service Planning Issues (MA paper, Ryerson University), 43-44.

DEDICATED SUPPORTIVE HOUSING In dedicated supportive housing, the landlord function and support function are carried out by the same provider. In this model, the support worker engages with client in the home environment where the support needs manifest in daily life. Supporting a stable tenancy becomes the direct concern of the landlord, and success or challenges in the tenancy can signal a need to adjust support.[14] These characteristics can foster housing stability and recovery for some people. Dedicated supportive housing also offers social advantages for some people. It fosters participation and belonging in a community of peers; there is no stigma in the eyes of immediate neighbours; and it provides social/recreational opportunities at hand. This model still provides flexible supports, and clients can choose how much support to accept without risk of losing their housing. This model has some advantages from a housing policy viewpoint as well (see below).

CLUSTERED ON-SITE SUPPORTS There is also a need for clustered on-site supports – staff based at locations where a number of clients live. This often works best for clients with high needs. It can be operationally efficient for other providers as well. Some participants spoke of the value of "hub-and-spoke" models, where on-site supports serve clients living at the location where staff are based and also clients living in dispersed locations nearby. There is also a need for support service hubs in certain social housing projects. In sum, the system needs a mix of clustered on-site supports and scattered-site supports; portable supports are not an absolute preference.

OTHER ELEMENTS IN MODELS OF SUPPORT Some participants flagged particular items as needed among the models of support.

- There is a need for crisis housing, where a person can stay temporarily if a mental health or other crisis makes the usual housing situation untenable for themselves or neighbours until things are resolved. Crisis beds help other less-intensive models to operate effectively.
- There is a need for low-barrier housing, where people who are habituated to street life or extreme independence can be accommodated.
- 24-hour at-home supports are needed in some cases.
- Some clients need a given type or level of supports for a limited time – transitional supports. This is sometimes best delivered in conjunction with transitional housing models (see below).
- For people with addictions, there should be a place in the system for harm reduction models and abstinence models. Harm reduction means that drug/alcohol use is permitted in general, or off-site, or in a managed way; in abstinence models the person is supported in not using, by being in an environment where drugs or alcohol are not present or permitted.
- Women and men tend to vary in housing-related support needs, although individual variation is great. Women-only accommodation can offer advantages for some, including safety from harassment and abuse.
- Structured peer support is an important part of the range of supports. Recovery and living in the community is not a matter of clinical services but of social integration, and connections with people who share life experiences is an important part of this.

14 See See Jeannette Waegemakers Schiff (2014), Comparison of Four Housing First Programs (for Service Canada); Kari Ala-Leppilampi (2012), Supportive Housing For Those Dealing With Mental Health And Addiction Issues In Toronto: An Interview Study To Consider System Level Characteristics and Service Planning Issues (MA paper, Ryerson University), 55.

REFORMING CUSTODIAL HOUSING Custodial housing-and-service models for people with mental health or addictions issues should be reformed. This refers to Homes for Special Care, domiciliary hostels,[15] and other privately operated boarding homes which provide food and housekeeping, and have some mix of licensing, referral of clients, and supervision of standards by public agencies. This model usually does not reflect principles of recovery and does not reflect best practice.[16] This housing often provides little personal autonomy or personal development opportunities.[17] But custodial models vary, they provide rapid access to housing upon discharge from hospital, and in some communities this is the main supportive option available. So reform must proceed carefully, drawing on experience to date, to move toward models in line with best practice.

SUPPORT TO FAMILIES AND OTHERS Supporting people in their housing also involves support to families, peers, and others. Families include families of origin, partners, and others. Sometimes the most important support for people living with mental health issues or addictions comes from family members. But families often need support too: advice and resources on what to do, connecting with others in the same situation, or respite from the stresses of providing support. Sometimes it is friends, peers or even neighbours who are the main support network, and they may need similar resources. On the housing front, if people can stay living with their family they can avoid being on their own in a housing market where they face high costs, discrimination, and limited options. Services are also needed to help private-rental tenants and their landlords deal with issues such as late rent payments or neighbourly relations when these are affected by mental health issues. All this can help pre-empt loss of housing, which is personally destabilizing and can lead to expensive emergency shelter use.

SUPPORTS TAILORED TO PARTICULAR POPULATIONS Supportive housing must be provided in a way that is responsive to the particular needs of various population groups. Participants identified several groups that require specific approaches. Discussions in the Lab did not consider the specific ways that housing with supports must be adapted in these cases.

- Youth require age-appropriate support services. This is a dynamic, changing stage of life, with its own psychological needs, and wide possibilities in education, employment, and personal lives. Many youth need transitional rather than long-term supports.
- Refugees are a broad, diverse group among whom some people have transitional issues, while some others have long-term issues arising from trauma and dislocation in their lives.
- People with histories of chronic or repeat homelessness, with or without an SMI diagnosis, often require supports to start living independently. Their needs may differ from other clients.
- Gay and lesbian people and those with alternative gender identities (LGBTQ) often have their own patterns of social connection and support, and associated mental health issues and recovery pathways.

15 See Stephen Hwang, Shirley Chiu, and Emma Wilkins (2009), A Survey of Domiciliary Hostel Program Tenants in Ontario (Toronto: Centre for Research on Inner City Health); Waterloo Region Social Services Department (2012), Exploring Promising Practices in the Domiciliary Hostel Program. Under the 2012 Ontario policy framework for CHPI (the Community Homelessness Prevention Initiative), this category is referred to as Housing with Related Supports.

16 See Trainor et al., (2012), Turning the Key, 102.

17 See CAMH Community Support and Research Unit (2012), From this Point Forward; Ending Custodial Housing for People with Mental Illness in Canada; George et al. (2005), 22.

- For clients who are high users of health-system services such as ambulances and emergency wards, housing-related supports are an important element in the coordinated services now being provided through the Health Links initiatives.[18]
- People from particular cultural communities and/or racialized groups often need culturally appropriate support services. These needs relate to socio-economic disadvantage of the group, being treated as different by society at large, culturally specific family dynamics or patterns of social support, and different attitudes about and use of community services. All these are relevant to mental health, stable housing, and recovery. Groups include Aboriginal people, various racialized groups, ethno-cultural minorities, and recent immigrants.
- The required support services may be different for people with drug, alcohol, or other substance use problems than for psychiatric issues. For people with concurrent disorders whose issues are in both these categories, specialized support services may be required.

2. Coordination of Services

Coordination of services covers a range of matters needed by individuals, by providers, or system-wide. It is partly about coordination of services across program categories and types of providers. It is about systems and routes of access to housing and services. It is also about coordination of more than one type of service needed by any particular client. Issues of system configuration and service system planning are dealt with in section 4 below.

MULTIPLE LOW-BARRIER ACCESS ROUTES To implement the principle of multiple low-barrier ways to access services and housing, various linkages are needed. There is a need for structured channels of information and ways of referral from various other services. These include emergency shelters, family doctors, schools and workplaces, social service agencies, social housing providers, eviction prevention/housing stability services, and community organizations; as well as directly through phone lines and websites.

CO-ORDINATED ACCESS TO HOUSING AND SUPPORTS Systems of co-ordinated access to housing and related supports are needed for people with mental health issues or addictions.[19] This is best implemented at the local or regional level, involving collaboration among providers and LHINs and possibly municipalities. But it should be part of a provincial framework. Coordinated access ensures that people in similar need are treated equitably, and that people who are less well connected or resourceful are served just as well as others. It ensures that providers collectively serve the full population even while a given program may be a specialized service or serve a particular population.

STANDARDIZED ASSESSMENT TOOLS Coordinated access is also a way to assign applicants and clients to the appropriate level or intensity of supports. The access system should use a common, standardized

18 See Toronto Central LHIN (2013), Enhancing Capacity to Connect Complex and At-Risk Clients to Services to Increase Access, Improve Coordination, and Enhance Care Management.

19 This is in place in the City of Toronto, through The Access Point. See also George et al (2005), 21, 29.

tool for assessing an individual client's needs. This ensures fair treatment and appropriate services, and helps promote efficient allocation of resources by applying shared standards and criteria.[20]

MEETING URGENT NEEDS QUICKLY The access system must meet urgent needs quickly. This especially involves people with mental health issues or addictions who are discharged from psychiatric institutions, occupy hospital beds as ALC patients,[21] are discharged from prisons or jail, or use emergency shelters – and who have no place to go and will require supports to keep stable housing. These are all higher-cost facilities than housing with supports and in most cases they do not foster personal autonomy and recovery. It is essential to have options that can quickly provide housing with supports to people in these situations.

MEETING THE NEEDS OF OLDER RESIDENTS The aging of Ontario's population includes people who have mental health issues or addictions. There is a need to provide long term care options and access paths for people with non-age-related mental health issues or with addictions, who do not easily fit the service model or social environment of long term care homes. There is also a need to coordinate housing-related supports with services accessed through local Community Care Access Centres (CCACs) such as home care provided by personal support workers or visiting nurses.

COORDINATION WITH HOMELESS EMERGENCY SHELTERS It is essential to have coordination between housing with supports, and services for homeless people. There is a need to prevent discharge of people with mental health issues from hospital into homelessness.[22] Mental health issues and addictions are often among the causes of homelessness and have a higher prevalence among homeless people than in general; there are many people with undiagnosed needs. Housing with supports is therefore an essential part of the solution to homelessness.[23] Local shelter systems include various transitional or long-stay beds that are a form of supported accommodation[24] – partly by design and partly by default. Streets to Homes applies housing first principles to help people experiencing long-term or repeat homelessness get housing. There should be intake, assessment and referral at emergency shelter sites, to housing with supports. Service delivery, access, and related matters need to be better aligned and coordinated between the community mental health system and the homeless services system. This requires collaboration between LHINs and service manager municipalities.

20 See also Toronto Central LHIN Strategic Advisory Council (2015), Housing and Its Impact on Health Outcomes for Populations with (and at risk of) Complex Care Needs.

21 ALC (Alternate Level of Care) refers to patients occupying beds in hospitals, including mental health beds, who would be better served at lower cost in other programs, other housing, or other institutions. See Dale Butterill et al. (2009), The Transitioning of Alternate Level of Care and Long-stay Mental Health Clients (Toronto: Centre for Addiction and Mental Health).

22 See Toronto Central LHIN Strategic Advisory Council (2015), Housing and Its Impact on Health Outcomes for Populations with (and at risk of) Complex Care Needs.

23 See Toronto Central LHIN Strategic Advisory Council (2015), Housing and Its Impact on Health Outcomes for Populations with (and at risk of) Complex Care Needs.

24 See City of Toronto, Shelter, Support and Housing Administration (2015), "Infrastructure and Service Improvement Plan for the Emergency Shelter System" (March 9th report to the Community Services and Recreation Committee of City Council).

COORDINATION WITH HOUSING SUPPORTS IN HOMELESS-RELATED SERVICES The system of provincial homelessness funding provided annually to municipalities through the Community Homelessness Prevention Initiative (CHPI), and the related municipal funding, provide forms of supportive housing and housing-related supports. CHPI housing supports (Supports to Daily Living) are not coordinated or aligned with LHIN-funded housing-related supports. CHPI also funds domiciliary hostels, a model comparable to provincially funded Homes for Special Care, although less specialized in people with mental health issues.[25] CHPI funds various housing stability services. Coordination in these areas requires collaboration between LHINs and service manager municipalities.

COORDINATION WITH DEVOLVED SOCIAL HOUSING Housing with supports also needs to be coordinated with the devolved social housing system – regular social housing in programs that municipalities fund and administer.[26] Quite a few people housed in devolved alternative providers[27] and municipal providers have mental health issues (diagnosed or not) or have addictions. [28] As social housing becomes a relatively shrinking last resort in a system with few low-rent market options, as access priorities favour high needs, and as the average age of senior tenants rises steadily, more people in regular social housing have mental health needs. There is a need to provide housing-related supports to more tenants in regular social housing. There is a need to align supports for tenants in devolved alternative housing with supports for tenants in the provincially administered supportive housing system.[29] Some participants suggested[30] a need to coordinate the system of coordinated access that exists in each service manager area for social housing, with coordinated access to supportive housing.

LOCAL CO-ORDINATION ON HIGH-NEEDS CLIENTS Coordinating mechanisms for high-needs clients have emerged in parallel ways in the community mental health sector and in municipal services. In mental health services it is Health Links (see above) and in municipal services in Toronto it is SPIDER.[31] There may be a need to coordinate each of these.

COORDINATION WITH NEW AFFORDABLE RENTAL Housing-related supports need to be coordinated with federal-provincial funding for new affordable housing, provided through the Investment in Affordable

25 See Hwang et al. (2009).

26 Discussion at the Lab on July 30th did not address the specific question of whether supportive housing program administration should be devolved, or other social housing funding or administration uploaded.

27 For the origins of alternative housing in Toronto and Ontario, see Sylvia Novac and Mary Anne Quance (1998), Back to Community: An Assessment of Supportive Housing in Toronto (Toronto: Background report for the Mayor's Homelessness Action Task Force); Alan Etherington Associates (1987), Evaluation of 90 Shuter Street, Toronto (for Canada Mortgage and Housing Corporation and Metropolitan Toronto Community Services Department).

28 See Joy Connelly and Adair Roberts (2009), Toronto Community Housing's Mental Health Framework (for Toronto Community Housing Corporation); Ontario Non-Profit Housing Association (2015), Strengthening Social Housing Communities: Helping Vulnerable Tenants Maintain Successful Tenancies.

29 Collaboration between Toronto Central LHIN, the City of Toronto, and Toronto Community Housing has started in various ways. See summary in Toronto Central LHIN, "Briefing Note: Toronto Central Local Health Integration Network: board of Directors Meeting; June 24, 2015", 9-19.

30 See also Joy Connelly, (2014), Bridging Two Access Systems: A Foundation for Collaboration Between Housing Connections, CASH and ACCESS1 (for Houselink Community Homes, CASH, and the City of Toronto).

31 See City of Toronto, Deputy City Manager Cluster A and Medical Officer of Health (2013), "An Integrated Service System Approach to Vulnerability" (November 20th report to the Executive Committee of City Council).

Housing (IAH) program which municipalities administer, and any successor programs. Many projects with IAH[32] funding have been undertaken by supportive housing providers, and some projects have involved rent supplement and/or support funding from the Ministry of Health and Long Term Care or LHIN. Fuller coordination is needed, although IAH meets a wide range of needs extending beyond supportive housing. There is a need to coordinate the municipal proposal calls that offer housing funding with the LHIN proposal calls that offer support service and/or rent supplement funding.

COLLABORATION AND EFFICIENCY AMONG PROVIDERS In pursuit of efficiency and better coordination of service delivery, it is the policy of the Ministry of Health and Long Term Care and the LHINs to encourage collaboration between community mental health providers, and to support consolidation of providers where this would sustain or improve services, system capacity or efficiency.[33] Collaborative dual-agency responses to recent supportive housing proposal calls have been common,[34] and mergers are taking place in the community mental health and housing sector. Participants in the Lab identified related system elements as necessary: encouragement and incentives for providers to collaborate on support services; encouragement and incentives to share back-office functions; and consolidation or merger of providers where appropriate.[35]

LINKAGES TO SPECIALIZED SERVICES Housing support staff (case managers) help clients get connected or stay connected to the more specialized or external services.[36] These include employment supports, counselling, mental health services, addiction treatment, primary medical care, and other services. Those services in turn reinforce personal stability and recovery and that helps with stable housing.

- The program models should ensure linkages through which housing support staff can help clients access specialized or external services, and modify these as individual needs shift.
- The provincial framework and overall municipal/LHIN coordination should provide for coordination of supports at the level of individual clients.
- It was suggested that there should be a standardized approach to collaborative circle-of-care supports. There must be appropriate sharing of client information among the care team.
- Many clients need a collaborative support plan across program spheres including health, housing, income support, and corrections.
- Housing stability requires appropriate communication between the housing provider and the support provider, in models where these are de-linked. This must include a sufficient amount of confidential client data to ensure housing stability, and privacy laws must enable this.[37]
- Depending on the housing support model, it can be helpful to have ways to connect clients with mental health issues or addictions to eviction prevention services that serve the broader low-income

32 This reference includes 2002-2011 funding through the Affordable Housing Initiative (AHI) / Canada-Ontario Affordable Housing Program (AHP), prior to 2011.

33 See Toronto Central LHIN (2012), An Overview of Voluntary Integration at Toronto Central LHIN; Central LHIN et al. (2008), Local Health Integration Network / Health Service Provider Governance Resource and Toolkit for Voluntary Integration Initiatives.

34 See for example, Johnston Consulting (2013), Addiction Supportive Housing Implementation Review: Evolving Practices – Interim Report (for Addictions Ontario and the Ontario Federation of Community Mental Health and Addiction Programs).

35 Discussion in the Lab did not deal with consolidation of supportive housing providers with other LHIN-funded service providers.

36 See also George et al (2005), 18.

37 See also Toronto Central LHIN Strategic Advisory Council (2015), Housing and Its Impact on Health Outcomes for Populations with (and at risk of) Complex Care Needs

tenant population.

- There is also a need to coordinate mental health services with police services.
- It was suggested that a form of case management be piloted, where the support agency has a budget to contract for additional supports depending on the person's needs.

PROVIDER NETWORKS AND BOTTOM-UP INITIATIVES Networks of service providers are an important resource and should be encouraged. This helps build agency relationships that foster collaborative initiatives that can meet better meet clients' needs. It can achieve more efficiency, create synergies, and leverage resources. Providers can compare what works, share best practices, and work together to understand outcomes. Promising new approaches sometimes arise from particular providers, but the most fertile ground for this sort of program development is sometimes collaboration between providers and with funders.

3. Housing Options and Models

Housing is a physical thing and a set of legal rights, shaped by money, law, organizations, market dynamics, and the arrangement of concrete things in literal space. The housing part of housing-with-supports can be provided in various ways. The housing-related principles of ensuring choice, and of providing stable tenure in affordable housing of decent quality, point to a range of needed housing elements in supportive housing policy.

RANGE OF HOUSING OPTIONS A range of housing options should be provided. [38] A person with mental health issues or addictions, like anyone else, may prefer to live in a large multi-unit building or in some other built form; they may prefer to live with others or alone. Although public programs cannot provide the full range of choice middle-class people have in the market, they should offer a range of choice.[39]

SECURE TENANCY An essential requirement of stable, permanent housing in the community is security of tenure, protected by law as a normal residential tenancy.[40] While there may be some exceptions for transitional housing or quasi-institutional forms (see below), this type of residential tenancy should apply in all except a few types of supportive housing.

SUBSIDIZED RENTS Providing decent-quality housing options for people with very low incomes requires subsidized rents. Otherwise, a rented room or a shared apartment, usually of low quality, is all the person can afford – options that decrease quality of life, create instability of tenure, and impede recovery. Subsidized rents may be in the form of rent geared to income (RGI) subsidy attached to social housing projects,

38 Parameters for consumer choice and 'normal' housing were spelled out in early supportive housing research literature, for example: Priscilla Ridgway and Anthony M. Zipple (1990), "The Paradigm Shift in Residential Services: From the Linear Continuum to Supported Housing Approaches" Psychosocial Rehabilitation Journal 13 (4): 11-31; Michael F. Hogan and Paul J. Carling (1992), "Normal Housing: A Key Element of a Supported Housing Approach for People with Psychiatric Disabilities" Community Mental Health Journal 28 (3): 215-226.

39 See also Isaac Coplan et al. (2015), Towards a New Bill of Rights: The Voice of Tenants in Permanent Supportive Housing (Toronto: The Dream Team); Kirsh et al. (2009); Toronto Central LHIN Strategic Advisory Council (2015), Housing and Its Impact on Health Outcomes for Populations with (and at risk of) Complex Care Needs; George et al (2005).

40 See also See also Isaac Coplan et al. (2015), Towards a New Bill of Rights: The Voice of Tenants in Permanent Supportive Housing (Toronto: The Dream Team).

rent supplement which provides RGI rents in private-sector rental apartments, or housing allowances (housing benefits).[41]

SELF-CONTAINED SUPPORTED APARTMENTS For single people or couples with low income, self-contained apartments are the preferred form. They provide the greatest autonomy and privacy, and usually create fewer social conflicts and stress that can affect mental health issues. Most people with mental health issues and addictions don't want to live alongside others who are categorized that way.[42] Independent supported apartments have been the preferred form in Ontario supportive housing since the mid 1980s,[43] and should remain so.

SHARED HOUSES AND CONGREGATE HOUSING Participants also noted that there is a place for shared houses and congregate housing. With today's models of flexible supports, these options provide a day-to-day community and reduced isolation that suits some people. There is also still a place for congregate housing forms for some clients who need high supports, or transitional support models.

SCATTERED AND DEDICATED There is a need for both scattered-site[44] and dedicated supported apartments. Scattered-site refers to apartments in private-sector rental buildings, usually with rent supplement, with the units either being rented individually by tenants, or headleased[45] by a supportive housing provider and then sublet to tenants. Dedicated supportive housing refers to multi-unit properties, typically small apartment buildings, that are owned and managed by supportive housing agencies, with eligibility limited to people with mental health issues or addictions. The recent At Home / Chez Soi project, premised on a scattered-site approach, has produced the best recent evidence on the value of housing with flexible supports for homeless people, and the value of housing first principles.[46] Flexible supports and housing first principles are also integral in dedicated supportive housing.[47] Most major providers in Ontario and the Toronto area do a mix of both dedicated and scattered, and have combined these in recent program initiatives.[48]

OPTIONS IN DIVERSE LOCAL COMMUNITIES A person may prefer to live in a busy neighbourhood or in a quieter area. A person may prefer to live near family or where they grew up – or not. Different local conditions require different housing program responses. In outer suburbs of Greater Toronto, there is

41 Early research on supportive housing noted that housing subsidies counted for at least as much as support services in ensuring housing stability. See for example: Michael S. Hurlburt, Patricia A. Wood, and Richard L. Hough (1996), "Providing Independent Housing for the Homeless Mentally Ill: A Novel Approach to Evaluating Long-Term Longitudinal Housing Patterns" Journal of Community Psychology 24 (3): 291–310.

42 George et al (2005), 17.

43 Sylvia Novac and Mary Anne Quance (1998), Back to Community: An Assessment of Supportive Housing in Toronto (Toronto: Background report for the Mayor's Homelessness Action Task Force).

44 See the original argument for dispersed locations in Ridgway and Zipple (1990).

45 Headlease refers to legal arrangements where a rental property owner leases a unit or set of units to a supportive housing agency or other organization, who then selects the residents and handles their tenancies.

46 Paula Goering et al., (2014), National At Home/Chez Soi Final Report (Ottawa: Mental Health Commission of Canada).

47 See Jeannette Waegemakers Schiff (2014), Comparison of Four Housing First Programs (for Service Canada).

48 See for example, John Sylvestre, John Trainor, Tim Aubry, Lindsey George, Geoffrey Nelson, and Peter Ilves (2004), An Evaluation of Phase I of the Mental Health Homelessness Initiative: Implementation Evaluation Technical Report (for the Ontario Ministry of Health and Long Term Care).

very little rental housing at all, and it is necessary to develop new housing to provide supportive options in these areas. Participants noted that moderate-cost market rental is all too often in buildings with poor quality and in neighbourhoods with social challenges.[49] In the central city, the challenges include great reduction in low-cost private rental stock, and high development costs.

SUSTAINING OPTIONS OUTSIDE THE MARKET Social housing widens choice for low-income renters, and about 1 in 3 low-income renters live in it.[50] Social housing is the main lower-cost rental option available in the central city and in the outer suburbs. Beyond its affordability and its much better quality at any given rent level, social housing addresses the disadvantage which a person with mental health issues or addictions faces as a prospective renter in the market, competing with employed people with more income, and facing other discrimination by landlords. For some social housing, including dedicated supportive housing, the phase-out of federal funding for social housing and associated expiry of project agreements poses a challenge to economic viability. Subsidy will continue to be needed, to ensure that these projects are affordable to their residents, and avoid a severe narrowing of housing choice for people with mental health issues or addictions.

RESPONDING TO MARKET TRENDS AND CONDITIONS Policy must respond to market trends and conditions that vary over time. Participants noted that Greater Toronto rental market conditions are now quite different from the historically extraordinary 2002-2007 period when vacancies rose to between 2 and 4 percent, real inflation-adjusted rents declined, and the number of middle-income renters shrank.[51] Vacancies are now low and middle-income rental demand is much higher. Some landlords who at that time took referrals from support agencies, or entered headlease agreements, are no longer interested in working with supportive housing agencies and clients. Policy should be based on an assessment of housing needs and market conditions, and the program emphasis should shift accordingly.

OPTIONS IN REGULAR SOCIAL HOUSING Regular, non-supportive social housing was noted as a housing option for people with mental health issues and addictions.[52] Many support agencies use referral agreements with social housing providers, whereby the support agency chooses the applicant when a designated unit becomes available, and their supports helps ensure a stable tenancy. These arrangements should continue, as one form of housing with supports. It was suggested that clients of support agencies could be given priority access to devolved social housing where appropriate, although the desirable extent of this was not discussed. It was also noted that municipal social housing has many tenants with mental health issues or addictions who need some support, and that meeting this need may be a higher priority

49 Such areas or buildings are what typical rent supp funding of $600/unit monthly permit: See Kari Ala-Leppilampi (2012), Supportive Housing For Those Dealing With Mental Health And Addiction Issues In Toronto: An Interview Study To Consider System Level Characteristics and Service Planning Issues (MA paper, Ryerson University), 43.

50 See Wellesley Institute (2015), Submission to the Province of Ontario: Long Term Affordable Housing Strategy Update.

51 See Ontario Non-Profit Housing Association (2013), Where's Home? 2013 (Toronto: ONPHA).

52 See also George et al. (2005), 19

than housing more people with these needs in this housing.[53]

TRANSITIONAL AND SHORT-TERM ACCOMMODATION Although the preferred model and norm is permanent housing, some clients needs transitional or short-term housing models. Some individuals benefit from a time-limited, higher-support living arrangement where they can develop stability or life skills that enables them to move on to permanent housing with a better chance of a stable tenancy. Safe beds and respite or crisis accommodation offer short-term housing for a person experiencing a crisis – with the ability to retain the permanent accommodation and return there after the crisis. Low-barrier housing for people experiencing long-term homelessness can be a first step toward stability. Although these options are mostly about the support model, they often require a housing form and financial model that is different from scattered rent supplement or dedicated supported apartments, and they require suitable flexibility in residential tenancy law.[54]

QUASI-INSTITUTIONAL HOUSING Participants identified a need for quasi-institutional models for some high-need clients. These are people who do not need to be in a hospital or long term care facility, but who need meals and housekeeping services as well as a high level of personal support in order to be stable. This may require a housing form, tenure, and financial model that is different from scattered rent supplement or dedicated supported apartments.

ROOM RENTING AND BOARDING HOMES Supportive housing policy must deal with the realities of where people live in the housing market. In Greater Toronto today, most low-income single people cannot afford apartment rents; instead they share an apartment or they rent a room – in someone else's house or apartment, in a basement with shared bathroom and kitchen, or in a rooming house. This will continue to be the case even if more rent supplements are funded. Programs need to provide supports to residents with mental health issues and addiction who are renting rooms in the market.

PHYSICAL ADAPTATION TO SOCIAL NEEDS Distinct physical features are needed in supportive housing in some cases. In dedicated supportive housing, like other social housing, inclusion of common rooms is an important resource for community integration and social/recreational programming. With an increasing number of older residents in supportive housing, there is a need for physical adaptation of housing to meet the mobility needs or other age-related physical needs of supportive housing residents. Certain specialized programs, such as some forensic clients, may require distinct physical equipment or facilities. Such distinct features must be included in the funding model.

HOUSING ALLOWANCES Housing allowances (housing benefits) were also noted as a tool for stable housing for people with mental health issues or addictions. Portable allowances targeted to high-need

53 See Ontario Non-Profit Housing Association (2015), Strengthening Social Housing Communities: Helping Vulnerable Tenants Maintain Successful Tenancies.

54 See also Toronto Central LHIN Strategic Advisory Council (2015), Housing and Its Impact on Health Outcomes for Populations with (and at risk of) Complex Care Needs

clients, as in the IAH housing allowance programs in place today, can open up or stabilize housing options by making them affordable. A more universal allowance[55] would offer the same benefit to more people.

REDEPLOYING HOUSING ASSETS Dedicated providers have a large stock of shared houses – a legacy of the 1970s and early 1980s, a time of limited eligibility of singles for social housing, rooming house norms, and supervised program models.[56] Today these operate as permanent housing with flexible supports.[57] Some providers would like to sell these houses and use the proceeds to build independent supported apartments. Given house values in Ontario's big-city housing markets today, this may be cost-effective: the proceeds from a shared five-person house could purchase five apartments, or cover much of the cost of building five units. But this is impeded by various issues including program rules and limited development funding. Policy should facilitate this redeployment of assets to increase housing quality and choice.

"FLOW" IN SUPPORTIVE HOUSING Health funders are interested in achieving more flow in supportive housing – in other words, more turnover of residents so that new people can get into the housing. Flow requires affordable housing options for residents to move on to. In a similar vein, some providers are interested in helping their tenants have access to different housing options as their needs or preferences change. Some want the flexibility to redeploy RGI subsidies attached to dedicated projects, into portable rent subsidies the resident can use wherever they choose to live. These options require expanded availability of housing subsidy, and must respect tenancy rights.

EXPANDING THE NUMBER AND SCALE OF HOUSING OPTIONS There is a need for many more supportive housing units, both to meet the existing backlog of needs and to respond to ongoing population growth.[58] The emphasis should be on independent apartments. This can be achieved by way of more rent supplement to use in private rental, more access to existing social housing, and new affordable housing (see coordination regarding IAH projects, above). Participants did not attempt to quantify the amount needed, or the relative priority to give to these different approaches. But all these options require significant additional public resources, as discussed below.

4. System Planning, Capacity, and Resources

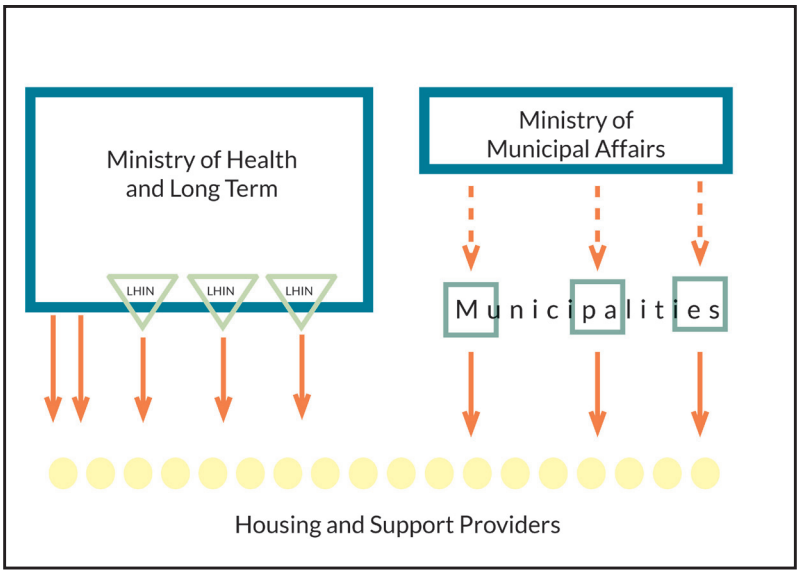
Models of support, housing options, and coordination all depend significantly on broader, systemic matters. These include how roles and responsibilities are configured; what resources are available and how they are allocated; how planning and priority-setting is carried out; and how the main supportive housing components relate to each other and also to broader public institutions and policy priorities.

55 See also Daily Bread Food Bank et al. (2008), A Housing Benefit for Ontario: One Housing Solution for a Poverty Reduction Strategy.

56 See John Trainor, Steve Lurie, Ronald Ballantyne, and Dennis Long (1987), "The Supportive Housing Coalition: A Model for Advocacy and Program Development" Canadian Journal of Community Mental Health 6 (2): 93-106.

57 It is estimated 40 percent of supportive housing residents in Toronto are in some form of shared or congregate accommodation. See Joy Connelly, (2014), Bridging Two Access Systems: A Foundation for Collaboration Between Housing Connections, CASH and ACCESS1 (for Houselink Community Homes, CASH, and the City of Toronto).

58 See also Toronto Central LHIN Strategic Advisory Council (2015), Housing and Its Impact on Health Outcomes for Populations with (and at risk of) Complex Care Needs; Addiction and Mental Health Ontario (2014), Time for Concerted Action on Affordable Housing: The Case for Investment in Supportive Housing; George et al (2005), 17.



A MORE SYSTEMATIC APPROACH The elements of a supportive housing system need to include a more systematic approach to planning the system and to the capacity and resources needed to serve needs. Participants in the Lab were mindful of the various initiatives in recent years, the priority for supportive housing in recent Ontario government frameworks and advisory bodies, and the government's moves toward creating a broader framework on supportive housing.

PROVINCIAL FRAMEWORK AND PRIORITIES Participants identified a need to establish an overall provincial framework for housing with supports, with priorities and implementation steps jointly adopted by the Ministry of Health and Long Term Care, Ministry of Municipal Affairs and Housing, and other ministries as appropriate. Supportive housing is part of community mental health within MOHLTC, but is also part of the affordable housing role of the province which is coordinated and overseen by MMAH. An inter-ministerial approach would build on steps recently undertaken by the two ministries.

ADDRESSING THE INTERSECTIONS WITH HOMELESS-SERVING PROGRAMS A strategy for supportive housing needs to address the intersection points with the policy sphere of homeless-related services. These involve funding which is provincial, is administered at the local level by service manager municipalities/boards, and is usually coordinated with significant local funding. Supportive housing serves many of the same clients as homeless-related services. Beyond the need for specific coordination discussed above in section 2, there is a need to arrive at shared priorities, funding arrangements, and broader alignment between municipally administered homeless services, and the MOHLTC/LHIN sphere of community mental health. This requires suitable elements in the provincial framework, and structured collaboration between LHINs and service manager municipalities.

ADDRESSING THE INTERSECTIONS WITH DEVOLVED SOCIAL AND AFFORDABLE HOUSING A strategy for supportive housing needs to address the intersection points with the policy sphere of devolved social housing and new affordable housing. This sphere is administered at the municipal level, and primarily

funded at that level, but receives significant federal funding through MMAH (federal-provincial funding in the case of new units). Devolved municipal and 'alternative' housing[59] serves many clients with similar needs as those in provincially funded supportive housing, and there is increasing collaboration of support services with providers in the devolved system. There is a need to arrive at shared priorities, funding arrangements, and broader alignment between the municipal administered sphere of social and affordable housing, and the MOHLTC/LHIN sphere of mental health supportive housing. Participants did not discuss the preferred or ideal roles of each level.

POPULATION-BASED PLANNING System planning needs to be based on considerations of population trends and future needs. It was suggested that the ministries should undertake needs assessments, for example on specific populations or types of need. There is a need to assess how much need exists for what type of housing with supports. This includes understanding the needs of those who are not currently well served by the system. Given constrained resources, it is important to ensure equity in funding between different types of need, different services, and different local communities.

PLANNING BASED ON APPLICANT AND USER DATA Data on client/resident characteristics, service usage, housing stability and other outcomes has the potential to inform system planning in a much more active way. Some participants expressed the vision that systematic ongoing collection of client data by providers, given today's IT capacity, has the potential to provide continuous feedback that can inform service planning and ongoing adjustments to services at the individual and system levels.

COORDINATING PRIORITIES AT THE REGIONAL LEVEL There is a need to coordinate priorities and implementation at the regional level.[60] Affordable housing and homeless programs are administered at that level by designated service manager municipalities;[61] health programs are likewise administered at that level by Local Health Integration Networks (LHINs). Coordination at the provincial levels between ministries is important but cannot achieve the regional shared priorities and coordinated delivery that is necessary if health, housing and homeless services are to work effectively together. This is challenging given distinct mandates and inconsistent boundaries between service managers and LHINs. In most of the province, each LHIN will need to build relations with more than one service manager. The provincial policy framework should foster structured collaboration between service manager municipalities and LHINs.

COORDINATING PRIORITIES FOR THE GTA In the Greater Toronto Area, LHIN/municipal collaboration is more complex. In the City of Toronto the required relationship is between one municipality and multiple LHINs partly within its boundaries, rather than one LHIN and multiple municipalities. The steps to date do not extend to joint priority-setting. There is also a need for a regional GTA analysis and strategy. In local

59 Devolved social housing refers to the programs which in Ontario are and administered primarily funded by municipalities that are designated as service managers, as distinct from supportive housing programs funded and administered through the Ministry of Health and Long Term Care or the LHINs.

60 See also George et al (2005), 20, 28.

61 Including DSSABs in Northern Ontario.

areas of the GTA, the community profiles, housing market conditions, population growth, and change in housing stock are all shaped by GTA-wide forces and trends. Housing and service strategies for areas within the GTA must be rooted in an understanding of the GTA context, and add up to a GTA-wide strategy.

COLLECTIVE IMPACT System planning requires not only the provincial strategies and lateral public-sector relationships noted above, but also multi-sectoral approaches and bottom-up initiatives. Participants in the Lab suggested the need for 'collective impact' strategies which involve aligned priorities, coordinated actions, and shared metrics among major players.[62] For example, these might need to involve the LHIN, disparate municipal departments, United Way, other funders of social and neighbourhood services, and major housing or service providers. Creative and effective responses to evolving needs require these sorts of lateral linkages, not just an overarching provincial strategy.

BOTTOM-UP INITIATIVES AS PART OF STRATEGY Similarly, policy must encourage new initiatives and creativity by providers, and give support to these with suitable funding. A system that encourages this will be one that has more innovation in housing and service approaches. In the history of community mental health services and community housing, many of the successful approaches have been pioneered by community-based organizations.

INPUT FROM CONSUMER/SURVIVORS It is essential to incorporate client input and preferences in priority-setting and service planning. The well-being of clients/residents is the purpose of supportive housing. Recovery and personal well-being require choice and autonomy, and services that meet individual needs. Client input into what forms of housing and services are provided are a vital steps in this direction.

ADDITIONAL RESOURCES NEEDED Additional resources are needed to expand housing with supports to serve more people. While this requires expansion of support funding, the larger resource challenge is for the housing component. Several suggestions were made in the Lab. More funding is needed to ensure affordable rents for more people with low incomes. Some participants pointed to the targets that have been advocated to deal with unmet needs.[63] Significant ongoing expansion of affordable housing resource inputs is needed even to keep pace with ongoing growth of population,[64] especially in Greater Toronto. For providers, reliable provision of housing and services requires funding on an assured multi-year basis.

SUSTAINING THE HOUSING FUNDING Adequate and sustainable funding for this will need to come from federal-provincial rather than municipal resources. Today, the challenge is deeper than funding additional people or units. There is also a need to maintain the existing federal-provincial housing funding which is steadily phasing out, in order to ensure the continuing viability, good repair and affordability

62 John Kania and Mark Kramer, "Collective Impact" Stanford Social Innovation Review (winter 2011) at: http://www.ssireview.org/articles/entry/collective_impact

63 Addiction and Mental Health Ontario (2014), Time for Concerted Action on Affordable Housing: The Case for Investment in Supportive Housing

64 Greater Toronto population grows by approximately 15 percent per decade.

of dedicated supportive housing. Rent supplement allocations also need to be large enough to cover inflationary increases and vacancies.

REGULATORY REFORM TO LEVER RESOURCES Regulatory changes would also help with resources. Inclusionary development policies, if enabled by provincial and municipal policy, could be a resource for new affordable housing. But it was pointed out that this tool is a supplementary rather than principal resource for adequate provision of new supportive housing. It was also suggested that supportive housing providers partner with private developers to build units where appropriate. It was suggested that the province adopt regulatory changes that enable providers to sell supportive housing assets and redeploy the proceeds to add more units (see above).

PERFORMANCE MEASURES AND ACCOUNTABILITY Efficient and effective use of public funds is important. In a context of constrained resources, it is important to monitor system performance and ensure accountability for dollars spent. Adopting appropriate and meaningful key performance indicators (KPIs) is one element in this. The route to achieving the needed flexibility in supports at the individual level, while also ensuring effective use of funds, is to have well chosen performance indicators, clear standards that providers must meet, and good tracking and reporting of performance data.

EVALUATION OF PROGRAM MODELS AND DELIVERY There is a need to periodically evaluate the various models of support in terms of efficiency of delivery, housing stability, and health outcomes.[65] To date, this has been carried out mostly for particular providers or particular initiatives, providing less than full and balanced information on what approaches work well for which clients.

Conclusions

Housing is an important social determinant of health, and an anchor for personal stability. For people living with mental illness or addictions, affordable, stable housing is an essential foundation for well-being and recovery. Housing with supports is therefore recognized as an essential element in mental health and addictions policy and programs.

In Ontario today, there is rising attention to supportive housing, and movement toward higher priority and more comprehensive approaches. The At Home / Chez Soi research has put it on the agenda across Canada. Housing, homelessness, and supported housing are, in various ways, concerns of Ontario's Mental Health and Addictions Strategy, its Poverty Reduction Strategy, and the report of the Expert Advisory Panel on Homelessness. Supportive housing is one main focus of the Mental Health and Addictions Leadership Advisory Council.

There is also movement forward in local communities. LHINs are recognizing housing as way to achieve better client outcomes. Municipalities are pursuing strategies to address homelessness. There is increasing

65 See also George et al. (2005), 24.

LHIN-municipal dialogue. The community-based 20,000 homes campaign focuses on housing with supports for people experiencing chronic homelessness. Funders and providers are putting efforts into better understanding and measuring program outcomes.

In this context, the principles and elements articulated in this report can help inform our thinking about housing with supports for mental health and addictions, and our policy and program decisions. As the province moves toward a more comprehensive framework, the principles and elements can serve as one foundation. As LHINs and municipalities move toward more concerted regional and local approaches, they can be a guide. As providers, funders and researchers consider diverse needs and program approaches, these principles and elements can be a useful reference point.

Appendix

List of Participants – Wellesley Lab on Supported Housing, July 30, 2015

Paul Bruce	Executive Director, Cota
Kerry Hobbs	Manager, Housing Strategy and Program Delivery – Community and Health Services Department, Regional Municipality of York
Nazira Jaffer	Director, Strategic Initiatives – Ontario Shores Centre for Mental Health Sciences
Miriam Johnston	Manager, Housing – Forensic Mental Health & Community Services, Provincial Programs Branch, Ministry of Health and Long Term Care
Carol Latimer	Director – Housing Policy Branch, Ministry of Municipal Affairs and Housing
Lori Lucier	Senior Consultant, Program Development – Toronto Central Local Health Integration Network
Jim Nason	Director, Operations – LOFT Community Services
Laural Raine	Manager, Policy – Shelter, Support and Housing Administration Division, City of Toronto
Noel Simpson	Executive Director – Regeneration Community Services
John Trainor	Chair – Ontario Mental Health Foundation
Brigitte Witkowski	Executive Director – Mainstay Housing
Kwame McKenzie	CEO – Wellesley Institute
Greg Suttor	Researcher, Housing – Wellesley Institute