

Mental Health and Addictions Leadership Advisory Council Supportive Housing Working Group Report

A Supportive Housing Strategy for Mental Health and Addictions in Ontario

Overview

Introduction

A strong, adequately funded supportive housing system is needed in Ontario to ensure that people living with mental health and addictions issues get the housing and supports they need, at the right time and in the right place.

Ideally, supportive housing should embody the principle of ‘recovery’ – that a person with a disability or chronic condition can be supported to live a full life in the community. The challenge today is to invest in, modernize, and bring innovation and enhanced cooperation to the sector in ways that will fill the gap between the need for supportive housing and the level of supportive housing currently available in the province.

Expanding supportive housing may seem daunting but there is extensive expertise locally, nationally and internationally on what works and what does not. Developing supportive housing requires collaboration across sectors, and Ontario has a record of successful initiatives on which it can build.

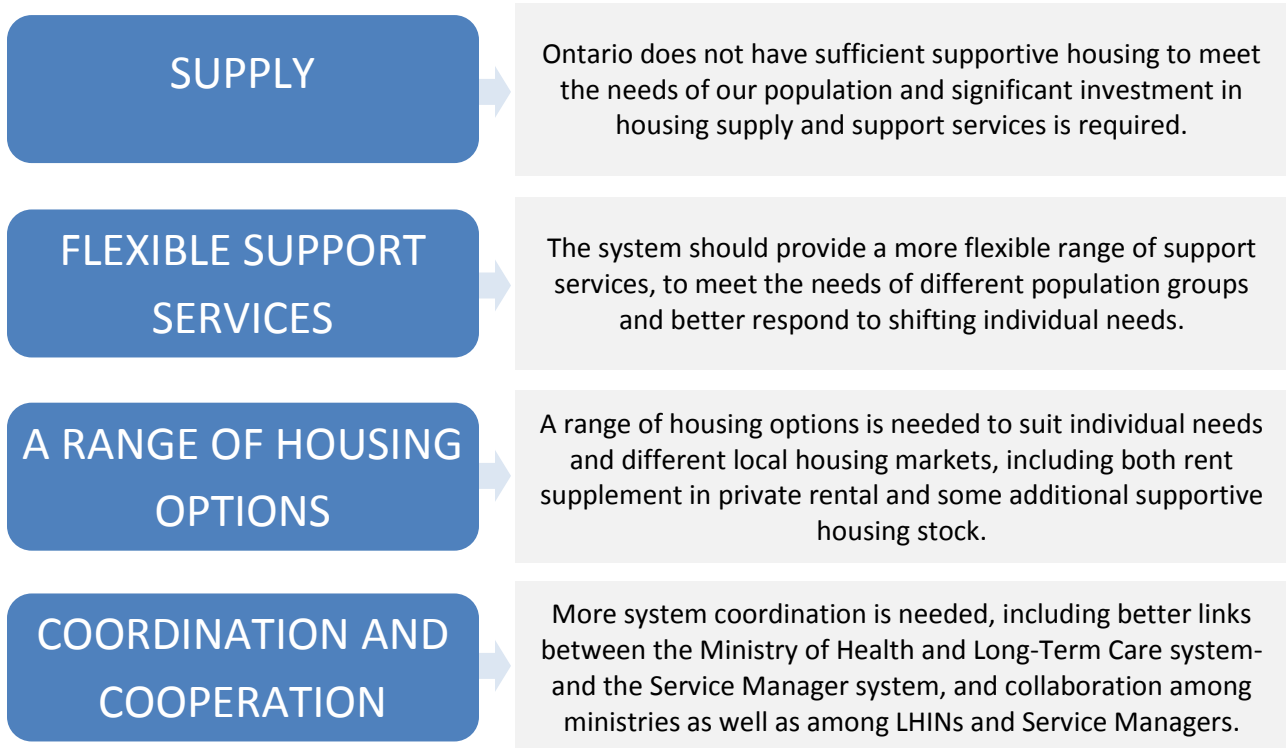
The Supportive Housing Strategy was prepared by the Supportive Housing Working Group of the Mental Health and Addictions Leadership Advisory Council (“Council”) as part of its mandate to provide advice to the Minister of Health and Long-Term Care on the implementation of the second phase of Ontario’s Mental Health and Addictions Strategy. The Council defines supportive housing as the combination of a safe and stable home additional supports that enable a person to stay in their home, live independently, and/or achieve recovery. By that definition, the Supportive Housing Working Group (“Working Group”) has concluded that Ontario has less than half the supportive housing it needs and because of this we are failing some of the most vulnerable people in our society.

Who’s who in Ontario’s Mental Health and Addictions Supportive Housing System?

- Service Managers – 47 designated municipalities, regional governments and boards responsible for housing and homelessness programs
- Local Health Integration Networks (LHINs) – responsible for community mental health and addictions services, including the support component of supportive housing
- Local housing and support providers operate supportive housing following a variety of housing and service models
- The Ministry of Health and Long-Term Care’s supportive housing program provides services to people with severe mental health and addictions issues as well as other client groups (frail elderly, people with physical disabilities, acquired brain injuries and HIV/AIDS). It funds operating costs associated with buildings and rent supplements and support services.

Priorities for Supportive Housing for Ontarians with Severe Mental Health or Addictions

The Working Group's overall conclusion is that action is urgently required. This strategy is designed to address four main challenges:



The Supporting Housing Strategy discusses in detail the scope of these challenges, outlines options and identifies preferred approaches to help the Ontario government and other key players plan for, invest in and deliver the supportive housing supports that many Ontarians need.

SUPPLY

The existing system comprises approximately 12,000 units administered by the Ministry of Health and Long Term Care, plus an estimated 10,000 units in the Service Manager system.

Based on research and prior reports, the Working Group recommends that at least 30,000 units be added over the next decade to Ontario's mental health and addictions supportive housing system.

The Working Group believes that the time is favourable for an expansion of mental health and addictions supportive housing in Ontario. The provincial Poverty Reduction Strategy, Mental Health and Addictions Strategy, Long-Term Affordable Housing Strategy Update, and the report of the Expert Advisory Panel on Homelessness are springboards for action. Enhanced federal funding for affordable housing and movement toward a national housing strategy create a new impetus for real progress to be made. The Mental Health Commission of Canada has identified the need for more and better housing with supports. Local organizations across Ontario are working together to meet people's needs while also advocating for affordable housing and solutions to homelessness. Some Service Managers and LHINs have been developing new initiatives.

The Working Group recognizes that the funding required is significant. It involves a series of strategic government decisions about capital and ongoing operating investments, and requires detailed program design to ensure that the expansion integrates best practices, is based on evidence about what works, and draws on innovations from Ontario and other jurisdictions that have delivered good outcomes. Preliminary estimates about the costing of system expansion and the key assumptions used in arriving at those estimates are provided in Appendix A.

The Working Group's recommendation takes into consideration the evidence that the benefits from an adequately resourced supportive housing will help to offset some of these costs – increased physical health, reduced health care costs, decreased use of hospital and emergency services, and reduced pressures on other public services such as policing and the criminal justice system.

Estimates of the Need for Supported Housing for Persons with Mental Health and Addictions

- The Mental Health Commission of Canada *Turning the Key* estimated that the number of people in Ontario with a serious mental illness who are inadequately housed or in core housing need is between 40,000 and 134,000.
- The 2006 Senate report on mental illness and addictions (Kirby report) identified a shortfall of 57,000 across Canada, which equates to 22,000 for Ontario.
- Addictions and Mental Health Ontario has identified a need for 26,000 units.
- Analysis by the Wellesley Institute (forthcoming) estimates a need for an additional 33,000 to 80,000 units of housing with support for people with serious mental illness or addictions in Ontario.

FLEXIBLE SUPPORT SERVICES

Best practice in supportive housing is to provide flexible supports that change as the person's needs change and are tailored to their particular needs. Much of the existing system of housing with supports consists of specific staffing levels that are attached to specific units, either in dedicated supportive housing or in dispersed supported market rental. Ontario needs to move toward a system where supports are more flexibly provided to people wherever they live – whether in private rental, dedicated supportive housing, or regular social housing – and can be more readily redeployed or reassigned to another person if an individual's support needs decline.

Supports should be client-driven, with an individual support plan prepared with the client. A range of high, medium, and low supports is needed.

A set of core supports could include housing-related aspects such as ensuring tenancy responsibilities are met and helping individuals to develop skills to manage their household. Health-related and case management supports could include informal support, linking people to specialized mental health or addiction services, primary health care, and social opportunities.

A variety of ancillary supports should also be available for various sub-populations, depending on needs (e.g., physical health needs, augmented home help or meals, managing medications, specific approaches for addictions or chronic homelessness).

A RANGE OF HOUSING OPTIONS

Stable, affordable housing is essential for a healthy life and for recovery. Many Ontarians living with a disability or chronic condition have difficulty affording the cost of housing and face discrimination and a very limited range of housing options and choice of neighbourhoods.

Ontario has a diverse stock of housing with supports that is built on a series of past decisions, made incrementally over decades: Many boarding homes have their origins in the 1960s and 1970s, dedicated supportive housing dates from the 1980s and 1990s, and rent supplements have been the main focus since 1999. A comprehensive range of housing options is needed and legacy programs must be updated to reflect best practices and innovation. The expansion of the supportive housing system consistent with the recommendations in this report requires creativity and the flexibility to use all of the tools at our disposal.

To implement the strategy's recommendation for a 30,000-unit system expansion, the program should include both private-sector housing with rent supplement, and supportive housing development. While rent supplement is less costly in the short term, development of new supportive housing is essential to meet needs in rapidly growing communities, cities where market rents are escalating, and small communities with

few rental apartments. The Ontario government should adopt a mixed strategy, with options to choose a local mix suited to housing market conditions.

Independent apartments are the preferred approach, but in some cases congregate housing (with shared kitchens and living spaces) is appropriate. Permanent housing should be provided, with separate programs for time-limited or transitional residential accommodation. Most residents can receive flexible supports in any of these contexts, but dedicated buildings are usually required for high-support models. Movement toward coordinated access systems at the regional level should continue.

COORDINATION AND COOPERATION

Leadership is required to meet evolving needs, implement coordinated access systems and make major investments in mental health and addictions supportive housing. Effective action to implement the recommendations in this strategy would require stronger commitments by provincial ministries, Service Managers and LHINs.

Right now there is no comprehensive framework that brings together MOHLTC-funded independent housing, boarding homes receiving public support, Service Manager-administered social housing, homelessness services, and community mental health and addictions services. Nevertheless, the Working Group believes that the priority must be enhanced coordination and cooperation, rather than a restructuring of the sector.

There is a new level of collaborative policy-making taking place among MOHLTC, the Ministry of Housing and other ministries, as demonstrated in the Long-Term Affordable Housing Strategy Update. The Ministry of Health and Long-Term Care and the Ministry of Housing should develop joint priorities specific to mental health and addictions supportive housing. This would enable supportive housing system expansion on the collaborative basis recommended here, and support joint LHIN-Service Manager priority-setting and coordination.

Achieving a more effective system of supportive housing will depend not only on provincial policy but on coordination between Service Managers and LHINs. While stronger relationships have been developing in some local areas, an enhanced approach is needed across Ontario. This strategy points toward fuller relationships between Service Managers and LHINs, to engage in joint planning around augmented resources and new activity. A strong LHIN role is needed in mental health and addictions supportive housing.

Summary of Recommendations

SUPPLY

1. That the Ontario government recognize supportive housing as the key to enabling people with mental health issues or addictions to experience recovery and lead fuller lives, and to achieving its goal of ending chronic homelessness.
2. That the Ontario government provide funding for housing and supports for at least 3,000 more people each year, for a total of 30,000 added in ten years, 2017 to 2026.

FLEXIBLE SUPPORT SERVICES

3. That the Ontario government recognize the importance of peer support and family support for people with mental health and addictions issues, and provide appropriate resources.
4. That Ontario policy, LHINs, and providers implement principles for support services to ensure they incorporate core and ancillary supports; are flexible to meet individual needs, client-driven, and adjusted as needed; and are culturally appropriate, foster social connections, and include peer support.
5. That a set of core supports be provided by each supportive housing provider, and a range of auxiliary supports be provided in each local area as part of the community mental health system, with suitable funding made available for each of these by the Ontario government through the LHINs.
6. That the Ministry of Health and Long Term Care and the LHINs fund and enable diverse models and types of support, suited to the wide range of people's needs in mental health and addictions, including 10 to 20 percent at high levels of support.

A RANGE OF HOUSING OPTIONS

7. That Ontario ensure sufficient housing supply as an integral part of meeting supportive housing goals.
8. That Ontario reaffirm permanent tenure and affordable rents as basic principles in supportive housing.
9. That Ontario enable Service Managers and LHINs to choose a mix of rent supplement in private rental, new supportive housing supply, and other approaches, that is suited to local and regional needs.
10. That Ontario proceed with reform and modernization of the Homes for Special Care program, and work with funding partners to extend improved, recovery-oriented practices to other similar programs.

COORDINATION AND COOPERATION

11. That the Ministry of Health and Long Term Care retain and expand its existing role in funding and administering rent supplement and other housing programs for people with mental health issues or addictions.
12. That, building on the proposed Supportive Housing Policy Framework, the Ministry of Health and Long Term Care and the Ministry of Housing provide guidelines and models of good practice in support of collaborative priority-setting by LHINs and Service Managers in mental health and addictions supportive housing.
13. That the Ministry of Health and Long Term Care provide guidelines to ensure that LHINs integrate mental health and addictions supportive housing into their strategic priorities.
14. That the Ministry of Health and Long Term Care and the Ministry of Housing provide guidelines, parameters and accountability mechanisms in support of LHIN-Service Manager collaboration in delivering new mental health and addictions supportive housing.
15. That the Ontario Government develop a research and evaluation strategy to continually improve the quality of housing with supports through the identification and dissemination of good practices.