SCHIZOPHRENIA SOCIETY OF ONTARIO
A REASON TO HOPE

Long-Term Affordable Housing Update Consultation: Supportive Housing

Submission from the Schizophrenia Society of Ontario

July 3, 2015

The Schizophrenia Society of Ontario (SSO) appreciates this opportunity to provide input on supportive housing as part of the Government of Ontario's consultation to update the 2010 Long-Term Affordable Housing Strategy (LTAHS). We commend the Ministries of Municipal Affairs and Housing, Health and Long-Term Care, Community and Social Services, and Children and Youth Services for working collaboratively to improve supportive housing-related programs and coordination across service systems as part of the LTAHS update.

The SSO is a charitable health organization that supports individuals, families, caregivers and communities affected by schizophrenia and psychosis across the province. While SSO is not a supportive housing provider, issues related to housing and homelessness, including access to affordable, safe, and quality housing are major policy priorities for our organization.

Access to housing is a fundamental social determinant of health and a basic human right; yet the current system does not effectively promote housing security for Ontarians affected by mental health and addictions issues. For over 30 years we have heard from individuals and families about the numerous challenges and barriers that they experience when trying to navigate the housing system to attain, and maintain, quality affordable housing. As a result, we are all too aware about how lack of housing impacts physical and mental health, undermines access to healthcare and social services, limits employment and educational opportunities, and jeopardizes the safety and security of the individual and their families.

Through the LTAHS update, the government can address the challenges within the current housing system and improve the health and well-being of Ontarians affected by mental health and addictions issues. We welcome this opportunity to help the Ontario government achieve this goal.

This submission is informed by our experience and expertise as a service provider in the mental health system, and more importantly, by voices and experiences of individuals and families that our organization works with and supports. Our feedback and responses are structured in accordance with the discussion questions in the LTAHS Supportive Housing consultation survey. Because our organization is not involved in the intricacies of supportive housing and general housing systems, we only provide input on survey questions which reflect our organizational knowledge and expertise. As such, not all questions/topics included in the LTAHS Supportive Housing consultation survey are captured within this submission.

A. COORDINATED ACCESS

1. What specific challenges exist for clients accessing supportive housing and affordable/social housing?

- Scarcity of available supportive housing units

  - The biggest challenge for individuals and families in need of supportive or affordable/social housing is the scarcity of these resources. We commend the Ontario government for the commitment to add 1,000 new supportive housing units over the next three years; however, even with this addition the demand will still continue to exceed the supply.

  - Limited availability of supportive housing units for individuals with mental health and addictions issues creates a system where exceptionally lengthy wait times are the norm rather than the exception. Although waitlists vary across the province, in Toronto for instance, there are currently 8569 applicants on the Coordinated Access to Supportive Housing (CASH) waitlist,[1] yet there are only 4,400 supportive housing units.[2] As a result, individuals in need of supporting housing in this region have to wait about 5 years to receive it.[3]

  - Waiting for housing puts people with mental health and addictions issues at risk of homelessness, criminalization, and mental health crises. This risk is even more pronounced for individuals who lack professional or social supports, individuals with complex mental health needs, transient populations, and individuals transitioning from other systems (e.g. hospital, criminal justice system, child welfare system, etc.).

  - Due to a lack of flexible, accessible and supportive housing options, individuals are forced to find accommodations in an increasingly expensive private market as well as face similarly considerable wait lists for social housing. Not only are these housing settings often of substandard quality, they also do not offer the necessary supports that individuals with mental health and addictions issues may require to support their recovery.

- People with mental health and addictions issues are at increased risk of losing housing

  - Even when individuals obtain housing, they may be at risk of losing their housing if they experience a mental health crisis which can result in hospitalization or incarceration. When this occurs, individuals may be absent from their home for a prolonged period of time, and/or may not be able to pay their rent. At the same time, current support and social services often lack resources and are not set up to protect people in these situations.

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[1] Provincial Human Services & Justice Coordinating Committee (HSJCC). (2015). *Pre-Budget Consultations*: http://www.hsjcc.on.ca/Provincial/Public%20Policy/PHSJCC%202015%20Pre-Budget%20Submission%20-%202015-01-30.pdf

[2] Commitment to Community (C2C). (2015). Policy paper on the City of Toronto's poverty reduction strategy: Affordable housing in the City of Toronto: http://www.socialplanningtoronto.org/wp-content/uploads/2015/06/Housing-Final2.pdf

[3] Addictions and Mental Health Ontario (AMHO). (2014). *Time for Concerted Action on Affordable Housing: The Case for Investment in Supportive Housing*: http://www.addictionsandmentalhealthontario.ca/uploads/1/8/6/3/18638346/supportive_housing_proposal_from_amh_ontario_final.pdf

- High rates of poverty further impact the ability of individuals with mental health and addictions issues to maintain housing. This is particularly pronounced for individuals on social assistance who often struggle to pay rent even in rent-geared-to-income settings due to social assistance amounts that fall far below the poverty line and administrative issues that can delay receipt of monthly social assistance cheques.
- Landlords in public, private and supportive housing systems often evict tenants as a result of behaviors related to their mental health and addictions issues (e.g. hoarding, substance use, inability to follow building rules, noise levels, etc.). This usually happens when individuals are unable to receive timely and appropriate supports for their mental health and addictions issues and when housing providers lack training and/or resources to adequately attend to their tenants' needs. In supportive housing models where housing is provided by one agency, and support by another, these issues can particularly pronounced due to lack of coordination between the different service providers and/or lack of timely follow-up from the support-providing agencies.

➢ <u>Stigma and discrimination</u>

- Individuals and families living with mental health and addictions issues often face multiple barriers and outright discrimination within the public and private housing sectors.
- Stigma and discrimination have been shown to undermine access to housing and have a negative impact both on a person's experience of applying for housing, and on the outcomes of their application.[4] For instance, landlords may probe into a prospective tenant's psychiatric and/or criminal history through intrusive application questions, and as a result, may not rent to a person because of his/her background.
- Individuals with dual diagnosis, concurrent disorders, racialized populations, newcomers, individuals affected by poverty, and individuals with past involvement with the criminal justice system are at an even greater risk of being screened out of housing and other services.[5]

➢ <u>Families are excluded and do not receive support</u>

- Due to scarcity of housing options, many individuals with mental health and addictions issues live with their families/friends. These caregivers provide crisis intervention, support treatment, arrange for income assistance, assist with the activities of daily living, assist the health care professionals, and help their relative/friends navigate the system.[6] Yet the contributions of

[4] Ontario Human Rights Commission. (2012). *Minds that matter. Report on consultation on human rights, mental health and addictions*.
[5] Hansson, E., Tuck, A., Lurie, S., & McKenzie, K, for the Mental Health Commission of Canada. (2010). Improving mental health services for immigrants, refugees, ethno-cultural and racialized groups: Issues and options for service improvement: http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf; John Howard Society of Toronto. (2010). Homeless and jailed: Jailed and homeless: http://media.thestar.topscms.com/acrobat/ef/6e/a2fdc45d452d8cc6e23535371b07.pdf
[6] Family Mental Health Alliance, CMHA Ontario, CAMH, & OFCMHAP. (2006). Caring together: Families as partners in the mental health and addiction system.

families and other "informal" caregivers are often taken for granted and their experiences and needs as caregivers are ignored by service providers.

- Even though they are often the primary caregivers for the individuals with mental health and addictions issues, families are commonly excluded from their relative/friend's housing application process and other support scenarios. Families often express frustration that they cannot help to facilitate the process for applying to supportive or affordable/social housing for their family member/friend when the individual is experiencing a crisis/relapse. This significantly delays the application process and negatively impacts on both the individual and family's recovery process.

➢ <u>Decentralized and inconsistent administration and coordination</u>

- Currently the supportive housing system in Ontario is de-centralized and uncoordinated. Different housing providers utilize separate application processes and individuals often have to apply to numerous providers to receive housing and supports. This leads to intensive and burdensome administrative requirements for the applicants and their families, and the program administrators.
- The current system creates additional barriers for transient individuals and individuals transitioning from other systems who may experience challenges navigating the complexity of the housing system and staying abreast of the progress of their housing application.

2. What changes would make the supportive housing system easier to navigate for people? What access and intake systems work best for people with complex needs?

➢ <u>Utilize Housing First (HF) approach for all supportive housing programs and initiatives</u>

- Housing First (HF) model of supportive housing rapidly ends homelessness and enables people to retain housing and achieve their recovery goals.[7] This approach does not view housing as a temporary solution but rather recognizes housing as a fundamental social determinant of health and promotes *immediate access to permanent housing* with community based support. It further acknowledges that individuals with mental health and addictions issues have a wide range of needs and promotes availability of different variations of housing with supports to meet them all.

➢ <u>Increase the number of supportive housing units in Ontario for individuals with mental health and addictions issues</u>

- In order to make this system most effective for people who rely on it, it is essential that supply meets the demand, and that the level of support offered is matched to the individuals' needs.

[7] Goering, P., et al. (2014). National At Home/Chez Soi Final Report. Calgary, AB: Mental Health Commission of Canada: http://www.mentalhealthcommission.ca

- Establish a coordinated continuum of supportive housing

  - Coordinated networks and partnerships between providers in the community, as well across systems (i.e. hospitals; criminal justice system; community mental health system, etc.) translate into more coordinated and effective care for the individual.

  - The supportive housing system needs to include a range of services, including high support services, and medium and low-support housing. To make this system easier to navigate, it must be centrally coordinated so that individuals' needs are continuously re-assessed and transitions between different levels of supportive housing are facilitated based on individuals' needs rather than system capacity.

  - Centralized access point for all supportive housing in Ontario may simplify the application process, and create a more coordinated approach to meeting the needs of individuals applying for these services.

  - Some examples of strategies for improving system coordination include the Mental Health and Addictions Access Point in Toronto and other strategies listed in the Mental Health Commission of Canada (MHCC) *Turning the Key* report.[8]

- Increase supportive housing units for individuals transitioning out of other systems

  - Research shows that individuals transitioning out of other systems, such as hospitals, correctional facilities,[9] and child protection services,[10] are at high risk of homelessness. To reduce homelessness, designated supportive housing units are needed for individuals with mental health and addictions issues who are transitioning out of the criminal justice system, child welfare system, forensic system, hospital system, and other similar scenarios.

- Expand mental health and social supports for transitioning populations

  - Designated, consistent and coordinated support services are key to ensure that individuals transitioning out of other systems receive the necessary support to help them attain and maintain housing. This includes correctional discharge services; community mental health and addictions services; income supports; settlement services; and other relevant supports that the individuals may require during the transition points.

  - Collaboration and coordination between institutions (such as hospitals and correctional facilities, for example) and community supports need to be enhanced as well.

- Provide respite care for family members/caregivers

[8] https://www.mentalhealthcommission.ca/English/system/files/private/PrimaryCare_Turning_the_Key_Full_ENG_0.pdf
[9] The John Howard Society of Toronto. (2010). *Homeless and jailed: Jailed and homeless*.
[10] Gaetz, S., O'Grady, B., Buccieri, K., Karabanow, J., & Marsolais, A. (2013). *Youth and homelessness in Canada: Implications for policy and practice:* http://www.homelesshub.ca/sites/default/files/YouthHomelessnessweb.pdf

- Respite services for caregivers exist in other sectors (e.g. developmental disabilities) but not within the mental health and addictions sector. Respite services would provide much needed support to family members and caregivers allowing them to effectively continue in their caregiving role. Provision of respite care would also allow individuals with mental health and addictions issues to continue to live with their families, which is especially valuable when waiting lists for supportive housing are so long.

3. What opportunities exist to improve coordination and access to affordable/social housing and supports related to transitions between systems (e.g., hospitals, homelessness system, youth, justice)?

➢ Enhance collaboration and coordination across all stakeholders

- Platforms and initiatives that foster and promote cross sector collaboration among all providers that support individuals seeking and/or living in supportive and affordable/social housing are needed.
- An example of a model which promotes greater collaboration and coordination among different stakeholders is RENT (Resources Exist for Networking and Training). RENT is a program of East York East Toronto Family Resources that enables different groups working, or living in supportive and affordable/social housing, to connect with each other to share information and resources, and to engage in dialogue.
- Project LINK,[11] a university-led community consortium that spans healthcare, criminal justice and social service systems, in the United States is another example of effective cross sector collaboration and coordination.
- In Ontario, current initiatives such as HealthLinks and Service Collaboratives also present great opportunities for increased collaboration and coordination.

4. What opportunities exist to improve coordination and access to affordable/social housing and supports for urgent/crisis situations (e.g., victims of violence, homelessness, mental health/ addictions, Developmental Services)?

➢ Establish formalized protocols among diverse providers

- In order to support individuals in urgent/crisis situations, it is important for all providers (i.e. police, EMS, housing providers, shelters, hospitals, etc.) to have clear and consistent protocols for working together.

[11] Weisman, R. L., Lamberti, J. S., & Price, N. (2004). Integrating criminal justice, community healthcare, and support services for adults with severe mental disorders. *Psychiatric Quarterly, 75*(1), 71-85.

- Examples of effective models include domestic violence response protocols and police-emergency department protocols for supporting individuals experiencing a mental health crisis. Some specific examples include COAST in Hamilton and L.E.A.D. Team in Lanark County:
    - The COAST Memorandum of Understanding includes comprehensive terms and conditions of access, scope of service, and roles and responsibilities between the Windsor Hotel-Dieu Grace Hospital, Community Crisis Centre, and the Essex County detachment of the Ontario Provincial Police (OPP);
    - The L.E.A.D. Team Protocol for Lanark County includes twelve local organizations (mental health and addictions and child and youth services), ambulance services, police services, and schedule one hospitals.

➢ <u>Include housing providers in all collaborative health care initiatives</u>

- Housing providers need to be involved in all collaborative healthcare initiatives (i.e. Health Links) in order to ensure that the housing needs of individuals with mental health and addictions issues are addressed and met as part of their larger healthcare treatment plans.

5. What tools/resources do you currently use when providing supports and referrals (e.g., specific websites, etc.)? What tools/resources would be helpful when providing supports and referrals?

➢ When looking for supportive and affordable/social housing for our clients, SSO clinicians use various resources, including ConnexOntario (e.g. mentalhealthhelpline.ca), RENT, region-specific resources (e.g. centralhealthline.ca, 211, etc.), Canadian Housing and Mortgage Corporation, Ontario Non-Profit Housing Association, and informal networks established with other providers. It must be noted that often none of the currently available resources provide all of the information that would be helpful to assist our clients and SSO clinicians have to directly contact providers for more information on their services. In addition, SSO compiles informal information obtained from individuals and family members who share their experiences with different services.

➢ To make the housing system easier to navigate, a central database of all supportive and affordable housing options across the province would be extremely useful.

<u>B. BEST PRACTICES</u>

1. Within existing funding levels, what are the top three opportunities in the supportive housing system to improve client health/social/economic outcomes as well as client satisfaction?

➢ Utilize housing first approach at all times.

- Always provide individuals seeking housing with choice and flexibility in housing options.

- Promote better coordination and collaboration among different providers.

2. What do you consider to be some of the most important best practices in supportive housing? Please list.

- Housing First (HF) model – In addition to providing immediate access to permanent housing with community based supports, the HF model values personal choice and autonomy, meaningful peer involvement, and flexibility, in order to respond to the needs of individuals with complex needs.

- Diverse housing options –The needs of individuals with mental health and addictions issues vary significantly. Thus in order for a supportive housing and other housing programs to be effective, they needs to be diverse to meet the needs of individuals from different backgrounds and at different life stages.

- Permanent housing – Supportive housing should be a consistent and permanent resource. Models of supportive and affordable/social housing that maintain tenants' units if they are hospitalized or incarcerated are essential for reducing the risk of homelessness. Permanent housing also offers stability, consistency, and a reliable support to individuals living with mental health issues and addictions.

- National affordable housing strategy – Canada remains the only G8 nation in the world without a national housing strategy.[12] With federal support of social housing continuing to decline, there is an even greater need to put increased pressure on the federal government to invest in a national strategy for sustainable, safe, affordable housing.

3. Please give examples of how service providers have worked with partners in your community to improve services delivered to populations seeking/living in supportive housing in your community. Are there new partners that should be engaged?

- All stakeholders should to be engaged in developing innovative ideas for improving service delivery to individuals seeking/living in supportive and affordable/social housing. This includes individuals with mental health and addictions issues, families, private developers, service providers across different sectors, local businesses, policy makers, etc.

- One example of such partnership is Support and Housing Halton (SHH). Private owners in this community who are selling their homes are encouraged to rent out their existing home instead of selling it. SHH then takes on the lease and can house two or three people who are receiving ODSP,

[12] Right to Housing. (n.d.) *National housing strategy*: https://righttohousing.wordpress.com.

with some additional support from the municipality. Some other examples can be found in MHCC's *Turning the Key* report,[13] *More than a Roof* report by Transitions for Youth and Community Development Halton,[14]MHCC's Canadian Housing First Toolkit,[15] and other similar reports.

4. What practices/initiatives exist within your organization to ensure clients' needs and choices are directing service delivery? Please list.

- As noted before, SSO is not a supportive housing provider. We are not a clinical setting either as we do not offer psychotherapy or other formal psychiatric services although our staff include therapists, psychologists and social workers. Our model of service is focused on providing supportive counseling and system navigation assistance to anyone who contacts us for help. Within this model, all of SSO's work is informed and directed by the needs and experiences of individuals and families that we work with and support. SSO clinicians work with individuals and families to firstly identify their needs and then assist them in identifying best options for moving forward. Depending on the clients' needs, this may include providing advice, guidance, and education as requested by clients; offering supportive counseling; assisting with navigating the system; providing warm referrals and forging connections with service providers on behalf of clients (when asked to do so); and supporting clients in doing advocacy. SSO clinicians continuously check in with clients to ensure that the support offered meets their needs, and adjust level and type of support based on clients' feedback and needs.

C. DATA AND PERFORMANCE MEASURES

1. How would you define a successful supportive housing program? What outputs and outcomes should supportive housing programs and services focus on achieving?

- Although we are not a housing provider and this is not our area of expertise, we strongly believe that the main outcomes for any supportive housing program should be:
  - that individuals remain housed;
  - that individuals are satisfied with their housing and support;
  - and that individuals are enabled to achieve their recovery goals.

- Other examples of outcome measures can be found in the MHCC's *At Home*[16] report, including service use and cost outcomes (e.g. use of justice services; use of health services, such as ER; use of

[13] https://www.mentalhealthcommission.ca/English/system/files/private/PrimaryCare_Turning_the_Key_Full_ENG_0.pdf
[14] http://www.homelesshub.ca/sites/default/files/1bq1nmqk.pdf
[15] http://www.housingfirsttoolkit.ca/sites/default/files/pdfs/CanadianHousingFirstToolkit.pdf
[16] Goering et al. (2014)

social services, such as food banks and shelters); and social and health outcomes (e.g. mental health and substance-related outcomes; life course outcomes).

2. What performance measures provide information on effective results for clients at the provincial level and locally, and can track progress in achieving tenant/client and system outcomes?

- Again, although our perspective is not that of a housing provider, we see the benefit of performance measures which measure housing stability (including measure of housing stability/ retention) as well as performance measures which look at system improvements (including measure of housing outcomes post-incarceration and post-hospitalization).

- It is also important that tenants and their families' satisfaction is assessed regularly to ensure that clients are happy with the quality of their housing and are getting the support that they need and want.

3. What systems do you/your organization currently use to report data? What data do you collect currently that is useful to you in evaluating your performance / demonstrating the outcomes of your work?

- SSO reports all of the required data as per our funding agreements with all of our funders, including Ministry of Health and Long-Term Care, LHINs, and individual foundations and corporations. Although each funder has separate reporting requirements, information about service volumes (e.g. number of clients served, number of contacts with the clients, etc.) and demographic information (e.g. age, gender, geographic location, etc.) are reported consistently for all of the funders.

- In addition, SSO captures impact and outcome data on our programs and services. SSO's program evaluation tools vary depending on the program or service and include client satisfaction surveys, as well as pre- and post-evaluation tools.

4. What sources of data currently exist or should be developed for you to be able assess the need for supportive housing programs in your community?

- As previously mentioned, a central database of all supportive and affordable housing options across the province would be beneficial.

Thank you for considering our submission. For further discussion, please contact Irina Sytcheva, Manager of Policy and Community Relations, at isytcheva@schizophrenia.on.ca or 1-800-449-6367 x.255.