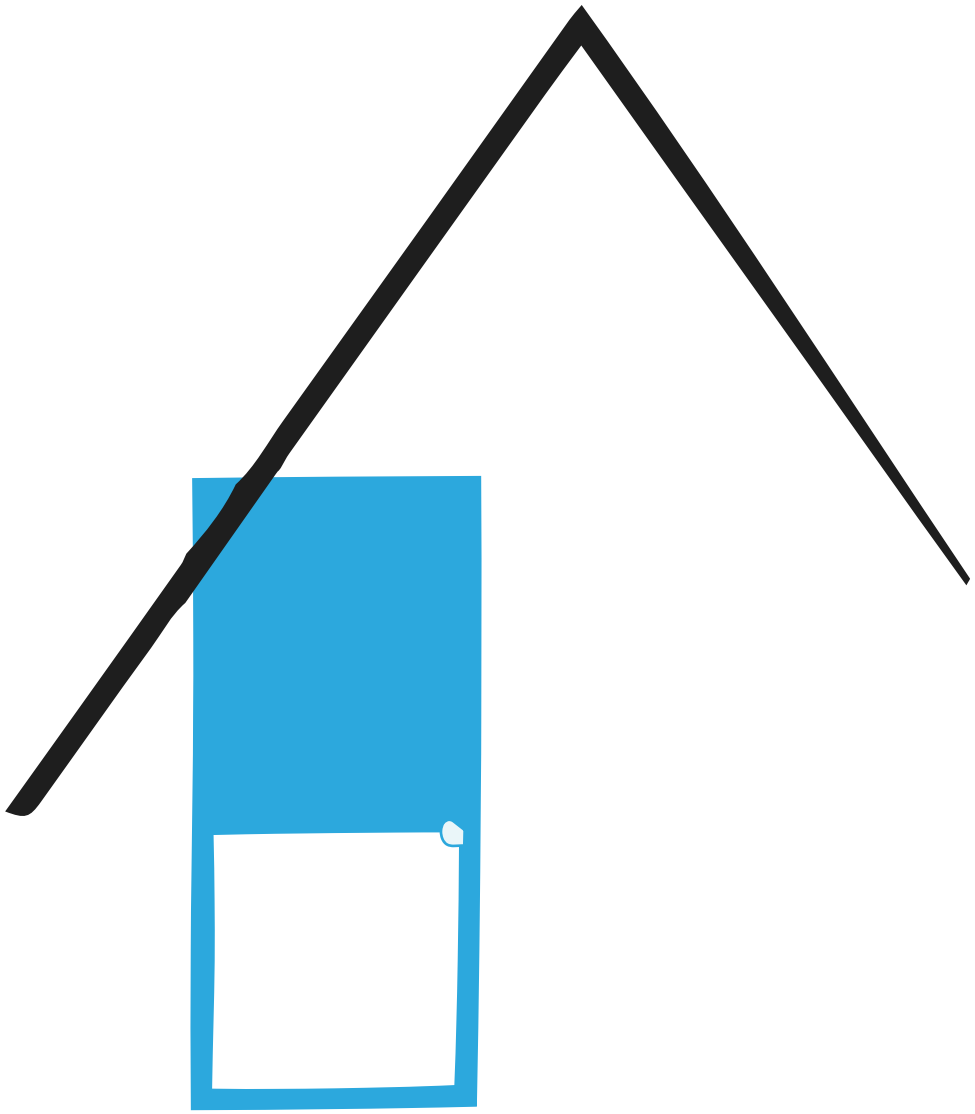
Implementing Housing First: Lessons from Toronto

REPORT #1: HOUSING AVAILABILITY, ADAPTING TO INDEPENDENT HOUSING, MAINTAINING TENANCIES AND IMPLEMENTING ANTI-RACISM/ANTI-OPPRESSION



CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care.
Inspiring Science.

Table of Contents

CONTEXT

WORKING WITH THE CHALLENGES

Acknowledgements

"Implementing Housing First: lessons from Toronto - Report #1. Housing availability, adapting to independent housing, maintaining tenancies and implementing anti-racism/anti-oppression" was written based on the journal articles and book chapter listed on the opposite page. The principal investigators for the At Home/Chez Soi trial, Toronto site, are Dr. Stephen Hwang, Dr. Vicky Stergiopoulos, and Dr. Patricia O'Campo.

Thank you to Dr. Agnes Gozdzik and Dr. Suzanne Zerger from the Centre for Research on Inner City Health for input into this report. Thank you to Paul Chisholm from Housing Connections, Jolynn Connelly from Toronto North Support Services, Pam Nir from Cota and Aseefa Sarang from Across Boundaries for feedback and for sharing valuable insights.

Centre for Research on Inner City Health (CRICH), St. Michael's Hospital, September, 2015. Download copies of this report at www.crich.ca, email us at CRICHlist@smh.ca or find us on twitter at @CRICH_StMikes.

Context

ABOUT THIS REPORT

The Centre for Research on Inner City Health at St. Michael's Hospital was responsible for leading the Toronto arm of the five-city At Home/Chez Soi randomized controlled trial of Housing First (HF). Through the process, we learned some important lessons about the implementation process. In this report we share: key aspects of the HF model, adaptations applied in Toronto, and needed enhancements.

The At Home/Chez Soi trial was based on the Pathways model of HF. For more on the Pathways model, please see *Housing First: The Pathways model to end homelessness for people with mental illness and addiction manual* (Tsemberis, 2010). To find out more about At Home/Chez Soi as implemented in all five cities, please visit www.mentalhealthcommission.ca/English/initiatives-and-projects/home

For a HF toolkit developed based on the At Home/Chez Soi study, please visit: www.housingfirsttoolkit.ca

Some of our findings will be particular to Toronto, while many will have applications to other jurisdictions, in particular large urban centres with similar networks of service providers and housing shortages. We share our experiences here and hope they will be useful to:

- Policy-makers and program administrators
- Organizations, frontline workers and managers delivering HF and/or homelessness services
- Researchers focused on homelessness and/or implementation science

This report is based on findings from implementation reports prepared for the Mental Health Commission of Canada (available at www.mentalhealthcommission.ca) and from the following publications:

McLeod T, Aubry T, Nelson G, Dorvil H, McCullough S & O'Campo P. *V*iews from the frontline: reflections on providing Housing First housing – the perspectives of landlords. In: Sylvestre J, Nelson G, Aubry T, eds. *Housing, citizenship and communities for people with serious mental illness: theory, practice and policy perspectives.* In Press.

O'Campo P, Zerger S, Gozdzik A, Jeyaratnam J & Stergiopoulos V. Strategies to balance fidelity to Housing First principles with local realities: Lessons from a large urban center. *Journal of Health Care for the Poor and Underserved*. 2015; 26(2): 536-553.

Stergiopoulos V, Zerger S, Jeyaratnam J, Connelly J, Kruk K, O'Campo P & Hwang S. Dynamic sustainability: service providers' perspectives on addressing Housing First implementation challenges over time. *Research on Social Work Practice*. 2015; 1049731515579280.

Stergiopoulos V, O'Campo P, Gozdzik A, Jeyaratnam J, Corneau S, Sarang A & Hwang SW. Moving from rhetoric to reality: adapting Housing First for homeless individuals with mental illness from ethno-racial groups. *BMC Health Services Research*. 2012; doi:10.1186/1472-6963-12-345.

Stergiopoulos V, Gozdzik G, O'Campo P, Holtby A, Jeyaratnam J & Tsemberis S. Housing First: exploring participants' early support needs. *BMC Health Services Research*. 2014; 14:167.

Zerger S, Francombe Pridham K, Jeyaratnam J, Connelly J, Hwang S, O'Campo P & Stergiopoulos V. The role and meaning of interim housing in Housing First programs for people experiencing homelessness and mental illness. *Am J Orthopsychiatry*. 2014; 84(4):431-7.

Zerger S, Francombe Pridham KF, Jeyaratnam J, Hwang SW, Kohli K & Stergiopoulos V. Understanding housing delays and relocations within the Housing First model. *Journal of Behavioural Health Services & Research.* 2014: 10.1007/s11414-014-9408-9.

KEY MESSAGES

This report focuses on: housing availability; experiences adapting to independent housing; issues related to maintaining tenancies; and, implementing an anti-racism/anti-oppression framework. Key recommendations for policy-makers, Housing First (HF) funders and HF providers include:

- Urgently and concretely address the ongoing crisis related to the shortage of quality, affordable housing in Toronto.
- Build safe, clean, interim housing options into the HF program - purpose built if necessary. These are essential for the wellbeing of people who are waiting for permanent housing, or to be re-housed.
- Once people are housed, address social isolation on multiple fronts, including through service enhancements to the current program (for example, additional peer support, life skills training, recreational, educational or vocational opportunities).
- Invest staff time and resources in developing and maintaining relationships with landlords and working with people to maintain tenancies.
- Place a high priority on relationships between providers and participants, as strong, trusting alliances are associated with better outcomes related to both housing and wellbeing.
- A committment to anti-racism/anti-oppression should include a range of concrete measures, including hiring frontline and management staff representative of communities served.

ABOUT HOUSING FIRST

Housing First (HF) is a program that offers independent housing and supports to people experiencing homelessness and mental health problems. HF differs from the traditional 'treatment first' approach in that it provides permanent housing and supports without requiring people to first seek treatment for mental health problems or addictions. In this report, when we refer to 'HF,' we are referring to the model developed by the organization Pathways in New York City. Key components of this model include:

NO TREATMENT PRECONDITIONS

People are able to join the HF program right away, without agreeing to a particular treatment regimen. The only requirement is that participants meet with a case-manager once a week.

INDEPENDENT HOUSING

People receive rent supplements, and are generally placed in independent, private market rental units, although participants can request social and/or congregate housing options.

HOUSING THAT IS SEPARATE FROM SUPPORTS

HF supports are offsite – they are not tied to a particular building or unit. If people change their housing, supports will follow them.

HIGH INTENSITY SUPPORTS

Higher needs participants have access to Assertive Community Treatment (ACT) teams made up of a range of providers including psychiatrists, nurses and case managers that work together as a team. Moderate needs participants have access to Intensive Case Management (ICM) – a case manager who connects them to external providers. A consultant psychiatrist and team leader/manager may be supporting the team of case managers.

A COMMITMENT TO PARTICIPANTS

If people lose their housing, they will be re-housed, sometimes a number of times. Providers involved in HF work hard not to discharge participants from the program.

A COMMITMENT TO CHOICE

People are given as much choice as possible regarding the neighbourhood, building and unit in which they are housed, taking into account constraints posed by the amount of funds allocated for rent and local housing market conditions. Housing choice can help to faciliate sustainable tenancies.

ABOUT AT HOME/CHEZ SOI

At Home/Chez Soi was a randomized controlled trial of HF that took place in Toronto, Moncton, Montreal, Winnipeg and Vancouver from 2009 to 2011.

In Toronto, approximately 300 people were randomized to the intervention – in other words, they received the Housing First program as outlined here. Another approximately 270 people were randomized to 'Treatment as Usual' – treatment and services already available in Toronto.
We compared a number of outcomes in these two groups over a two-year period including health, mental health, quality of life, and housing tenure (how long and how often people stayed housed). In Toronto, we are continuing to follow people in both groups until 2016. For findings from the first two years of results, please visit: www.mentalhealthcommission.ca/English/document/33196/toronto-final-report-homechez-soi-project

To be eligible to participate in the trial people needed to have significant histories of absolute homelessness – living in shelters, on the street or on and off in Single Occupancy Rooms. People also needed to have a diagnosable mental health problem.

In Toronto, people in the intervention arm of the trial received rent supplements of up to $600.00 a month. People with higher needs were assigned an Assertive Community Treatment team. People with moderate needs were assigned a case manager.

PROVIDER/PARTICIPANT ALLIANCES

An over-arching theme of our research is the importance of strong and trusting alliances between participants and workers be they clinical staff or case managers. Strong alliances were associated with more rapid placement and/or placement in units that participants were happy with (even if, in some cases, this took some time). Strong alliances were also associated with increased community integration and quality of life during the period of transition into housing.

Working with the Challenges

HOUSING AVAILABILITY

HOUSING AVAILABILITY CHALLENGES

HOUSING AVAILABILITY IN TORONTO

Like many jurisdictions in Canada, Toronto has a severe shortage of quality, affordable housing. The federal and provincial governments have, to varying degrees, disinvested from affordable housing programs, failed to consistently invest in new units, and left social housing stock in an often dangerous state of bad repair (Gaetz et al, 2014; Tucker & Kapelos, 2014; Shapcott, 2012). In addition, since 1998, private market rental units in Ontario have not been subject to rent control between tenants, and there is no rent control on newer tenanted units (Smith, 2003; Pigg, 2013). At the same time, minimum wages and social assistance programs in Ontario – including disability assistance – are set below the poverty line by the provincial government. These policy decisions have contributed to a situation in which large numbers of people struggle – and often fail – to retain a decent place to live (Santokie, 2015). In addition, inter-related factors like racism, discrimination, immigration status, violence against women, and the historical and contemporary effects of colonization create barriers to access to the social determinants of health from health care to housing (Levy et al, 2013; Centre for Research on Inner City Health, 2014; Allan & Smylie, 2015).

HOUSING AVAILABILITY AND HF

The At Home Toronto site faced particular difficulties in terms of housing availability, some related to the nature of the program, and other related to the housing situation in Toronto:

- People with mental health problems face well-documented discrimination in the housing market. People who use substances also face barriers to securing housing.

- While HF is rooted in the principle of housing choice, it often proved difficult to find quality housing for people in the neighbourhoods they chose. Housing in Toronto that is close to efficient public transportation, social services, and/or in proximity to downtown can be significantly more expensive. Vacancy rates were also lower in areas preferred by many participants.
- When HF participants were evicted due to incidents that broke the conditions of tenancies, some landlords pulled out of the program completely, further narrowing the pool of available apartments for all participants. Further, a tenant's negative relationship with a landlord might 'follow them,' as one worker put it, making it difficult to secure them a second or third apartment.

WORKING WITH THE CHALLENGES

SAFE, CLEAN, FLEXIBLE INTERIM HOUSING OPTIONS

Fifteen per cent of participants in the Toronto At Home site waited four months or more for housing, while about a third relocated or requested a transfer during the first year. These 'interim' periods – before initial housing or waiting for re-housing – deeply affected the mental health and wellbeing of participants. For example, one man was in a hotel where he suffered greatly due to bed bugs and stolen property. Another man stayed in a hotel far away from the centre of the city, where he felt isolated, and was unable to access services like food banks.

In general, during interim periods, people lived as they had before the study – in shelters, couch surfing, etc. Many participants described these waiting periods using words like 'frustrating,' 'worrying' and 'depressing,' while case managers shared that it was difficult to move forward with treatment goals.

Since interim periods are built into the HF process, it is crucial that safe, clean, flexible interim housing options are built into the program going forward. In Toronto, it proved almost impossible to find safe, clean interim housing options for participants. As a result, HF programs may have to purpose-build this type of housing.

HOUSING RESOURCE PACKAGE

Housing workers used the funding available to build a resource package to go along with rent supplements received by HF participants. The resource package was intended to: facilitate the transition to housing; encourage landlords to take on HF participants as tenants; and, address the fact that it can take a long time to find a decent apartment in Toronto. The resource package included:

- Budget for furnishings and move-in costs, along with last month's rent;
- Funds for temporary accomodation and vacancy loss;
- Insurance and pay back plan to cover potential damages.

RELATIONSHIPS WITH LANDLORDS

In all five cities involved in At Home/Chez Soi, housing workers developed relationships with landlords in order to place participants and help maintain tenancies. As many units in Toronto were owned by large rental management companies, these relationships were more often made with property managers and site staff. This process was facilitated by the fact that the municipal housing workers delivering services at the Toronto site in many cases already had these relationships in place.

A TWO-TIER SEARCH APPROACH

While housing workers maintained and searched a database of available housing, participants were encouraged to identify properties in neighbourhoods of their choice to pursue with the help of service providers.

ADAPTING TO INDEPENDENT HOUSING

"If you go from being in a shelter to going [into independent housing] it's a big change, you know? I won't have anyone to help me if I need help doing something or I want to talk to somebody. Or I just want to hang out with somebody... I just don't want to fall back into depression because of that."

WHAT MADE TRANSITIONS DIFFICULT?

Participants at the Toronto site faced several challenges in adapting to independent housing. Although not all these challenges were experienced by all participants, common themes emerged from qualitative interviews following the first six months of independent housing*:

- Social isolation was the most prominent theme discussed by both service providers and participants.
- Drug use did not always improve with independent housing. In some cases it got worse.
- Some people were faced with the need to re-learn certain skills (eg. grocery shopping, housekeeping, paying bills) after many years of living in institutions or on the street.

WORKING WITH THE CHALLENGES

Research during the implementation phase underlines the need to weave additional supports into the early stages of housing placement, including:

- Anticipating early housing difficulties and providing workers with training and supervision to help identify and address these difficulties.
- Applying enhancements to service provision including:**
    - Better access to quality addictions care, including use of Motivational Interviewing by case management teams.
    - Help to establish and maintain positive social networks.
    - Life skills training and supports.
    - Educational, recreational and vocational opportunities.
    - Steady involvement of peer support workers.
- Continuing to work on alliances between workers and participants, as positive worker/participant relationships contributed both to community integration and quality of life during transition months.

* These data were collected at 6 months. Results at 12, 24, 36 and 48 months may differ.

** The STAR (Supporting Transitions and Recovery) Learning Centre was designed as a response to some of these concerns. STAR offers courses ranging from life skills to recreation to arts-based programming: www.stmichaelshospital.com/programsmentalhealth/star.php

MAINTAINING TENANCIES*

WHAT WERE THE CHALLENGES AROUND MAINTAINING TENANCIES?

When concerns were shared from landlords, these were related to issues such as property damage, disruptive visitors, noise, non-payment of rent** and inadequate communication between landlords and program staff. These concerns only led to a unit transfer in a small number of cases, and were often mediated by HF program staff.

WORKING WITH THE CHALLENGES

At Home/Chez Soi sites put various measures in place to maintain good relationships with landlords, building managers and building staff. This was important not just for individual participants, but in order to maintain the engagement of a property or group of properties with the program in general.

Measures in place at different At Home/Chez Soi sites to address landlord relations included:

- **A commitment to cleaning and repairing damaged units.**
- **Relocating participants** when neeeded without requiring landlords to go through an eviction process.
- **Ongoing engagement with landlords.** Some sites held events that combined education with an opportunity for landlords to share around problem-solving. In Toronto, landlords were included as part of Housing Working Group meetings and a meeting was held to get landlord feedback during the program roll-out.

Additional measures around communication suggested by building managers/site staff in Toronto included:

- **A detailed resource** listing who to call from HF teams (clinical staff, housing staff, case managers, etc.) and under what circumstances.
- **Regular, scheduled check-ins** between landlords and clinical and housing teams.

Additional measures suggested by workers included:

- **Better communication/integration between housing workers and clinical teams.** Housing First deliberately separates the housing component of the program from supports. When housing and clinical teams are maintained separately, protocols are required to ensure good communication. For example, some housing workers emphasized the need for clinical staff/case managers to work with participants specifically around maintaining tenancies.***
- **Learning from relocation.** For participants who had already been evicted, providers discussed the importance of working together to explore and learn from the experience in order to build more successful tenancies the next time around.

It should be noted that some building managers/site staff in Toronto expressed that they appreciated the opportunity to 'give back to the community'; valued relationships with participants and with housing and clinical teams; and, felt a sense of satisfaction when participants were doing well.

* Please note, people left their apartments for different reasons over the course of the project. In this report, we are only explore the issue of 'maintaining tenancies' from the perspective of managing relationships with landlords.

** In some cases, arrears can occur when rent increases are not communicated to disability assistance programs.

*** While housing and other supports were separated at the Toronto site during the trial period, this is no longer the case.

WHY INCLUDE ANTI-RACISM/ANTI-OPPRESSION IN HOUSING FIRST PROGRAMS?

Racism presents a well-documented barrier to accessing many social determinants of health, including health care, housing and employment. In addition, racism has direct impacts on both physical and mental health. As a result, HF programs must account for the role racism plays in people's lives. At the same time, HF programs must work to ensure they do not reproduce the subtle or overt racism people experience in the broader society. Cultural and linguistic exclusion can also present barriers to access to mental health services and/or mean that mental health services are not relevant to all populations.

WORKING WITH THE CHALLENGES

"Staff need the culture or the freedom to speak about the issues of the racialized clients... managers or the supervisors need to have that analysis... so then they are able to help support the staff..."

The Toronto site of At Home/Chez Soi developed an 'ethno-racial intenstive case management' arm (ER-ICM) of Housing First. ER-ICM offers case management through an anti-racism/anti-oppression (AR/AO) lens to people categorized as 'ethno-racial.'* Participants have access to programs offered through partner agency Across Boundaries such as a drop-in space, art therapy, community kitchen, life skills, drumming, yoga, and traditional Chinese medicine. Services are offered in multiple languages. Implementation was facilitated by the fact that Across Boundaries had extensive experience with AR/AO practice.** Challenges, however, remained. In particular, it was difficult for staff to match the level of cultural and linguistic diversity of participants. This was addressed by hiring peer workers and staff reflecting the make up of participants, and employing services (e.g. translation) from other agencies. More generally, HF programs seeking to develop fidelity to AR/AO principles should:

- Hire frontline and management staff representative of communities served.
- Have a formal commitment to AR/AO and provide and require staff training on AR/AO.
- Have an effective discrimination complaints mechanism in place for both staff and clients.
- Foster an atmosphere in which both staff and clients can talk about issues of oppression and racism, and are able to focus attention on issues of power.
- Make sure staff and client voices are heard when it comes to program design.
- Make sure AR/AO is put into practice at the direct service level.
- Provide opportunites for community-building and healing in a safe, welcoming space.
- Work holistically by: exploring client views of wellness; engaging families (where appropriate); making referrals to social and cultural resources; and, supporting access to alternative treatment.
- Promote advocacy activities geared towards systemic change.

*For the purposed of the ER-ICM program, the term 'ethno-racial' applied to people who are racialized, but not to Indigenous peoples.

**While this report focuses on Toronto, At Home was implemented differently at different sites. In Winnipeg, for example, partnerships were formed to ensure, "...Indigenous values were infused throughout the service and program delivery model for both staff and participants. This included ensuring Aboriginal input at the leadership level (e.g., Site Coordinator), taking a more holistic approach, being relationship based, having a communal focus, being strengths-based, and including traditional Indigenous ceremonies and protocols." For more on the Winnipeg trial, please see Distacio, et al. 2014. For final reports from all cities, please see: www.mentalhealthcommission.ca

References

Allan B & Smylie J. *First Peoples, Second Class Treatment: The role of racism in the health and well-being of Indigenous peoples in Canada*. January, 2015. Toronto: The Wellesley Institute. Retrieved from: www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf

Centre for Research on Inner City Health, St. Michael's Hospital. *Finding home: the impacts of partner violence on women's housing stability, health and wellbeing*. Report. February, 2014. Retrieved from: www.stmichaelshospital.com/crich/wp-content/uploads/Finding-Home-Feb-2014FINAL.pdf

Distasio J, Sareen J & Isaak C. 2014. *At Home/Chez Soi Project: Winnipeg Site Final Report*. Calgary, AB: Mental Health Commission of Canada. Retrieved from: www.mentalhealthcommission.ca

Gaetz S, Gulliver T & Richter T. *The State of Homelessness in Canada 2014*. Report. Retrieved from: www.homelesshub.ca/sites/default/files/SOHC2014.pdf

Levy J, Ansara D & Stover A. 2013. *Racialization and health inequities in Toronto*. Toronto: Toronto Public Health. Retrieved from: www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-62904.pdf

McLeod T, Aubry T, Nelson G, Dorvil H, McCullough S & O'Campo P. *V*iews from the frontline: reflections on providing Housing First housing – the perspectives of landlords. In: Sylvestre J, Nelson G, Aubry T, eds. *Housing, citizenship and communities for people with serious mental illness: theory, practice and policy perspectives.* In press.

O'Campo P, Zerger S, Gozdzik A, Jeyaratnam J & Stergiopoulos V. Strategies to balance fidelity to Housing First principles with local realities: Lessons from a large urban center. *Journal of Health Care for the Poor and Underserved*. 2015; 26(2): 536-553.

Pigg S. Pressure mounts for Ontario to extend rent control to all tenants. *Toronto Star*. May 31st, 2013. Retrieved: www.thestar.com/business/real_estate/2013/05/31/pressure_mounts_for_ontario_to_extend_rent_controls_to_all_tenants.html

Santokie K. The great divide in Toronto Housing. *Toronto Star*. March 14th, 2014. Retrieved: www.thestar.com/opinion/commentary/2015/03/14/the-great-divide-in-toronto-housing.html

Shapcott M. Ontario Budget 2012 continues erosion of affordable housing investments. *Wellesley Institute*. Retrieved from: www.wellesleyinstitute.com/housing/ontario-budget-2012-continues-erosion-of-affordable-housing-investments

Smith LB. Intertenancy rent decontrol in Ontario. *Canadian Public Policy*. 2003; 14(2):213-225.

Stergiopoulos V, O'Campo P, Gozdzik A, Jeyaratnam J, Corneau S, Sarang A & Hwang SW. Moving from rhetoric to reality: adapting Housing First for homeless individuals with mental illness from ethno-racial groups. *BMC Health Services Research*. 2012; doi:10.1186/1472-6963-12-345.

Stergiopoulos V, Gozdzik G, O'Campo P, Holtby A, Jeyaratnam J & Tsemberis S. Housing First: exploring participants' early support needs. *BMC Health Services Research*. 2014; 14:167.

Stergiopoulos V, Zerger S, Jeyaratnam J, Connelly J, Kruk K, O'Campo P & Hwang S. Dynamic sustainability: service providers' perspectives on addressing Housing First implementation challenges over time. *Research on Social Work Practice*. 2015; 1049731515579280.

Tsemberis S. 2010. *Housing First: The Pathways model to end homelessness for people with mental illness and addiction manual*. Minnesota: Hazelden.

Tucker E & Kapelos V. Fears of evictions across Canada as feds end co-op housing subsidy. *Global News*. January 22nd, 2014. Retrieved: http://globalnews.ca/news/1100348/co-op-housing-subsidy-to-end

Zerger S, Francombe Pridham K, Jeyaratnam J, Connelly J, Hwang S, O'Campo P & Stergiopoulos V .The role and meaning of interim housing in Housing First programs for people experiencing homelessness and mental illness. *Am J Orthopsychiatry*. 2014; 84(4):431-7.

Zerger S, Francombe Pridham KF, Jeyaratnam J, Hwang SW, Kohli K & Stergiopoulos V. Understanding housing delays and relocations within the Housing First model. *Journal of Behavioural Health Services & Research*. 2014: 10.1007/S11414-014-9408-9.

St. Michael's
Inspired Care.
Inspiring Science.

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

Design by Dermot Covel, Medical Media Centre, St. Michael's Hospital