

**Response to the Ontario Auditor General's Report on Housing and Support
Services for People with Mental Health Issues (Community Based)**

Toronto Mental Health and Addictions Supportive Housing Network



**Toronto Mental Health & Addictions
Supportive Housing Network**

supportive housing for people living with mental health and substance use challenges

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Toronto Mental Health and Addictions Supportive Housing Network Response to the Ontario Auditor General's Report on Supportive Housing

The Toronto Mental Health and Addictions Supportive Housing Network has reviewed the recent Provincial Auditor General's report on Supportive Housing and would like to provide commentary on the analysis and the specific recommendations. We want to thank the Provincial Auditor's team for their thoughtful analysis and recommendations.

We agree that there has been an insufficient response to developing a full continuum of supportive housing since the publication of the Graham Report in 1988 and subsequent government and provincial auditors' reports. The fact that only \$100 million out of the more than \$1.1 billion spent on community mental health and addictions is spent on supportive housing explains many of the problems identified in the Auditor's report. Demand is high and resources continue to be limited. The resource limitations include:

- An insufficient supply and range of housing stock
- Limited availability of rent supplements and housing allowances
- Limited supply of flexible support services which enable people to live independently, or to remain with family if that is their preference
- Limited capacity to use the data collected by providers to guide system investments and improvements
- Growing demand for housing and services outside hospitals
- Limited resources for high support and transitional housing options

Despite the limitations noted above, the 31 members of the Toronto Supportive Housing Network are providing evidence based services to people living with mental health and addiction issues, achieving rates of housing stability exceeding 85%, and early return rates to hospital as low as 1%. While we agree with the Provincial Auditor that this information is not routinely available at a systems level, there is evidence of this at an agency level in reports that have been prepared for LHINs, and in peer reviewed research studies with which we have been involved. Similar evidence exists across the province.

Members have contributed to the development of the supportive housing strategy prepared for the Mental Health and Addictions Leadership Council and have also been consulted with as the strategy was developed. We believe that it along with the recent report by the Wellesley Institute -*Taking Stock of Supportive Housing for Mental Health and Addictions in Ontario* - provide the Ministries of Health and Long Term Care and Housing with a framework for multiyear investment in supportive housing which will address many of the problems identified in the Auditor General's report. In addition, the strategy sets out an approach for coordinated planning with LHINs, the Supportive Housing sector and municipal service managers that can become the basis for a multi-year implementation plan. At the same time we

note that the strategy provides a **minimum requirement** to address the growing need for supportive housing and related services in Ontario. Without funding and policy support to implement the strategy, waiting lists will continue to grow, ALC and hospital pressures will increase rather than decline, and the province's goal to eliminate homelessness in 10 years **will not** be achieved.

The report identifies a problem in flow, asserting that there are now people in supportive housing who no longer require it and suggests more emphasis on transitional and time limited housing. While we agree that more high support and transitional options need to be developed, in the analysis recently done for the Access Point, only 10% of the over 12,000 people on the Access Point Wait List are classified as high need, which means that the bulk of demand for supportive housing could be met with more affordable housing coupled with flexible supports. Most of the supportive housing in Toronto is one bedroom or bachelor accommodation in dedicated housing stock operated by our members, or is scattered units leased from the private sector. Unfortunately, neither source of housing stock is expanding. In fact we are losing access to private sector apartments as private sector landlords go up market and decline to rent to our clients or to enter into head leases with us. In order to create flow in the system both the supply of housing stock and the availability of rent supplements and housing allowances need to increase, so that people who no longer need on-site support can move to units where supports can be made available as needed. Alternatively, with additional housing allowances, support services could transfer to another individual in a newly subsidized housing unit. This will require capital investment, technical assistance, and priority given to our sector when development funding becomes available.

However, **fundamental principles** in any housing policy developed by government should be **security of tenure and tenant choice**. The vast majority of tenants currently in our supportive housing were previously homeless or precariously housed; the same is true for people on the Access Point waitlist. They need homes, not a transitional facility based approach to their housing needs.

We do agree with the Provincial Auditor that support services should be flexible and needs based. We believe that Housing Support services are a vital component in assisting people with Mental Health and Addictions to stay housed in the community. In the CAMH report cited by the Auditor, the team neglected to mention that 50% of people in community mental health programs were receiving less care than they required. While the need/service gap has narrowed somewhat by increased funding for multidisciplinary teams and more case management (both evidence based services), supply is still limited. For example there are 1990 people waiting up to a year to access case management services in Toronto. If the Auditor General's recommendations to provide more flexible, needs based services are to be realized, increased funding for evidence based services such as ACT, FACT, short term intensive case management, and housing support will need to accompany increases in the supply of supportive housing. This includes having more clinical and personal support services available to support people to age in place. As well, similar services will need to be available to the 24,000 people in TCHC who have been identified as requiring access to addiction and mental health services to stay housed in TCHC. This issue was **not** identified in the Auditor's report but is a symptom of the gaps in service capacity.

Providing this type of support is now being done in TCHC by some of our members but could be scaled with sufficient resources across the province.

We look forward to working with the MOHLTC, Toronto area LHINs and the City of Toronto to improve the availability and quality of housing with supports including development of strategies to make the best use of existing supportive housing stock. Our detailed comments on the specific recommendations in the Auditor General's report are attached as an Appendix, as is our most recent Report Card on Supportive Housing.

Appendix A

Toronto Mental Health and Addiction Supportive Housing Network Response to Auditor General's Recommendations on Supportive Housing

- 1. Implementation Plan for Housing Policy Framework. Agree.** The supportive housing strategy developed for the Mental Health and Addiction Leadership Council and the recent report *Taking Stock of Supportive Housing for Mental Health and Addictions in Ontario* by the Wellesley Institute can be used to develop a multiyear funding and implementation plan. The waitlist analysis recently completed for the Toronto Mental Health and Addiction Access Point can be used to inform planning and investment decisions. The plan should include funding commitments for at least three years for housing stock development, rent supplements and support services. Where possible it should leverage federal funding commitments in the Health Accord, and Homelessness and Infrastructure agreements with the provinces. LHINs, the sector, and municipal service managers should work together to meet targets specified in the plan.
- 2. Regional Waitlist Development. Agree.** The Access Point should continue to be used in Toronto for this purpose and needs ongoing capacity to continue to build on their waitlist analytics project with CMHA Toronto and Wellesley Institute. Other LHINs should be supported to build similar capacity, and should explore working with Connex Ontario on this. However measuring demand without increasing housing supply and services as noted in Recommendation #1 will not improve access to supportive housing.
- 3. Priority Access. Agree.** This will require significant investments in housing stock, high support and transitional housing, support service packages, rent supplements and housing allowances, as outlined in the Mental Health and Addictions Leadership Advisory Council report.
- 4. High Needs Housing. Agree.** As with recommendation #3, this will require significant investments, particularly since the auditor states that "individuals who require higher levels of care are more challenging to house". We are encouraged to note that the Ministry response to the Auditor's Report states that it will work with others "...to create sufficient housing stock for all Ontarians in need of supportive housing, including people with physical disabilities or in need of high levels of support services." However, the capacity of community agencies to take on individuals with higher needs has been, and will continue to be, eroded as community sector providers have faced at least 5 years with no increase to base operating budgets.

5. **Diagnosis Required. Disagree.** We agree with the MOHLTC that requiring a diagnosis will create a systemic barrier for those already marginalized. Eligibility should be based on functional impairment, disability, presenting issues as assessed in the Ontario Common Assessment of Need (OCAN), homelessness, and precarious housing. For clients with moderate to high needs a level of care instrument could be used.
6. **Collect data to make best use of limited supply. Develop a plan to transition suitable clients to other forms of housing. Agree in part.** As noted previously, without a commitment to meet the minimum target of 30,000 units recommended by the Mental Health and Addictions Leadership Council, wait lists will continue to grow and there will be limited capacity to create more rental stock and flexible support packages as needs change. A level of care instrument could be used to assess the support needs of tenants in dedicated stock with on-site support. However without additional Rent Geared to Income (RGI) housing, more rent supplements and housing allowances, as well as funding for flexible supports, wait lists for supportive housing will continue to grow, and the opportunities to allow clients to transition to housing with differing levels of support will be limited. OCAN data and the Access Point waitlist analysis can be used in Toronto to develop service plans and approaches to prioritization going forward.
7. **Collect provincial data on demand for supportive housing, determine cost effective approaches. Establish targets. Transform HSCs and Habitat Services. Agree in part.** We agree whole heartedly that the MOHLTC should establish a goal for the number of mental health SH units the province should have, and further, that it should review recommendations from the Mental Health and Addiction Leadership Advisory Council to expand the province's stock of supportive housing, and determine actions required. The development of regional capacity to measure the demand for supportive housing will support better planning, as will coordinated planning among LHINs, municipal service managers and the community sector. However, without investments to increase supply, including deeply affordable housing, and inclusionary zoning, we will simply have more information about who is on the wait list.

There is an evidence base about the cost effectiveness of supportive housing both in Canada and internationally. The Mental Health Commission of Canada's Housing First study, *At Home Chez Soi* (AHCS) showed the housing first intervention was at least 2x more effective than treatment as usual. For the highest cost, highest need individuals—for every \$10.00 spent there was a saving of \$21.72. For high needs individuals receiving Assertive Community Treatment (ACT) support for every \$10.00 spent there was a savings of \$9.60. For moderate needs clients receiving Intensive Case Management (ICM) there was a savings of \$3.42 for every \$10.00 spent. The Main Messages from the study are worth repeating:

“It is Housing First, it is not housing only. Most participants were actively engaged in support and treatment services through to the end of follow-up. The general shift away from crisis and institutional services to community-based services that was seen at 12 months continued for the duration of the study.

Many individuals with previously unmet needs were able to access appropriate and needed services during the study. Having a place to live with supports can lead to other positive outcomes above and beyond those provided by existing services. Quality of life and community functioning improved for HF and TAU [treatment as usual] participants, and improvements in these broader outcomes were significantly greater in HF, in both service types. Symptom-related outcomes, including substance use problems and mental health symptoms, improved similarly for both HF and TAU. However, since most existing services were not linked to housing, there was much lower effectiveness in ending homelessness for TAU participants.”

AHCS was the largest study of its type in the world and established that rapid access to housing and flexible supports up to and including ACT improve social outcomes and provides cost savings. Providing rapid access to housing in both private market and dedicated units with flexible supports should be a policy and implementation goal. Transitional and high support housing should comprise 10% of all new housing developed. There may also be opportunities to repurpose some of the dedicated stock to high support transitional housing if more affordable stock is developed and more support services such as ICM, ACT and peer support are funded.

We support the initiation of a process to further transform Habitat Services, with the caveat that investments will be required to transform a program that although it represents 8% of the supportive housing units funded by the MOHLTC, is one which is poorly resourced, and currently does not receive annual subsidy increases unlike other programs.

8. **Reporting reasons for vacancies. Agree.** This data should be used to inform service planning and funding.
9. **Assess need for increases in rent supplements that align with rent increases; sample income verification. Assess owned housing stock. Agree.** Rent supplement/ housing allowance rates should reflect the cost of housing in communities across the province. MOHLTC should work with providers and ODSP to sample income verification. MOHLTC and municipalities should work with housing providers to ensure that housing is in good repair. Federal and provincial funding should be used to retrofit housing to achieve energy efficiency.

10. **Expiry of housing agreements. Agree in part.** We agree with the MOHLTC's response that it should develop a strategy with housing providers to ensure housing stock is not lost when agreements expire. Much of Toronto's dedicated supportive housing will have operating agreements ending over the next 10 years. There are some properties that are no longer financially sustainable, and others that can be repurposed. This is an opportunity to be innovative and entrepreneurial to ensure these assets continue to be available into the indefinite future.
11. **Set standards on services and levels of care, collect cost and service data, decide on assessment tools; develop protocols for collaboration. Agree.** This can be informed by making better use of the information that is already being collected such as by OCAN. For example a study done by CMHA Toronto for the T-C LHIN that mined OCAN data showed the clinical and health complexity in clients enrolled in supportive housing and case management programs, low rates of return to hospital and predictors of hospitalization. Working with supportive housing providers to determine how level of care assessment tools should be used in assessing housing need will inform planning and investments. As well, projects like EQIP should be continued to help service providers to develop a quality culture and measure quality. The collaboration tools available through Canadian Mental Health Association (CMHA) and Addiction and Mental Health Ontario (AMHO) should also be used and funding should be available to support communities of practice and document successful and unsuccessful examples of collaboration.
12. **Set Performance Targets and report. Agree.** Measures should be simple and not add administrative burden. Key measures could include housing stability, early return to hospital, and client satisfaction as it can be derived from Ontario Perception of Care (OPOC) or other instruments.
13. **Measure Quality. Agree in part.** The Toronto SH Network hopes to develop a brief housing focused measure of client satisfaction, in conjunction with AMHO and Brian Rush. We do not agree that critical incidents should be reported. Data on these incidents should be collected and reviewed by agencies as part of a quality assurance process. A standardized approach for tracking critical incidents should be developed. MOHLTC and LHINs should support the development of a quality and safety culture in service provider organizations.
14. **Promote Best Practices. Agree.** MOHLTC, LHINs, and the Ministry of Housing should work with AMHO, CMHA, and the Ontario Non Profit Housing Association (ONPHA) to fund program evaluation, research and knowledge transfer activities.