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Session #106:

Determining levels of support – What works best?

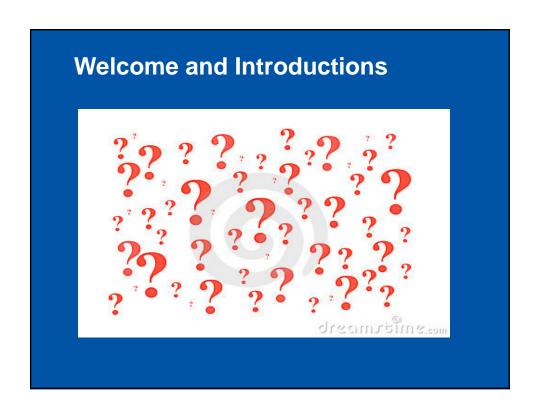
Presentation by

Toronto Mental Health and Addictions Supportive Housing Network's "Levels of Support" Committee Members:

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Workshop Objectives

- ➤ To share context, process, findings and ideas for next steps of the 'Levels of Support' project.
- Generate feedback and further insight into the 'Levels of Support' project from other parts of the Province.



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Context for 'Determining Levels of Support'

Toronto Mental Health and Addictions Supportive Housing Network (The Network)

- > A multi-organizational partnership
- One of the 4 areas identified for collective thinking and action in Strategic Plan 2013/2016
- ➤ Goals:
 - Develop **common language** for definitions & terminology to assist in framing supportive housing approaches;
 - Common definitions to inform data sharing & data analysis;
 - Communicate compelling and consistent messages about the diversity and impact of supportive housing approaches

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Context for 'Determining Levels of Support' cont'd

External Environment

- MMAH LTAHS: synergies between supportive housing and social & affordable housing
- > City of Toronto: focus on defining housing with support
- > MOHLTC Provincial Mental Health Addictions Leadership Advisory Committee: supportive housing; new funding model
- > Toronto Central LHIN (2013)
 - · Alternate Levels of Care and 'Flow'
 - Health Links 1% and 5% priority populations
 - The Access Point
 - · Criteria for referrals to similar services
 - Standardized triaging tool(s)
 - · Clear criteria for priority access for targeted complex populations



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Process to 'Determine Levels of Support'

- 2 Surveys of all TMHASHN & Selected interviews (8 members and 2 outside Toronto)
 - Tested: 'low', 'medium', 'high' support type concepts
 - Tested: relationship between demographic/unmet needs and support type
 - Tested:
 - Characteristics that might exclude applicant
 - Nature and level of support offered by both agency and external support agencies
 - Other services offered
 - Relationship of staff to tenant ratios to unmet needs, etc
- Collaborated with Access Point
- City of Toronto consultation

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Our Findings

Shared philosophy across diverse approaches

- ☐ Promote housing stability and prevent evictions
- ☐ Initiatives to promote health and well being
- ☐ Initiatives to promote 'citizenship'

> No single variable describes 'support levels'

☐ Low or Low/Medium or Medium or Medium/High or High

> No single variable describes 'support staff'

☐ Mix of housing support, cleaners or cooks, personal service worker, peer support worker, supports from referral sources or partners

➤ No single variable describes 'staff: tenant ratios' for housing support

□ Low or low/medium: 1:8 to 1:20
□ Medium: 1:8 to 1:35
□ Medium/high: 1:8 to 1:22
□ High: 1:1 or 1:3 to 1:25



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Our Findings cont'd

- ➤ A majority deemed they had 'adequate supports for current, stable tenant population'
- ➤ A minority noted 'inadequate supports' and could benefit 'now' from:

• Low to medium:

- · Additional housing support workers
- · Additional Personal Service Workers
- Peer Support Workers
- Additional on-site staff for high support/un met needs
- · Additional property management staff
- · After-hours crisis back up

· Medium-high or high

- · Additional on-site for behavioural and/or property
- Additional overnight (2 on-site at all times)
- · After-hours crisis back up
- Additional Personal Service Workers to increase on-site services

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Our Findings cont'd

- Most tenants, regardless of provider, had some type of external supports ICM, CM, ACTT, CCACs, other
- Supportive Housing support levels flex with recovery journey
- Self-contained units could accommodate the widest range of persons with unmet needs (from the highest to the lowest) balanced against needs of existing, sitting tenants
- Exclusion of applicants due to specific funder programmes (e.g. Mental Health and Justice; SHPPSU; ALC; Seniors; Serious Mental Illness; HIV/AIDS; etc)



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Ideas for Moving Forward In MHA SH

The shortest path to a housing match

- > Generally: Income, legal status in Canada, residency status, over 16, Serious Mental Illness
- What qualifies applicant in addition to serious mental illness may be meeting a specific funding program criteria
 - · At risk of homelessness
 - · Involved in criminal justice system
 - Has an addiction as measured by number withdrawal management; number emergency dept use
 - Living with HIV/AIDs
 - Older adult (over 55)
- Can you climb stairs?
- Interview to assess: Are you able and willing to live with others?
 - · Do you want or need meals prepared?
 - Are you able to manage your own medications?
- > Interview to assess: Specific services and supports needed



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Ideas for Moving Forward In MHA SH Staff to Tenant Ratios

Current State: variable from 1:1 to 1:3 to 1:8 to 1:30 to 1:60 due to historic funding programs since 1970's onward

- > Staff to Tenant Ratios determine ideal ratio(s) to deliver quality support, taking into account:
 - · Client characteristics and support intensity for unmet needs at move-in
 - . Those living, in addition to SMI and/or Addictions, with one or more:
 - Homelessness
 - · Justice involvement
 - · Chronic unmet physical health issues
 - HIV/AIDs
 - Developmental Delay
 - Other (e.g. Physical disabilities, etc.)
 - And who may be:
 - An adult, youth, older adult, family, or specific gender (male, female, transgender, etc), senior
 - Member of ethno-specific, racialized community



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Ideas for Moving Forward: Elements Describing Housing with Support Options

| Housing Opportunity | Affordability Mechanism | Funding Source for bricks & mortars & support | Access | Building Form | Living Arrangement | Tenure Type | Support |
|--|---|---|------------------------------|--|--|----------------|--|
| Social Housing Supportive Housing Co-ops Private Market Rental Boarding Homes Rooming Houses | RGI Rent supplement Housing Allowance | MOHLTC LHINS MCSS Municipal HPS federal Capital federal | Direct Referral LHIN Process | Dedicated Non-profit Dedicated private sector Scattered | Self Contained apt Shared Facilities Shared Bedroom | Permanent | ON-SITE Bus. Days varies Bus. Days w. after hours 24/7 Visiting on schedule and/or as needed OFF SITE Tenant goes to agency |

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| Support | Description |
|--|---|
| Housing Stability Support | tenant selection; meet lease obligations; individual service planning (life skills, legal, hoarding, income, primary care/health connections); counseling, crisis intervention; conflict resolution; connections to community based & clinical services; outreach and engagement; eviction prevention |
| Supporting Community, Leadership, Self-Help | assist tenant in developing support networks promote social engagement on-site/off-site promote opportunities for leadership, peer support (tenant to tenant) group service planning |
| Accessible and Flexible ON-SITE Supports | recovery oriented, mental health knowledge supports are 'user friendly' & driven by needs and goals of tenant may be informed by harm reduction and/or abstinence may be trauma informed and may be culturally competent |
| Specialist Staff (Potential, Variable) | Support: Peer Support Worker; HIV/AIDs; Case Management (Addictions, Mental Health, other); Psychiatric Consultation; Visiting Nurse or Nurse Practitioner; Personal Care Worker; Cooks; Cleaner (tenant units) Property Management: maintenance, caretakers (common) |

| | Support | Intensity | Concept | | | |
|---|---|---|---|---|--|--|
| Support | Support Intensity | | | | | |
| Element | 1 (Lowest) | 2 | 3 | 4 | | |
| Tenancy Support | Unit selection; leasing support; issues driven support/counseling as needed; eviction prevention; referrals for additional support | In addition to '1': • active outreach and engagement of tenant; • available once per week | In addition to '1' and '2': • available 1 to 3 times per week and potentially multiple times a day | In addition to '1', '2', '3': • available every day | | |
| Community, Leadership, Self- help | Ad Hoc activities, groups – voluntary participation | Optional Scheduled activities with opportunities for skills-building | Participate in specific services/activities to receive certain benefits | Required to participate as condition of occupancy | | |
| Tenant Engagement | Consulted Receives information | Plays role in house rules Decides care or service plan | Advisory Recommendations Peer to Peer activities, mentoring | Co-lead Equal representation on agency committees to make decisions Tenant councils | | |
| Meals | None offered | Voluntary food program | One meal per day mandatory | All meals - mandatory | | |

| Support Intensity Concept | | | | | | |
|----------------------------|---|--|-------------------------------------|--|--|--|
| Support Element | Support Intensity | | | | | |
| | 1 (Lowest) | 2 | 3 | 4 | | |
| Medication Management | Tenant responsible | Staff inquire about medication being taken | Staff remind | Medication safely stored on site Tenants come to take medication Staff maintain logs | | |
| Activities of Daily Living | Tenant needs encouragement as part of Eviction Prevention | | | Ongoing education and active do and assist tenant to meet ADL | | |
| Crisis Intervention | Wellness/risk issue Call 911 Referral to community based / clinical service | Short term support After hours on call in house Relapse planning | | Hospitalization | | |
| Conflict Resolution | Eviction Prevention | Mediation support | Mediation training, skills building | Tenants play role in conflict resolution | | |
| Life Skills | | | | | | |

| Ideas for Moving Forward: Support Intensity Concept | | | | | | |
|--|-------------------------|--------------------|-------------|---------------|--|--|
| Support Element | Support Intensity | | | | | |
| | 1 (Lowest) | 2 | 3 | 4 | | |
| Employment | Referral | Career counselling | Job Support | In-house jobs | | |
| | | | | | | |
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Group Exercise

In groups, take 15-20 minutes, work on one of the following:

- > Discuss and provide feedback on the support elements and intensity concept:
 - . In what ways does it make sense or not?
 - If yes, then how would you describe intensity descriptions for the identified support elements?
 - If yes, then how would you describe missing support elements and intensity descriptions?
 - If no, what ideas do you have to connect staffing ratios, complex needs of new tenants and/or system priority tenants?
- > When reviewing the ideas to create standard staff to tenant ratios, taking into account the system directions provincially or within your LHINs, what advice would you provide on how to set ratios? Are there other proxies?
- When you think about your agency and the system directions provincially and or within your LHINs, are you adequately staffed? Why? Why not?



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General Feedback

Thoughts/comments on how this approach:

- > Helps us all come to a common language
- > Helps us all describe diversity and richness of housing with support options
- ➤ Helps the system client and families and referrers understand how to make informed choices in housing with support options
- > Other

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Next Steps

- > TMHASHN "Levels of Support Committee" will take the feedback/advice we heard and further develop the framework and report
- > Develop a survey to test the framework to see if it helps providers describe their current housing with support model(s)



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Are you interested in....

- > Receiving our draft report?
- ➤ Participating in the pilot survey?

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Thank You!



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