

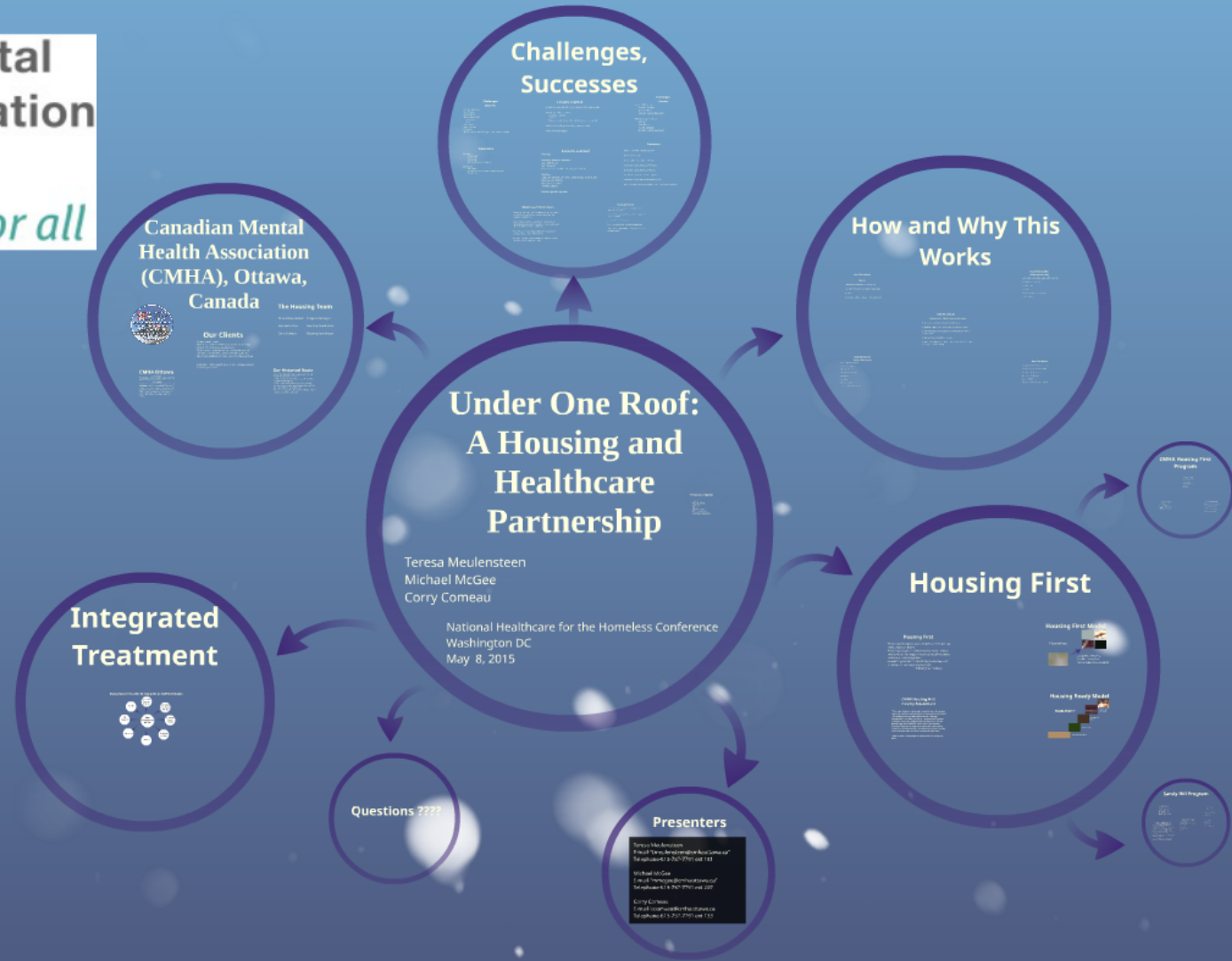


Canadian Mental Health Association
Ottawa
Mental health for all





Canadian Mental Health Association
Ottawa
Mental health for all



Under One Roof: A Housing and Healthcare Partnership

Teresa Meulensteen
Michael McGee
Corry Comeau

National Healthcare for the Homeless Conference
Washington DC
May 8, 2015

Presentation Agenda

- Slide 1/20
- Introduction
- Housing First
- Goals
- Local Pilot Program
- How and Why it Works
- Challenges and Successes

Presentation Agenda

- CMHA Ottawa
- Integrated Service
- Housing First
CMHA
Sandy Hill Program
- How and Why it Works
- Challenges and Successes

The Housing Team

Teresa Meulenstein Program Manager

Michael McGee Housing Coordinator

Corry Comeau Housing Coordinator

all

Canadian Mental Health Association (CMHA), Ottawa, Canada



Our Clients

- Serious mental illness
 - Homeless or at risk (>30% income devoted to housing)
 - Co-occurring substance use disorders
 - Other complex issues including: conflict with the law, developmental disability, physical disability, primary health care problems, history of sexual or physical abuse
- From April 1 2013 – March 31 2014, CMHA Ottawa served 1,489 unique clients.

The Housing Team

- Teresa Meulenstein Program Manager
- Michael McGee Housing Coordinator
- Corry Comeau Housing Coordinator

CMHA Ottawa

Our Vision
We envision a community which values everyone's human dignity and mental health.

Our Mission
Our mission is to offer opportunity and support for individuals with serious mental health issues and complex needs from the diverse community and populations of the City of Ottawa so that they may achieve meaning and success and improve their level of functioning in the environment of their choice.

Our Historical Roots

- One of the oldest Volunteer Association in Canada
- CMHA National (www.cmha.ca)
- CMHA Ontario (www.ontario.cmha.ca) 31 branches, incorporated individually
- CMHA Ottawa: (www.cmhaottawa.ca) serving the greater Ottawa area for over 60 years, founded 1953
- 2015 \$317 million/ 140 employees
- Funding from: MDHS, TC, MCSS, MCYS, MMAKH, City of Ottawa, United Way, donations





Ottawa, Ontario is the capital of Canada founded in 1826. A multicultural city with a diverse population of 883,391 residents. English and French are the two official languages.

CMHA Ottawa

Our Vision

We envision a community which values everyone's human dignity and mental health.

Our Mission

Our mission is to offer opportunity and support for individuals with serious mental health issues and complex needs from the diverse communities and populations of the City of Ottawa so that they may achieve meaning and success and improve their level of functioning in the environment of their choice.

Our Clients

- Serious mental illness
 - Homeless or at risk (>30% income devoted to housing)
 - Co-occurring substance use disorders
 - Other complex issues including: conflict with the law, developmental disability, physical disability, primary health care problems, history of sexual or physical abuse
-
- From April 1 2013 – March 31 2014, CMHA Ottawa served 1,489 unique clients.

Our Historical Roots

- One of the oldest Volunteer Association in Canada
- CMHA National (www.cmha.ca)
- CMHA Ontario (www.ontario.cmha.ca) 31 branches, incorporated individually
- CMHA Ottawa: (www.cmhaottawa.ca) serving the greater Ottawa area for over 60 years, founded 1953
- 2015 >\$17 million/ 140+employees
- Funding from: MOHLTC, MCSS, MCYS, MMA&H, City of Ottawa, United Way, donations

Integrated Treatment

Integrated Treatment Support at CMHA Ottawa



Integrated Treatment Support at CMHA Ottawa



Housing First

Housing First

- Providing immediate access to permanent housing, without preconditions
- Providing support and treatment based on choice and services that support recovery, social inclusion, and community integration
- Conducting research and training to develop best practices for recovery-oriented care.
(Pathways to Housing)

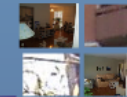
CMHA Housing First Fidelity Assessment

"This organization is extremely strong, they are focused on recovery, and they understand the Housing First model and fully endorse its principles and practices. They are hampered a bit in that they do not have enough housing subsidies to provide independent apartments for all the people they work with who are in need of permanent housing. They have a range of services and work hard to create an environment that is welcoming to people so they will avail themselves of all the services they do have."

Housing First Fidelity Report: Ottawa Branch January 14, 2013

Housing First Model

Homeless



supported housing, flexible, based on CONSUMER PREFERENCES

Housing Ready Model

PROBLEMS???



Sandy Hill Program

Program Overview
The Sandy Hill Program is a Housing First initiative that provides permanent, supportive housing to individuals with mental health issues. The program is based on the Housing First model, which emphasizes immediate access to housing and ongoing support services.

Program Goals
The program aims to reduce homelessness, improve housing stability, and support the recovery and social inclusion of participants.

Learn More About CMHA's Housing First Approach

Why We Believe in Housing First

Plans

Housing First

- Providing immediate access to permanent housing, without preconditions
- Providing support and treatment based on choice and services that support recovery, social inclusion, and community integration
- Conducting research and training to develop best practices for recovery-oriented care.

(Pathways to Housing)

CMHA Housing First Fidelity Assessment

“This organization is extremely strong, they are focused on recovery, and they understand the Housing First model and fully endorse its principles and practices. They are hampered a bit in that they do not have enough housing subsidies to provide independent apartments for all the people they work with who are in need of permanent housing. They have a range of services and work hard to create an environment that is welcoming to people so they will avail themselves of all the services they do have.”

Housing First Fidelity Report: Ottawa Branch January 14, 2013

Housing Ready Model

PROBLEMS???



**Supported
Apartment**



**Transitional
House**



Group Home



Institutional/Shelters



Housing First Model

Homeless



supported housing,
flexible, based on
CONSUMER PREFERENCES

CMHA Housing First Program

CMHA Housing First Portfolio

- CMHA Ottawa Condominium Program
- Rent Supplement Program
- CMHA Ottawa/Royal Ottawa Mental Health Centre/Ottawa Selus Partnership
- Sandy Hill Program
- Community Partners

CMHA Condominium Program

- 34 condominium units
- 22 of these purchased with Ministry of Health and Long-Term Care HIF dollars
- 10 units purchased in 2007-2008 with Federal SCPI Capital Funding and City of Ottawa rent supplements
- 2 units funded internally at CMHA Ottawa (2013-2015)

CMHA Rent Supplement Program

- Approx. 250 units are Special Referral Agreements with Non-Profit Housing Providers and For-Profit Landlords
- 23+ units with Ottawa Community Housing
- 20+ units with CCOC
- Over 200 units with Private For-Profit Landlords
- All the units are self-contained and scattered

CMHA Housing First Portfolio

- CMHA Ottawa Condominium Program
- Rent Supplement Program
- CMHA Ottawa/Royal Ottawa Mental Health Centre/Ottawa Salus Partnership
- Sandy Hill Program
- Community Partners

CMHA Condominium Program

- 34 condominium units
- 22 of these purchased with Ministry of Health and Long-Term Care HIF dollars
- 10 units purchased in 2007-2008 with Federal SCPI Capital funding and City of Ottawa rent supplements
- 2 unit funded internally at CMHA Ottawa (2013-2015)

CMHA Rent Supplement Program

- Approx. 250 units are Special Referral Agreements with Non-Profit Housing Providers and For-Profit Landlords
- 23+ units with Ottawa Community Housing
- 20+ units with CCOC
- Over 200 units with Private For-Profit Landlords
- All the units are self-contained and scattered

Sandy Hill Program

Sandy Hill Program Mission

"Our Program recognizes the uniqueness of the people we serve and their capacity to define their own successes. We accomplish this by the development of partnerships with clients and their communities, guided by the harm reduction and housing first models".

Seven Standards of DESC's Housing First Approach

1. Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.
2. The provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not coercion.
3. Continued tenancy is not dependent on participation in services.
4. Units are targeted to most disabled and vulnerable homeless members of the community.
5. Embraces harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery.
6. Residents must have leases and tenant protections under the law.
7. Can be implemented as either a project-based or scattered site.

Why It's Unique and Innovative

- Partnership between 2 agencies:
- Canadian Mental Health Association (Corry Comeau Housing Coordinator)
- Sandy Hill Community Health Centre (Jean-Francois Marsden/Program Coordinator and Case Managers.)
- Access to rent supplements.
- Financial flexibility (for rent)
- Move in funds (to create a home)
- Bed, microwave and air conditioner (Stairs)
- Banking Project.

Program Overview

- 9 Case Managers.
- 120 Clients.
- Case management Standard: 2 direct contacts equalling 2 hours a week including travel time.
- Services offered through the program
- The epitome of housing first.

Clients

- Adults.
- Most complex in Ottawa.
- Substance use disorder.
- Chronic homelessness.
- Interactions with legal and hospital system.

Sandy Hill Program Mission

“Our Program recognizes the uniqueness of the people we serve and their capacity to define their own successes. We accomplish this by the development of partnerships with clients and their communities, guided by the harm reduction and housing first models”.

Program Overview

- 9 Case Managers.
- 120 Clients.
- Case management Standard: 2 direct contacts equaling 2 hours a week including travel time.
- Services offered through the program
- The epitome of housing first

Clients

- Adults.
- Most complex in Ottawa.
- Substance use disorder.
- Chronic homelessness.
- Interactions with legal and hospital system.

Seven Standards of DESC's Housing First Approach

1. Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.
2. The provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not coercion.
3. Continued tenancy is not dependent on participation in services
4. Units are targeted to most disabled and vulnerable homeless members of the community.
5. Embraces harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery.
6. Residents must have leases and tenant protections under the law.
7. Can be implemented as either a project-based or scattered site

Why It's Unique and Innovative

- Partnership between 2 agencies:
- Canadian Mental Health Association (Corry Comeau Housing Coordinator).
- Sandy Hill Community Health Centre (Jean-François Martinbault Program Coordinator and Case Managers.)
- Access to rent supplements.
- Financial flexibility (for now.)
- Move in basket (to create a home.)
- Bed, microwave and air conditioner (Sears.)
- Banking Project.

How and Why This Works

How This Works

Systemic

- Adoption of Housing First at the Agency
- Case Manager and Housing Coordinator Roles
- Funding
- Integrated services delivered in the Community

How This Works

Tenants Partnership

- Rent agreement agreements
- Rent increase covered
- Tenant choice housing
- Case management support
- Housing Choice
- Reliability
- Habitat are covered
- Insurance (and 1 year in advance)

Why This Works

Housing First at CMHA Ottawa works because:

- It considers the clients choice and housing needs
- It provides support at the level needed and where its needed
- It decreases stigma and discrimination associated with having a mental illness
- It promotes recovery and independence
- It offers integrative housing and support options for clients to allow for long term stable housing

How This Works

Landlord Partnership

- New apartment or section agreements in contracts
- Use Month rent paid by CMHA
- Landlord support
- Security fee
- Damage and repairs reimbursement
- 24/7 call response

How This Works

- Average rent for tenants in Ottawa: \$760.00
- Average tenant payment: \$475.00-\$595
- Average Rent Supplement: \$411.00
- 10% (average 9%) (tenant's)
- Insurance (\$140.00/year)
- Average rent for rent supp for 1 year: \$308.00

How This Works

Systemic

- Adoption of Housing First at the Agency
- Case Manager and Housing Coordinator Roles
- Funding
- Integrated Services delivered in the Community

How This Works

Landlord Partnership

- Rent supplement are written agreements not contracts
- Last Month rent paid by CMHA
- Landlord support
- Vacancy loss
- Damage and arrears reimbursement
- One call response

How This Works

Tenants Partnership

- Rent supplement agreements
- Rent increases covered
- Direct tenant leasing
- Case management support
- Housing Choice
- Portability
- Utilities are covered
- Insurance (paid 1 year in advance)

How This Works

- Average rent for 1 bedroom in Ottawa \$ 900.00
- Average tenant payment \$ 479.00 (ODSP)
- Average Rent Supplement \$ 421.00
- Hydro (average \$60.00/month)
- Insurance (\$180.00/year)
- Average cost to rent supp for a year \$5000.00

Why This Works

Housing First at CMHA Ottawa works because:

- It considers the clients choice and housing needs
- It provides support at the level needed and where its needed
- It decreases stigma and discrimination associated with having a mental illness
- It promotes recovery and independence
- It offers integrative housing and support options for clients to allow for long term stable housing

Challenges, Successes

Challenges Systemic

- Continued funding
- New funding
- Service Entry
- Housing availability
 - Vacancies
 - Rent
- Peer support
- Mental Health
- Graduates
- NIMBYism (Not in my Backyard) community mentality

Successes

Decrease in:

- Hospitalization,
- Incarceration,
- Shelter stay,
- Nimbysism (Not in my backyard)

Increases in:

- Stabilization,
- Access to service and support and use of services,
- Quality of life

Lessons Learned

- People may entertain when they move in, then slowly settle
- How to deal with take overs:
 - Increase presence
 - Letters
 - Threats of eviction (use the eviction process as a tool)
- Make friends with your building superintendent
- Have money for repairs

Lessons Learned

Housing

Location, location, location!

Informed Choice
Near supports
Client choice vs market and program realities

Services

Addiction and Mental Health can be relapsing conditions
Stable people relapse
After hours support
Flexible support

Go slow, go slow, go slow.

Challenges Tenants

- Getting Housing
 - housing history
 - presentation
 - Mental Health/Addictions
- Maintaining Housing
 - Skill Set
 - Loneliness
 - Home takeovers
 - Mental Health/Addictions

Successes

- Lower turnover/eviction than "public"
- Increase rental stock
- 8 clients have been housed 10+ years
- 15 clients have been housed 7-10 years
- 97 clients have been housed 4-6 years
- 108 clients have been housed 1-3 years
- 29 clients have been housed less than 1 year
- Over 120 clients living independently with no intensive supports

Moving Forward

- Continue to Advocate for Safe, Affordable Housing choices for our clients
- Continue to apply for funds to increase housing stock/rent supplements
- Purchase more Condominiums
- Continue to evaluate service delivery/assessment
- Look at client involvement in housing social enterprise and peer support

What Does This All Mean

- Success of "Housing First" challenges notion that these individuals can not live independently without first receiving rehabilitation
- Focus on basic needs first, followed by programs on educational/occupational endeavors, leisure activities, or other addictions/mental health issues
- Providing permanent housing through supplements provides more choice in where to live
- Housing + support shows evidence in reducing chronic homelessness for those with SMI

Challenges

Systemic

- Continued funding
- New funding
- Service Entry
- Housing availability
 - Vacancies
 - Rent
- Peer support
- Mental Health
- Graduates
- NIMBYism (Not in my Backyard) community mentality

Challenges

Tenants

- Getting Housing
 - housing history
 - presentation
 - Mental Health/Addictions
- Maintaining Housing
 - Skill Set
 - Loneliness
 - Home takeovers
 - Mental Health/Addictions

Successes

Decrease in;

- Hospitalization,
- Incarceration,
- Shelter stay,
- Nimbyism (Not in my backyard)

Increases in;

- Stabilization,
- Access to service and support and use of services,
- Quality of life

Successes

- Lower turnover/eviction than “public”
- Increase rental stock
- 8 clients have been housed 10+ years
- 15 clients have been housed 7-10 years
- 97 clients have been housed 4-6 years
- 108 clients have been housed 1-3 years
- 29 clients have been housed less than 1 year
- Over 120 clients living independently with no intensive supports

Lessons Learned

- People may entertain when they move in, then slowly settle
- How to deal with take overs:
 - Increase presence
 - Letters
 - Threats of eviction (use the eviction process as a tool)
- Make friends with your building superintendent!
- Have money for repairs

Lessons Learned

Housing

Location, location, location!

Informed Choice

Near supports

Client choice vs market and program realities

Services

Addiction and Mental Health can be relapsing conditions

Stable people relapse

After hours support

Flexible support

Go slow, go slow, go slow.

What Does This All Mean

- Success of “Housing First” challenges notion that these individuals can not live independently without first receiving rehabilitation
- Focus on basic needs first, followed by programs on educational/occupational endeavors, leisure activities, or other addictions/mental health issues
- Providing permanent housing through supplements provides more choice in where to live
- Housing + support shows evidence in reducing chronic homelessness for those with SMI

Moving Forward

- Continue to Advocate for Safe, Affordable Housing choices for our clients
- Continue to apply for funds to increase housing stock/rent supplements
- Purchase more Condominiums
- Continue to evaluate service delivery/assessment
- Look at client involvement in housing social enterprise and peer support



Questions ?????

Presenters

Teresa Meulenstein

E-mail-"tmeulenstein@cmhaottawa.ca"

Telephone-613-737-7791 ext 181

Michael McGee

E-mail-"mmcgee@cmhaottawa.ca"

Telephone-613-737-7791 ext 207

Corry Comeau

E-mail-'ccomeau@cmhaottawa.ca

Telephone-613-737-7791 ext 133



Canadian Mental Health Association
Ottawa
Mental health for all

