Successful Independent Living Through Collaboration and Engagement

Presented by Katherine Salinas

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VISION STATEMENT

With stable housing as a foundation, everyone belongs – and has a bridge to a better life. Since 1982, developer of “housing plus supports” approaches to meet the needs of consumers of mental health and/or addiction system who are homeless.
MISSION STATEMENT

Mainstay Housing works with people living with mental health and addiction issues who are deeply affected by poverty and provides them with housing, ongoing support and greater opportunity to be part of a community.
Since 1981, developer of “housing plus supports” approaches to meet the needs of consumers of mental health system

- Developed 19 properties for others
  - 41 properties for ourselves – 867 units: 1,000 tenants – singles, couples and families
  - Built form: 21 apartment buildings, 18 houses (shared), 2 boarding homes, 5 condos; from bedroom to bachelor to 4 bedroom unit types.
- We provide mental health housing and support through a landlord role.
- Partnership Agreement
  - 22 Support Service Agreement agencies (clinical support services)
The interplay of challenges, internalized stigma, experiences of discrimination, affects the new tenant’s ability and confidence to succeed as a tenant.
PURPOSE

The purpose of the initiative is to address gaps across the continuum of care for 32 women living with mental health and complex addiction issues, in particular, homeless, high users of emergency services and to support the flow of patients to appropriate housing settings in Ontario.

Since 2011, Mainstay Housing and a case management agency, have worked in partnership to provide permanent housing and support the women in the program.
PRIOR LIVING ARRANGEMENT

- Shelters: 58%
- Withdrawal Management: 13%
- Private Market: 13%
- Rooming House: 13%
- Couch Surfing: 4%
- No Fixed Address: 8%
OBJECTIVES OF THE PROGRAM

Research has shown that women who experience homelessness coupled with complex substance use issues face significant barriers to maintain permanent housing. This model, which includes Housing First, Trauma informed, Women-centered, Harm Reduction, and creates strengths based approaches, has proven to be successful in the following:

- Increase housing stability
- Improve quality of life and outcomes
- Reduce reliance in high cost medical services
Permanent housing
Flexible place based support
Integrated team

The program is based on a modified Housing First approach and offers women immediate entry into housing (without treatment and/or abstinence requirements).

Our approach increases successful tenancies by fostering self, direction, personal responsibility and community capacity as it relates to housing individuals living with complex health issues.

We work with private landlords who may have limited understanding of the challenges faced by the population.
PLACE BASED FLEXIBLE RESPONSE TO HIGH NEEDS/HIGH RISK TENANT/CLIENT
THE TEAM

The staffing model for this program comprises of 3 Case Managers and 1 Housing Support Worker for every 8 women. It aims to maximize opportunities for clients to receive the support they need and increase stability, develop tenancy skills, decrease avoidable use of health services, and improve quality of life.

<table>
<thead>
<tr>
<th>Case Manager Role</th>
<th>Supportive Housing Worker Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clinical Counselling</td>
<td>• housing stability;</td>
</tr>
<tr>
<td>• Advocacy</td>
<td>• community development/capacity building;</td>
</tr>
<tr>
<td>• Referrals</td>
<td>• Supportive counseling;</td>
</tr>
<tr>
<td></td>
<td>• liaison with the landlord and other stakeholders.</td>
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</tbody>
</table>
OUTCOMES

This model has been proven to have a positive impact on housing stability, quality of life and community.

<table>
<thead>
<tr>
<th>IMPROVED HOUSING STABILITY AND QUALITY OF LIFE</th>
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<tbody>
<tr>
<td>45 women housed over 4 years</td>
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- 75% continually housed in the same place;
- 17% unplanned departure from housing;
- 85% reduction in emergency department visits;
- 95% reduction in admission to withdrawal management service;
- 100% successfully linked to primary care services;
- and, 50% participation in programs/activities.
TOTAL COST SAVING FOR EMERGENCY SERVICE CONSUMPTION

Emergency Services consumed 1 year Prior to Housing and 2 year after being Successfully Housed for 25 Female Clients

<table>
<thead>
<tr>
<th>Service Type</th>
<th>1 Year Prior to Housing</th>
<th>2 Years After Housing</th>
<th>Total Cost Saving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter Usage</td>
<td>$0</td>
<td>$0</td>
<td>$26,202</td>
</tr>
<tr>
<td>Emergency Room Usage</td>
<td>$12,720</td>
<td>$0</td>
<td>$31,588</td>
</tr>
<tr>
<td>Psychiatric Hospital Usage</td>
<td>$5,850</td>
<td>$0</td>
<td>$5,850</td>
</tr>
<tr>
<td>3 month Prior to Housing Hospital Acute inpatient bed Usage</td>
<td>$14,672</td>
<td>$0</td>
<td>$17,816</td>
</tr>
<tr>
<td>Housing Treatment Centre</td>
<td>$10,485</td>
<td>$0</td>
<td>$20,504</td>
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<tr>
<td>Hospital Admission</td>
<td>$0</td>
<td>$0</td>
<td>$90,122</td>
</tr>
<tr>
<td>Withdrawal Management Usage</td>
<td>$7,557</td>
<td>$0</td>
<td>$134,143</td>
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