October 29, 2020

Shawn Lowes
Senior Advisor, Stakeholder Relations
Ministry of Municipal Affaris and Housing
Shawn.Lowes@ontario.ca

Re: Consultation on Supportive Housing

Dear Mr. Lowes:

As Co-chairs of the Ontario Housing First Regional Network – Community of Interest, we recently provided input to the consultation sessions held on October 6 and October 26, 2020. Thank you for this opportunity. We believe it is time to have a review of housing programs across the three ministries – MMAH, MHLTC, and MCCSS. We are writing you to provide some additional input in this letter.

When contemplating change, we believe that it is important to take a historical perspective to understand the origins of the current system. The risk of not doing so is that the more things change, they more they remain the same. In our view, the presentation *Engagement on Improving Ontario's Supportive Housing Programs* (Ontario Ministry of Municipal Affairs and Housing, October, 2020) continues to reflect "old thinking" and language about housing vulnerable people in Ontario. "Supportive housing" and the notion of a "housing continuum" are examples of old thinking and language.

Supportive housing for people with mental illness in Ontario emerged in the 1980s in response to deinstitutionalization and consisted primarily of group homes, board and care, and other types of congregate facilities. Ridgway and Zipple (1990) noted that the idea of a residential continuum emphasized clients needing to move through a series of different types of housing before being considered ready for independent housing. Beginning in the early 1990s, the idea of "supported housing" known today as Housing First (HF), in which individuals lived in regular housing with portable community support, emerged as an alternative to the residential continuum. The evolution of effective portable community supports that facilitated independent living in regular housing fueled this paradigm shift in housing for people with mental illness.

With our colleague John Sylvestre, we recently published an edited book that provided an in-depth review of the research on housing for people with mental illness (Sylvestre, Nelson, & Aubry, 2017). Based on our review of four decades of work on the subject, we concluded that supportive housing lacks a coherent theoretical and empirical basis. In short, supportive housing is neither based on a set of principles, nor does it have a strong evidence base for eliminating homelessness. In this context, we believe strongly that continuing to invest in this housing model as a primary response to solving homelessness is very problematic.

Current thinking in housing emphasizes the principles of housing as a human right, choice, and community integration. These principles are embodied in the HF approach (Nelson & Aubry, 2020a & b; Tsemberis, 2015), and HF, unlike congregate housing, has a clear theory of change that target the outcomes of achieving community integration, a satisfactory quality of life, and recovery (Aubry, Nelson, & Tsemberis, 2015)

The evidence base on HF is well established. In Canada, the five-city At Home/Chez Soi five-site evaluation found that HF reduces homeless significantly better than usual treatment for people with moderate needs (Stergiopoulos et al., 2015) and people with high needs (Aubry et al., 2016). The Toronto site has found that these differences are maintained to six years later with recipients of HF continuing to be stably housed (Stergiopoulos et al., 2019). A recent four-site trial in France replicated the At Home findings (Tinland et al., 2020). Moreover, several recent reviews have shown that HF is the only evidence-based program that has been consistently found to reduce homelessness significantly more than usual treatment (Aubry, et al., 2020; Shinn & Khadduri, 2020; Sylvestre et al., 2017).

A review of eight studies, two of which were conducted in Canada, on the preferences of more than 3,000 people with mental illness, some of whom were also homeless, found that 84% preferred to live independently in their own house or apartment (Richter & Hoffman, 2017), not congregate supportive housing. This finding underscores the importance of choice. The way to support choice is to provide people with a rent subsidy (Nelson & Aubry, 2017) and personalized support in the form of Intensive Case Management (ICM) for people with moderate needs and Assertive Community Treatment (ACT) for people with more serious, complex needs (Nelson & Aubry, 2018). Housing and support are de-linked in HF; people can choose where and with whom they live; and community integration is promoted (Nelson & Aubry, 2020 a & b; Tsemberis, 2015).

There is also evidence on the cost-benefit of HF. In the At Home study, it was found the costs of HF were offset through a reduction in health care, social services, and justice-related services. For individuals with moderate needs receiving HF & ICM, approximately one-half (46%) of the program costs were offset by reductions in services (Latimer et al., 2019). In the case of HF with ACT for people with complex needs, more than two-thirds (69%) of the cost were offset (Latimer et al., 2020). In the French trial, a comparison of the costs of HF with ACT with usual treatment showed the reduction in use of services by HF recipients to exceed the cost of the HF program (Tinland et al., 2020). In this study, a majority of the cost offsets were the result a reduction of days spent in hospital for psychiatric crises and a reduction in emergency shelter stays.

Although it has not been extensively studied, two studies have shown that the cost of HF programs per person are significantly less than the costs of congregate supportive housing per person (see Aubry, Rae, & Jetté, 2007). Given these findings,

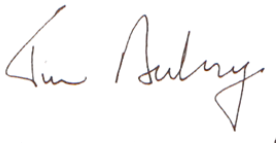
we believe that congregate supportive housing should be reserved for individuals with complex who have not been successful in living in scattered site regular housing and for the 15% of individuals who prefer to live in congregate supportive housing.

Current thinking and research on housing suggests that long-term solutions to ending homelessness should include the following:

- strengthen existing HF programs by
    - ensuring a sufficient supply of robust rent subsidies to meet the need
    - linking ACT programs in the province with HF to serve people experiencing homelessness who have high needs
- expand new HF programs across the province so that the ratio of HF versus congregate supportive housing is in line with the preference of individuals with mental illness, including new programs aimed at preventing
    - eviction, and
    - release from institutions (i.e., hospitals, prisons) into homelessness
- create mixed income affordable housing that facilitates the placement of HF tenants to occupy up to 20% of the units
- develop a long-term strategy that facilitates housing choice allowing individuals to transfer their rent subsidies from board and care homes and congregate supportive housing into HF programs.

Sincerely,

Geoffrey Nelson, Ph.D., Co-chair, Ontario Housing First Regional Network – Community of Interest, EENet, Centre for Addiction and Mental Health
Professor Emeritus of Psychology, Wilfrid Laurier University
gnelson@wlu.ca



Tim Aubry, Ph.D., Co-chair, Ontario Housing First Regional Network – Community of Interest, EENet, Centre for Addiction and Mental Health
Professor of Psychology, University of Ottawa
taubry@uottawa.ca

References Cited

Aubry, T., Goering, P., Veldhuizen, S., Adair, C. E., Bourque, J., Distasio, J. ,….. & Tsemberis, S. (2016). A multiple-city RCT of Housing First with assertive community treatment for homeless Canadians with serious mental illness. *Psychiatric Services, 67*, 275-281. doi: 10.1176/appi.ps.201400587]

Aubry, T., Nelson, G., & Tsemberis, S. (2015). Housing First for people with severe mental illness who are homeless: A review of the research and findings from the At Home/Chez demonstration project. *Canadian Journal of Psychiatry, 60,* 467-474.

Aubry, T., Rae, J, & Jetté, J. (2017). Economic analysis of housing interventions for people with serious mental illness who are homeless: A review of the literature In J. Sylvestre, G. Nelson, & T. Aubry. (Eds.). (2017). *Housing, citizenship, and communities for people with serious mental illness: Theory, research, practice, and policy perspectives* (Society for Community Research and Action book series, pp. 103-152). New York: Oxford University Press.

Aubry, T., et al. (2020). Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: A systematic review. *The Lancet – Public Health, 5,* e342-e360. Available at www.thelancet.com/public-health

Latimer, E., Rabouin, D., Cao, Z. Ly, A., Powell, G., Adair, C.E., … & Veldhuizen, F.R. (2019). Cost-effectiveness of Housing First intervention with intensive case management compared with treatment as usual for homeless adults with mental illness: Secondary analysis of a randomized clinical trial. *JAMA Network Open*, *2*(8): e199782. doi:10.1001/jamanetworkopen.2019.9782

Latimer, E., Rabouin, D., Cao, Z. Ly, A., Powell, G., Aubry, T., … & Goering, P. (2020). Cost-effectiveness of Housing First with Assertive Community Treatment: Results from the Canadian At Home/Chez Soi trial. *Psychiatric Services in Advance*, https://doi.org/10.1176/appi.ps.202000029

Nelson, G., & Aubry, T. (2017). *A portable housing benefit as an indispensible component of ending homelessness in Canada.* Toronto, ON: Evidence Exchange Network. Available at http://eenet.ca/initiative/housing-first-community-interest#about

Nelson, G., & Aubry, T. (2018). *Assertive Community Treatment (ACT) and Housing First in Canada*. Toronto: EENet, Ontario Housing First Regional Community of Interest. Available at http://eenet.ca/resource/policy-brief-assertive-community-treatment-act-and-housing-first-in-canada

Nelson, G., & Aubry, S. (2020a, July). *Evidence at a glance: Housing First and choice*.

Toronto: Centre for Addiction and Mental Health, Evidence Exchange Network, Ontario Housing First Regional Network – Community of Interest.

Nelson, G., & Aubry, S. (2020b, July). *Evidence at a glance: Housing First and community* Network, Ontario Housing First Regional Network – Community of Interest. Available at https://www.eenet.ca/resource/evidence-glance-housing-first-and-community-integration

Ontario Ministry of Municipal Affairs and Housing (October, 2020). *Engagement on improving Ontario's supportive housing programs*

Richter, D. & Hoffman, H. (2017). Preference of independent housing of persons with mental disorders: Systematic review and meta-analysis. *Administration and Policy in Mental Health and Mental Health Services and Research, 44,* 81–823. Available: https://doi.org/10.1007/s10488-017-0791-4.

Ridgway, P., & Zipple, A.M. (1990). The paradigm shift in residential services: From the linear continuum to supported housing approaches. Psychosocial Rehabilitation Journal, 13, 11-31.

Shinn, M., & Khadduri, J. (2020). *In the midst of plenty: Homelessness and what to do about it.* Hoboken, NJ: Wiley Blackwell.

Stergiopoulos, V., Hwang, S.W., Gozdzik A., Nisenbaum, R., Latimer, E., Rabouin, D……. Goering, P. (2015). Effect of scattered-site housing using rent supplements and intensive case management on housing stability among homeless adults with mental illness: a randomized trial. *JAMA. 313*, 905–915. doi:10.1001/jama.2015.1163

Stergiopoulos, V., Mejia-Lancheros, C., Nisenbaum, R., Wang, R., Lachaud, J., O'Campo, P., & Hwang, S.W. (2019). Long-term effects of rent supplements and mental health support services on housing and health outcomes of homeless adults with mental illness: Extension study of the At Home/Chez Soi randomised controlled trial. *The Lancet, 6,* 915-925. https://doi.org/10.1016/S2215-0366(19)30371-2

Sylvestre, J., Nelson, G., & Aubry, T. (Eds.). (2017). *Housing, citizenship, and communities for people with serious mental illness: Theory, research, practice, and policy perspectives* (Society for Community Research and Action book series). New York: Oxford University Press.

Tinland, A., Loubière, S., Boucekine, M., Boyer, L., Fond, G., Girard, V., & Auqier, P. (2020). Effectiveness of a housing support team intervention with a recovery-oriented approach on hospital and emergency department use by homeless people with severe mental illness: A randomised controlled trial.

Epidemiology and Psychiatric Sciences, 29, e169, 1–11. https://doi.org/10.1017/S2045796020000785

Tsemberis, S. (2015). *Housing First: The Pathways model to end homelessness for people with mental illness and addiction* (2nd Ed). Center City, MN: Hazelden.