

# A Needs Assessment for Mental Health and Justice Housing

## 2019 Provincial HSJCC Conference

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Canadian Mental  
Health Association  
Toronto

Wellesley  
Institute   
advancing urban health



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario

# Outline of presentation

**Introduction and Context**

**About the Project**

**Highlights of Findings**

*Scale of needs*

*Support needs*

*Housing needs*

**Emerging Directions and Next Steps**

# 1. Introduction and Context

# Urgent needs, Potential opportunities

## Urgent needs

- 25% of mental health supportive housing applicants are justice-involved
- Cycling through health, corrections, shelters, etc.
- Limited coordination between health, corrections, etc.

## Potential opportunities

- National Housing Strategy funding
- Ontario government commitments on mental health
- Canada-Ontario agreement (home care & mental health)
- City of Toronto – new 10-year affordable housing plan

# Snapshot of this population

	<b>MHJ</b>	<b>Other supportive housing applicants</b>
Homeless when applying	<b>72%</b>	45%
Concurrent disorder	<b>41%</b>	18%
Under age 45	<b>62%</b>	46%
Male	<b>70%</b>	53%

- Much broader than the forensic mental health population

# Existing MHJ Housing in Toronto

## Support Level:

54	(9%)	24 hour
53	(8%)	Daily
352	(56%)	Weekly
46	(7%)	Less than weekly
126	(20%)	Flexible ( <i>daily to occasional</i> )
<hr/>		
<b>631</b>	<b>Total</b>	

## Housing Provision:

48	(8%)	Non-profit
583	(92%)	Private landlord
<hr/>		
<b>631</b>	<b>Total</b>	

# Other housing also serves MHJ clients

Feature	Description
MHA Supportive Housing – General	Approx. 5,000 units. 25% of applicants have MHJ involvement. Mix of dedicated and scattered units.
MHJ Supportive Housing Program	566 units (Cota, CMHA Toronto, Houselink, LOFT)
MHJ Short-term Residential Beds	34 beds (Cota, CMHA Toronto, Reconnect, Gerstein)
Addictions/SHPPSU Supportive Housing	Large overlap with MHJ population
Alternative housing	Homeless-targeted city funded, (eg. Homes First, Ecuhome, Fred Victor)
Transitional housing (corrections focused and others)	Some with a focus on correctional, forensic and homeless service populations
City housing allowances in private rental, paired with supports	Short-term housing allowances and mostly short term supports
Social housing (public or non-profit)	Housing provided for people with low incomes, subsidized by public funds

## **2. The Project**



# Research Questions

- 1) What are the housing needs and related support needs of the MHJ population?
- 2) What are the successes, gaps, shortfalls, and other experience in existing MHJ programs?
- 3) What are promising strategies and models of response?
- 4) What action steps should be taken to enhance/expand system and better address needs?

***“MHJ” = Justice-involved with mental health or addictions issues***

# Multi-method

## **Literature/document review**

- regarding client needs and program experience

## **Key informant interviews**

- with EDs, researchers and other experts

## **Focus groups**

- with MHJ housing and support providers and service users

## **Data analysis**

- of access system (administrative) and OCAN data

# Collaborative research team

## **CMHA Toronto**

- Initiator
- Focus groups
- Analysis of data
- Subject-matter expertise

## **Wellesley Institute**

- Project coordination
- Integration of components
- Final report coordination

## **AMHO**

- Literature/Document review
- Key informant interviews
- Lead report writer

# Other essential elements

## Project funding

- From LHINs to CMHA

## Advisory Committee

Input at key points on findings, implications, and recommendations

- Four lead MHJ providers in Toronto
- Two justice-sector community-based providers
- Other key providers for this population in Toronto

# Relationship to broader work

- Early component of a broader community-led *Supportive housing growth plan* (including further needs assessment) to be prepared for Toronto

# Focus Groups

- 5 Focus groups conducted
  - 2 with service users (15 participants)
  - 3 with service providers (16 participants)
- 8 Organizations represented:

Across Boundaries	Fred Victor
Cota	Houselink
CMHA-Toronto	John Howard Society
Elizabeth Fry	LOFT

# Focus Groups – Findings

## Strengths of existing MHJ

“Long-term,” “guaranteed,” and “affordable” housing *^	Pets permitted in units *
Case management and staff supports *^	Staff on-site 24/7 (at dedicated sites) *
Stable housing contributes to reduced levels of recidivism *^	Security cameras in the buildings *
Low/affordable rent *	Sense of community *
Rent subsidy *	Inclusion of nurses ^
Access to free laundry *	Inclusion of housing coordinators ^
Access to food banks *	

\* *Service Users*

^ *Service Providers*

\*^ *Both Service Users and Provider*

# Focus Groups – Findings (2)

## Challenges and Service Gaps

Housing	Services
Providing <u>adequate</u> housing, amid particularly in context of “rent crisis” *^	Geographic Location and Concentration of Services ^
High rents, housing supply shortage, low social assistance allowances *^	Aging and Accessibility ^
Greater discrimination in housing resulting in “poor” and “unsafe” housing conditions *^	Equity and Diversity ^
Buildings and units not properly maintained and in need of serious repairs or renovations *^	Access to Psychiatrists ^
Ongoing violations of the Residential Tenancy Act (RTA) by landlords ^	Financial Barriers ^
Increased stigmatization *^ and racial discrimination by landlords ^	

\* *Service Users*

^ *Service Providers*

\*^ *Both Service Users and Provider*



# Data Analysis – 3 sources

## **The Access Point** (*Access system, point-in-time admin data*)

- MHJ applicants on waitlist 2019 and end of prior years
- Level of support requested by applicants + level placed in
- MHJ applicants placed in each year 2014-18

## **Access Point Waitlist Analysis (2018)** (*applicants 2009-2015*)

- Compare characteristics/needs of MHJ and other applicants
- Compare characteristics/needs of applicants who homeless and in custody to other applicants

## **OCAN:** (*supportive housing clients/residents in Toronto*)

- Characteristics/needs of clients justice-involved vs not
- Four or more OCAN assessment cycles

# 3. Highlights of Findings

- A) Scale of needs*
- B) Support needs*
- C) Housing needs*

# ***A) Scale of need and related shortfalls***

# Scale and Severity of Overall Need

- 25% of MH supportive housing applicants are justice-involved
  - Half of these are waiting for MHJ housing
- Average year: 258 new applicants but 41 applicants placed
- 72% homeless when they apply to MHJ
- 48% of applicants are before courts /in custody when applying
- 10% were in custody when applying

# Quantifying Need

## Method

### Triangulation

- Current MHJ data and trends from The Access Point
- 2018 waitlist analysis report  
*(deeper/broader analysis of justice involvement)*
- Population-based estimates of need

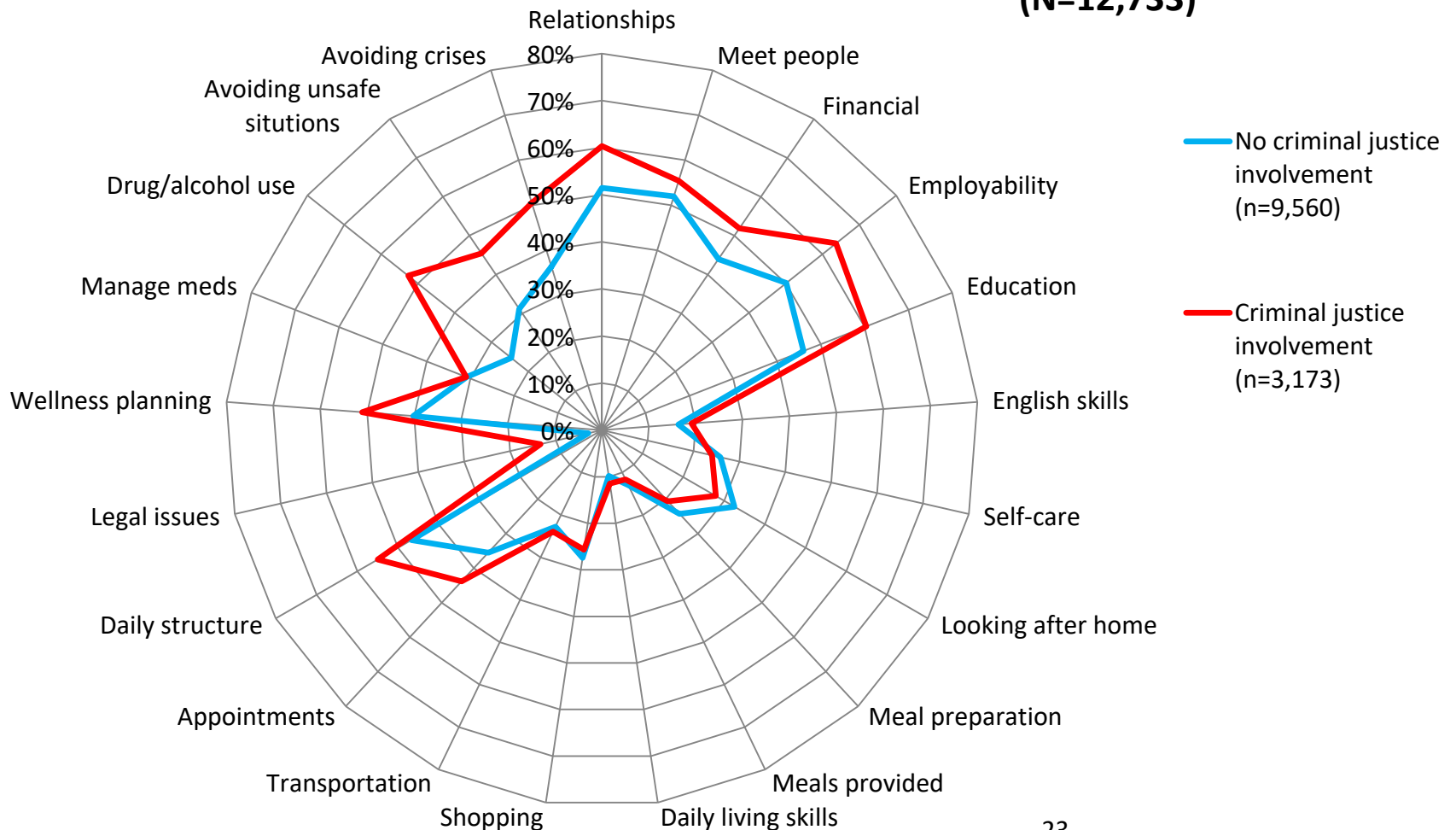
## Result

- Need for approximately 300 additional MHJ supportive housing units annually (growth + backlog)

## ***B) Support needs***

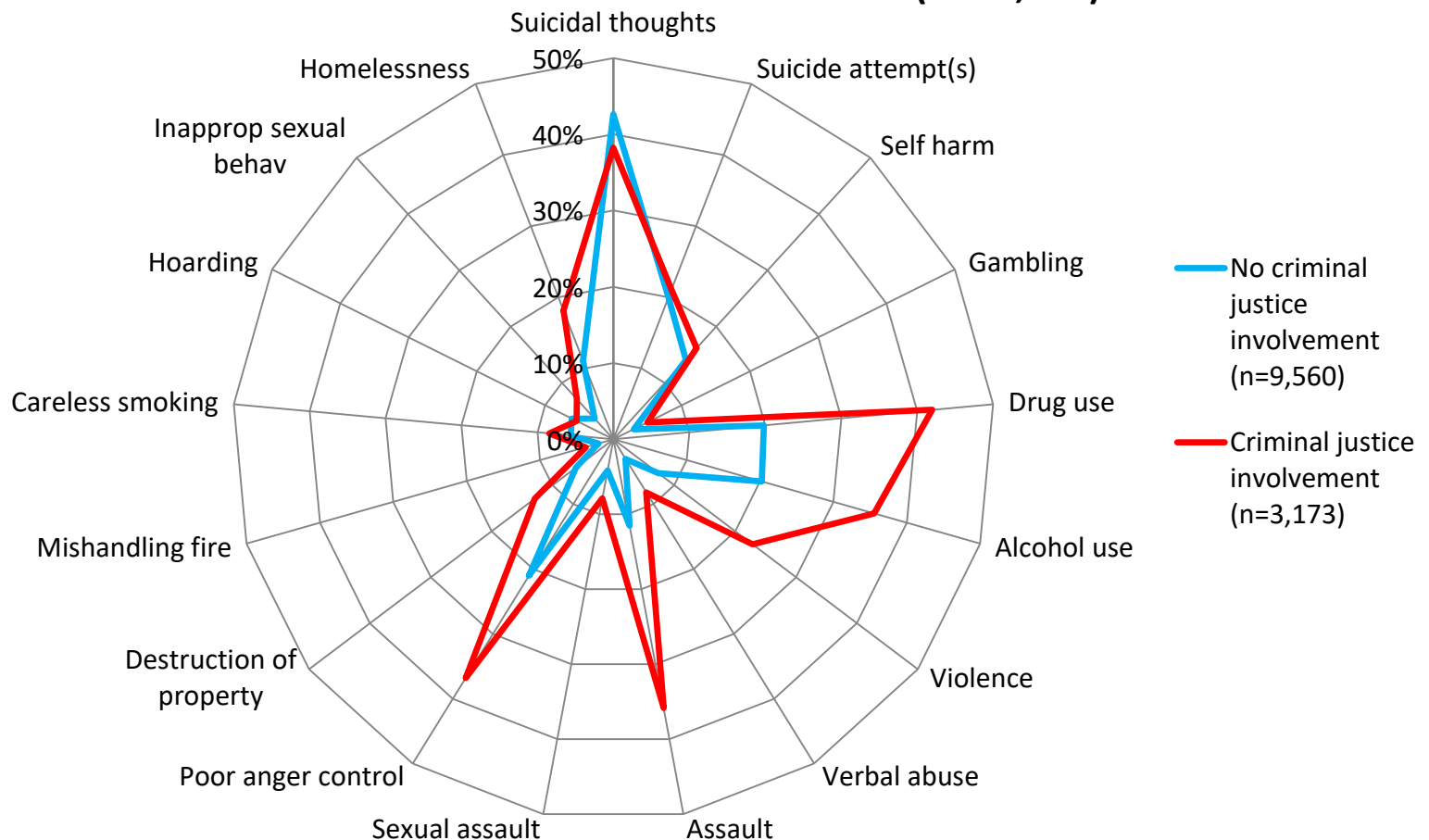
# Waitlist Analysis: Need Profile of MHJ Applicants

Support Needs for Applicants with and without criminal justice involvement  
(N=12,733)



# Waitlist Analysis: Safety Issues of MHJ Applicants

Safety Risks for Applicants with and without criminal justice involvement  
(N=12,733)





# Six main types of support need

- Social connections
- Substance use
- Crisis prevention/management
- Criminogenic risk/need
- Daytime activities and employment
- Trauma

# Support intensity and variability

- Support intensity requested similar for MHJ and other MHA supportive housing applicants  
*(MHJ request: 4% 24-hour, 11% daily support, 85% occasional)*
- MHJ applicants not homogeneous group
  - variability on basis of gender, forensic status, custodial and inpatient status when applying
- Level of support requested is similar to other MHA supportive housing applicants
  - Functional support needs also similar
  - Exception: forensic applicants + those in hospital

# a) Social Connections

- Social Connections \* ^ + ~
- Developing relationships and social needs common among both MHJ and non-MHJ applicants (50-60%)
- Service users in MHJ housing identified sense of community as strength of existing programs
- Many KIs identified addressing social needs as a common need especially after being incarcerated for lengthy time
- Pro-social peers identified as factor that mitigates risk of recidivism in literature
- Having social connections support having regular routines providing daytime structure

Literature/Document Review \*

Key informants ^

Focus groups (service users and service providers)

Quantitative data ~

## b) Substance Use Problems

Substance use problems\* ^ ~

- Compared to other SH clients, MHJ clients:
  - 2x as likely to have CD
  - 2x as likely support needs related to problematic use
  - 2x likely have unmet alcohol/drug use needs across 4 OCAN assessment
- Substance use is strongly associated with risk of recidivism
- CD and substance use problems associated with eviction among MHJ client
- Higher prevalence of SU problem among MHJ clients who in jail are referral; lower prevalence among MHJ clients who in hospital at referral

Literature/Document Review \*

Key informants ^

Focus groups (service users and service providers) +

Quantitative data ~

# c) Crisis Prevention/Management

## Crisis Prevention/Management\* ^ ~

- MHJ client more likely to have needs related to:
  - Avoiding crisis
  - Avoiding unsafe situations
- Female MHJ clients more likely than male MHJ clients to identify:
  - History of suicide attempts
  - History of self-harm
- Some KIs identified MHJ clients being vulnerable due to challenges setting boundaries

Literature/Document Review \*

Key informants ^

Focus groups (service users and service providers) +

Quantitative data ~

## d) Criminogenic risk/need

Criminogenic risk/need \* ^ ~

- MHJ applicants/clients more likely to have:
  - History of assault
  - History of challenges managing anger/impulsivity
  - Have needs related to safety to others
- Some KIs identify a subgroup of MHJ clients cycling through jail → impacts housing retention
- Literature identifies 8 factors:
  - criminal history
  - antisocial personality pattern
  - antisocial cognitions
  - criminal associates
  - substance abuse
  - family/marital problems
  - unemployment
  - leisure activities

Literature/Document Review \*

Key informants ^

Focus groups (service users and service providers) +

Quantitative data ~

# e) Daytime Activities/Employment

Daily Structure/Routine\* ^ ~

- Needs related to daytime activities (including employment) were prevalent among both MHJ and non-MHJ applicants (approx. 45%)
- Both daytime structure and employment are identified in the literature as mitigating risk of recidivism
- Support with finding employment was more prevalent among MHJ clients, especially among those in jail at referral
- KIs identified as prominent need and limited employment history and criminal record as barriers to employment

Literature/Document Review \*

Key informants ^

Focus groups (service users and service providers) +

Quantitative data ~

## f) Trauma

History of trauma\* ^

- Secondary data on prevalence of trauma is not available but psychological distress was common among both MHJ and non-MHJ clients (approx. 40% identified need)
- Some KIs identified trauma especially prevalent among female clients

Literature/Document Review \*

Key informants ^

Focus groups (service users and service providers) +

Quantitative data ~



# **Support Needs among specific MHJ subgroups**

# Forensic Applicants

Compared to other MHJ applicants more likely:

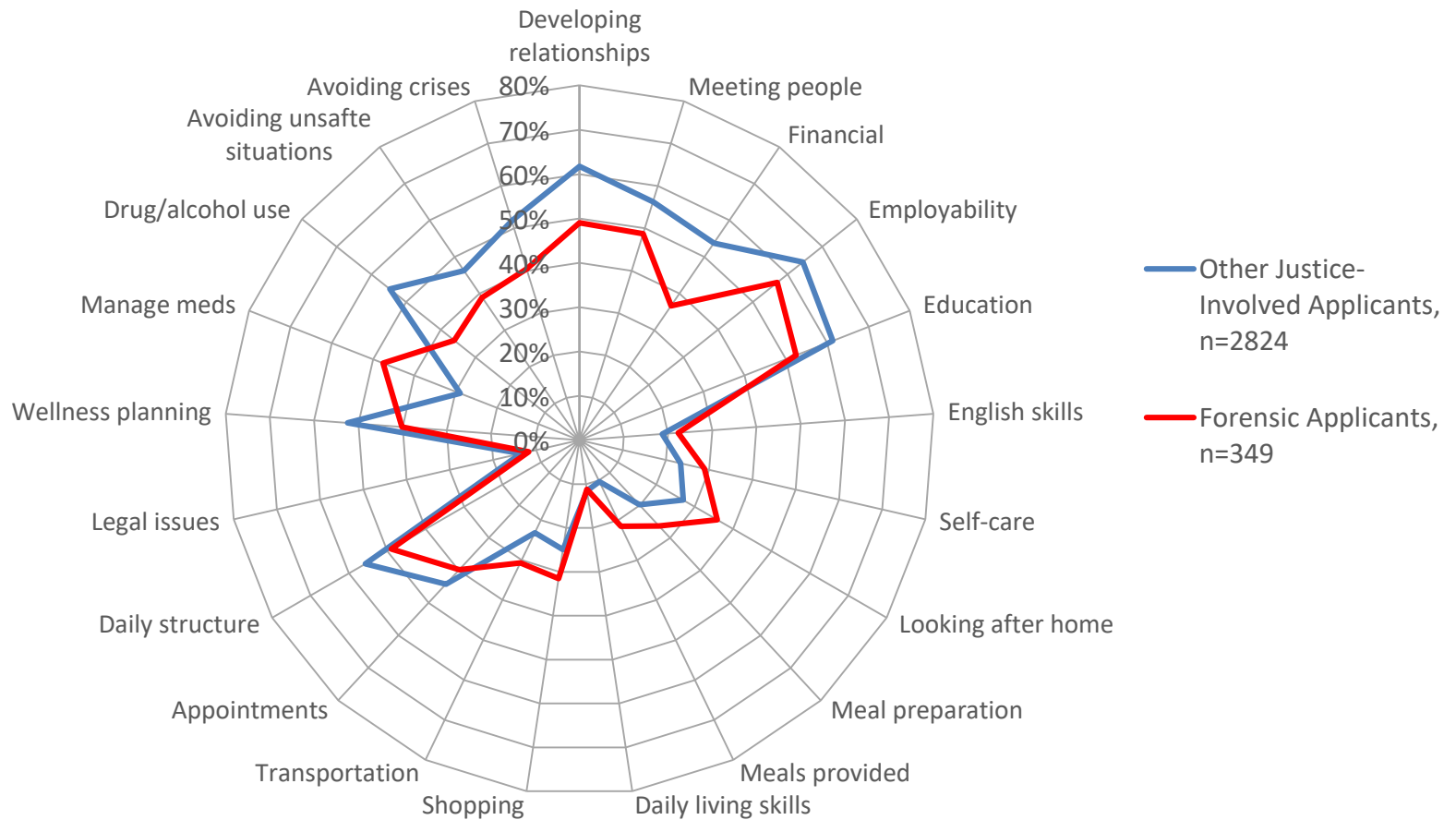
- Male (82% Forensic vs 72% Other MHJ)
- On ODSP (67% MHJ vs 51% Other MHJ)
- Reside in hospital (43% Forensic vs 5% Other MHJ)
- Have psychotic disorder (74% Forensic vs 32% Other MHJ)
- Request 24 hr/daily support (43% vs 13%)

Compared to other MHJ applicants less likely:

- Concurrent disorder (27% MHJ vs 43% MSHS)

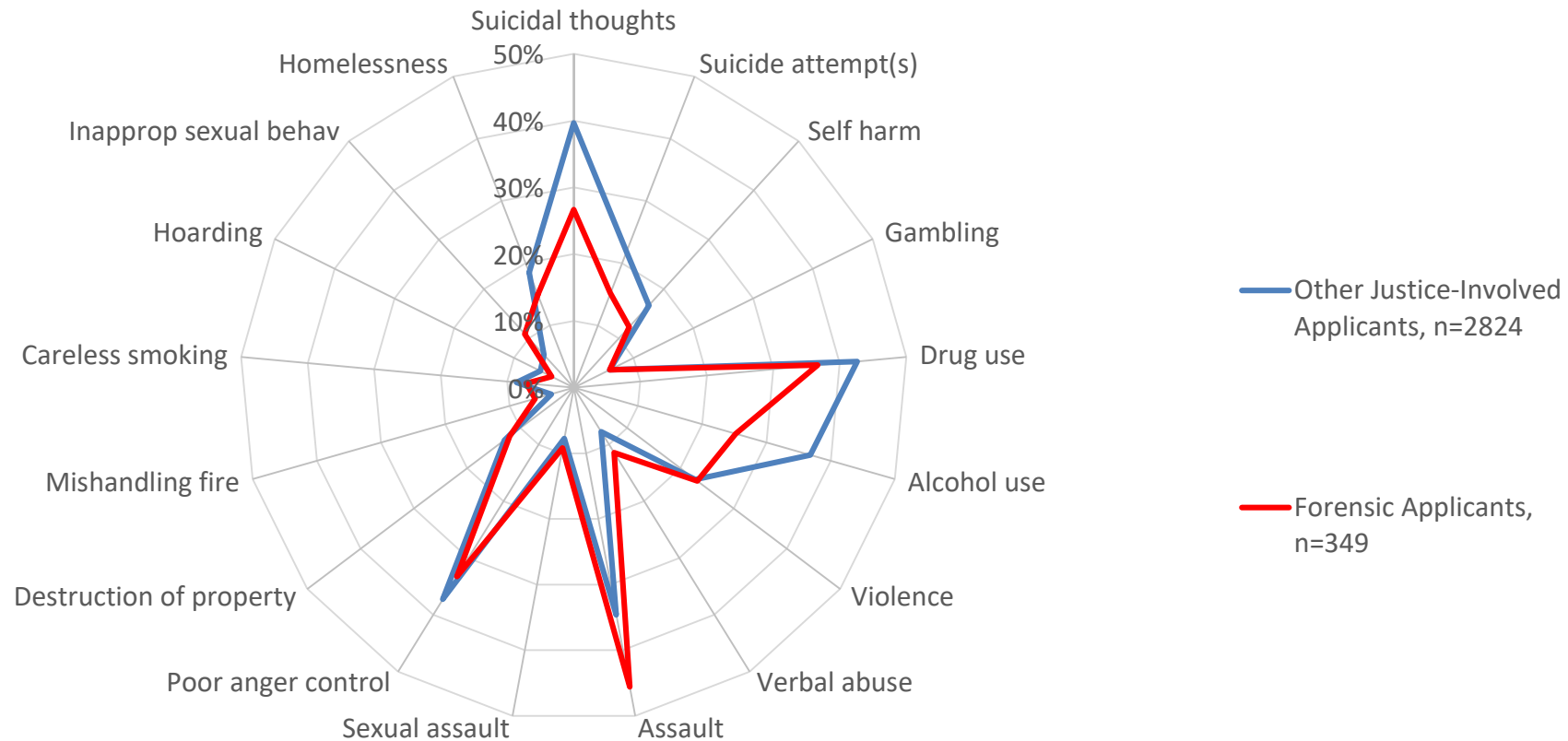
# Forensic Applicants

## Support Needs of Forensic and Other Justice-Involved Applicants



# Forensic Applicants

## Safety Risks for Forensic and Other Justice-Involved Applicants



# Acquired Brain Injury & Dual Diagnosis

## **ABI**

- 50% male inmates and 39% female inmates report previous traumatic brain injury but rates identified on SH waitlist very low
- Lack of capacity to assess for ABI and lack of knowledge of appropriate interventions

## **Dual Diagnosis**

- 8% of MHJ applicants report a dual diagnosis
- Lack of capacity to identify presence of developmental disability
- Compared to other applicants with CJ involvement
  - Higher functional needs (self-care, looking after home, meal prep, using transportation, shopping)
  - Higher social needs (developing relationships)
  - Higher health need (avoiding crises/unsafe situations, substance use)

# Ethnoracial Specific Needs

- Overrepresentation of Black people in criminal justice system
  - 3-5x higher rate than White people
- KIs identified possible under-representation in MHJ housing
- High rates of missing data on race (~40%)
- Hiring practices and staff training in anti-racist/anti-oppressive practices
- Linguistically and culturally accessible programming

# Indigenous needs

- Over-representation of Indigenous people in the CJ
  - 9x higher rate than White people
- Require a needs assessment led by Indigenous organizations in collaboration with
  - supportive housing providers
  - mental health and justice researchers

## ***C) Housing need***



# Unpacking MHJ housing need

- 1) Access issues (barriers to obtaining housing)
- 2) Urgent and transitional needs
- 3) Other learnings from the research literature

# a) Barriers to accessing housing

MHJ population face distinct challenges securing housing:

## **Structural disadvantage**

- Low income, social assistance, little employment ... competing with middle-income tenant applicants

## **Discrimination**

- Mental health issues, justice involvement, criminal record
- Racial discrimination is a compounding factor for many

## **Particular support needs**

- Subgroup with history of violent/sexual crimes (in some cases)
- High prevalence of addictions issues – related support needs

## **Issues in social and supportive housing too**

- More likely declined by providers / discrimination re justice-involved

# **b) Urgent and transitional needs**

## **Two distinct subpopulations and types of need**

### ***1. Urgent access/transitional housing at the Bail stage or Post-incarceration***

- Various applicants cycling through jail, homelessness, etc.
  - Housing as an essential way to interrupting this cycle
- Lack of available housing increases risk of detention at bail hearing
- Urgent needs pertaining to discharge from courts, jail/detention/remand, sentences, hospitals
- Housing with supports helps successful re-integration, avoiding homelessness, dealing with mental health, trauma, and addiction issues

### ***2. Transitional Housing – Forensic mental health clients***

## c) Other learnings from research

### **Research literature on affordable housing, supportive housing**

*Many points generally applicable to housing including MHJ*

- Diverse ways to implement Housing First principles
- Linked and de-linked supports
- Self-contained units for most people
- Social integration in scattered and dedicated/single-site
- Pro and con of private rental and social housing
  - Social and community mix
  - Housing quality/good repair
  - Tenant rights, secure tenure
  - Long-term vs short-term housing cost

# 4. Emerging Directions

# 20+ recommendations

- Targets
- Enhancing providers/system capacity re support needs
- Specific populations
- Transitional housing
- Approaches to the housing component
- Action steps

# 5. Next Steps

# Key next steps

- Draft report in hand
- Advisory Committee input and finalizing (early Nov.)
- Release date TBD
- Related KT, dissemination, outreach to decision-makers





# Limitations – research methods

## **Secondary Data Analysis:**

- Waitlist data: Collected at referral → may not reflect current status
- OCAN: Convenience sample → may not be representative
- Limited by variables collected, missing data, consistency in reporting

## **Focus Groups:**

- Small sample size, non-random selection → may not be representative
  - Absence of Indigenous Organizations,
  - Absence of LGBTQ2S Participants
- Risk of social desirability bias → participants can feel peer pressure to give similar answers

## **Key Informant Interviews:**

- Small sample size
- Rely on participant's memory and interpretations
- Rely on interviewer to manage interview and ask relevant probing questions