Volume

02

May 2013

focusON

Housing First

ONPHA

Ontario
Non-Profit Housing
Association

The **Ontario Non-Profit Housing Association** (ONPHA) represents 760 non-profit housing providers in 220 communities across Ontario. ONPHA's members house approximately 400,000 Ontarians such as seniors, low-income families with children, Aboriginal people, the working poor, victims of violence and abuse, people living with disabilities, mental illness, addictions, or HIV/AIDS and the formerly homeless / hard-to-house.

ONPHA's *focusON* series examines key issues facing Ontario's affordable housing sector, presenting a variety of perspectives to encourage thoughtful and reflective discussion on the development of sound housing policy and the future of the community-based housing sector in Ontario.

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The issue

Through the Long-Term Affordable Housing Strategy (LTAHS) and the *Housing Services Act* (HSA), the Province is transforming the delivery of housing and homelessness services in Ontario. The LTAHS and HSA give Ontario's Consolidated Municipal Service Managers[1] (service managers) greater responsibility for local housing and homelessness systems and greater control and flexibility in service planning and delivery. Despite this shift, the Province retains a level of influence over these systems through Provincial Interests outlined in the HSA and the *Ontario Housing Policy Statement* (OHPS).[2] These documents provide direction to service managers as they develop their 10-year local housing and homelessness plans.

The OHPS introduced a new policy direction for Ontario by requiring service managers to develop their housing and homelessness plans using a housing first approach. Under the Province's policy for ending homelessness, service managers are expected to implement measures to:

- help those who are homeless quickly access affordable housing
- help those at-risk of homelessness to maintain their current housing
- provide households with access to community supports and services so that they can address their immediate and ongoing challenges and needs[3]

1 Consolidated Municipal Service Managers are responsible for delivering and administering social and affordable housing, and for administering social service and income support programs. Ontario has 47 service managers, including 37 municipalities and 10 District Social Services Administration Boards (DSSABs) in northern districts.

2 The provincial interests and policy directions outlined in the OHPS are intended to provide additional policy context and direction in the development of local housing and homelessness plans, which service managers will be required to develop and maintain.

3 Ministry of Municipal Affairs and Housing, *Ontario Housing Policy Statement*, 2.

The federal government has also indicated its support of the housing first model through its five-year, $119 million commitment to delivering the Homelessness Partnership Strategy using a housing first lens.

Housing first is best known as an evidence-based model of support and housing developed for people living with serious mental illness and/or problematic substance use who have long histories of homelessness. While the Provincial policy direction refers more broadly to a housing first approach or philosophy, it still signals a significant shift from the shelter-focused, short-term-model of addressing homelessness that is prevalent in many communities.

There is no single definition of housing first. In its simplest terms, it refers to a program that houses people regardless of their level of housing readiness and offers them support once they are housed. In this *focusON* we use the term housing first[4] to describe programs that:

- respond to people with multiple barriers to housing or who are chronically homeless
- offer rapid access to housing
- offer deep affordability
- provide ongoing and intensive supports to tenants once housed

This *focusON* examines the Province's housing first policy direction for the development of local housing and homelessness plans. It describes various programs that have delivered housing based on the housing first model and explores the implications for developing housing and homelessness plans based on this approach.

While it is encouraging that the Province has selected a philosophy that supports rapid access to housing, many questions remain about the implementation of such programs in Ontario. We conclude by offering concrete steps that the Province can take to help ensure that local housing and homelessness plans rooted in housing first principles are a success.

4 Recognizing that "housing first" principles lend themselves to different program designs and approaches, the ONPHA Board of Directors chose to define it as follows in its April 19, 2013 policy position: [a] housing first approach: *a) promotes rapid access to affordable housing; b) utilizes a range of housing options including community-based non-profit and supportive / alternative housing, and c) is combined with appropriate supports for individuals and families.*

Further, through that policy position, the ONPHA Board recommends that the Province consider the following issues when implementing a housing first policy direction: the availability of affordable housing options and adequate community supports / resources; the encouragement of interministerial collaboration; the provision of support for service managers, housing providers and support service providers, and the availability of on-going support for tenants once they are housed.

Background: The many iterations of housing first

Several housing and support programs that incorporate the principles now referred to as housing first have been developed. The best known of these programs is Pathways to Housing in New York City, but there is a long history of similar housing programs in Ontario. In each case, the programs were designed to meet the needs of the chronically homeless, who tend to suffer from both substance misuse and psychiatric disorders in disproportionate numbers compared with the general population.[5] This population is among the most vulnerable[6] and hardest to reach[7]. In Canada it is believed that 30 to 40 per cent of homeless people live with a mental illness and that, of those, 25 per cent also have an addiction.[8]

Pathways to Housing

Pathways to Housing offers immediate access to independent apartments and support services, without prerequisites for sobriety or participation in psychiatric treatment. Rent is capped at 30

5 Montgomery et al., "Supported Housing Programs for Persons with Serious Mental Illness in Rural Northern Communities: A Mixed Method Evaluation."; Forchuk, "Housing, income support and mental health: Points of disconnection."

6 The homeless are more likely, when compared with the general population, to experience physical problems related to the maintenance of body temperature, exacerbation of chronic illness, exposure to pollutants, incomplete or delayed resolution of acute health problems, and infectious disease. They are also more vulnerable to mental health problems, such as exacerbation of chronic mental health problems, drug and alcohol misuse, loneliness, depression, and fear; and low self-esteem. The homeless are also more likely to experience social problems, which contribute to their physical and mental health. These include social disconnectedness, little continuity of care, limited ability to maintain health records, increased risk of victimization and abuse, and a lack of resources. See: Padgett and Struening (1992) cited in: Padgett, "Housing, income support and mental health: Points of disconnection"; Sebastian, "Homelessness: a State of Vulnerability: Family & Community Health."

7 Padgett, "Housing, income support and mental health: Points of disconnection."

8 Montgomery et al., "Supported Housing Programs for Persons with Serious Mental Illness in Rural Northern Communities: A Mixed Method Evaluation,"156.

per cent of a tenant's income and is paid directly to Pathways to Housing to prevent the accumulation of rent arrears.

Support at Pathways to Housing is provided by an Assertive Community Treatment (ACT) team, a successful model for providing intensive case management services to individuals living with severe mental illness. ACT teams at Pathways to Housing are on-call at all times and offer their services in the community. Pathways to Housing clients choose whether or not they wish to receive clinical services from the ACT team and the frequency and type of services that they receive.[9,10]

The Pathways to Housing model is based on a belief that housing is a human right, and that an individual's capacity to address issues such as addiction and their mental health is increased when their basic needs are met.[11] Housing is seen as the starting point rather than the end point of recovery. It takes the opposite approach to continuum of care or treatment first models that require psychiatric treatment and abstinence from drugs and alcohol as indicators of readiness for independent housing. [12]

Housing first programs in Ontario

As noted, the core elements of housing first are not new in Ontario. A number of government-funded programs, including permanent supportive and alternative housing, have provided long-term affordable housing and supports without requiring abstinence from substance use or the pursuit of psychiatric treatment.[13]

In recent years, the Province and some municipalities have developed housing first programs. They differ in the model and duration of support as well as in the tools used to render partici-

9 Reitzel et al., "Does Time Between Application and Case Assignment Predict Therapy Attendance or Premature Termination in Outpatients?"

10 See Kraus et. al, Homelessness, housing, and harm reduction: stable housing for homeless people with substance use issues for a CMHC review of housing first approaches in 13 existing programs for people with substance use issues, including six in Canada and three in Ontario.

11 Nelson et. al, "A Review of the literature on the effectiveness of housing and support, Assertive Community Treatment, and Intensive Case Management Interventions for persons with mental illness who have been homeless," 359.

12 While the Continuum of Care model has demonstrated success in helping some individuals to leave the streets and gain housing, it has not been as successful in creating stable housing for people who have been chronically homeless, particularly those with serious mental illness and substance use. In many cases, individuals with mental illness and addictions are unable to successfully navigate the requirements of these programs, and short-term or immediate needs often supplant the longer timeline required to move through a succession of progressively independent housing-related programs.

13 In Ontario early supportive and alternative housing providers grappled with finding a better way to house homeless and hard-to-house people living with addictions and mental illness. Long-term practitioners involved in a project known as Single Displaced Persons' Project wrote papers in 1983 and 1987 arguing that the provision of stable, long-term, supportive housing was a more effective strategy rather than the provision of emergency shelters as the base from which support provided would be successful. The papers contributed to government investing in emerging alternative and supportive housing providers in the 1980s. See also, Waegemakers, Schiff and Rook, *Housing first: Where's the Evidence?*, 5.

pants' housing affordable. They are similar in their commitment to providing permanent housing to chronically homeless individuals without requiring psychiatric treatment or abstinence from drugs and alcohol, and also in the provision of client-centred supports.

Ministry of Community and Social Services: Hostels to Homes

The Hostels to Homes pilot program was launched in 2007 by the Ontario Works branch of the Ministry of Community and Social Services (MCSS). The pilot was a response to the changing role[14] of the emergency shelter system, from short-term, infrequent services to serving people with complex, multi-faceted needs over the long-term.[15] As a result, the cost of funding the emergency shelter system had increased for the Province and service managers[16] while services failed to meet the emerging needs of shelter users. The pilot was developed to alleviate cost and demand pressures on the emergency shelter system by giving municipalities funding flexibility to better meet the needs of chronic shelter users through stable housing and reconnection with community-based supports.

The pilot was implemented in six municipalities across the province, each with a different target population.[17] Participating municipalities were given flexibility to meet local needs[18] and to determine their level of service delivery integration between the municipality and community-based service providers.[19] Funding for the pilot was approximately $816 per month for a single person, however funding flexibility allowed participating sites to leverage funds from other housing and homelessness programs to improve housing affordability for participants. Improved housing affordability through rent supplements and other tools were identified as key factors in the pilot's success. Other key factors included: the involvement of community partners and stakeholders in

14 Changes in the emergency shelter system are believed to be the result of several changes at the socio-economic level including: the deinstitutionalization of the mental health sector; a decrease in the supply of affordable housing; and, a rise in low/fixed income individuals who fall into homelessness. Ontario Works Branch, "Hostels to Homes Initiative – The Housing First Approach: Presentation to Homelessness Working Group."

15 Ontario Works Branch, "Hostels to Homes Initiative – The Housing First Approach: Presentation to Homelessness Working Group".

16 Emergency shelter services are funded under the *Ontario Works Act, 1997* and were cost shared by the Province and municipalities (80.6/19.4) in 2010. See: Nguyen, *Hostels to Homes Initiative – The Housing First Approach: Presentation to Homelessness Working Group*.

17 Phase 1 of the pilot began in winter 2007 and operated for up to 18 months from the date participants entered the program. Phase 2 was announced in June 2008 and was expected to end in June 2010. The Phase 1 pilot sites each had distinct target populations: Ottawa (45 single males who were chronic users of emergency hostels), Kingston (25 adults and youth with recurring stays in emergency hostels), Toronto (310 adults and youth who are chronic shelter users, Aboriginal people, immune-compromised people, youth, and families), Hamilton (80 single men, women, and youth who accessed emergency hostels for more than 42 days over 2005 / 2006) London (190 hard-to-house clients, families, and youth), and Windsor (15 single men, women, and youth). See: Nguyen, *Hostels to Homes Initiative – The Housing First Approach: Presentation to Homelessness Working Group*.

18 Participating service managers were permitted to choose the number of program participants and to target their programs to meet identified local needs

19 Levels of integration differed, however two models emerged during the pilot – direct delivery and purchase of service. The direct delivery model saw municipal staff conduct program recruitment, assessment, and housing stabilization with other services and supports being provided by the community. The purchase of service model saw all program elements contracted with the community.

the development and implementation of the pilot; the investment of considerable resources and time in outreaching to participants; and the provision of individualized case management. [20]

City of Toronto: Streets to Homes

The City of Toronto's Streets to Homes program began as part of the Hostels to Homes pilot and has continued to run as an independent program. Participants are, for the most part, housed in independent apartments though some clients share multi-bedroom units and others reside in rooming houses or rooming house-style housing.

Housing affordability in the Streets to Homes program is mixed: 38 per cent of participants reside in social, alternative or supportive housing and pay rent that is scaled with their income.[21] The remaining 62 per cent of clients pay market rents in the private sector.[22] Most participants receive their monthly income through the Ontario Works or Ontario Disability Support Program, which offer financial support at rates well below what is necessary to affordably rent an average one-bedroom or bachelor unit in Toronto. [23]

The Streets to Homes model offers participants pre- and post-tenancy support through program staff and partnerships with community-based agencies. For the most part, Streets to Homes partner agencies were already providing community-based support services and existing services were modified to fit with the Streets to Homes model. Participants who are housed in transitional or supportive housing units receive additional informal supports from the housing provider's staff.

In some cases, agencies with particular expertise are engaged to offer support to participants with complex mental health and/or substance use needs[24] or who are exiting the criminal justice system. For clients not receiving specialized support, the goal of program staff and partner agencies is to offer practical assistance while connecting participants with community-based services that will meet their ongoing and future needs. Support from program staff is withdrawn incrementally over a period of one to two years, with some exceptions.

20 See: Nguyen, *Hostels to Homes Initiative – The Housing First Approach: Presentation to Homelessness Working Group*.

21 20% of Streets to Homes clients reside in social housing units where their rent is set at 30% of their monthly income. An additional 18% of clients reside in alternative or supportive housing units, where their rent may set at 30% of their monthly income or at the maximum shelter amount paid by the Ontario Works or Ontario Disability Support Program. See: Toronto Shelter, Support and Housing Administration, *What Housing First Means for People: Results of Streets to Homes 2007 Post-occupancy Research*.

22 25% of those clients paying market rent have access to a time-limited rent supplement of $350 per month under the Housing Allowance Program, which improves the affordability of their unit in the short term.

23 ONPHA, *Where's Home? The Need for Affordable Rental Housing in Ontario*.

24 For example, the MDOT program is run by Toronto North Support Services in partnership with St. Michael's Hospital, the Centre for Addiction and Mental Health, and the Fred Victor Centre. It offers a multi-disciplinary support team to clients who "have the most complex needs", typically of a mental health nature. See Falvo, "Toronto's Streets to Homes Program."

City of Ottawa: Supports in Social Housing Program

The Supports in Social Housing Program is funded by the City of Ottawa. Eligible program participants[25] include not only the chronically homeless, but also those who require intensive support to access and retain their housing. All participants reside in Ottawa-area social housing in rent-geared-to-income units – an arrangement that improves housing affordability. There are approximately 100 participants.[26]

Unlike Streets to Homes, the Supports in Social Housing program does not employ its own support staff. Instead, case management and other supports are delivered by funded partner agencies. The housing provider and support service agency are considered partners in the delivery of service and each has a vested interest in creating and maintaining a successful tenancy.[27] At some locations, community partners offer on-site supports and, like Street to Homes, arrangements have been made to provide intensive supports to those with complex needs and those exiting the criminal justice system. The Supports in Social Housing program also offers supplementary programs, like group treatment for clients with concurrent disorders, and the opportunity for support staff and clients to consult with, and receive support from, psychiatric nurses.

Ministry of Health and Long-Term Care: Supportive Housing for People with Problematic Substance Use program

Like the Cities of Toronto and Ottawa, Ontario's Ministry of Health and Long-Term Care (MOHLTC) has recognized the value of the housing first approach. The Supportive Housing for People with Problematic Substance Use (SHPPSU) program offers support funding and rent supplements to develop harm reduction supportive housing that provides flexible, client-centred supports. These supports are funded separately through Local Health Integration Networks. The goal of the program is to improve the health and social outcomes of those who frequently use addiction treatment and emergency services by providing stable housing and appropriate supports. MOHLTC, which funds both addiction treatment and emergency medical services, recognizes that, in addition to improving the lives of participants, this program will also lower health care costs.

This type of program actively encourages community-based housing and support providers to collaborate to creatively meet the needs of vulnerable individuals. For example, Toronto-based organizations Fife House and McEwan Housing and Support Services[28], partnered to access this funding to meet the needs of individuals living with HIV/AIDS who have histories of homelessness, substance use, and frequent inpatient hospitalization. Each organization has expertise in the provision of housing and support to individuals living with HIV/AIDS. Through this program

25 Defined as having spent more than 60 cumulative days in the past year in an emergency shelter and/or on the street.

26 General Manager, Community and Social Services, *Funding for Supports in Social Housing*.

27 This is in contrast with housing clients in the private market where a stricter "landlord-tenant" relationship may exist and where the landlord may be less willing to accommodate or tolerate the client's behavior or the accumulation of rental arrears.

28 McEwan Housing and Support Services is a program of LOFT Community Services.

they provide 32 units of permanent affordable housing[29], operated by Fife House, with intensive case management support, provided by McEwan Housing and Support Services.

Regeneration House and Mainstay Housing operate approximately 176 housing units through the SHPPSU program. These organizations primarily serve people living with serious and persistent mental illness that may also live with addictions. These organizations deliver housing and have partnered with several Toronto-area support agencies, including St. Stephens House, Breakaway Addiction Services, the Jean Tweed Centre and Community Outreach Programs in Addictions.

Mental Health Commission of Canada: At Home/Chez Soi

The Mental Health Commission of Canada's (MHCC) At Home/Chez Soi research demonstration project is funded by the federal government to look at the efficacy of the housing first approach for meeting the needs of homeless individuals with mental illness. The project draws on the Pathways to Housing and Streets to Homes models. The project compares outcomes for housing first participants with control groups who are receiving conventional treatment and housing support.[30] The project is underway in Moncton, Montreal, Toronto, Winnipeg, and Vancouver.[31]

Housing first: The evidence

Pathways to Housing is the most studied housing first program in the United States. Research findings demonstrate that the program is able to successfully house the formerly homeless and hard-to-house people for longer periods than treatment first programs[32] and at a significantly lower cost than emergency programs and services. Pathways to Housing participants report improved social and psychological integration in the community[33], physical and mental health, nutrition, sleeping, and feelings of security and reduced stress.[34] They also report fewer psychiatric

29 Rents are set at the maximum shelter allowance offered under the Ontario Works and Ontario Disability Support Program. As a result, funds intended to help individuals meet their basic needs other than housing, need not be re-directed to rent.

30 The project is not without its critics who argue that "treatment as usual" is not adequately defined and as such it is hard to properly interpret the results.

31 Each centre has a different area of focus. In Moncton the project explores the challenges of a city with a shortage of mental health services, with a focus on rural populations as well as on Anglophone and Francophone service delivery. In Montreal they will explore the impact of vocational interventions on participants. In Toronto, the focus will be on providing services to people from different ethno-cultural backgrounds, in Winnipeg on Urban Aboriginal communities, and in Vancouver on individuals with substance use issues.

32 A randomized trial comparing homeless individuals living with psychiatric disabilities recruited from psychiatric hospitals or from the street found that those randomly assigned to Pathways to Housing housing were housed earlier and spent more time stably housed compared to those assigned to Continuum of Care housing. Those housed in housing first housing also spent comparatively fewer days hospitalized in psychiatric facilities during the 24 month study. See: Gulcur et al., "Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes."

33 Gulcur et al., "Community integration of adults with psychiatric disabilities and histories of homelessness."

34 Toronto Shelter, Support, and Housing Administration, *What Housing First Means for People: Results of Streets to Homes 2007 Post-occupancy Research*.

hospitalizations[35] and less alcohol and substance use, despite the absence of a requirement of sobriety.[36]

Research examining other housing first programs in the United States also provides evidence of cost-savings. In an analysis of the Direct Access to Housing[37] program, staff identified that residents used a high level of emergency health care services before entering the program and that emergency room visits and inpatient (both psychiatric and medical) and skilled nursing days decreased significantly after housing placement.[38] In a study of one of the program sites, it was observed that health care costs dropped from approximately from $3 million annually before participants were housed to $1 million the year after housing placement, making it significantly less expensive to house the residents than for them to remain homeless.[39]

Similarly, Culhane et. al (2002) demonstrated that individuals placed in subsidized housing with support used fewer shelter beds, were hospitalized less frequently and for shorter amounts of time, and spent less time incarcerated. Prior to placement, participants living with severe mental illness used about $40,449[40] per person per year in services. Housing placement was associated with a reduction in service use of $16,282 per unit of housing per year, while the annual cost of each unit was $17,277. As a result, there was an annual per housing unit cost of $995.[41]

Research findings in Ontario mirror those in the United States. Analysis from the Hostels to Home program demonstrates the potential cost-savings of implementing a housing first-based program for chronically homeless people. In 2009, the City of Hamilton re-allocated $697,000 from its emergency shelter budget to its Hostels to Homes pilot to cover the associated program costs[42]; actual expenditures were $53,000 less than this amount.

According to a 2009 analysis by the City of Toronto, the per diem cost of housing a homeless person in Toronto is significantly lower than maintaining the existing shelter and emergency medical and justice responses. The cost of housing with supports ranged from $25 to $41 per day in private rental, social housing or alternative housing. This is compared with a per diem cost of $69 for emergency shelter, $143 for a unit in a jail or detention centre, $665 for a psychiatric inpatient

35 Gulcur et al., "Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes."

36 Padgett, Gulcur, & Tsemberis, "Housing first services for people who are homeless with co-occurring serious mental illness and substance abuse."

37 The Direct Access to Housing program is operated by the San Francisco Department of Public Health – Housing and Urban Health Section and was established in 1998.

38 Trotz, *Housing and Urban Health: Presentation to the Community and Public Health Committee of the San Francisco Health Commission*.

39 ibid

40 All dollar amounts in this example are 1999 dollars.

41 Culhane et al., "Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing."

42 The City of Hamilton did not re-direct any additional funds to its HOSTELS TO HOMES pilot. Instead of paying monthly hostelling costs of $1,316 per person, the project enrolled all participants in the Ontario Works program ($548 per month) and used the remaining $768 to cover program costs with housing, mental and physical health, addiction, education, and employment supports. See: Makhoul, Purdon, and Johnson, *Hamilton's Hostels to Homes Pilot Project*.

bed, or $1,048 for an acute inpatient bed in a hospital. An evaluation of the Streets to Homes program identified that fewer emergency health resources were used by clients, including a 38 per cent reduction in ambulance use, a 40 per cent decrease in emergency room use, and a 25 per cent reduction in individuals requiring a hospital stay.[43] The cost-savings of providing housing and supports over using emergency services are significant, potentially in the thousands of dollars per person, per year.

The At Home/Chez Soi project identified cost offsets and savings after just one year. The MHCC estimates that decreased use of shelter, justice and health services by participants, who had previously been frequent users of such services, resulted in overall savings of $9,390 per person per year. They estimate that for every dollar spent on housing first in the pilot $0.54 is saved through the reduction of usage of shelter and health services, and $1.54 is saved among formerly higher service users.[44]

Given these findings, it is not surprising that the housing first approach has gained traction as a preventive, cost-effective way of meeting the housing and service needs of homeless people with superior long-term health and social outcomes.[45]

43 Toronto Shelter, Support, and Housing Administration, *What Housing First Means for People: Results of Streets to Homes 2007 Post-occupancy Research*, 1.

44 Mental Health Commission of Canada, *At Home/Chez Soi Interim Report*.

45 Gulcur et al., "Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes."; Padgett, "Housing, income support and mental health: Points of disconnection."

Discussion

Ontario's housing first policy direction

Ontario's move to a housing first policy direction mirrors policy shifts in other jurisdictions internationally (the United States, Australia, and European Union) and across Canada (Alberta, Saskatchewan, Manitoba and New Brunswick).

However, as the housing first approach is embraced in more jurisdictions, questions are being raised about what exactly housing first means. The outcomes and cost-savings evidence that ground this policy shift comes primarily from programs such as Pathways to Housing, which uses a highly specific program model. This program model defines its eligibility criteria narrowly; targeting their services to particular higher-needs sub-populations, and generally adheres to certain program elements.[46] By broadening the application of the housing first approach, we move away from certain ground.

The OHPS policy direction does not articulate what a housing first approach entails, beyond stating that service managers should apply a housing first approach or philosophy to meet the needs of people who are homeless or at-risk of homelessness. This shifts the housing first approach away from the populations that have historically been eligible for service (the chronically homeless and/or intensive users of emergency services) to a much broader range of possible program participants. In particular, the at risk category could be defined in various ways, including having arrears with a landlord, being in core housing need, or requiring support to maintain a tenancy.

46 Pathways to Housing has identified five key program elements which it considers crucial to successful outcomes, and has developed fidelity scales for program development, training and evaluation. The At Home/Chez Soi project is using fidelity scales to ensure that its five sites conform to the defined program model.

Depending on the definition of at risk, a large number of Ontarians could be eligible for housing first-based support.

In the absence of greater clarity about the Province's vision of a housing first approach and/or the populations it is intended to serve, it is useful to highlight the elements that are critical to the success of a housing first approach.

Relevancy to the population in need

Housing first models have successfully used extreme measures for extreme situations. For people who are chronically homeless, facing multiple barriers to securing and maintaining housing, and living in poverty, it makes sense that intensive support is necessary to ensure a successful tenancy.

A housing first approach makes sense from both an economic and social perspective, when the goal is to successfully house people who require a lot of costly support to remain housed. A housing first approach may be too service and resource intensive for some individuals who may be better or equally served by more cost-effective programs. For example, a household that is homeless due to a lack of income may be adequately and successfully housed with only a rent supplement or with access to rent-geared-to-income housing. Requiring that the principles of housing first underpin the development of a service manager's entire local housing and homelessness plan may result in unnecessary costs and a mismatch between the levels of service needed and those available.

Availability of affordable housing units

The housing first model depends on rapid access to good quality,[47] affordable housing in neighbourhoods where participants can access the programs and supports they need.

According to the Canada Mortgage and Housing Corporation (CMHC), housing is affordable when it does not exceed 30 per cent of a household's gross income. This level of affordability allows an individual or family to afford other necessities such as nutritious food.[48] In many communities, market rent housing, even at the low end, is unaffordable to those with low incomes or who are in receipt of social assistance benefits. In these cases, some form of assistance will be required to ensure that housing remains affordable for participants over the long-term. Such

47 Recognizing that the quality of housing has an impact on the individual or family's success, the At Home/Chez project has developed an Observer-rated Housing Quality Scale (OHQS) which rates housing on 25 features. See: Mental Health Commission of Canada, *Beyond Housing: At Home/Chez Soi Early Findings Report (Volume 3)*.

48 In the evaluation of the Streets to Homes program, 68% of respondents felt that the amount of money they had after paying rent was not enough to live on and 66% reported that they ran out of money for basic needs such as food every month. See: Toronto Shelter, Support, and Housing Administration, *What Housing First Means for People: Results of Streets to Homes 2007 Post-occupancy Research*, 2.

assistance may include rent supplements, housing allowances or greater access to rent-geared-to-income subsidies.[49]

Local vacancy rates, housing affordability, the availability of social housing units, and the size of social housing waiting lists will all impact participants' ability to secure housing. Areas like Kingston, Toronto, and Peel[50], where there is low rental housing affordability, low vacancy rates, or a combination of both, are more costly markets in which to operate rent supplement programs. They may also be areas where it will be more difficult to secure partner landlords in the private rental housing market. In contrast, service managers could have greater success in communities like Windsor, where there is a high vacancy rate and market rents tend to be more affordable.

In all of these communities, wait lists for rent-geared-to-income units are extremely long.[51] If service managers make homelessness a larger priority category on their local wait lists, they risk further delaying the number of households waiting for housing chronologically.[52]

The Investment in Affordable Housing (IAH) program has created some new affordable rental units and can be used to improve private market affordability through the creation of housing allowances and rent supplements. These funds, however, expire in 2014 and the future of the program is uncertain in Ontario. Further, the IAH program does not offer the level of affordability that many households require. Funds from the Consolidated Homelessness Prevention Initiative (CHPI) cannot be used to develop new housing units, but can be allocated for rent supplements or housing allowances.

49 Some ONPHA members who are experts in the area of supportive housing and housing first, state that a key to housing is that it be "choice" based and not "placement" based in order to establish stability and a foundation from which support service assistance can have better chances of success.

50 In the Greater Toronto Area the vacancy rate dropped to 2.2% in 2010 from 3.1% in 2009. Kingston had the lowest vacancy rate in the province in 2010 at 1.0%, which dropped from 1.3% the previous year. The vacancy rate in Peel dropped 1.3% between 2009 and 2010 (3.1% to 1.8%). See: ONPHA, *Where's Home? The Need for Affordable Rental Housing in Ontario*. The average market rent in Toronto is $777 (bachelor) and $949 (1-bedroom) and in Kingston it is $612 (bachelor) and $779 (1-bedroom). See: Ministry of Municipal Affairs and Housing, *Average Rents for Ontario Apartments (2010 CMHC Rental Market Survey)*.

51 By the end of 2011, there were 156,358 households on waiting lists for rent-geared-to-income housing, a 2.9% increase over the previous year. The City of Toronto and Region of Peel, York Region and the City of Peterborough had among the longest waiting lists. See: ONPHA, *Waiting Lists Survey 2012*.

52 An analysis of the Provincial Special Priority Policy (SPP), which gives households who are leaving domestic violence priority access to rent-geared-to-income housing over others waiting on social housing waiting lists, has identified that while SPP households form less than 4% of the total number of households waiting for housing in the Province, they represented 34% of all applicants who received housing in 2009. The analysis identified that an SPP applicant will wait approximately 6 months for housing while other households who are waiting on chronological lists will wait much longer for housing. See: SPP Research Task Force, *Special Priority Policy Impact Study: Impact review of the Special Priority Policy for victims of domestic abuse, applying for assisted housing – Outcomes (Phase 1, Step 1)*. Adding additional priority categories, such as the homeless to local waiting lists for social housing may result in other households having fewer opportunities for housing if additional affordable housing units are not also brought online.

Making it work for tenants

For the housing first approach to work, housing units must be affordable to the households living there. Many housing first program participants receive social assistance benefits, and the current shelter components of Ontario Works and the Ontario Disability Support Program are not enough to pay the real cost of housing in many communities. Rents, even those at the low-end of market rates, may still be too costly for many participants to afford over the long-term and will leave tenants with little or no money to meet their other basic needs.

Given the importance of routinely accessing support for many participants of housing first-based programs, the location of one's housing is also important. It must be located with easy access to the community-based supports and amenities that tenants need to live successfully and independently. In some communities, particularly small or remote ones, the availability of affordable housing, the location of community-based supports and the means by which to get to those supports, such as public transit, pose significant barriers to success. Without these elements addressed, the success of programs and participants will be limited.

Making it work for landlords

Housing first-based programs are, ultimately, supported housing. It requires access to designated, mid- to long-term professional supports for participants to help ensure a successful tenancy. Local housing first-based programs require comprehensive, available and accessible community-based supports, particularly for participants living in housing units where supports are not provided by the landlord. Demonstrating to social housing[53] and private market landlords that the supports that they, and program participants, need are available in the community is key to getting buy-in from landlords and ensuring the success of the program.[54]

In addition to supports for clients, many housing first-based programs employ staff to develop relationships with landlords to help find housing and to re-house participants when necessary.

53 The majority of Ontario's non-profit and co-operative housing providers are not mandated and do not receive government or community funding to provide case management or other supports to their tenants: they are strictly landlords. While social housing landlords may be popularly, but erroneously, referred to as "housing of last resort", they are not and do not have the mandates or funding to deliver such services. They are responsible for providing safe, adequate, and affordable housing to entire communities of tenants and will depend on the support services delivered by the service manager to ensure that housing first clients live harmoniously and successfully in those communities.

54 The decision to let a unit is ultimately a decision made by the individual landlord. If appropriate supports are unclear or unavailable, the private- or public-sector landlord may be reluctant or refuse to house the individual based on the perceived lack of "housing readiness". The *Housing Service Act*, which governs the administration of rent subsidies in the social housing sector permits landlords to refuse to grant a rent-geared-to-income unit to an individual if they are unable to live independently or if they have demonstrated that they may not pay their rent (O. Reg. 367/11, 24(1)(a)).

[55]These staff work extensively with landlords before and after a participant is housed to manage relationships and ensure that the tenancy is successful.

Availability of community-based services

Available and appropriate client supports are key to participant success. In some housing first programs, support is available on a permanent basis as long as participants remain in designated units. In others, the service manager or funder provides time-limited support and expects that the community-sector will respond by providing the long-term and future supports that the participant may need to retain and maintain their housing. These supports are vital for keeping participants housed over the long-term, particularly for those living with mental illness and/or addictions. The MOHLTC recognized the central role of support programs by funding both housing and support. Additionally, the availability of a variety of support services increases the likelihood of successful tenancies, since different tenants will respond to different support modalities even when facing similar issues. Therefore, a range of support modalities must be funded and offered when developing housing first programs.

In many areas of the province, particularly rural and northern communities, there are serious gaps in the availability of community-based mental health and addictions services.[56] Furthermore, accessing treatment can be extremely challenging, with support only available in communities tens of kilometers or more away.[57] In these communities, implementing a housing first approach will require significant investment in health and addictions programs as well as in practical measures such as facilitating travel.

In urban Ontario, the situation is different, but equally as challenging. Services are available and transit infrastructure may enable access, however these programs are typically in heavy demand. Participants may not be able to access services when needed or at levels appropriate to their needs. In these communities it may be possible to refer housing first participants to community-based supports; however, formalized referral and funding partnerships with community-based agencies may be required to ensure timely and appropriate access. Even with such arrangements, funding for expanded or additional services will be needed to provide ongoing and sustainable programming.

55 In the At Home/Chez Soi trial, as of July 2012, 28% of participants had been re-housed once, and 14% had been re-housed three to five times. See Mental Health Commission of Canada, *At Home/Chez Soi Early Findings Report (Volume 2)*, 24.

56 Canadian Mental Health Association, *Backgrounder: Rural and Northern Community Issues in Mental Health*.

57 Ibid

Capacity and collaboration

Service managers do not have a broad mandate to provide support services to people living with mental illness, addiction or other health-related issues that may have rendered them homeless or place them at risk of homelessness. Such services and programs are the responsibility of the Province, through MOHLTC and MCSS.

Through the requirements of their housing and homelessness plans, service managers are partially responsible for planning for the delivery of services that are funded and administered by others. To be successful, collaboration between service managers, MOHLTC via the Local Health Integrated Network (LHIN) structure, MCSS, and the community sectors is key. Unfortunately, there is currently no direction from the Province to align service managers' housing and homelessness plans with other stakeholders' programming and service delivery.

The OHPS and LTAHS do little to encourage increased inter-ministerial collaboration, yet such collaboration is vital to implementing a housing first approach. There are currently 330 mental health agencies and 150 substance use treatment agencies working in Ontario and yet there is no single ministry or body that is responsible for these programs, and for facilitating partnerships and programs on a larger scale.[58] The housing first approach requires an integrated approach to service delivery so that services are presented to participants in a seamless and easily accessible way.

There are also implications for tasking service managers with planning supports that are the responsibility of provincial ministries. For example, a service manager with a housing and homelessness plan that reflects housing first principles, as required by the MMAH, may be unable to implement that plan unless supports, likely the responsibility of either the MOHLTC or MCSS, have been co-ordinated and approved in advance. Without explicit direction from the Province to co-ordinate planning and program delivery, the development and implementation of services will be difficult. As a result, there needs to be proper inter-ministerial planning and communication in advance to ensure that communities have the type and level of support necessary to use a housing first approach.

Integration, co-operation, and partnership need to start at the top. The Province must encourage and support collaboration and co-ordination so that silos are minimized and co-operation is maximized. Increasing the range of services available in northern, rural and remote communities, expanding capacity and reducing waiting lists for urban areas, and stimulating generative partnerships, collaborations and programs all require significant inter-ministerial collaboration between MMAH, MOHLTC and MCSS. Provincial stakeholders like the LHINs and Community Care Access Centres also have a vital role to play in the design, development, delivery and funding of mental health and addictions-related services and must be at the table.

58 Commission on the Reform of Ontario's Public Services, *Public Services for Ontarians: A Path to Sustainability and Excellence*, 166.

Adequate resources

Government budgets are tight. The Province and municipalities are regularly reviewing programs and services to identify efficiencies and potential cost-savings. In this climate, shifting the delivery of homelessness services to a housing first model is an opportunity to deliver better services to the most vulnerable members of our communities while spending less overall. The model offers not only improved health and social outcomes for chronically homeless individuals, but also offers a net savings to government.

However, these savings are accumulated incrementally, largely through reduced contact with high-cost emergency and acute health care services and the criminal justice system. This will result in savings to the Province while placing an additional cost pressure on municipalities, who are responsible for funding and delivering this new service model. It will also further strain the community sector, which already faces significant pressures. The HSA places additional responsibilities on municipalities and service managers, namely the creation and implementation of local housing and homelessness plans and the development of local rules to accompany the Act. These additional responsibilities are already taxing service managers that do not have resources to allocate to meeting these obligations.

Directing service managers to incorporate housing first principles in their housing and homelessness plans will test their capacity and the capacity of their community partners, whose support is integral to the success of the model. The development and operation of housing first-based programs will cost service managers going forward. Some of that cost may be off-set through funding flexibility in other programs, like the Community Homelessness Prevention Initiative (CHPI),[59] and the savings created by the Province's upload of previously downloaded costs.[60] However, the savings through reduced health and justice costs suggests that the Province also has a role in funding the development and ongoing operation of those programs.

59 The Province reaffirmed its housing first policy direction in the guidelines for its new Community Homelessness Prevention Initiative (CHPI). As part of the LTAHS, the Province has consolidated five existing homelessness-related programs, each with its own mandate and eligibility criteria, into a single, "minimal criteria" block funding program. This new funding model gives service managers increased flexibility to allocate the funding to services that best meet identified local needs. According to the program guidelines, CHPI is intended to help create "A better coordinated and integrated service delivery system that is people-centered, outcome-focused and reflects a housing first approach to prevent, reduce and address homelessness in communities across Ontario," and facilitate the "transition to a system that will shift the focus of services over time from reactive responses to homelessness to services that focus on more proactive and permanent solutions."

60 Under the *Provincial-Municipal Fiscal and Service Delivery Review* the Province agreed to progressively upload costs related to the Ontario Drug Benefit, Ontario Disability Support Program, Ontario Works, and court security and prisoner transportation that had been previously devolved to municipalities. The upload is scheduled to take place between 2008 and 2018.

Applying a housing first approach in Ontario

Safe, adequate, affordable housing makes Ontarians healthier. It reduces their use of high-cost acute healthcare and emergency services and helps to reduce contact with the criminal justice systems.

Applying the housing first model to the diversity of Ontario communities using the principles identified in the OHPS will be extremely challenging. Housing first exists on a continuum of housing program models and cannot be the sole model presented to communities for the creation of housing and homelessness plans. Service managers need clarity from the Province about the intent of including housing first in the OHPS, as well as its expectation of what a housing first-based program will look like. Service managers are charged with implementing a multi-pronged program which depends on the co-ordination of disparate services, but do not have control over, or access to, all the necessary tools and resources. While the IAH program may help service managers to add rental units or to improve unit affordability, many will encounter challenges that they cannot easily solve without the involvement of other levels of government. These include:

- the cost of implementing programs that address the needs of the chronically homeless and prevent eviction as required by the OHPS
- the availability, or lack thereof, of appropriate and accessible medical and support services
- the availability of social and affordable private market rental housing
- access to neighbourhood amenities like transit

The province-wide implementation of the housing first model has the potential to transform the relationship between our most vulnerable citizens and municipal and provincial governments. It is an unprecedented opportunity, but one that will demand the very best from all involved.

Clarity must be given so that service managers understand what is expected of them and housing providers have the opportunity to assist in the development of innovative programs. Old silos and models of service must be discarded and new collaborative, creative partnerships and ideas must take their place. Doing so will make better use of limited financial resources and realize better outcomes for the homeless, those at risk of homelessness and the broader community.

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