Permanent Supportive Housing:

A critical need for ending homelessness in Guelph-Wellington

POVERTY
GUELPH & WELLINGTON TASK FORCE FOR
ELIMINATION

About the Guelph & Wellington Task Force for Poverty Elimination

The Guelph & Wellington Task Force for Poverty Elimination works collaboratively, informed by diverse voices of experience, to take local action and advocate for system and policy changes to address the root causes of poverty. The Poverty Task Force (PTF) focuses on four priority areas – livable incomes and decent work, housing and homelessness, health inequities and food insecurity.

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Background: Permanent Supportive Housing

Defining Permanent Supportive Housing

Permanent Supportive Housing (PSH) is an evidenced-based and cost-effective solution for people who are chronically homeless and/or highly vulnerable because of long-term disabilities, such as mental illnesses, developmental disabilities, physical disabilities, substance use disorders, and chronic health conditions.[1,2,3] PSH can be further understood by considering each component:

- **Permanent** – Leases are held by tenants without limits on length of stay (i.e. PSH is not intended to be transitional or temporary).[4,5]
- **Supportive** – PSH links rental assistance, such as a rent supplement, with access to individualized, flexible and voluntary supports to address needs and maintain housing stability.[6,7] Supports are typically provided by on-site staff and can be accessed 24 hours/7 days a week.[8]
- **Housing** – PSH usually includes independent units with common spaces that are in one home or building.[9,10] PSH units could also be scattered-site units depending on the acuity level of the individual and the availability of the supports (provided either through home visits or in a community-based setting).[11]
    - **Single-site housing** in which tenants who receive support services live together in a single building or complex of buildings[12].
    - **Scattered-site** in which tenants who receive support services live throughout the community in housing that can be agency-owned or privately owned[13].

[1] Homeless Hub (n.d.). "Permanent Supportive/Supported Housing." Canadian Observatory on Homelessness. York University, Toronto, ON. Available: https://www.homelesshub.ca/solutions/transitional-housing/permanent-supportivesupported-housing

[2] Locke, Gretchen (n.d.). "Permanent Supportive Housing." Center for Evidence-based Solutions to Homelessness. Available: http://www.evidenceonhomelessness.com/topic/permanent-supportive-housing/

[3] Technical Assistance Collaborative (n.d.). "Permanent Supportive Housing." Technical Assistance Collaborative. Boston, MA. Available: http://www.tacinc.org/knowledge-resources/topics/permanent-supportive-housing/

[4] Homeward Trust Edmonton (2017). "Permanent Supportive Housing: Essential for Ending Homelessness." Edmonton, AB. Available: http://homewardtrust.ca/wp-content/uploads/2017/06/PSH-Report.pdf

[5] Technical Assistance Collaborative, n.d.

[6] Homeless Hub, n.d.

[7] National Alliance to End Homelessness (2019). "Permanent Supportive Housing." National Alliance to End Homelessness. Washington, DC. Available: https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/

[8] Technical Assistance Collaborative, n.d.

[9] Homeward Trust Edmonton, 2017.

[10] Homeless Hub, n.d.

[11] Homeless Hub, n.d.

[12] Substance Abuse and Mental Health Services Administration (2010). Permanent Supportive Housing: Building Your Program. HHS Pub. No. SMA-10-4509, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

[13] Substance Abuse and Mental Health Services Administration, 2010.

Homeward Trust Edmonton developed the below graphic (Figure 1) to illustrate the key components of the permanent supportive housing program model. Each of the components is briefly defined below:

- **Cultural and Community Supports** includes delivering services in a culturally safe manner, such as the provision of culturally relevant supports to Indigenous clients.
- **Mobile and On-Site Supports** includes support to residents from on-site staff. For individuals with concurrent mental health issues or addictions, staff are available 24/7 for counselling or crisis intervention as required.[14] In scattered-site models, supports are mobile and come to the individual's home. [15]
- **Assertive Engagement** approaches client engagement from the perspective that clients are willing to make changes and that it is the responsibility of clinicians, case workers and support staff to adapt their engagement to create an environment that is conducive to change.[16]

Figure 1: Permanent Supportive Housing Program Model

- **Tenant Security** includes ensuring building safety and security, tenant rights, and key control.
- **In-Reached Health and Social Services** includes on-site intensive support services from a multi-disciplinary clinical team.
- **Harm Reduction** is an approach or strategy aimed at reducing the risks and harmful effects associated with substance use and addictive behaviours.[17]

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[14] Human Services Alberta (n.d.). "Supplemental Guide to Supportive Housing Development Funding for the Chronically Homeless." Community and Social Services. Alberta. Available: http://www.humanservices.alberta.ca/documents/capital-funding-process-supportive-housing-guide.pdf

[15] Human Services Alberta (n.d.). "Supplemental Guide to Supportive Housing Development Funding for the Chronically Homeless." Community and Social Services. Alberta. Available: http://www.humanservices.alberta.ca/documents/capital-funding-process-supportive-housing-guide.pdf

[16] Metro Vancouver (n.d.). "Case Management in Housing First." Metro Vancouver. Available: http://www.metrovancouver.org/services/regional-planning/homelessness/HomelessnessPublications/HousingFirst-CaseManagementTool.pdf

[17] Homeless Hub (n.d.). "Harm Reduction." Canadian Observatory on Homelessness. York University. Toronto, ON. Available https://www.homelesshub.ca/about-homelessness/substance-use-addiction/harm-reduction

- **Flexible and Affordable** to allow tenants to afford existing housing by providing rental subsidies or by constructing affordable units, often by blending multiple funding sources.[18]
- **Trauma-Informed Care** is an overarching structure and treatment attitude that emphasizes responding to the effects of all types of trauma with understanding and compassion.[19]

Permanent Supportive Housing & Housing First

Housing First (HF) is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness, as opposed to addressing predetermined treatment goals prior to permanent housing entry.[20] PSH models that use a HF approach have been proven to be highly effective for ending homelessness, particularly for people experiencing chronic homelessness who have higher service needs.[21] HF is premised on the following principles:[22]

- **Immediate access to permanent housing with no housing readiness requirements –** involves providing clients with assistance in finding and obtaining safe, secure and permanent housing as quickly as possible.
- **Consumer choice and self-determination –** emphasizes client choice in terms of housing and supports. Clients can exercise some choice regarding the location and type of housing they receive. Clients have choices in terms of what services they receive and when to start using services.
- **Recovery orientation –** focuses on individual well-being, and ensures that clients have access to a range of supports that enable them to nurture and maintain social, recreational, educational, occupational and vocational activities.
- **Individualized and client-driven supports –** individuals are provided with a range of treatment and support services that are voluntary, individualized, culturally appropriate, and portable. Supports may address housing stability, health and mental health needs, and life skills. Income supports and rent supplements are often an important part of providing client-driven supports.

[18] U.S. Department of Health and Human Services (April 2010). "Permanent Supportive Housing." Substance Abuse and Mental Health Services Administration. Available: https://www.homelesshub.ca/sites/default/files/attachments/k0timcfo.pdf

[19] National Coalition for the Homeless. (n.d.). "Trauma Informed Care." National Coalition for the Homeless. Washington, DC. Available: https://nationalhomeless.org/trauma-informed-care/

[20] HUD Exchange (n.d.). "Housing First in Permanent Supportive Housing." HUD Exchange. US Department of Housing and Urban Development. Available: https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf

[21] HUD Exchange, n.d.

[22] Homeless Hub (n.d.). "Housing First." Canadian Observatory on Homelessness. York University. Toronto, ON. Available from: https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first

- **Social and community integration –** helps people integrate into the community by offering socially supportive engagement and the opportunity to participate in meaningful activities.

The core features of HF in the Context of PSH models are as follows:[23]
- **Few to no programmatic prerequisites to permanent housing entry –** People experiencing homelessness are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. People are also not required to first enter a transitional housing program in order to enter permanent housing.
- **Low barrier admission policies –** Admission policies are designed to "screen in" rather than screen out applicants with the greatest barriers to housing. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.
- **Rapid and streamlined entry into housing –** Efforts are made to streamline application and approval processes and reduce wait times, to minimize anxiety and uncertainty for individuals.
- **Supportive services are voluntary—** Services can and should be used to persistently engage tenants to ensure housing stability, but they are not mandatory. Supportive services are proactively offered to help tenants achieve and maintain housing stability, however tenants are not required to participate in services as a condition of tenancy.
- **Tenants have full rights, responsibilities, and legal protections –** Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities.
- **Practices and policies to prevent lease violations and evictions –** Housing First supportive housing programs should incorporate practices and policies that prevent lease violations and evictions among tenants. Housing First models may also have policies that give tenants some flexibility and recourse in the rent payment.
- **Applicable in a variety of housing models –** The Housing First approach can be implemented in different types of permanent supportive housing settings, including: scattered-site models in private market apartments, where rental assistance is provided, and tenants have access mobile and site-based supportive services; single-site models in which permanent supportive housing buildings are newly constructed or rehabilitated and tenants have access to voluntary on-site services; and set-asides, where supportive services are offered to participants in designated units within affordable housing developments.

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[23] HUD Exchange, n.d.

Location & Site Selection

The location of a PSH site and its proximity to public transit and amenities is essential to its success. The circumstances that can impact a site selection include:[24]

- an inadequate inventory of available and appropriate sites in the community
- a very hot real estate market and competition from for-profit developers with large amounts of upfront capital
- a limited funding opportunity that doesn't provide adequate time to conduct a thorough site search
- a site becomes available that offers cost efficiency, political expediency, and/or other factors

Regardless of the challenging circumstances that can influence site search and the selection process, the primary components of site selection criteria include:[25]

- **Scale –** The scale or size of the proposed project should relate to the level of need for the housing identified, as well as to the capacity of the organization to develop and/or manage the property.
- **Housing type and construction –** For instance, a development model of scattered-site may work best in a low-density neighborhood, whereas larger projects using multi-unit buildings or commercial hotels are generally only available in urban locations. The construction approach — new construction versus rehabilitation — will also help guide the site search. Funding sources sometimes dictate this choice, which may be restricted to one approach. Construction costs are another important consideration, with rehabilitation costs generally lower than new construction (unless unusual building conditions are present or historic preservation standards are required).
- **Location –** Location is critical in identifying an appropriate site for a supportive housing development. Each of the following factors must be evaluated: public transportation, employment opportunities, neighbourhood amenities, community-based services, day care, public schools and related programs, security.
- **Acquisition or lease costs –** Many public funding programs have a maximum acquisition or lease cost (total or per unit caps) that must be considered during the site search. The allowable costs will often limit the search to those communities that have lower real estate prices.
- **Zoning considerations –** The project architect can analyze local zoning restrictions to help guide the site search. Using zoning maps, it is possible to identify areas in which to develop a proposed project "as-of-right" — that is, without a zoning variance.
- **Community acceptance –** Depending upon the assessment of community and political support in a given neighborhood, as well as the strength of relationships with local leaders and organizational capacity, this issue may be addressed once a site that

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[24] CSH (2013). "Site Selection Criteria and Search Strategies." CSH. New York, NY. Available: https://www.csh.org/wp-content/uploads/2013/09/SiteSelectionandSearchStrategies_F.pdf
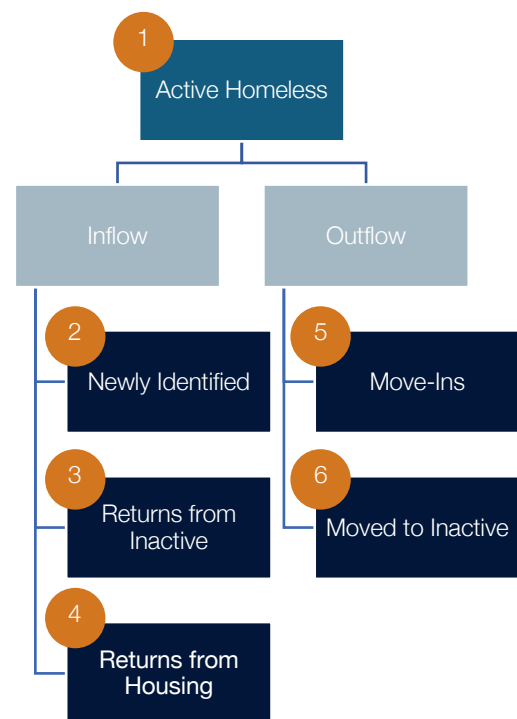
[25] CSH, 2013.

meets the project's needs and criteria has been identified. In planning for the siting of new projects, there are significant issues that can arise regarding community acceptance that should be considered when identifying potential neighborhoods/blocks for development.

Permanent Supportive Housing Needs in Guelph-Wellington

Guelph-Wellington By-Name List

A By-Name List (BNL) is a real-time list of all people experiencing homelessness in a community[26]. A BNL captures the flow of individuals entering and exiting homelessness every month. In total, there are 6 different data points on the BNL that can support triage to services, system performance evaluation, and advocacy for the policies and resources necessary to end homelessness[27].

1 Active Homeless:
All individuals who experiencing homelessness at the end of the month.

2 Newly Identified:
All individuals added to the BNL during the month who are actively homeless.

3 Returns from Inactive:
All individuals who have returned to homelessness during the month after a period of inactivity.

4 Returns from Housing:
All individuals who have returned to homelessness during the month after a period of housing.

5 Move Ins:
All individuals who were moved into housing during the month.

6 Moved to Inactive:
All individuals who became inactive during the month (according to the local inactivity policy).

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[26] By-Name Lists (2020). Built for Zero Canada. Available online: https://bfzcanada.ca/by-name-lists/

[27] By-Name Lists (2020).

The development of a BNL in Guelph-Wellington was initiated in April 2016, following a combined Point-in-Time Count and Registry Week. Over the next two years, a group of community leaders worked closely with the Built for Zero campaign (formerly 20,000 Homes) to achieve a Quality By-Name List. This process required the community to demonstrate the BNL data was complete, accurate, and reliable (less than 15% margin of error), by submitting monthly data and completing a scorecard. In April 2018, Guelph-Wellington became the fourth community in Canada to achieve a Quality By-Name List.

From April 2016 to April 2020, a total of 969 unique individuals experiencing homelessness were added to the Guelph-Wellington By-Name List. In total, 53% are single adults (25 years and older), 23% are unaccompanied youth (16 – 24 years and older), and 24% are adults and dependent children that are members of a family experiencing homelessness. On the whole, over half of the individuals scored in the high-acuity range of the VI-SPDAT, the common assessment tool used to determine risk and prioritization when adding individuals and families to the BNL. However, unaccompanied youth have a higher rate of high acuity (70%), and families have a lower rate (53%) (Figure 2).
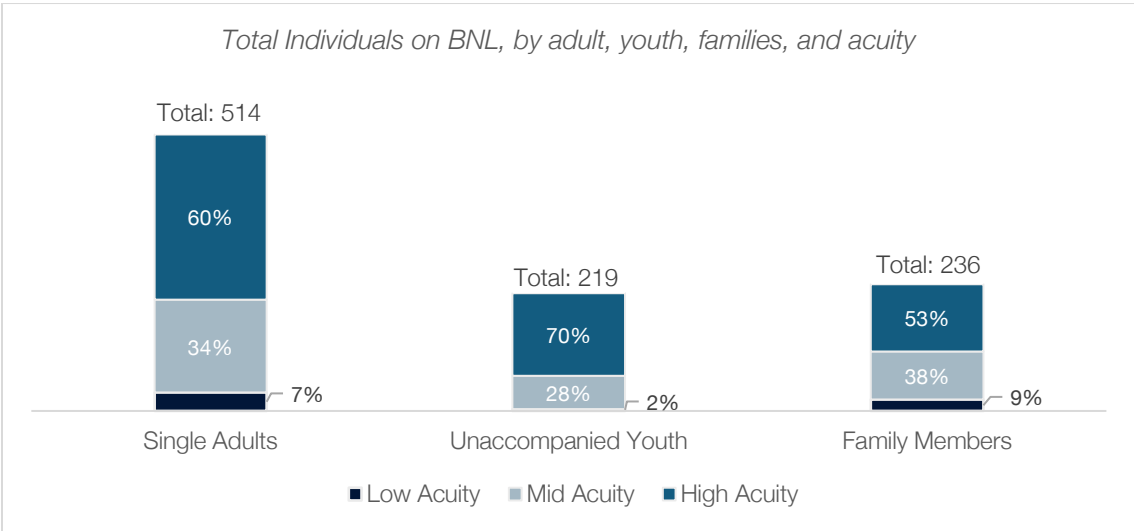

Total Individuals on BNL, by adult, youth, families, and acuity

Total: 514
60%
34%
7%

Total: 219
70%
28%
2%

Total: 236
53%
38%
9%

Single Adults   Unaccompanied Youth   Family Members

■ Low Acuity   ■ Mid Acuity   ■ High Acuity

Figure 2

The median age of individuals when they were added to the BNL is 33[28], with 50% of all individuals on the BNL between 21 – 40 years. The proportion of high acuity peaks at 75% for individuals between 16 – 20 years. In general, the rate of high acuity declines as age increases (Figure 3).

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[28] The average age is based on single adults, unaccompanied youth, and heads of households in families experiencing homelessness. It does not include children or second parents from families experiencing homelessness.
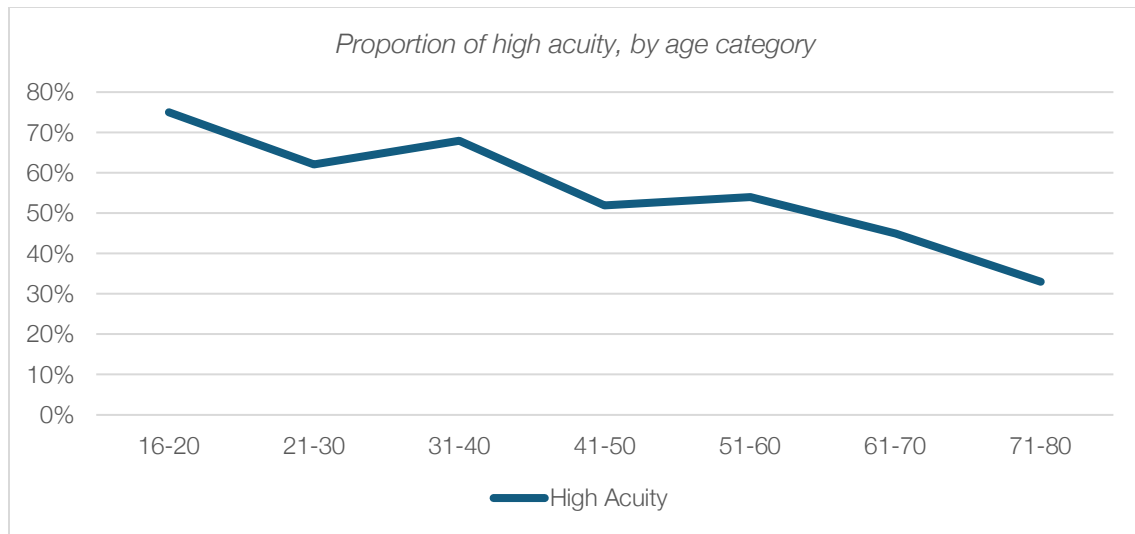
Proportion of high acuity, by age category

Figure 3

In April 2018, Guelph-Wellington conducted a biennial Point-in-Time Count causing the number of active homeless on the BNL to spike. After a period of data cleaning, the data became more consistent. For this reason, it was determined that August 2018 was the best month to establish a baseline – the point from which future reductions and improvements could be accurately measured. For these reasons, the data analysed in the remainder of this report focuses on the period of August 2018 to April 2020.

Guelph-Wellington By-Name List & High Acuity

Each of the BNL data points can provide important insights into the homeless-serving system when looked at over time, particularly when other factors, such as acuity levels, are considered, such as acuity levels. For example, while we already know that high-acuity individuals make up a significant portion of those experiencing homelessness in Guelph-Wellington, looking at the data over time by acuity, raises important questions.

Figure 4 shows active homeless data for high acuity individuals on the BNL and mid- and low-acuity individuals. As expected, the number of high-acuity individuals is much higher. The linear trendlines also demonstrate that both groups, high-acuity individuals, as well as mid- and low-acuity individuals, have experienced a decrease in the number of active homeless from August 2018 to April 2020. A closer look demonstrates that the decrease is higher for the mid- and low-acuity group (35%), compared to the high-acuity group (19%). To better understand why and whether or not the decrease is related to housing, it is important to examine the other BNL data points, particularly move-ins and returns from housing.
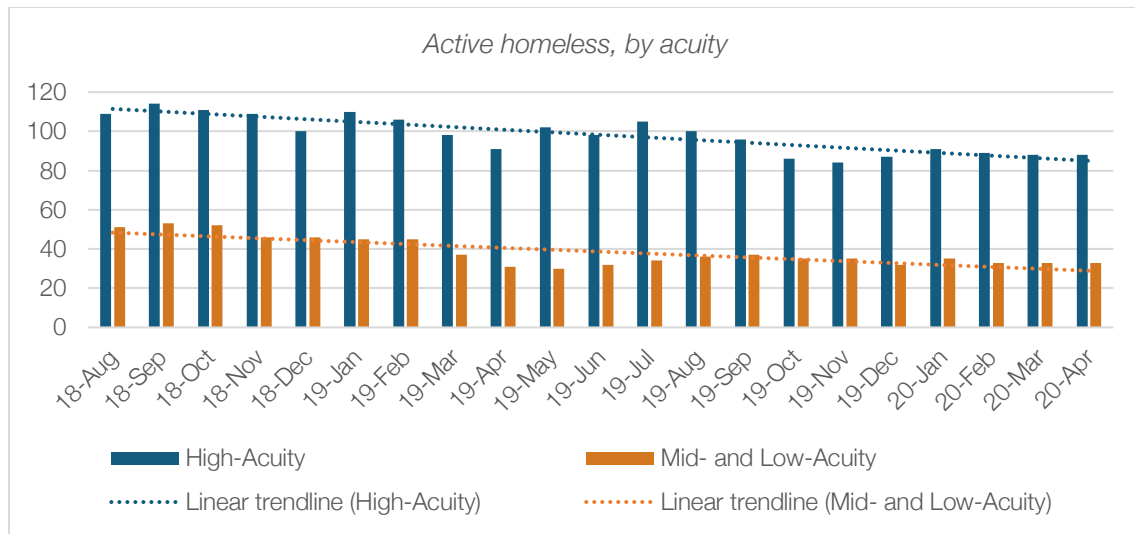
Figure 4

Monthly move-in data accounts for individuals that were actively homeless the previous month and moved into permanent housing the following month. Overall, there were 291 move-ins on the BNL from August 2018 to April 2020 (21 months) with an average move-in rate[29] of 10%.

Analysis of the monthly data demonstrates that high-acuity individuals generally account for more move-ins compared to mid-and low-acuity individuals (Figure 4). Of the total move-ins, 73% were high-acuity individuals with an average move-in rate of 10%. While the overall percent of move-ins among mid- and low-acuity individuals is smaller (27%), the average move-in rate is slightly lower at 9.8% (Figure 5).
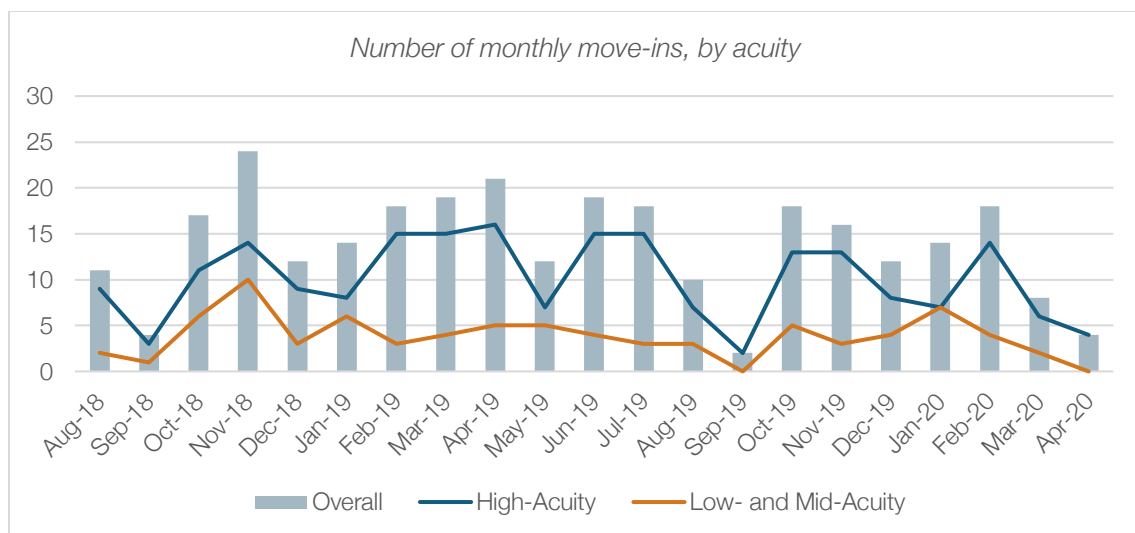

Figure 5

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[29] The move-in rate is determined by dividing the number of move-ins from the current month by the number of active homeless from the previous month. The average is based on the rate between August 2018 to April 2020.
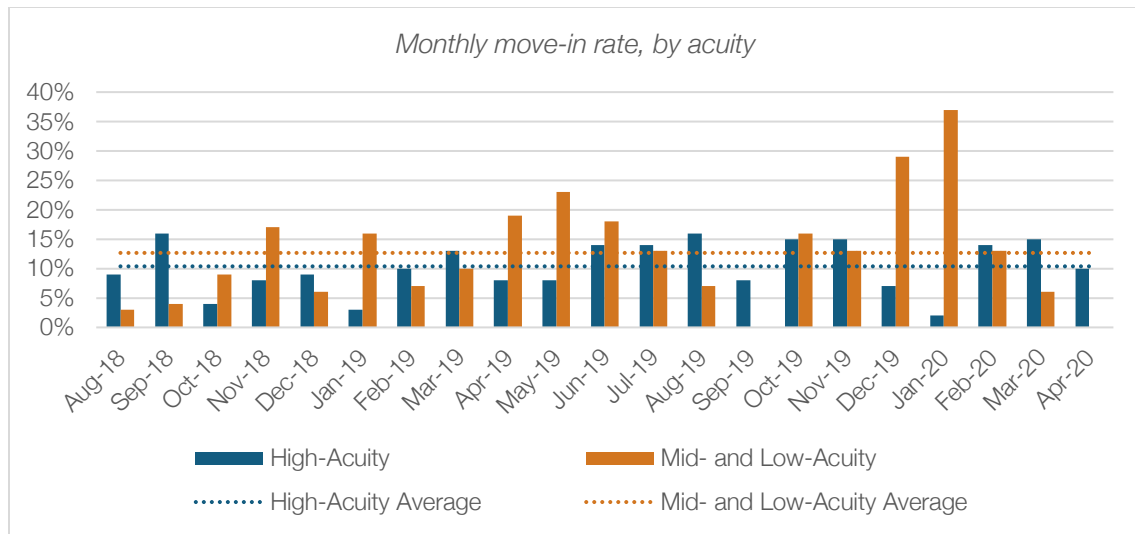
Figure 6

The other critical data point to consider is returns from housing. Overall, there were 76 returns from housing on the BNL from August 2018 to April 2020 (21 months) with an average return rate[30] of 0.9%. Of the total returns, 78% were high-acuity individuals, with an average return rate of 1.4%. The average return rate among mid- and low-acuity individuals is much lower at 0.3%.

Looking at the monthly data, it is clear that high acuity individuals consistently make up the majority of overall returns from housing, with the exception of December 2018 and August 2019 (see Figure 6). When the returns from housing rate is considered, more interesting trends appear. While the rate remains consistently low among mid- to low-acuity individuals, the rate among high-acuity individuals varies from month-to-month.
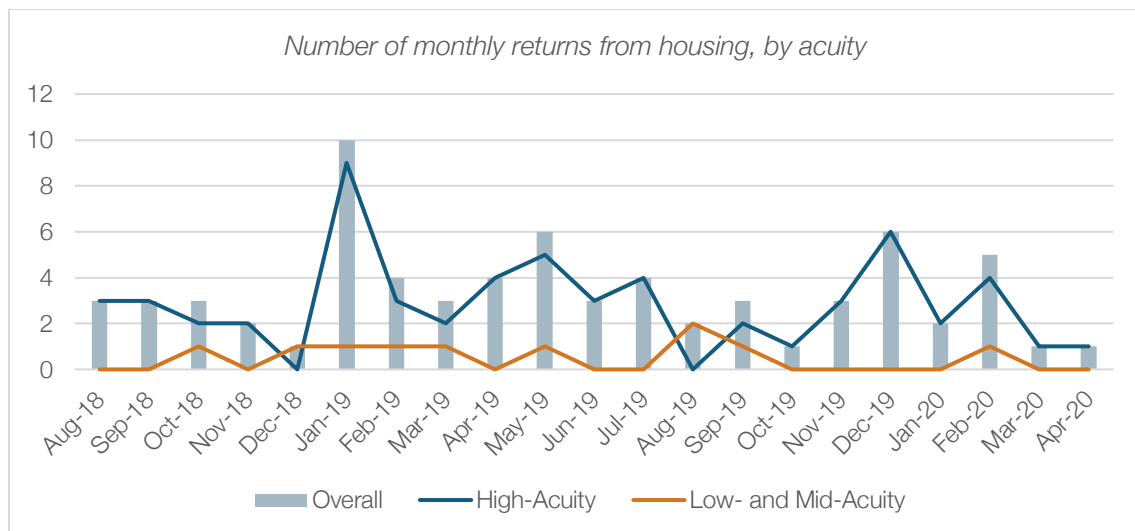

Figure 7

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[30] The return rate is determined by dividing the number of returns from housing from the current month by the number of individuals who were housed, including move-ins, from the previous month. The average is based on the rate between August 2018 and April 2020.
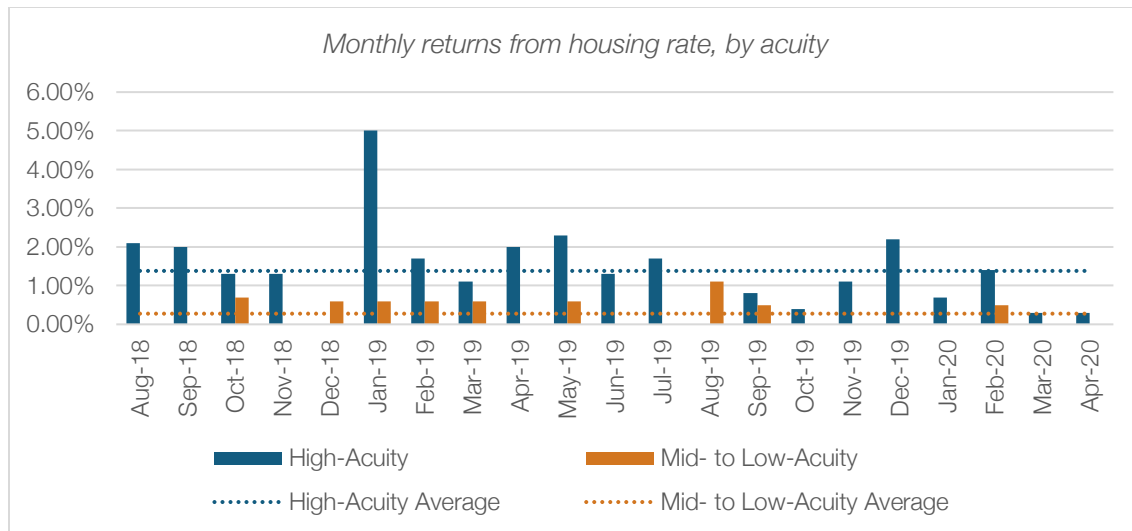
Figure 8

Individuals may return from housing back into homelessness for a variety of reasons, including evictions, family breakdown, loss of income, and more. Another potential reason may be that the housing placement, including the level and availability of supports, was not appropriate for the individual. The exact reason an individual returned from housing into homeless is not included in the BNL data. However, the number of returns to housing, as well as the length of time actively homeless on the BNL, can provide important insights.

Between August 2018 and April 2020, there were 8 high-acuity individuals that returned from housing *at least* twice. In addition, there were 26 different individuals that were actively homeless for *at least* 80% of the time. Combined, there are 34 high-acuity individuals that have experienced significant challenges in finding and maintaining housing. The average age of these individuals is 38 years and 60% are most frequently sleeping in locations unfit for human habitation (i.e. unsheltered).

Further insight regarding the significant barriers the 34 individuals experience in finding and maintaining housing indicates health related challenges are a factor. This also identifies the types of supports required to transition the individuals from homelessness to housing and to maintain their housing once moved in. Overall, 47% identified that they experience physical health issues, 62% have mental health issues, and 65% have substance use issues – all of which have been identified in the context of making it difficult for them to find and/or maintain housing. Compared to the overall high acuity population, the rates among the 34 individuals are higher, particularly for those misusing substances.
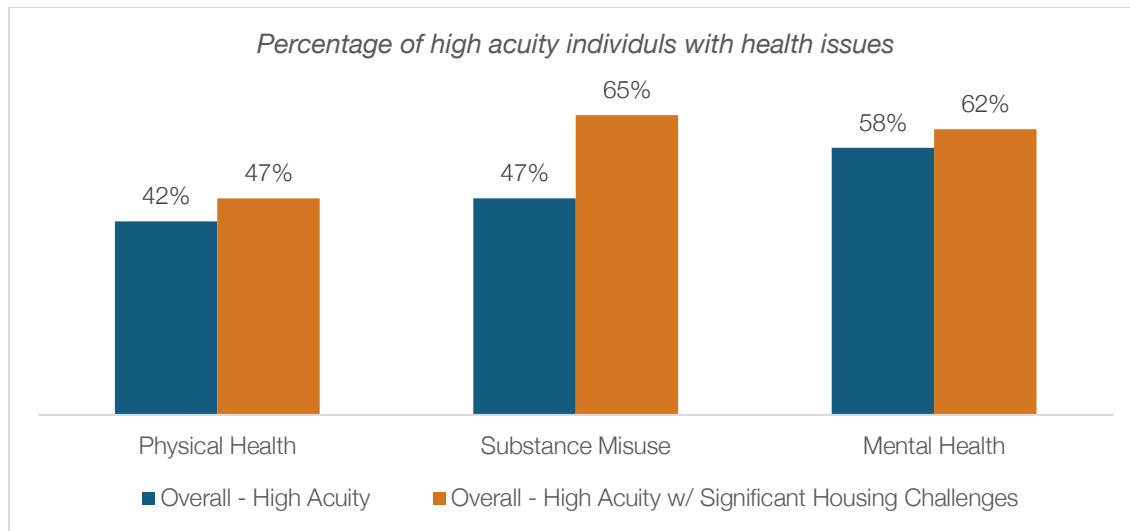
Percentage of high acuity individuls with health issues

Figure 9

Key Findings & Recommendations

The analysis of BNL data demonstrates three critical points about homelessness in Guelph-Wellington:

- The number of individuals experiencing homelessness is **higher** among high-acuity individuals, compared to mid- and low-acuity individuals;
- The move-in rate among high acuity individuals is slightly higher than the move-in rate for mid- to low-acuity individuals; and
- The rate of returns from housing is **higher** among high-acuity individuals, compared to mid-and low-acuity individuals; and

All of this suggests that to end homelessness in Guelph-Wellington, efforts must include reducing the number of high-acuity individuals experiencing homelessness, by maintaining or increasing the move-in rate and reducing the number of returns from housing. Both of these approaches require the appropriate type of housing and supports to be available as part of the homeless-serving system.

Permanent Supportive Housing (PSH) and Assertive Community Treatment (ACT) are two program components of a homeless-serving system that provide long-term housing and supports to very high acuity homeless individuals who are experiencing complex mental health, addiction, and physical health barriers[31]. This type of housing and intensive supports would be most appropriate for the 34 high-acuity individuals identified as having significant challenges with housing in the analysis of the Guelph-Wellington BNL. Since more than half of these 34 individuals are sleeping rough, it is also important to consider housing focused outreach. Other high acuity individuals should also have the

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[31] Turner, A. (2015). "Performance Management in a Housing First Context: A Guide for Community Entities." Toronto. The Homeless Hub Press. Available online: https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/29371/CEGuide-final.pdf?sequence=1&isAllowed=y

option of PSH but may not require ACT. Rather, Intensive Case Management (ICM) may be a sufficient level of support. These recommendations are informed by research on the housing-services spectrum for persons homeless or at-risk, conducted by the University of Winnipeg (see Figure 9). Each of the relevant components are defined below[32].
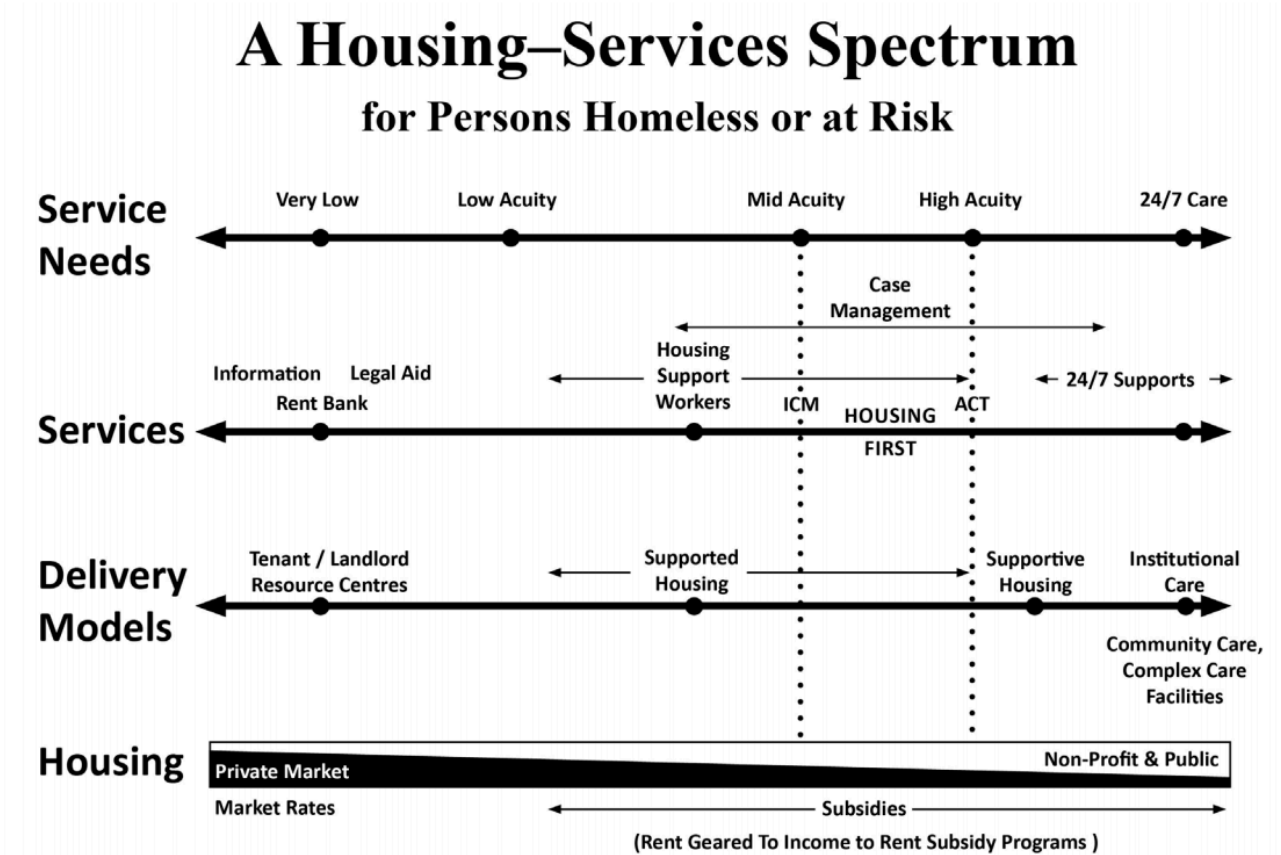

Figure 9: Housing-services spectrum

- **Permanent Supportive Housing** provides long-term housing and support to individuals who are homeless and experiencing complex mental health, addiction, and physical health barriers. The important feature of the program is its appropriate level of service for chronically homeless clients who may need support for an indeterminate length of time while striving to move the client to increasing independence. While support services are offered and made readily available, participation in the programs is not required to remain housed.
- **Assertive Community Treatment (ACT)** programs provide longer-term case management and housing support to very high acuity homeless clients facing addictions and mental health. Programs are able to assist clients in scattered-site housing (market and non-market) through direct services. ACT programs ultimately aim to move clients toward increasing self-sufficiency. Program participation and housing are not linked so that loss of one does not lead to loss of the other.

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[32] Turner, A. (2015).

- **Intensive Case Management (ICM)** programs provide longer-term case management and housing support to moderate acuity homeless clients facing addictions and mental health. Programs are able to assist clients in scattered-site housing (market and nonmarket) through referrals to wrap-around services. ICM programs ultimately aim to move clients toward increasing self-sufficiency. Program participation and housing are not linked so that the loss of one does not lead to loss of the other.
- **Outreach** provides basic services and referrals to people who are sleeping rough and require more concentrated engagement into housing. Outreach aims to move those who are living outside into permanent housing by facilitating referrals into appropriate programs.

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