HIGHLIGHTS

Seeking Supportive Housing:

Characteristics, Needs and Outcomes of Applicants to The Access Point

Toronto Mental Health and Addictions Access Point
Waiting List Analysis, March 2018

Canadian Mental Health Association Toronto

Wellesley Institute advancing urban health

The Access Point

Frank Sirotich, Anna Durbin, Greg Suttor, Seong-gee Um and Lin Fang
Prepared for The Access Point, Toronto

KEY MESSAGES

This study used data from the administrative database of The Access Point, the coordinated access system for supportive housing in Toronto, to examine the characteristics of applicants, their support needs and housing preferences, and the patterns of wait times and outcomes of applying.

Highlights of the Research Findings

- Demand for supportive housing far outstrips supply. In a recent two-year period, over 4,000 new people applied while less than 600 were placed in supportive housing.
- Most applicants have long wait times. Nearly 60 percent (4,431) of applicants on the waitlist had been waiting for housing for two or more years and those waiting longest (top 10% on the waitlist) had been waiting 4.5 years or longer.
- Support needs vary, e.g. looking after the home, meal preparation, managing medications, avoiding crises, and addressing drug or alcohol use. The vast majority of applicants needed support in more than one of these areas.
- Applicants have high levels of housing need as well as great need for supports. More than half of them (52%) self-identified as homeless or in temporary housing when they applied.
- A large majority of applicants stated a preference for self-contained supportive housing units. Only six percent specifically requested shared accommodation.
- Applicants were diverse in their living situation, health and clinical issues:
    - Homeless applicants included 11 percent (of total applicants) residing in shelters, 7 percent in hospital, 3 percent in jail, and 16 percent with no fixed address.
    - One-third of applicants had mood disorders and another third had psychotic disorders, with anxiety and various other diagnoses among the rest.
    - Over one-third of all applicants reported problematic substance use.
    - One-quarter of applicants reported current or recent criminal justice system involvement.
    - One in every eight applicants reported high hospital inpatient use for mental health reasons (50 or more inpatient days in the two years before they applied).

- Support needs varied across the above applicant characteristics. However, two broad groupings were evident: people with psychosis diagnoses, higher hospital inpatient use, and functional support needs; and people with problematic substance use, criminal justice involvement, and needs related to managing crises.
- One-fifth of people who were placed in a supportive housing unit were selected by the housing provider rather than drawn from the wait list. These "partnership applicants" were less likely to report being homeless and reported fewer support needs on average.
- There is wide variation in how long people wait for supportive housing. This may be the result of direct access for some applicants through partnership arrangements; boarding homes which have higher turnover and therefore faster access; and the inherent complexity of matching people with specific needs and preferences to particular housing and supports.
- Applicants' wait times from application to placement in housing did not vary substantially based on mental health diagnosis, homelessness, inpatient hospital use or partnership status. But people with problematic substance use, criminal justice involvement, or more support needs tended to wait longer.
- Applicants are not always placed in the support intensity they request when they apply. This is attributable both to the more numerous openings in boarding homes that provide daily support, and to the absence of clear system-wide definitions of support intensity.
- Diverse needs and limited openings make it challenging to match applicants to suitable housing. Half of applicants offered supportive housing refused the first offer made.
- Applicants declined by housing providers because their support needs were too high were more likely to report problematic substance use, criminal justice involvement and homelessness.

Implications of the Research

- Long wait times and a growing waitlist confirm a great need to expand the supportive housing system, and also to create more openings by providing rent-subsidized options for supportive housing tenants to move on to.
- A range (or continuum) of support intensity and housing options is needed, reflecting the diverse needs and preferences of supportive housing applicants. Support approaches should be evidence-informed to meet the needs of distinct applicant groups.
- Given applicants' stated preferences for self-contained housing, system expansion should favour self-contained units. Some shared/congregate properties should be converted to short-term housing, to different support intensity, or to independent dwelling units.

- The large presence of homeless applicants points to a need for better coordination of the mental health supportive housing system with the municipally-led systems of homelessness services and housing.
- The supportive housing system needs clear definitions of support intensity (occasional, daily, 24-hour) and related program standards, to facilitate suitable placements and ensure best use of resources.
- Support services should shift toward models that can flex up and down, to meet changing individual needs, and to reduce the likelihood of bottlenecks and mismatched supports.
- Providers need enhanced capacity to house and support applicants with problematic substance use and criminal justice involvement. More housing targeted to these populations may also be needed.
- Applicants' diversity in support needs, safety risks, housing or homeless situations, and degree of urgency necessitates prioritizing applicants on more than one dimension, with some triaging in terms of greater or lesser urgency or alternative service responses.
- Partnership placements (e.g. where a provider houses an applicant directly under an arrangement with a support provider, rather than from the waitlist) should be reviewed to ensure they give suitable priority to people with higher or more urgent needs.