



## STAFF REPORT ACTION REQUIRED

### **Mental Health Commission of Canada Research Demonstration Project: Request for Authority to Implement Toronto Site Project and Provide National Streets to Homes Training**

<b>Date:</b>	April 9, 2009
<b>To:</b>	Community Development and Recreation Committee
<b>From:</b>	General Manager, Shelter, Support and Housing Administration
<b>Wards:</b>	All
<b>Reference Number:</b>	

#### **SUMMARY**

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Shelter, Support and Housing Administration (SSHA), in partnership with the Centre for Research on Inner City Health at St. Michael's Hospital (CRICH), has been selected to undertake a four-year, approximately \$22,500,000 research demonstration project, under a national program of the Mental Health Commission of Canada (MHCC), to examine and document the benefits of certain service models on the health and well being of mentally ill homeless individuals (approximately \$9.4M will be directed to the providers of support services, about \$4M will be directed to CRICH for the research component, and the remaining \$9.1M allocated to SSHA). This report requests certain authorities be granted to permit SSHA to proceed with implementation of the demonstration project.

In addition, the Streets to Homes Unit of SSHA has been requested to support the MHCC as a National Trainer on the Streets to Homes Intensive Case Management (ICM) model for all demonstration project sites across Canada. This report requests certain authorities be granted to permit staff to take on the national trainer role, including entering into an agreement for funding anticipated to be in the range of \$400,000 over four years.

## **RECOMMENDATIONS**

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The General Manager, Shelter, Support and Housing Administration, recommends that:

1. the General Manager, Shelter, Support and Housing Administration, in consultation with the City Solicitor, be authorized to enter into a four-year, \$0 net contribution agreement with the Mental Health Commission of Canada to receive funding for certain activities as Service Coordinator of the Toronto Research Demonstration Project in Mental Health and Homelessness;
2. once the contribution agreement is in place, the General Manager, Shelter, Support and Housing Administration, be authorized to enter into agreements with other City divisions, community agencies, private expert individuals and any other agreements which may be required to administer and deliver services in accordance with the terms and conditions of the \$0 net contribution agreement;
3. once the contribution agreement is in place, the General Manager, Shelter, Support and Housing Administration, report to Budget Committee on the final budget allocations (\$0 net) for the Toronto Research Demonstration Project in Mental Health and Homelessness;
4. the General Manager, Shelter, Support and Housing Administration, in consultation with the City Solicitor, be authorized to enter into such agreements with the Mental Health Commission of Canada as may be required to fulfill its role as National Trainer on the Streets to Homes Intensive Case Management model for all demonstration project sites across Canada; and
5. the General Manager, Shelter, Support and Housing Administration, report back to the Community Development and Recreation Committee on the findings of the Toronto Research Demonstration Project in Mental Health and Homelessness in 2013, or as soon as they become available; an interim report for information to be provided in 2011.

### **Implementation Points**

The above recommendations will facilitate start-up of the Toronto Research Demonstration Project in Mental Health and Homelessness. In order to ensure that the maximum number of homeless mentally ill clients are provided with the benefits available under the terms of the proposed project it is important that the MHCC proposed start-up date of May 1, 2009 be achieved.

### **Financial Impact**

Final negotiations with the MHCC are currently underway. The amounts and proposed arrangements set out below are subject to final approvals from the MHCC.

Entering into contribution agreements with the MHCC for administering certain funds as Service Coordinator and as National Trainer on the Streets to Homes Intensive Case Management model for the Toronto Research Demonstration Project on Mental Health and Homelessness will have a \$0 net impact on the 2009 approved operating budget and on subsequent budgets during the four-year term of the project.

Federal funding from MHCC of approximately \$1.2 million will be added to the 2009 Approved Operating Budget, and will be allocated entirely to activities to be administered by SSHA as Service Coordinator for the Toronto Research Demonstration Project on Mental Health and Homelessness.<sup>1</sup> Funding for 2010-13 programming, estimated at \$8.1 million as outlined in Appendix A, will be included in future-year operating budgets.

The separate agreement with the MHCC for the Streets to Homes role as National Trainer will be in the nature of a reimbursement for services rendered arrangement. The amounts involved are still under negotiation with the MHCC, however, it is projected that approximately \$100,000 will be added to the 2009 Approved Operating Budget, and will be allocated entirely to activities to be administered by SSHA as National Trainer. Funding for 2010-13 activities are estimated at \$300,000 as outlined in Appendix A, and will be included in future-year operating budgets.

When the allocation amounts and other details are known and all agreements are in place, the General Manager, SSHA will report to Budget Committee on the final budget allocations (\$0 net), the MHCC payment schedule and other relevant issues as required.

The Deputy City Manager and Chief Financial Officer has reviewed this report and agrees with the financial impact information.

## **DECISION HISTORY**

In November 2008 the MHCC issued a Request for Applications for research demonstration projects on mental health and homelessness in five cities across Canada, of which Toronto was one. The MHCC indicated that funding would be awarded in each city to a consortium of researchers, service providers, governments, and persons with lived experience of mental illness and homelessness. The other four cities are Moncton, Montreal, Vancouver and Winnipeg.

For the purpose of submitting a joint proposal to MHCC, SSHA built on an existing relationship with the Centre for Research on Inner City Health at St. Michael's Hospital (CRICH). An extensive process of community collaboration was undertaken with persons with lived experience, service providers and officials from municipal and provincial agencies during the proposal development stage.

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<sup>1</sup> See Appendix A for details on proposed allocation of these federal monies

The joint SSHA/CRICH proposal<sup>2</sup> was submitted to the MHCC on January 30 and has been extensively and favourably reviewed by a panel of MHCC researchers. Meetings have been held with MHCC officials to negotiate aspects of the proposal, including the project budget. An amended proposal and budget was submitted on March 26, 2009, and formal approval was received on April 6, 2009.

In response to a request by MHCC, the SSHA/CRICH consortium issued a Request for Proposals for the local service providers for each of the three service approaches mandated by the MHCC research model. Proposals have been received and reviewed and the successful proponents selected, subject to final approval of the project by MHCC.

The MHCC has indicated that funding for the project will be disbursed through separate agreements as follows:

- to the research coordinator (CRICH);
- to each of the three service providers;
- to the service coordinator (SSHA, for the provision of housing-related services, the organization of engagement by persons with lived experience); and
- to the national trainer (SSHA, for the provision of training on the Streets to Homes service model).

The total cost to MHCC of the Toronto Research Demonstration Project in Mental Health and Homelessness will be in the range of \$22.5M. Of that amount, approximately \$9.4M will be directed to the providers of support services and about \$4M is designated for the research component, with the remaining \$9.1M allocated to SSHA.

Of the amount to be received by SSHA for the demonstration project, about \$8.4M (90%) will go directly to housing for project participants, including rent supplements, related housing costs and administration.

Approximately \$766,000 is included in the SSHA portion of the demonstration project budget to support engagement of persons with lived experience of homelessness and mental illness in many aspects of the project over the four years. This engagement is a high priority for the MHCC.

In addition, SSHA staff has been requested by MHCC to provide training on the Streets to Homes Intensive Case Management model to all service providers supporting demonstration projects in the five cities. Costs of providing this training will be covered under a separate financial arrangement with the MHCC, and are expected to be in the range of \$400,000.

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<sup>2</sup> See Appendix B for Proposal Summary

This report is necessary because Council authorization is required in order for funds allocated by the MHCC to SSHA over the course of the project to be received and disbursed in accordance with the project requirements. Funds allocated to SSHA are to be used primarily for rent supplements, for activities related to engagement of persons with lived experience in project implementation, and for the national training activities undertaken by Streets to Homes.

## **ISSUE BACKGROUND**

### **Mental Health Commission of Canada Research Demonstration Projects**

In May 2006 the Standing Senate Committee on Social Affairs, Science and Technology issued its landmark final report entitled *Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada*.<sup>3</sup> The Report proposed, among many other recommendations, the establishment of a mental health commission to provide an ongoing national focus for mental health issues.

The Government of Canada announced funding for the MHCC in its March 2007 budget. The MHCC was established in that same month, with Senator Michael Kirby as its first Chair. A key element of the mandate of the MHCC is to act as a source of objective, evidence-based information on all aspects of mental health and mental illness, including the relationship between mental illness and homelessness.

In February 2008 the federal government allocated \$110 million to the MHCC to find ways to help homeless people who have a mental illness.

The MHCC subsequently announced it would establish research demonstration projects in five cities across Canada, each of which would use a Housing First approach in providing access to housing with supports to homeless and mentally ill individuals, with either high needs or moderate needs. Each site would also have the option of a third program focusing on a distinct group of homeless people who are living with mental illness. Toronto was selected as a site to test a third service component focused on ethno-culturally diverse groups.

The projects will extend over four years and provide policy-relevant evidence about which service interventions work best to achieve housing stability and improvement in health and well-being for these individuals. Specifically, the projects will examine the effectiveness of providing housing through a Housing First approach augmented by housing allowances, with support being provided to clients either through an Assertive Community Treatment (ACT) team or an Intensive Case Management (ICM) team. The results from these two support models will then be compared with results from the

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<sup>3</sup> Available at <http://www.mentalhealthcommission.ca/English/Pages/Background.aspx>

provision of ‘usual care’ in the community to a ‘control group’ of homeless people living with mental illness.

## COMMENTS

### Mental Illness and Homelessness in Toronto

The MHCC describes the issue of mental illness and homelessness in this way:

*The prevalence of mental health problems and addictions among homeless people is significantly higher than the general population. Mental health problems among people who are homeless include severe and persistent mental illnesses such as schizophrenia and affective disorders. As well, concurrent disorders are common in the population, particularly among single men. Research has shown that although people with severe and persistent mental illness form a minority among the homeless population, they are more likely to experience repeated episodes and longer periods of homelessness as well as require more health and social services than others experiencing homelessness.<sup>4</sup>*

Since 2005, the City of Toronto’s Streets to Homes program has successfully housed and supported more than 2,400 street homeless individuals, many of whom suffer from mental illness, often in conjunction with substance abuse or physical health problems. The MHCC has recognized the effectiveness of the Streets to Homes approach by selecting it as one of the two treatment models, major components of which are to be investigated in the research demonstration project.

The other treatment model to be tested is the Assertive Community Treatment (ACT) model as embodied by the Pathways to Housing program. This model originated in New York City and is currently being implemented in Calgary and numerous US cities. It provides supports for homeless people with severe mental illness to help them find and keep housing. In addition, it provides rent supplements to its tenants.

The Toronto Research Demonstration Project in Mental Health and Homelessness will have three components:

- 100 clients with high needs to be served by an Assertive Community Treatment (ACT) team;
- 100 clients with moderate needs to be served by an Intensive Case Management (ICM) team, and
- 100 moderate-needs clients from ethno-cultural communities to be served by an ethno-specific ICM team.

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<sup>4</sup> Request for Applications MHCC Research Demonstration Projects in Mental Health and Homelessness, Mental Health Commission of Canada, November 2008, p. 2

Services will be provided by three agencies through direct contracts currently being negotiated with MHCC:

- Assertive Community Treatment (ACT) team: COTA Health
- Intensive Case Management team (ICM): Toronto North Support Services in partnership with Community Resource Connections of Toronto
- Ethno-specific ICM team: Across Boundaries: An Ethnoracial Mental Health Centre, in partnership with the Canadian Mental Health Association, Parkdale Community Health Centre and the Community Legal Aid Services Program of Osgoode Hall Law School/York University.

The Research Lead, CRICH, will compare each of these client groups with a similar group of clients receiving the usual supports that are available in Toronto. Participants for the study will be drawn from the street, shelters, hospitals and correctional settings. MHCC is currently negotiating a contract with CRICH for all research aspects of the demonstration project.

An important element of the project is the provision of housing allowances of up to \$600 per month to each of the study participants. This allowance will be administered in such a way as to ensure that clients can also access the maximum shelter benefit available under income support programs, like Ontario Works or the Ontario Disability Support Programs. MHCC will provide funds for the housing allowances and other related costs to SSHA, and an arrangement is being structured between SSHA and TCHC/Housing Connections to administer the rent allowances and manage the housing arrangements.

The availability of additional resources for services and housing allowances means that potentially up to 300 homeless and mentally ill individuals with considerable needs will be able to access housing, along with effective support services, for a significant part of four years. In addition to the research benefits that will help shape future policy and program delivery in this area, the additional housing and client support resources flowing immediately into the system will be a major boost to Streets to Homes, Hostel Services and other community non-profit programs that serve homeless and mentally ill clients. The project will work with other orders of government and community agencies in both the health and social service sectors to find ways to continue the level of services and supports available through the project beyond the four-year term of the project.

In proceeding with the demonstration projects, MHCC requested in-kind contributions from all participants. SSHA, CRICH and the contracted service providers will provide in-kind contributions, valued approximately at \$4.7M for all partners for the four-year term of the demonstration project. Several City staff members have been active in the development of the proposal, collaborative outreach to community groups and will continue through the life of the project to provide ongoing leadership and support as members of the local Site Operations Team, the MHCC National Working Group and facilitators of various local working groups. The in-kind contribution from SSHA is valued at approximately \$290,000 out of the \$4.7 M. No additional City of Toronto staff will be hired to implement the demonstration project.

SSHA will also make a major contribution to the project as National Trainer through the Streets to Homes program which will be contracted to provide training to all Intensive Case Management teams created in each of the five cities participating across the country. Direct costs, including staff time, related to the training function will be fully funded by MHCC through an agreement separate from the demonstration project agreement.

Because the MHCC specified that participation by people with lived experience must be incorporated into both the design and implementation stages, SSHA issued an REOI for a consultant to recommend the most effective ways to engage such individuals, such as through an advisory 'caucus' or to undertake qualitative research activities. The consultant has been hired through funding from the federal Homelessness Partnership Initiatives, and focus groups are currently underway. Funds have been set aside in the MHCC budget allocation for SSHA to support activities identified through the consultant work to enhance participation by people with lived experience in the demonstration project.

## **CONTACTS**

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## **SIGNATURE**

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Phil Brown  
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Shelter, Support and Housing Administration

## **ATTACHMENTS**

- Appendix A: Toronto Research and Demonstration Project in Mental Health and Homelessness – Allocation of MHCC Funds to be Received by SSHA
- Appendix B: Research Demonstration Project in Mental Health and Homelessness – Toronto Site Proposal – Executive Summary



## APPENDIX A

### Toronto Research and Demonstration Project in Mental Health and Homelessness Allocation of MHCC Funds to be Received by SSHA\*

Description	2009-10	2010-11	2011-12	2012-13	Total
Housing Allowances including admin costs	\$930,668	\$2,241,627	\$2,572,675	\$2,630,486	\$8,375,456
Costs to support people with lived experience	\$186,600	\$189,762	\$193,017	\$196,372	\$765,751
Funding for training to be delivered by Streets to Homes Program	\$100,000	\$100,000	\$100,000	\$100,000	\$400,000
<b>Total:</b>	<b>\$1,217,268</b>	<b>\$2,531,389</b>	<b>\$2,865,692</b>	<b>\$2,926,858</b>	<b>\$9,541,207</b>

\* *Amounts are estimates. Amounts will be finalized through the process of completing agreements with MHCC:*

- *Agreement for Demonstration Project estimated at: \$9,141,207*
- *Agreement for National Training Role estimated at: \$400,000*

## **APPENDIX B**

### **Research Demonstration Project in Mental Health and Homelessness Toronto Site Proposal Executive Summary**

#### **Overview**

The Toronto Research Demonstration Project in Mental Health and Homelessness is a project sponsored by the Mental Health Commission of Canada (MHCC). The project, which will take place over the next 4 years in 5 cities across Canada, is a randomized controlled trial of an intervention believed to be highly effective for individuals who are homeless and mentally ill. The project will provide policy-relevant evidence about what service and system interventions work best to achieve housing stability and improved health and well-being for these individuals. Specifically, the demonstration project will examine the effectiveness of a Housing First model with rent allowances, in conjunction with support services in the form of Assertive Community Treatment or Intensive Case Management. This intervention will be compared to usual care in the community.

In Toronto, the demonstration project will be led by a collaborative team of researchers, governments, providers, and persons with lived experience of mental illness and/or homelessness. Two lead co-applicants have coordinated the development of a proposal, and will oversee the implementation of the project. The service coordination lead is the Shelter, Support and Housing Administration Division of the City of Toronto. The research coordination lead is the Centre for Research on Inner City Health at St. Michael's Hospital. The research team comprises 7 scientists from the Centre for Research on Inner City Health and 2 scientists from the Centre for Addiction and Mental Health.

#### **Background Information**

The Street Needs Assessment conducted in Toronto in 2006 indicated that there were more than 5,000 homeless people in Toronto on any given night, with about 72% living in shelters, 16% on the street, 5% in health care or treatment facilities, and 3% in correctional facilities. Approximately 30,000 different individuals use shelters in Toronto over the course of one year. Homeless people in Toronto have complex mental health needs; about one-third of homeless individuals have a serious mental illness such as schizophrenia, major depressive disorder, or bipolar affective disorder. Within the current system, a large proportion of these individuals do not receive the proper level of care for their mental health problems. Of note, about half of Toronto's residents are immigrants, and these individuals may be particularly vulnerable to homelessness due to poverty, social isolation, and family stressors.

#### **Study Design**

The target population for this demonstration project is those who are homeless or unstably housed, have symptoms of mental illness, and are not currently receiving the level of care that they need. Recruitment into the study will take place primarily through referrals from Toronto's extensive network of organizations that serve people experiencing homelessness. This network includes shelters, drop-in centres, street outreach programs, community mental health agencies, health care facilities, organizations working with individuals post-incarceration, organizations

working with ethno-racial groups, housing help offices, and social benefit offices. Efforts will be made to have number of participants recruited from shelters, streets, health care or treatment facilities and correctional facilities roughly proportional to the findings of Toronto's 2006 Street Needs Assessment, or the 2009 Assessment subject to data availability. Sampling may vary because individuals from ethno-racial groups will be over-sampled, and to include participants who are "precariously housed".

Once referred to the study, potential study participants will be assessed by a research coordinator to establish their eligibility for the study and to classify them as high need or moderate need. A total of 560 participants will be recruited; 300 will be randomized to receive the intervention, and 260 will be randomized to receive usual care in the community.

The experimental intervention includes the development and implementation of three new services: a recovery-based Assertive Community Treatment (ACT) team (for those with high needs); an Intensive Case Management (ICM) team, informed by the Streets to Homes approach (for those with moderate needs); and an ethno-specific ICM team (E-ICM; for those with moderate needs).

The E-ICM model represents a third arm of the proposed Toronto Demonstration Project, and represents a unique opportunity to improve our knowledge about homelessness in ethno-racial groups in Canada and compare their needs to non-immigrant homeless populations. It is also an opportunity to assess the impact of different forms of service improvement and models of care. Approximately 40% of the participants in the demonstration project in Toronto will come from immigrant and ethno-racial groups, in keeping with Toronto's multiethnic/multicultural composition. The service model will be grounded in ICM and informed by the Streets to Homes approach, and will include additional elements to address the specific needs of ethno-racial participants. Details of these elements will be determined collaboratively with service organizations working in this field.

Each of the three teams will serve 100 clients. The project will also provide a rent allowance of \$600 per month for all 300 clients randomized to the intervention group. Rent allowances will be used to facilitate the housing of participants in scattered-site private-market units. In contrast, usual care in the community denotes access to all of the existing services and programs in Toronto, other than those funded by the MHCC demonstration project.

All participants will undergo an in-depth interview at the time of recruitment. They will be followed over a 2-year period, with brief interviews every month to maintain contact and in-depth interviews at 6, 12, 18, and 24 months after their recruitment into the study. At each interview, information will be collected in a number of domains, including housing status, health status, functioning, quality of life, justice system use, and health care system use. We intend to link to external databases to obtain additional information on health care use, disability benefits and diagnoses, and shelter use. The cost-effectiveness of the intervention will be determined. Personal stories of clients, including experiences with treatment and other stories of functioning, will be obtained for 20 individuals in the treatment group and 20 individuals in the usual care group. Data analyses will consider the following questions: Does the intervention work? How does the intervention work? For whom does the intervention work?

## **Ethics and Privacy**

This demonstration project will undergo ethical review by the St. Michael's Hospital Research Ethics Board. Data will be collected in compliance with all relevant privacy legislation, using the highest standards in current technology for protection of security and handled and stored according to Research Ethics Board requirements.

## **Site Operations Team**

A Toronto Site Operations Team will meet weekly and will be responsible for the implementation and day-to-day operations of the project. The Site Operations Team will include project leads from CRICH, Toronto Shelter, Support and Housing Administration Division, ACT and ICM service providers, at least one PWLE member (persons with lived experience of homelessness and mental illness) and the MHCC Toronto Site Coordinator.

## **Advisory Committee**

The MHCC Toronto Site Coordinator will work to establish a local Advisory Committee that includes representation of persons with lived experience, government agencies, funders, policy makers and service providers.

## **Participatory Community Involvement**

The project proposal has been developed collaboratively with the Toronto community. Broad and meaningful community participation has been sought to shape the content of this proposal, and we have aimed to conduct our work in line with core principles of equitable decision-making, particularly transparency and defensibility. The co-leads, SSHA and CRICH, have consulted with Toronto service providers and people with lived experience regarding planning for program development, preparation of the full proposal, and coordination of stakeholder engagement.

This demonstration project must ensure that the knowledge of Persons With Lived Experience (PWLE) directly informs (a) appropriate and ethical implementation of services; (b) appropriate and ethical research practices; (c) approaches for ensuring that persons with lived experience are equitably represented in the oversight and governance of this project; (d) development of local research questions and local methods for gathering and interpreting data; (e) approaches for informing local and national stakeholder communities (including consumers, policy-makers, and the media) about the project; (f) approaches for disseminating the policy implications of the study and information about homelessness and mental health; (g) approaches for sustaining the interventions after the research project is over. Since the beginning of this proposal development process, PWLE have participated in planning meetings concerning governance, research approaches, and strategic implementation. These meetings generated recommendations about appropriate implementation and ownership of this research initiative. Exploratory discussions have occurred regarding best strategies to support the participation of persons with lived experience in the project, and research to develop these ideas further (including focus group meetings) is currently underway. Structures and guiding principles will be established to ensure that PWLE are able to contribute to and communicate with the project. In addition, capacity-building mechanisms for PWLE will position them to succeed as partners on this project.

## **Sustainability Planning**

An important finding from the recent Evaluation and Program Planning literature is the importance of planning early for sustainability. The gains expected from this project include: housing stability and better health for vulnerable Canadians; better knowledge of “what works and why: in Canada; and new cross-sectoral relationships to link mental health and housing more effectively. These gains must not be lost when the demonstration project concludes after 4 years. A particular concern is the potential for evictions of participants at the end of this demonstration project in the event that alternative funding is not found. Therefore, this project will engage senior levels of the Ontario Public Service, as well as influential community-based service program directors and policy champions to provide guidance on system integration and sustainability from the outset of the project.

## **Integrated Knowledge Translation (KT)**

An integrated KT approach oriented toward sustainability planning will be developed. This approach will be characterized by meaningful linkage and exchange with relevant policy-makers, program managers, and consumers of services, and other stakeholders at all stages of the research process. A variety of knowledge dissemination tools will be used, including:

- A publicly-accessible web-based networking site [www.torontomhccproject.ning.com](http://www.torontomhccproject.ning.com), which will serve as an interim communications hub for the project, and in the long term, an MHCC linked web presence, communications hub and repository for reports, discussions, and contacts will be established
- Face-to-face sector outreach initiatives (e.g. visits to drop-in centres and shelters)
- Regular Project Town Hall meetings and an annual Toronto Site MHCC Learning Symposium to review and workshop with all interested parties on project interim results, research challenges, services challenges
- Project Newsletter
- Additional communication media, including community radio, public announcements, and focus groups to reach out into the community