

Confronting Complexity with Innovation: *Supporting People with Developmental Disabilities Experiencing Homelessness in Toronto*

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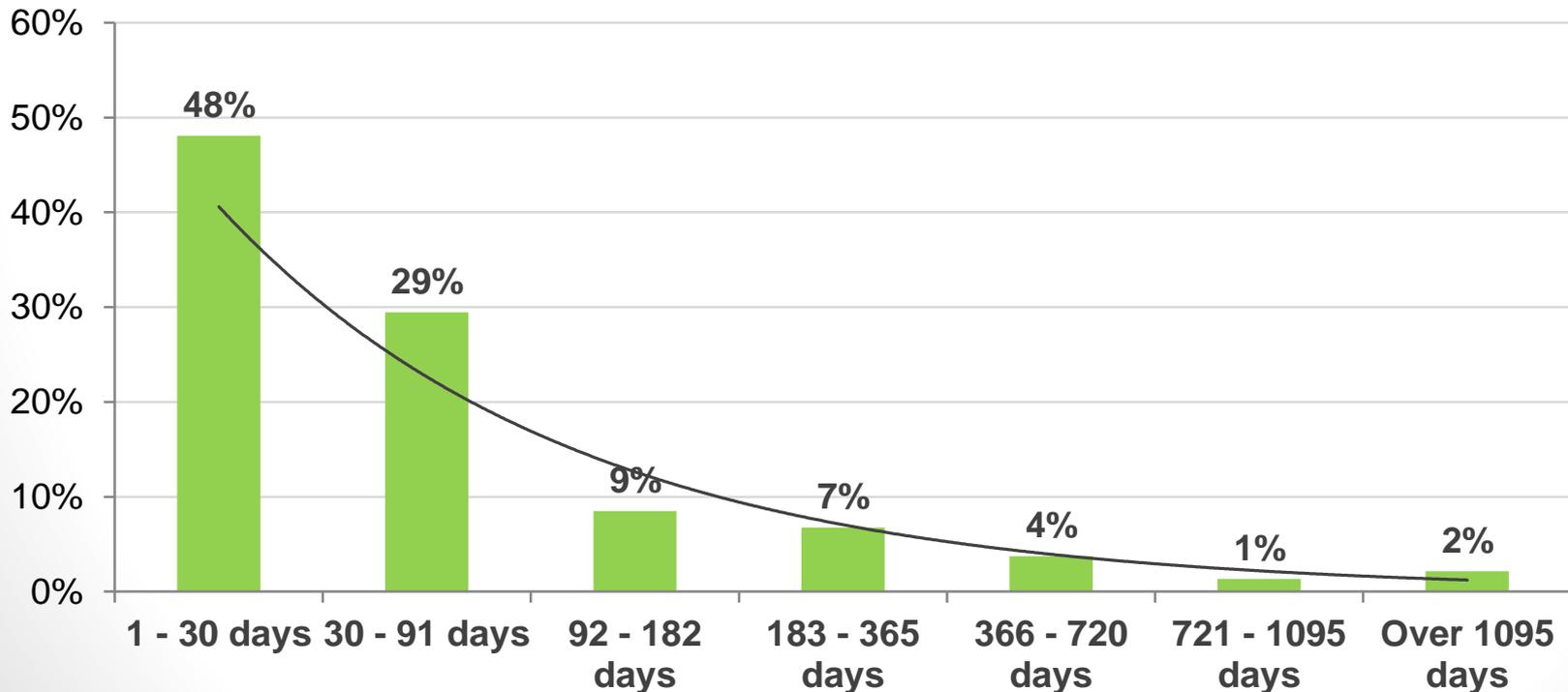
Homelessness & Housing in Toronto

5,400	Permanent shelter beds
16,000	Unique visitors to homeless shelters annually
1.3%	Housing vacancy rate
\$942	Monthly rent for bachelor unit
\$479	Monthly ODSP shelter allowance
99,993	Households on waiting list for social housing

Homelessness in Toronto

- Most people exit the shelter system in less than two months
- Long-term shelter users are a minority (8%) but use 43% of shelter capacity when measured over a six year period

Length of Shelter Use



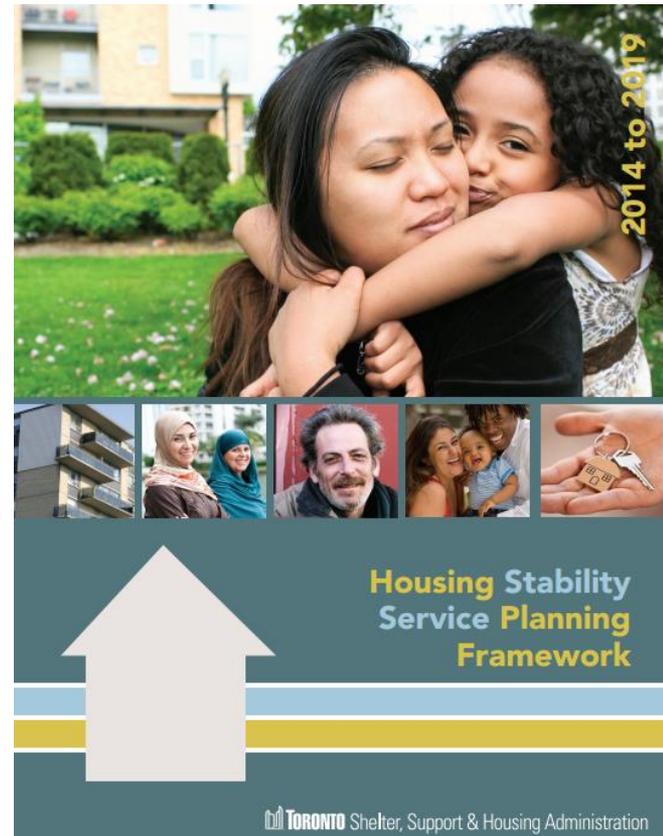
Housing Stability Service Plan, 2014 - 2019

Key Action 2.2:

Develop a service delivery model that addresses the complex needs of those that stay in shelter more than one year

Key Action 5.2:

Develop comprehensive strategies to ensure that housing services are responsive to the needs of specific client groups



Challenges addressing Intellectual Disabilities in the homelessness system

- ID is often unidentified
 - Behaviors attributed to mental illness, substance abuse, or traumatic brain injury
- Complex health needs
- Vulnerable to exploitation and violence
- Some interventions in use are not appropriate for this client group
- Difficulties navigating fragmented service systems

The Setting: Seaton House

Only 3 kinds of men; somebody's father, son or brother

Programs:

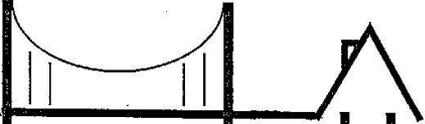
- Emergency Shelter
- O'Neill Program – Refugees
- Long Term Program – Transitional shelter beds
- Annex/Infirmary Program – Transitional shelter beds with a managed alcohol program



George Street Revitalization

- Transformation of Seaton House into a world-class facility providing specialized care for vulnerable populations
- Opportunity to assess client needs and work with them to determine how best to meet their needs during the transition period
- Create new partnerships such as B2H and new holistic models of service that encourage collaborative approaches
- Bringing together diverse expertise and resources





Bridges to Housing

Bridges to Housing is demonstration project, funded by Ministry of Community and Social Service's Developmental Disability Housing Task Force, that aimed to identify 25 homeless men and women with developmental disabilities and provide them with primary care, case management services and housing supports.

Budget: \$945K for two years 2016 and 2017

Goals: Find more appropriate housing and supports for vulnerable individuals, free up shelter space, test service approaches and identify gaps

Bridges to Housing: Partners

Partner	Contributions
Developmental Services Ontario	In kind: Psychologists, DSO engagement & Data analysis
Community Living Toronto	Funded: One Adult protective service worker
City of Toronto: Shelter, Support & Housing Admin	Funded: Two housing support workers In kind: 25 \$500 Housing Allowances
Inner City Family Health Team	Funded: Neuropsychologists In kind: Rec Therapist, Nurse practitioner, Social Work, Admin & IT support
St. Michael's Hospital and CAMH	Funded: One Research Assistant In Kind: Research Oversight



Guided by the Ontario Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA),

- Two billion dollar program annually
- Requires a psychologist to render the diagnosis of DD

Services may include:

- ✓ Passport Funding
- ✓ Residential Supports and Services
- ✓ Caregiver Respite
- ✓ Person-Directed Planning
- ✓ Adult Protective Service Workers (APSW)
- ✓ Specialized clinical supports
- ✓ Since September 2016, patients do not need a 2nd disability process or evaluation to obtain ODSP supports.

Community Living Toronto

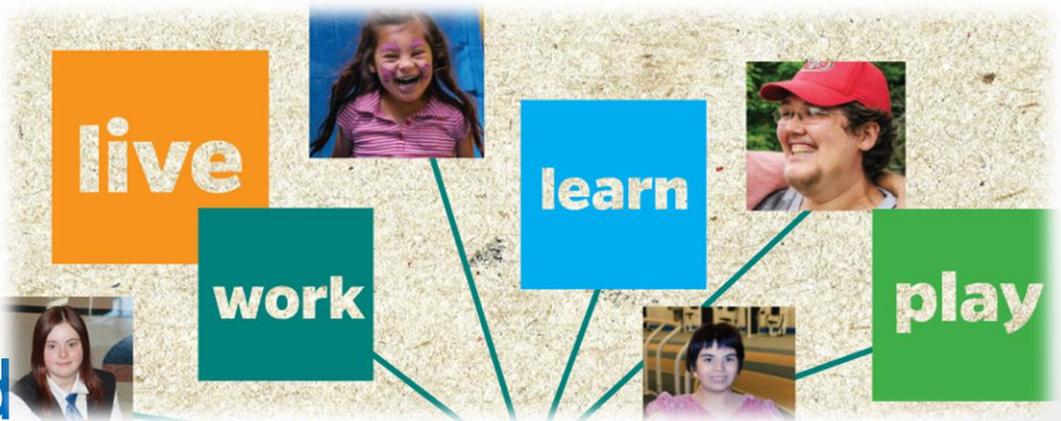
Supports thousands of individuals with an intellectual disability to find accessible and meaningful ways to live in the community. Whether its living alone or with a roommate, working in a supported environment or participating in community activities, we are here to help individuals realize their full potential and dreams.

Types of Supports & Services

 Community Support Service  Residential  Employment  Fee for Service

Our Approach...

- Rights
- Diversity
- Person Directed



A Snapshot of Us

HIGHLIGHTS



69 Years in service



4 Regions

1,031 Members

581 

Individuals receiving residential support

682 

Individuals receiving community support

484 

Individuals receiving respite/short term care

40,000 Volunteer hours



23,633 Student hours

4,130 

Unique individuals supported

322 

Student placements

1,087 

Total number of volunteers

Understanding Developmental Disability (DD) or Intellectual disability (ID) or Intellectual Developmental Disorder (IDD)

Diagnosis:

1. Disorder with an onset in the developmental period (pre 18)
2. Intellectual (cognitive) impairment - below 2nd percentile
3. Adaptive functioning deficits (*Conceptual, social and practical domains (i.e. communication, community use, functional academics, health & safety, self-care)*)

Can include Autism, FASD, Childhood Brain Injury, Severe Neglect/Abuse, Schizophrenia, Genetic Disorders

Differs from brain injury in adulthood, dementia or adult onset mental disorders, though these co-occur for most homeless patients we see with IDD.



Inner City

FAMILY HEALTH TEAM



In 2003, a medical clinic opened inside Seaton House

In 2010, the Inner City Family Health Team moved to a separate location across from St. Michael's Hospital and still provides primary health care on all three floors of Seaton House

Our patients are current or former Seaton House men who often have complex physical and mental health issues. Some have lived there for decades and are in and out of hospitals, jails, sleeping rough and have a shortened life span. Therefore:

- our patients often aren't successful in housing,
- are refused supportive housing or long term care placement

Impairment and Homelessness

- In one study looking at cognitive impairment:
 - 28-80% of homeless adults experience at least mild neurocognitive impairment
 - Domains most commonly affected include:
 - Memory
 - Attention
 - Speed of information processing
 - Other reasons affecting impairment
 - Mental illness, Malnutrition, Traumatic Brain Injury (TBI)/Acquired Brain Injury (ABI), Fetal Alcohol Syndrome (FAS), etc.
 - TBI and substance use do not consistently correlate with impairment
- In another study looking at neuropsychological impairment:
- 72% of a national sample (N=1500) of homeless adults with mental illness demonstrated cognitive impairment, including deficits in processing speed (48%), verbal learning (71%) and recall (67%), and executive functioning (38%)

Stergiopoulos et al., 2015; Burra et al., 2009; Solliday-McRoy et al., 2004

Research Question

How can a program provide comprehensive, low-barrier support to adults with mild Intellectual Disabilities that are experiencing homelessness?

Research Qualitative Analysis

Qualitative interview methods with thematic analysis

Service User perspective

- *Supportive Staff*
- *Housing support necessary*

Staff perspective

- *Philosophy of Engagement*
- *Trust among teams*
- *Multi-disciplinary approach*

Lamanna D, Wen S, Lunskey V, Roy S, Stergiopoulos V. Building Bridges to Housing: An implementation evaluation of a cross-sectoral intervention for homeless adults with developmental disabilities. Toronto, ON: St. Michael's Hospital and Centre for Addiction and Mental Health; 2017

Findings: Barriers in Early Implementation

A. External factors

- Paucity of prior research on IDD + Homelessness
- Political will to support people with IDD lacking adequate supports

B. Intervention characteristics

- Compatible with agencies' missions, values
- Shared belief in value of supporting target population

C. Organizational capacity

- Experienced service providers
- Early struggles adapting to emerging needs
- Need for communication channels and team cohesion
- Need for role clarity

D. Provider characteristics

- Range of expertise included in multidisciplinary team (but no OT/BT support)
- Strengths based, client centered

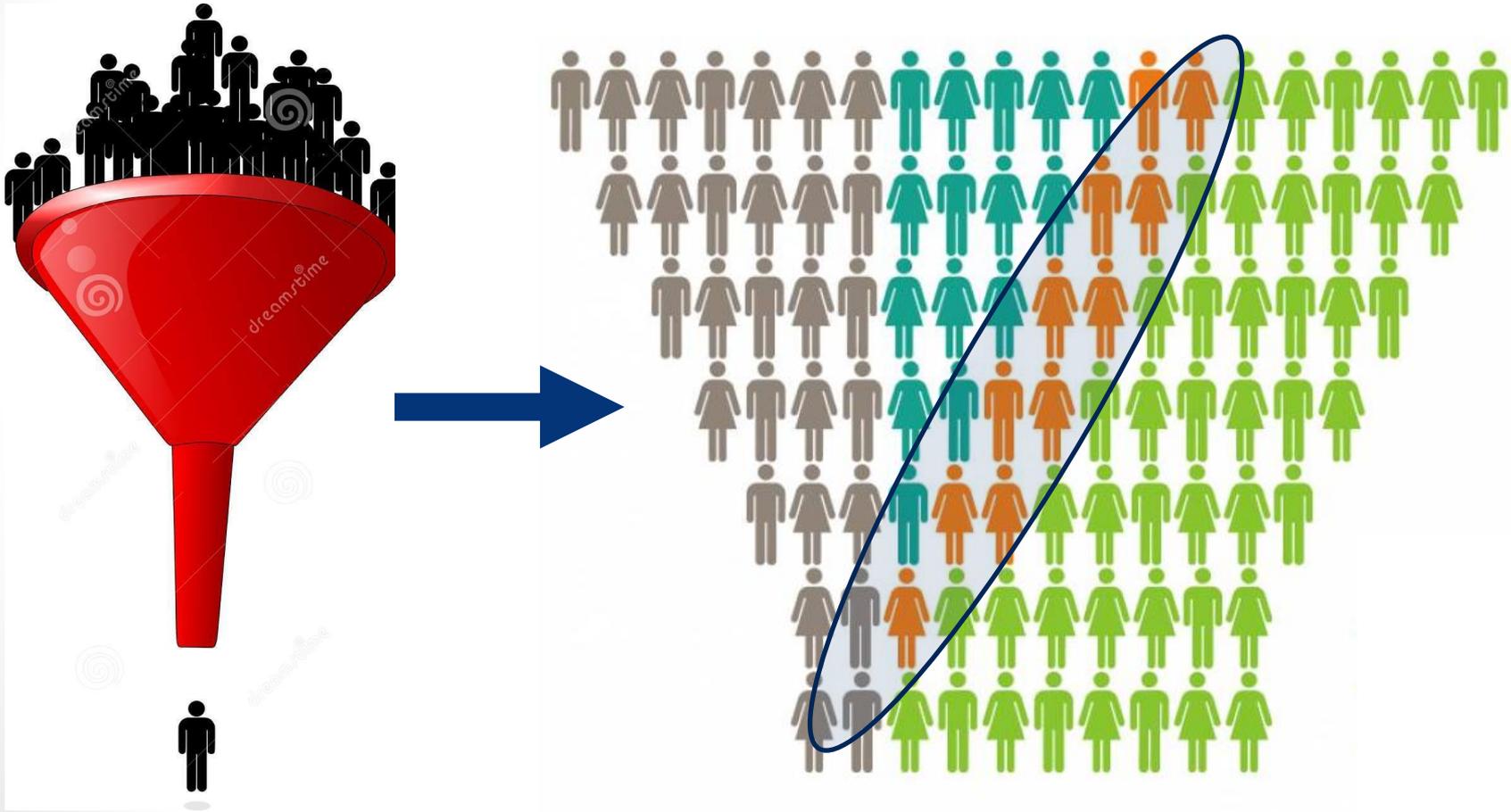
E. Staff support

- Good training and supervision

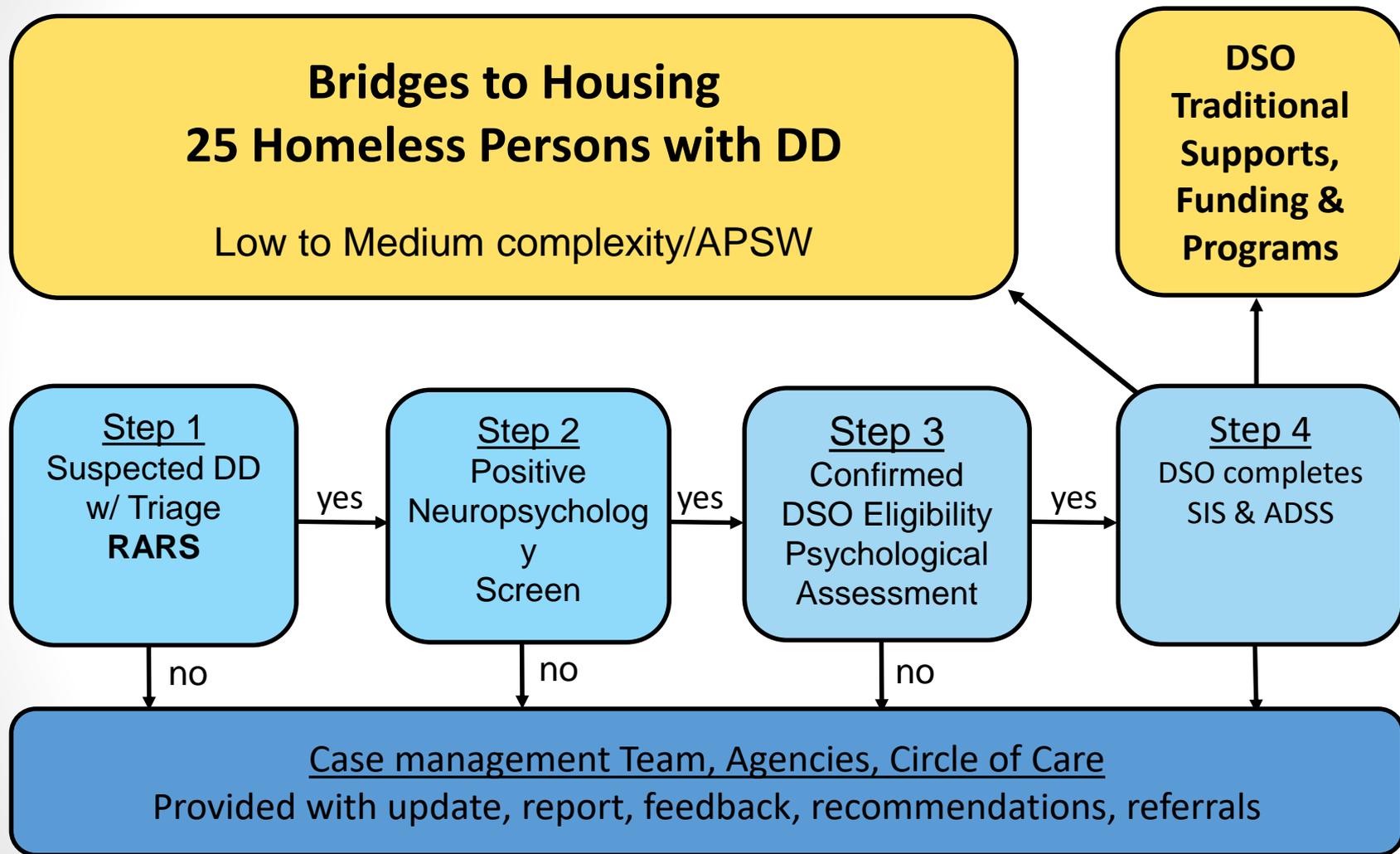
Implications for Research and Service Delivery

- Additional research needed to understand characteristics and needs of people with IDD experiencing homelessness
- Service delivery key ingredients:
 - Expertise in engaging target population
 - A multidisciplinary team expertise to address health and social service needs
 - Rent supplement and housing choice where possible

Challenges: Importance of triage and screening



Program Model, Improved Clinical Pathway



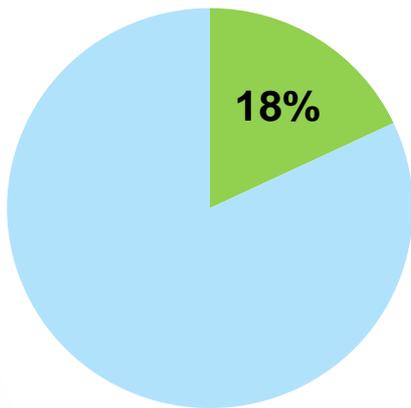
Neuropsychological Screening

1. The RARS triage tool meaningfully narrows down the number of clients needing assessments. Involves working with front line teams. A short training is provided and a series of questions posed for every client of the agency's case load.
2. Neuropsychological screening (one hour) is provided to those suspected of having developmental disability, brain injury or dementia to further narrow down these numbers.
3. Clients with a probable diagnosis of dementia, brain injury or developmental disability on screening get the full neuropsychological assessment. The rest get a summary report of the cognitive and adaptive findings.

Suspected Intellectual Disabilities in Shelters

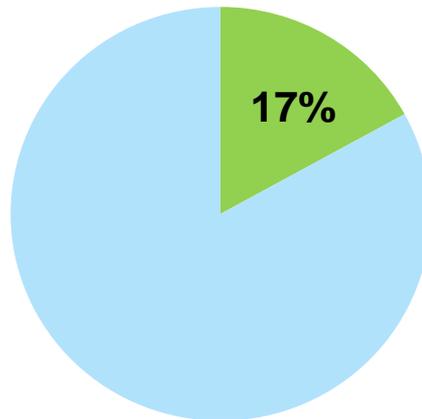
**Total sample
(N=643)**

■ Suspected DD
■ No DD



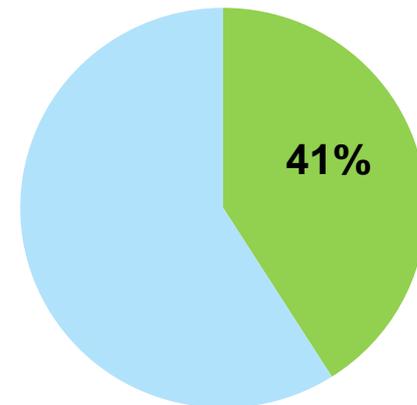
**Adult sample
(N=611)**

■ Suspected DD
■ No DD



**Adolescent
sample (N=32)**

■ Suspected DD
■ No DD



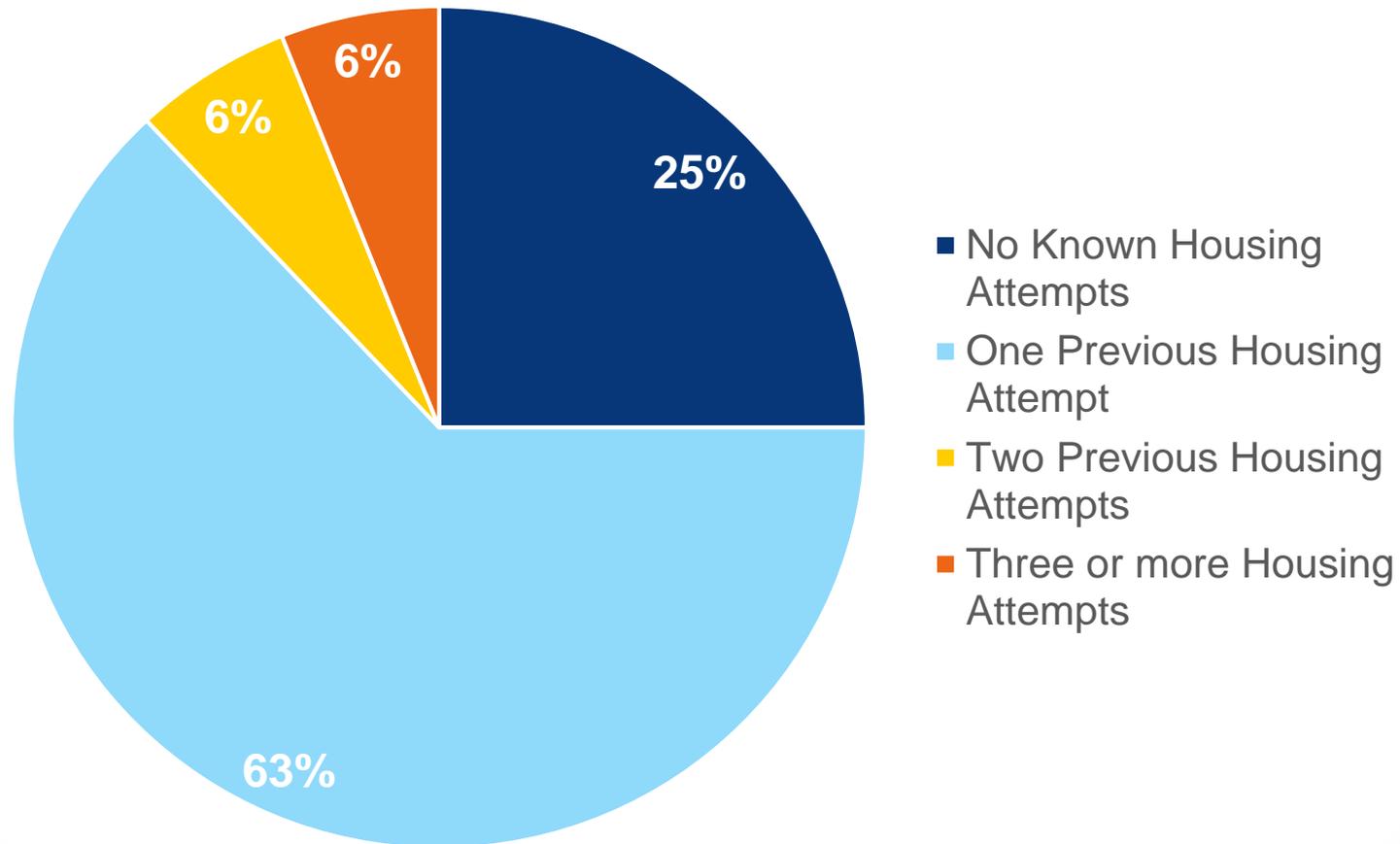
May be under-representation as 40% of clients are unknown to primary workers

Profiles of Persons with Developmental Disabilities Experiencing Homelessness (Shelters)

	Male	Female	Trans	Total
History of Incarceration	36%	6%	0%	24%
Abuse in Childhood	42%	69%	75%	53%
History of Acquired Brain Injury	71%	56%	50%	65%
Possible Dementia	3%	0%	0%	2%
Mental Health Condition	94%	93%	100%	94%
History of Drug Use	81%	47%	50%	68%
Current Drug Use	66%	31%	50%	54%

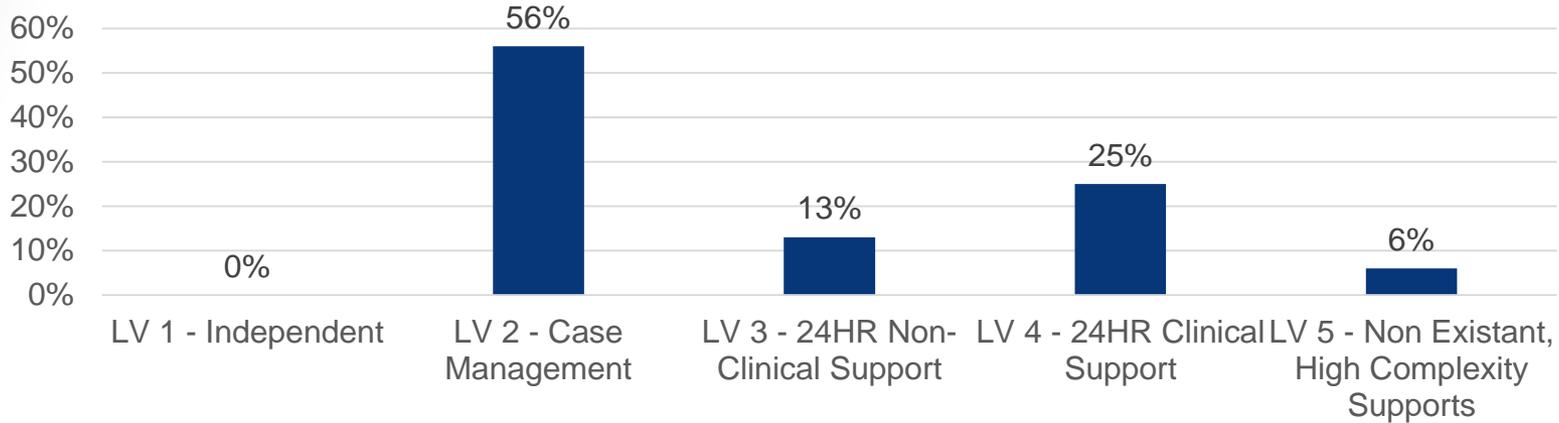
Profiles of Persons with Developmental Disabilities Experiencing Homelessness (Shelters)

Housing attempts history among persons with DD

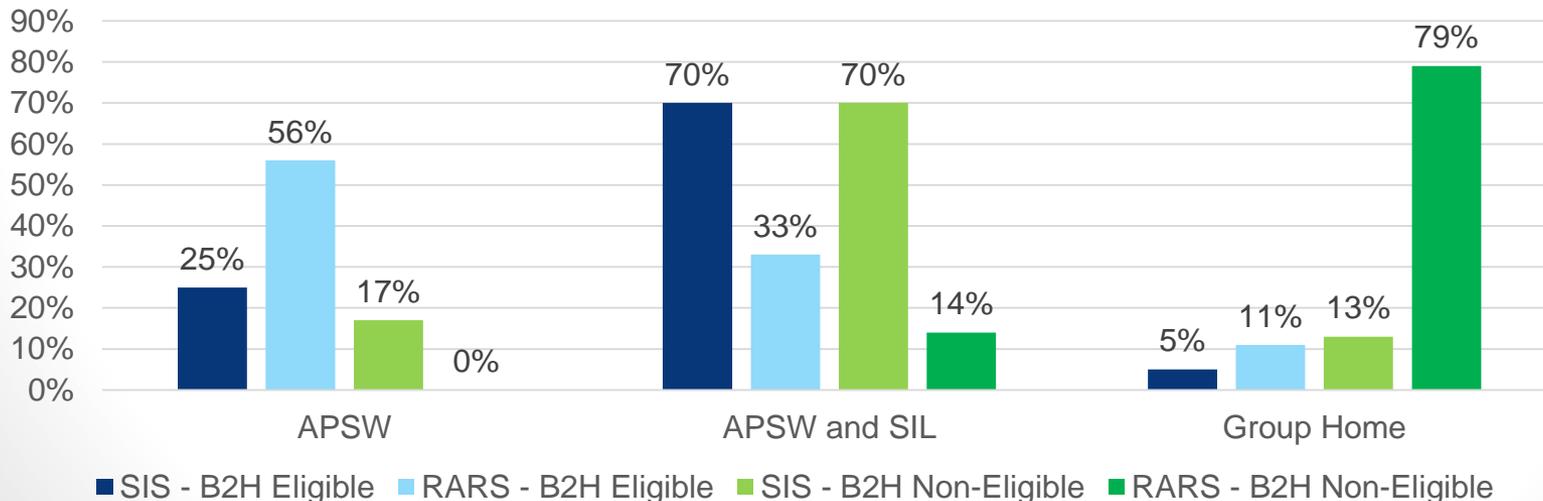


Housing Support Needs

RARS Assessment



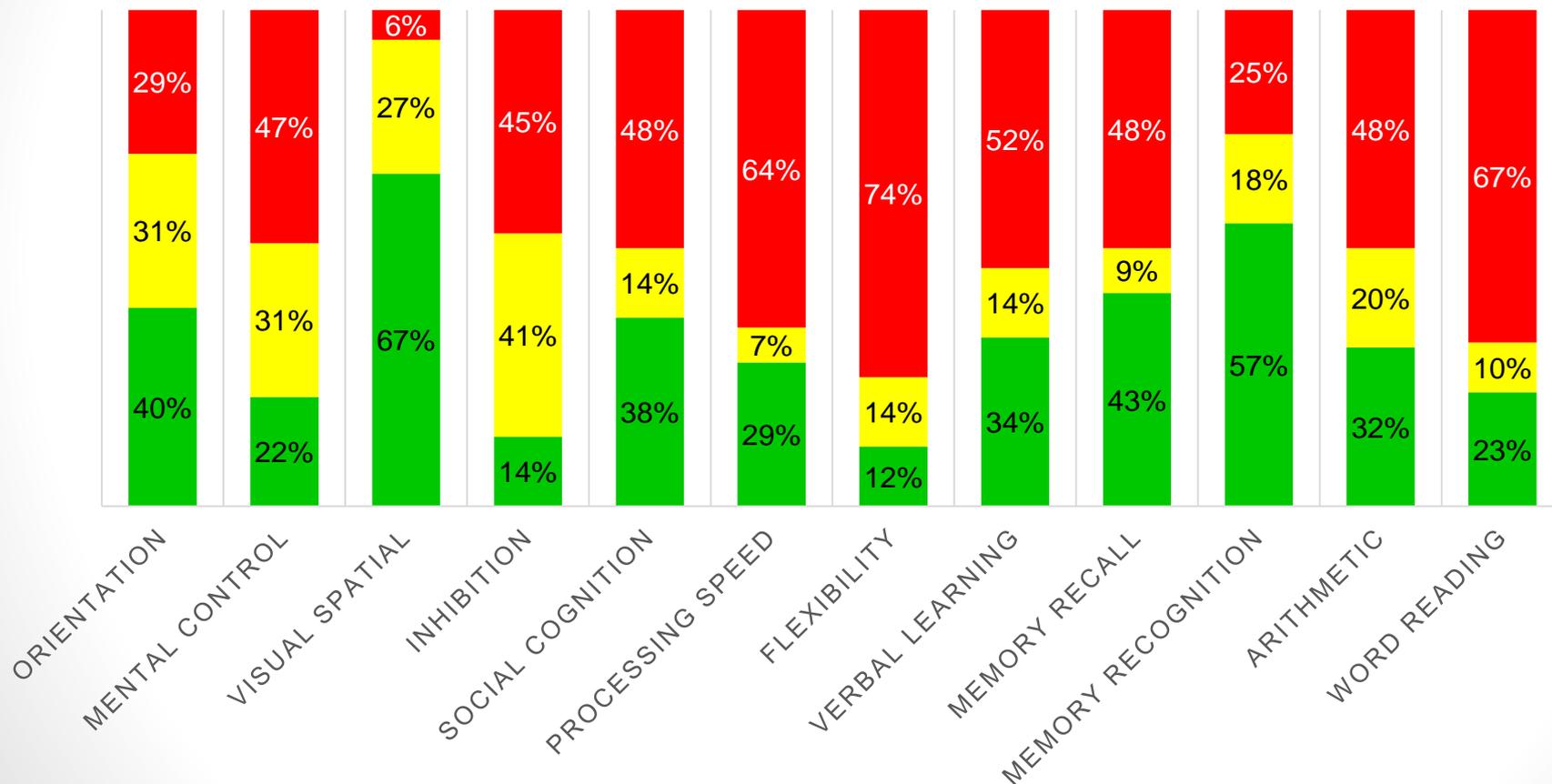
Predicted DSO Service Categories



Profiles of Persons with Developmental Disabilities Experiencing Homelessness (Shelters)

COGNITIVE STRENGTHS AND WEAKNESSES

■ Acceptable ■ Questionable ■ Impaired



“Peter”



53 year old male

- Parents were alcoholics
- Endured physical violence at the hands of his mother’s boyfriend
- Had his inheritance taken from him by his sisters without his knowledge
- First came to Seaton House in 2002 and was part of the MAP
- Has been known to drink palatable and non-palatable alcohol
- 11 head injuries have been reported since 2005, related to falls, fights, seizures and an MVA, the latter resulting in a four day coma
- Has been involved in the legal system on a number of occasions, incidents involving sexual and physical assaults of other clients and staff
- Has been housed independently in a private market apartment
- He has suffered from food poisoning as a result of poorly prepared food (half eaten frozen pizza that was not cooked was found in his fridge)
- Half empty bottles of rubbing alcohol have been found in his apartment
- He recently broke a television that was bought for him through the B2H program
- Despite these set backs he has been able to maintain his housing and has been attending mandated court dates and appointments with the help of B2H workers

“Larry”



59 year old male

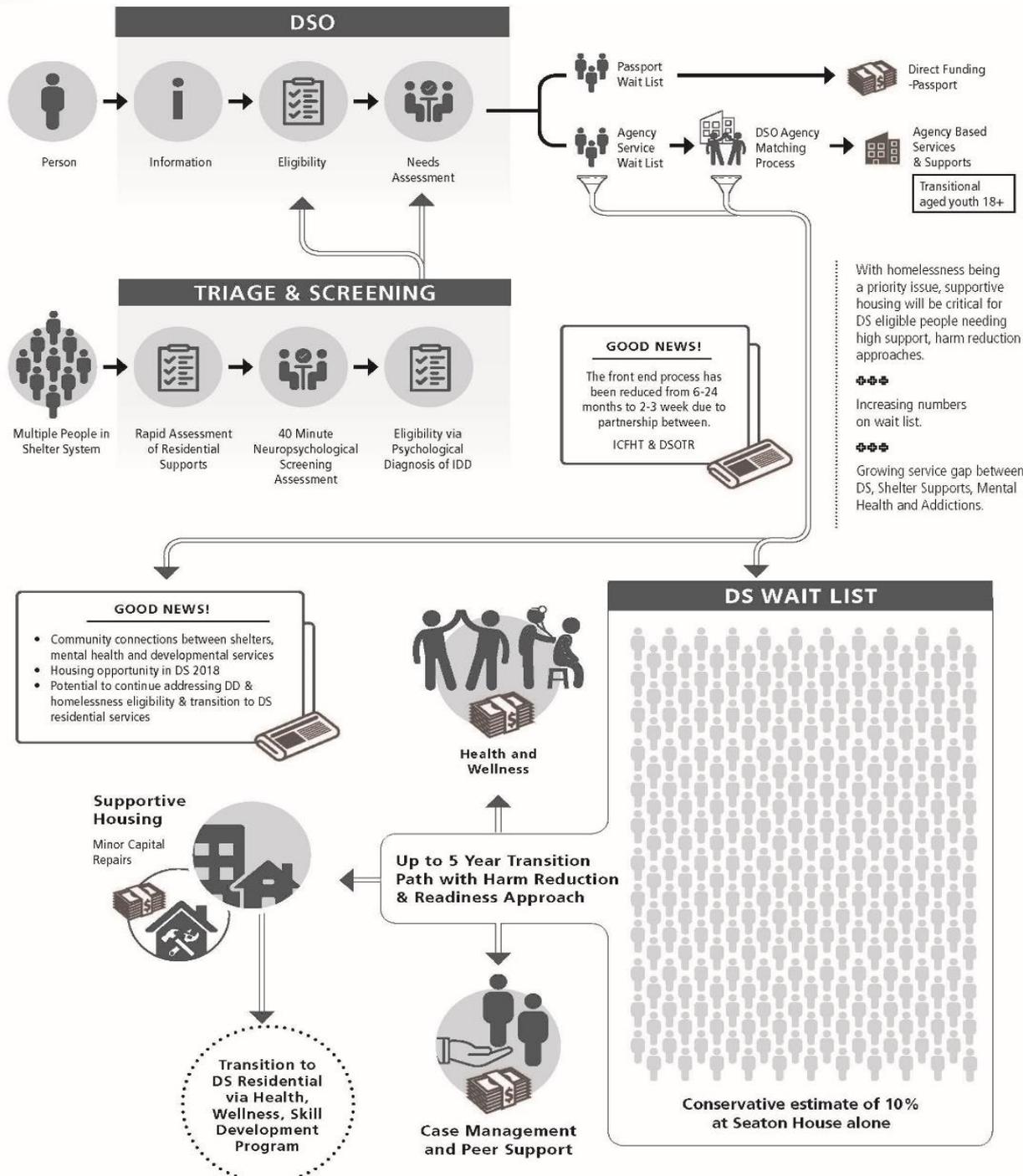
- Moved to SH when sister was not able to deal with “Larry”
- Hydrocephalus & spina bifida, seizure disorder- from birth
- Unable to manage necessary meds due to forgetfulness
- Was hospitalised a few times with significantly elevated INR (very thin blood – prone to internal bleeding)
- Repeatedly hospitalized due to seizures, swelling of legs
- Developed serious infection, and then was treated for gastritis
- Diagnosed with obstruction in kidney and hydro nephrosis (urine backs up to the kidney), can lead to kidney failure and requires surgery which cannot be done unless patient is on anticoagulant therapy for at least 3 months
- “Larry” also has congenital foot deformity of foot. Awaiting to receive approval for special shoes
- Very trusting individual, victimized on street and in the shelter
- At this time, with help of Seaton House staff and ICFHT team he is at home receiving CCAC PSW services x3 / week with nursing service every other week and case management through Adult Protective Services

“John”



48 year old male

- Of aboriginal descent, mother drank alcohol during her pregnancy with him
- Placed in Residential School System at age of 8 following his father’s death
- Lived in “70 different foster homes” and endured sexual abuse
- He completed a grade 7 education
- Exhibited early behavioural difficulties that included theft and substance use
- Street homeless since at 12 and has never been employed
- Endured numerous head injuries and had a craniotomy after an assault
- He is unable to form long term memories, being only able to retain information for a couple of minutes
- Was arrested 27 times within a 7 month period, some cases involving theft at the prompting of others
- He is part of the MAP program, consumes 8-10 glasses of wine and two bottles of Sherry daily; experiences withdrawal seizures without alcohol
- Has been known to steal non-palatables, but at times mistakenly takes and consumes peroxide because he is unable to read
- Unable to care for his ADLs (feces on clothing), unable to take meds consistently
- Continues to be housed at Seaton House



High Support, Harm Reduction: A case for transition housing proposal

- Potential re-purposing of group homes for future use
- Focus on those most in need in the shelter system with an emphasis on Seaton House as the starting point
- Multi-disciplinary, person-directed, harm reduction approach
- Multi-year transition to stable and supportive housing of their choice
- Explore individualized budgets to assist transitions to be personalized
- Ongoing discussion with Ministry of Community and Social Services, Ministry of Health and Long-Term Care and Ministry of Housing and Poverty Reduction
- Partners established and community collaborators offering experiential knowledge, learning, in-kind resources and housing options post-transition

Expectations and Revelations

- Key assumptions and expectations when developing the project
 - DD and Homelessness
 - DSO Toronto Region eligibility requirements
 - Service needs matched to Adult Protective Services
- Revelations and lessons to-date
 - Length of time for DSOTR eligibility process
 - Need for high support, harm reduction residential supports
 - Affordability and access to healthy lifestyles
- Importance of ongoing evaluation
 - Connection between affordability, supports & housing
 - Importance of community inclusion and influence
 - Impact of person-directed approaches and self-directed decision-making intersecting with a multi-disciplinary, holistic, harm reduction approach
 - Learning from other sectors' perspectives and experiences

Achievements: Expected & Unintentional

- Improved access to DSO-TR (6–24 months to 2-3 weeks)
- Faster access to ODSP financial supports
- Access to Passport funding
- Up to \$400 housing allowance from the City of Toronto
- Case management supports (SSHA, Streets to Homes, Adult Protective Services)
- Primary Care services at Inner City Family Health Team
- Lives saved – level of complexity
- Increased awareness of mismatch when assessing people's functional needs to DS supports
- Increased awareness of and conversations about developmental disability, homelessness and harm reduction – within DS and with Ministries
- Informal connections and offerings of help amongst community professionals and providers

Next steps

- **Maintain the funding** we have received to continue supporting current Bridges to Housing clients
- **Ensure successful progression and stabilization** as they continue to transition to greater independence
- **Enable us to help with anticipated issues:** re-housing, eviction prevention, long-standing issues that could not be addressed earlier
- **Evolve our focus to:** life skills, progression towards more independent housing, community integration
- **Address the growing need:** the number of people experiencing or at risk of homelessness appears to be growing, the learning to-date has been invaluable and rippled, there is high motivation to help people in these circumstances

Conclusions and Reflections

- **No silos:** Intersections of various Ministries, systems and levels of government – health, mental health, addictions, housing, income supports can no longer work in silos
- **Common understanding:** Ensure terminology and ‘issue identification’ language is similarly understood by different systems
- **Policies:** Policies reflecting the realities of this subpopulation and are not exclusionary
- **System access:** A streamlined assessment pathway for matching people experiencing homelessness to services and supports
- **Housing:** Continuum of services and supports to meet the ever changing needs and complexities
- **Services and supports:** Must be person-directed including access to resources as relevant to equity-seeking groups
- **Housing Recipe:** Choice, affordability, sustainability, levels of support, harm reduction, innovation, flexibility and resilient programming



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