

# Social Services Sault Ste. Marie - High Support Program

## Case Study # 9

### Promising Practice

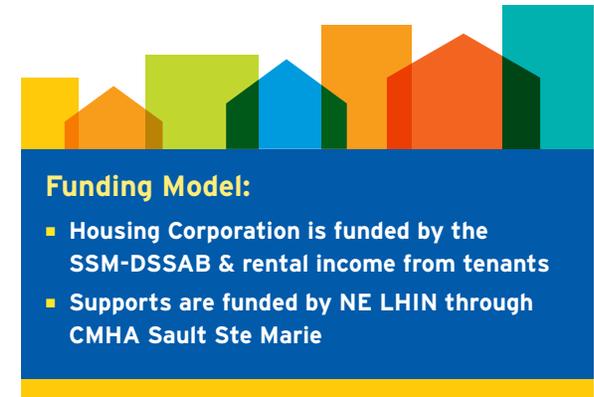
- Partnering between the Sault Ste. Marie Housing Corporation and the Canadian Mental Health Association (CMHA), to incorporate 10 high support units within a building.
- Providing on site supports to improve the safety of the entire building.
- Partnering with other service providers to streamline intake, assessment, and supports.

### Background

The Sault Ste. Marie Housing Corporation is the largest housing provider in the city and district, owning 752 affordable rental units in which it carries out property management and tenant support services. One building was identified as needing greater supports given a disproportionate number of police calls, and reports from tenant support staff of feeling overwhelmed with tenant complaints related to mental health and addictions. When the NE LHIN announced an opportunity for funding for supports in housing, Social Services Sault Ste. Marie (SSSM) started discussions with the local CMHA, who they had worked closely with before. Ten units on one floor were designated for supportive housing tenants in a new high support program.

### Population Served for the CMHA supportive housing program

Tenants must be at least 18 years old and diagnosed with serious and persistent mental illness, with or without an addiction issue. They must be currently stable, have a primary care provider, and be eligible for Rent Geared to Income. They must agree to participate in daily programming and complete a personal care plan with program staff. The program does not serve people who are unable to live independently have age related cognitive decline, have addictions issues only, or who pose a significant risk to others.



### Housing

**Partnering between the Sault Ste. Marie Housing Corporation and CMHA to incorporate 10 high support units within a building.**

The St. George's building owned by the Sault Ste. Marie Housing Corporation (SSMHC) consists of 61 units, 10 of which are supported. It is a low rise building with 60 one bedroom units and 1 two bedroom unit. The entire building is rent geared to income. The support program was designed to house the supported tenants on the same floor, with close proximity to an onsite CMHA office. In order to do this, existing tenants were approached and agreed to move to other available units.

Below are key learnings from establishing a new program in an existing building:

- **Educate the entire building about the new program.** Many of the tenants had concerns about the implementation of a support program within their building. Housing staff circulated a letter about the upcoming changes, but also chose to more actively engage tenants by holding building meetings with a question and answer period and introducing tenants to CMHA staff. They also did personal in home visits to talk to tenants one on one. By being open about the process and giving tenants various opportunities to learn about the new program, the overall responses to the project were positive.
- **Move existing tenants to the top of waitlists for other buildings of their choice.** In order to re-house existing tenants from units needed for the support program, work with each tenant to identify where they would like to live and facilitate that move as much as possible. For SSSSM they were able to move tenants to the top of the waitlist for other units/buildings in the portfolio of their choice.
- **Cover moving costs when re-housing existing tenants.** In order to reduce obstacles for tenants who have agreed to move elsewhere, CMHA was able to cover the associated moving costs for these tenants.

## Support

***Providing on site supports to high support tenants with flexibility to provide softer supports to other residents to improve building safety.***

CMHA provides onsite supports to the 10 high support housing clients including mental and medical health care, addictions supports and any other services needed for clients to live independently. The location of this program is located in a Housing Corporation building that houses many tenants with complex health needs. This often leads support staff to respond to other building needs and provide informal supports to the other 51 tenants in the building, many of whom are part of the urgent homeless housing first program.

Below are some key learnings from this support model:

- **Coordinate intake with other supportive housing providers to best match tenants to the best suited program.** Sault Ste. Marie has a central intake for supportive housing. Four agencies meet regularly to review this waitlist and match tenants depending on their needs. Coming together within a central intake system allows a straightforward system for clients to navigate while allowing supportive housing providers to respond to the nuances of each individual.

- **Provide soft supports to all tenants to improve wellness of the entire community.**

Although CMHA staff are primarily onsite to provide supports to the 10 high support tenants, they regularly go above and beyond and respond to issues with the rest of the tenants as they arise. Many tenants have learned that there are mental health and housing workers onsite and seek them out when needing assistance. Providing these “soft supports” has had a huge impact on the entire community and housing staff attributes much of this to the lessened calls to housing services and emergency response for the entire building.

### Role of Housing Support Workers:

- Service Engagement
- Assessment
- Service Delivery
- Community Relations and Advocacy



*Tenants are aware that CMHA staff are onsite and they frequently pop in for informal support...The CMHA staff have been an influence on the entire community in the building. They provide a sense of comfort and community for everybody who lives in the building.”*

Community and Tenant Coordinator

## Partnerships

### ***Partnering with other service providers to streamline intake, assessment, and supports.***

Partnerships are an important feature of the supportive housing program at the St. George's building. The on-site support partnership with CMHA is a necessary component. The program relies on other partnerships as well including a Mental Health and Addictions Housing Selection Committee with 4 service partners, a Homeless Prevention Team made up primarily of CHPI funded agencies, and a partnership with the local police through SSMHC's Safe Neighbourhoods program.

Below are some key features from each of these partnerships:

- **Clear Communication.** Communication is a challenge in any partnership, but this is especially true in support/housing partnerships where there is often a tension felt between the roles. In the SSMHC/CMHA partnership the agencies have learned to align their goals of keeping the tenants housed while maintaining the safety and maintenance of the building. There are clear communication expectations for CMHA staff to report any issues related to the physical building or units to Housing staff - including things like fire damage, pest issues or safety issues related to clutter. In these situations CMHA staff would inform Housing staff and both partners would work together to respond to issues working towards their common goals.

- **Work towards a common benefit.** SSSSM connects with external partners in mental health and housing through the Mental Health and Addictions Housing Selection Committee. The 4 agencies involved meet monthly to assess clients on the central waitlist for supportive housing and determine eligibility and best placement for those clients. Coordinating this review ensures that clients are housed in the right place at the right time.
- **Include tenants.** Responding to the issues throughout the entire building, SSMHC formed a safe neighbourhood program in partnership with the local police. This partnership brings together tenants, staff and a police officer through their community mobilization team to discuss issues of concern.
- **Embed participation into service agreements.** Housing Services formed a Homelessness Prevention Team to meet weekly for client service planning and to discuss some of the most complex cases in the community. In order to get this group off the ground, participation was embedded into service agreements for agencies receiving CHPI funding. Since then, the committee has grown to include partners who don't receive this funding.

## Outcomes

Performance outcomes were determined from the outset of this program, including reduced evictions, lower use of emergency services, and reduction in mental health hospital admissions. The Housing Corporation uses YARDI software to track housing outcomes; CMHA uses SPDAT as an assessment tool and reports on performance

outcomes to the LHINs including client reporting measures. Each of the performance outcomes have been met by the program.

Some of the client reported outcomes include: having a key to a home for the first time in 5 years, having grandchildren allowed to visit in the resident's home for the first time, sleeping better than ever with about 7 hours a night average.

## Replication and Advice

- Launching a new supportive housing program in a building with existing social issues will improve the well-being of all tenants in the building overall.
- Form partnerships to utilize different areas of expertise and find strength in collaboration.
- Use already existing assessment tools such as SPDAT.
- Have an open dialogue with community members about the new program, including the service manager and housing provider, and demonstrate the benefit of the new program for the client/tenant and the entire community.
  - Come prepared to these discussions with what it would look like, who is going to do what, and what role the service manager would have in all of it.
  - Gather evidence from similar programs and use those examples to share how it has been successful.
- Educate people in the building/community about the program before it opens.

## Outcomes:

- No evictions
- 66% of residents currently participate actively in Activities of Daily Living programming and supports
- Hospital admissions for mental health reduced by 60%
- Hospital days by residents reduced by 90%
- Police interventions reduced by 85%
- Crisis calls reduced by 100%
- Improvement to the entire building. Fewer calls to housing and police services.



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## Shared Resources

- Housing Support Worker Job Description
- RPN Job Description
- Supported Permanent Residential Housing Referral Form

