






Housing First: What's Next?



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

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Introduction

Current Context



In 2008, the federal government commissioned the Mental Health Commission of Canada (MHCC) to undertake a research demonstration project on mental health and homelessness. **At Home/Chez Soi**, a multi-year project (2008-2013) implemented in five Canadian cities, aimed to provide practical, meaningful support to people experiencing homelessness and mental health problems using a **Housing First (HF)** approach. At Home/Chez Soi was an innovative and groundbreaking study that significantly impacted our understanding of homelessness in Canada by demonstrating the effectiveness of the HF approach.

Over 10 years later, the data continue to yield important insights into HF programs and outcomes.¹⁻⁵ The current landscape, however, looks very different than it did in 2013, with rising rates of homelessness, the ongoing impacts of housing shortages, the cost of living crisis, and the urgent and escalating public health crises, most notably the toxic drug epidemic, unfolding in communities across Canada. Even with federal investments in housing and other efforts to address homelessness over the years,⁶ rates of chronic homelessness continue to rise alarmingly in communities across Canada.^{7,8} Although people living with mental health and/or substance use health issues are disproportionately represented among those who are chronically homeless,⁹ it is important to acknowledge that many people who are unhoused/homeless do not live with mental illness issues and/or addiction.

Robust national and international research demonstrates that HF is an effective, human-centred, and economical approach to help address chronic homelessness, mental health issues, and substance use health issues.¹⁰ While there is strong evidence supporting the effectiveness of HF in improving outcomes, there are many factors limiting its widespread uptake across the country. These factors include the shortage of deeply affordable housing, persistent challenges faced by the workforce, limited awareness of HF approaches and outcomes, lack of policy prioritization, and limited funding for housing, health, mental health and substance use health services and supports.

Housing First (HF) is an approach that helps people experiencing homelessness and mental health and substance use health issues find permanent housing and support services. HF is based on the premise that the first and most primary need of people is housing and that other issues, including mental and substance use health challenges, can be effectively addressed once a person is stably housed. Originating in New York City in the 1990s, HF emerged from Pathways to Housing, a program pioneered by Dr. Sam Tsemberis that provides immediate access to both permanent, independent housing through rent subsidies and mental health supports such as assertive community treatment or intensive case management. HF is an evidence-based approach that has produced positive results including an increase in long-term housing stability; improved quality of life, recovery, and wellness; and reduced costs associated with health-care and justice system use including emergency department visits and hospitalizations.^{1-3,5,10}

Across Canada, rates of homelessness among people with mental health and/or substance use health issues are on the rise, the numbers of opioid/toxic drug use deaths are continuing to climb, encampments are emerging and expanding, shelters are operating beyond capacity, and there continues to be a shortage of deeply affordable housing stock. All of these factors point to the need for a renewed focus on HF to:

- ▶ identify elements of success, barriers to implementation and uptake, and areas where improvements and adaptations can be made to advance HF in the current context and
- ▶ promote and prioritize evidence-based, long-term strategies, such as HF, to address the interconnections between homelessness, mental health, and substance use health in Canada.

The Workshop



The goal of the workshop, and this report, is to discuss HF as one of the approaches to address chronic homelessness. This includes considering the challenges for uptake and the opportunity to adapt the HF model to better work in the current context and to address unique challenges.

Given the MHCC's role in the mental health and substance use health sector as a convenor, the commission is uniquely placed to bring together and uplift different voices, experiences, and perspectives to inspire action on critical issues important to people in Canada, including the interconnections between homelessness, mental health, and substance use health. Tackling such a large-scale and complex issue requires building a bigger table and fostering strong relationships, connections, and collaborations among individuals and organizations with a shared vision of ending homelessness for those living with mental health and/or substance use health issues. These conversations cannot happen without the involvement of people with lived and living experience/expertise (PWLLE) of mental health and/or substance use challenges and homelessness, Indigenous people and communities, those working to provide essential services and supports, policy makers, researchers, clinicians, and decision makers.

To refocus conversations on ways to advance HF in today's challenging context and to ensure that critical perspectives and experiences were reflected at the workshop table, the MHCC

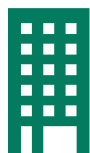
brought together 62 experts from across the country to share their expertise on (1) lessons learned from HF research and implementation, (2) knowledge gaps and research priorities in HF, and (3) policy and practice priorities and recommendations to advance HF in Canada. This in-person workshop was held in Ottawa, Ontario, on October 28, 2024, and was attended by PWLLE; researchers; clinicians; policy makers; federal, provincial, and regional government representatives; service providers; representatives from local and national mental health and substance use health organizations; and representatives from local and national housing and homelessness organizations. Participants joined the workshop from British Columbia, Alberta, Manitoba, Ontario, Quebec, Newfoundland, and Finland.

This report synthesizes key insights from panel presentations and workshop discussions offering actionable policy, research, and practice recommendations to reinvigorate the HF approach in the current landscape of homelessness and mental health and substance use in Canada.





Summary of Panel Presentations and Discussions



The first half of the workshop was organized into three panel presentations focused on (1) the state of housing, homelessness, and HF in Canada; (2) challenges, bright spots, and best practices in HF; and (3) progress and challenges in implementing HF in the province of Quebec. Panellists discussed the history and context of HF in Canada, with a focus on the At Home/Chez Soi project, and highlighted both regional and international examples of HF including ones in Finland, the province of Quebec, and Winnipeg. The morning conversations set the stage for the afternoon workshop sessions by highlighting key issues and challenges in HF across the country as well as learnings and insights on what can be done to address them. Some of the key issues highlighted during the discussions included the following:

- ▶ The shortage of affordable housing stock has hindered HF approaches that rely on providing rent subsidies.
- ▶ There is a need for renewed support and leadership for HF at the provincial and territorial level and increased collaboration among different levels of government.
- ▶ There is a need to balance flexibility and adaptation in HF approaches with fidelity and adherence to the core components of the model, particularly in the context of a rapidly changing economic environment, budgetary constraints, and the evolving needs of diverse populations for relevant mental health and substance use health services and supports.
- ▶ Persistent workforce challenges, including high staff turnover and insufficient training, are making it difficult to ensure fidelity to HF approaches and are impacting the ability of service providers to meet

the increasing and changing needs of unhoused people living with mental health and/or substance use health issues in Canada.

The panel presentation on the context in Quebec highlighted increased investments from the provincial government, beyond federal funding coming from **Reaching Home**, to expand access to HF. However, fidelity to the HF model is highly variable in the province, and efforts are currently underway to improve adherence to the model.

Several priorities were highlighted by all panellists and participants, including the need to

- ▶ integrate PWLLE of homelessness, mental health and/or substance use health challenges into governance structures and place real-world insight and experience at the heart of decision making



- ▶ develop culturally sensitive adaptations to HF and fidelity measures, particularly for Indigenous people and communities
- ▶ address youth homelessness using the HF for Youth (HF4Y) model, which has its own set of core principles tailored to meet and address the unique needs and preferences of young people experiencing homelessness
- ▶ build leadership across sectors and take a whole-of-government approach
- ▶ bridge the knowledge-to-practice gap to better learn from successes and bright spots internationally and locally, while remaining open to innovative and responsive practices (e.g., temporary and transitional housing solutions)
- ▶ better understand and address diverse population needs related to health, mental health, and substance use health in the context of HF.



Recommendations for Advancing HF in Canada



The following four recommendations were generated on the basis of insights from the panel presentations as well as the afternoon workshop sessions. Participants worked in small groups to identify successful approaches to HF in Canada and share perspectives on the most pressing issues, challenges, and barriers to advancing HF. Considering the distinct but interrelated domains of research, policy, and practice, participants discussed ways to begin to tackle the issues, challenges, and barriers and identify who might be best positioned to lead action in each area.



Recommendation 1: Generate and capture data to guide HF innovations and adaptations to fit the current context and meet current needs.

Although strong evidence demonstrates the efficacy of HF programs in Canada, critical data gaps remain. Participants identified gaps related to core population needs and preferences, effective adaptations to the HF model to respond to changing needs within unhoused populations, and real-time data from HF programs that provide a clear picture of the current context in Canada around housing and homelessness. Lack of access to these critical data creates significant challenges to understanding and meeting the needs of diverse populations. These challenges include (1) effectively adapting the HF model while adhering to the core principles of HF and (2) providing sound and relevant recommendations to inform policy and practice.

Recommended actions

- 1.1** Conduct ongoing, standardized data tracking at a national level to better understand the current context and needs in Canada and to inform immediate action and long-term planning. Priorities include creating a uniform system with standardized indicators to capture (1) the current state of homelessness and HF in Canada on an annual basis, (2) factors driving homelessness, (3) the needs and preferences of HF service users, (4) core housing needs, and (5) the need for different housing models and approaches (e.g., congregate versus scattered-site allocations).
- 1.2** Generate new data on HF outcomes and the needs and preferences of diverse populations to inform innovations and adaptations of the model. Priorities include examining the needs of unique populations (i.e., people with severe addictions, Indigenous people, racialized groups, immigrant and refugee populations, 2SLGBTQ+ people, youth, women, Veterans) and HF preferences and outcomes (i.e., quality of life; belonging and inclusion; access to “on demand” mental health and substance use health supports, physical health services, and housing supports). Also recommended is conducting research demonstration projects to demonstrate the model’s effectiveness in responding to visible and manageable issues (e.g., using HF to address encampments).
- 1.3** Consistently evaluate the fidelity and effectiveness of adapted HF models in improving a range of outcomes including ones related to housing, mental health, substance use health, community integration, quality of life, recovery, and physical health. It is critical to understand how to adapt the model and incorporate innovative practices while maintaining fidelity and effectiveness.



- 1.4 Leverage evidence to enhance efforts to advance HF. Decision makers need to be equipped with relevant, compelling, and up-to-date research and evidence that demonstrates (1) the cost-benefit and cost-effectiveness of HF interventions (e.g., hospital visits and admissions, interactions with law enforcement and the criminal justice system), (2) the viability of HF across different populations and communities across Canada, and (3) links to better housing and mental health and substance use health outcomes.



Recommendation 2: Enhance training, support, and knowledge exchange opportunities for the HF workforce.

Enhancing training and supports and creating opportunities for knowledge exchange have the potential to lead to greater consistency, stability, and scalability of HF programs. These efforts will also contribute significantly to greater alignment of programs with the core principles of HF. Addressing potential impacts of HF programs on the health and well-being of HF service providers, including the impacts of being involved in complex critical incidents and experiencing violence, should also be prioritized.

Recommended actions

- 2.1 Develop and implement standardized training to ensure HF providers are well equipped to implement HF and HF4Y

programs according to their core principles, while also tailoring programs to meet the unique needs of different populations and to work effectively with people experiencing homelessness, severe mental illness, and/or addiction. Tools, such as a supervisor manual, could be developed to help address workforce challenges and improve consistency across HF sites and models.

- 2.2 Address workplace issues including working conditions, pay disparities, and support to help HF service providers to manage and cope with the challenges and difficulties of working in HF. Develop centralized and standardized workplace health and safety standards commensurate with those available to first responders.
- 2.3 Bridge the knowledge-to-practice gap and enhance opportunities for knowledge exchange among HF service providers, researchers, and clinicians through communities of practice (e.g., regional communities of practice for HF program staff), networking, training opportunities, and training programs for medical and other health professionals. Develop effective mechanisms to break down siloes between the research community, practitioners, and HF service providers and bridge the critical gap between what we know (from the evidence and practice) and how we are using that knowledge.





Recommendation 3: Develop a sustainable, long-term vision and strategy to increase the supply of deeply affordable housing and the availability of health services and supports to enhance the quality of care for people accessing HF programs.

HF cannot advance in Canada without (1) expanding the affordable housing stock to meet demand and quality standards, and (2) committing to long-term and sustainable funding to run HF programs with the necessary supports and services. Engagement with PWLLE and service users creates significant opportunities for ensuring the provision of relevant and equitable services.

Recommended actions

3.1 Ensure the availability of adequate and affordable housing stock, which is an essential element in supporting those living with mental health and/or substance use health issues who are precariously housed, at risk of homelessness, or currently unhoused. Deeply affordable rental and social housing needs to be built or acquired to ensure housing supply meets current and future demand. This includes ensuring a range of options are available that reflect HF service users' preferences and needs regarding housing type (e.g., scattered versus congregate models) and community engagement.

3.2 Ensure that HF service providers can provide essential and integrated wrap-around services that address mental, substance use, and physical health needs and concerns so that they can effectively implement HF programs and offer adequate support and services for HF service users. These services include mental health and substance use health care, access to medical and other health professionals, meals, and supports to maintain living space and integration in the community. This requires funding that is long term and sustainable, that can keep up with inflation and cost of living increases, and that includes an adequate budget for capital preservation (i.e., property damage).

3.3 Prioritize cultural safety for Indigenous people accessing care. Care should be culturally grounded and align with Indigenous values. The workforce should be trained to provide culturally relevant, trauma-informed support. Using Indigenous-specific fidelity assessment scales can help ensure the HF model aligns with cultural needs and evolves appropriately over time.

3.4 Foster strong relationships and partnerships with community and primary care partners to enhance the continuum of care and support available to people in HF programs, within and beyond traditional health services. Examples include offering high-quality and adequately resourced intensive case management and assertive

community treatment teams, including addictions specialists, as part of the integrated support framework, and developing multidisciplinary teams with staff complements responsive to the evolving needs of the population, including nursing, occupational therapists, personal support workers, and peer specialists.

3.5 Integrate the perspectives of PWLLE of homelessness, mental illness, and addiction into governance structures and decision-making frameworks, ensuring policies and care services address systemic barriers and reflect lived realities, such as loneliness, social isolation, and the need for inclusion. Providing person-centred care where HF service users are empowered to participate in their care journey and in decision making is vital to their recovery. This transformative shift requires changing traditional systems of governance by uplifting the voices of PWLLE in a meaningful way.





Recommendation 4: Identify champions to advance HF in Canada and enhance education and awareness efforts around the purpose and benefits of a HF approach to address homelessness for those living with mental health and/or substance use health problems.

Several factors have limited public perceptions that HF programs can and will make a difference: stigma, discrimination, and negative perceptions surrounding mental illness, substance use, and people experiencing homelessness; the increased visibility of homelessness in communities in Canada; and a lack of understanding of the effectiveness of HF approaches. This situation has impeded the prioritization, uptake, and success of the HF model in Canada. There is a need (1) for renewed leadership in HF to build awareness, foster collaboration, and secure political, policy, and funding commitments and (2) to identify champions and supporters who can promote HF programs to bolster support and increase uptake and prioritization of HF programs in Canada.

Recommended actions

4.1 Ensure the longevity and sustainability of HF by establishing effective leadership models, and identify champions at the federal, provincial, and municipal levels who can promote HF as a viable, evidence-based, and cost-effective solution to address homelessness for people living with mental health and/or substance use health challenges in Canada.

It is important to go beyond the data by using compelling stories and narratives that frame HF in relatable terms.

4.2 Increase public understanding, awareness, and buy-in of HF, which is essential to its success. It will require working with various forms of media (including social media platforms) to help humanize issues around housing, homelessness, and mental health and/or substance use health. This could begin with targeted efforts to educate the media about HF and homelessness and emphasize their role in combatting stigma, engaging in responsible reporting, and encouraging the reporting of success stories in addition to those highlighting challenges and difficulties.

4.3 Develop a robust communication strategy to equip the media and public with sound knowledge and evidence to inform greater understanding of HF. The evidence linking HF to improved housing and mental health and substance use health outcomes should be clearly demonstrated and a strong business and financial case should be developed for HF programs, including the cost benefit and return on investment.

4.4 Develop and strengthen relationships with landlords, who are foundational to the implementation and success of HF programs. To attract new landlords and maintain relationships with existing ones, HF needs to be seen as viable, profitable, and relatively low risk and should be accompanied by a guarantee



of support for both tenants and landlords. Targeted efforts to educate landlords about mental health and substance use health and homelessness and reduce stigma around these issues are also critical. There is a need to identify supportive landlords through landlord associations and focus on non-governmental organization (NGO) housing providers and municipal housing providers where there is considerable stock that may require fewer subsidies. This could be achieved by building a business case and greater financial incentives for HF participation and enhancing both training and supports (e.g., providing meaningful support to address challenges as they emerge, updating the landlord engagement toolkit).



Who should be leading these efforts?



As part of the workshop discussions, participants were asked to identify who, in Canada, is best positioned to act on the issues and challenges identified. Participants indicated that while some players have a more significant role and greater responsibility than others, efforts to advance HF in Canada must be shared across multiple jurisdictions and domains. It is important to note that there are many organizations and individuals (including municipal and provincial/territorial governments, housing and HF providers, champions, researchers, and others) actively engaged in advancing HF and homelessness initiatives across the country—understanding how to support and leverage the important work already underway is critical to the success and advancement of HF in Canada.

- ▶ People with lived and living experience are essential to advancing HF in Canada. They must be engaged and consulted in a meaningful way, at all stages and all levels of planning and implementation, including in research, knowledge mobilization, leadership, and decision making.
- ▶ Agencies, housing and HF providers, and direct service staff are critical partners in providing essential housing and mental health and substance use health support to those who need it. Agencies need to build in knowledge exchange and training opportunities for providers to enhance evidence-based practice and the provision of culturally safe and competent care, and they should work to foster relationships with community and primary care providers and landlords.
- ▶ Indigenous-led efforts are critical to advancing our understanding of (1) the unique needs of Indigenous people and communities with respect to mental health and substance use health, housing, and homelessness, and (2) how to adapt and provide HF programs as well as mental health and substance use health services and supports in a way that is culturally grounded, relevant, safe, and deeply aligned with Indigenous values.
- ▶ Influential mental health and substance use health, housing, homelessness, and anti-poverty organizations and networks have an important role to play in providing HF leadership at a national and provincial/territorial level. They need to be involved in developing standardized training for providers, mobilizing evidence through knowledge exchange



opportunities, developing and updating guidelines for working in partnership with landlords, identifying and acting as champions for HF, and engaging in and championing efforts when and where possible. Workshop participants highlighted the MHCC, the Canadian Alliance to End Homelessness, Canadian Mental Health Association, the Canadian Centre on Substance Use and Addiction, the Canadian Housing First Network, the Right to Housing Coalition, and the Federal Housing Advocate as key players.

- ▶ The media (including traditional media, social media, and other emerging formats) are essential in shaping public opinion on homelessness and HF. Working with media partners to encourage responsible reporting and the dissemination of evidence-based information is a critical part of an overall strategy to advance HF.
- ▶ Researchers in the public and private sectors and academia need to collaborate with the service provider sectors and PWLLE to continue to advance the evidence and knowledge base on HF, collecting data to inform innovations and adaptations to the model. Knowledge mobilization and exchange opportunities are required to bridge the gap between research and practice.

- ▶ Policy makers can contribute to advancing HF through the development of sound policy grounded in evidence and lived and living experience and expertise.
- ▶ A whole-of-government approach (i.e., municipal, provincial/territorial, federal) for HF implementation is important to address homelessness and advance HF.
- ▶ There is an opportunity for statistical departments, agencies, and organizations to work toward standardizing data collection across provinces and territories and develop a pan-Canadian database that captures the current state of homelessness and HF in Canada on an annual basis.



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