

Chapter 1

Section 1.07

Ministry of Health and Long-Term Care

Housing and Supportive Services for People with Mental Health Issues (Community-Based)

Follow-Up on VFM Section 3.07, 2016 Annual Report

RECOMMENDATION STATUS OVERVIEW						
	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	1		1			
Recommendation 2	2			2		
Recommendation 3	1			1		
Recommendation 4	1			1		
Recommendation 5	1			1		
Recommendation 6	5		1	4		
Recommendation 7	6		3	3		
Recommendation 8	2		1	1		
Recommendation 9	4		1	3		
Recommendation 10	1			1		
Recommendation 11	5		5			
Recommendation 12	1		1			
Recommendation 13	3		2	1		
Recommendation 14	1	1				
Total	34	1	15	18	0	0
%	100	3	44	53	0	0

Overall Conclusion

As of October 31, 2018, the Ministry of Health and Long-Term Care (Ministry) and the Local Health Integration Networks (LHINs) have fully implemented only one recommendation. This recommendation relates to actions taken to help identify and share best practices in supportive housing.

The Ministry and the LHINs have made progress in implementing 44% of the recommended actions. For instance, the Ministry has released a supportive housing policy framework and is working on a plan to phase it in. As well, the Ministry was working toward having additional housing units in place based on the funding announcements that it had made in recent years. Further, the Ministry was working toward establishing core service guidelines and standards of care guidelines following the Mental Health and Addictions Leadership Advisory Council's recommendations.

There has been little or no progress on 53% of the recommended actions. For example, the Ministry was in the process of rolling out a new business system to collect more information, such as vacancy rates, unit/building accessibility, and subsidy costs associated with tenant rents for analysis and monitoring purposes. But the Ministry has not yet determined how the system can be used to report additional information. Such information includes complaints by housing providers; cost and service data on the types of support services provided to clients living in mental health supportive housing; and confirmation that housing providers have checked clients' mental illness diagnosis prior to putting their names on the wait list.

As well, the Ministry has done little to develop strategies and processes to transition individuals who no longer require supportive housing to other forms of housing. Further, the Ministry has not yet analyzed the costs of housing clients under each of the housing programs in the short and long term. Finally, the Ministry is not yet conducting routine

site visits to the supportive housing properties it funds.

The Ministry indicated that the change in government has required new policy development to align with the articulated priorities and funding commitments of the new government. Though the Ministry has continued to move forward on foundational work, implementation of a new policy framework and investments has been extended during this transition.

The Ministry is currently seeking policy approval for multi-year mental-health and addictions initiatives tied to the \$3.8-billion provincial and federal commitment to build a comprehensive mental-health and addictions system. The Ministry expects that these initiatives, once implemented, will address a number of our recommendations.

The status of actions taken on each of our recommendations is described in this report.

Background

Under four supportive housing programs funded by the Ministry of Health and Long-Term Care (Ministry), the Ontario Government subsidizes 13,140 housing units (12,300 at the time of our 2016 audit) and funds support services to individuals with serious mental illness who have housing needs.

The programs are delivered by mental health housing and support services agencies that contract with the Ministry and/or the Local Health Integration Networks (LHINs) that have a mandate to plan, fund and integrate health services, including mental health services, in 14 geographic areas within Ontario.

Supportive housing includes two components—housing and support services. The Ministry funds and monitors housing, while the LHINs fund and monitor support services. Support services are provided to help housing clients cope with their mental illness and stay housed. They may include case

management, counselling and vocational supports. Housing agencies deliver these services to their clients either on their own or in partnership with other mental health agencies.

Our audit in 2016 found that the Ministry, the LHINs and service providers did not have adequate information, systems and procedures in place to cost effectively oversee, co-ordinate and deliver housing with support services to people with mental illness. They also did not sufficiently measure and publicly report on the effectiveness of Ontario's mental health supportive housing programs.

Consistent with concerns our Office raised in previous audits of community mental health in 2002 and 2008, and our subsequent follow-up on the latter audit in 2010, we continued to find that the Ministry did not have consolidated information on the demand for mental health supportive housing in the province, did not assess the cost-effectiveness of the four mental health housing programs, and did not measure the outcomes of individuals housed.

The following are some of our significant observations:

- The Ministry and three other ministries (the Ministry of Housing, the Ministry of Children and Youth Services, and the Ministry of Community and Social Services—the latter two have since merged and are now known as the Ministry of Children, Community and Social Services) together operate 14 housing programs in Ontario. At the time of our audit, the four ministries were working on a supportive housing framework to guide better alignment of existing and/or planned housing initiatives; they intended to release it publicly by early 2017.
- Not all LHINs had regional wait lists, and the Ministry did not require housing agencies to maintain wait lists. Without a clear picture of the need for mental health supportive housing in each LHIN region, the Ministry could not effectively plan for the allocation of housing stock in the province.
- People who were ready to be discharged from hospitals but had nowhere to go did not get priority over others in accessing mental health supportive housing, even though the cost of a hospital bed can be as much as nine times the cost of providing supportive housing. Also, those with a higher level of needs, such as 24/7 care including meal preparation or medication management, had difficulty getting into the first available housing because not all units were structured to allow for such levels of care. Individuals with mobility issues also tended to have longer waits because some units were not outfitted to accommodate their needs. Meanwhile, shared units remained vacant for up to 39 months because clients usually preferred not to share a unit. The Ministry did not know how many shared units it funds in Ontario.
- The Ministry had not provided any direction to agencies to guide transitioning efforts. Clients living in Ministry-funded supportive housing considered their house or unit their permanent home. But some supportive housing clients no longer needed or wanted support services. This practice contradicted the principle of supportive housing, which includes an element of support services.
- The Ministry indicated that tenants have the right to security of tenure under the *Residential Tenancies Act, 2006*, and held the view that mental health supportive housing was a permanent home. This has created a backlog in accessing available housing. There was no certainty on when occupied units would become available. Wait times to access mental health supportive housing could be up to seven years in the regions we visited.
- The Ministry committed to updating two older housing programs (Homes for Special Care and Habitat Services) whose program model no longer followed best practices. Twenty percent of the units in Ontario's mental health supportive housing were in

these two older programs that were created decades ago, primarily provided only room and board and were custodial in nature with no significant rehabilitative support services. At the time of our audit, the Ministry was beginning to review one program, and had allowed changes to the other.

- The Ministry paid just over \$100 million in 2015/16 to housing agencies to operate over 12,300 housing units in Ontario, but did not appropriately monitor whether agencies verified tenants' income levels. As well, the Ministry did not require housing agencies to conduct building-condition audits, which would have informed both the agency and the Ministry if the capital reserve was in an unfunded liability position (meaning that the agencies lacked the reserve funds to pay for needed major repairs and renovations).
- LHINs did not know whether agencies provided various support services, whether all housing clients received support services, and whether clients living in one area of the province received comparable service hours to clients with similar needs living in another area. LHINs gave agencies full discretion to deliver to their housing clients whatever support services they deemed proper and at whatever frequency and level of service.
- The Ministry did not collect information on housing clients to determine whether they ultimately lived independently and achieved recovery. The Ministry collected output-based information, such as how many units were occupied, but did not collect outcome data, such as whether clients' visits to hospitals or encounters with the justice system had decreased, or whether their ability to function had improved.

We made 14 recommendations, consisting of 34 actions, to address our audit findings.

We received commitment from the Ministry and the LHINs that they would take action to address our recommendations.

Status of Actions Taken on Recommendations

We conducted assurance work between April 1, 2018, and June 6, 2018. We obtained written representation from the Ministry of Health and Long-Term Care (Ministry) and the three Local Health Integration Networks (LHINs—North West, Toronto Central, and Waterloo Wellington) that, effective October 31, 2018, they had provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

Demand for Mental Health Supportive Housing Not Fully Known and Wait Lists Not Well Managed

Recommendation 1

To help identify data needed to plan for mental health supportive housing in Ontario such that people with mental illness can recover and live independently, the Ministry of Health and Long-Term Care (Ministry) should develop an implementation plan for its housing policy framework. This policy framework should define the Ministry's and the Local Health Integration Networks' (LHINs') roles; set measurable goals and program priorities; define the types of data that the Ministry and the LHINs need to collect, measure and analyze; assess risks and options to manage the risks; determine the resources required; and measure the impact of the Ministry's contribution to mental health supportive housing.

Status: In the process of being implemented by December 2019.

Details

In our 2016 audit, we reported that the Ministry did not have a housing policy framework. But we acknowledged that in 2011 it had started working with three other ministries that also operate supportive housing programs to improve housing programs in Ontario. The other three ministries were

the Ministry of Housing, the Ministry of Community and Social Services, and the Ministry of Children and Youth Services. This internal framework was approved by the deputy ministers from all four ministries in August 2015 and was intended to help develop a public framework, planned for release by early 2017.

At the time of our follow-up, the Ministry informed us that the Ontario Supportive Housing Policy Framework was released in March 2017. This policy framework identified measurable goals for mental health supportive housing that the Ministry can include in the Mental Health and Addictions Strategy. As well, the policy framework outlines various entities involved in supportive housing, including LHINs and social housing service managers. In addition, the Ministry indicated that it continues to assess risks of all its programs, including supportive housing, on an annual basis. Further, it noted that the policy framework and the planning that will be undertaken as part of the Mental Health and Addictions Strategy will guide future resources.

The Ministry also released the Ontario Supportive Housing Best Practice Guide in 2017 that aims to improve the quality of programs and increase accountability.

The Ministry informed us that further work is required to develop a specific supportive housing policy that would include all of the Ministry's supportive housing and support services in the following client categories: mental health and addictions; frail/elderly; physically disabled; acquired brain injuries; and HIV/AIDS.

At the time of our follow-up, the Ministry was still developing a plan but did not have a timeline for completing this work.

In terms of defining the types of data that the Ministry and the LHINs need to collect, in the 2017/18 fiscal year, the Ministry invested in a new supportive housing business system to replace a 20-year-old system. It expects to make further investments in the new system in 2018/19. The Ministry expects to introduce this new system

in October 2018. It can collect data on vacancy rates, unit/building accessibility, verification of tenant income, subsidy costs associated with tenant rents, utilities, vacancy losses, extraordinary expenses, as well as operating and mortgage costs for dedicated supportive housing. The Ministry also expects that it can use the new system to enhance oversight and accountability of funding for the housing component of supportive housing, and view progress in meeting the outcomes identified in the policy framework and other outcomes that the Ministry might identify as it finalizes its supportive housing plans.

Recommendation 2

To sufficiently understand the demand for mental health supportive housing for the purposes of short-term and long-term planning, the Ministry of Health and Long-Term Care should:

- *work with Local Health Integration Networks that do not have a central wait list to establish one, adopting existing wait-list technology and best practices from LHINs that have wait-list systems;*

Status: Little or no progress.

Details

We reported in 2016 that the use of regional wait lists was not common across all 14 LHINs. The process to access housing varied because not all regions had a single, centralized regional wait list for mental health supportive housing. The Ministry did not require housing agencies located in the same LHIN region to draw up a centralized wait list to help place individuals living in the same region, similar to the process for placing clients in long-term-care homes. As of March 31, 2016, of the 14 LHINs across the province, five had regional wait lists for mental health supportive housing. As well, we noted that two of the three LHINs we visited in that audit had a regional wait list, and one did not.

At the time of our follow-up, the LHIN that did not have a regional wait list when we visited

it in 2016 launched a centralized online client referral system in 2017 for housing and mental health services in one part of the region to help co-ordinate access.

On a provincial level, as a result of inter-ministerial work, two resources—a template for a local supportive housing resource guide and an overview of centralized access models for supportive housing—were developed to help communities co-ordinate access and build awareness of supportive housing. However, there is still considerable work to be done to establish central wait lists across all LHIN regions.

- *collect overall information on wait lists and wait times by region on a regular basis to inform provincial planning decisions.*

Status: Little or no progress.

Details

We noted in 2016 that the Ministry had no consolidated province-wide data on people waiting to access mental health supportive housing, and did not collect local wait information from agencies or regional wait information. Some agencies had chosen to collect wait information in collaboration with other agencies in the same geographic area through a centralized or streamlined access process; some had chosen to track wait information on their own; and some had chosen to not maintain any wait information at all. As a result, the overall demand for mental health supportive housing was not readily known.

At the time of our follow-up, one of the LHINs we visited in our 2016 audit was developing a supportive housing needs assessment for its catchment area, which the Ministry expects to receive in December 2018. As well, the Ministry was exploring how it can collect data on wait lists and wait times by region in its new supportive housing business system (described in **Recommendation 1**). This system is scheduled to be in place in October 2018.

Recommendation 3

To reduce costs in the health-care system and other public services and better serve clients with mental health issues and housing needs, the Ministry of Health and Long-Term Care should evaluate whether certain clients, such as those waiting in hospitals or those who are homeless, should get priority to access housing, and provide direction to housing agencies on its decision.

Status: Little or no progress.

Details

In our 2016 audit, mental health patients were not prioritized to access mental health supportive housing, except in limited circumstances in one of the three regions we visited.

At the time of this follow-up, the Ministry was exploring opportunities to research supportive housing for alternate-levels-of-care (ALC) clients with mental illness and/or addictions. ALC is a measure of how often a patient who could be treated elsewhere occupies a hospital bed. In May 2018, it confirmed its support of a research study application for the evaluation of transitions to supportive housing for such clients. The Ministry will also participate on a steering committee that guides this work. As well, in 2017/18, the Ministry invested funds to provide about 200 new supportive housing units to ALC high-risk seniors as part of its ALC Strategy. Some of these units included tenants with mental health and addiction issues.

Recommendation 4

To ensure that people with high needs or mobility issues are not subject to an unfair disadvantage of having to wait even longer than other clients for housing, the Ministry of Health and Long-Term Care should have sufficient housing stock to accommodate their needs.

Status: Little or no progress.

Details

In February 2017, the Ministry announced that it would invest in 1,150 supportive housing units.

By March 31, 2018, it had increased the province's supportive housing capacity by 592 units from this investment. In addition, in March 2018, under the previous government the Office of the Premier made a commitment to create an additional 2,475 supportive housing units by March 2022. As part of the planning and implementation of this new investment, the Ministry will consider how this new stock can accommodate people with high needs or mobility issues. The Ministry said that with the change in provincial government and its new investment plan in mental health funding, this action plan may be re-evaluated. The Ministry also indicated that its new supportive housing business system (described in **Recommendation 1**) will collect data on and track the number of accessible units.

Recommendation 5

To ensure that only clients with demonstrated needs are provided access to mental health supportive housing and that wait lists provide an accurate picture of need in the province for planning purposes, the Ministry of Health and Long-Term Care should require the housing provider or wait-list administrator to confirm clients' mental illness diagnosis before putting their names on the wait list, and clients' suitability to remain on a wait list on an ongoing basis.

Status: Little or no progress.

Details

In our 2016 audit, we reported that potential housing clients do not need to prove that they have a mental illness to be on a wait list. None of the wait lists examined—either regional or at individual agencies—require a potential client to provide medical proof that they have a mental illness diagnosis before putting their name on the list.

At the time of this follow-up, the Ministry informed us that it was exploring options to collect data in the new supportive housing business system (described in **Recommendation 1**) being developed that would have agencies confirm that individual assessments have been conducted.

Continuum of Housing and Transitional Services Framework Not in Place in Ontario

Recommendation 6

To ensure the limited supply of supportive housing is provided to mental health clients who can derive the most benefit from their residency, the Ministry of Health and Long-Term Care should:

- *collect data to determine how many housing units that it funds are occupied by individuals who no longer receive or require mental health support services;*

Status: Little or no progress.

Details

In our 2016 audit, we reported that one reason for the long wait time for mental health supportive housing in Ontario is that clients who are already housed can stay in these housing units indefinitely because the Ministry funds these homes as permanent housing. Even when clients no longer require support services, they can still stay in the mental health supportive housing.

At the time of this follow-up, the Ministry informed us that it was exploring options to determine how this information could be reported in the new supportive housing business system (described in **Recommendation 1**) that was being developed.

- *working with housing agencies, determine the profile of clients who are suitable to be transitioned to other forms of housing and develop a transition plan for these clients;*

Status: Little or no progress.

Details

We reported in our audit that although the Ministry considers the Province's mental health housing to be permanent and long term, it acknowledges that transitional housing deserves consideration. However, neither the Ministry nor the LHINs have given guidance to housing agencies to provide

transitional services to clients or to dedicate part of the housing stock as transitional units.

At the time of this follow-up, the Ministry informed us that it would do further work to determine how it would identify clients who may be suitable to be transitioned to other forms of housing, keeping in mind that supportive housing is considered permanent housing and that tenants in supportive housing are protected by the *Residential Tenancies Act, 2006*. The Ministry also noted that it plans to initiate work with housing partners to identify suitability of clients for transition to other forms of housing, in January 2019.

- *assess the merits of a housing continuum that offers a mix of time-limited and permanent housing;*
Status: In the process of being implemented by December 2019.

Details

As noted above, in our 2016 audit, neither the Ministry nor the LHINs had given guidance to housing agencies to provide transitional services to clients or to dedicate part of the housing stock as transitional units.

At the time of this follow-up, the Ministry informed us that in the fall of 2016, the Ministry of Housing held consultations regarding developing a legislative framework for transitional housing under the *Residential Tenancies Act, 2006*. This consultation was intended to provide legal direction on the future of transitional, time-limited housing, but did not result in an assessment on the merits of a housing continuum. The Ministry informed us that there are challenges with creating a housing continuum with limited stock and that ultimately transitional housing becomes permanent. In May 2017, the *Rental Fairness Act, 2017*, which proposed extending the time that defines transitional/time-limited housing from less than a year to not more than four years, received royal assent. This Act will come into effect at a later date. Based on these changes, the Ministry will assess the merits of a

housing continuum that offers a mix of time-limited and permanent housing, by December 2019.

- *identify alternative settings that can be used to house individuals who no longer require support services;*

Status: Little or no progress.

Details

At the time of this follow-up, the Ministry reported that it continues to collaborate with other partners, including other ministries, to explore alternative settings for people who no longer require support services. It added that further work with housing partners is required to identify alternative settings for clients who are suitable to transition to other forms of housing.

- *develop strategies and processes to transition individuals who no longer require supportive housing to other forms of housing.*

Status: Little or no progress.

Details

At the time of this follow-up, the Ministry reported that further work with housing partners is required to develop strategies and processes for clients who are suitable to transition to other forms of housing.

Supply of Housing Stock Not Evaluated for Adequacy, Distribution and Cost-Effectiveness

Recommendation 7

To ensure the limited resources available are allocated across the province to meet the housing needs of those with mental illness, the Ministry of Health and Long-Term Care should:

- *collect data on the demand for mental health housing and establish a goal for the number of mental health supportive housing units the province should have, along with timelines;*

Status: Little or no progress.

Details

We reported in 2016 that the Ministry had not set any goals for how many units of supportive housing Ontario needs or will need in the future. This meant it was not possible to determine whether the existing housing supply was being used effectively. In addition, Ontario's 12,365 units of mental health supportive housing across the province's 14 LHIN health regions were not planned with regard to areas with the most need because the Ministry did not have complete information on housing demand.

At the time of our follow-up, the Ministry informed us that it was exploring the possibility of capturing data that may help to create goals for the number of mental health supportive housing units based on demand in the province.

- *forecast the expected costs to house clients under each of the housing programs in the short and long term;*

Status: Little or no progress.

Details

In our 2016 audit, we reported that in the last 10 years ending in March 31, 2016, the Ministry had invested \$37.1 million, or 36% of its spending in mental health supportive housing, to rent supplement units. While rent supplement may be the least expensive option in the short term, the Ministry did not evaluate the merits of other housing programs in the long term. For example, dedicated housing builds permanent assets for the Province's supportive housing program. This allows for greater flexibility to provide varying levels of supports and to appropriately structure the living environment for tenants.

During our follow-up, the Ministry informed us it is exploring options as it develops a new supportive housing business system (described in **Recommendation 1**) to collect data on the costs for funding the various housing programs that could assist in forecasting short- and long-term costs. The Ministry will also initiate a review of the costs of

programs it funds and develop a strategy to address expiring operating agreements.

- *determine and use the most cost-effective approach to house individuals with mental health and housing needs when making additional future investments in this area;*

Status: Little or no progress.

Details

In our 2016 audit, the Ministry had not determined which of the four housing programs—Homes for Special Care, Habitat Services, rent supplements, and dedicated housing—was the most cost-effective in the long run to house clients with mental illness. At the time of this follow-up, the Ministry informed us that it will initiate a review of the costs of programs it funds.

- *work with Local Health Integration Networks to identify opportunities to redistribute resources among themselves to provide housing to areas with the greatest needs, considering the mix of self-contained and shared units in its housing stock;*

Status: In the process of being implemented by March 2022.

Details

In our 2016 audit, we reported that nine mental health housing units on average were available for every 10,000 people across the province as of March 2016; however, almost two-thirds of the province's 14 LHINs had fewer than nine units per 10,000 people. The disparity in the distribution of housing supply had contributed to differing wait times for mental health supportive housing across the province.

In March 2018, the Office of the Premier announced 2,475 new supportive housing units beginning in 2018/19 over the course of four years. The Ministry now allocates new investments to the LHINs considering such factors as the prevalence of mental health and addictions in the population, the prevalence of homelessness and other

socio-demographic variables, and the current amount of supportive housing available.

In turn, LHINs determine which agencies will deliver the rent supplement units, and which agencies will provide the associated supports. For instance, in 2017/18, one LHIN we visited in the 2016 audit reported that it completed an expression of interest for mental health and addiction supportive housing, which resulted in five agencies being awarded funding for 68 new supportive housing units. This LHIN had proposed a further 72 units in 2018/19 to the Ministry and was awaiting final approval.

- *review input from the Mental Health and Addictions Leadership Advisory Council on ways to expand the province's stock of supportive housing, and determine actions required in an expeditious manner;*

Status: In the process of being implemented by March 2022.

Details

In 2014, the government created the Mental Health and Addictions Leadership Advisory Council (Council). At the time of this follow-up, the Ministry informed us it has reviewed the Council's recommendations. As part of those recommendations, the Ministry announced in February 2017 that it will invest an additional \$20 million in 2017/18 and 2018/19 to fund an additional 1,150 units. Similarly, in October 2017, the Ministry introduced a new forensic mental health rent supplement program to fund 192 units over three years. Finally, in March 2018, the Office of the Premier announced that it would create an additional 2,475 supportive housing units over four years beginning in 2018/19. The Ministry said that with the change in provincial government and its new investment plan in mental health funding, this action plan may be re-evaluated.

- *expedite plans to transform the Homes for Special Care and initiate a review to transform the Habitat Services program.*

Status: In the process of being implemented by January 2020.

Details

In our 2016 audit, we reported that the Ministry had begun transforming the Homes for Special Care program and had allowed changes made by Habitat Services through a pilot project. These forms of housing were developed decades ago so are not required to provide support services and do not necessarily follow current best practices of supportive housing.

At the time of this follow-up, the Ministry informed us that it has begun in 2018 to modernize the Homes for Special Care program, starting with southwestern Ontario, where about one-quarter of the homes in the province are located. This work involves transitioning the accountability from hospitals to supportive housing providers, which can better provide Homes for Special Care clients the supports that they need. As of September 2018, all of the homes in southwestern Ontario have signed agreements with community mental health housing programs to operate under a new program called Community Homes for Opportunity. The new program supports independence and recovery, and is better aligned with the Ontario Supportive Housing Policy Framework.

For the Habitat Services program, the Ministry in December 2016 had notified partners of the program—the City of Toronto and Habitat Services—of its intent to explore options to modernize the program, beginning in January 2020. The Ministry said that with the change in provincial government and its new investment plan in mental health funding, this action plan may be re-evaluated.

Limited Ministry Oversight of Housing Programs

Recommendation 8

To improve efficiency in monitoring and decision-making, and to ensure housing vacancies are minimized, the Ministry of Health and Long-Term Care should:

- *require housing agencies to report vacancy rates and the reasons for vacancies;*

Status: In the process of being implemented by March 2020.

Details

In our 2016 audit, we reported that the Ministry did not generally require agencies to report the reasons for their vacancies and only did so in limited circumstances. Yet without knowing why a unit is vacant for longer than expected, the Ministry cannot ensure that the limited available units are put in use on a timely basis to serve people with mental health and housing needs.

At the time of this follow-up, the Ministry was assessing its transfer payment agencies' reporting requirements and how vacancy rates were being reported. As well, the Ministry's planned supportive housing business system may be able to capture vacancy rates. The Ministry expects to confirm this once it has finalized the system design sessions that relate to vacancy rates and vacancy reasons by March 2020.

- *compare vacancy information reported between agencies and between regions, and analyze this information from year to year.*

Status: Little or no progress.

Details

In our 2016 audit, we reported that while the Ministry required agencies to report the duration of occupancy and vacancy in months, it had to manually calculate each agency's vacancy rate and compare it against the 5% standard. The Ministry also did not compare vacancy rates among agencies

or across health regions. As a result, the Ministry did not know the number and percentage of agencies with vacancies over 5%, the range of vacancy rates between agencies and between regions, and the year-over-year comparison at the regional and provincial level. Without this data, the Ministry was limited in its analysis of vacancies and could not know whether there was improvement or decline in how vacancies were managed. This information would also assist the Ministry in its decisions on new funding for agencies.

At the time of this follow-up, the Ministry informed us that it is exploring whether the new system can collect vacancy information that can be compared between agencies and between regions.

Recommendation 9

To ensure that housing agencies receive appropriate resources to operate the mental health supportive housing program, the Ministry of Health and Long-Term Care should:

- *assess if increases to rent supplement subsidies are in line with legally allowed rent increases;*

Status: In the process of being implemented by March 2020.

Details

In our 2016 audit, we reported that the Ministry subsidized agencies using rent factors based on the lower end of market rent, an amount established by the Canada Mortgage and Housing Corporation. It did not adjust the subsidy according to the annual rent increases announced by the Province's Landlord and Tenant Board (Board). Private landlords had the right to adjust their rent upward as allowed by the Board, so agencies administering the rent supplement program had to find efficiencies within their operations to finance the difference. Agencies also told us that finding private landlords who were willing to rent at the lower end of the market could be challenging.

At the time of this follow-up, the Ministry reported that it was assessing the process currently

used to evaluate housing provider budgets to ensure these are consistent with annual rent increase guidelines. In addition, the Ministry expects to use the new supportive housing business system to put in place system checks—for instance, reference Ontario Rent Control Guidelines—to monitor increases to rent. The new supportive housing business system is scheduled to go live in October 2018.

- *verify, on a sample basis, whether housing agencies have performed the required client income verifications, and adjust the client subsidy payment accordingly;*

Status: Little or no progress.

Details

In our 2016 audit, we reported that the Ministry relied on the agencies to regularly verify their tenants' income and inform it if any changes should be made to the payment. However, the Ministry did not independently check whether agencies performed this verification. At six of the seven agencies we had visited, we identified instances where income was not being verified once a year. As a result, the risk existed that the Ministry's subsidy payments to agencies may not be in all cases appropriately geared to tenants' ability to pay their rent, and tenants may be paying more or less rent than they should.

At the time of this follow-up, the Ministry informed us that it was exploring opportunities for agencies to report or confirm whether income verifications are conducted.

- *specify to housing agencies the frequency of building-condition audits required; based on the results, work with the housing agencies to determine the appropriate action—for example, dispose of older assets in need of repair and replace these with updated safer units, or adjust payments to the capital reserves accordingly;*

Status: Little or no progress.

Details

We reported in our 2016 audit that the Ministry expected housing agencies to conduct building-condition audits on their own dedicated housing units, but did not formally require them to do so. The Ministry also did not specify how often these audits have to be completed and did not track which agencies had completed building-condition audits. Six of the seven agencies we visited owned properties, but only three had completed a building-condition audit in accordance with the Ministry's expectation.

The Ministry informed us during our follow-up that because the buildings are not owned by the Ministry, it cannot compel housing providers to conduct building-condition audits on their properties. The Ministry indicated that it will continue to explore options to address this recommendation and will develop plans to enhance its efforts for on-site inspection visits to ensure units are appropriately maintained.

- *perform routine site inspection visits to mental health supportive housing properties to assess if agencies are complying with the terms of their agreements; specifically, if agencies maintain properties in a good state of repair and cleanliness fit for occupancy.*

Status: Little or no progress.

Details

In our 2016 audit, we reported that although the Ministry had visited housing agencies, it did not formally inspect any properties, hampering the Ministry's ability to determine if agencies were complying with the terms of their agreement—specifically, if agencies maintain units in a good state of repair and cleanliness fit for occupancy.

At the time of this follow-up, the Ministry reported that it will develop an approach that reflects the Supportive Housing Policy Framework priority of providing safe and affordable housing to tenants. The Ministry does not have direct oversight on safety issues such as fire codes, as this is the responsibility of municipalities; however, the

Ministry will consider options to improve reporting on these matters.

Recommendation 10

To ensure appropriate oversight of agencies whose operating agreements have expired or will soon expire, and to confirm that the agencies still provide housing services to people with mental illness, the Ministry of Health and Long-Term Care should require agencies, regardless of the status of their operating agreements, to continue to report data on occupancy and vacancy, number of units used to house individuals with mental health issues, and financial information such as rent revenue and operating costs of units.

Status: Little or no progress.

Details

In 2016, we reported that each agency that operated dedicated housing had an operating agreement with the Ministry that was tied to the mortgage payment schedule and that set out the obligations of the agency. The operating agreements expire once the mortgages are fully paid. Without an operating agreement, agencies can continue to receive rent from tenants but would no longer receive funding from the Ministry.

As of March 31, 2016, just over 6% of the dedicated mental health housing properties had operating agreements that had expired, and just over 8% had operating agreements that were scheduled to expire in the next three years. By 2033, all mortgages will be paid off. As well, even though these agencies could still use the properties purchased using government funding to house tenants with mental illness, the agencies would no longer be required to report any information on the units, such as number of units used to house people with mental health issues, duration of occupancy and vacancy, and financial information. Without this information, the Ministry cannot monitor these housing units, even though they were purchased with public funding.

During our follow-up, the Ministry reported it is in discussion with its partner ministries, such as the Ministry of Housing, with the goal of developing a consistent approach to provincially administered housing at the end of the agreement. As well, the Ministry indicated that it is exploring options to maintain a relationship with agencies that would require ongoing reporting by the agencies.

More Information Needed to Confirm Delivery of Appropriate Support Services to Housed Tenants

Recommendation 11

To ensure tenants living in mental health supportive housing receive needed support services, Local Health Integration Networks, in conjunction with the Ministry of Health and Long-Term Care, should:

- *set standards on what services and levels of care should be available across the province—for example, consider the model developed by the Centre for Addictions and Mental Health or the model adopted by the children and youth mental health sector—and monitor that these are offered in all regions of the province;*

Status: In the process of being implemented by March 2023.

Details

In our 2016 audit, we reported that neither the Ministry nor the LHINs had a prescribed list of support services that agencies needed to provide to clients living in mental health housing, but such lists had been compiled in the past. Similarly, the Ministry and the LHINs had not defined the levels of care that should be provided to clients living in mental health supportive housing who are at various levels of needs, so there was little assurance that clients received equitable service across the province.

At the time of our follow-up, the Ministry reported that it is phasing in the Mental Health and Addictions Leadership Advisory Council's

recommendations, including the following eight core services:

- prevention, promotion and early intervention services;
- information assessment and referral services;
- counselling and therapy services;
- peer and family capacity building support;
- specialized consultation and assessments;
- crisis support services;
- intensive treatment services; and
- housing and social supports.

The Ministry advised us that beginning in the fiscal year 2018/19 and over the next few years to March 2023, it will develop core service guidelines and set program standards.

- *collect cost and service data on the types of support services provided to clients living in mental health support housing and analyze the data to detect anomalies;*

Status: In the process of being implemented by December 2019.

Details

In our 2016 audit, we reported that although LHINs fund mental health agencies to deliver support services in mental health supportive housing, the LHINs do not maintain sufficient information on the types, duration and costs of the different support services that are delivered to their clients.

At the time of this follow-up, one of the LHINs we visited in the 2016 audit informed us that it completed an assessment and project plan in December 2017, demonstrating the number of units and location of current supportive housing services, and next steps.

The other two LHINs we visited in the 2016 audit did not collect further information regarding cost and service data on the types of support services beyond what they were already collecting when we completed the audit in 2016. The Ministry informed us that it is developing applicable data fields to allow data collection in the new supportive housing business system that is scheduled to go

live in October 2018. The collection of data will be complete by December 2019.

- *obtain data on unmet service needs from housing agencies that use common assessment tools and reallocate resources to areas where needs are not being met;*

Status: In the process of being implemented by September 2019.

Details

In our 2016 audit, we reported that clients' service needs, as identified in the Ontario Common Assessment of Need tool, could be summarized across the region or the province to determine service gaps, but the LHINs did not obtain aggregate assessment data. At the three LHINs we visited, only one had obtained aggregate data from the assessment tool, though this was only done in 2014 as a one-time exercise. Not having this information means that the LHINs could be providing too much funding to agencies that have clients with the least unmet needs, while short-changing agencies that have clients with the most unmet needs.

At the time of our follow-up, the Ministry indicated that about half of the province's community mental health and addiction agencies, although not mandated to use the Ontario Common Assessment of Need, voluntarily use the tool. The Ministry also reported that it was working with two partners to explore the use of this tool across supportive housing programs. The Ministry had engaged Community Care Information Management, which, under the direction of the Ministry, supports the delivery of business and technology solutions to the community-care health providers; and with the Institute for Clinical Evaluative Sciences, a not-for-profit health research institute. Community Care Information Management updated the assessment tool to a newer version as of April 1, 2018. Community Care Information Management has engaged all 14 LHINs to collaborate on the rollout of this new version. Health-service providers already using the tool have until September 2019 to transition to

this version and will receive training and support from Community Care Information Management during this process.

- *develop expectations on what assessment tool agencies should use to measure housing clients' needs and the frequency with which it should be used;*

Status: In the process of being implemented by December 2020.

Details

In our 2016 audit, we reported that all seven agencies had adopted a common assessment tool—the Ontario Common Assessment of Needs—although only one of the three LHINs we visited mandated its agencies to use this tool.

At the time of this follow-up, the Ministry informed us that it is looking to standardize the assessment and evaluation tools that all Ministry and LHIN-funded agencies use to report their mental health and addictions service data. These tools could include the Ontario Common Assessment of Needs tool (to measure clients' needs), Service Prioritization Decision Assistance tool (to measure homelessness), and the Ontario Perception of Care tool (to measure clients' satisfaction). One of the LHINs we visited in the 2016 audit reported that in January 2017 it had fully put into practice one of these tools in its region. Also, as part of the modernization of Homes for Special Care, the Ministry and the housing agencies have agreed to use these three tools on an ongoing basis. The Ministry will explore how this can guide the use of common assessment tools by other agencies. The Ministry expects that it will be in a position to set expectations on which tool agencies should use by December 2020.

- *help mental health agencies establish formal working protocols to work with one*

another, and intervene when agencies fail to work collaboratively.

Status: In the process of being implemented by March 2019.

Details

In our 2016 audit, we reported that working relationships and protocols were not formalized between housing agencies and other agencies. Such relationships could better ensure that clients' service needs were met.

At the time of this follow-up, the LHINs informed us that as part of the LHIN sub-regional planning, local working groups have been established to help foster relationships with mental health service providers and offer opportunities for partnerships. One LHIN informed us that in 2018/19, community mental health and addictions will be a key area of focus for local working groups as they pull together the various health-service providers within a sub-region as partners.

The Ministry reported that it and the LHINs will continue to assess collaboration protocols and refine them as needed to create consistency.

Oversight of Supportive Housing Agencies Is Limited

Recommendation 12

To assess whether the objective of the mental health supportive housing program is being met, the Ministry of Health and Long-Term Care, in conjunction with mental health service agencies and Local Health Integration Networks, should identify outcome indicators, establish performance targets, collect required information, and publicly report on the effectiveness of the province's mental health supportive housing.

Status: In the process of being implemented by April 2020.

Details

Performance indicators and outcomes are set out in the Ontario Supportive Housing Policy Framework. The Ministry reported to us in our follow-up that they are considered in new and existing supportive

housing initiatives, and are reflected in the modernized Homes for Special Care program agreements and the new supportive housing business system data collection.

As part of the Homes for Special Care modernization, the Ministry has identified measurable goals and outcomes that reflect the policy framework and align with outcomes stipulated in the Ministry's mental health and addictions data strategy. These goals and outcomes have been outlined in the draft accountability agreement that the Ministry is finalizing and will be used in the modernized Homes for Special Care program.

In addition, the Ministry informed us that the Mental Health and Addictions Strategy's Data Task Group after our audit identified two types of data that the Ministry, LHINs and health-service providers need to collect, measure and analyze: primary data for clinical use and clinical decision-making by health-service providers; and secondary data for planning and performance measurement, monitoring and evaluation. The Ministry, in collaboration with community providers and data experts, will work on a minimum data set to help with consistent reporting across LHINs, hospitals and service providers. The Ministry anticipates the rollout of the minimum data set by April 2019; however, none yet that speak to community mental health, including supportive housing.

The Ministry expects that it will start collecting data on community mental health, including supportive housing, and will explore reporting on key system indicators by April 2020.

Recommendation 13

To ensure that clients in mental health supportive housing receive quality service and to identify systemic concerns, the Ministry of Health and Long-Term Care, in conjunction with Local Health Integration Networks, should:

- *require housing and mental health agencies to develop standard questions to measure*

client satisfaction and collect consolidated response information;

Status: In the process of being implemented by December 2020.

Details

In our 2016 audit, we reported that only one of the three LHINs we visited required mental health agencies to ask specific questions regarding client satisfaction and to report the results. Because the surveys did not all ask the same questions and offer consistent response options, compiling and comparing survey information was not possible.

Since then, the Ministry has committed to using the Ontario Perception of Care survey to capture client satisfaction for the Homes for Special Care program as a first step, and will explore options to measure client satisfaction in other programs. In developing the new supportive housing business system, the Ministry will consider reporting client satisfaction results. This system is scheduled to go live in October 2018. Based on that work, the Ministry anticipates that it will require housing and mental health agencies to develop standard questions to measure client satisfaction by December 2020.

- *define what constitutes a serious incident and require agencies to report these;*

Status: In the process of being implemented by December 2019.

Details

In our 2016 audit, we reported that while the Ministry required operators of the Homes for Special Care housing program to report serious incidents, it did not extend this requirement to providers of other supportive housing programs. Of the seven agencies we visited, six reported serious incidents informally to their funding LHIN, and the remaining agency only reported internally to its own senior management and board.

At the time of our follow-up, one of the LHINs we visited in the 2016 audit was in the process of developing a framework for adverse event and

critical incident reporting by December 2018.

Another LHIN we visited in 2016 will require service providers to notify it of any high-risk events as part of its 2018/19 refresh of its service agreement between the LHIN and the service providers. The agreement will also define what constitutes a high-risk event.

In addition, as part of the plan to modernize the Homes for Special Care program, the Ministry has defined what constitutes a serious incident and will require supportive housing agencies that operate the Homes for Special Care program to report serious incidents to it.

Finally, the Ministry noted that it has not yet communicated the definition of a serious incident to supportive housing providers outside of the Homes for Special Care program. It plans to do so by December 2019 following the implementation of the supportive housing business system. The system will be operational in October 2018 and can collect information related to serious incidents.

- *require all housing and mental health agencies to report trends they note in complaints.*

Status: Little or no progress.

Details

Tracking complaints can help agencies and the LHINs identify common areas of concern across the system. At the time of this follow-up, the Ministry noted it is exploring opportunities for the planned supportive housing business system to collect information related to complaints.

Recommendation 14

To ensure that best practices are effectively identified and shared, the Ministry of Health and Long-Term Care, in conjunction with Local Health Integration Networks, should develop a process to evaluate whether initiatives or projects implemented locally or in other jurisdictions yield good results, and communicate these practices across the province.

Status: Fully implemented.

Details

Subsequent to our audit, the LHINs completed a Provincial Leading Practices Framework in December 2016. As well, in March 2017, the Ministry released two documents—the *Ontario Supportive Housing Policy Framework* and the *Ontario Supportive Housing Best Practice Guide*—to the LHINs and other housing partners, such as social housing providers. Furthermore, in 2017, the Mental Health and Addictions System Table—consisting of representatives from the LHINs, the Canadian Mental Health Association, the Centre for Addiction and Mental Health, Addictions and Mental Health Ontario, Health Quality Ontario and the Ministry of Children and Youth Services—surveyed the LHINs to identify and share leading practices to guide the LHINs as they make new supportive housing investments in their communities.