



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

2016 Value-for-Money Audit

Why We Did This Audit

- The shift from institutional to community mental-health services that began in the 1990s increased the need for mental health housing with support services.
- The Ontario Government subsidizes over 12,300 supportive housing units and funds support services to individuals with serious mental illness who have housing needs under four programs established between 1964 and 2000 (rent supplement; dedicated housing; homes for special care; and habitat services).
- There is a chronic shortage of mental-health supportive housing, so it is important to use the limited supply of housing effectively.
- The Province provides substantial funding. In 2015/16, the Ministry of Health and Long-Term Care (Ministry) spent more than \$100 million on operating and capital costs of mental-health housing, and, through the Local Health Integration Networks (LHINs), \$629 million on mental-health support services (including services for clients living in mental-health supportive housing).

Why It Matters

- The right housing and supports allow people recovering from or living with mental illness to better reintegrate into the community, and may allow people living with mental illness to reach their full potential.
- Mental-health supportive housing can help save money by reducing the need for hospital care, incarceration, and shelter stays.
- Mental-health supportive housing is especially important to homeless people with mental-health issues, or those staying in places that may not be promoting their recovery.

What We Found

- Agency wait-lists for housing do not prioritize high-need individuals or those awaiting discharge from psychiatric hospitals. People usually move from a wait-list in the order in which they apply. The cost to keep an individual in a psychiatric hospital is about nine times that of mental-health supportive housing. As of March 2016, in one of the regions we visited, wait times to access mental-health supportive housing ranged from one year to seven years; in another region we visited, there were slightly more than 11,000 people waiting on a wait-list where placement could take between 2.3 and 4.5 years.
- Consistent with our concerns in previous audits of community mental health in 2002 and 2008, the Ministry still lacks consolidated regional or agency wait-time information on the demand for mental-health supportive housing. The lack of a housing policy framework contributes to the Province's difficulty in sufficiently overseeing and co-ordinating the delivery of mental-health housing with support services. Without information on demand, the Ministry has not been able to set goals for how many mental-health supportive housing units are to be made available for those in need. The need for a housing policy was identified in 1999.
- The Ministry and LHINs do not monitor if mental-health supportive housing clients are receiving supports and if housing providers are maintaining housing stock in good condition. They do not know what types of support services are provided to housing clients on an annual basis, how effective they are, and whether clients are satisfied with supportive housing.
- The Ministry does not assess the cost-effectiveness of the four programs it funds, and does not track outcomes of individuals housed in the system. Although lists of mental-health support services have appeared in multiple Ministry-commissioned reports since 1988, the LHINs do not know whether agencies provide these various support services, whether all housing clients receive support services, and whether clients living in one area of the province receive comparable service hours to clients with similar needs living in another area. LHINs give agencies full discretion to deliver to their housing clients whatever support services they deem proper and at whatever frequency and level of service.

Conclusions

- With limited resources, the Province needs to make careful choices to ensure it provides mental-health housing to those most in need. This includes ensuring priority access for people with higher needs and having a process to transition clients who no longer require support services to other types of housing.
- The Ministry, LHINs and service providers do not have adequate systems and procedures in place to cost-effectively oversee, co-ordinate and deliver housing with support services to people with mental illness. Consolidated system-wide, wait-time (demand) information is needed for long-term planning.