Final Report:

Transitional Aged Youth (TAY) Innovative Housing Model



Submission to:
HKPR TAY Steering Committee:
Canadian Mental Health Association – HKPR
Community Living Peterborough
Community Living Central Highlands
Tri-County Community Support Services

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# Executive Summary

Finding housing for individuals with developmental disabilities and complex needs has proved to be quite a difficult challenge, particularly for Transitional-Aged Youth (TAY). Previously, the Ontario legislature had appointed a Select Committee, whose mandate included, “recommendations with respect to the urgent need for a comprehensive developmental services strategy”. At the same time, Ontario’s Ombudsman had finished reviewing services for people with developmental disabilities, and stated, “It’s about timely response to crisis situations. It’s about making sure people who need help are not left without supports or homes.” As well, an inter-ministerial committee (representing the Ministries of Community and Social Services, Health and Long-Term Care, as well as Justice, the police, hospitals and community service providers) has met to examine the housing problem. This study follows on the heels of “Ending the Wait” a report authored by the Housing Study Group, echoing much of what is found in this report and also calling for “An Action Agenda to Address the Housing Crisis Confronting Ontario Adults with Developmental Disabilities.”

This current study on developing an innovative housing model for Transitional Aged Youth (TAY) with complex needs has been completed on behalf of the HKPR TAY Steering Committee. The Committee would like to acknowledge that the funding for the study was provided by the Developmental Services Housing Task Force.

**Purpose**

The HKPR TAY Steering Committee has agreed to undertake a project that seeks to transform its service delivery model, develop a road map for transitional-aged youth, and then evaluate the project so that it can share its lessons learned and its effective practices with the Ministry of Community and Social Services and rest of the province.

**Project Activities**

The Pilot Project and Evaluation process began in December 2015 and involved a host of major activities that extended throughout 2016 and culminated in a presentation of findings to the HKPR TAY Steering Committee in March 2017. The following activities were included in the planning process:

* **Orientation to the project** – meeting with the TAY Steering Committee;
* **Constructing a theory of change**– the consultants worked with the Steering Committee to examine what it hoped to accomplish;
* **Literature Review** ­- a comprehensive strategy was developed and documented using a range of content and methodological search terms.
* **Designing and developing the eligibility tools and package** – eligibility criteria, assessment material and engagement and consent forms were developed by the consultants and amended and approved by the Steering Committee;
* **Ongoing progress reports were provided to the Advisory Group** –There were a number of update meetings with the Advisory Group at various intervals of the project ;
* **Draft and Final Report/Presentations on “Findings” and “Recommendations”** were provided to the TAY HKPR Steering Committee.

**A summary of the literature review**

The TAY Innovative Housing Model Pilot Project was informed by a literature review in regard to best and/or promising practices of community-based housing support models that integrate developmental and clinical supports. The complete literature review is provided in Appendix B.

This literature review focused on the question “What is the evidence related to the most promising housing and support models (e.g., physical/structural considerations, staffing, clinical supports and selection of participants) for transition-aged youth with a dual diagnosis of developmental disabilities and mental health concerns or complex needs. This review is by no means intended to provide an overview of all housing and support options available to individuals with a dual diagnosis, or a detailed description of different housing models. Rather, it describes some of the unique, innovative or forward-thinking ideas and models that are described in journals, online and by service providers, which can be used as a foundation for further exploration and planning.

**Conclusions of the Literature Review**

Overall, the literature offers little evidence related to “favoured” or evidence-based models of housing for young people with a dual diagnosis. The grey literature, and “on the ground” experience of organizations across North America, have, however, interesting models to share.

Regardless of the favoured model, researchers and authors agree that a range of housing options is needed to serve people with developmental disabilities, mental illness and/or complex needs. The needs and preferences of these populations vary considerably and no single housing model can successfully accommodate everyone (CAMH, 2002; Hallam et al., 2002; Stevens, 2004; CMHC, 2009; Sundberg, 2010; Bertelli et al., 2013; Community Living Ontario, 2013). Housing decisions should take in to account the strengths, goals, needs and resources of the individuals who will access these services, as a starting-point for decision-making.

This review has put forward some promising ideas and tools to support the design of an innovative housing approach for transition-aged youth with a dual diagnosis, which can serve as a foundation for further discussion, planning, consultation, prioritization, modelling, design, development and evaluation.

**The TAY Innovative Housing Model and Associated Evaluation Questions**

The five Partner Agencies embarked on an ambitious project in December 2015 to lead a major change process, not only in the four counties, but asserting itself as a DS Leader for agencies throughout Ontario. Its TAY Innovative Housing Model (hereafter referred to as the TAY model) initiative sought to transform its service delivery model, develop a road map for transitional-aged youth, and then evaluated the project so that it could share its lessons learned and its effective practices with the Ministry of Community and Social Services and rest of the province. It set a 16-month time frame to accomplish this with a Final Report and the evaluation was completed in March 2017.

The TAY Innovative Housing Model pilot was composed of four major elements.

1. A **collaborative partnership** between community mental health services (CMHA) and developmental services (a number of DS organizations) that guided the development, implementation, monitoring, and evaluation of the model.
2. The **availability of rent supplements** for use by participating youth to offset the rental expense of independent living. There were five rent supplements made available by CMHA, as part of pilot project funding by the Developmental Services Housing Task Force.
3. The **availability of individual and shared housing units** for youth to make the transition from the family home to an independent setting.
4. The **provision of community based and clinical supports** customized to meet individual needs associated with mental health and wellness, successful daily living, and social and community participation.

These elements were considered foundational to the model. Without each of these pieces, the TAY pilot could not be developed and implemented as intended.

At the outset of the project HSC Vision and Taylor Newberry Consulting (TNC) facilitated a logic model session with the project Steering Committee to articulate the overall structure of the program, the key project activities and their sequence, and the associated short-, mid-, and long-term outcomes that were expected. The resulting model, pictured in Figure 1 below, helped to guide the main evaluation questions and the overall evaluation design.

**Figure 1. TAY Housing Logic Model**



**Outcomes of the TAY Housing Program**

The activities of the TAY Housing Program are expected to lead to a range of short-, mid-, and long-term outcomes. In the TAY Housing model, customized and personalized supports provided within youth’s new housing environments are expected to increase engagement and commitment to independent living, lead to progress in their individual planning, increase participation in local programs, promote community involvement, and help maintain wellness and stability. Over time, youth will show improvements in a subsequent (mid-term) set of outcomes: improvements in activities of daily living (especially in those areas where they have experienced particular challenges); improved quality of life and life satisfaction; new friendships and other natural supports, and new personal goals and hopes in their lives.

The attainment of short- and mid-term outcomes help contribute to long-term, more fundamental outcomes that the TAY Housing model envisions: Stable, independent community living; meaningful participation in community life; and the pursuit of personal goals in relation to education, employment, and recreation. In short, the TAY Housing program has been designed to provide the early and necessary ingredients for the expression of full and equal citizenship.

**The TAY Housing Partnership and System Level Improvements**

In addition to the intended benefits experienced by participating youth, the TAY Housing partnership was interested in understanding how the model and governing partnership led to system improvements and innovative practices in supportive housing for youth with dual diagnosis. Specific outcomes were not articulated in advance; rather, the evaluation focused on identifying new and emergent collaborative practices and building recommendations for improving and expanding housing options for this population.

**Supports and Services: What Do They Look Like?**

A foundational aspect of the TAY program is the availability of enhanced supports beyond what youth were already receiving from developmental services. CMHA, via dedicated program funding, provided 1.6 FTE’s to provide a combination of case management and life skills supports. Features of this support include the following:

* Provision of life skills focused on money management, grocery shopping, housekeeping and laundry, cooking, use of appliances, and safety.
* Cooking skills in particular were a major focus, including a cooking program (at CMHA) and pre-transition teaching at the homes of youth who were transitioning.
* Strategies for coping with anxiety.
* Support in relation to managing social relationships and communication (e.g., appropriateness in social situations).
* Support in managing family relationships within the new context of independence.
* Working with families on their role in supporting the independence of the youth.
* Accompaniment to appointments and community events.
* Navigation and connection to medical and mental health care.
* Individual communication by phone and text for ongoing support.
* Support during crisis or other urgent situations.

**Reflections on Front-Line Collaboration**

We asked staff from both CLP and CMHA to reflect on the partnership and emerging model of shared support. It is important to recall that all youth were recruited through their connection with CLP and most received direct services from that organization; the enhanced services associated with transitioning and supporting independent living are provided by CMHA staff.

Both staff groups reported some initial growing pains and communication problems regarding roles and responsibilities; at times there was a lack of clarity of who should be playing the “lead” or primary worker role and who was responsible for what tasks. This was especially challenging when reviewing and supporting personal goal-planning – without frequent updates and communication, it is challenging for CLP to ascertain “where the youth was at” in certain life areas. These challenges have appeared to iron out over time as front-line staff got used to their roles. Otherwise, the shared support was widely praised as extremely helpful to the youth and to the overall work of both sets of service providers. The extra hours of support, from the perspective of staff, could often make a significant difference.

**Outcomes for TAY youth**

At left, the two outcomes of the TAY Housing program revolve around active participation and engagement in community-based programs and services that supplement TAY supports, as well as a range of social and recreational activities. These, of course, will vary with the needs and preferences of individual youth. There were a number of programs and services that youth have been utilizing, in addition to the TAY Housing supports:

Participation in current and new programs

Increased involvement in community activities

* The Phoenix program (life skills program for dual diagnosis)
* Peer groups and recreation programs through CLP
* Cooking program (offered by CMHA)
* TAG group
* Cognitive Behaviour Therapy
* Psychiatry

Socially, youth reported engaging in a number of community activities, including volunteer work, attending sporting events, using the YMCA, participating in art and music, and socializing with friends. Two youth have successful part-time employment. They vary, however, in how social and outgoing they are. Some are cautious about meeting new people and less engaged in social activities and some are quite social, and motivated to engage in community activities.

A family member believes the program is providing what is needed to reach this goal.

*“If I jump forward to today or this past little bit, we have some additional support that are coming in a little bit, so they’re making meals, making sure he’s eaten, making sure he gets his evening medication at the right time, not at the wrong time. So his state of mind is a lot better, so he’s happier.”* - Family member

We asked CLP staff to comment on the changes and benefits experienced by the youth, who they were supporting prior to the TAY Housing program.

*“I think the gentleman I provide service to, if it hadn’t been for this program, he would be spending a lot more time at the hospital. This is a much less expensive program than having somebody in hospital for extended periods, and he also has a life that he’s happy with.”*

*“Well, my particular person is going to appointments by himself, getting to hair appointments, walking, things that mom would have done in the past, driving him. Also too, he lives in town now. He lived in the country, so that’s opened up a whole new thing for him. Yeah, more independence, definitely. He went and did his own groceries.”* - CLP staff

*“The gentleman that I’m working with, it was very important to him that he become a man, which means not living with your mother and letting your mother run your life. He’s feeling that, he’s feeling like he’s more in charge of his life than his mother is, and he loves it. He’s acting surprisingly mature with it, …he’s just so happy to become an adult.”* - CLP staff

The themes of independence, identity, pride, and transition to adulthood come through strongly in these quotes. These are key ingredients for citizenship.

**Summary**

The HKPR TAY Housing Pilot Project has been very successful. Based on the Literature Review completed at the outset of the pilot and Housing First principles and effective practices, five youth have moved to new, more independent living situations and generally are gaining new skills and growing toward greater independence. Pre and post measures used at the beginning and end of the pilot period point to some gains and other areas to continue working on with the youth in the program. Interviews with all key stakeholders, including the youth themselves, some family members as well as staff and management from the different organizations providing support to the youth contributed to the consultant’s understanding on what worked well and what could be improved upon as the pilot moves to its next stage.

Cooperation between organizations in two different service sectors – developmental services and mental health – has been one of the success factors in enabling the pilot to be successful. Lessons learned throughout the pilot related to communication, intake and application processes, family involvement, transition periods and complexity of the youth’s support needs are all identified throughout this report, along with suggestions and considerations for future success.

# FINAL REPORT - Transitional Aged Youth (TAY) Innovative Housing Model

# 1.0 Introduction

Finding housing for individuals with developmental disabilities and complex needs has proved to be quite a difficult challenge, particularly for Transitional-Aged Youth (TAY). Previously, the Ontario legislature had appointed a Select Committee, whose mandate includes, “recommendations with respect to the urgent need for a comprehensive developmental services strategy”. At the same time, Ontario’s Ombudsman has finished reviewing services for people with developmental disabilities, and stated, “It’s about timely response to crisis situations. It’s about making sure people who need help are not left without supports or homes.” As well, an inter-ministerial committee (representing the Ministries of Community and Social Services, Health and Long-Term Care, as well as Justice, the police, hospitals and community service providers) has met to examine the housing problem. This study follows on the heels of “Ending the Wait” a report authored by the Housing Study Group, echoing much of what is found in this report and also calling for “An Action Agenda to Address the Housing Crisis Confronting Ontario Adults with Developmental Disabilities.”

This study on developing an innovative housing model for Transitional Aged Youth (TAY) with complex needs has been completed on behalf of the HKPR TAY Steering Committee. The Committee would like to acknowledge that the funding for the study was provided by the Developmental Services Housing Task Force.

The term, dual diagnosis, is generally used within Canada to describe individuals with a developmental disability *and* mental health needs and/or challenging behaviour. Most research on prevalence suggests that developmental disabilities are present in one to three per cent of the general population and that 30 to 38 per cent of people with developmental disabilities experience significant mental health needs, though this number could even be higher.[[1]](#footnote-1) This translates into a vulnerable population of three to 12 persons in every thousand who fall into the category of dual diagnosis. It is well known that adequate, secure, accessible and affordable housing is a social determinant of physical and mental health (CAMH Housing Policy Framework, 2014). And yet there is a severe shortage of supported housing for mental health populations, especially for those with developmental disabilities and complex needs who generally require higher levels of support, for longer periods of time, in highly specialized environments. Without suitable supported housing, individuals with dual diagnoses are at risk of chronic emergency room visits, hospital admissions with no possibility of discharge, multiple run-ins with crisis workers, shelter staff and police, and possible incarceration.

# 2.0 Purpose of the Review

This demonstration project had two phases. The first was a planning phase, necessary for the development of the second phase, the implementation of a pilot project focusing on transition housing for eligible young persons of transition age, with intellectual disabilities and a mental health concern e.g. dual diagnosis. The project was based on sharing existing housing resources (bricks and mortar, as well as attached support dollars), between MCSS and MOHLTC/Ministry of Housing. The pilot project is comprised of dedicated transitional aged youth housing/beds, with intentional staffing supports, with the purpose of building youth capacity to move to independent life and housing in the community, with or without ongoing Supported Independent Living (SIL) supports, as required. Partners in this project made significant in-kind contributions.

**Project Objectives**:

* Develop an innovative and effective approach with measurable outcomes, for young people so they can successfully transition to independent living in the community;
* Provide more intensive up-front supports to transitional aged youth, so they can develop the skills to live independently on discharge from the transitional housing project; and
* Build skills in eligible young people around activities of daily living (ADLs, e.g. finances, budgeting, dealing with landlords, employment, social inclusion, etc.), and self-care, (physical, mental, emotional, personal safety, etc.) so they can live more independently and with greater quality of life in their communities upon exit from the program. Education, employment and/or volunteer skill-building would be anticipated areas of development as well, providing opportunities for meaningful social inclusion.

**System Objectives**:

* Leverage housing resources from other ministries for “bricks and mortar” to provide intentional transitional support, in an innovative, system capacity-building, scalable and replicable model; and
* Efficiently use system resources to appropriately and seamlessly bridge eligible youth to interim adult supports in the form of transitional housing, where independent living is a viable alternative to more expensive staffed group living models, once the young person has the necessary skills. It is proposed that higher up-front costs will save the system money when less expensive supports would be needed after a more intensive, intentionally supported transition to independence.

**A note about other Project Objectives:** When the project was initiated, it had two other objectives that were identified in the original proposal to receive funds for the innovative model, yet were not fully acted upon in the operations of the project. The first objective involved the *leveraging of existing Community Living Peterborough housing* to serve five youth living in that house and re-purposing the value of the house through its sale. There was some examination of this objective, but moving these four or five youths from this house was not going to be practical due to their complex needs, the strained relationships among the youths and the amount of support that would have been required for their transition to greater independence. As well, due to the physical condition of the house its value, if sold, would have been less than originally thought.

The second objective related to *gaining greater access to specialized supports*. While the workers supporting the TAY youth certainly tried to access specialized supports, particularly psychiatry, this is still an outstanding need, not only for the TAY youths who are in this particular program, as well as youth in general in the community. There is a strong viable need for additional psychiatry, yet there is limited access to this type of resource, generally through a long waiting list. This issue speaks to the one of the overall objectives in serving people with a dual diagnosis and that is obtaining services across two Ministries (i.e. the Ministry of Health and Long Term Care and the Ministry of Community and Social services). While the pilot project demonstrated how well this can work, access to psychiatry was still a need identified throughout this project.

# 3.0 Review Activities

The Pilot Project and Evaluation process began in December 2015 and involved a host of major activities that extended throughout 2016 and culminated in a presentation of findings to the HKPR TAY Steering Committee in March 2017. The following activities were included in the planning process:

* **Orientation to the project** – meeting with the TAY Steering Committee to gain a full understanding of the Pilot Project, its goals and what the Committee hoped to accomplish throughout the design, implementation and evaluation stages of the project;
* **Constructing a theory of change** – the consultants worked with the Steering Committee to examine what it hoped to accomplish through this project and what would be different at the end of the project – from the Committee’s standpoint; from the youth’s perspective and how things might be different in the system of services and support for Transitional Aged Youth;
* **Literature Review** ­- For the literature review, a comprehensive strategy was developed and documented using a range of content and methodological search terms. An inclusive approach to the search terms was adopted in order to ensure that the searches obtained a wide range of possible materials related to the deliverables of the study.
* **Designing and developing the eligibility tools and package** – eligibility criteria, assessment material and engagement and consent forms were developed by the consultants and amended and approved by the Steering Committee; the package and tools were used by the referring agencies and the Committee to deem TAY eligible for the Pilot Project, and to create a baseline assessment of skills and goals that would be addressed throughout the Project;
* **Ongoing progress reports were provided to the Advisory Group** –There were a number of update meetings with the Advisory Group at various intervals of the project (e.g., monthly for progress reports/updates, an initial presentation of findings, and a meeting to present recommendations and options).
* **Draft Final Report/Presentations on “Findings” and “Recommendations”** were provided to the TAY HKPR Steering Committee.

# 4.0 A summary of the literature review

The TAY Innovative Housing Model Pilot Project was to be informed by a literature review in regard to best and/or promising practices of community-based housing support models that integrate developmental and clinical supports. The complete literature review is provided in Appendix B.

This literature review focused on the question “What is the evidence related to the most promising housing and support models (e.g., physical/structural considerations, staffing, clinical supports and selection of participants) for transition-aged youth with a dual diagnosis of developmental disabilities and mental health concerns or complex needs. This review is by no means intended to provide an overview of all housing and support options available to individuals with a dual diagnosis, or a detailed description of different housing models. Rather, it describes some of the unique, innovative or forward-thinking ideas and models that are described in journals, online and by service providers, which can be used as a foundation for further exploration and planning.

## Methodology of the Literature Review

Peer-reviewed and “grey” literature were reviewed. Search terms included developmental disabilities, intellectual disabilities, dual diagnosis, mental health, complex needs, housing models, supportive housing, transition aged youth, youth, and transition. Exclusions included addictions, substance use, elderly, and homeless, as these terms typically generated articles that were not specific to the population being researched. Articles from 2000 to 2015 were accessed through multiple databases including OvidSP (which includes searches across Medline, PsychInfo, and Embase), CINAHL, Web of Science, HealthSTAR, Cochrane Database of Systematic Reviews, ERIC, PubMed, Scholars Portal, JSTOR, PsychARTICLES, Social Services Abstracts and Google Scholar.

An internet search, and a search of relevant leading organizations’ and associations’ websites, was also conducted. The search focused on reports and publications as well as descriptions of programs being offered by these organizations. Executive summaries were scanned and promising reports were reviewed. Eight key informant interviews were conducted with staff of organizations working with people with developmental disabilities, with dual diagnosis and complex needs or challenging behaviours to complement the review

## Overall Findings

The overall conclusion of the literature review is that no specific types or models of housing are best suited to transition-aged youth with a dual diagnosis. Rather, the type of housing, and the related support services, should be based on each individual’s housing and support needs, the individual’s preferences, and the financial and support services available to the individual; and chosen in partnership with the young people and their families. “It is the interplay of these considerations that determines what housing model is ‘ideal’ in a given situation” (BCNPHA Research Department, 2009).

The housing and support services should also uphold key principles including inclusion, accessibility, person-centred support, flexibility, portability and choice. They should improve quality of life for young people and their families, and should be sustainable over the long term.

Based on the literature review and discussions with service providers, the key considerations for the planning process for Transition-Aged Youth include the following:

* Involving young people who may participate in the demonstration project, and their families, in the Steering Committee’s planning process. The perspectives, assets and needs of youth and their families should be the foundation of the model that is designed and implemented. This implies structuring the planning process in an inclusive and accessible way so that youth and their families can have meaningful involvement.
* Involving youth in a transition planning process before their transition begins. The literature recommends beginning around age 14 to plan for the young person’s desired future with a transition team, building the skills these youth will need to move forward, and preparing the resources, relationships and tools that will be needed to support the transition.
* Tailoring any housing model that is developed to the needs and strengths of the particular young people who will live there. This could, of course, be an iterative process of designing housing options while at the same time working with a group of young people on an individual planning and transition process, and then matching people and housing.
* A comprehensive planning approach. A comprehensive plan would take into account the many aspects of housing and support that need to align with each other. Research documents the need to incorporate many aspects such as housing, self-care skills training, support services, clinical and behavioural assessments and services, health services, community inclusion, participation in recreation and leisure activities, developing social networks and belonging, and empowering young people to achieve their goals, together in a comprehensive plan that recognizes the whole person who is being supported.
* While housing is a key foundation needed to participate in the community and achieve one’s dreams, the literature describes the provision of individualized, high-quality and consistent support services as likely the most important aspect of any initiative to support transition-aged youth with dual diagnosis.

## Principles

The literature identifies several principles that should form the basis of a supportive housing model for TAY with a dual diagnosis. It is recommended that supportive services will:

* Be person-centered (In Unison, 1998; UK Department of Health, 2007; HSC Vision, 2012)
* Be flexible (In Unison, 1998)
* Be tailored to the needs of the individual (In Unison, 1998)
* Be portable, in the sense that the funding for the services is not linked to the funding for the housing (FTP Accord on Disability, 1998; Koenig 2014)
* Provide the opportunity for people to choose their place of residence, where and with whom they live, on an equal basis with others (UN Convention on the Rights of Persons with Disabilities)
* Provide a range of in-home, residential and other community supports, including assistance to support independent living and inclusion in the community and prevent isolation (UN Convention on the Rights of Persons with Disabilities)
* Be “de-linked” or considered separately but interdependently from housing, as neither is sufficient without the other (UN Convention on the Rights of Persons with Disabilities).

The literature supports providing services within the community and avoiding out-of-area placements whenever possible. Community-based service models and cross-sectoral coordination are considered key in caring for people with a dual diagnosis. This requires “appropriately trained, specialized, interdisciplinary clinicians and direct care professionals who can support and link to mainstream mental health services, in order to care for clients in their own communities. Where mainstream services are not able to care for the very complex client situations, the goal is to avoid out-of-area placements wherever possible, and to ensure continuity of and transitional care” (HSC Vision, 2012).

## Models of Housing

Housing is generally referred to as a fundamental aspect of the support for people with disabilities. A review of the literature demonstrated that there is no model of housing best suited to transition-aged youth. Rather, the best arrangements are those built around the needs and preferences of individuals, and incorporating effective clinical, health and social supports. We do know that most youth prefer living in their own independent unit over congregate onsite service options; some do prefer having roommates. What is most important is alignment with youth preferences and an opportunity of normalized independent living.

## Description of Some Common Housing Types for Individuals with Dual Diagnosis

Supportive housing can be structured in many ways, but “ultimately provides a combination of affordable housing with wrap-around supportive services in a variety of settings based on the needs of the person with disabilities” (Koenig, 2014). Research has demonstrated that supportive housing produces positive outcomes and high levels of satisfaction among residents (Koenig, 2014). In the Appendix to this report, which includes the full Literature Review, there is a detailed description and listing of general categories of housing from a theoretical viewpoint, and includes both ‘mainstream’ and ‘innovative’ models.

## Other Examples in the Literature

“Exploring Housing Options for People with Developmental Disabilities in British Columbia” describes several actions that can increase access to affordable rental housing options, affordable home ownership options, encouraging community inclusion, increasing the supply of accessible housing, facilitating connections with needed services and supports, integrating natural supports into housing, and facilitating housing transitions.

## Housing Model Case Studies

There is also a section in the full Literature Review that provides several examples of real-life housing scenarios to “flesh out” and bring to life the housing model case studies. The case studies that are included in the Appendix are intended to provide a snapshot of various housing models and examples to foster consideration of new approaches. The case studies include:

* Case Study #1: Snow Goose (Elmira, Ontario) - Supported living with daytime staffing and live-in peer support
* Case Study #2: Community Living Options (Evanston, Illinois) - Partnership with a non-profit housing developer - ownership or rental in a community-based setting
* Case Study #3: Prairie Housing Co-operative (Winnipeg, Manitoba) - Co-operatively owned cluster housing with de-linked support services
* Case Study #4: Ottawa Share Equity Housing (Ottawa, Ontario) - An innovative financial model for Supported Independent Living (designed but not implemented)
* Case Study #5: Home in the Annex (Toronto, Ontario) - A caregiver-led housing approach to rental housing
* Case Study #6: START Model (United States) - Community-based system-linkage model providing access to mainstream as well as specialized services
* Case Study #7: Simcoe Community Services (Barrie, Ontario) - Enhanced supported independent living, leased by a non-profit organization, clustered apartment model
* Case Study #8: Kerry’s Place Autism Services (York Region, Ontario) - Staffed residential living for adults with complex needs
* Case Study #9: City Club (Burnaby, BC) - Supported living in a clustered rental housing arrangement
* Case Study #10: Southern Okanagan Association for Integrated Community Living (BC) - Supported living, owned by a non-profit, providing affordable rental housing with a commercial space to off-set rental costs

## CONCLUSIONS

Overall, the literature offers little evidence related to “favoured” or evidence-based models of housing for young people with a dual diagnosis. The grey literature, and “on the ground” experience of organizations across North America, have, however, interesting models to share.

Regardless of the favoured model, researchers and authors agree that a range of housing options is needed to serve people with developmental disabilities, mental illness and/or complex needs. The needs and preferences of these populations vary considerably and no single housing model can successfully accommodate everyone (CAMH, 2002; Hallam et al., 2002; Stevens, 2004; CMHC, 2009; Sundberg, 2010; Bertelli et al., 2013; Community Living Ontario, 2013). Housing decisions should take in to account the strengths, goals, needs and resources of the individuals who will access these services, as a starting-point for decision-making.

This review has put forward some promising ideas and tools to support the design of an innovative housing approach for transition-aged youth with a dual diagnosis, which can serve as a foundation for further discussion, planning, consultation, prioritization, modelling, design, development and evaluation.

# 5.0 The TAY Innovative Housing Model and Associated Evaluation Questions

The five Partner Agencies embarked on an ambitious project in December 2015 to lead a major change process, not only in the four counties, but asserting itself as a DS Leader for agencies throughout Ontario. Its TAY Innovative Housing Model (hereafter referred to as the TAY model) initiative sought to transform its service delivery model, develop a road map for transitional-aged youth, and then evaluated the project so that it could share its lessons learned and its effective practices with the Ministry of Community and Social Services and rest of the province. It set a 16-month time frame to accomplish this with a Final Report and the evaluation was completed in March 2017.

The TAY Innovative Housing Model pilot was composed of four major elements.

1. A **collaborative partnership** between community mental health services (CMHA) and developmental services (a number of DS organizations) that guided the development, implementation, monitoring, and evaluation of the model.
2. The **availability of rent supplements** for use by participating youth to offset the rental expense of independent living. There were five rent supplements made available by CMHA, as part of pilot project funding by the Developmental Services Housing Task Force.
3. The **availability of individual and shared housing units** for youth to make the transition from the family home to an independent setting.
4. The **provision of community based and clinical supports** customized to meet individual needs associated with mental health and wellness, successful daily living, and social and community participation.

These elements were considered foundational to the model. Without each of these pieces, the TAY pilot could not be developed and implemented as intended. We will return to a discussion of these components in the findings section described later in the report.

At the outset of the project HSC Vision and Taylor Newberry Consulting (TNC) facilitated a logic model session with the project Steering Committee to articulate the overall structure of the program, the key project activities and their sequence, and the associated short-, mid-, and long-term outcomes that were expected. The resulting model, pictured in Figure 1 below, helped to guide the main evaluation questions and the overall evaluation design.

**Figure 1. TAY Housing Logic Model**



## Program Set-Up

The top layer of the model represents the initial set-up of the program. The first step was to **recruit and hire two dedicated community workers** to provide customized support to youth in relation to mental health and wellness, activities of daily living, and community participation. 1.6 FTEs were hired by CMHA for this purpose.

The next step was to design **selection criteria for prospective TAY candidates**. Based on the funding proposal and other considerations, the following criteria were developed:

* 18 to 30 years of age
* Eligible for DSO supports
* Presence of a dual diagnosis of developmental disability and mental health concerns
* Existing engagement with services and a willingness to accept additional supports
* Voluntary commitment to participation in the program
* Family presence and involvement in transition
* Medically stable and able to independently take medications
* No history of arson, property destruction, aggression towards others
* No requirement of 24/7 or overnight supports

With these criteria in place, the partnership began **seeking eligible applicants** to bring forward for review. While the forwarding of candidates was open to all partners, Community Living Peterborough moved forward with list a candidates, who were chosen for the five allocated rent supplements.

Based on the eligibility criteria, the Steering Committee developed an **application package and procedure** that was completed by CLP representatives with each of the youth. The application package included an intake questionnaire to ascertain eligibility, signed agreements and consents of the youth and family regarding the nature of the program and a willingness to engage with services, and a status checklist of activities of daily living (ADL). The ADL tool is called the Client Skills Inventory Questionnaire (CSIQ) and was supplied with permission by Tri-County Community Support Services. This tool will be described later in the report as it also played a role in the evaluation.

In parallel to the recruitment and intake procedures, the Steering Committee initiated a scan of available housing options in the community. A number of suitable locations were identified.

Below are a list key evaluation questions pertaining to this set-up period that were developed with the Steering Committee.

|  |
| --- |
| **Program Set-Up - Key Evaluation Questions:***What selection criteria are established? What is the rationale?**How do the criteria align with the range of youth with dual diagnosis in terms of their presenting needs? Are criteria too restrictive and exclusive of some youth who need housing? Are the criteria too open?**To what extent is the information readily available? Is it accurate?* *What organizations are involved in referring youth to the program?* *What supports do referring organizations currently provide? What supports will continue to be provided moving forward?**Who is selected for the program? What are their presenting needs, risks, and goals?**What are the strengths and challenges of TAY within activities of daily living?**What housing types are selected and why?**To what extent are housing options tailored to individual needs and preferences? Where are there inconsistencies and why?**What challenges/barriers are experienced in this process?* |

## Activities with TAY

The second layer of the logic model focuses on the delivery of the program once applicants have agreed to be in the pilot and are committed to participate. In this period, support staff initiated individualized planning in relation to an independent living context. It should be noted that overall personal goal planning tended to already be completed with youth within their existing service relationship with CLP. The intent was to supplement and clarify existing personal goals within this new context. For example, strategies to become more active with friends in the community may change given their new social context and environment.

As youth become settled, staff attempted to reinforce, connect, and engage youth in new and existing community supports, services, recreational activities, and employment. Individualized support focused on skill building, independence, and social inclusion.

|  |
| --- |
| **Activities with Youth - Key Evaluation Questions:***What goals do TAY have in relation to housing and independent living?**What do family members wish to see for their son/daughter in terms of independent living?**What do plans look like? What supports and community resources are involved?**What areas of support planning are most needed?**What do ongoing supports look like? How intensive are they?**Who is involved in providing supports?**Where are there support gaps?* |

## Outcomes of the TAY Housing Program

The activities of the TAY Housing Program are expected to lead to a range of short-, mid-, and long-term outcomes. In the TAY Housing model, customized and personalized supports provided within youth’s new housing environments are expected to increase engagement and commitment to independent living, lead to progress in their individual planning, increase participation in local programs, promote community involvement, and help maintain wellness and stability. Over time, youth will show improvements in a subsequent (mid-term) set of outcomes: improvements in activities of daily living (especially in those areas where they have experienced particular challenges); improved quality of life and life satisfaction; new friendships and other natural supports, and new personal goals and hopes in their lives.

The attainment of short- and mid-term outcomes help contribute to long-term, more fundamental outcomes that the TAY Housing model envisions: Stable, independent community living; meaningful participation in community life; and the pursuit of personal goals in relation to education, employment, and recreation. In short, the TAY Housing program has been designed to provide the early and necessary ingredients for the expression of full and equal citizenship.

The key evaluation questions considered by the TAY program are applicable to all the outcomes of interest.

|  |
| --- |
| **TAY Housing Outcomes - Key Evaluation Questions:***To what extent have these outcomes improved over the course of the program?**What challenges and barriers do TAY experience in relation to these outcomes?**What supports are important to achieving these outcomes?**What elements of the housing environment are important to achieving these outcomes?* *What aspects of activities of daily living differentiate achievement of these outcomes?* |

## The TAY Housing Partnership and System Level Improvements

In addition to the intended benefits experienced by participating youth, the TAY Housing partnership was interested in understanding how the model and governing partnership led to system improvements and innovative practices in supportive housing for youth with dual diagnosis. Specific outcomes were not articulated in advance; rather, the evaluation focused on identifying new and emergent collaborative practices and building recommendations for improving and expanding housing options for this population.

|  |
| --- |
| **TAY Housing Outcomes - Key Evaluation Questions:**What has the partnership of providers learned about collaborative leadership and governance in building the TAY Housing model?What new practices and cross-sectoral approaches have emerged from the pilot in providing supportive housing for TAY youth with dual diagnosis?What recommendations does the partnership have to improve and expand the program?What role do cross-sectoral and cross-ministerial policy and funding models play in ensuring accessible supportive housing for TAY youth with dual diagnosis? |

# 6.0 Evaluation Methodology

The evaluation was designed to pursue three core areas of inquiry: 1) program development and implementation evaluation; 2) TAY outcomes; and 3) emerging service and system learnings. Development and implementation evaluation focused on the creation of the program, the characteristics of the TAY group, and the supports/services they received, while the outcome component focused on benefits experienced by youth in the short- and medium-term. The assessment of long-term outcomes are beyond the time frame of the evaluation and are inferred by the attainment of the outcomes that precede them. A parallel focus on service and system learnings aided in the understanding of promising practices, collaborative partnerships, and recommendations for program improvement and expansion.

## 6.1 Evaluation Tools and Methods

The evaluation employed a mix of tools and methods to help answer the full range of key evaluation questions associated with the three core areas of inquiry.

It is noted that the TAY Housing pilot focused on five youth. This small sample size meant that quantitative measures and related summary and inferential statistics were not possible. The evaluation was descriptive and qualitative and it drew upon multiple stakeholders to assemble a narrative picture of the change, experiences, and challenges of the youth. Below we provide our main evaluation tools and their associated uses in the evaluation.

| **Tool/Method** | **Description and Use** |
| --- | --- |
| **Client Skills Inventory Questionnaire (CSIQ)** | A tool developed by TCCSS for individual assessment and planning around activities of daily living. The CSIQ rates an individual’s skills in the following areas on 30 items within the following categories: Personal Care, Managing Home, Community Engagement, Practical Skills, Psycho-Social Skills, Safety, and Personal Relationships. The scale ranges from 1 to 3 (never performs, sometimes/partially performs, regularly performs) and each rating is indicated as based on self-report, direct observation by the rater, or third party report. Explanatory comments can be provided for each item.The CSIQ was used in the present evaluation to assess progress in their individualized plans, improvement in ADL, and other associated outcomes. The tool was completed at intake (summer/fall 2016) and again in March of 2017. Ratings and associated comments were examined and linked to other qualitative data, contributing to an assessment of change and progress for each individual. |
| **TAY Information Tracker and Steering Committee Meetings** | A password protected Excel file was created to capture:1. TAY demographics, presenting issues, risks and barriers, and entry status regarding social relationships, education, employment, and means of transportation.
2. Housing and move-in status
3. Updates on each TAY’s progress, current situation, concerns, successes, and next steps.

The Tracker helped contribute to our understanding of program delivery and progress toward a range of outcomes. This information was captured during four Steering Committee meetings taking place over the duration of the project. Meetings also provided an opportunity to reflect on the TAY Housing model, implementation issues, challenges, and a range of service system issues. |
| **Interviews with TAY residents** | Youth were interviewed by the evaluation team to gather firsthand reports of their experience of the transition to independent living. The interview protocol asked youth to make some basic ratings (1 to 5) about how they feel in their new place: how happy they are, how worried they are about living independently, how comfortable they feel, and the extent to which the new setting feels “like home”. Youth were also asked about the level of choice they have in their lives and how much this has changed since moving. All ratings were accompanied by open ended questions so that youth could explain their ratings. Additional questions asked youth about what they like and don’t like about their new place, new things they have learned, the supports they receive and need, their future goals, and the things they do now that they had not before. ADL areas were probed in these questions.4 of the 5 youth participated in an interview. Interviews were recorded and transcribed. One youth preferred not to be recorded. |
| **Interviews with TAY family members** | Three parents of two separate youth participated in interviews to gain additional perspectives on how the transition has been for the youth. The interviews were based on abridged content of TAY interviews. Family members were also asked about the impact of the transition on their own lives and family well-being. |
| **Focus Groups with Front-Line Staff** | Two focus groups were conducted, one with front-line staff of Community Living Peterborough, and one with staff of CMHA. These focus groups examined details of service delivery, front-line service collaboration, and the perceived impact on the youth. |
| **Focus Group: CMHA Management** | A focus group was conducted with CMHA management to discuss the higher level context of TAY Housing, collaborative partnerships, policy, and program expansion and improvement. |

# 7.0 Evaluation Findings

In the sections that follow our findings of the evaluation are provided, beginning with program development and implementation, and followed by TAY and service/system outcomes. Please note that personal and identifying information was confidential and privy only to program staff and the evaluation team. Findings are reported in non-identifying and/or summary form. Individual youth are only identified by code (i.e., TAY1, TAY2, etc.) and descriptive information is presented generically rather than specifically.

## 7.1 Recruitment and Intake: Who are the TAY Participants?

The application and intake protocol was used to ensure participating youth met the eligibility requirements of the program. In the sections that follow we provide descriptive information about the youth.

### Age and Gender

All five participating youth were male and were older youth, ranging from 26 to 30 years old. Thus the pilot cannot speak to independent living issues that may be specific to supporting female youth. For example, while safety is a concern for all TAY with developmental disabilities, the vulnerability of young women in regards to sexual exploitation and other abuses may be higher. Similarly, the pilot cannot speak to issues unique to younger youth. Older youth may tend to have greater experience with certain activities of daily living than might younger youth, allowing for greater successes in the transition. Future youth in the program may tend to be younger, since policy definitions (and associated funding) of transitional youth is often set at age 18-25.

### Prior Living Arrangements

Three of the five youth transitioned from their family home and had never lived independently prior to the program. One youth was already living independently in a bachelor unit subsidized by CLP.[[2]](#footnote-2) However it was determined that difficulties in daily living required enhanced supports and services. One youth was living in a room in a congregate living home staffed by Community Living Peterborough. In this case, the individual is receiving *less* support in the new program (in terms of hours) but customized to a new context of independent living

### Developmental Disabilities and Mental Health Difficulties

All youth have been assessed as having a developmental disability (3), FASD (1), or autism spectrum disorder (1), and therefore eligible for DSO services. Four of the five youth have mental health difficulties associated with anxiety, and one additionally experiences psychosis. One youth suffers from a neurological disorder that impacts both cognitive and mental health domains.

### Risks and Presenting Needs

There were a number of risks and support needs relevant to independent living shared among some of the youth, revolving around basic activities of daily living and decision-making capacity. Among the three youth who had been living with family, risks and needs included the following:

* Reliance on family members for day to day tasks and direction.
* Limited cooking skills and awareness of nutrition, and in two cases never having previously prepared a meal.
* Limited housekeeping skills

Among the two youth who were already in the community:

* Risk of exploitation and poor decision-making involving others (e.g., letting people into unit, spending money on friends).
* Safety concerns regarding going out late, wandering.

Staff commented on the issue of vulnerability as it applied to a few of the youth in the program:

“[When in independent living] *people have less supervision, maybe their choices haven’t been the best, and they can make themselves vulnerable. Even though they’re in community a lot, they’re not very street savvy, there’s still that vulnerability there.”*

*“The vulnerability, that’s why I’m so glad that there’s the program here.* [The youth] *appears to be a competent person, but when you’re downtown a fair bit, the people looking for trouble, looking to take advantage, they figure out who the frequent vulnerable people are, so often he’s pick-pocketed.”*

Some unique risks were also present. One youth was on probation and had serious restrictions on how old people could be that he was with and where he could go. An overall risk of all the youth was distress and crisis related to mental health difficulties; in some cases this was linked to proper medication use. No youth had issues with drug or alcohol use.

### Supports Prior to the Transition

Two of the youth received 3 hours/week of direct community supports, and one youth received supports via the congregate home. One youth received limited supports to maintain employment, and one youth had no supports at all, as they had just become connected to CLP.

### Employment, Education, and Financial Status

Two youth had part-time employment at the time of transition, while three did not. None of the youth were enrolled in any educational programming. Barriers to work and education included anxiety, lack of confidence, social skills, motivation and commitment. Four of five youth received ODSP and had finances controlled by their family. Trusteeships are in process for two youth via CMHA. One individual received Passport dollars.

**Family Support and Friendships**

With one exception, the youth had very supportive family relationships with parents and siblings. In one case, the family is involved but out of town. One youth has no family active in his life. Friendships varied. Some youth a had a few friends and others had lots of friends.

### Transportation

All youth independently get around town by walking, biking, or taking the bus, although there are a couple of examples where skills and awareness of public transit could be improved.

## 7.2 Reflections on the Eligibility Criteria and Participating Youth

Members of the Steering Committee debated the pros and cons of recruiting youth with more serious difficulties and/or deficits into the program. While all five youth fully meet the criteria, there was a sense that the youth recruited were those that stood the greatest chance of success – which is another way of saying that their needs were less pronounced than other potential candidates. It was decided that this recruitment approach was a reasonable course of action for a small pilot and for this first partnership across sectors. Despite a general prediction that these youth would be successful, it was still unclear what level and degree of support they would actually need within what was a brand new program and brand new service relationship. In addition, each youth had unique needs that presented specific challenges – this recognition provided a caution that the transition may lead to some acute problems. We expand on what supports were actually required in the next section. In short, the Committee felt it was prudent to test the model in relation to less risky situations in order to plan for an expanded TAY program that casts the net wider in the future.

## 7.3 Housing Options in the TAY Housing Program

While funding to provide rent supplements and dedicated supports were available for the TAY Innovative Housing program it was not the case that allocated housing units were ready and waiting for the youth. The program had to do a lot of up-front preparation and searching to find appropriate housing options in the community. Four units needed to be secured fairly quickly (recall that one youth was already housed but needed enhanced supports to safely maintain independence). It was fortuitous that The Mount Community Centre, a non-profit anti-poverty network, was opening new units at the front end of the TAY Housing program. “The Mount” is a community hub in Peterborough that provides affordable housing in an apartment style buildings, in addition to other amenities and community spaces. Individual units were secured at the Mount for two youth. The other two remaining youth were housed in independent apartments, one subsidized by Peterborough Housing and another within a CMHA-operated building with day staff.

## 7.4 Supports and Services: What Do They Look Like?

A foundational aspect of the TAY program is the availability of enhanced supports beyond what youth were already receiving from developmental services. CMHA, via dedicated program funding, provided 1.6 FTE’s to provide a combination of case management and life skills supports.

Features of this support include the following:

* Provision of life skills focused on money management, grocery shopping, housekeeping and laundry, cooking, use of appliances, and safety.
* Cooking skills in particular were a major focus, including a cooking program (at CMHA) and pre-transition teaching at the homes of youth who were transitioning.
* Strategies for coping with anxiety.
* Support in relation to managing social relationships and communication (e.g., appropriateness in social situations).
* Support in managing family relationships within the new context of independence.
* Working with families on their role in supporting the independence of the youth.
* Accompaniment to appointments and community events.
* Navigation and connection to medical and mental health care.
* Individual communication by phone and text for ongoing support.
* Support during crisis or other urgent situations.

Staff reported that, based on their current hours, the maximum number of TAY that could be effectively supported is likely six. In general, predicting the required allocation of support hours per person is very difficult, as support needs ebb and flow with the needs of the youth. In regards to the pilot group, staff estimated that about 80% of time spent in a given week is allocated to one youth who is experiencing particularly high needs, while the remaining 20% is spent on basic needs and check-ins with the rest of the youth. Support provision can become precarious quickly if more than one youth expresses high needs at the same time. This is a reality of the case management role, and it should be recognized that capacity of the program cannot be increased without a corresponding increase in available support hours.

In terms of unique needs managed by the team, examples have included hospitalization, injury, a requirement for travel out of the region, spikes in personal anxiety, managing medication misuse and side effects, and medical procedures creating immobility during recovery.

We asked staff to comment on common challenges they have experienced in their supportive roles. The biggest challenge identified was striking the right balance of providing effective supports spread across five youth. Times of crisis or urgent support can be particularly taxing and finding time to provide adequate support was sometimes a challenge. The demands of support time also impinge on other organizational responsibilities and administrative tasks.

An important learning for staff was the disconnect, at times, between what up-front assessments suggested were the main strengths and challenges of youth and what they actually observed in practice. For example, the claim that a youth “has cooking skills” might only mean that they can operate a microwave to heat food, rather than prepare a balanced meal. Staff also discovered that the move-in period was not as intensive as initially expected; in fact, the support needs emerged and grew over time as youth adjusted to independence. This is a particularly important observation as it is often suggested that transition supports need to be front-loaded and will naturally trail off. For some youth, the prospect of “stepping down” supports appears to be some time away, in the order of years. This issue is discussed later in the report.

## 7.5 Reflections on Front-Line Collaboration

We asked staff from both CLP and CMHA to reflect on the partnership and emerging model of shared support. It is important to recall that all youth were recruited through their connection with CLP and most received direct services from that organization; the enhanced services associated with transitioning and supporting independent living are provided by CMHA staff.

Both staff groups reported some initial growing pains and communication problems regarding roles and responsibilities; at times there was a lack of clarity of who should be playing the “lead” or primary worker role and who was responsible for what tasks. This was especially challenging when reviewing and supporting personal goal-planning – without frequent updates and communication, it is challenging for CLP to ascertain “where the youth was at” in certain life areas.

These challenges have appeared to iron out over time as front-line staff got used to their roles. Otherwise, the shared support was widely praised as extremely helpful to the youth and to the overall work of both sets of service providers. The extra hours of support, from the perspective of staff, could often make a significant difference.

*“He definitely needed some extra help, but he was in SIL, so it was only five hours a week. It helped with him going into this program and giving him the stuff that he actually needed, and the funding for it.”*

CLP staff were particularly pleased with CMHA’s role in addressing mental health related issues, a resource that has not been typically available to most people in developmental services:

*“I’ve supported people that have very significant mental health issues and have not been able to get a collaboration going in the past.” - CLP Staff*

“[The program] *has been great in that way, in that the person is receiving mental health support which we don’t provide. The gentleman that I’m providing service to, his mental health has declined significantly in this last year. I think that’s why he was chosen for this program, because there was a slow decline in his mental health being noticed. So more and more, he’s needing the services here.”*

CLP also noted the benefits of coordinated supports. For example:

“[Developmental services and mental health services have been] *very separate umbrellas, and if one agency was supporting the person the majority of the time, the other agency didn’t take on that role. Like, we went from having two entities to one, and now it’s all encompassing. It’s more holistic, it’s much better for sure.”*

*“We had something going on that we had to get done by--and we had a date, okay, the surgery is this date, and we had to have it all in place. So between the three of us, we came together and I found it was really good.”*

## 7.6 Exploring Youth-Focused Outcomes of the TAY Program

As described in our methodology section, outcomes were examined descriptively and qualitatively via the CSIQ, youth and family interviews, staff focus groups, and regular staff updates. We drew on all these sources to provide a narrative set of examples that speak to the attainment of youth outcomes.

Demonstrated progress in relation to individual plans, goals, and activities of daily living

Through individual planning that occurred prior to and during program intake, youth identified their main goals. In addition, staff assessed areas of daily living where youth needed help and support around which individualize plans were built. What sorts of personal goals do youth aspire to in their new independent living context?

For the three individuals that were transitioning from their family home, a main goal was, unsurprisingly, to live independently. Youth also described personal goals associated with daily practical skills, including managing finances, cooking, keeping up with housework, and shopping. Three youth had goals to improve (or establish) social skills, friendships, and romantic relationships. Two youth mentioned exercising and “being healthy”. A central goal for one youth was managing mental health concerns which required hospitalization early on the program.

As mentioned the CSIQ was used to assess activities in daily living at program intake and after approximately six months of independent living. In general, it was hoped that ADL scores would improve over time[[3]](#footnote-3). In our limited sample, we see some increases and some decreases in scores, but these tended to be minor and with a lot of variation across the sample. A caution provided by current staff was that they felt some youth may have inflated ratings in some domains at the outset, based on their own self-reports or reports of family members. It was only through working with the youth on a one-to-one basis and observing their skills, that it became clear that some items should have been rated lower. A common example centred on “Preparing Food” (an item under “Managing Home”). High scores had often been applied at the pre-program assessment based on self-reports that youth cook for themselves (as it turns out, often by merely using a microwave oven), when in fact they lacked any real proficiency in this area. In some cases, apparent drops from pre-program to 6-months simply reflect more accurate ratings made at the second time period. More stable and consistent gains might be more likely over a longer time frame of the evaluation.

With this in mind, the main function of the ratings is to provide some “places to look” in the qualitative data in terms of areas where youth are trying to improve. The table on the next page summarizes the CSIQ ratings. The following points should also be noted:

* the tool was rated by different workers at each time period, so inter-rater variance is to be expected; small changes in ratings may be due to this rating variance;
* each item within the ADL categories can be rated from 1 to 3 corresponding to “never performs”, “sometimes/partially performs” and “regularly performs;
* the notation after each component (e.g., “4, 12”) refers to the number of items in the ADL category and the total possible score. Because some items are not applicable for some youth (e.g., “taking medications”, an item under Personal Care) the number of items and total possible score may be vary for some categories; and
* the comments section provides detail and context relevant to each youth

| **TAY1**  | **CSIQ Component** | **Pre** | **Post** |
| --- | --- | --- | --- |
| Personal Care (5,15) | 12 | 11 |
| Managing Home (4,12) | 11 | 10 |
| Community Engagement (5,15) | 15 | 15 |
| Practical Skills (5,15) | 10 | 9 |
| Psycho-Social Skills (6, 18) | 15 | 17 |
| Safety (2,6) | 4 | 6 |
| Personal Relationships (2,6) | 4 | 2 |
| **Personal Goals:** Manage mental health difficulties, consistent housework, improved hygiene, and exercise, and “complete a short film”.**Context**: Personal relationships dropped in the transition period due to advent of psychosis and hospitalization. Mental health difficulties have persisted; however, a family member feels the program has helped provide structure and routine necessary to maintain housing and manage mental health issues (a central goal). Staff comment: “recognizes structure is important” in relation to self-management.  |

| **TAY2** | **CSIQ Component** | **Pre** | **Post** |
| --- | --- | --- | --- |
| Personal Care (4,12) | 9 | 9 |
| Managing Home (4,12) | 10 | 9 |
| Community Engagement (5,15) | 12 | 13 |
| Practical Skills (5,15) | 10 | 8 |
| Psycho-Social Skills (6, 18) | 12 | 15 |
| Safety (2,6) | 6 | 4 |
| Personal Relationships (2,6) | 6 | 6 |
| **Personal Goals**: “To move out of the house before I’m 30! I’m 29”; employment, learn to cook, better budgeting, shopping, and get a girlfriend.**Context**: There is still a degree of dependency on family (goes home each weekend) including in decision-making, there is less reliance than there was at the beginning of the program. He is showing greater awareness with money and budgeting, independence using public transit (a family ride was his previous mode of transportation), and new cooking skills. |

| **TAY3** | **CSIQ Component** | **Pre** | **Post** |
| --- | --- | --- | --- |
| Personal Care (5,15) | 12 | 14 |
| Managing Home (4,12) | 9 | 10 |
| Community Engagement (5,15) | 10 | 12 |
| Practical Skills (5,15) | 10 | 11 |
| Psycho-Social Skills (6, 18) | 13 | 16 |
| Safety (2,6) | 5 | 6 |
| Personal Relationships (2,6) | 6 | 3 |
| **Personal Goals**: Live independently, learn to cook, gain employment, and budgeting.**Context**: Engaging in supports around finances, meal planning, cooking, and shopping. “Doing great”. Continues to rely on simple food choices and prefers to do full meal preparation with staff. Maintains a very neat and tidy apartment. Friendly with people in his building but is not motivated to “make friends”. Intently focused on budgeting and money management. Quote: “*Entertainment is a hard budgeting task for me, like do I go to the Petes game or do I stay home because I need groceries tomorrow? Do I go to this event, because it’s $15, but I could use $15 to on my grocery budget the next day, or something like that.*” The employment goal has suffered because there is often a failure to follow through with opportunities (an issue that pre-dates the TAY Housing program). |

| **TAY4** | **CSIQ Component** | **Pre** | **Post** |
| --- | --- | --- | --- |
| Personal Care (4,12) | 10 | 7 |
| Managing Home (4,12) | 8 | 6 |
| Community Engagement (5,15) | 13 | 14 |
| Practical Skills (5,15) | 11 | 8 |
| Psycho-Social Skills (6, 18) | 12 | 17 |
| Safety (2,6) | 4 | 5 |
| Personal Relationships (2,6) | 4 | 6 |
| **Personal Goals**: Improve relationships, manage own money, learn to cook, and resolve legal issues**Context**: “Doing really well”. Practicing money management and met the goal of “holding on to $35 for two weeks without spending it”. Has made friends. Successfully following probation orders. Requires support when using cooking appliances. Still struggling with cleanliness. Needs structure and consistency in keeping appointments. |

| **TAY5** | **CSIQ Component** | **Pre** | **Post** |
| --- | --- | --- | --- |
| Personal Care (5,15) | 14 | 15 |
| Managing Home (4,12) | 10 | 12 |
| Community Engagement (5,15) | 15 | 13 |
| Practical Skills (5,15) | 10 | 13 |
| Psycho-Social Skills (6, 18) | 12 | 15 |
| Safety (2,6) | 4 | 5 |
| Personal Relationships (2,6) | 6 | 5 |
| **Personal Goals**: Living independently, improve life and social skills, art.**Context**: “Doing very well”. Shopping independently, paying bills online, aware of budget and spending, all of which were not done when living at home. Has employment. Still requires support around social relationships, but asking lots of questions to improve, and starting to show better appropriateness in social situations (e.g., when it is appropriate to talk about personal issues). Regarding the future: *“I guess I want to keep pursuing what I’m doing and just see where it goes. I’m not only working, I paint.”*  |

At left, the two outcomes of the TAY Housing program revolve around active participation and engagement in community-based programs and services that supplement TAY supports, as well as a range of social and recreational activities. These, of course, will vary with the needs and preferences of individual youth. There were a number of programs and services that youth have been utilizing, in addition to the TAY Housing supports:

Participation in current and new programs

Increased involvement in community activities

* The Phoenix program (life skills program for dual diagnosis)
* Peer groups and recreation programs through CLP
* Cooking program (offered by CMHA)
* TAG group
* Cognitive Behaviour Therapy
* Psychiatry

Socially, youth reported engaging in a number of community activities, including volunteer work, attending sporting events, using the YMCA, participating in art and music, and socializing with friends. Two youth have successful part-time employment. They vary, however, in how social and outgoing they are. Some are cautious about meeting new people and less engaged in social activities and some are quite social, and motivated to engage in community activities. For example:

*“I want that common room to start having movies and board games and video games and stuff, and friends, and being able to eat in the cafeteria, and go to work.* [I enjoy] *The independence, the freedom, I can go out whenever I want…I was kind of isolated because I was with my parents” -* Youth

Improved quality of life and life satisfaction

Maintained wellness and stability in new environment

The short- and medium-term outcomes at left are considered together because they interact closely together – wellness and stability help support quality of life and life satisfaction. We asked youth, their families, and staff about the more global changes youth have experienced as a result of the program. The findings reflect an “unpacking” of what is meant by wellness, stability, quality of life, and life satisfaction.

The previous quote above of enjoying *“independence, the freedom, I can go out whenever I want”* is a good introduction to youth experiences. We begin with some additional quotes from youth:

*“I am very happy with where I am. Just to feel independent, you know? I mean, so much stuff is happening at* [where he lives]*…* *it’s a really good apartment. It’s great.”*

*“I’m very happy. I get a lot of good support. If I didn’t have this program, then I probably would be lost…there was too much commotion at home. My sister’s daughter was coming over all the time, and I have an anxiety disorder so I thought it was best for me to get out on my own...* *It feels like home, yeah. It feels like I live there. It feels like it’s my place…I’m a lot happier now. I wasn’t very happy at home.”*

In our interviews we asked youth to provide ratings of their happiness with their own place, how comfortable they are, the degree to which the new place feels “like home”, and their level of choice they have in their lives. The one youth who transitioned from a staffed group home rated themselves high (5/5) on all these questions, commenting that he prefers his apartment over “having to share space” and that it’s “nice to have the privacy”. He also commented that it “feels like home”, whereas the group environment did not, and that there has been a “big change” in terms of his ability to make his own choices.

The other youth we interviewed was a little more tentative in his answers, rating himself as “sort of happy” and “worried about a few things”. He felt his new place does not yet feel like home (as his home was with his family) but that he is comfortable and relaxed in his new place. There is still a degree of control his family has over his decisions, although this seems to be improving according to staff.

The final youth in the pilot has had, as mentioned, a difficult time due to serious mental health issues and episodes of psychosis. For this individual, extra time is required to achieve some stability and balance. There are still issues around proper nutrition and safety (e.g., often losing personal items, like keys). A family member believes the program is providing what is needed to reach this goal.

*“If I jump forward to today or this past little bit, we have new medication on board after his hospitalizations, we have some additional support that are coming in a little bit, so they’re making meals, making sure he’s eaten, making sure he gets his evening medication at the right time, not at the wrong time. So his state of mind is a lot better, so he’s happier.”* - Family member

We asked CLP staff to comment on the changes and benefits experienced by the youth, who they were supporting prior to the TAY Housing program.

*“I think the gentleman I provide service to, if it hadn’t been for this program, he would be spending a lot more time at the hospital. This is a much less expensive program than having somebody in hospital for extended periods, and he also has a life that he’s happy with.”*  - CLP staff

*“Well, my particular person is going to appointments by himself, getting to hair appointments, walking, things that mom would have done in the past, driving him. Also too, he lives in town now. He lived in the country, so that’s opened up a whole new thing for him. Yeah, more independence, definitely. I mean, I just spoke with him the other day, he was pretty happy to tell me what he did at the grocery store. He went and did his own groceries.”* - CLP staff

*“The gentleman that I’m working with, it was very important to him that he become a man, which means not living with your mother and letting your mother run your life. He’s feeling that, he’s feeling like he’s more in charge of his life than his mother is, and he loves it. He’s acting surprisingly mature with it. You know, usually when you break away from your mom, you’re making a whole bunch of mistakes and you go to the wild side for a while…he’s just so happy to become an adult.”* - CLP staff

*“There’s an analogy that’s culturally valued that the guy that I offer support to has picked up on. ‘This means that I have these roles now. When I was at home, I was living under someone else’s rules’. So he organizes and structures his day and his week to his liking.”* - CLP staff

The themes of independence, identity, pride, and transition to adulthood come through strongly in these quotes. These are key ingredients for citizenship.

We also heard strongly about the positive impact the program has had on families with whom the youth had previously been living. Parents worry excessively (and legitimately) about how their adult children will survive when they are gone or otherwise unable to support them, while also experiencing a desire to achieve their own independence from what has been a long-term caregiving goal. Family members had this to say:

“[The program] *allows me to breathe. To know that there’s another set of eyes on him who can understand, who knows and understands him and can tell if it’s a real issue or if it’s something that’s--you know, his mind is mixed up in, you know? It all absolutely has been my lifesaver as far as where he was at prior to the organization coming on board.”* – Family member

*“We were worried about the day when we’re not around, how he’s going to manage without being thrown out there all of a sudden. Now he’s got time to do this in a very nice smooth transitional way into being independent, without having--well you know, without having him crash and burn, I guess…the whole transition thing has helped to free us up. If he learns how to be independent, he’s going to be less dependent later on when we’re gone. We’ve always wanted him to be independent, we’ve always wanted him to work if he’s capable.” – Family member*

In reference to the two remaining outcomes – “developing new friendships” and “begin to develop new personal goals” – there was a sense that it was too early in the transition of these youth to expect significant changes in these areas. In regards to new friendships, staff reported that friendships were forming within the TAY group itself, through mutual activities, but new relationships outside of this context have not yet had a chance to form. In regards to new goals, youth appear busy pursuing the goals that were identified at the beginning of this journey, pertaining to practical life skills, social skills, and independent living in general.

In summary, it appears the participating youth are making strides, some modest and some more significant, toward independent community living. The presence of timely, individualized supports is exceedingly important – the report addresses the prospect of “stepping down” supports in a later section. What appears most encouraging is that youth, with some caveats, are moving toward feelings of happiness and wellness in their lives, with the potential for inclusion and citizenship. The next section in the report addresses a broader system level discussion of partnership learnings, program sustainability and expansion, and overall recommendations.

## 7.7 Emerging Program and System Learnings

Discussions during recurring Steering Committee meetings and a management-level focus group at the end the project contributed information regarding service- and system-level outcomes, while also helping to formulate recommendations for program improvement and expansion.

### Recruitment Protocol and Intake Processes

Recruitment into the pilot was targeted based on the partner agencies identifying youth that they assessed as being a good fit for the program. Going forward, the partnership discussed what protocols should be put in place for a more permanent and ongoing program. Three main areas were identified:

#### Streamed Recruitment to the Program

There are very limited housing options in the community. Paired with limits in available rent supplements and support dollars, program vacancy rates will tend to be low. Building and managing a community-wide, open waiting list would require significant resources revolving around application processes, assessments, and inter-organizational communication – but with little return on this investment. It might also inappropriately communicate an exaggerated housing capacity to organizations, families, and individuals. This could lead to numerous inquiries to the referring organizations about available housing, and may become onerous to the program. Finally, there are already waitlists for housing across the region that contain some individuals who would qualify for the TAY Housing program. In the interest of fairness and equity, these waitlists might need to be reviewed and consolidated, which is yet another resource intensive process.

An alternative (at least in the near term) is to avoid broad communication of the program to local organizations and community members and instead opt to “declare a vacancy” to a pre-identified set of community partners. In this approach, *only* these partners would have access to this referral pathway. When a vacancy is declared, these designated referral partners can identify a few individuals who may be eligible and begin an application procedure. Similar to the pilot, a selection committee can match a candidate to a new housing unit based on the alignment of needs and existing resources. There is otherwise no formal queue of applications building up during periods of no vacancy and/or available rent supplements.

#### Intake and Communication

As a new pilot, the intake and application procedures needed to be built from the ground up. With the experience of doing this work, there is a need to formalize the application process and finalize all the forms and information-gathering procedures. An intake and application guide needs to be created to meet this need, along with relevant training to the referral partners. In addition, communication about the program itself needs to be developed for individuals (in plain language) and families. Members of the steering committee reported that families were taken by surprise regarding the program and the fact that their family member was being considered. Program communication and expectations need to be formalized and begin sooner in the process.

### Expanding the Program to More Complex Youth

It was previously discussed that recruitment decisions of the committee led to a fairly homogeneous pilot sample – all males, all older youth, and assessed as needing some supports with daily living but otherwise expected to achieve successful independent living. On the one hand, the notion that the pilot youth were all “high functioning” and easily supported was untrue in practice. Front-line staff reported needing to provide ongoing and regular support, punctuated by sometimes very difficult periods of stress, mental health difficulties, illness and medical issues, and safety issues. In short, supporting independent living with this group of youth has illuminated issues of complexity.

On the other hand, project leadership noted that this pilot has only been able to demonstrate effectiveness in supporting individuals who have either a) already been living independently in the community with supports and b) have been successfully living at home with their family for many years. This should not be taken to mean the pilot was not significant in its success, but that it was untested in relation to other complex youth that other service providers are seeing in the community. There are individuals who:

* are homeless, transient, or precariously housed.
* present with more complex needs, such as more serious mental health difficulties and/or addictions.
* are younger, and perhaps newly out of the home, due to family breakdown.

New iterations of the TAY Housing program should examine the potential of expanding services to youth with more complex needs. This may entail loosening the eligibility criteria in some areas, such as the requirements that youth already be engaged in services or that family members are involved and provide consent. The criterion that there be a level of commitment to engaging with supports should be retained (although please see the discussion below on the principles of Housing First).

### Shared Governance and Front Line Collaboration

A recurring problem in social service systems is the inappropriate “siloing” of sectors that have been arranged around specific diagnostic labels. In many communities, developmental services and mental health services tend to operate fairly independently from each other, and also from other systems (such as housing, income support, addictions, etc.). When an individual presents with both challenges together, each service system is often ill-equipped to manage needs – developmental services have trouble meeting mental health needs and mental health services have trouble meeting developmental needs. At worst (and commonly), individuals are determined ineligible for services on both sides of the service “fence” altogether.

The shared, cross-sectoral governance approach of the TAY Housing program represented an intentional effort to break down these barriers and implement more coordinated and holistic approaches. In this collaborative model, CMHA took on the primary worker role centred around supportive housing, but supports already delivered by CLP were retained. This “back up” allowed for service integration, with both sectors collaboratively delivering supports that addressed all presenting needs. On the face of it, this seems a simple and straightforward idea. Unfortunately, governmental policies and funding streams very often require sectoral divisions – if one sector is providing supports, the other should not, as if receiving supports from both represented some sort of inappropriate “double dipping”. The innovation in the TAY Housing model is this intentional cross-sectoral governance and a willingness of management and staff to engage in the partnership.

As discussed in Section 7.5, coordination at the front lines was at times hampered by communication challenges between organizations, but with time, the Pilot demonstrated a greater benefit to more integrated practices.

### Stepping Down Services

A simple way to expand the TAY Housing program is to resource it more heavily, with more front-line workers and rent supplements (assuming, of course, the corresponding availability of housing units, which is always questionable). The need is present and therefore so is the need for funding. The project leadership, however, acknowledged that such funding can be limited, requiring consideration of other ways to expand the program.

One approach is to “step down” the required supports and services of existing residents (possibly to other support programs) so that front-line workers can take on new clients. If this happens carefully and sensitively, it represents a very positive outcome, as it means that youth have gained much greater independence and wellness in their lives. There are a few cautions and considerations to address, however.

1. Stepping down support does not include a removal of rent supplements. Rent supplements are designed to be permanent, insofar as individuals elect to stay in their unit (or in their community) in which rent supplements can be applied. This income support element is foundational and preventative. Thus, new youth in the program very often will require new rent supplements, as very few (if any) will be “freed up”.
2. There is a ceiling on the number of new youth that can come into the program if all existing youth stay in the program with lowered supports. This ceiling can open up if youth are moved to other support programs, but this usually represents an off-loading of clients that creates similar problems elsewhere.
3. Stepping down supports is slow and incremental and should not be confused with “scaling up” a program as a route to program expansion. Scaling up requires new resources for all program elements.
4. Youth may continue to need supports for long periods, and likely will need ongoing service connections indefinitely. The expectation of “program discharge” carries a degree of risk for youth and we currently cannot suggest a particular time table of stepping down for any of the current residents. There needs to be careful consideration of how to continue meeting needs with other resources and with rapid re-entry into intensive supports if required.

Added to these caveats is the prospect of some youth managing to achieve something close to full independence. As one youth said, encouragingly, “ *I think I need a couple more years, but I think eventually I’m going to be pretty much on my own and be okay with that.”*

### Promoting the Principles of Housing First

Housing First is best practice in the field of supportive housing and its tenets are being incorporated into many cross-sectoral housing programs in Canada. The principles of Housing First include the following:[[4]](#footnote-4)

**Housing Choice and Structure:** *Choice is a foundation of housing first permanent supportive housing. Programs should offer participants a choice of neighborhoods, apartments, and a say in their living environment to the extent that this is possible given housing market constraints. Access to housing should be provided quickly. Offering housing that is permanent, affordable, not reserved solely for individuals with disabilities, and does not require shared living spaces promotes a sense of home (vs. an institution or program), security, and privacy setting the stage for community involvement.*

**Separation of Housing and Services:** *Housing First programs should not have any criteria for “housing readiness” including sobriety, medication compliance, completion of a period of treatment, or adherence to any other clinical provisions in order to enter or remain in housing. Program participants should have the same rights and responsibilities or tenants governed by standard leases. Personal freedoms should not be limited in ways not common among other neighborhood residents.*

***Service Philosophy****: Services are voluntary but available. Beyond weekly meetings with participants, programs should not requirement participation in psychiatric or substance abuse treatment or any other service to remain in housing. Services are provided from a recovery and harm reduction approach and should be client-centered and client driven. Services are not coercive.*

***Service Array****: Available, accessible services respond to crises 24/7, facilitate recovery, support housing stability, facilitate community integration, and respond to participant needs. In ICM programs these services may be brokered with other providers.*

***Program Structure****: Priority given to those with multiple obstacles to housing stability with greatest need of comprehensive services (i.e. program avoids “creaming”). Programs maintain low staff to participant ratios and staff meets regularly with participants (generally once a week, though more often is necessary) to establish relationships and learn/address service needs. Staff meet at least weekly to review cases. Staff may have more frequent meetings to facilitate schedules and for clinical review. Participants are represented in decisions regarding program operation and can contribute to program policy and practices.*

Currently the TAY Housing program aligns well with Housing First principles in terms of housing choice and preferences, service array, and certain aspects of program structure, but is less aligned in other areas. It may be of interest to the leadership of this pilot project to begin examining Housing First principles to see how they can be applied more fully to the TAY Housing program context. For example, if the program opens up to individuals with a “lower readiness” (i.e., based on the existing program criteria), what corresponding changes need to be made to the array of program supports?

8.0 Summary

The HKPR TAY Housing Pilot Project has been very successful. Based on the Literature Review completed at the outset of the pilot and Housing First principles and effective practices, five youth have moved to new, more independent living situations and generally are gaining new skills and growing toward greater independence. Pre and post measures used at the beginning and end of the pilot period point to some gains and other areas to continue working on with the youth in the program. Interviews with all key stakeholders, including the youth themselves, some family members as well as staff and management from the different organizations providing support to the youth contributed to the consultant’s understanding on what worked well and what could be improved upon as the pilot moves to its next stage.

Cooperation between organizations in two different service sectors – developmental services and mental health – has been one of the success factors in enabling the pilot to be successful. Lessons learned throughout the pilot related to communication, intake and application processes, family involvement, transition periods and complexity of the youth’s support needs are all identified throughout this report, along with suggestions and considerations for future success.

# Appendix B - Literature Review

Please see the Attached Literature Review entitled *“HKPR TAY Model Literature Review (March 2 2016)”*

1. A recent Ontario study showed prevalence at .78% with 48% of these adults having mental health difficulties - *Atlas on the Primary Care of Adults with Developmental Disabilities in Ontario*, December 2013, CAMH [↑](#footnote-ref-1)
2. Note that this arrangement freed up one of the five rent supplements available from CMHA. This supplement was subsequently provided to an another youth outside the timeframe of the present evaluation. [↑](#footnote-ref-2)
3. To use the CSIQ to its full quantitative potential, the design would require a much larger and more diverse sample, a longer intervention period (e.g., <1 year), and consistent raters in order to see significant, group level changes. [↑](#footnote-ref-3)
4. (See Stefancic et al. (2013) for further discussion of Housing First principles) [↑](#footnote-ref-4)