

Preventing Discharge to “No Fixed Address” version 2

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Introduction

Why are people with mental health challenges consistently over-represented in homeless populations?

- » Is it something about mental illness per se that predisposes to homelessness?
- » Is it something about homelessness that predisposes to mental illness?
- » Or is it something about our societal response to mental illness and homelessness?



The Critical Period

- » Hospital discharge is a critical period
- » Discharge into homelessness occurs all too often
- » In 2002, data from shelters in London, ON indicated that there were 194 discharges from psychiatric facilities to “no fixed address” (Forchuk et al., 2006)
- » Only recently have researchers started to address this problem



Factors

Why are so many people discharged into homelessness?

- » **System issues** – shortage of affordable housing, lack of access to funding, short length of hospital stay
- » **Individual issues** – lack of income, inability to manage a home, housing history, addiction
- » **Issues at the hospital and shelter**
- » **No easy fixes**



Analogy: Musical Chairs

- » Chairs = available affordable housing
- » People circling = poor
- » Difference = homeless



Multiple Benefits

» In a literature review, Forchuk et al. (2008) found stable housing post-discharge to be consistently associated with positive benefits, such as:

- reduced instances of substance abuse
- lower rates of hospital use
- higher quality of life

... So how do we help?



Healthcare Costs

- » Individuals experiencing homelessness are often high users of expensive, downstream services (Gaetz, 2012)
- » A Toronto study estimated the costs of caring for this group at \$2,559 more per client (Hwang et al., 2011)
- » Another Toronto study found this group to be 4x more likely to be readmitted to hospital **within a month** compared to low-income matched controls (Saab et al., 2016)



Points of Disconnection

- » Despite this, housing and financial supports remain separate from the healthcare system
- » Finding appropriate housing or avoiding a potential eviction takes time – it is important to start *as soon as possible* during the discharge process



“No Fixed Address” Pilot

(Forchuk et al., 2008)

- » Provided clients being discharged from a psychiatric ward with immediate assistance with finding safe, affordable housing and paying first and last month’s rent

- » These were clients who:
 - had no prior history of homelessness
 - had stable income from either Ontario Works or Ontario Disability Support Program
 - had planned discharges



“No Fixed Address” Pilot

- » Compared to a control group of clients randomly assigned to usual care (i.e., referred to a social worker if requested, but did not receive fast-tracked access to social assistance or a housing advocate)
- » Although the plan was to enroll up to 20 participants, random assignment was stopped due to the dramatic impact of the program ...



“No Fixed Address” Pilot

- » **All seven** participants randomly assigned to the intervention continued to be housed at 3 and 6 months follow-up
- » **Six** participants in usual care remained un-housed at 3 and 6 months follow-up
- » The **seventh** participant in usual care entered the sex trade



Full Implementation

(Forchuk et al., 2008)

- » Included on-ward access to a housing advocate and income support staff (facilitated through computer linkages to housing and income databases)
- » The intervention was accessed by 219 acute psychiatric clients, as well as 32 clients within a specialized tertiary care psychiatric hospital



Full Implementation

- » 92.5% of those who accessed the service were set up with permanent or temporary accommodation at discharge
- » Only 3 of these individuals became or remained homeless
- » 36 included children, plus one pregnant woman
- » During same period shelter use increased in community by over 30%



Full Implementation

The cost to implement the intervention on a hospital ward
for three days per week = **\$3,917** per month

compared to

The monthly cost to shelter four individuals discharged
into homelessness = **\$5,200** per month



“No Fixed Address” v.1

- » Despite NFA being effective, it was not fully sustained due to various system changes:
 - » Both hospital sites with psychiatric programs physically moved locations.
 - » The Ontario Works electronic database changed.
 - » The Community Start-Up program was discontinued and replaced by local initiatives.
 - » The network of crises and homeless services has evolved.



Current Project

“No Fixed Address” version 2 (NFA v.2)

- » An immediate wrap-around service
- » Offices has been set up on the psychiatric wards at participating hospitals, allowing staff at the Canadian Mental Health Association, Housing Stability Bank, and Ontario Works direct access to housing and income support databases
- » Clients can access by drop-in or by appointment



Current Project

“No Fixed Address” version 2 (NFA v.2)

» Services may include:

- Assistance finding housing
- Financial assistance such as rent/utilities in arrears or first/last months' rent for a new home
- Access to high quality used furnishings, household supplies, and a cleaning service



Methodology and Methods

- » Admin data from hospitals, shelters, and the Institute of Clinical Evaluative Sciences (ICES) will track changes in the rates of discharge into homelessness
- » Admin data from the Canadian Mental Health Association-Middlesex will track total numbers served by the program, and duration/intensity of support required.
- » Two years of retrospective housing history data also available to track housing stability



Conclusion

- » The issue is not a simple matter of poor discharge planning on the part of hospitals and healthcare staff, but a symptom of larger systemic issues such as:
 - » Shortened lengths of hospital stays;
 - » Lack of affordable housing;
 - » The lengthy process of obtaining public income support, which may be longer than the hospitalization.



Conclusion

- » Discharge from hospital is a critical time to prevent homelessness
- » The NFA v.2 program could be more widely implemented to address the provincial priority of preventing psychiatric discharge from provincial institutions into homelessness



Questions?



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