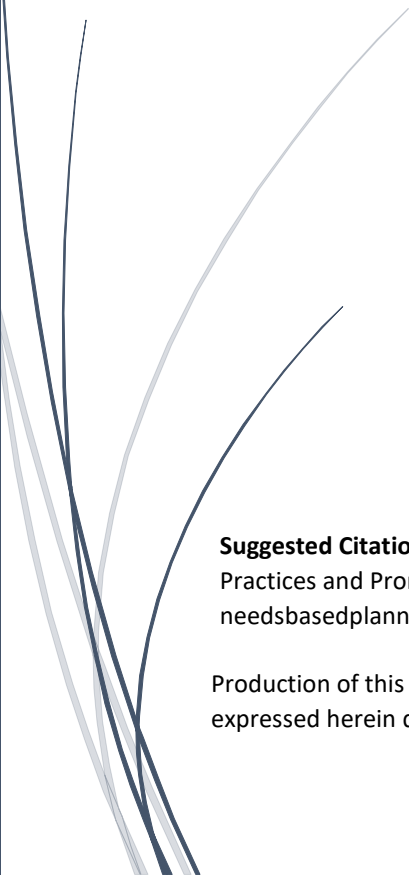


Summary of Evidence-Based Practices and Promising Program Models: Supportive/Supported Housing Core Service Category



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Definition of substance use - specific supportive/supported housing core service category

In this core service, the specific focus is on semi-independent and independent housing options for persons with significant challenges related to substance use health, and it is expected that the majority will also be experiencing significant mental health challenges.

Supportive [often referred to as second stage housing in BC] and *supported* housing are similar in many respects (e.g., provision of housing and supports such as medication management when needed, focusing on community integration). Coupled with case management, persons living in either supportive or supported housing can also be linked to a wide variety of social services as job training, life skills training, and community support services (e.g., childcare, educational and recreational programs, support groups).

The similarities, notwithstanding, in some jurisdictions supportive and supported housing are distinguished by the provision of supports provided by service providers working in the dwelling (supportive housing) compared to supports provided by service providers located externally (supported housing). Both approaches are typically operated by non-profit agencies and staff and are comprised of individuals trained in substance use health, social work, psychiatric rehabilitation and peer support. In supportive housing the housing and support are closely linked, with staff members providing various levels of support within the residence. This type of housing can include group home settings with self-contained apartments and low levels of -support such as meals and cleaning and supportive advice and conversation. In supported housing, housing and support are separate functions and there are no staff members on-site. Support services are provided from outside the home, usually using a case management approach. Supported housing usually consists of independent apartments, housing co-operatives or other government-funded social housing for people with low incomes. Important features included social support, good housing quality, privacy, a small number of residents and resident involvement to some degree in management of the residence.

As models of community housing, supportive and supported housing can also be set in the context of mixed income, scattered site housing; not only through the traditional route of low-income building complexes.

“Low barrier” housing is another approach to supported housing for individuals with challenges related to substance use health who are continually at risk of being homeless, or who are homeless and require a safe place to live. As with other forms of supported housing, the supports offered aim to connect the individual with health, social and other community services. The term ‘low barrier’ refers to low or no requirements or conditions for the person to be abstinent or involved in treatment for access to this housing. However, it is important to note that in some jurisdictions an important distinction is drawn between “sober housing” (which does require abstinence) from other low-barrier housing which does not. There may be a blend of people with mental health and/or substance use health issues residing in a low barrier housing setting.

Definition of mental health-specific supportive/supported housing core service category

As above, there is an important distinction between supportive and supported housing, that also applies to the mental health sector. Similarly, as above, supported housing is a combination of housing and support services intended to help people live more stable, lives, in this case providing self-contained,

subsidized apartments in a building where all units are occupied by persons with significant mental health challenges, recognizing that many will also be experiencing substance use health related challenges. Onsite or off-site support (e.g., outreach, money management, medication management) are coordinated through a case manager or case management team.

As noted above, there are similarities as well as key differences between supportive and supported housing. In the mental health field, the more common approach is supported housing whereby the target population is often focused on individuals with severe mental health issues or concurrent disorders, and for which the mental health aspect is the most severe.

Coupled with case management, persons living in supported housing can also be linked to a wide variety of social services as job training, life skills training, and community support services (e.g., childcare, educational and recreational programs, support groups). Supported housing is intended to be a pragmatic solution that helps people have better lives. As community housing, supported housing can be developed as mixed income, scattered site housing, and not only through the traditional route of low-income building complexes.

Methods

- The following search terms were used to search relevant articles between 2012-2022: “mental health/substance use/addiction supported/supportive housing”, “mental health/substance use/addiction autonomous housing”, “mental health/substance use/addiction”, “mental health /substance use/addiction rehabilitation housing”, “mental health/substance use/addiction community housing”. The databases searched included: Medline and PubMed. The searches were limited to English language articles.
- The literature search was supplemented with Google searches to identify relevant grey literature. Key stakeholders were also consulted to create an inventory of models.
- Scope of this search was not intended to be exhaustive, rather a snapshot of innovative models to provide guidance for implementation
- Key stakeholders, including selected advisory committee members were also consulted to get their input on resources and supports needed for implementation, including potential barriers and practical information to consider for implementation.

Example models

Supportive Housing with On-Site Support (Single-site or congregate supportive housing)¹: In this type of housing, support is integrated into the housing and offered on-site, focusing on rehabilitation. Although the level of training of staff in these housing programs is quite variable, the focus of their support, which is also variable, can include counseling, social and life skills training, and case management. Criticisms of single-site supportive housing included limited housing options in many communities such that a continuum failed to exist, the disruption for consumers associated with moving in and out this type of housing because of its transitional nature, and the fact that they typically failed to achieve independent living.

Supported Housing with Portable Community Support (scattered-site supportive housing)²: In this model, support is separate from housing and is of sufficient intensity to enable individuals to live in regular housing as tenants. The location of the housing is intended to be scattered and thereby expected to optimize community integration, reduce negative social interaction and victimization.

Research found that housing outcomes varied by scattered site and single site housing, and this appeared to be partly dependent on the type of client served by the program³. It has been noted that greater consumer control and choice in the type of housing can have a positive impact for some clients, particularly those that are resistant to receiving services.⁴

Recovery housing programs/Recovery Residences, in United States

Recovery housing programs are intended to support individuals with substance use health challenges in their recovery, often as a step-down from inpatient or residential substance use treatment. There are about 10,358 such residences operated by 3628 providers in all 50 states.⁵

The recovery housing approach considers that individuals with a history of problematic substance use are better off in a home environment that emphasizes abstinence. Program policies on the use of medications such as methadone and buprenorphine while in recovery housing vary. As such recovery housing programs vary according to what they consider being "drug free".

The [National Alliance for Recovery Residences](#) has described the continuum of support ranging from nonclinical recovery housing (Level I and II) to clinical and usually licensed treatment (Level III & IV). These are described below:

- **Peer-run recovery residences:** Recovery support in these residences is provided through mutual aid. They are called peer-run, because the residents run the households. Residents may engage in self-help meetings or treatment services, but they aren't required to. An example of this type of recovery residence is Oxford House. Oxford Houses are the most extensively studied recovery housing model. They are a type of abstinence-focused recovery residence that are democratically-run, in which residents are entirely responsible for house decisions and maintenance. Oxford Houses are single-sex adult dwellings, yet some allow residents to live with minor children. Individual members are expected to pay monthly rent and assist with chores. Unlike other aftercare residential programs, such as halfway houses, the Oxford House model has no prescribed length of stay for residents and there is no professional staff. Residents must follow three simple rules: pay rent and contribute to the maintenance of the home, abstain from using alcohol and other drugs, and avoid disruptive behavior. Violation of the above rules results in eviction from the House.
- **Monitored recovery residences:** These are a lot like peer-run residences, but they have a house manager who oversees the operations of the household. That is why they are called "monitored" residences. The house manager may receive a salary, or may not have to pay for staying in the residence. An example of this type of recovery residence is the California sober living house model.
- **Supervised recovery residences:** These residences often have staff members who offer different types of recovery support services. Services might include recovery coaching, recovery wellness planning, support groups, and life skills training.
- **Treatment providers:** In addition to mutual aid and other recovery support services, treatment recovery residences provide clinical services and programming within the residence itself. An example of this type of care is the Therapeutic Community (TC) model. Although peers are integral to this model, TCs also have licensed staff providing services to residents, and the residences must have a license from the state to operate.

There is limited research on the effectiveness of recovery housing in assisting residents to maintain housing and decrease substance use. Recovery housing has been shown to improve clients' functioning,

including better employment and treatment outcomes, and reduced criminal activity. However, these studies have had a number of limitations, including inconsistent definitions of "recovery housing," small sample sizes, and outcomes from a single-site without a comparison group.⁶

Permanent supportive housing model (United States and Canada)

This approach helps adults with severe mental and substance use health challenges who are usually homeless, at risk of homelessness or disabled locate and secure long-term, affordable, independent housing. Service providers offer ongoing support and collaborate with property managers/landlords to preserve tenancy and help individuals resolve crisis situations and other issues. In permanent supportive housing (PSH) programs, residents typically lease their own subsidized housing units without limits on the length of stay.

This is one option to house chronically homeless individuals with high acuity. Usually, PSH units are located in one home or building. It can include rooms in an individual house or several or all units of a building. PSH units could be scattered-site units depending upon the acuity level of the individual and the availability of the supports (provided either through home visits or in a community-based setting).⁷

Examples include:

- *Belle Haven Townhomes* in Minnesota operated by Rum River Health Services. It includes 16 two- and three-bedroom units of permanent supportive housing for families in recovery. Belle Haven tenants are required to remain sober, do at least 25 hours of work a week, and abide by the terms of the lease. The average length of stay is 22 to 36 months, although the length of tenancy is not limited. The program offers a range of services to residents, including case-management, job training, and other activities.
- *Woodfield Gate project* in London, Ontario operated Indwell is a non-profit housing provider in partnership with the Mental Health Care Program at St. Joseph's Health Care London and the Canadian Mental Health Association – Middlesex. Another site in London—at 744 Dundas Street, just east of downtown—is in the planning stages, and envisions 75 one-bedroom apartments.

Studies⁸ have found that permanent supportive housing for individuals with severe mental and substance use health challenges, compared with treatment as usual, reduced homelessness, increased housing tenure over time, and resulted in fewer emergency room visits and hospitalizations. Moreover, consumers consistently rate permanent supportive housing more positively than other housing models and prefer them over other more restrictive forms of care.

Housing First

Housing First is a long-standing and well-researched housing model in Canada and internationally. Although the original conceptualization and design of the Housing First model was inclusive of people with both mental and substance use health challenges over time the implementation of the model has been more focused on people with severe mental health challenges. That being said, people with substance use health challenges who access housing models based on Housing First seem to enjoy similar benefits, for example, housing stability as well as improvements in substance use health related outcomes.⁹

Housing first is a recovery-oriented approach that does not require sobriety for people with substance use health challenges or treatment/service compliance as a condition for program entry or service continuation (though it usually requires a minimum frequency of visits from the program team). Participants have a choice in housing to the degree that is possible, as well as which support services will best meet their needs and meet with a case manager or support staff person on a regular basis according to need (daily up to bi-weekly). Housing is predominantly private market scattered-site units and supports include rent subsidies and direct supports to landlords to address tenancy issues and prevent evictions. Direct leases between participant and landlord are encouraged but occasionally alternative arrangements are supported.

The research project At Home/Chez Soi¹⁰ has substantively added to the evidence base for Housing First in Canada. The five-city, 5-year randomized trial found the following:

- Housing First can be implemented in different Canadian contexts at two levels of support services (Assertive Community Treatment and (ACT) and Intensive Case Management (ICM). The model can serve individuals with different levels of care needs and be adapted to local contexts including rural and small city contexts and diverse populations (Indigenous and recent immigrant populations).
- Across all cities, participants receiving Housing First retained housing for significantly longer periods than participants who had access to all other treatment and housing services available in the jurisdiction
- Having a place to live with supports can lead to other positive outcomes above and beyond those provided by existing services.
- Over the first two-year period after participants entered the study, every \$10 invested in Housing First services resulted in an average savings of \$9.60 for high needs/ ACT participants and \$3.42 for moderate needs/ICM participants. Significant cost savings were realized for the 10 per cent of participants who had the highest service and treatment costs at study entry. For this group, the intervention cost was \$19,582 per person per year on average. Over the two-year period following study entry, every \$10 invested in Housing First services resulted in an average savings of \$21.72.

An overview of models from British Columbia

In many respects British Columbia has led the way in Canada in the development of various models of supportive and supported housing. The following are some of the main models.

Supported Housing includes a variety of Health Authority funded facilities. Some may be licensed or registered under the Community Care and Assisted Living Act if they provide a certain number of prescribed services. Some may be facilities subjected to the Residential Tenancy Act and standards enforced by the regional health authority. The emphasis is often on supporting people with mental health challenges, although some examples also support people with substance use health challenges. Services include provision of safe, secure and affordable accommodation and support services, which vary in the level of intensity, such as assistance with personal life skills and crisis management.

Supported Housing consists of a variety of housing and support models, including but not limited to the following examples:

- *Supported Independent Living (SIL)*: Self-contained, subsidized, private market apartments/mobile homes governed by Residential Tenancy Act. Individuals receive support on an outreach basis that includes life skills coaching, assisting clients get to appointments and community linkages. Supports may be high, medium or low.
- *Clustered/Block Apartments*: Self-contained, subsidized apartments governed by Residential Tenancy Act in a building where all units are occupied by persons with mental disorders.
- *Supported Hotels*: Single room occupancy, leased or owned hotels, managed by a non-profit agency; clients pay reduced rent based on income, receive on-site support and supervision. Clients usually stay long term – over two years.
- *Scattered Supported Apartments*: Housing is provided throughout a community in scattered sites. Services vary depending on the model used. In most cases, rental agreements are established under the Residential Tenancy Act (RTA)
- *Congregate Housing*: A cluster of units governed by Residential Tenancy Act in a building (e.g., 30 units out of a 100-unit building) receive support services. Supports may be high, medium, or low.
- *Dedicated Sites*: Self-contained, subsidized units in a building where all units are occupied by persons with problematic substance use issues. BC Housing or a non-profit agency usually operates the housing. Health authority and/or non-profit agency provides support staff that provides services and link to community.

Examples of programs under this category are included below:

- *4th Avenue Housing Program*: Residential program that offers daily staff support to help residents build skills toward independent living. Known as a congregate supportive housing model, the program provides seven hours of staff support daily. Eligibility criteria includes: adults aged 19 and over, all genders, individuals with mental health issues with a history of homelessness or at risk of homelessness
- *Kindred Place*: Operated by More than a Roof Housing Society, Kindred Place in Vancouver offers 87 units of supported housing for low-income singles; thirty units are specifically designated for people recovering from addictions. Tenants have access to life-skills training, support groups and workshops on budgeting, conflict resolution and vocational options. Eligibility criteria includes: 18 years of age or older with a history of problematic substance use, homeless, inadequately or precariously housed.
- *Fraser Street Transitional Housing*: Operated by RainCity Housing and Support Society, it has 30 self-contained studio units providing transitional housing for those with concurrent mental health and substance use issues in addictions recovery. Residents are expected to abstain from drugs or alcohol and are offered a fixed-term residential program of up to two years allowing residents to transition into longer-term stable housing. Site staff focus primarily on: assistance and referrals for drug and alcohol counselling, other forms of counselling, mental health supports and life skills. Vancouver Coastal Health mental health teams attend the site as needed by residents. A community integration worker helps residents develop relationships outside of the building, broadening social networks in the local community. On-site programs include: life-skills training, medication dispensing, alcohol and drug recovery supports, recreational activities, workshops and events.

Low Barrier Housing

Low barrier housing is a form of supported housing funded by health authorities for individuals with substance use disorders, who are continually at risk of being homeless, or who are homeless and require a safe place to live. Individuals are provided an opportunity to become connected with health, social and other community services. There is no requirement for the person to be abstinent or involved in treatment to access this housing. There may be a blend of people with mental health and/or addiction issues residing in a low barrier housing setting.

Examples of programs under this category are included below:

- *Álewem*: Located in the City of Vancouver, *Álewem* (from the Stó:lō Nation Halq'emeylem-language means "to be or stay home") is two three-storey supportive housing buildings, containing 98 studio homes in total. All homes are self-contained dwellings with a private bathroom and kitchen.
- *Medewiwin apartments*: Located in Victoria, *Medewiwin* apartments is a 26 unit independent, supported housing complex. It is a converted former motel, known for its unique peer support community model which stresses independence, a sense of belonging as well as harm reduction, personal growth and wellness.
- *Pandora Apartments*: Located in downtown Victoria, *Pandora* Apartments provides supportive housing. It is operated by Cool Aid Society; Province of BC and BC Housing, Island Health and the City of Victoria. The Cool Aid staff provide a full spectrum of services, including medication monitoring, volunteer opportunities, referrals, regular tenant meetings, and internal social gatherings.

Examples of models of indigenous supportive housing in British Columbia

Sche'Lang'En Village: Transformational Housing: Lummi Nation's *Sche'Lang'En* Village model differs from traditional models of 'transitional housing' as it provides more flexibility, not limiting stays to a certain timeframe. The housing development is a gated community that provides a variety of onsite supports including behavioral and medical health services, employment training centre, Tribal Courts, counseling services, victims of crime, and a child welfare centre. This range of services means this supportive housing development caters to those with needs ranging from emergency and transitional housing to more long-term supportive housing for Elders. The focus is on providing a sense of community and wraparound services, so Members take pride in where they live and have a safe place to call home for however long they need it.

Kikékyelc: A Place of Belonging is a housing development created in a partnership between Lii Michif Otipemisiwak Family and Community Services Society (LMO), the Government of Canada, the Government of British Columbia, and the City of Kamloops. This model of supportive housing focuses on providing affordable housing with onsite supports to Elders and youth aged 16 to 27. This model has a focus on shared learning by linking Elders and youth through mentorship. LMO was finding that youth aging out of care were often put at serious risk of losing their identity, family, community, and culture. When in this position, they were more likely to encounter homelessness and take part in other high-risk behaviours. Bringing Elders and youth together in this facility creates a sense of cultural identity, community, and purpose. In addition to the mentorship role Elders play to youth at *Kikékyelc*, onsite support workers are also available to guide youth with life skills, as well as maintaining family and cultural connections.

The Dual Model of Housing Care: This model was developed by the Aboriginal Coalition to End Homelessness Society pursuant to its mission to end Indigenous homelessness on Vancouver Island and

in recognition that Indigenous led approaches to ending Indigenous homelessness are needed. Differing from provincial supportive housing models, the dual model of housing care integrates cultural support and decolonized harm reduction into housing and service provision; both integral components of pathways toward housing, health and healing for the Indigenous Street Community.

Culturally Supportive House: This culturally-supportive housing program was developed by the Aboriginal Coalition to End Homelessness in partnership and with funding from BC Housing. The House was designed for 12 Indigenous peoples experiencing homelessness who are seeking a safe space to self-isolate with 24/7 supports. The house provides cultural programming, meals, and a Managed Alcohol Program.

Addiction Supportive Housing or Second Stage Housing in BC

George Schmidt Center (GSC): Contains 30 units for men, who are expected to maintain a clean and sober lifestyle and be employed or looking for work. Residents are able to stay for up to 18 months while practicing recovery skills in order to live independently.

Life Recovery Second Stage Home: Designed to provide sober living while clients continue in recovery; supports are provided for short- and long-term goal planning, for the eventual transition into independent living. Residents will live in a community setting and participate in shared responsibilities.

Addiction Supportive Housing (ASH) Program, in Ontario

This program offers supportive housing for individuals with a history of substance use issues, who have recently completed an addiction treatment program or are currently engaged in treatment. Program serves those who are: high users of the substance use health treatment system; are at risk of becoming homeless, or inadequately housed; and are assessed as having a high probability of being successful in a supportive housing treatment program. There are two main components to ASH – Intensive Addiction Case Management and Housing.

A 2014 ASH Implementation Review was a systemic evaluation by Addictions and Mental Health Ontario (AMHO). The review consists of four reports ([Literature Review](#), [Program Snapshot](#), [Client Focus Group Report](#), and [Evolving Practices](#)), which include an analysis of programs through a scan of academic and non-academic literature, a snapshot describing Ontario's 42 Addictions Supportive Housing (ASH) programs, and a report on client focus groups interviewed about their experience with the programs.

The Oaks, in Ottawa, Ontario

Operated by Shepherds of Good Hope and Ottawa Inner City Health, it is a 55-unit facility that houses residents who participate in the Managed Alcohol Program offered by the organization. Once participants are stable, and feel ready, they graduate from shelter-based Managed Alcohol Program to this permanent, supportive housing facility. At The Oaks, participants receive a medically prescribed dosage of wine, every hour, for fifteen hours a day. These structured servings significantly reduce the amount of alcohol consumed at any one time, enabling the participant to remain stable and address their addiction. As a result, many residents also drastically reduce their overall consumption of alcohol or refrain from consuming alcohol completely.

On-site staff provide comprehensive support to participants, including ongoing medical and mental health services and tailored case management. Participants also have access to assistance with personal needs, regular activities, daily meals and life-skills training.

A Place to Call Home: Supportive Housing, in Ontario

Offered by LOFT Community Services in Toronto, it is a recovery-based model of supportive housing for people living with complex mental health and/or addiction challenges in both Toronto Community Housing and Simcoe County Housing. LOFT utilizes a model similar to the “Housing First” approach, where housing is provided in an efficient manner, and flexible supports are wrapped around client need.

Resources and supports needed for implementation and sustainability (as identified by stakeholders)

- Robust staffing from interdisciplinary teams of health, housing, social and cultural service providers that are adequately trained and supported
- Time and resources for planning, data, monitoring and evaluation

Potential barriers for implementation (as identified by stakeholders)

- Administrative barriers – difficulty navigating services, finding and applying for appropriate programs
- Limitation with respect to health human resource and system capacity
- Competing priorities of partner organizations
- Community has ‘not in my back door’ mentality

Practical information to consider for implementation (as identified by stakeholders)

- Program must be free of discriminatory practices and respectful of people’s values, identities, beliefs, cultures and life experiences and life stages.
- Program location must enable access to community services, such as shopping, schools, services, transportation, recreation, employment, and social networks.
- People should be supported through a range of flexible community-based services appropriate and adjusted to their needs and preferences.

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