



# **Linking Assertive Community Treatment (ACT) and Housing First**

## **Ontario Housing First Forum: Linking Research with Practice**

**March 8, 2019, CAMH, Toronto**

**Geoffrey Nelson (Wilfrid Laurier University, Waterloo)**

**Kelly Goz (City of Windsor)**

**Lin Sallay (Cota, Toronto)**

**Robin Pow (Ontario ACT Association)**



# Overview of the Presentation

- **Background on ACT – Geoff**
- **The ACT Housing First program at Cota – Lin**
- **Challenges linking ACT and Housing First – Kelly**
- **Ontario ACT Association – Robin**
- **Strategies to better link ACT and Housing First**
  - **The policy brief – Geoff and Kelly**
  - **Brainstorming**



# The Origins of ACT

- Developed by two psychiatrists (Marx and Stein) and one psychologist (Test) in the early 1970s at the Mendota Mental Health Institute, a state psychiatric hospital in Madison, Wisconsin
- Designed as an alternative to psychiatric hospitalization to prevent the “revolving door” problem
- Staff worked with patients in the community, using assertive engagement to assist with material resources, coping skills, motivation, freedom from dependency relationships, and support and education of community members



# How ACT Differs from ICM

Characteristic	ACT	ICM
Staffing	Multi-disciplinary team with a psychiatrist or physician	Often a single case manager, but can work as a team with sharing of caseloads
Ratio of staff to clients	1:10	1:15-20
Service provision	Many services provided by the treatment team	Many services brokered with other agencies
Staff meetings	Daily	Weekly
Staff availability	7 days/week with crisis coverage overnight	5-7 days/week, 12 hours per day

# Initial Research on ACT

- Conducted a RCT that demonstrated that after 2 years, relative to treatment as usual clients, those participating in ACT showed significantly
  - Lower rates of hospitalization
  - Higher rates of employment
  - Higher levels of income
  - Lower levels of psychiatric symptoms
- The ACT program was also less costly than usual treatment



# Housing First Needs an Evidence-based Approach to Support



# Research on ACT with People Who are Homeless

- Nelson, Aubry, LaFrance (2007) review – ACT more effective in reducing homelessness than ICM, but most effective when combined with permanent housing
- Coldwell and Bender (2007) review – ACT more effective than usual care or ICM in reducing homelessness and psychiatric symptoms
- At Home/Chez Soi – ACT more effective than usual care in reducing homelessness and improving quality of life and community functioning after one and two years (Aubry et al., 2015, 2016)



# Expansion of ACT World-wide

- ACT began as a single program in Madison, Wisconsin
- It has expanded across the US, Canada, and many other developed nations
- More than 80 ACT programs in Ontario
- But ACT is often not linked with Housing First





# The ACT Program at Cota

## ➤ Eligibility Criteria

- Has legal adult status, aged 18 to 65, exceptions may be allowed by the service team
- Has legal standing in Canada
- Has the presence of any serious mental disorder (serious is defined by diagnosis, duration and disability) with or without a co-existing substance use disorder. Presenting symptoms of serious mental illness will be considered in the absence of a formal diagnosis or hospital/emergency service use. The Access Point will classify referrals as high or moderate need using criteria that correspond to Ontario Standards for Assertive Community Treatment Teams.
- Is Absolutely Homeless, defined as:
  - Having no fixed place to stay for more than seven nights and little likelihood of obtaining accommodation in the upcoming month, OR
  - Being discharged from an institution, prison, jail, hospital with no fixed address, preferably with a history of homelessness



# Challenges Linking ACT with Housing First

- **Availability of Affordable Rental Housing in Toronto**
  - **Rents high in Toronto**
  - **Turnover of market rent units**
- **Offering/providing a variety of housing options for clients**
- **Not one or the other but BOTH (ACT and Housing)**
- **High turnover and bringing in new clients takes time**
- **Long wait list for Cota ACT services as “one of a kind” program**



# Challenges Linking Housing First with ACT

## Context

- ACT in Windsor Essex
  - Referrals: If you are interested in ACT, you are encouraged to discuss it with your current treatment team or physician. Eligibility for receiving ACT services is determined through collaboration with you, ACT staff, the referral source, and other mental healthcare providers.
- Windsor Essex Housing Connections (Housing First Program)
  - Eligibility: People who have been chronically homeless (ie 6+ months) and have a significant mental health and/or addiction concerns are eligible for the Housing First Program through Family Services Windsor-Essex.

## Programmatic Mandates / Funding Sources

# Service Gaps

- Improved data at the community level has led to an increased understanding of what supports are needed and what gaps exist within the system
- For those persons who require additional supports beyond HF programming – how to access ACT teams where there is not a history of hospitalization, detached from primary care, etc.
- Choice and goal setting

# Potential Opportunities

- Engagement, Training and Awareness
- Role of Advocacy
- Ability to transition between programs
- Role of Rent Subsidy / Local Housing Corporations
- Early Identification and Intervention
- Collaboration and layering of support

# Article: “It turns out that a good way to help homeless people is to actually give them a home”



For full article see:

[www.magazine.utoronto.ca/research-ideas/health/housing-first-at-home-chez-soi-mental-health-homelessness](http://www.magazine.utoronto.ca/research-ideas/health/housing-first-at-home-chez-soi-mental-health-homelessness)

**“I pray for every homeless person to have the opportunity that I have to be able to turn my life around and to be independent – to control my own money and my life.”**

Article by Janet Rowe, June 19 2013

# Ontario Association of ACTT and FACT Teams (OAAF)

- The Ontario Association of Assertive Community Treatment Teams and Flexible Assertive Community Treatment Teams (OAAF) is a voluntary organization whose purpose is to help identify, develop and advocate for the collective interests of ACT and FACT Teams in the Province of Ontario.
- Currently there are 81 ACTT and FACT teams in Ontario

Ontario ACT  
Association



# **Role of the Ontario Association of ACTT and FACT Teams**

**The association works in partnership with its members to promote Best Practices following current research, literature and ACT standards by:**

- Facilitating networking and communication between ACT & FACT Teams**
- Creating opportunities to share information about “Best Practices” developed within and between teams**
- Providing forums for education**
- Supporting and promoting research**
- Advocating to LHIN and MOHLTC for additional resources**



# Technical Advisory Cte New Proposed ACTT Standards & Homelessness

In 2016 the Technical Advisory Cte. of OAAF submitted a new proposed set of provincial ACTT Standards to the Ministry of Health and Long Term Care. The new standards continue to reflect ACTT's commitment to individuals experiencing homelessness.

## Examples:

1. The “inability to consistently maintain a safe living situation (repeated evictions or loss of housing)” and history of homelessness continue to be key considerations for ACTT eligibility.
2. Recommendation to MOHLTC to include funding for portable rent supplements in each ACT team budget.

# Technical Advisory Committee's ACTT Expansion Project

- **How Many Teams do We Need?**
  - **The numbers of ACT teams required to meet acceptable capacity coverage in Ontario has been a longstanding discussion point for many years**
- **Current Demand for ACTT**
  - **Almost all regions face excessive demand for ACT services that far surpasses ability to admit in a timely fashion**
  - **Better understanding of the need and capacity issues would give Ontario Association of ACTT and FACTT a better ability to advocate for additional teams.**



# Population Based Approach

## *"Approach A"*

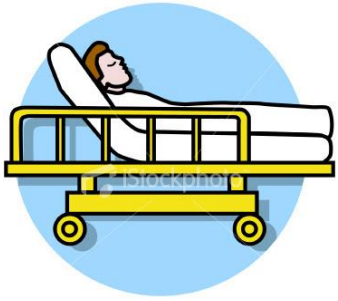
### Strength:

- The estimate of ACTT 'need' is based on a well-recognized expert-based population proportion.

### Formula:

- For every 100,000 population, about 1000, or 1%, have a serious mental illness
- About 80 to 100 such individuals, or about 10%, require an ACT level of care

**\*\* this is a conservative figure and reasonable**



# Health Care Utilization (Hospital Days) – “Approach B”

## Psychiatric Inpatient Days - Length of Stay (LOS) or “Approach B”

- **Assumption:** Total number of people with ACT service need equals current ACT Team clients plus those with cumulative hospital days >30 (over one year) who are not (yet) ACT Team clients
- **Formula:** Take the total number of inpatients who had a LOS over 30 days in each LHIN minus ACTT clients = unmet ACTT need
- **\* We are working on getting data for LOS over 50 days**

# Example of Champlain LHIN

**2018 Projected LHIN Population: 1,382,335**

**People with ACTT Level Needs**

➤ **Population Approach A: 1,382**

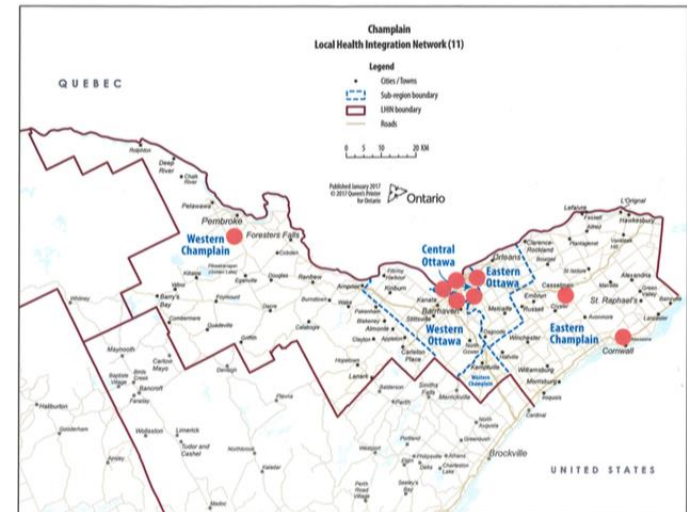
➤ **Hospital Day Approach B: 1,418**

**Current ACT Team Capacity**

**8 teams x 85 clients = 680**

**Missing capacity - Approach A: 702 people Approach B: 738**

**Additional Teams Required - Approach A: 8.3 Approach B: 8.7**



# Comparison of Population and Hospital Day Approaches across All LHINS

**2018 Projected LHIN Population Across Ontario: 14,438,981**

## People with ACTT Level Needs

- **Population Approach A: 14,439    Hospital Day Approach B: 14,703**

## Current ACT Team Capacity

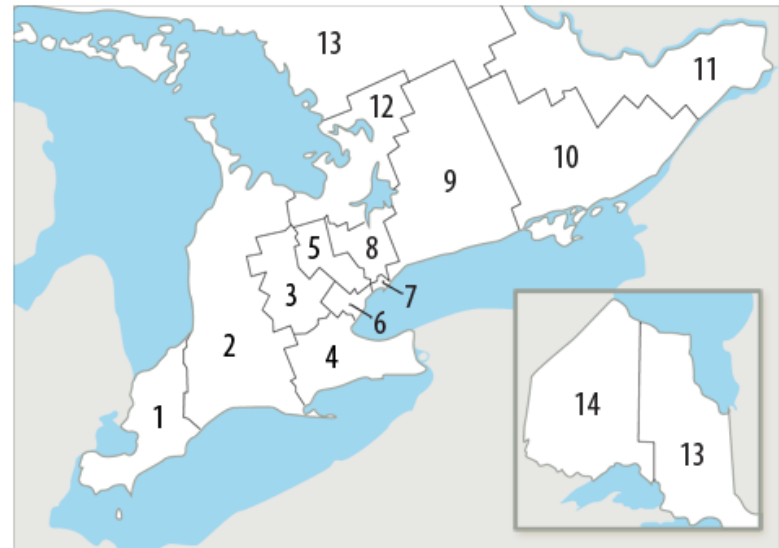
**81 teams x 85 clients = 6,885**

## Missing capacity

- **Approach A: 7,554**
- **Approach B: 7,818**

## Additional Teams Required

- **Population Approach A: 89    Hospital Day Approach B: 92**



# Many Reasons to Advocate for the Expansion of ACTT Services

## **Need for Increased Capacity:**

- **There has been a complete stagnation in further ACT team expansion for over 15 years now.**
- **Almost all LHINs in the province are lacking adequate ACT team capacity. The outstanding need for ACT teams according to these 2 approaches would bring the provincial total from 81 currently to around 170 teams.**
- **Connecting ACTT to Housing First programs may result in much needed rent supplements for current ACTT clients and increased access to ACTT services for the homeless population**

# Strategies for Linking ACT with Housing First

- **Policy brief submitted to Ontario Ministers of Health and Long-term Care and Municipal Affairs and Housing**
- **Co-sponsored by the Ontario ACT Association**
- **Request for a meeting**



# Strategies for Linking ACT with Housing First

Evidence Exchange Network (EENet)  
Ontario Housing First Regional Network Community of Interest  
(OHFRN-CoI)

Policy Brief:

## Assertive Community Treatment (ACT) and Housing First in Canada

December 8, 2018



# Recommendations

- **Provide ACT teams with portable housing benefits to better serve homeless people**
- **Develop policies that recognize that some people experiencing homelessness have high needs that require intensive support**
- **Develop clear, consistent, and coordinated plan across ministries that link ACT with Housing First**
- **Link ACT with Housing First in national plan to reduce homelessness by 50% in 10 years**
- **Integrate federal and provincial policies to link ACT with Housing First**

# Questions, Comments?



# Questions for the Audience

- **What facilitators or challenges have you experienced in linking ACT with Housing First in your community?**
- **How have you addressed the challenges?**
- **What ideas do you have about how to better link ACT and Housing First in provincial policy?**



# Contact Information

- Geoff Nelson, [gnelson@wlu.ca](mailto:gnelson@wlu.ca)
- Kelly Goz, [kgoz@citywindsor.ca](mailto:kgoz@citywindsor.ca)
- Lin Sallay, [sallay\\_l@cotainspires.ca](mailto:sallay_l@cotainspires.ca)
- Robin Pow, [Robin.Pow@theroyal.ca](mailto:Robin.Pow@theroyal.ca)