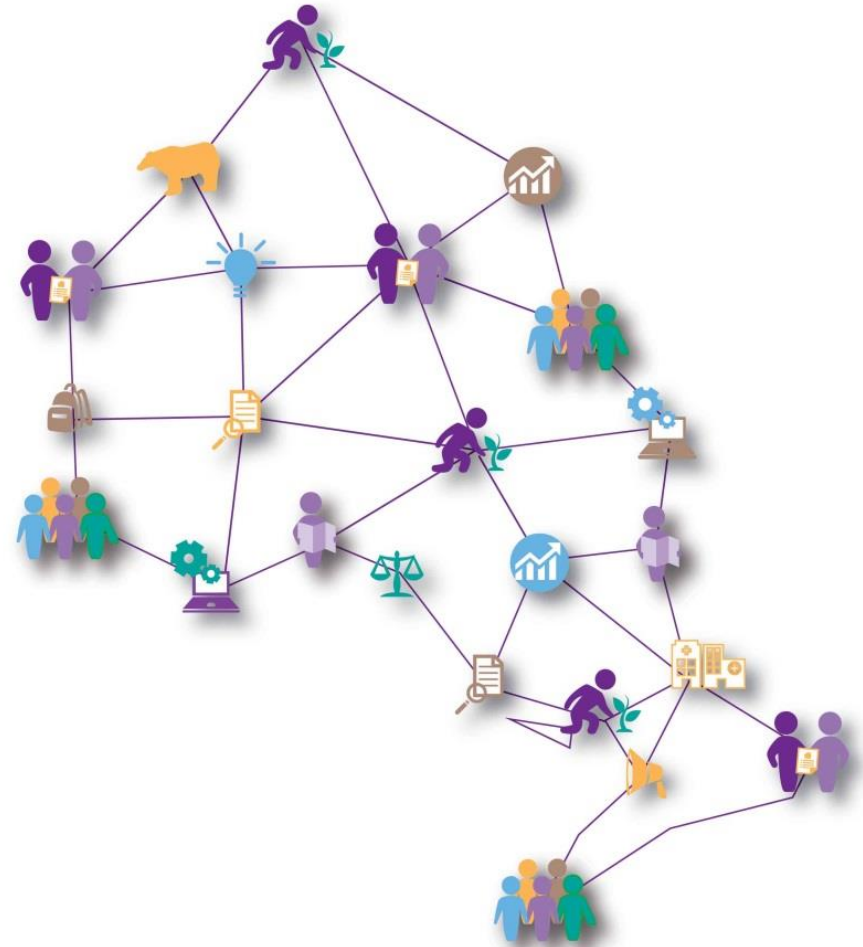


2020-Apr-27

camh



Housekeeping

- The audio is being stream via your computers. For optimal sound, please use external speakers or earphones. If you are still having trouble hearing our presenters, you can dial into **+1-415-655-0001** or **access the list of Global call-in numbers**
- This webinar will be recorded and posted on the Col's webpage following the presentation.
- Please also let us know via the chat box if someone is watching the webinar with you!
- Some collected data from the webinar might be used for reporting.
- We would appreciate having your feedback on today's knowledge exchange webinar. You will receive a link to an online survey towards the end of the webinar. **Thanks in advance for the 5 minutes of your time to complete our online feedback survey!**

AGENDA

1

Introduction: About the OHFRN-Col and today's presentation

2

Presentations on: Covid-19, homelessness, and Housing First

From:

- USA
- Ottawa
- Toronto
- Spain

3

Q/A

1

Introduction

But first, a bit about you!

WHO is participating in today's webinar. Please answer the poll:

What is your main role in relation to the addictions and/or mental health sectors?

- ☐ Agency Leadership
- ☐ Physician / Psychiatrist
- ☐ Nurse (e.g. nurse practitioner, registered nurse)
- ☐ Psychologist / psychotherapist
- ☐ Allied health professional
- ☐ Peer workers
- ☐ Social worker, counsellor, other service provider
- ☐ Educator
- ☐ Knowledge Broker/Implementation Staff
- ☐ Policymaker/System Planner
- ☐ Researcher/Research Staff
- ☐ Other (please specify)_____

WHICH SECTORS are participating in today's webinar? Please answer the poll.

- ☐ Hospital Mental Health and Addictions
- ☐ Community Mental Health and Addictions (e.g. private or public)
- ☐ Primary Care (e.g. physicians, nurses, nurse practitioners)
- ☐ Public Health/Board of Health
- ☐ Peer Support Services
- ☐ Child & Youth services
- ☐ Housing Services
- ☐ Justice (e.g., police, corrections)
- ☐ Education
- ☐ Government
- ☐ Employment
- ☐ Research/Academia
- ☐ First Nations, Inuit or Metis organizations
- ☐ Faith based & Cultural services
- ☐ Other (please specify)_____

WHERE everyone is participating from? Please answer the poll.

Which area are you participating from?

- ☐ Northwest Region (e.g. Kenora, Thunder Bay)
- ☐ Northeast Region (e.g. Sudbury, Barrie)
- ☐ West Region (e.g. London, Hamilton)
- ☐ East Region (e.g. Ottawa, Kingston)
- ☐ GTA Region
- ☐ I am participating from outside of Ontario
- ☐ Not sure



The OHFRN-CoI

Purpose: To assist communities across Ontario to develop, evaluate, and improve Housing First (HF) programs based on the Pathways model tested, adapted, and shown to be effective in the At Home / Chez Soi Demonstration Project.



Goals:

- **Build** local capacity for HF programs
- **Promote** high quality implementation, fidelity, and adaptation of the Pathways HF
- **Advocate** and influence public policy related to HF

The OHFRN-Col

Members of the OHFRN-COI will consist of Ontario HF policy-makers planners, managers, service-providers, researchers, and persons with lived experience, including representatives from the housing, health, and justice sectors and Indigenous housing and support providers. Key partners include the Canadian Alliance to End Homelessness, ESDC Reaching Home Secretariat, and local HF programs.

This Col is supported by Evidence Exchange Network, part of the Provincial System Support Program at CAMH.

For more information, visit <http://eenet.ca/housing-first-community-of-interest/>



Today's webinar

During this webinar, you will learn about:

- ✓ Recent research on the projected homelessness curve due to COVID-19 in the United States and potential impacts;
- ✓ Current state of Housing First programs and new challenges in Ottawa, Toronto and Spain; and
- ✓ Different COVID-19 measures put in place in HF programs, including confinement, issues clients are facing, drug use, issues specific to minorities/cross-cultural issues, and more.

The presenters



Dennis P. Culhane is a Professor at the University of Pennsylvania; Dana and Andrew Stone Chair in Social Policy and Co-Principal Investigator, Actionable Intelligence for Social Policy. Dr. Culhane is a social science researcher with primary expertise in the area of homelessness and assisted housing policy. His work has contributed to efforts to address the housing and support needs of people experiencing housing emergencies and long-term homelessness. Most recently, Culhane's research has focused on using linked administrative data to gain a better understanding about the service utilization patterns of vulnerable populations, including youth exiting foster care and/or juvenile justice, as well as the individuals aged 55 and older who are experiencing homelessness. Dr. Culhane's research also focuses on homelessness among veterans.



Annette Bradfield has worked as a Nurse Practitioner and Manager at the Canadian Mental Health Association (CMHA) Ottawa Branch for the past 11 years. As well as offering direct clinical services in a collaborative, interdisciplinary setting, Annette provides leadership to improve health outcomes through initiatives such as smoking cessation, harm reduction, accreditation, and quality improvement. She is currently coordinating the infection prevention and control measures as part of the COVID-19 Pandemic Response Team at CMHA Ottawa.

The presenters cont'd



Pio Giralico has been the Manager of CMHA Toronto's Housing First (HF) program since its inception in 2013. CMHA Toronto is the Lead agency in a partnership which includes CMHA York Region, Across Boundaries, and Addiction Services of York region. CMHA Toronto's HF program consists of two multidisciplinary programs which cover the North York and Scarborough South areas of the city. As well, Pio is directly involved in CMHA Toronto's initiative to become a fully Trauma Informed Care agency. He is also a part of the agency's Concurrent Disorders committee which has implemented smoking cessation and harm reduction initiatives throughout its programs.



Roberto Bernad is the Director of the Habitat-Housing First program at Foundation HOGAR SÍ, the largest specialized organization working on homelessness in Spain. He is also coordinator of the Research work cluster at the Housing First Europe Hub – a group of public and private organizations promoting the development of the Housing First model in Europe –, and one of the coordinators of Housing First Cross-Country Fidelity Assessment. He was part of the Advisor Committee of the Housing First Europe Guide and a researcher for the HOME EU project. He has published several research papers on Housing First and participated in several specialized conferences.

Homelessness and COVID-19: Converging Crises and the Emerging Response Framework

April 2020

Dennis Culhane, Dan Treglia, Ken Steif

University of Pennsylvania

Randall Kuhn

UCLA

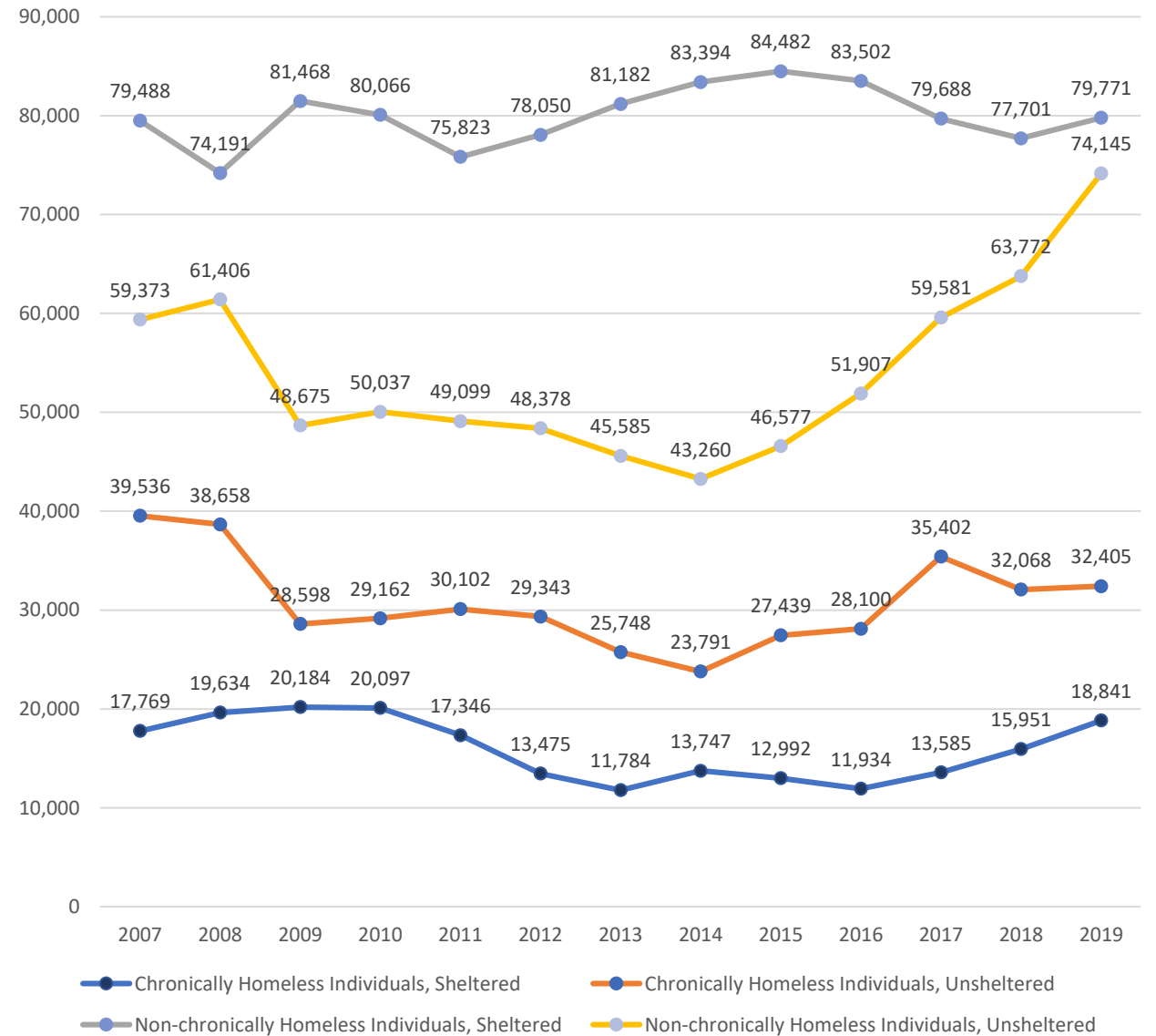
Thomas Byrne

Boston University

Recent Homelessness Crises Preceding COVID-19

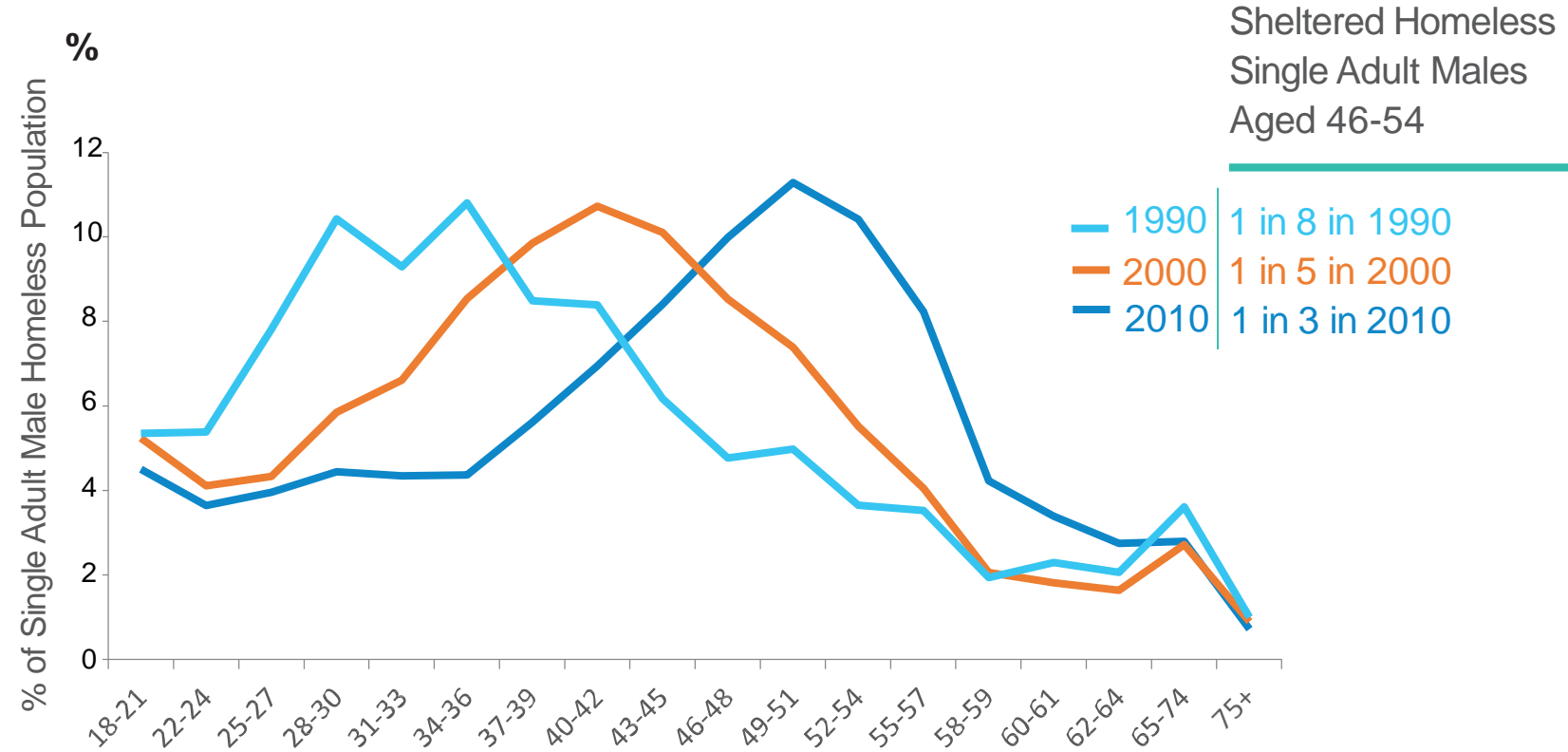
- Rapid growth in unsheltered homelessness, especially in West Coast cities
- Aging population with accelerated rate of morbidities and disability (15-20 years)

Adult
Homelessness:
Note 71%
Increase in
Unsheltered
Nonchronic,
2014-2019
(in yellow)

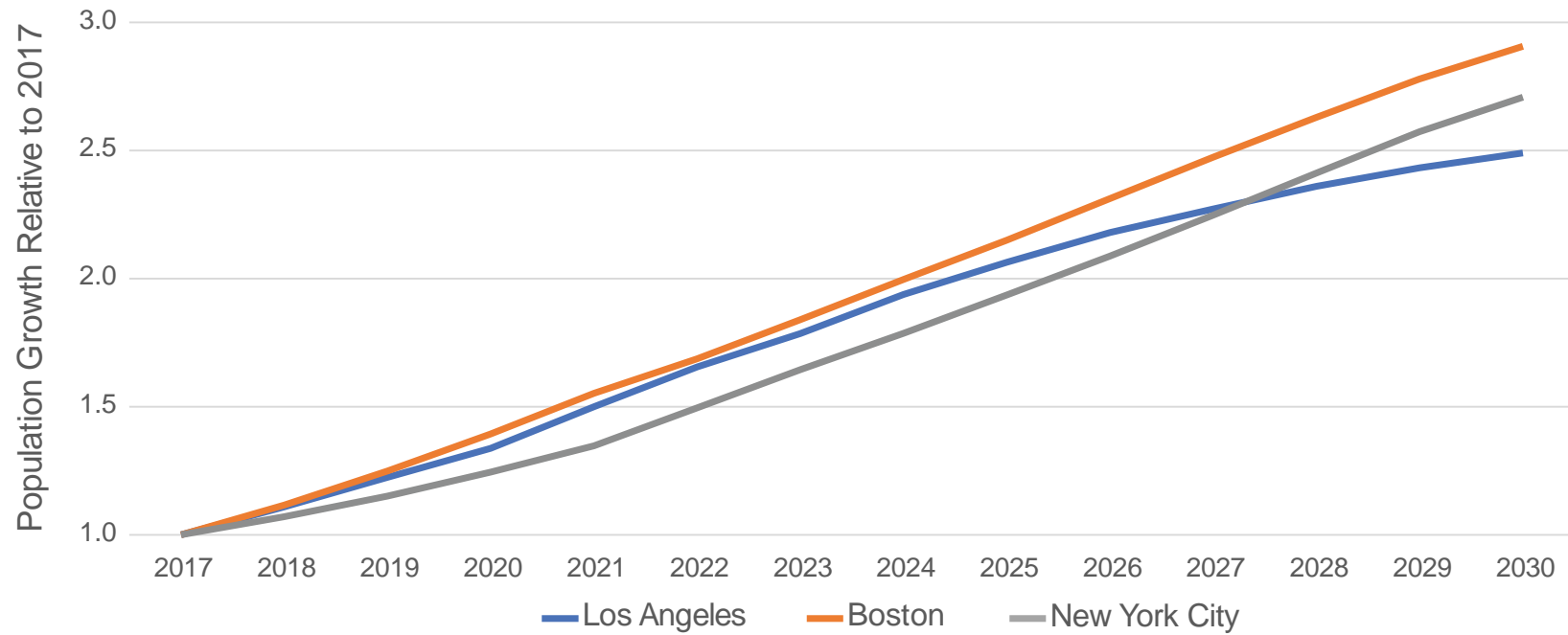


Homelessness, A Birth Cohort Phenomenon

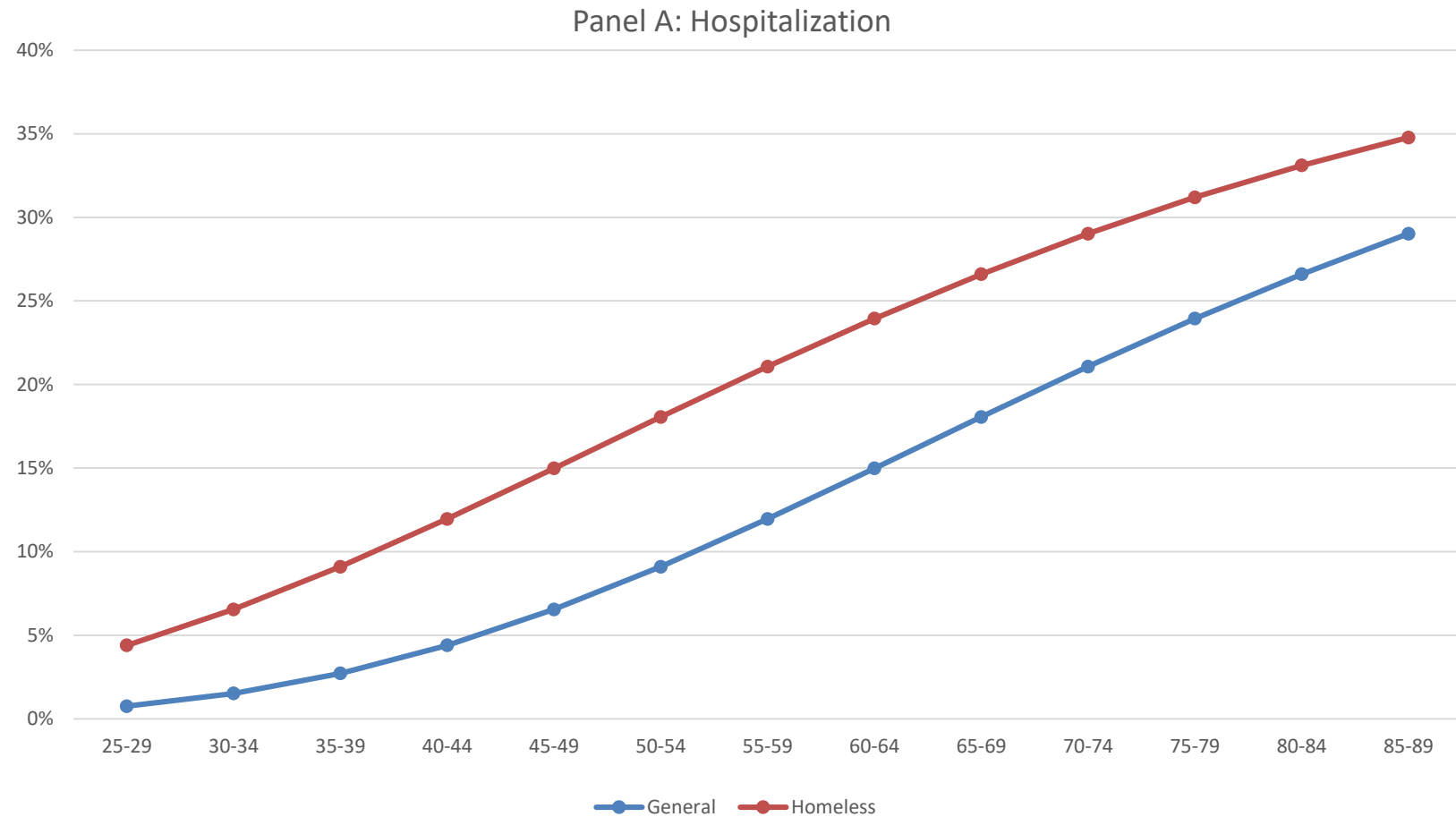
Single Adult Male Shelter Users, United States



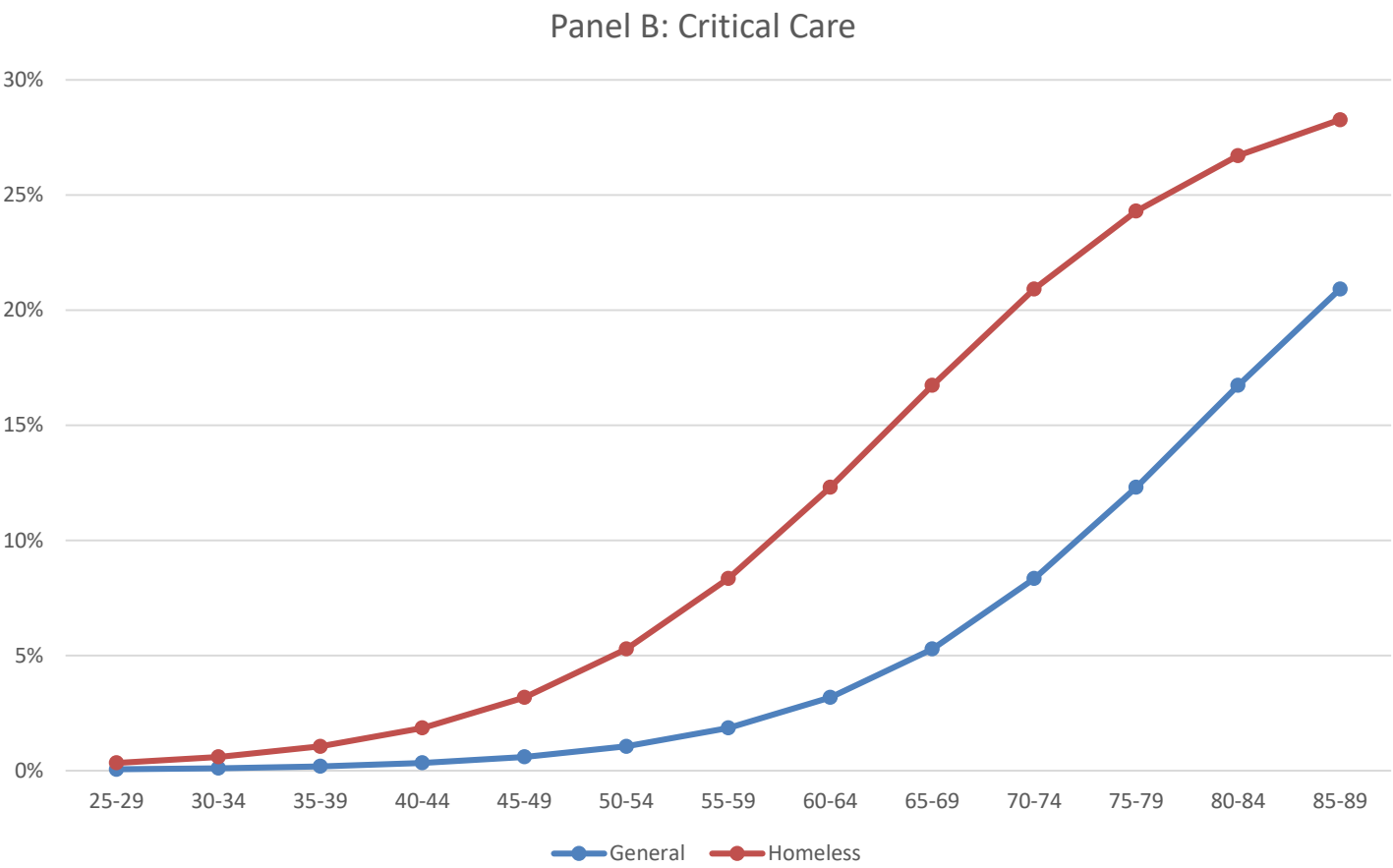
Forecasting Change in 65+ Homeless Population



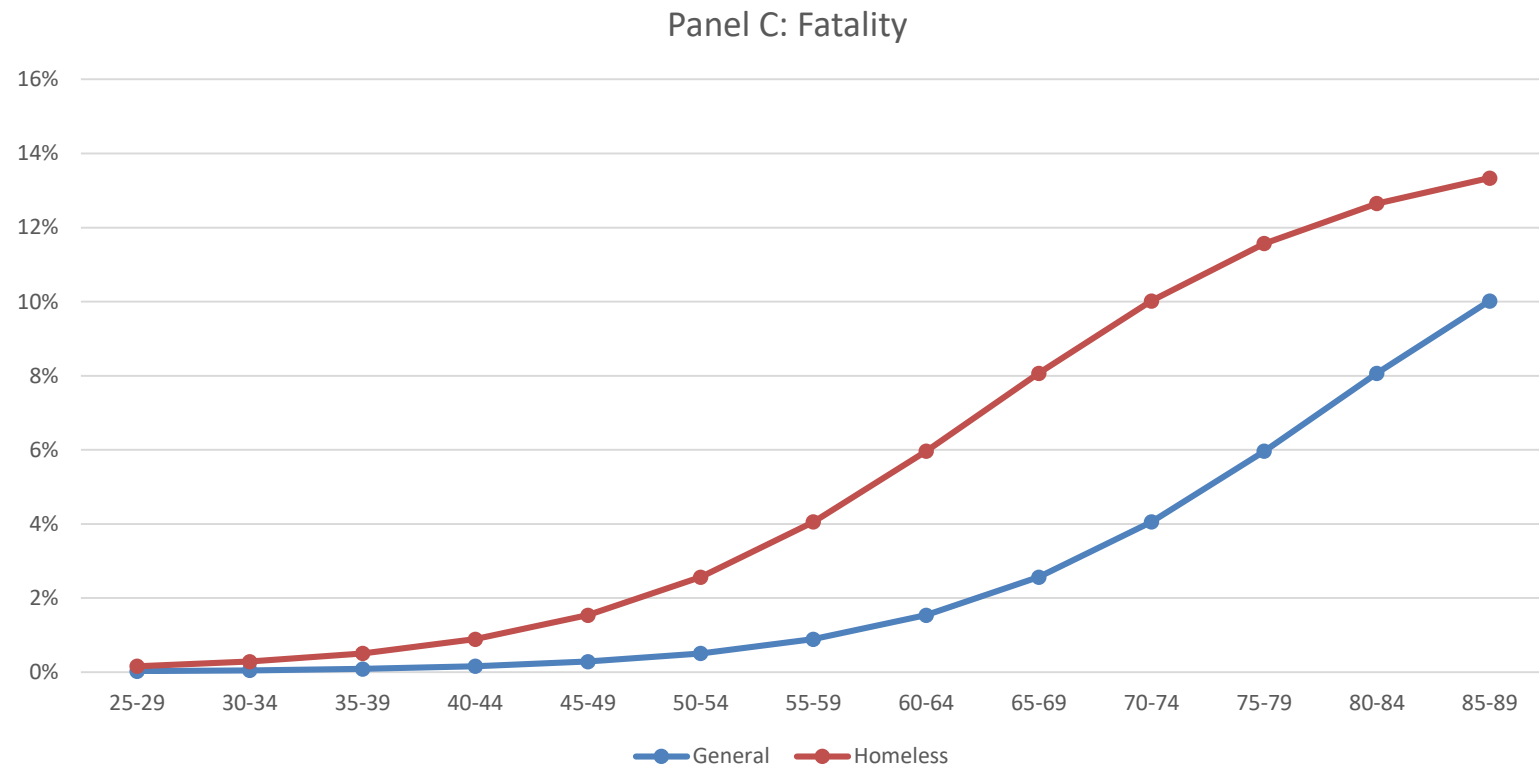
Age-specific risk for homelessness-adjusted scenarios in comparison to general population



Age-specific risk for homelessness-adjusted scenarios in comparison to general population



Age-specific risk for homelessness-adjusted scenarios in comparison to general population



Emergency Accommodation Needs

- Density Reduction in Existing Shelter Inventory to Accommodate Recommended Social Distancing (100 sq feet per person)
 - Current supply of 200,000 with 50% Density Reduction = **+100,000 beds**
- Unsheltered Population of 211,000, possibly 300,000 (40% undercount)
 - **+ 300,000 beds** to shelter everyone
 - “High risk” only, **+180,000 beds**
- **Net Accommodation Need: 280,000 – 400,000**

Three Primary Bed Planning Targets

- COVID Negative – High Risk (avoid infection)
- COVID Positive (High and Low Risk) (avoid hospitalization)
- Exposed (symptomatic and asymptomatic) Testing, Observation and Quarantine

Community-level COVID-19 Homelessness Planning & Response Dashboard

Select values to customize

Continuum of Care (CoC)

United States, nationwide

% undercount of unsheltered population

040100

Infection rate in homeless population, %

040100

% of homeless population with high risk of medical complications

050100

Annual turnover rate in sheltered homeless population

120

Groups used to estimate capacity

☒ COVID 19 Positive & High Risk

☒ COVID 19 Positive & Low Risk

☒ COVID 19 Negative & High Risk

- About
- Size of Homeless Population
- Infections, Hospitalizations, ICU admissions & Fatalities
- Capacity Needed, by risk group

Overview

This dashboard is intended to provide information to inform planning and response efforts to address the COVID-19 pandemic among persons experiencing homelessness in the United States. The dashboard is intended to provide the following information at both the national and Continuum of Care (CoC) level:

1. Estimated size of the single adult homeless population, to provide a baseline understanding of scope of potential COVID-19 related impact and needs
2. Potential impact of COVID-19 on the single homeless population, including number of infections, number of hospitalizations, number of Intensive Care Unit (ICU) admissions and number of fatalities
3. Capacity needed to provide emergency accommodation to the single adult homeless population

The dashboard is based on [this report](#) of the impact of COVID-19 on the homeless population and was created by the report's authors: [Dennis P. Culhane](#), [Dan Treglia](#), & [Ken Steif](#) from the University of Pennsylvania, [Tom Byrne](#) from the Boston University School of Social Work and [Randall Kuhn](#) from UCLA.

The dashboard will be updated regularly as new data become available and to add new information. Update announcements will be made [here on Twitter](#).

Code for dashboard is available [here](#)

Please direct any comments, suggestions, questions or information about errors to Tom Byrne at tbyrne@bu.edu

How to use the dashboard

The tabs at the top of the page provide the following information:

1. Estimated size of the single adult homeless population, used as the baseline to inform estimates of the impact of COVID-19 and capacity needed to mitigate this impact



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CMHA Ottawa: Responding to the COVID-19 Pandemic

A Work in Progress

Annette Bradfield, NP, MScN
April 27th, 2020



Who is CMHA Ottawa?

2020 > 180 employees, Budget ~ \$20M

Funding Government of Ontario (85%)

Services CMHA provides integrated treatment, incorporating a strengths based case management and Housing First approach:

- Long-term Intensive Case Management services
- Employment support
- Subsidized housing
- Primary/psychiatric health care
 - NP/RN/physician consultation
- Concurrent disorders
- DBT tx & individual tx (IASP)
- CBTp, FiT
- Dual diagnosis service
- System navigation
 - Familiar Faces
- Training and public education

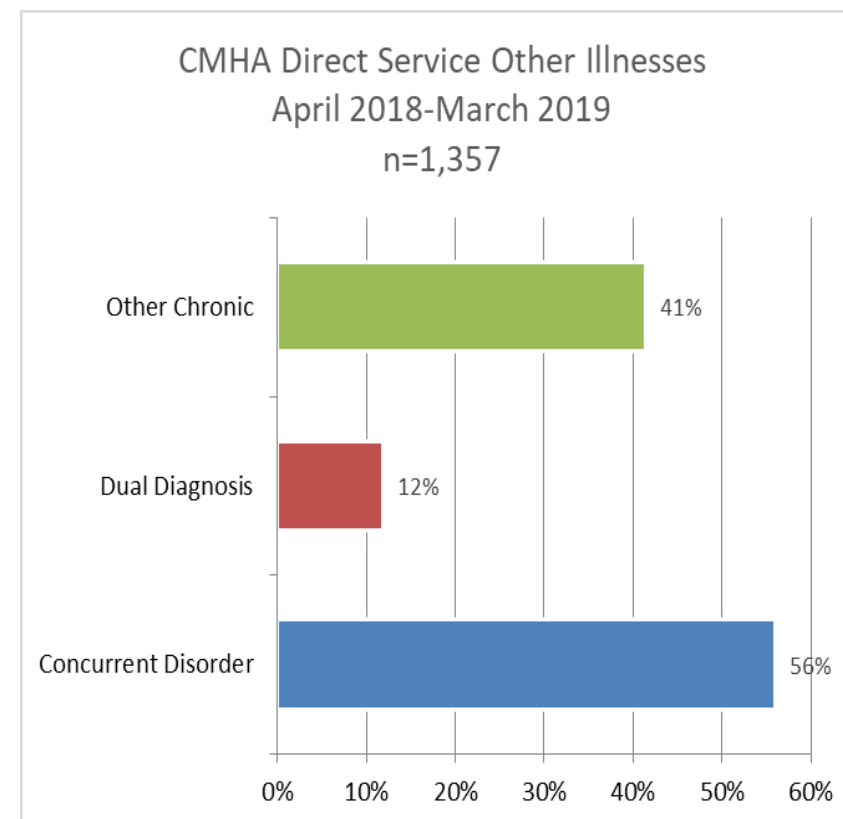
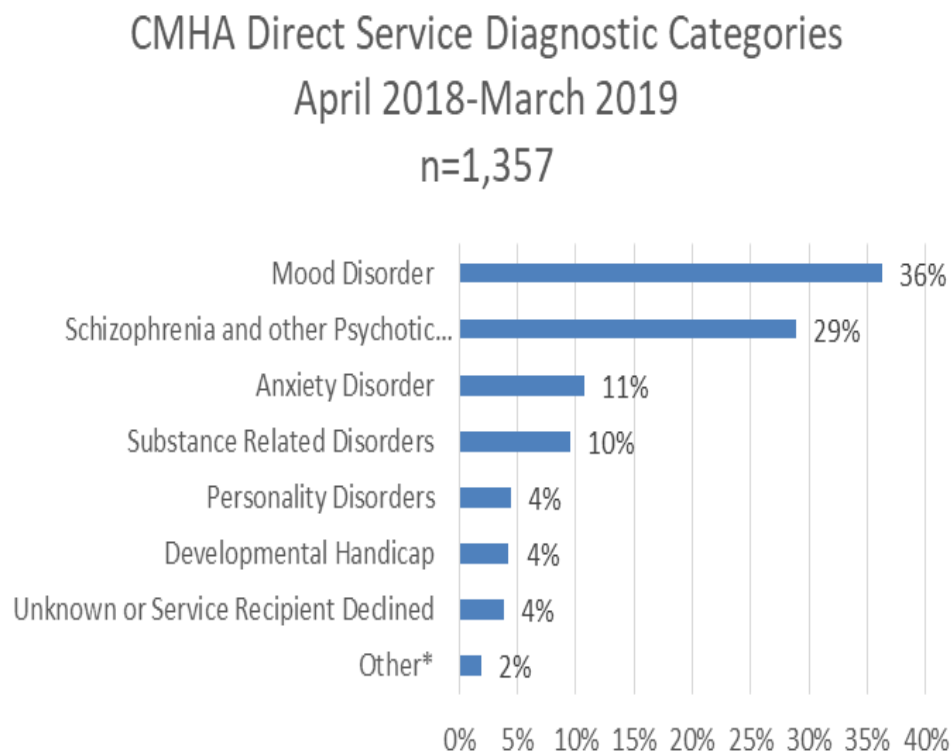


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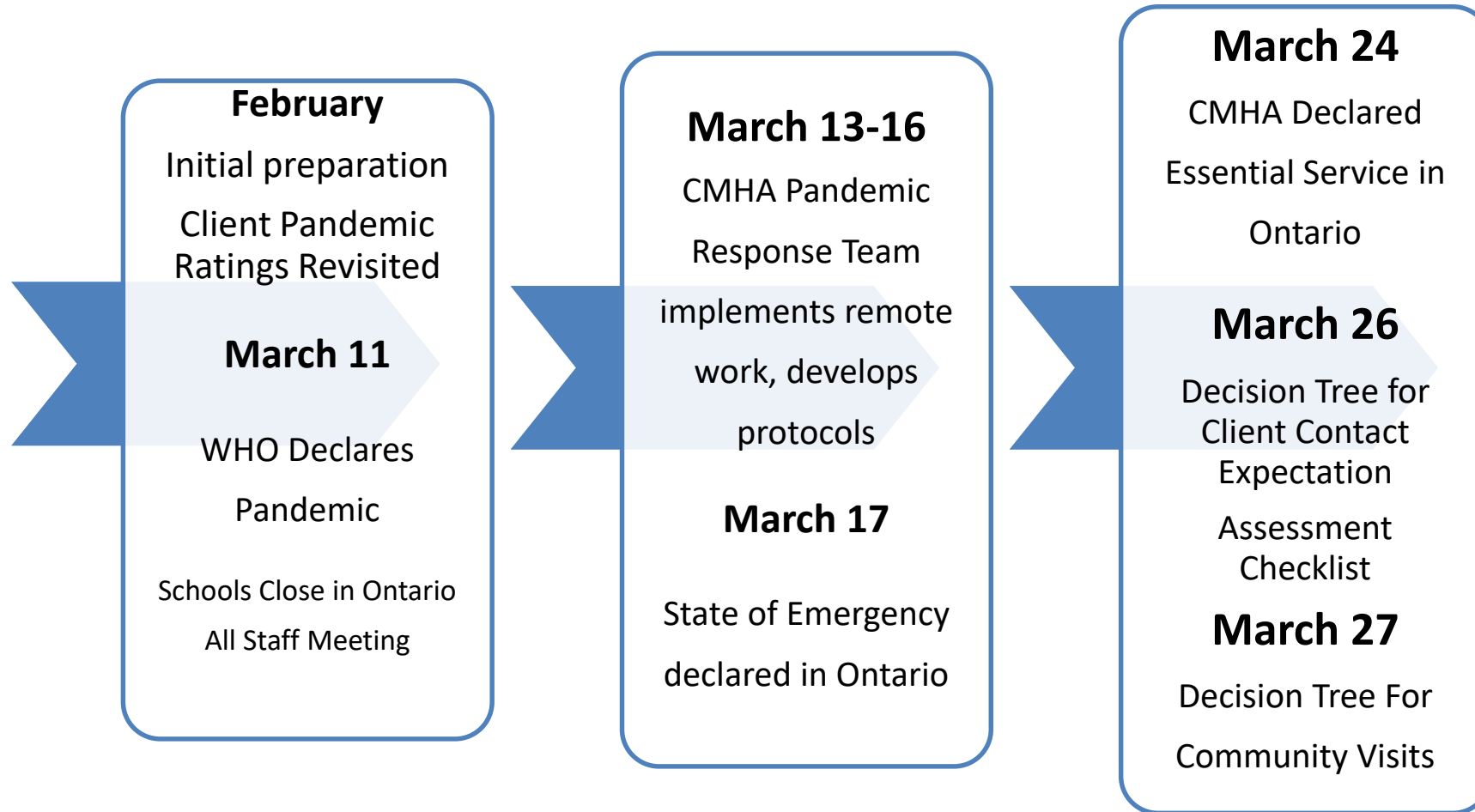
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Who is CMHA Ottawa?

- Clients must have a serious mental illness, as defined by the Ministry of Health - Diagnosis, Disability, Duration
- Clients must be homeless or vulnerably housed at referral



Pandemic Response Timeline



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Pandemic Rating Process

Each client assigned a rating according to anticipated **level of concern** after a pandemic or emergency is declared

- **Red:** Significant concern for safety and/or the welfare of others
- **Yellow:** Moderate concern for their well-being or the well-being of others
- **Green:** Fully supported, no immediate concern

Pandemic Rating Questionnaire Please ask yourself the following questions about your clients', enter relevant information into your Pandemic Rating details to provide a rationale for your color choice:

Red (Day One Check-in)

Yellow (Day Two Check-in)

Green (No check-in)

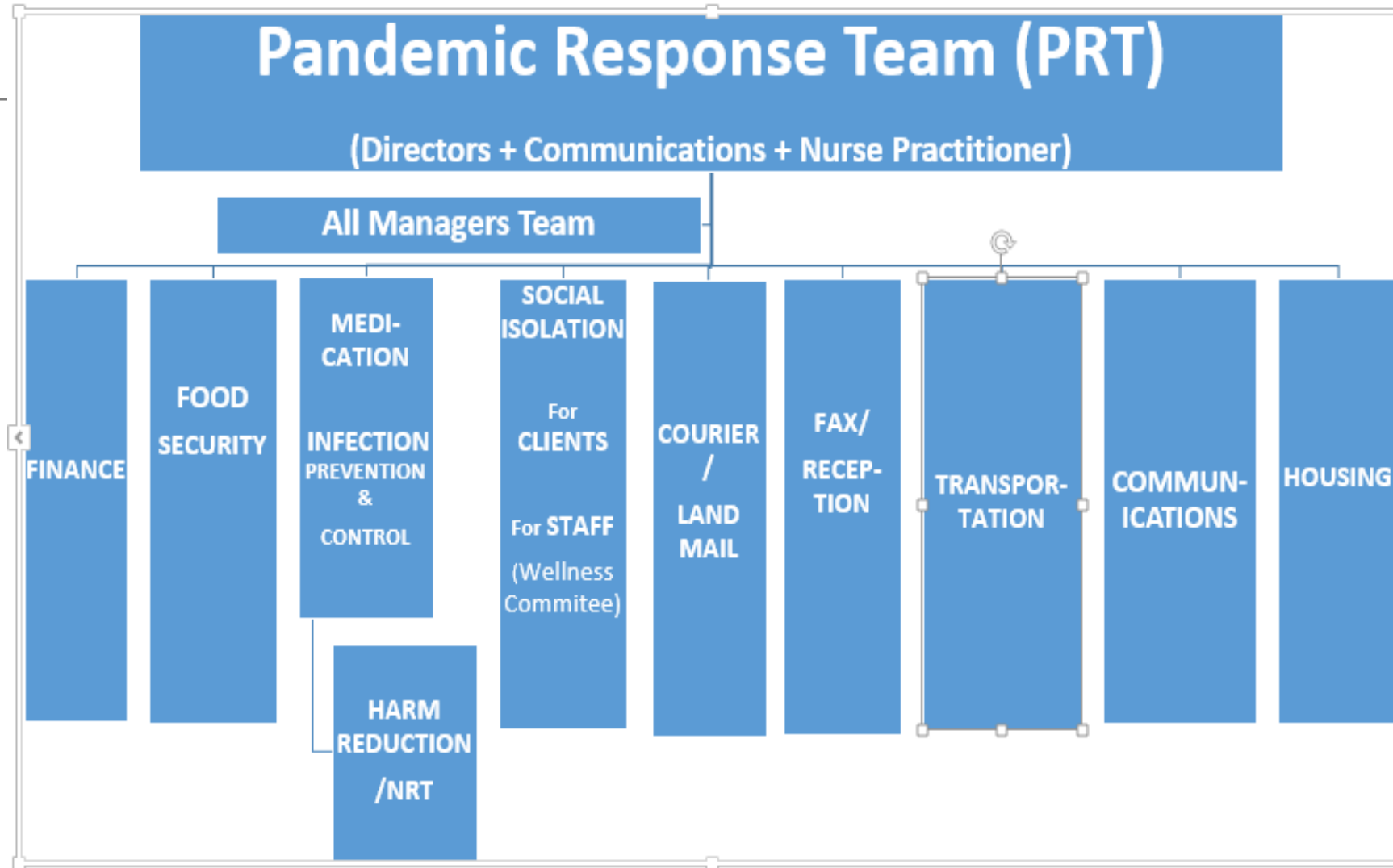
1. Is your client hospitalized or incarcerated at the moment?
2. Does the client have a phone, access to a phone or no phone?
3. Does the client have stable or unstable housing? If unstable - explain why.
4. Does your client live alone, with family or with roommates?
5. Does your client have good, moderate or limited supports?
6. Does your client have any major physical health concerns (ie. Heart condition, HIV, Hep C, Diabetes, Seizures) that would impact them in a pandemic situation?
7. Does your client take any critical medications (ie. Insulin, HIV meds)?
8. Is your client medication compliant or non-med compliant?
9. Is your client on a CTO? Is CMHA involved?
10. Is your client NCR?
11. Does your client receive an injection? Please indicate frequency - Monthly, Tri-weekly, Bi-weekly.
12. Does your client take methadone?
13. Does your client require regular bloodwork (ie. For Clozapine/Lithium)?
14. Does your client have any other ongoing risk factors that you feel may affect them in a pandemic situation?



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Subcommittees to Address Priority Areas of Needed Information/ Support

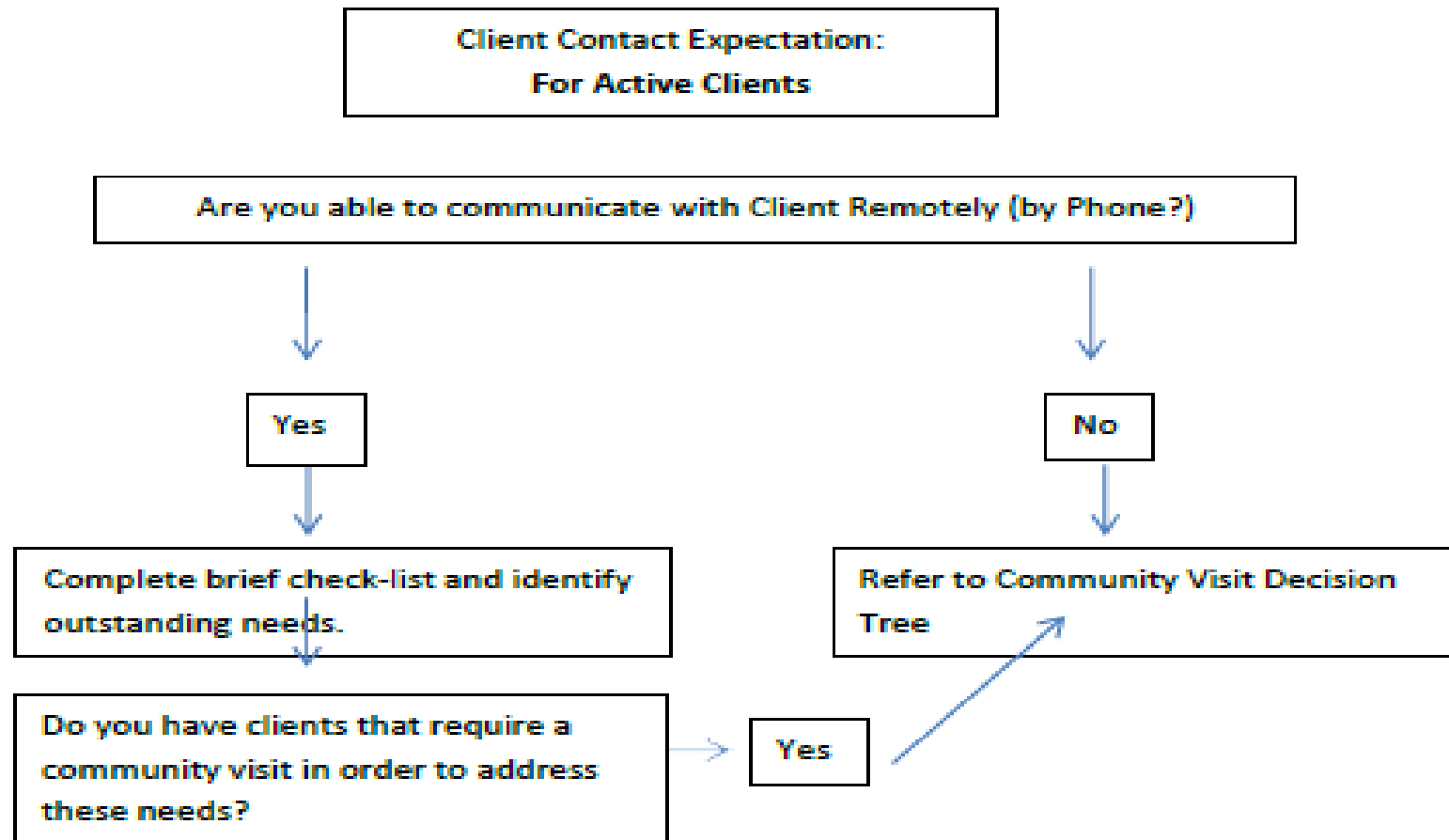


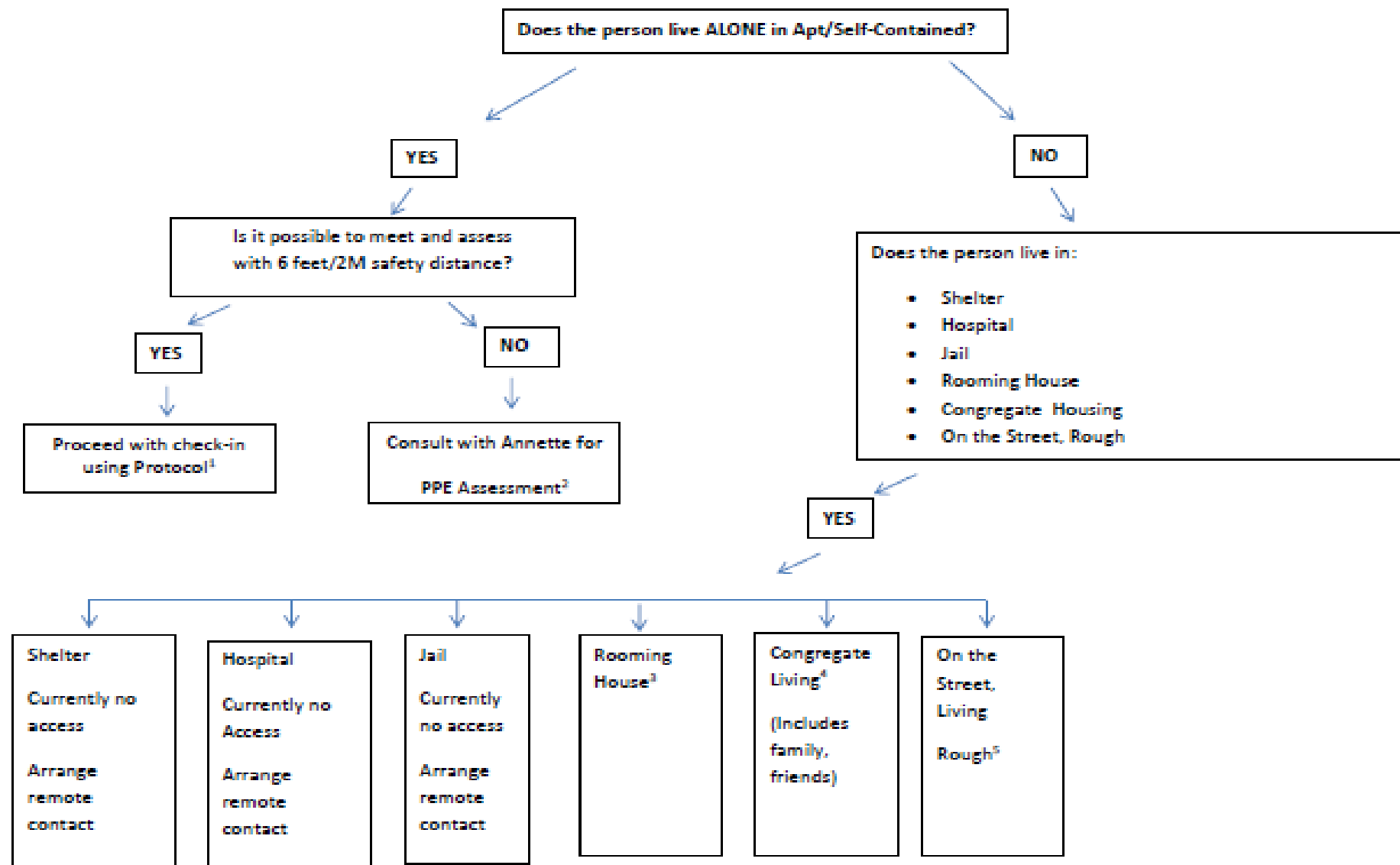
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Decision Tree for Client Contact Expectation: March 27





¹ Protocol for meeting with a client

- Must pass symptom screening questions
- Diligence in hand hygiene, cleaning surfaces
- Process for dropping off and picking up packages while maintaining physical distancing
- For close contact – Full PPE
 - To be used under well-defined, exceptional circumstances by staff who have completed certification



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Full PPE Community Response Team

for front-line workers

Certification Process

- Training: Pre-course activities
- Video conf + 1:1 video demo with PPE
- Postcard-sized reminders for symptom screening and **donning & doffing** steps
- Shadowing and demonstration with CMHA nurses



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Challenges

- Staff and client stress levels
 - Living in isolation, food security
- Working remotely, staying connected
- Family responsibilities, child care
- PPE and hand sanitizer shortages
- Changing practices based on new evidence
- Addressing myths & fears about virus



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Success Stories

- Clients provided with phones or data cards
- High level of staff participation on virtual/video meetings
- Initiated several client groups using videoconferencing
- Collaboration with hospitals and community & mental health agencies to support increased demands for acute needs
 - CMHA RN administering more injections
 - Distress Centre of Ottawa



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Planning for Reintegration Back to Offices and On-site Services

Based on Level of Closure

- Cloth masks in public spaces in office
- Daily cleaning for high-touch surfaces
- Spacing of desks 6 feet apart
- One-way foot traffic in office
- Plexiglass between work spaces
- Ongoing surveys to staff for feedback



"Do Remember They Can't Cancel the Spring"
- **David Hockney**



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COVID-19, Homelessness, and Housing First

April 27, 2020



**Canadian Mental
Health Association**
Toronto

Housing First Intensive Case Management

- The Housing First Intensive Case Management (HFICM) program started up on December, 2013.
- **CMHA Toronto** is the lead agency in partnership with **CMHA York, Addiction Services York Region** and **Across Boundaries**.
- **CMHA Toronto**: 12 FTE (Caseloads of 1:6 to Caseloads of 1:15 flex support within the program from very intensive support to less intensive).
- **CMHA York Region**: 7 FTE
- **Across Boundaries**: 2 FTE
- **Addiction Services of York Region**: 4 FTE



Housing First Program, CMHA Toronto

Program Requirements:

- the person has to be chronically homeless (i.e. homeless for at least 2 years or more, living in shelters, couch surfing or precariously housed)
- person must be willing to live in the catchment areas of the city that we serve (**North York, Scarborough**).
- All of our referrals come from **The Access Point** (Toronto's centralized point where one can apply for individual mental health and addictions support services and supportive housing).



Canadian Mental
Health Association
Toronto

Housing First Program, CMHA Toronto

- Our HF program does not come with any housing or units attached to it; but rather **rent subsidies** to use towards market rentals.
- Housing First is a Multidisciplinary team consisting of Registered Nurses, Concurrent Disorders Specialists, Housing Case Managers, an Occupational Therapist, and a Case Manager with Lived Experience.
- The program did not come with funding for either a psychiatrist or general practitioner, so we partnered with **Inner City Health Associates (ICHA)** to provide transitional **Primary** and **Psychiatric** health care onsite.



Canadian Mental
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Toronto

Statistics

- HF program began in 2013 with 4 staff serving the North York area of Toronto and we have now expanded to 12 staff also covering the Scarborough South area of Toronto.
- After our first 6 years we housed 102 individuals.
- 88% of those housed remain in their first or second unit.
- Only 3% of individuals had a repeat unplanned ER visit within 30 days for MH conditions or substance abuse.
- 100% of individuals served have access to Psychiatric and Primary Health care (ICHA partnership).



What CMHA & HF Toronto are doing during COVID- 19:

- Less Face-to-Face contacts but increase in other forms of contacts (i.e. phone calls, text messaging and emails (more contacts per client now than pre- COVID-19 as a result))
- Face-to-Face in “essential” circumstances (mh crisis, injections, food security, unit viewings)
- Asking of COVID-19 screening questions at each intervention
- Encouraging self-isolation when necessary and when possible
- ***Trauma Informed Care** level of support (for both clients and staff)



Communication, Collaboration and Action:

- All staff were already set up to **work remotely** (laptops, cell phones, virtual platforms set up)
- **Directors meeting daily** (“command central”) and information passed on to staff on a daily basis
- Regular meetings with **directors and managers** and team leads
- **Managers** able to meet regularly with their **staff**
- This allowed **communication** to flow quickly
- This allowed us to take **action** quickly



Actions Taken:

- Through this collaborative process, the HF program was given approval to use some **our rent subsidy money to rent 10 motel units** (and counting). This has allowed us to move some clients out from **high risk congregate areas such as shelters**
- Through another **partnership with Humber River Hospital**, we are now moving some clients from hospital to the motels (folks that would otherwise be discharged back into homelessness)
- Provided **added support to another community agency** with a client in mental health crisis. We were able to provide client with added clinical support and a cell phone to facilitate contact with the person



Actions Taken:

- One- time funding to use end-of-fiscal year **money on food** and gift cards
- **Pet food** and gift cards to Petsmart for clients with pets.
- **Foodbox program** (initiated by staff at social drop- in centers that are temporarily closed)
- All scheduled **appointments with ICHA Psychiatrist and GP** have been maintained throughout the pandemic via PCVC, phone, and face-to-face



Other Initiatives:

- Personal Protective Equipment (PPE) Tracker
- Client Tracker
- Staff Tracker
- Internal Task Force (200 COVID-19 testing kits)
- Staff Deployment

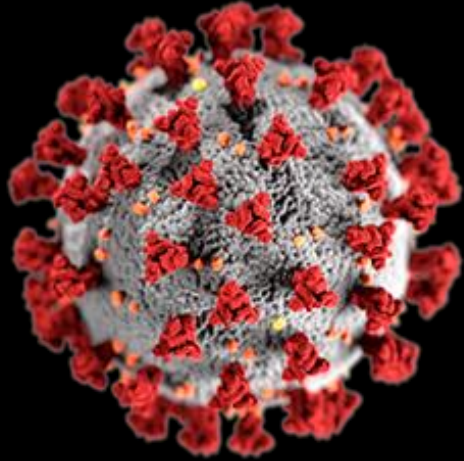




HÁBITAT HOUSING FIRST

Confronting the COVID-19 outbreak in a Spanish HF service

COVID-19, Homelessness, and Housing First Webinar
Monday April 27th (OHFRN-Col)



- Homelessness and HF in Spain
- Habitat Housing First program
- The COVID-19 outbreak in Spain
- Impact of COVID-19 on Habitat
- What next?

Homelessness & Housing First in Spain

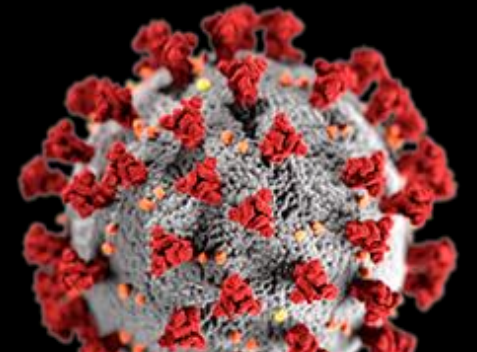
Est. 33,000

Homeless people in Spain (2014)

23,000 **8-10,000**
in existing services sleeping rough

- Figures on the rise
- 80% men / 20% women
- 44% homeless for > 3 years
- 51% victims of crimes
- 20,000 beds in the system
- Around 500 homes in HF services
- > 50% staff are volunteers

- 2012-2013 NGO interest on the HF model
- 2014 Launch of **Hábitat** (28 homes)
- 2015 Launch of **Primer la Ilar** (50 homes)
First HF public service in Barcelona
Other smaller services appear
HF on **National Strategy for the Homeless**
- 2016 Alliance HOGAR SÍ-Provivienda
- 2018 Launch of **Construyendo Hogar HF (75)**
Launch of **Accès a l'habitatge (40)**
- 2019 Launch of **HF Madrid region (20)**



Habitat -Housing First program



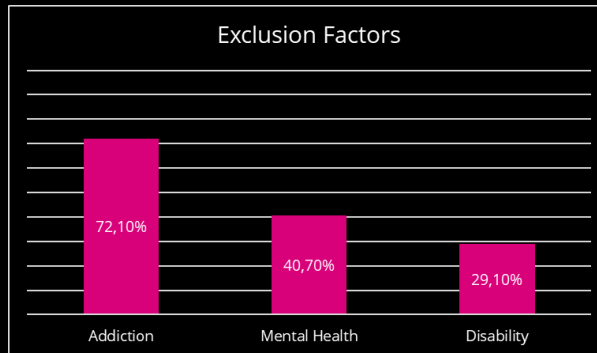
- Individual and scattered
- Integrated in residential areas
- Public and private market



- Intensive case management
- Recovery & Harm reduction approach
- At least 1 weekly visit

CLIENT PROFILE

- 80% men / 20% women
- 45-50 years old
- 9 years of rough sleeping



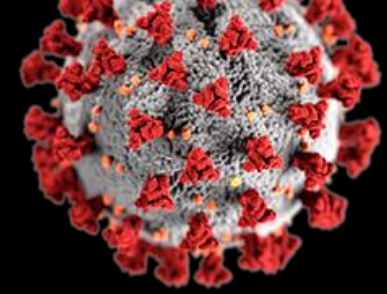
INCLUSION CRITERIA

- Over 18 years old
- Rough sleeping
- ETHOS 1 or 2 for 1 year or ETHOS 1, 2, 3 for 3 years
- Other vulnerability factors:
mental health, addiction or disability



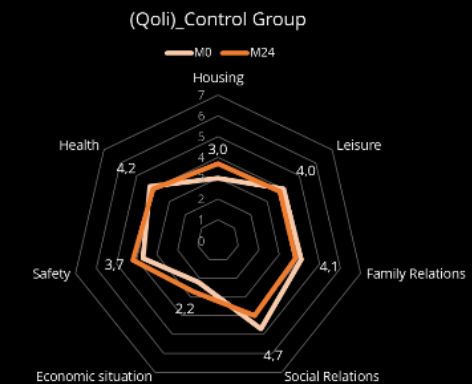
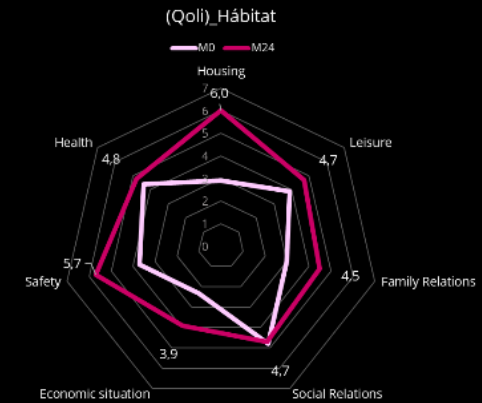
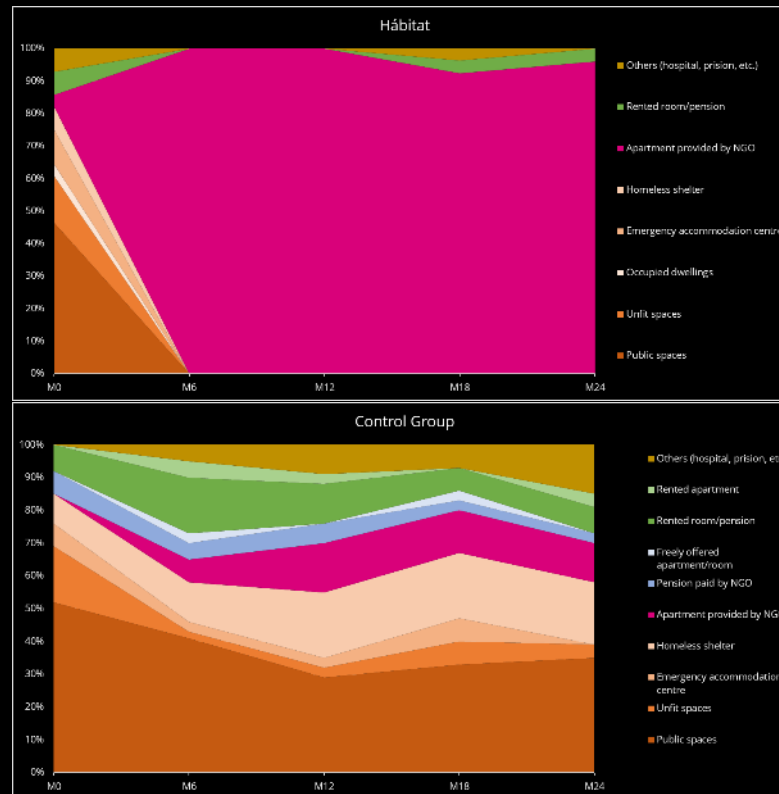
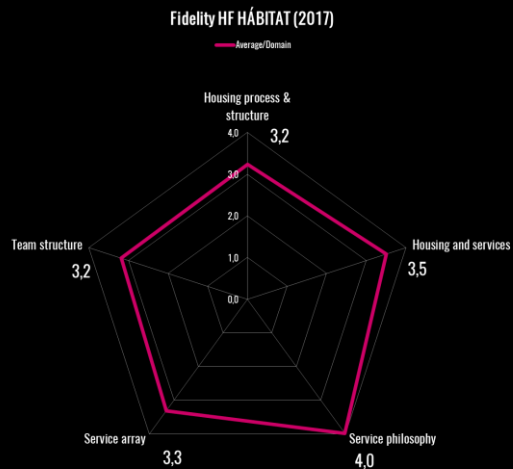
>300 homes
25 cities

Habitat -Housing First results



95.0%
Retention rate
(housed since entry in service)

PILOT EVALUATION (n = 38)



The COVID-19 outbreak in Spain

Outbreak evolution

- March 8th Spain was innocently happy
- March 9th Communication of Madrid lockdown on March 11th
- March 11th Lockdown of Madrid
- March 14th Communication of State of Alarm and country lockdown
- Ongoing Country lockdown (rows of 15 days)
Social Services as essential service
Public debate on homeless people
- Phased unlock starting May 10th

Impact on the homeless

- No data on health impact on the homeless
- No testing available for homeless services
- Homeless people forced into emergency centers
- Soup kitchens and other services closed
- Homeless people fined up to 300€

Measures by Public Admin

NATIONAL GOVERNMENT

- All powers on Health & potentially Social Services
- [Technical recommendations for providers of services for the homeless \(in Spanish\).](#)
- Evictions of mortgage holders (March) & tenants (April) suspended for 6 months since end of Alarm
- Moratorium in mortgage payments for the vulnerable
0% interest loans for tenants to cover 6 months
- Big landlords forced to ease rental payments
- Modification of Housing Plan 2018-2021
- Universal Minimum Income being prepared

REGIONAL/LOCAL ADMINISTRATIONS

- Uneven response, mainly collective emergency centers (schools, sport facilities, trade fairs, hotels...)
- Some administrations willing to enlarge HF services in the aftermath by using additional EU funding

Impact of on Habitat

Service adaptation

Phased lockdown starting in Madrid bought time

First criterium: client & team safety

- Guidance on hygiene & health to clients & team
- Guidance on social distancing & isolation
- Difficulties in getting protection equipment
- Contingency plans in case of infection of clients and/or professionals

Adapting service delivery to telephone support

- From weekly to almost daily “phone visit”. How to deliver Housing First telephone support? Where are the phones? Food & hygiene for dependent clients?
- Tackling mental health, addiction, other crises?
- Tackling loneliness? Whatsapp groups

Adapting service coordination systems

- From weekly to daily meetings with teams
- From fortnightly to weekly coordination meetings
- Unified and narrowed of communication channels to avoid different messages
- Unified needs & information collection systems to monitor infections, challenging situations, crises
- Drafting further guidance and protocols if needed

Impact on clients & professionals

22 infections or suspected infection of clients

2 deaths (1 COVID confirmed)

8 professionals isolated due to contact with possible COVID cases during the previous 14 days

Different management of the situation by professionals used to direct contact with clients and to coordination in person with services, colleagues, etc.

Main challenges

1. Anxiety and loneliness, coping with emotions
2. Conflicts with housemates, especially gender violence
3. Increased abusive use of substances in some clients
4. Clients not respecting/understanding confinement measures (e.g. 7 fines on a client)
5. Increased conflicts with neighbors

What next?

Challenges

Pression on Social and Employment Services

Barriers for clients:

- Delayed administrative procedures
- Tighter subsidies access criteria
- Needs may come in some months, where specific support schemes may have disappeared

HF service needs to explore & learn about new subsidies and support schemes to help clients.

Pression on Social Housing market

Increased demand on already tight social housing market may prevent access for the homeless for years.

HF budgets cut down in 2021

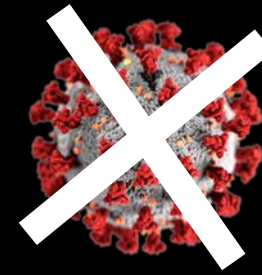
Possible budget cuts for HF services
(most administrations prioritizing collective responses).

Some administrations may want to enlarge HF services

Aftermath professional leaves

Teams making an extra effort to support clients or coping with personal situations, leading to possible cascading leaves due to anxiety or other needs.

Learnings



Just Be Ready For Apocalypse!

It was COVID; it could easily have been Trump and Kim Jong-un playing

Narrow down communication challenges.

It helps if you know what the priorities are and who has the information

Listen & be quick, not perfect.

Listen to clients and professionals to identify arising needs and give a quick response.

Perfection does not help in an emergency.
The situation constantly evolves, evolve with it.

Take a break into normality.

Dedicate some time to go on with tasks or processes you were doing before the outbreak.

It will foster a sense of normality and it will help you reconnect with ongoing processes once this calms down.



**A home is the first
Public Health
prevention system.**

**Get everyone housed
for the next one, bud!**

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Questions for presenters



Thank You!

camh

Thanks to all participants for joining today's webinar.

The OHFRN-Col would also like to give a special THANKS to Dennis, Annette, Pio and Roberto for today's presentation!



Please take a few minutes to answer a feedback survey on today's webinar and give us suggestions on future webinar topics.

The webinar recording will be posted the [Col's webpage](#) shortly.