BRITISH COLUMBIA

Ministry of Mental Health and Addictions

Complex Care Housing: Draft Strategic Framework

February 2022

Introduction

The Ministry of Mental Health and Addictions (MMHA) has been mandated to develop Complex Care Housing with support from the Ministry of Health (HLTH) and Ministry of the Attorney General and Ministry Responsible for Housing (AG). Complex Care Housing is a suite of services and supports aimed at ensuring people with significant mental health, substance use and other complexities attain safe and stable housing as a foundation to thrive. Complex Care Housing is a component of the provincial Homelessness Strategy, which is under development.

The Complex Care Housing Framework (the Framework) provides strategic direction to the health, housing and social sector on enhanced services for a key population in British Columbia (BC) that is currently underserved. It details the core elements of what we are looking to attain with this new service model, and aims to provide direction to guide service consistency and quality, while allowing for flexibility to react to local and regional contexts.

This document is not an operational guide – work is ongoing to bring this strategy to life and implement Complex Care Housing. This operational work includes establishing funding models, legislative oversight, and accountability mechanisms. It also includes practical things like referral pathways, coordinated access, needs assessments, transition pathways, tenancy support models for market rentals, and training requirements for staff. Effective operationalization and implementation of Complex Care Housing will require cross-sectoral collaboration and partnership.

The Framework brings together the recommendations developed in collaboration with health, housing and municipal partners, Indigenous partners, people with lived experience, community service providers and experts over the spring and summer of 2021. In order to finalize the Framework, further engagement is planned with a broader network of people with lived and living experience, and urban Indigenous, Métis and First Nations partners and communities. This is vital to ensuring Complex Care Housing services and supports are person centred and community driven.

Background

Housing and access to health services are determinants of long-term wellness. While significant investments have been made in BC to expand access to specialized health services as well as supportive and affordable housing, there are persistent gaps in adequate care and supports that lead to people with significant mental health and substance use challenges experiencing unstable housing. A lack of stable housing can contribute to poorer mental and physical health outcomes, leading to a cycle of homelessness and harm which is increasingly difficult to break.

These gaps are longstanding, and disproportionately affect some communities in the province. People are left to navigate a fragmented set of services to have their basic needs met. Some of the major challenges include:

- Gaps in services for people with concurrent mental health and substance use challenges.
- Gaps in treatment for people with mental health and substance use challenges alongside things like developmental disability, acquired brain injury and/or history of violent behaviour.
- Challenges for people who are inadequately reached by services and living in the current model of supportive housing.
- Inadequate health and housing support for Indigenous people, who are impacted by generations of colonization, trauma, systemic racism and discrimination1, and as a result disproportionately experience mental health and substance use challenges and homelessness.
- Inadequate health and housing support for young adults with severe mental health and substance use challenges transitioning from government care.
- Disproportionate interaction of clients with mental illness, substance use challenges, and experience with the criminal justice system, and insufficient health and housing supports for people leaving the corrections system (facilities or remand).
- Loss of housing during times of increased service need or entering facility-based care such as a hospital, other treatment and recovery services (including substance or and addictions treatment), or correctional facilities.
- Inadequate health and housing support in rural and remote areas of BC.

[1] For context on systemic racism and discrimination in the BC health system and associated recommendations for response, see the "*In Plain Sight*" report at https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf

Population

Complex Care Housing is intended to support adults (19 and over, including young adults) with significant mental health and substance use challenges and other health issues not adequately supported by the current model of supportive housing. These gaps can mean they are unstably housed/at risk of homelessness, are "living" in acute care or transitional bed-based services without a home to go to, or are homeless.

This is a diverse population, but some common system gaps have resulted in significant challenges for people in BC accessing stable housing.

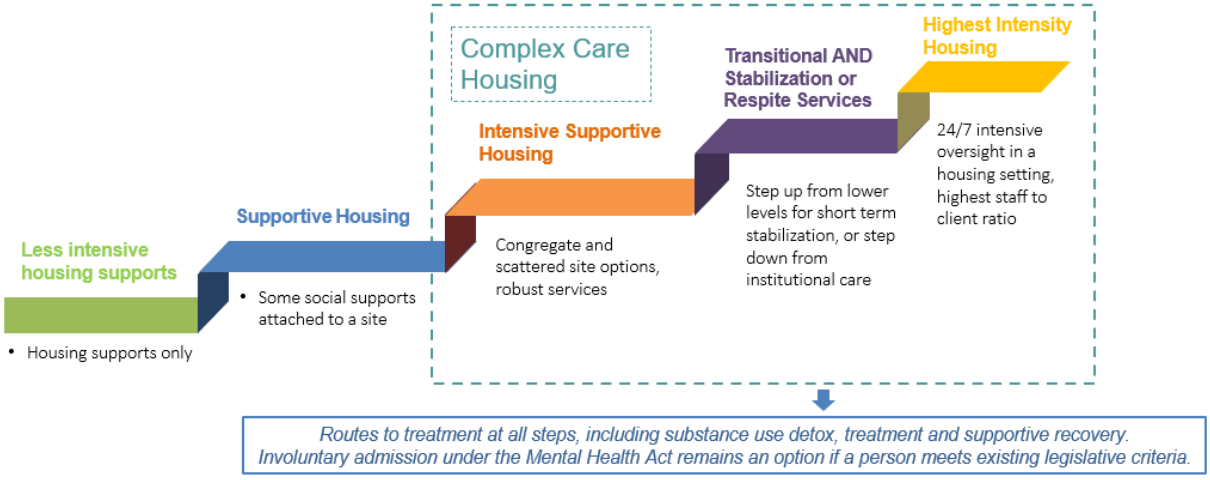
- Histories of poverty, unstable housing, enforcement, stigma, discrimination, racism, marginalization, criminalization has contributed to significant trauma and mistrust.
- The lack of a robust system of mental health care can result in people experiencing severe, persistent symptoms of mental illness and/or substance use, often together, and worsening of symptoms.
- Services have also not been tailored to adequately meet the needs of individuals with developmental disabilities and/or significant functional impairments.
- Housing providers are not currently equipped or supported to safely address episodes of worsening symptoms, which can result in incidents of aggression, violence or self-harm, and engagement with the criminal justice system and high use of crisis services.
- The toxic drug supply, paired with extreme marginalization and stigma, creates a significant overdose risk for people, and more people experiencing acquired brain injury.

Due to the lasting effects of colonization, intergenerational trauma, and systemic racism and discrimination, Indigenous people experience greater barriers to services and must navigate multiple systems to have their basic needs met. This Framework includes space for Indigenous-led solutions, recognizing that communities know what their members need, and that self-determination underpins health and wellness.

Complex Care Housing – Part of a System of Care

Complex Care Housing represents a system response with a foundation of strong partnerships among health, social services, and housing organizations and providers. It is crucial that these services do not create further fragments, but contribute to a seamless system of care for people. Figure one details the model, including three levels of housing and health supports to fill significant gaps for people with complex mental health, substance use challenges and other unmet needs.

Figure 1: Complex Care Housing services - part of a System of Care



The existing services on the left meet the needs of many people experiencing housing precarity or homelessness. However, for those that continue to struggle with inadequate service access and supports, the dotted box details three new or enhanced and voluntary housing services:

- Intensive Supportive Housing
- Transitional and Stabilization/Respite Services
- Highest Intensity Housing

Each step of Complex Care Housing is first and foremost a home-like environment. Care must be taken to not perpetuate institutionalization. While it is represented as a stepped model, we know that people's journeys are not linear – individual needs ebb and flow over time. Complex Care Housing aims to reduce the impact of these ebbs and flows on housing stability.

Intensive Supportive Housing

The first new step, Intensive Supportive Housing, represents an added intensity of services and supports in a community setting while promoting as much autonomy as possible. This includes a much broader range of services that are coordinated and integrated, and a shift in service delivery focused on *reaching and engaging* people into services, as opposed to expecting people to navigate and seek out care. However, not everyone with complex needs requires or wants highly intensive services. Individual choice and self-determination are crucial to determining the intensity of services for individuals.

Services are not time-limited, and ideally services are attached to people (as opposed to specific settings). Wherever possible (i.e. where there is adequate supply in the community) clients are supported to choose where and in what kind of setting they will live. Types of sites in Intensive Supportive Housing may include:

Rural and Remote Communities
Rural and remote communities There is no one-size-fits-all solution when it comes to services and supports for mental health and addictions challenges. The realities and challenges of service delivery in rural and remote communities must be considered when designing and implementing Complex Care Housing, including distance to clinical care and treatment, housing infrastructure, and human resource constraints. This Framework aims to provide the overall strategic direction but allow for flexibility and innovation to account for these realities.

Scattered sites where individuals reside in private market residences with rent supplements. This would include robust in-reach services to support client needs.[2]

Group home-type housing with a small number of residents. Group home sites would include a combination of in-reach and on-site services. Residents would have private spaces, but there would also be some communal spaces for residents.

Congregate Sites are larger buildings with individual apartments or suites housing more than ten residents. There are base services on-site and in-reach or connection to community for other services and supports in the Complex Care Housing model.

[2] Implementation planning will identify the adequate supports for landlords to enable success in scattered sites

Embedded in supportive housing congregate sites, where a floor or distinct area of a congregate supportive housing site is dedicated to complex care clients. This would allow for separate tiers of service/staffing and provide physical space for client/staff safety.

Other client centered options.

Client mix is intentionally created to promote community and inclusion. While people's needs change over time, attention must be paid to best practices on supporting people with very complex challenges. This includes housing *few people with very complex needs* in a larger congregate housing setting.

Transitional and Stabilization or Respite Services

The second step includes two types of services, both meant to be time-limited and shorter duration.

Transitional or "step down" services provide housing and care during transitions – for example, bridging people discharged from acute care, other health or addictions treatment settings, correctional facilities or forensic services. These services promote engagement and successful return to long-term housing in the community.

Stabilization or respite services are essential for supporting individuals to maintain their housing by providing a short-term level of higher intensity supports during periods of temporary escalation of needs or other acute challenges. This immediate response can prevent break down in tenancy relationships and evictions, and provide respite for the individual to reconnect to supports and services.

As with the other steps in this model, clients' individual needs will vary; the physical space and service model must be flexible in responding to shifting needs. Settings may include:

Group-home or small housing could be used to support people with common goals, with a small number of individuals and where staff can provide supports to meet those goals.

Space in a larger supportive housing congregate site where a distinct area is dedicated to this service. This would allow for separate tiers of service/staffing and provide physical space for client/staff safety.

Existing Physical Spaces that meet clients where they are at. Stabilization services could be intensive time limited in-reach into someone's residence.

Highest Intensity Housing

The third step, Highest Intensity Housing, is the most intensive tier of care in the Complex Care Housing model, for the smallest subset of the population who may benefit from

more focused care and supports over a longer term in a home-like setting. Key elements at this level are low client to staff ratios, very small numbers of clients in one setting, access to specialized services (if desired), and oversight by staff to identify opportunities for care and prevent escalation of needs.

Eviction prevention and rapid rehousing
Part of putting this strategic framework into operations is establishing policies and procedures that support the principles of this new service. Two of these policies will include:

Eviction prevention policies to provide ways to manage challenges, de-escalate situations and create paths that are alternatives to eviction.

Rapid rehousing plans, so that if a client does need to move, they won't be evicted to homelessness. Residents must have somewhere to go where they maintain connection to services and supports at the intensity that meets their needs.

Transitions out of this level of care are supported if it aligns with the client's goals. As with the other steps in the Complex Care Housing continuum, the service is voluntary, and connection to the broader community is crucial.

It is important to note that there is no ability to permanently ban clients at this level of care from health or housing services. Alternative housing must be provided that better meets the individual where they are at. This must balance client safety and wellbeing with staff safety and wellbeing, without preferencing one over the other.

Settings could include:

Group home-type housing with a small number of residents.

Embedded in supportive housing congregate sites where the physical space would allow for client/staff safety and would be conducive to separate tiers of service/staffing.

Client-focused alternatives such as home-shares or other innovative service models and solutions that are determined by the client and care providers, based on individual needs.

Services – Integrated Supports

In Complex Care Housing, all clients are reached with the full spectrum of services in the *Integrated Support Framework* with the intensity required to match their needs.

The Integrated Support Framework identifies the right supports for someone at risk of or experiencing homelessness and will improve wellness, stability and community integration for those transitioning out of homelessness or those who have exited homelessness and require more intensive supports. These wraparound support building blocks can be tailored to the needs and choices of the clients. Services will be delivered through partnerships that will support people to achieve their best quality of life across different settings, including Complex Care Housing, using different modalities.

Homelessness Strategy and Integrated Supports

The Homelessness Strategy, which is under development, is the Province's first comprehensive response and plan to address complex needs, social inclusion, prevent and respond to homelessness. Central to a new approach to addressing homelessness, is building and implementing the **Integrated Support Framework** – an integrated and coordinated service delivery model, connecting wrap-around supports. This is a new system of supports for a population that is currently underserved. Both the Integrated Support Framework and Complex Care Housing are part of the Homelessness Strategy.

Integrated Support Framework – Building Blocks

- Coordinated Case Management & System Navigation
- Indigenous Cultural Supports
- Physical Health, Mental Wellness and Substance Use Supports
- Housing Supports
- Food Security Supports
- Social, Emotional & Community
- Personal Care & Living Supports

Within the services included in the draft Integrated Support Framework, there are some that are particularly important in Complex Care Housing environments:

- In-reach or on-site primary care services to manage health challenges and prevent escalating issues before they occur; overdose prevention and prescribed safer supply via in-reach or on-site depending on the housing site; psychosocial supports and rehabilitation.
- People with moderate mental illness and substance use challenges are engaged with an Integrated Case Management (ICM) team; People with severe mental illness and substance use challenges are engaged with an Assertive Community Treatment (ACT) team or enhanced ICM team.
- Indigenous cultural supports such as traditional teachings and knowledge, and connection to the land and ways of knowing.
- Supports that are accessible where people are at, culturally safe, gender- and trauma-informed, meet unique and intersecting needs and provide peer supports opportunities.
- Personal care and living supports including medication management, life skills, and home care.

In addition to the Integrated Support Framework, there are specific service considerations at different steps of the model.

In *Transitional and Stabilization/Respite Care*, transition planning is a key aspect of the services provided. For those who are transitioning from more institutional care, including those discharging from addictions recovery, early planning is necessary to promote housing and medical stability. This must be undertaken as early as possible and involve the broader health and housing teams to prepare for transitions. Services follow the individual to promote success in their longer term housing. However, additional clinical or other supports may be needed in this short term step.

In *Highest Intensity Housing*, additional services should be considered based on clinical need and individual goals.

SERVICES – KEY CONCEPTS

There are pathways to treatment and recovery at every step in the model. However, services are to be designed to **meet people where they are at**, including honouring individual choice and goals. For some, the goal may be safety and stability, not treatment. Complex Care Housing services promote connection, relationships, and building trust.

Complex Care Housing represents **voluntary** services. Some residents may be under involuntary conditions related to the *Mental Health Act,* or subject to other judicial conditions – for example, requirements to live in a certain location, adhere to treatment, or on parole. This is neither required to access Complex Care Housing services, nor is it a barrier to these services.

Whenever possible, services are **connected to people**, not locations. This means that implementation must not rely exclusively on services that are co-located with housing sites. Services must reach the individual regardless of where they are housed, and be maintained (i.e.: not interrupted) if someone's housing changes unless the individual chooses to change their services.

Staffing

The complexity of the challenges for people receiving Complex Care Housing services requires robust staffing from interdisciplinary teams of health, housing, social and cultural service providers that are adequately trained and supported.

This means:

- Service providers are given the time, space and skills to develop relationships with clients.
- There are opportunities and mechanisms for staff to debrief with colleagues
- Staffing should reflect the diversity of clients – First Nations, Métis, and Inuit service providers, as well as other diverse backgrounds and cultures.
- Fully integrated and funded peer support and peer employees.
- There is focused work to support staff wellbeing – this could include mental health supports, supports to prevent burnout, and manage vicarious trauma.
- Partners have flexibility in staffing to address local and client needs. This is especially crucial for implementation outside urban and centre centres.

Although staffing mix and ratio to clients will vary depending on the nature of the service and housing setting, there are certain key aspects to delivering services. Congregate sites may have a combination of on-site and in-reach supports. Scattered sites will require more

intentional in-reach of services by staff. Team-based care will leverage the strength of the interdisciplinary care teams.

Staffing levels and composition will be formalized through implementation planning. The following are professions/staff that may deliver Complex Care Housing services in some form:

On-site care teams

- Registered/Psychiatric Nurses
- Mental Health & Addictions Support Workers
- Peer Support Workers

On-site or intensive in-reach supports (depending on site and service)

- Case Managers
- Social Workers
- Occupational Therapists
- Recreational Therapists

Intensive in-reach supports

- Indigenous Engagement/Knowledge Keeper/Elders
- Community Inclusion Worker/System Navigators
- Addictions Medicine Specialist
- Primary Care practitioners
- Psychiatrists
- Clinical Psychologists
- Counsellors
- Dieticians
- Assertive Community Treatment and Intensive Case Management team support

Other staffing associated with Complex Care Housing include those who deliver the range of Integrated Support Framework services – from building maintenance, janitorial and security, to cultural support practitioners, traditional healers and Elders, to social support workers and others.

Training and Support

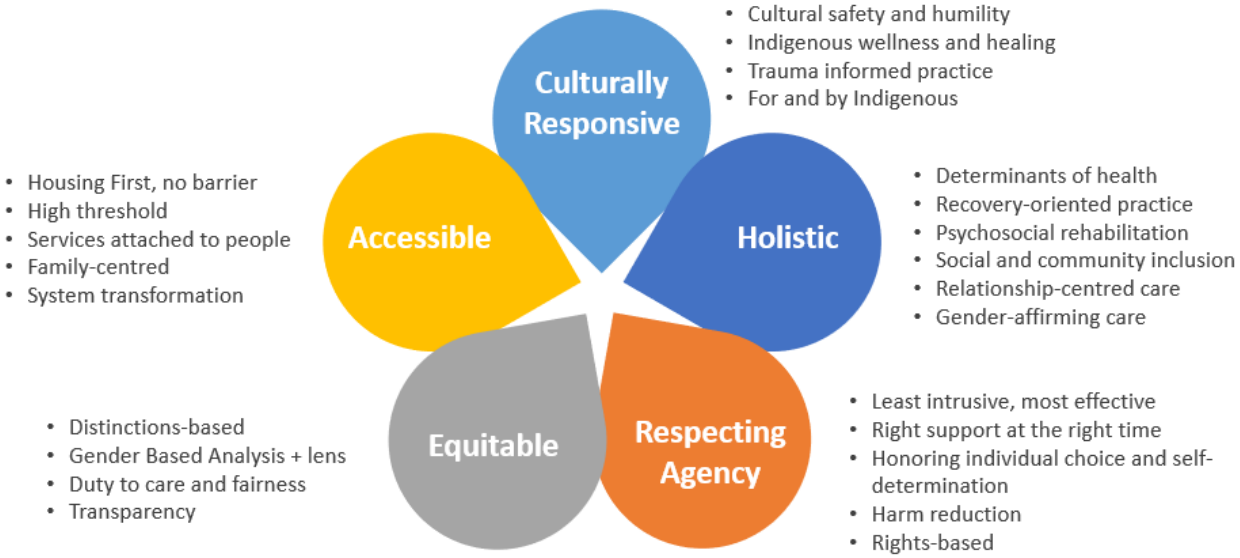
Further work will be undertaken to identify and create competency-based training and standards for all staff who are delivering Complex Care Housing services. This includes training that brings to life the principles of Complex Care Housing, with a focus on building skills in relationship-driven care, trauma-informed practice, gender-affirming approaches, cultural humility and cultural safety. In addition, communities of practice may facilitate and support providers working with common populations to share learnings and maintain competencies over time.

Indigenous-led solutions require that Indigenous-serving organizations have the tools to deliver supports in the way their communities need and wish. Further work with Indigenous providers and communities will identify core training needs for Indigenous-led organizations as well as non-Indigenous led organizations.

Finally, there is a recognition of the potential for vicarious trauma and burnout, particularly for historically under-supported staff. Training and supports must include ways to proactively support staff to maintain their physical, mental health and wellness.

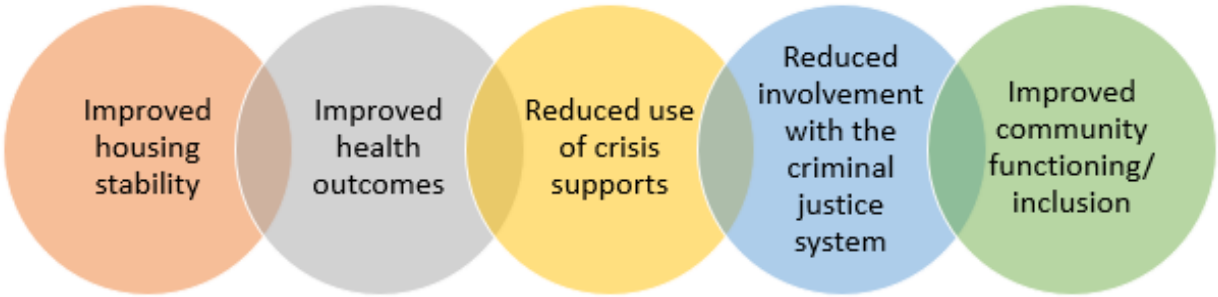
Principles

Strong guiding principles are needed to address current system gaps and drive change in the health and housing systems. These principles have been co-developed with multiple partners and reflect the approaches needed throughout planning and implementation of Complex Care Housing.



Intended Outcomes

Complex Care Housing aims to improve housing stability, improve health outcomes, and improve community inclusion; reduce use of acute care and emergency services, and reduce criminal justice system involvement. Some outcomes and associated measures will take time before the effects begin to be realized, and outcome tracking will be reliant on data gathering capacity. Further work is needed to identify ways to measure success, but also to understand and describe what success looks like to Indigenous communities, and to people who are receiving services.



Conclusion and Next Steps

This Framework represents strategic direction to the health, housing and social systems, but requires additional work to fully operationalize into new services. Given the commitments to moving swiftly and sizable system gaps, this Framework can be used to guide the implementation of some initial sites in the near term. This will allow for rapid assessment of outcomes and client/provider experiences, and continuous improvement of the model and services through scale up.