

The Corporation of the City of Kawartha Lakes
Council Report

Report Number HH2019-009

Date: Tuesday, September 24, 2019

Time: 1:00 p.m.

Place: Council Chambers

Ward Community Identifier:

Title: Housing First – Intensive Case Management

Description: Evaluation Project – Final Report

Author and Title: Hope Lee, Manager, Human Services (Housing)

Recommendation(s):

That Report HH2019-009, Housing First – Intensive Case Management, be received for information purposes.

Department Head: _____

Financial/Legal/HR/Other: _____

Chief Administrative Officer: _____

Background:

The Housing & Homelessness Plan (2014-2023) included an objective (3.3) to develop and pilot a Housing First approach within the emergency shelter to provide both housing and support services.

In 2016 the City in its Service Manager capacity engaged Trent University and particularly Dr. Kristy Buccieri to conduct a three year evaluation of the Housing First – Intensive Case Management that the Service Manager was beginning to pilot at that time.

While the Service Manager funded the research it was conducted in partnership with Four Counties Addiction Services Team (Fourcast) and A Place Called Home. Two intensive case managers (ICMs) are employed through funding provided by the Service Manager and through the federal homelessness funding. The ICMs each have their own caseloads, but also coordinate efforts with Housing Support Workers (who are also employed through funding provided by the Service Manager). The ICMs and Housing Support Workers are employed by Fourcast and are based out of an office located in A Place Called Home.

Intensive Case Management is more than a brokerage function. It is an intensive service that involves building a trusting relationship with the consumer and providing on-going support to help the consumer function in the least restrictive, most natural environment and achieve an improved quality of life.¹

Over the 3 years of this evaluation, the ICM program supported 45 clients collectively in Lindsay and northern CKL.

The program evaluation methodology combined longitudinal and cross-sectional data collection by repeatedly surveying individuals from two groups:

1. Clients receiving intensive case management supports (28)
2. General community members who were clients of A Place Called Home, but not receiving intensive case management (31)

Comparisons were made between groups over time. Participants who completed 2 or more surveys were included in the analysis.

While a copy of the full evaluation report has been provided, this report provides a summary of the key findings and recommendations.

¹ Government of Ontario, 2006, Intensive Case Management service standards for mental health services and supports.

Rationale:

Table 1 – Demographics

GENERAL COMMUNITY	ICM CLIENTS
Age range 17 – 61, average 43	Age range 19 -72, average 39
75% Male, 26% Female	57% Male, 36% Female, 4% Transgender
97% Straight, 3% Bisexual	86% Straight, 11% Lesbian, 4% Bisexual
23% Indigenous ancestry	14% Indigenous ancestry

Significantly fewer ICM clients had finished high school (39% compared to 55% of general community members), in part due to higher reports of learning disorders and mental illness while in school.

The evaluation focused on 5 domains:

- Housing
- Social Inclusion
- Mental Health
- Physical Health
- Access to Health Care

Housing

ICM program clients had experienced significantly more chronic homelessness² (26%) whereas those in the general community experienced almost entirely episodic homelessness³ (9%).

Those in the ICM program significantly improved their type of housing from the baseline to follow up as shown in Table 2. The largest contributing factors to the change was an increase in apartment and house based placements and a decrease in rooming house and shelter living.

² Six months or more in the past year

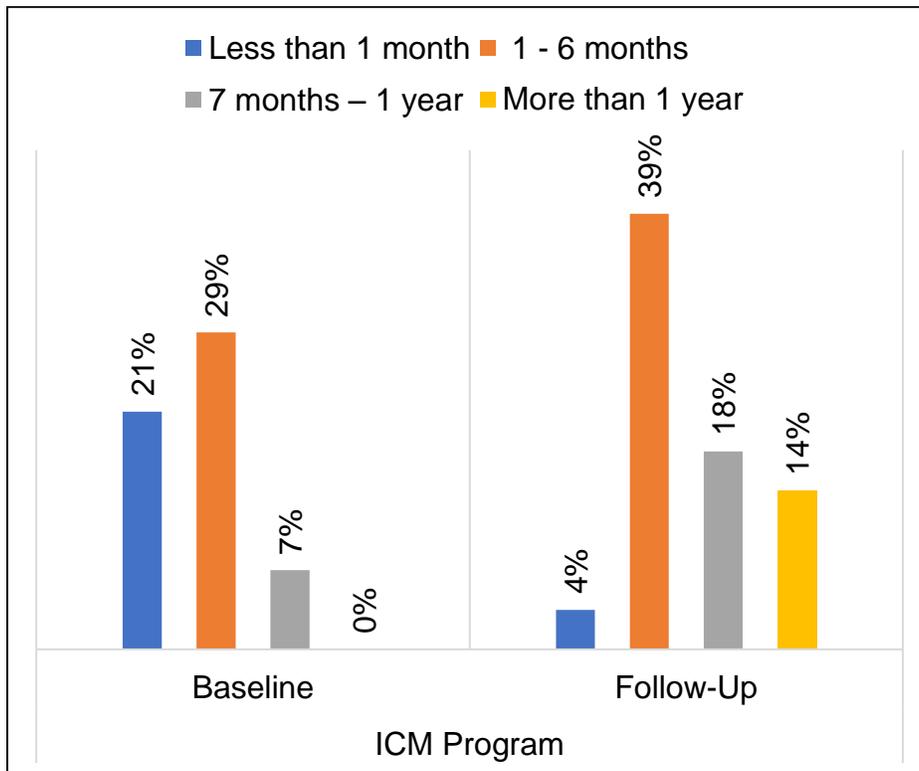
³ Three or more episodes in the past year

Table 2 - Improved Housing Quality

	ICM Program	
	Baseline	Follow
Apartment	21%	46%
House	4%	21%
Rooming House	39%	11%
Shelter / not housed	36%	18%

Those in the ICM program, but not in the community, significantly improved the length of tenure in their current housing from baseline to follow-up as shown in Figure 1 below.

Figure 1 - Improved Length of Housing



Social Inclusion

At baseline 32% of ICM clients felt that their life never had a sense of meaning, by follow-up only 4% felt that way. At baseline, 82% of ICM clients said they often or sometimes felt like they did not fit in with others. This was significantly higher than the 49% of community. By follow-up, 32% fewer ICM clients reported feeling like they did not fit in, resulting in no significant difference between the groups.

Mental Health

From baseline to follow-up ICM program clients reported a 21% decrease in diagnosed or suspected generalized anxiety disorder (64% to 43%). ICM clients reported significantly higher rates of suspected or diagnosed depression at baseline (75%) compared to the general community participants (52%). By follow-up, the rates of depression among ICM clients had decreased.

Physical Health

At baseline, those entering the ICM program reported significantly more difficulty taking their medication (32%) than did those in the general community (10%). By follow-up the ICM program clients reporting taking their medication:

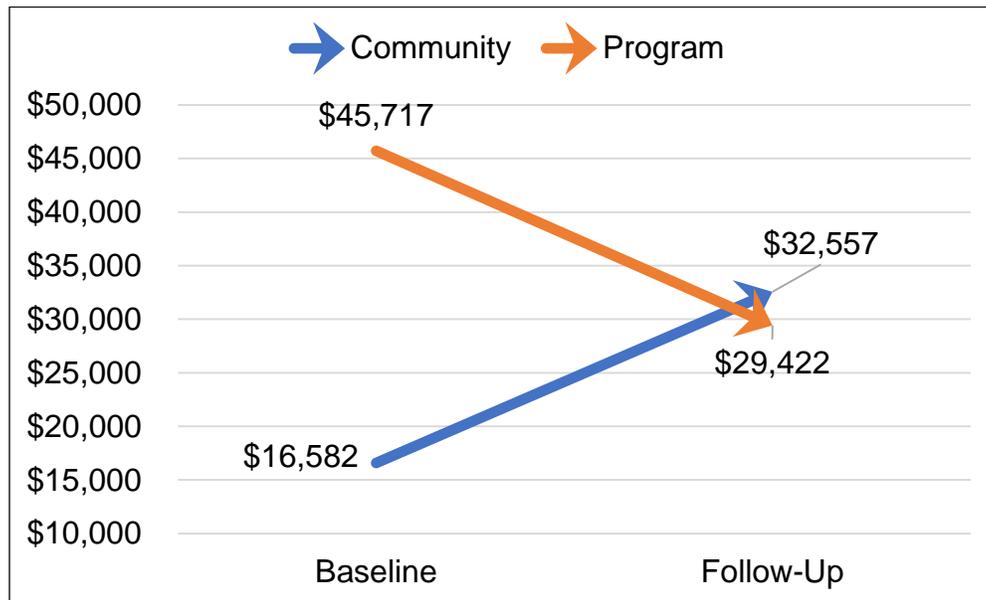
- Was less challenging than before (only 11% had trouble)
- Their level of difficulty taking medication did not differ from those in the general community group (6%)

At baseline clients entering the ICM program reported significantly higher rates of moderate to severe pain (61%) compared to those in the general community (29%). By follow-up ICM clients report that moderate to severe pain had decreased (54%).

Access to Health Care

At baseline ICM clients visited and were admitted to hospital significantly more than the general community members. By follow-up ICM clients significantly reduces their hospital visits and admissions. The ICM program has led to significant reductions in monthly hospital costs as illustrated in Figure 2.

Figure 2 - Monthly Hospital Costs



The 28 ICM program clients showed a reduction in hospital costs. Given that these individuals represent 62% of ICM clients [28/45], the total hospital savings can be estimated for the program:

Monthly hospital savings from ICM program:	\$22,487
Yearly hospital savings from ICM program:	\$269,844
Estimated hospital savings over 3 year intervention:	\$809,532⁴

Key Recommendations within the Final Evaluation Report

1. Continue to operate and expand the Intensive Case Management program in the City of Kawartha Lakes. Funding should be the joint responsibility of the health care sector, such as the LHIN, and the Municipal government.
2. Expand the Intensive Case Management program in the county.
3. Increase lower-intensity case management support to extend Intensive Case Management program capacity.
4. Research the optimal caseloads for Intensive Case Managers in the City of Kawartha Lakes.
5. Continue to build affordable housing and cultivate relationships with landlords to facilitate rapid housing for Intensive Case Management clients.

⁴ [(Baseline cost – follow-up cost) x % not included] + (baseline cost – follow-up cost) = estimated monthly savings for the ICM program

Other Alternatives Considered:

Not applicable

Financial/Operation Impacts:

One ICM position is funded by the Service Manager using provincial homelessness funding. This funding continues to exist in the City's operating budget allowing the position to continue. The second position is funded through federal homelessness funding which was time limited and will cease as of March 2020. New federal homelessness funding will be explored in order to continue the position.

The report has been shared with the Central East LHIN in hopes that they will identify funding in the future to support expansion of this program in CKL-H.

Relationship of Recommendation(s) To The 2016-2019 Strategic Plan:

The Housing First program and Intensive Case Management program contributes directly to Goal 2.

Consultations:

None

Attachments:

Attachment A: Intensive Case Management in the City of Kawartha Lakes, Final Evaluation Report



CKL Intensive Case
Management _ Final E

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