

*Program and Service-level  
Collaboration*

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## **VIGNETTE:**

### 1011 LANSDOWNE: TURNING AROUND A BUILDING, TURNING AROUND LIVES

Elise HUG

At 1011 Lansdowne Avenue in Toronto, a public/private/non-profit partnership model of housing and supports turned around both a once notorious apartment building and the lives of many vulnerable persons. This approach is primarily focused on addressing the needs of single persons with chronic mental health issues and low incomes by offering a wide range of supports. This case study looks at the necessary ingredients of the partnership, the key elements that facilitated the collaboration, success factors and available evaluation measures.

## **THE PROBLEM(S)**

Residents with mental health issues present a unique set of challenges. For residents with chronic mental health issues and low incomes, finding and keeping safe, decent, affordable housing is difficult. Within the health care system, hospitals are concerned about discharging clients into homelessness as well as the impact of housing instability on health outcomes resulting in re-admission to hospital. Many property managers are wary of accepting mental health patients as tenants. Property managers who do accept residents with significant mental health challenges may deal with regular incidents of tenants becoming disruptive and/or dangerous to staff and other residents. This was the case at 1011 Lansdowne Avenue. At this building, while the property manager knew that many residents had chronic mental health and/or addiction issues, staff's only intervention option was to call the police.

## **THE PARTNERSHIP**

This is an example of not one public/private/not-for-profit housing partnership, but rather a constellation of partnerships between multiple not-for-profit agencies, the property manager and the public sector. At 1011 Lansdowne, over 110 residents have been housed at the building by mental health agencies and are provided with supports. Supports depend on the level of individual need and the referring agency, ranging from simple referrals and case management to rent supplements and a high-support housing program (Image 1). Most agencies involved partner with the property manager through a form of head lease, whereby units are reserved by each agency for clients.

## THE BUILDING & RESIDENTS

1011 Lansdowne Avenue (Images 2 and 3) is a privately owned, mid-century high-rise rental apartment building. The building has a unique unit mix, including 85% bachelor units, including bathroom and kitchenette, similar to student residences. Residents of the building are primarily single adults, with a history of one or more of the following:

1. chronic or acute mental health challenges;
2. addictions;
3. recurring or lengthy hospitalization; and/or
4. homelessness.

Approximately 28% of building residents were referred via one of the agencies.



## THE MAIN PLAYERS

The main players at 1011 Lansdowne Avenue come from the private sector, the non-profit sector and the public sector. LPM Inc. is a private sector property management firm that operates 1011 Lansdowne on behalf of the owner. The property manager is Roslyn Brown. Sixteen non-profit health agencies are involved at 1011 Lansdowne as of January 2015 (Table 1), including The Centre for Addiction and Mental Health (CAMH) – Canada’s largest mental health and addiction hospital – which referred over 30 of the building’s approximately 390 residents and Madison Community Services (MCS), a mental health agency that operates an on-site program to provide a high level of support to 20 CAMH patients transitioning from the hospital into the community. Various provincial government sources provide rent supplements via the non-profit sector partners. The City of Toronto, through its Affordable Housing Office and Tower Renewal Office, provided \$1.3M in funding for major capital repairs as well as ongoing advice on building retrofits to reduce monthly utility costs, extend the life of the building and improve building operations.

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*1011 Lansdowne Avenue in Toronto, Ontario, Canada is a 353 unit mid-century high-rise rental apartment building located in the west end of the city, within walking distance of the subway.*

**Photo credit:** Courtney Evers, Madison Community Services

**TABLE 1** *Unit breakdown by tenancy model at 1011 Lansdowne Avenue, as of January 2015*

PARTNERING/REFERRING AGENCY	NUMBER OF RESIDENTS
<b>HOUSING + ON-SITE RECOVERY SUPPORTS</b>	<b>59</b>
Mainstay Housing	36
Madison Community Services / Centre for Addiction and Mental Health (MCS/CAMH) High Support Program	20
COTA	3
<b>HOUSING + LIMITED SUPPORT</b>	<b>52</b>
Centre for Addiction and Mental Health	12
Streets to Homes	11
Archway (CAMH)	10
Fred Victor	5
Housing Connections	4
University Health Network (UHN)	4
WoodGreen	4
Seaton House	4
Regeneration Community Services	2
Reconnect Mental Health Services	2
Good Shepherd Homes	1
Central Neighbourhood House	1
The Salvation Army	1
Dixon Hall	1
<b>STANDARD MARKET TENANTS</b>	<b>278</b>
Direct payment via income support program	
Ontario Disability Support Program (ODSP)	190
Canada Pension Plan / Old Age Security (CPP/OAS)	29
Social Assistance / Ontario Works	25
Public Guardian and Trustee	4
No direct payment from an income support program	30 (approx.)
<b>TOTAL<sup>1</sup></b>	<b>388</b>

1. Total number of residents (388) exceeds total number of units (353) due to multiple residents sharing 1 bedroom and 2 bedroom units.

## Key Partnership Elements

The key elements of the partnership at 1011 Lansdowne include:

1. Government funding for major capital repairs;
2. In-suite improvements;
3. Securing affordable rents for the long term; and
4. Combining small affordable units with rent supplements.

Government funding through both the Rental Rehabilitation Assistance Program (RRAP) and the Investing in Affordable Housing program (IAH) was used to make substantial repairs to major building components, bringing the building into a state of good repair. A total of \$1.3M over two funding cycles (2010 and 2011) and an investment by the owner combined to pay for roof replacement, a new boiler, new windows,

new elevators, insulated cladding on external walls and improving building accessibility, such as a ramp at the building entrance and wheel-in showers in several units.

Systematic improvements were also made to the suites. LPM Inc. upgraded individual units at the company's cost upon unit turnover to new residents. Depending on unit condition, this could include upgrading the kitchenette, renovating the bathroom and/or refinishing the walls and floors.

The RRAP and IAH funding is set up as a forgivable loan, with conditions to ensure long-term affordability. If the owner maintains the units at affordable rents for 15 years (as per CMHC average rents for the City of Toronto, by unit type), the loan is forgiven. If the owner does not maintain the rents at affordable levels, a pro-rated share of the loan must be paid back.



Due to the small unit sizes (220 sq.ft.), rents are \$650/month per bachelor unit. However, on a per square foot basis, the rents are \$2.95/sq.ft./month, meeting standard industry targets. Some rent supplements are secured by agencies to bridge the gap between the rents and what residents are able to pay, usually through the housing allowance of the Ontario Disability Support Program (currently \$479/month). The resident pays his or her portion of the rent by direct deposit to the property manager and the agency pays the rent supplement directly to the property manager via a head lease.



*A resident of the CAMH/MCS High Support Program in a typical bachelor unit. Units are 220 sq.ft with own bathroom and kitchenette, similar to a student residence.*

*Photo Credit: Courtney Evers, Madison Community Services*

## Partnership Components

Key components of the public/private/non-profit partnership at 1011 Lansdowne include:

1. The use of head leases and partnership agreements;
2. Modifications to building operations and staffing, including enhanced security;
3. Renovations to create on-site program spaces; and
4. On-site supports.

Rather than accepting residents on an individual basis, head leases are used to reserve units for specific agencies for a certain number of residents that meet qualifying criteria. Partnership agreements outline roles, responsibilities and expectations for the building manager and referring agency, including how to share information while respecting privacy, protocols for eviction avoidance and minimum building maintenance standards.

Building operations were modified to meet the needs of the building's residents. Building staff are selected based on their ability to de-escalate situations and work with residents with mental health challenges. The property manager pays for 24-hour security staff, a higher level of security than would normally be provided for a rental building but necessary in this case because of the high percentage of residents experiencing mental health and/or addiction challenges. By engaging in regular conversation with residents, building staff serve as the first level of resident well-being monitoring.

Renovated program spaces are a key component of the success of the program, but there are few available funding sources. In order to make the initial CAMH/MCS On-Site High Support Collaboration work, LPM Inc. converted an underutilized basement locker area into an open concept space. This space includes a kitchen for communal cooking, a lounge area with sofas and gaming consoles, a computer and internet centre and an administrative office. Due to growing

demand, LPM Inc. also created a second space consisting of a seminar room and administrative offices for other agencies to use. Later, a boardroom, community room and outdoor terrace were created to offer space for other activities. Overall, LPM Inc. provides over 2,000 sq.ft. of space rent-free and paid for the renovations.

On-site supports vary based on individual need, the person's referring agency (if any) and resource availability. At the high end, the CAMH/MCS On-Site High Support Collaboration is designed to support patients being discharged from the hospital into housing with recovery supports to reduce re-hospitalization rates. It offers extensive supports from 8 a.m. to 8 p.m. for 20 high-need residents, including supervised activities, recovery supports, a meal program and daily community excursions. Mainstay and COTA operate part-time programs for 40 residents.

## Success Factors

The success of the partnership hinges on several key factors. These include the strengths and resources of the various partners (including an anchor agency); the ongoing collaboration and communication between the property manager, City and various partners; and an incremental and flexible approach.

This partnership leverages the strengths and resources of each of the partners: the property owner's capital asset (the apartment building); the non-profit sector's ability to offer recovery supports outside of a hospital; and available public sector funding to extend the life of existing affordable housing.

The City of Toronto and the property owner engaged in an ongoing partnership to improve the building, including identifying and prioritizing building improvements and securing funding. First, the City's Tower Renewal Office worked with the property manager to assess the building's performance and develop a multi-year action plan, including cost estimates for capital repairs and efficiency retrofits. Then the City's Affordable Housing Office worked with the Canada Mortgage and Housing Corporation to streamline the RRAP program to make it easier for property managers to apply for and secure funding for high-rise rental buildings. Together, the City and owner were able to accelerate repairs, lower operating costs and achieve rapid improvements to building conditions at a relatively low level of funding

(\$3,654 per unit). They also secured affordable long-term rents, increased unit accessibility and reduced environmental impacts.

In 2009, after the owner made initial investments in the building, more residents began choosing to live at 1011 Lansdowne due to the improvements in building conditions and management. This was due to the low rents, self-contained units, and the property manager's openness to accepting residents with mental health challenges. Very high vacancy rates began to steadily decrease.

In 2011, CAMH and MCS established the first formal partnership with LPM Inc. They acted as an anchor partner, attracting other agencies to the building. The CAMH/MCS partnership agreement was then used as a template from which the property manager and subsequent agencies could create customized agreements. Agreements are scalable, allowing agencies to incrementally increase the number of units as funding and units become available.

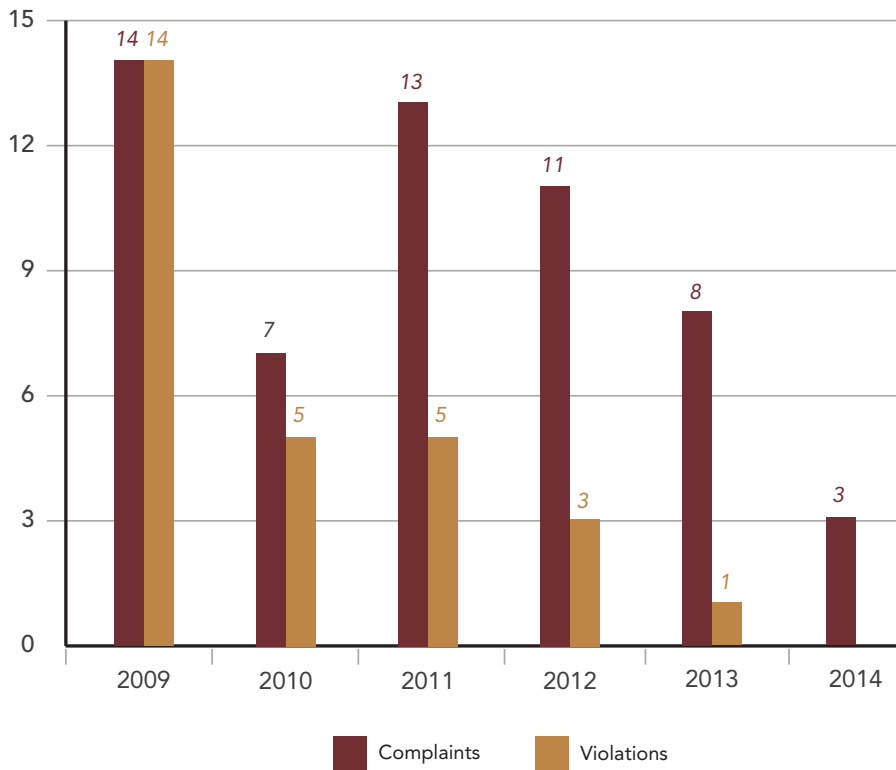
Establishing a framework for on-going communications was essential. The property manager and CAMH/MCS set up an advisory steering committee to deal with issues that arose. This committee was identified as a "critical mechanism" to proactively "address emerging challenges and make positive changes to the program" (CAMH, 2014, Executive Summary, para.8). Staff from various agencies also continue to connect informally.

## MEASURING OUTCOMES

Three evaluation methods were used to assess outcomes using different lenses. A formal evaluation framework was set up for the CAMH/MCS partnership, in addition to self-reporting by the property manager and a review of municipal property standards records. Several positive outcomes have been identified in terms of building conditions, the business model and health outcomes.

This apartment building has been turned around, both in terms of living conditions and in terms of its business model. Based on municipal data, there was a marked decrease in both the number of municipal property standards violations and complaints between 2009 and 2014 (Chart 1) (City of Toronto, 2015), indicating improvements in building conditions. There was also a marked change in vacancies. The property manager reports that vacancy rates in the mid to late 2000s were as high as 75%. There is now a waiting list. Based on the success at 1011 Lansdowne, the property manager has expanded the partnership model to other apartment buildings and is seeking to expand to other Canadian cities in partnership with local agencies.

**CHART 1** *Complaints and Violations with respect to Municipal Property Standards at 1011 Lansdowne Avenue, Toronto.*



An internal review of the CAMH/MCS On-site High Support Collaboration led by Dr. Sean Kidd and Nick Kerman (CAMH, 2014) revealed the following significant successes related to health outcomes:

- Since the program started in 2011, 70% of clients continue to reside and participate in the program, while 13.3% have moved on to private housing, 6.6% have moved to other supported housing and 10% have returned to hospital (Madison Community Services, 2014).
- The majority of clients had a history of repeated and/or lengthy hospitalizations, and many had also experienced periods of homelessness. Madison Community Services indicates that clients have been able to experience stability in their housing situation, reduce their use of emergency services and increase their participation in social settings.
- “Residents reported higher levels of satisfaction with their lives than is commonly found in samples of people with schizophrenia; and clinicians’ ratings of functioning gradually increased over the course of the evaluation” (CAMH, 2014, Executive Summary, para.10).
- The cost of the On-site High Support Collaboration is between \$178.25 and \$192.55 per day, depending on whether the program is full or not. This compares to \$665.47 per day per client in hospital at CAMH (CAMH, 2014, Executive Summary, para.8).

## HOUSING FIRST PRINCIPLES

Overall, the partnerships at 1011 Lansdowne Avenue adhere to Housing First principles of immediate access without housing readiness requirements, consumer choice and self-determination, recovery orientation, individualized and person-driven supports, and social and community integration. However, because of the diversity of supportive housing models available in response to the diversity of client-resident needs and funding provided, there is variability between programs and the protocols of the different referring agencies. For instance, the agency offering the highest levels of support (CAMH/MCS) has criteria for program eligibility based on the levels of support the program is funded to provide.



## SUMMARY

The public/private/non-profit partnership model at 1011 Lansdowne is a highly effective approach to addressing homelessness for persons with low incomes and mental health challenges. Each sector brings its strengths and resources to the partnership. Expansion and replication should be explored with other property managers and agencies in Toronto and in other cities.

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## REFERENCES

- Centre for Addiction and Mental Health. (2014). CAMH-LPM-Madison Community Services High Support Housing Program at 1011 Lansdowne., Toronto: Evaluation of the First Three Years. [Internal report].
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## ABOUT THE AUTHOR

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As Project Manager in the City of Toronto's Tower Renewal Office, Elise brought together property owners and managers, City Divisions, major funders and non-government organizations to improve Toronto's older high-rise apartment communities, including at 1011 Lansdowne. She is currently working in the City Planning Division, facilitating development review and area-wide plans.