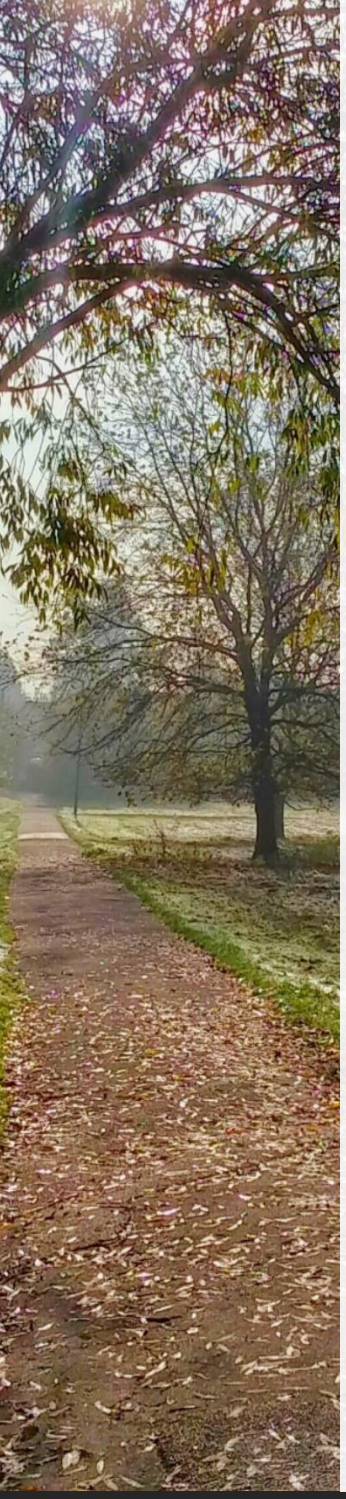
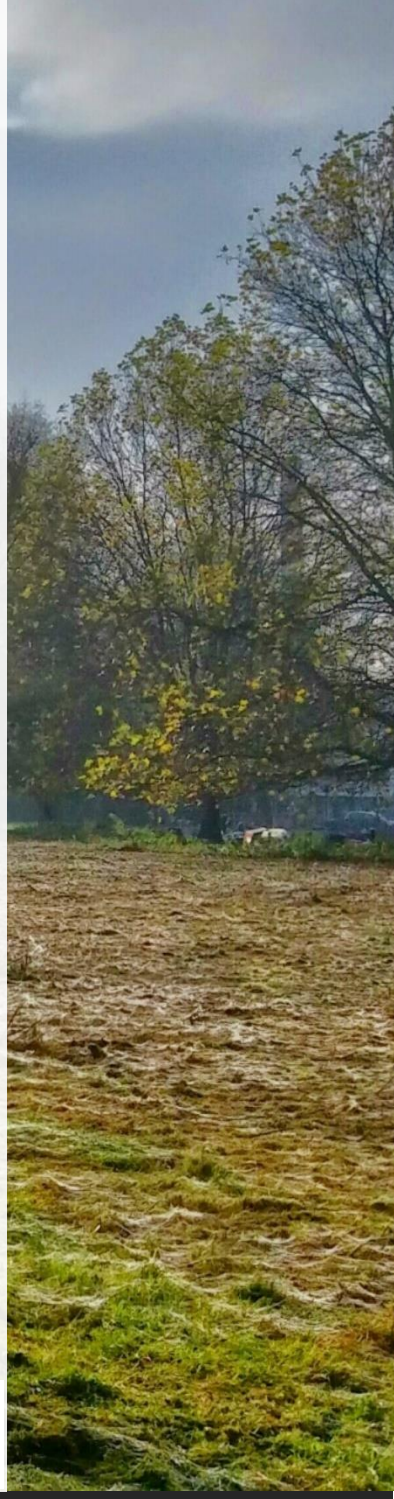


PATHS TO SUPPORT

EVALUATION REPORT YEAR 3

March 2020

CENTRE FOR COMMUNITY BASED RESEARCH



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Introduction

Paths to Support (P2S) is an innovative three-year, cross-sector intervention that aims to reduce homelessness and improve housing stability for people with developmental disabilities/dual diagnoses (DD/DD) in Peel Region. The third year of this three-year intervention was implemented January 2019 to January 2020. The Centre for Community Based Research (CCBR) was contracted to develop the original funding proposal for P2S, and once funded, to evaluate all three years of the program.

This report focuses on the evaluation findings for the third year of P2S. The report begins with an overview of the P2S intervention. Next, an overview of the evaluation is presented followed by a section on the evaluation approach and methods. The report concludes with key evaluation findings for year three, and recommendations for P2S.

Background

There has been an ongoing housing crisis for individuals in the developmental disabilities sector for the last twenty years. According to the Ombudsman report "Between a rock and a hard place" (2005), hundreds of families have been forced to give up parental rights for their children with severe developmental disabilities. These parents had to go before the courts and endure stigma being considered unfit parents so that their children would receive the residential care that they needed. The Ombudsman report recommended that the rights of parents in these circumstances be restored and funding be provided outside the child welfare system for residential care. Despite these recommendations in 2005, problems persist for children and youth with developmental disabilities.

The right to social inclusion for those with developmental disabilities was recognized by the Ontario government when it passed the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act (2008), however the challenges of the practice of social inclusion has continued to this day. In 2013, the Legislative Assembly of Ontario appointed a Select Committee on Developmental Services that reported observations and recommendations with respect to the urgent need for a comprehensive developmental services strategy to address the needs of children, youth and adults in Ontario with an intellectual disability or who were dually diagnosed with an intellectual disability and a mental illness. The committee heard 140 presentations at 14 public hearings and received 300 submissions before completing the report. The committee recognized the urgent and critical need for support to those with developmental disabilities and/or dual diagnosis. The report included comprehensive recommendations for those with developmental disabilities and dual diagnosis. The recommendations asserted that a person with a developmental disability or dual diagnosis should be eligible for developmental services and supports if they needed assistance to participate fully in the community, and also suggested the importance of transition funding for

18 year-olds before PASSPORT funding was in place. A most critical challenge was the lack of appropriate housing for adults with developmental disabilities and dual diagnosis because of its cascade of impacts. The report recommended collaborations between different levels and departments of government and community groups, and that innovative, individualized, affordable and flexible-family and community-led housing solutions were needed and included short and long -term solutions.

According to the Ontario Developmental Services Housing Task Force report (2018), over 15,000 adults with disabilities were waiting for residential services in 2017 and this number had increased from 2013. Based on the housing crisis outlined, the report concluded with 13 recommendations that emphasized collaboration of governments, non-governmental organizations and community groups, innovation and funding to address the housing problems for those with developmental disabilities and dual diagnosis. It was acknowledged that capacity was needed to provide residential care to those with dual diagnoses. Suggestions included flexibility and piloting initiatives or demonstration projects to address this ongoing housing crisis for those with developmental disabilities and dual diagnosis.

For many years, different levels of government have been urged to consider the need for increased collaboration, innovation, capacity and greater funding to assist with the urgent need for action to solve the housing crisis for those with developmental disabilities and/or dual diagnosis.

Overview of Paths to Support

In 2016, The Salvation Army Peel Shelter and Housing Services (henceforth referred to as The Salvation Army) observed that more of their clients were living with developmental disabilities/dual diagnoses (DD/DD) and entering their system. The Salvation Army staff was ill equipped to support them, and these clients were not receiving the support they needed to navigate their diagnoses and the housing sector due to several issues (e.g., a focus on immediate and basic needs for client intake, improper screening tools to assess DD/DD, and lack of access to diagnostic services). P2S was created as an innovative response directed at the intersection of people living with DD/DD who are homeless and need shelter in Peel Region. Rooted in partnerships with several organizations, P2S was led by Brampton Caledon Community Living (BCCL) and began as a collaboration between Community Living Mississauga (CLM), The Salvation Army, Peel Crisis Capacity Network (PCCN), Family Services of Peel (FSP), and CCBR. P2S had funded and dedicated case managers at the Salvation Army, PCCN and FSP focused on P2S clients as part of this project. During each year of the project, P2S continued to expand and developed collaborations with Services and Housing in the Province (SHIP), Service Resolution and Mental Health based out of Trillium Health Partners, Mississauga Assertive Community Treatment (ACT) teams, and Regeneration Outreach Community. All partners worked together to provide community support to clients.

Funded by the Ontario government's Local Poverty Reduction Fund, this innovative, inter-agency intervention has four main components:

1) **Specialized assessments during intake screening** at shelters will ascertain the possibility of new pathways for people living with DD/DD;
2) **New fast track inter-agency pathways** will refer clients with DD/DD directly from shelters to appropriate community supports;
3) **Training of staff and capacity building within agencies** will allow for the implementation of best practices in communication and supportive environments for people living with DD/DD; and
4) **Evidence building through on-going evaluation** will assess the effectiveness of the intervention for clients, staff, and agencies.

For more detailed information, see the program's theory of change and logic model starting on page 13.

Overview of the Evaluation

Four main goals (and corresponding main research questions) guided this evaluation:

1) **Developing innovation based on need:** In Peel Region, to what extent are people with DD/DD accessing the housing shelter system and what is the appropriate response?
2) **Assessing process:** What are the strengths and challenges of P2S strategies in responding to the unique needs of people with DD/DD navigating homelessness in the Peel Region?
3) **Assessing outcomes:** To what extent have P2S activities led to greater housing security and prevention of homelessness for people with DD/DD?
4) **Determining future actions:** What improvements can be made to have a greater impact on poverty reduction for people with DD/DD?

Evaluation Approach and Methods

A community-based research approach (CBR) was used, whereby this evaluation was (a) useful and relevant to program planners, (b) participatory with all stakeholders being involved, and (c) action-oriented with a view of promoting innovation and change (Ochocka & Janzen, 2014[1]). CCBR researchers worked collaboratively with the partnership steering committee on this evaluation, having evaluation discussions and receiving feedback during steering meetings throughout the entire evaluation process.

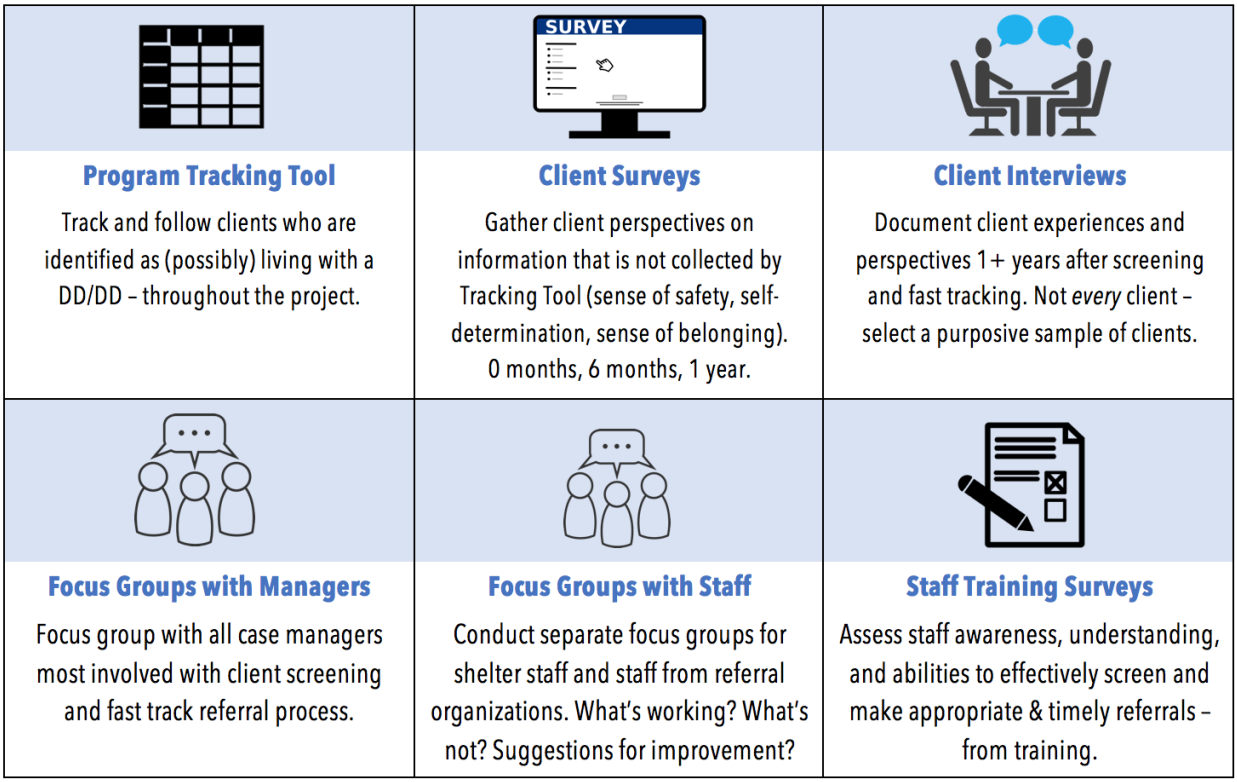
Mixed-methods were used to capture relevant data. Quantitative methods provided a breadth of information and were supplemented with qualitative methods that included in-depth data

[1] Ochocka, J. & Janzen, R. (2014). Breathing life into theory: Illustrations of community-based research hallmarks, functions, and phases. Gateways: International Journal of Community Research and Engagement, 7(1), 18-33.

from multiple stakeholder perspectives. Specifically, the overall evaluation was comprised of seven methods of data collection (see Figure 1).

1) **A program tracking tool** was developed to gather information about all clients as they accessed supports in shelter (16 columns), at PCCN (26 columns), and at FSP (50 columns). This tool is a project legacy, a collaborative effort, developed by all partners to track clients as they received supports and their dedicated agency case manager worked with them. Each partner agency was responsible for entering data in an effort to track program activities and outcomes as they happened;
2) **Client surveys** were administered to all clients to understand client perspectives about their experiences and outcomes at baseline, 6 months and one year;
3) **Client interviews** were conducted with a purposive sample of clients to gather information about client experiences regarding the intervention and outcomes one year after clients entered the program;
4) **Shelter staff training surveys** were administered to all training participants to determine satisfaction, experiences and outcomes related to training;
5) **Focus groups with shelter staff and managers** were conducted with a purposive sample of shelter staff and all P2S dedicated case managers, to identify what is and is not working, suggest ways to improve P2S activities and processes from staff and partnership perspectives, and identify the contributions of P2S over the three years;
6) **Focus groups with partners** were conducted with a purposive sample of partners to identify what is and is not working, suggest ways to improve P2S activities and processes from partner perspectives and identify the contributions of P2S over the three years.

Figure 1: Evaluation methods



In this final year, all six methods were included. In the first-year, client interviews were not conducted and in the second-year evaluation, staff training surveys were not conducted.

Evaluation Participants

To provide a fulsome understanding of P2S, this evaluation involved the perspectives of key stakeholder groups: clients, staff, managers, and partners. In this section, participant information is presented on the stakeholder groups that were part of the evaluation.

Clients

Over three years, 57 clients entered the P2S program. The average age of clients was 35; clients ranged from 18 to 57 years of age. The self-identified gender of clients was 22 female (39%), 34 male (60%), and 1 transgender (2%). Eighty-nine percent (n=50) of P2S clients reported being born in Canada and 12% (n=7) reported being born outside of Canada.

Over three years, 27 clients completed baseline surveys (response rate=47%), 20 clients completed 6-month surveys, and 5 clients completed 12-month surveys.

Shelter Staff

Six shelter staff participated in a focus group. Focus group participants included staff from different shelters in the Salvation Army shelter system.

P2S Dedicated Case Managers

The funded and dedicated P2S case managers participated in a focus group to describe the important role they play on behalf of their organization by walking with clients on the path to support from the shelter system (The Salvation Army) to the Peel Crisis Capacity Network (PCCN) and Family Services of Peel (FSP) where community supports are put into place. A total of three managers participated, one from each partner organization.

Partners

Seven partners participated in a focus group and one participated in an interview. The partner evaluation participants represent organizations that work with P2S dedicated case managers to provide community supports for clients with DD/DD. Focus group participants included partners from Trillium Health Partners, Family Services of Peel, the Probation Office, Nnenia, and Adult Protective Service Workers (APSW).

Evaluation Findings

This section summarizes key evaluation findings and it is organized according to the evaluation's four main research questions.

1. Developing Innovation Based on Need

To what extent are people with DD/DD accessing the housing shelter system?

In this section, we discuss the first main research question. We begin by discussing the extent to which people with Developmental Disabilities/Dual Diagnoses (DD/DD) are entering the housing shelter system in Peel Region. Specifically, we discuss the clients identified. Next, we discuss the emerging understanding of what an appropriate response could be for these identified clients. P2S partners are interested in how best to develop and improve this new and innovative program in such a way that acknowledges the complex circumstances that people with DD/DD face.

In the three years of evaluation, the P2S program identified 57 individuals with unconfirmed or confirmed DD/DD within the housing shelter system of Peel Region. Although this number may seem modest, year three represents a 24% increase, compared to year two (*n*=43), in individuals identified with potential DD/DD who accessed the Peel Region's homeless shelter system. There is a clear, demonstrated need for a coordinated housing shelter system response to DD/DD in Peel Region.

Not only has there been a modest increase in clients accessing the P2S over three years, clients that are involved in the P2S program, have complex needs. Overall, 53% (n= 30) of clients had a confirmed developmental disability and another 26 clients had an unconfirmed/unspecified developmental disability. Furthermore, 32 clients received a confirmed mental health diagnosis and an additional 17 had an unconfirmed mental health diagnosis. As well, 20 clients had multiple mental health diagnoses. Clients that received supports from FSP met with their case manager on average 24 times with a wide range from 1 to 138 meetings based on the individual needs of clients. The P2S dedicated case manager was seen as a lifeline to many clients as the clients navigated the supports in order to live their lives independently. The amount of time case managers spent meeting with clients illustrates the strong support they received.

What is an Appropriate Response?

This three-year pilot speaks about the experience of 57 people who must navigate three sectors (shelter, mental health, and developmental disabilities) to receive appropriate supports and may have fallen through the cracks if P2S were not in place. An appropriate response to meet the needs of people with DD/DD in the Peel shelter system is to bridge the gap between sectors and provide individualized support.

P2S helps bridge connections between the shelter and developmental disabilities and mental health sectors. The *"red tape"* that separates these three sectors from working together has meant that services are difficult to navigate. It can become very confusing for clients and workers when a client is accessing multiple service providers, a partner explained. A partner described that her organization was stuck in meetings, discussing housing, and through the meetings with several agencies in Peel, they identified the need for an undergirding service that connect shelters to other services. A partner explained, *"Our more complex clients require service providers from different sectors."*

P2S also provides individualized support. In the words of a partner, *"I see a cookie cutter approach happening [elsewhere]– but there's no way that two clients are alike."* The partner explained that his organization uses a client-centered approach. Some clients need contact once a week, but other clients need day to day support. For example, one of his clients cannot live on his own, as he is deaf and has a visual impairment. This client requires supportive living, while other clients may do well with rental housing.

The program logic model provides an illustration to show the inputs, activities, outputs, and outcomes of P2S. Together these elements showcase P2S's theory of change. Specifically, inputs and activities are expected to deliver outputs (e.g., develop and implement specialized assessment procedures at shelters). These outputs are expected to lead to a series of short, medium, and long-term outcomes. Importantly, the short and medium-term outcomes build toward the long-term outcomes, housing security and prevention of homelessness.

P2S aims to achieve this bold vision through collaborative efforts in client screening, fast track pathways, staff training, and partnerships. By identifying people who are experiencing homelessness and live with a DD/DD, training shelter staff to better understand DD/DD, creating fast track pathways to DD/DD community supports, along with dedicated case managers at The Salvation Army, PCCN and FSP to support P2S clients and work with partners the above vision is attainable. In the long-run, partners hope that P2S will create sustainable change for shelter clients and service systems.

Of P2S clients, 48/50 included stable housing as part of their plan for support by Family Services of Peel (FSP). The remaining two clients were transferred before housing was determined. As well, 34/57 clients were DSO eligible with some eligibility still pending.

Snapshots of P2S Clients (Pseudo-name)

- Klaus has a mild intellectual disability and was recently diagnosed with schizophrenia. He received support from the ACT team with medication drop off and from the SIL FSP team to support medication usage to maintain mental stability. He has had stable housing for over 6 months now. SIL workers helped Klaus to replace lost identification. Klaus still has ongoing challenges with budgeting which continues to be supported by a PYV worker who meets with him once per week to give him money as part of an aftercare program.

- Ted who is DSO eligible has maintained housing with his fiancé for over a year and has a great relationship with landlord. He uses his money for rent/cell phone/internet and accesses food bank for additional help. He maintains boundaries with family members in active addiction. Both he and his fiancé have workers who provide ongoing support to each of them.

- Cliff had intellectual disabilities and mental health diagnoses, in addition to addictions. He was living at Genesis Lodge which is "a life time home" that supplies all needs and comprises of 20 men 25 years+ who have either mental or developmental diagnosis. Cliff was flourishing in all areas -- weight gain, abstinence from alcohol, social inclusion, physical activity, membership to YMCA and Bowling and learning how to read. After some time passed, Cliff had a mental health crisis and was sent home from emergency department returning back to Genesis not stabilized. Within 24 hours Cliff relapsed and returned to Genesis impaired saying he wanted to leave. Genesis made a 911 mental health call because Cliff reported he was hearing voices. Cliff "self discharged "while impaired and in a mental health crisis. Cliff spent 10 days in hospital and returned to shelter stabilised on medications. Currently, Cliff is pursuing intake for one year treatment facility at $1000 annual fee.

- Kathy has been in and out of family home due to her increased abuse of substances. Kathy has completed intake and will begin out-patient day program held by PARCC for substance abuse treatment. Kathy is on wait list for a bed to open up for housing at Grace House in Oakville for individuals with a wide range of challenges and need to develop life skills. The average age is 20-30 which is a perfect fit for Kathy.

Figure 2: P2S Year Three Program Logic Model

	Intake Screening	Fast Tracking Pathway	Staff Training	Evidence Building
Inputs Resources & service capacity generated by the project	Project staff & volunteers Local Poverty Reduction Fund resources | Network of partner agencies Collaborative ongoing project planning			Evaluation research team Evaluation steering committee
Activities Strategies used by the project	Develop & implement specialized assessment procedures at shelter Engage new partners/ players	Develop & implement inter-agency crisis referral system Provide life skills support	Develop & implement customized staff training to support screening & Fast tracking	Client & system tracking Activity & outcome assessment Ongoing feedback
Outputs Immediate products resulting from the strategies	Specialized screening model developed # & results of shelter clients screened	Referral system model developed # & type of referrals made & supports provided	Training modules developed # of training sessions # of participants	Client profile & system responsiveness reports Year 1, 2 & 3 evaluation reports
Short-term Outcomes Changes in attitudes, skills & knowledge resulting from the project	↑ identification of people presenting with DD/DD within the shelter system ↑ community awareness & engagement for out of shelter referrals	↑ timely access to needed supports for people with DD/DD ↑ life skills	↑ awareness of effective screening for DD/DD within a shelter environment ↑ awareness of referral options ↑ ability to make appropriate & timely referrals for greatest impact ↑ ability of services to address complex client needs	↑ awareness of shelter client profiles with a DD/DD, & how to ensure that they receive needed support ↑ ability to improve project strategies based on internal & external evidence ↑ understanding of changes in the vision, structures, and processes needed for systems change
Medium-term Outcomes Changes in client well-being/system functioning resulting from the project	**Shelter Clients** ↑ safety | ↑ self-determination | ↑ self-confidence in pursuing life goals | ↑ sense of belonging | ↑ mental health | ↓ time spend in shelter | ↑ housing stability **Service System** ↑ effective & innovative collaboration among developmental disability & allied services			
Long-term Outcomes Changes related to poverty reduction	↓ poverty | ↑ housing security ↑ prevention of homelessness for people with DD/DD in Peel Region Create best practice model for shelters in other jurisdictions			

MEDIATING FACTORS

People with developmental disabilities
- age, gender, marital status
- household make up (# of children/adults)
- employment status

Partner agencies
- existing collaborative protocols
- client overlap
- openness to organizational change

Broader system
- provincial policy & legislation
- public opinion
- mechanisms to share best practices

2. Assessing Processes: Strengths and Challenges

What are the strengths and challenges of P2S strategies in responding to the unique needs of people with DD/DD navigating homelessness in the Peel Region?

In this section, we present information pertaining to the second main evaluation question about program implementation. We will begin with discussing program strengths followed by a discussion of program challenges.

Strengths of P2S

Shelter staff training prepared staff to identify clients with unconfirmed DD/DD and refer them to the appropriate supports

The staff training survey results demonstrate that shelter staff found the training to be helpful to identify and refer people who may have developmental disabilities. After training, 92% of survey respondents reported that they felt confident in their knowledge about developmental disabilities, Autism, and Dual Diagnosis. After training, 76% of survey respondents reported that they were confident in their ability to screen individuals with developmental disabilities, Autism, and Dual Diagnosis. The case manager for The Salvation Army Shelter commented in a focus group that more clients were referred to P2S after the training. She explained that a strength of the training is that it simplified content about the difference between developmental disabilities and mental health.

P2S dedicated case managers collaborated closely to ensure clients had access to wrap-around support

The project paid for three dedicated case managers, one in The Salvation Army, one at PCCN and one at FSP. Shelter staff and project partners emphasized that the case managers of P2S have been crucial for the success of P2S. A partner commented that FSP and PCCN are strong in terms of their hiring process with a rigorous screening process for staff. In the focus group, a partner said that they work directly with the case managers, and they are really helpful. The other partners nodded in agreement. A partner commented that the case manager roles are crucial for carrying out the P2S project. The shelter staff explained that they have regular communication with the P2S case manager, and she does a great job of following up with them.

In the case manager focus group, case managers talked about how they work together to make the project a success. A case manager explained that the case managers keep each other informed about client progress. Her role overlaps with the other case managers all the time, but she knows what part of the Path she is responsible for and when to direct the client to a different case manager. One core strength of P2S, is that clients are not getting just one worker, they are gaining access to three workers together. A case manager explained that clients like to be responded to promptly, and if they cannot get a hold of her, they can try the other two case managers.

The tracking tool data affirmed that case managers met regularly with P2S clients. Forty-one clients reported meeting with case managers at FSP. Of those 41, there were 1,113 meetings over the three years of P2S. The 41 clients met with a case manager an average of 28 times, which works out to an average of approximately three meetings per month. In the focus groups, several clients discussed that they met with their case worker regularly, and that the personable approach the case worker took made them feel cared for and motivated to participate fully in the program.

P2S facilitated other system-level collaboration

In addition to the three dedicated case managers, P2S worked together with partners from various agencies. A core strength of P2S is that it allowed for services to collaborate more closely which strengthened the holistic support available for clients. A project partner reflected that usually they are handed cases with a lack of detail about clients, but with P2S, a lot of information is being shared so searching for information is not necessary. Another partner spoke about how P2S took initiative and reached out about supporting his clients who were involved in P2S. In the past, he had to take the initiative to find appropriate DD/DD services for his clients, when that was not his background or expertise. A partner described how P2S encouraged greater collaboration between services by facilitating case conferences with service providers from different agencies (five in this case) that supported clients. The case conferences helped clients feel supported with continuity of care and wrap-around support needed to live.

P2S connected clients to a wide variety of supports. The tracking tool displayed that clients were referred to 34 different agencies that were new to them. These agencies provided services for mental health/addictions, employment, disabilities, probation, palliative care, and other health services. The services that were mentioned by case managers as helpful to clients include Re-Generation, CMHA, Park, Re-Link, DSO, and CAMH. Clients that were interviewed mentioned that they attended programs at Reach drop-in centre and Recovery West, which they enjoyed for building friendships, leisure activities, and getting food.

Challenges of P2S

Personal barriers

A strong theme from the focus groups was that people who have experienced homelessness and disability often experience **stigma and disrespect**. This leads people to be distrusting of service providers and less likely to access services. A partner told a story about how she went with a client to the shelter, because the client was scared to go there alone. The client started crying because the shelter worker was unwelcoming and rude. The partner reflected, *"We are taking away the client's dignity. I hugged her and told her it's okay, we're going to make sure we get you out."*

Shelter staff discussed the stigma in being assessed for developmental disabilities. As a staff explained, some clients refused a referral to get screening through P2S because they did not want to have the disability label and they felt they did not need the services. Another staff expanded that before clients accessed the services, they had to ask themselves if being labelled

with a developmental disability is worth the services available. Many clients do not know about services that exist, because they are not ready to accept a diagnosis. Staff also explained that a mental health diagnosis was stigmatized, and as a result, some clients were hesitant to access mental health support. In the words of a staff, *"the people who are going to accept the label will accept the support."* The staff have developed best practices of building trust through relationship building and explaining the benefits of the supports.

System barriers

Year three data indicates that the amount of **funding** available to clients of P2S sometimes falls short of meeting their day to day needs. Clients of P2S that participated in interviews, discussed how their income was not enough to live every day. A client reflected that since beginning P2S, his money situation has improved, but it was not enough money for survival, and he was not able to save. When asked about what challenges he is facing, another client replied that getting a job and finding enough money for food was an ongoing challenge. The apartment he was sharing with his fiancé was $1,600 a month, and after paying the bills, they were left with $125 a person per month. The stories of the four clients interviewed reflected a larger trend of insufficient income that was evident from the tracking data collected. The tracking tool showed that clients' income did not change significantly over the course of P2S, but there was a trend towards a small increase. A case manager explained that clients of P2S cannot hold a full-time job and without that, they cannot maintain income stability. If they do have a job, it is part-time and precarious, a case manager commented.

Partners also talked about how their clients say that the amount of income they are receiving does not meet their needs. The DSO is one of the nine access points for adult developmental services in Ontario that indicates if an individual has an intellectual disability. When individuals receive the DSO eligibility, they are eligible for PASSPORT funding which supports participation in community activities. PASSPORT funding is limited and so individuals may still end up in crisis, a partner explained. Another partner explained that Peel housing is extremely costly so most of funding received goes to housing expenses which reduces the amount clients have for food and other essentials. A case manager explained that when clients cannot pay their phone bill, they lose touch with the client and the client's support stops.

Year three data indicates that there is not enough affordable and appropriate **housing** in Peel. Project partners explained that there is a housing crisis in Peel, and this was a barrier for P2S in achieving its goals. A partner explained that ODSP does not provide enough money for housing, group home prices (referring to private-for-profit homes) are high, and often group homes do not take in young people. Furthermore, individuals are languishing on waiting lists for government funded residential services. Another partner talked about how some of their clients cannot live independently, but they do not fit the culture of supportive housing that is available. Project partners and case managers spoke in depth about the challenge of landlords refusing to rent to people on ODSP. Case managers and partners try to help landlords understand their clients, and try to build capacity with other sectors about how to work with those with DD/DD on ad-hoc bases. A partner commented, *"Housing is a real big issue for people with developmental*

disabilities. There is a lack of housing that meets their needs." When housing does not fit a client's needs, they cannot stay in that housing for long, and they tend to bounce from shelter, to jail, to the hospital, according to partners. Clients who receive ODSP typically receive between $1000 and $1200 per month and those who receive OW typically receive $700 to $722 per month. In Peel, however, unsubsidized housing is usually well over $800 and sometimes over $1000 (according to the tracking data) which makes it difficult to survive on the funds available. Even when subsidized housing is available for approximately $500 to $600 per month, there is little left for food, transportation and supports.

The lack of affordable and appropriate housing means that service providers are spending more time to support housing needs and less time on providing other services. A partner discussed how there is much more that she could be doing to support a client, but sometimes she is just trying to keep a client housed. Finding people housing is not in her job description, but as she explained, *"Sometimes I call myself a homelessness prevention worker. A lot of people would be homeless if we didn't put the band aid on."* A case manager added that staff in the shelter cannot prioritize supporting client mental health needs because they are helping to secure housing for these clients. A partner explained that their focus is supposed to be mental health stabilization; they do not have resources to hire housing staff. However, they recognize that without stable housing, their goal of mental health stabilization cannot be achieved.

Other challenges that were discussed in the focus group included long wait-times to determine DSO eligibility which makes it difficult to access services since there is not a diagnosis. Furthermore, sometimes people who would be eligible for P2S are not in the shelter long enough to get referred to P2S.

3. Assessing Outcomes

To what extent have P2S activities led to greater housing security and prevention of homelessness for people with DD/DD?

In this section, we present information pertaining to the third main evaluation question about program outcomes. This section is organized into short-term, medium-term, and long-term outcomes for Year 3. These outcomes are reflective of the logic model displayed on page 13. In three years, it is not possible to prove sustained changes in the long term outcomes of greater housing security and prevention of homelessness, but by showing trends and positive indicators of achieving short and medium-term outcomes, it is possible to contribute to the long-term desired outcomes.

Short-term Outcomes

The anticipated short-term outcomes revolve around the project contributing to changes in attitudes, skills and knowledge among staff and clients alike. They include: 1) increased identification of people with DD/DD in the shelter system, 2) increased awareness of referral

options (including community engagement opportunities), 4) more timely access to supports, 5) increased client life skills.

Identification of people with DD/DD in the shelter

In the staff training survey, 92% of respondents reported that they felt confident in their knowledge about developmental disabilities, Autism, Dual Diagnosis. After training, 76% of survey respondents reported that they were confident in their ability to screen individuals with developmental disabilities, Autism, and Dual Diagnosis. In the focus group, shelter staff reported that 10 to 20% of the clients they work with were referred to get screening for DD/DD.

Since entering P2S, 11 clients received a diagnosis for mental health or developmental disabilities that they did not have before the program. This was significant for these individuals, as having a diagnosis helped gain them access to medication, healthcare professionals, financial supports, and community supports.

Awareness of referral options, including community engagement opportunities

Year three data demonstrates that shelter staff were more aware of where to refer people with DD/DD because of the P2S program. With more clients being screened for DD/DD, it follows that more clients will be referred to supports in Peel. Overall, 95% of survey respondents reported that they were confident about the P2S referral process.

In the focus group, shelter staff commented that because of P2S they knew what direction to point the client in and which services they may need. They trusted that the services would refer the client from there. Another shelter staff reported that they now knew what resources people with DD/DD may need. Before shelter staff would be guessing, but now P2S took the guess work out of it. Shelter staff discussed how before P2S, they gave referrals to mental health organizations they thought would be a fit for clients, such as CMHA and Community Living, but sometimes agencies said the client was not a fit for their services. Clients would get frustrated and workers would get frustrated. A shelter staff commented, *"One-on-one referrals are like a sea. We dump them and they dump them back at the shelter."*

P2S worked with clients to apply for Developmental Services Ontario (DSO) which is an access point for adult developmental services that determines eligibility. DSO provides opportunities for people with DD/DD to take part in community activities that are funded and supported. It also determines an individual's eligibility for PASSPORT funding. A shelter staff reflected that once someone has DSO eligibility and PASSPORT funding, it helps them integrate into the community outside of the shelter system. The clients get involved in activities that support their needs. They learn that there are other people they can relate to and connect with that are not in shelter. In a client interview, a client enthusiastically remarked that with PASSPORT funding they can now go to concerts without worrying about finding the money. Upon entry into P2S, 29 clients had DSO eligibility. Because of P2S, 10 additional clients received DSO eligibility.

Clients were referred to multiple community supports, other than the three main agencies involved in this program (The Salvation Army, PCCN, and FSP) as identified in the tracking tool. In this three-year pilot, clients were referred to 34 different agencies to whom they were previously not connected. The 57 clients of P2S received 64 referrals to agencies that were new to them.

Awareness of how to ensure clients reach their goals

Staff felt that they were prepared to help clients reach their goals, and respondents indicated that they were able to get the help they needed. Staff reported that they were able to help clients better because of the training they received. In a focus group, staff indicated that the knowledge gained helped them get an understanding of the clients' episodic state of homelessness. They learned why an individual with ODSP may be constantly couch surfing and in the shelter. They felt better prepared to work with a client. Furthermore, on the baseline client survey, 56% of respondents answered yes to "I have people who help me when I need it. On the 6-month survey, 72% responded yes and on the 12-month survey, 80% responded yes that they have help when they need it.

Appropriate and timely referrals

In the partner focus group, project partners talked about how clients were able to access services in a more timely manner because of P2S. Clients worked with case managers who explained the services in a way that was easy to understand. Clients learned who does what, and who to go to for what. When the wrap-around support was established, it made it easier for clients to access services rather than be unsure of how to navigate a complex system. Case managers mentioned that the MOU between PCCN and DSO was a strength of P2S, because they could fast-track a psychological assessment at no charge, which allowed clients to access DSO supports sooner.

Project partners discussed how P2S provided a proactive approach to housing stability. A partner stated, *"It's not just reactive, but there's a proactive element to it too. It's more of a safety net*." Project partners discussed how P2S enabled them to provide supports before homelessness happened. When partners saw that a client was going to lose their housing soon and that there was nothing they could do to advocate to the landlord or region, they started making a plan with the client. A partner explained, *"Before P2S, we waited for this craziness to happen. And then we go in and we try to fix it. Because there was no one to speak to we could not speak to the shelter and say 'hey, we have a client that's going to be homeless in December'."* By starting the conversation with P2S case managers before the client loses their housing, it took the pressure off from service providers.

When asked, what was the most helpful part of having a case manager, clients discussed how connecting them to programs had an impact on their life. A client responded that the program, "*Connected us with all of the different programs that I didn't know were out there*." Another client talked about how the case manager took them to appointments. Another client commented, "*She's [staff] there to help us to get out there and into different programs so that we can actually move forward in our life*."

Increased client life skills

Many of the 34 community supports that clients were referred to through P2S were agencies that helped clients work on their life skills. In the client interviews, clients spoke about the support that they received because of P2S. Two clients who are a couple spoke about how having a permanent worker to support them had a large impact on their life. One of them spoke about how because of P2S, they were eligible for a worker who will support them throughout their entire life. Likely, their worker will support them to continue working on their life skills.

Another client reported in the interview, that because of P2S, they went regularly to a disability support program called Recovery West. He spoke positively of his time there. Another client explained that he would like to save money, but he needed help, because every time he received money, he spent it on alcohol. P2S helped him find housing at Genesis Lodge, where they will help him spend money on necessities.

The focus groups with staff, partners, and case managers did not speak much about clients gaining life skills. A shelter staff mentioned that through referrals, P2S helped clients gain life skills, such as learning how to do laundry.

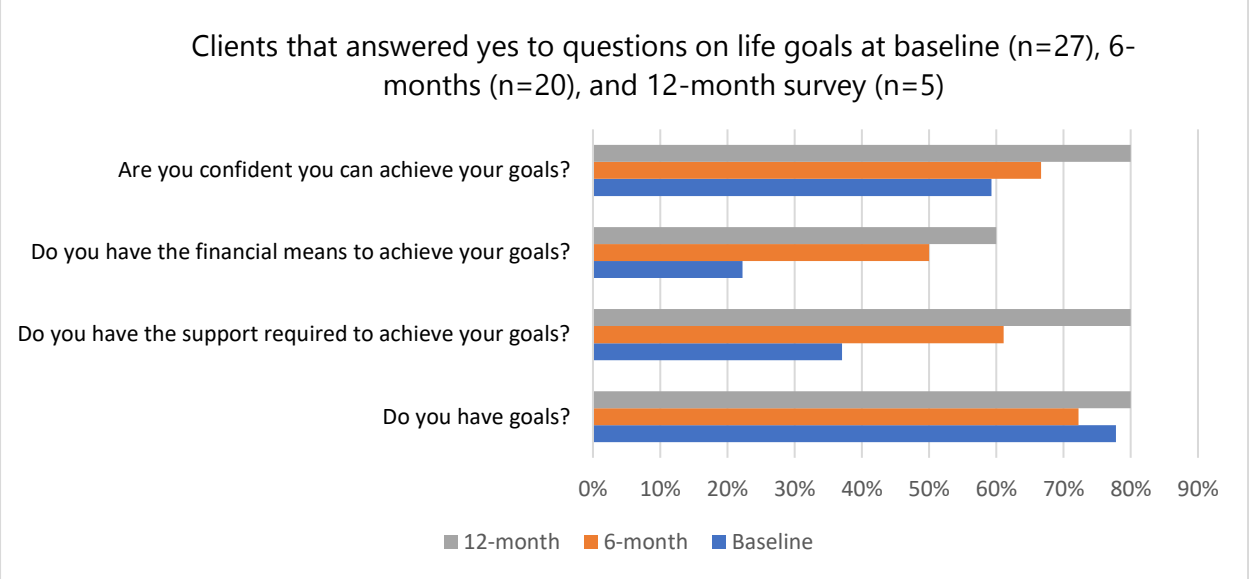
Six clients on the tracking tool reported receiving training/skills development. The type of training included self-defense training, IT training, automotive training, adult education, literacy training, and addictions counselling. In previous years of P2S, clients reported accessing the Learning Place, self-defense courses, automotive training centre service operations specialist program, studying for the G1 driving test, co-op experience, and returning to school for information technology or other opportunities. These opportunities helped clients feel more comfortable in the world, provided needed skills for survival or provided skills to assist in future career opportunities.

Medium-term Outcomes

Almost all the medium-term outcomes from year 3 data were outcomes that were anticipated through the program's theory of change (see logic model). One new theme that emerged from year 3 data was improved client mental health which was subsequently added to the logic model. The medium-term outcomes are organized into two categories, outcomes for shelter clients and outcomes for the service system.

Increased self-confidence in pursuing life goals

In the client interviews and follow-up surveys, there was strong evidence that clients have increased self-confidence in pursing their life goals. The chart below, summarizing survey data, demonstrates that clients who responded to the survey, have more confidence, financial means, and support to achieve their goals after 12-months with P2S than at baseline.



A prominent theme in the client interviews was that clients were hopeful about their future. Karl (pseudo-name) talked about how he planned for the near future to get a job, GED diploma, and save money. He spoke with an upbeat tone and talked about how his goal is to be an architect. He likes to try new things and keep pushing for what he needs. He said, *"I need to be patient, everything counts. I have to believe in myself. I'm focusing on what I want because I have to endorse it. I want to be independent."*

Marcus (pseudo-name), described how he saw his future.

> *My disability doesn't really affect me mentally or physically. I use that to actually encourage myself. Anything I do nowadays I do it 100%. [Most people give 50 or 60% because they know that they can get a job easily]. I worked on garbage trucks and in stores. I know a bunch of stuff that most people don't know how to do… [P2S] made a huge difference in my life. Because, like I said, with all the help I got now, I can actually move forward with my life.*

Lynn (pseudo-name) talked about how she was diagnosed with ADHD as a child. It made her feel different from the other kids because she had to take medication. Now she has some problems with speaking, but she said, *"I insist that it's never held me back from doing what I want to do. I may be like this or like this, but I'm no different than this person here."*

Project partners also discussed how clients gained confidence during their time with P2S. A partner reported hearing from clients that the program has helped them get started. A client said to the partner that they are looking forward to the future now, and it all started working with P2S. Another partner explained, *"P2S restores the dignity of the client… Becoming homeless is a shameful thing… The community or system minimizes them, because they're down here, they're on disability. P2S brings a wraparound that restores that dignity."*

Increased self-determination

In the focus groups, staff and partners spoke about how their best practice is to put the client first and support the client in how they want and need to be supported. A shelter staff explained that they assist clients in ways that they want to be assisted when it comes to looking for housing. A partner described how the P2S case conferences provide a safe place and opportunity for a client to have a home base where they know who is doing what and they get to decide who they feel comfortable working with. A partner explained that self-determination means that clients are allowed to make decisions that service providers may perceive as bad decisions. Partners want clients to make an informed decision, but at the end of the day it is about the individual developing insight and making decisions that make sense for their life.

Another way that P2S staff, partners, and case managers practice client self-determination was by allowing clients to come on and off P2S as they wish. A partner explained that they gave clients resources, but if they were not able to accept, *"they leave and get battered out there and often come back*." Partners gave clients their phone numbers to reach out to and let them know that they have safe places to come back to. A partner made the metaphor, *"When the bridge breaks down we build it again. That's basically what we do."*

Clients described how they prefer when service providers respect their decisions and they appreciate it when workers support them how they want to be supported. In an interview, a client was asked "Do you have any suggestions for how people can support you better?" She responded, *"be there for us and embrace the choices that we are making."* In another interview, a client explained that they like working with their caseworker because she was interested in learning what he wants in life. She supported him to develop his self-esteem.

Stronger sense of safety

In client interviews, all clients that were housed answered that they feel 100% safe where they are living. A client described that one of the best things about being in the place they were now was that they do not have to worry about getting angry or getting into fights with people. When they were living with their family, before going to the shelter, their valuables were stolen. Then at the shelter they observed fights and police coming in and out of the shelter. They described their housing as peaceful and quiet, which was a pleasant change from previous years.

A client, Peter (pseudo-name), described that he felt safer because of P2S. Peter was without housing, but he is soon moving into supportive housing. He talked about how he struggles with alcoholism, and spends most of his money on *"booze, weed, and smokes"*. He talked about his most recent visit to the hospital, and how he thought he might die. Peter reflected*, "Without the coaching and workers [of P2S], it would eventually kill me."*

Stable housing

Almost all clients who created a support plan with their case manager identified stable housing as a goal (95%, n=39). At the end of three years, 79% of P2S clients (n=30) who reported their housing status (n=39) were housed, 11% (n=4) were experiencing homelessness, and 11% (n=4) left the region and their housing status was unknown. Of the 30 people that found housing

through P2S, 17 of them stayed in the place where they were first housed after the shelter and six clients moved to a second place and remain housed. Despite the systemic barriers and challenges for those with DD/DD, the majority of P2S clients found stable housing at the time P2S concluded which is an extraordinary accomplishment.

At the time of interview, three out of the four clients were housed. Two had been housed for a year and one moved into housing a few months before the interview. The fourth client was not housed yet, as he was on a waiting list for supportive housing. All four clients discussed how important stable housing was for them. A client explained, *"Going back to the shelter, it just felt like the same old pattern again and I just wanted to break free of it. Then the worker at my shelter introduced me to this program, and ever since then I haven't looked back."* The client that is not yet housed described how excited he was to move into Genesis lodge. "*It's like a retirement home run by nice people"*, he explained.

Decreased time spent in shelter

On average, clients (n=46) reported spending 42 nights in shelter in the past year ranging from one to 178 nights in the past year. The wraparound support that P2S offered clients helped them to decrease the length of their stay in shelter. When asked if clients did not have P2S, would they be in the shelter longer, shelter staff answered "*yes*" in unison.

In the previous section, "appropriate and timely referrals" it was explained that through P2S partners connected clients to supports before they entered the shelter and made a plan with a client. A partner told a story about a mom and son that went through P2S. They had a hard time maintaining their housing. They lost their housing and ended up in the shelter. She said,

> *P2S became very, very important to us – they were kind of on the ground so they kind of bridge this gap. They kind of lessen the crisis. So the person was now going to be homeless, P2S was a wraparound that comes and kind of uplifted the client, so that they know they have someone to get them to the next step.*

Increased sense of belonging

Partners and shelter staff described how P2S fostered a feeling of comfort and belonging for clients. This was significant because as evaluation participants described, people who experience homelessness and developmental disability often feel stigma and exclusion from community. A shelter staff commented, "*hey have been on their own, trying to get by, and now they have P2S to connect them to community supports.*" A partner reflected,

> *It creates a sense that I am here for you, for the clients. You are not alone in this walk… And the P2S takes away the shame. [Case managers] are with the client, so it takes away that sense that I'm alone and I'm going through this embarrassing moment by myself, and now I have people with me.*

A shelter staff explained that when clients become DSO eligible, it helped them integrate into the community. They gained financial means to go out and do activities. They learned that there were other people they could relate to and hang out with that were not in the shelter. If they

were feeling lonely, they did not have to book into the shelter to see their friends. Community inclusion and belonging helped clients to avoid future shelter visits.

In the interviews, clients spoke about how their caseworker made them feel connected and that they belong. When asked about his caseworker, a client responded, *"[Staff] is real – there's something special about her… She's someone that I can talk to… When I need help, she'll help me."* He described how she helped him get clothes and other items from The Salvation Army. She brought him to Tim Hortons, and they had coffee together. He seemed to appreciate how she took time to get to know him.

One client talked about how his journey with P2S began when he started seeing that people wanted to give him a chance*. "They spent time on me, but they could have just said no. They gave me a chance [even though] I've screwed up so many times."* When he saw that workers cared about him, he wanted to listen to their advice.

Improved mental health

Case managers, partners, and clients spoke about how clients' mental health improved because of P2S. Karl (pseudo-name), a client of P2S, talked about how upon joining P2S he was diagnosed with Schizophrenia. He talked about how he was getting better because the medication was stabilizing him. He explained, *Before I was in the hospital all over the GTA. I'm good now. It makes me feel happy and my family happier."* P2S provided Karl an opportunity to be screened for mental health. The diagnosis he received was essential for him to start receiving the support he needed to be well. Karl reflected that his mental health suffered when he did not have a place to live. He reflected. *"When you don't have a place, and winter is coming, it looks so sad. You wish you could find a place for comfort. We are all human."*

Another client, Marcus (pseudo-name), talked about how his mental health improved since joining P2S and gaining stable housing. He reflected,

> *My anger, my depression has really slowed down majorly than before. Where I used to live and my fiancée, I felt more anger, I felt more depressed. Where we lived before my mom, brother, cousin, and her boyfriend were doing drugs, they were stealing stuff from me and my fiancée… My anger and depression it's hardly there anymore. I feel more me now, I feel more happier.*

Case managers confirmed that the mental health of clients improved through P2S. A case manager talked about how she had a client with suicidal ideation and legal involvement. The individual became housed and appeared to be stable. This individual was now thinking about getting a job, they were getting help and receiving counselling. Another case manager commented,*"To see tangible results, people's lives changed, people gain hope, people accessing mental health support. It is definitely rewarding position to be in. It is really a project worth continuing, investing in, because people's lives are being changed."*

Partners talked about how mental health was connected to housing. When clients gained stable housing, partners saw a rise in their mental health. A partner reflected,

> "W*hen a person is homeless, or even in the mind, I don't know where I'm going to live, they can't focus on anything else… Like a person don't want to take their meds, I don't care, where am I living? So P2S helps to buffer that piece. Give them, okay we are going to help you. You may be homeless today, but we are going to make sure we find you a place to live. That's the first step. When the client is housed, then we come back in and we help out… Stability is so important, and I believe P2S helps with that… The client is now stable, so now the client can focus on finding a job, accessing food banks. So the mental health is rising.*"

A partner gave the example of a client who had dual diagnosis and struggled with hoarding. P2S provided him a stable environment where he had staff who he could trust. He was referred to a hoarding specialist and found housing with Christian Horizons. This support contributed to him making changes in his life, like showering every day, taking medication, making appointments, and reconnecting with family. The partner reflected, *"P2S was the first ripple in the chain."*

More effective & innovative collaboration among developmental disability and allied services

As outlined in the strengths section, P2S case managers collaborated closely with each other and built trusting relationships with clients who may be distrusting of service providers. In addition, P2S increased collaboration between the shelter system and developmental disabilities and mental health services. The collaboration between case managers and the collaboration between sectors strengthened the ability of service providers to offer more effective and innovative supports for clients.

When asked how P2S influenced their work, a partner replied that it gave them a more holistic approach. To paraphrase, he explained that,

> *Instead of feeling like one agency has to meet needs by themselves, they are now just a piece of a puzzle for that client. All of the pieces put together are much better for the client than one agency doing it all themselves. When we work together, we get more done. We have made some mistakes, had some falls, had to re-group. We did that – we had a meeting and asked what's happening and what can each agency do for the client.*

A holistic approach to support was important for people who have been navigating mental health, developmental disability, and shelter services for years. Evaluation participants spoke about how the clients they worked with have been in situations where service providers who were supposed to help them did not follow through or treat them with disrespect. A partner explained,

> *Many of the clients that we come into contact with are untrusting, and it's based on the experiences that they've had… Having this program in place, makes those connections for*

> *clients, and helps clients to know someone is available to support them, that you're not doing it alone. I find that even helps them with building rapport with people.*

A case manager told the story of how a client of P2S was incarcerated and he was afraid to leave,

> *Because he didn't want to fail again. We made some visits, he went to Nninea and they were awesome. He has charge syndrome, he's deaf… They did fabulous work. Without that trust and ongoing relationship, and knowing that there is someone to help them. I'm not exaggerating, lives have been changed.*

Project partners and case managers discussed how P2S' holistic approach helped clients navigate a complex system. A partner explained that *"navigating services is an incredible source of stress."* P2S does an assessment with clients to learn what their strengths and needs are, and then refers them to the appropriate services. A partner commented that, *"We remind the client that people from different agencies are working on different things with him, and it takes down his anxiety."*

Shelter staff spoke about how P2S helped *"remove a dead-end"* for clients. They explained that referring from the shelter to other services used to lead to a dead-end. Or if the client was housed, they would fall through the cracks, because no one was checking in with them. In the past, shelter staff referred the client to different agencies without knowing exactly what their needs were, and agencies would sometimes send the client away, saying that they were not a fit for their services. The clients would get frustrated and shelter staff would be frustrated too. To return to the staff metaphor that "*One-on-one referrals are like a sea,"* before P2S shelter staff did not know how to navigate the sea, but now with their designated case manager, clients gained access to screening and the corresponding supports. According to a partner, P2S was,

> *Very efficient in terms of the work it does. It makes a big difference… We are not talking about you know, hundreds of thousands of dollars… It's really people who are…making linkages to existing programs and building that capacity… It's an efficient use of resources and time, particularly when there's not a lot of resources.*

Through its cross-sectoral approach, P2S has built the capacity of agencies to provide support to people living with DD/DD. The innovation of P2S has taken stress off of service providers such as Adult Protective Service Workers (APSW). A partner explained,

> *We have educated the community about the complex needs of individuals and how you can collaboratively work together, various sectors, in order to meet those needs. We've had to draw in other service providers… There's that education piece that modeling piece that they have been able to learn from… We have kind of made it easier for everybody.*

Long-term Outcomes

The desired long-term outcomes that P2S anticipated are decreased poverty, increased housing security, and increased prevention of homelessness for people with DD/DD in Peel Region. Year 3 evaluation shows that the P2S innovation of fast-track screening for DD/DD at the shelter is contributing to these long-term goals. A partner explained that without P2S, the shelter would

not be doing the fast track screening and fewer people would be diagnosed with DD/DD and accessing appropriate services. She reflected,

> *The shelter is that doorway to clients. It opens up the opportunity to resources that opens up to further resources. Without P2S, the shelter wouldn't have been doing that assessment. They wouldn't have been identified. They wouldn't have had that direct contact. The shelter wouldn't have known where to refer them.*

Appropriate supports are necessary for P2S clients to have a good quality of life and may mitigate risk of returning to shelter. In this three-year project, 57 P2S clients received 64 referrals to agencies that were new to them. Further, 11 clients received a mental health diagnosis during P2S, and 10 became eligible for DSO support. The mental health diagnosis helped clients gain access to health-care professionals, medication, and other supports that they did not have access to before the diagnosis. Gaining access to DSO meant more opportunities for community engagement, among other supports.

One factor of housing security, and certainly a factor to decrease poverty and homelessness prevention, is securing **sustainable and sufficient income** to pay for housing and the necessities of life. The average income clients reported at P2S intake was $1,150. At 6-months (n=15) the average income went down by $79/month. At 12 months (n=9) the average income went up by $134 since entrance into P2S. And at 18 months (n=4), the average income was $176 higher/month than at the beginning of P2S. This indicates that the income of clients did not change significantly over the course of P2S, but there was a trend towards an increase. As previously mentioned, most P2S clients do not have the ability to hold a full-time job, and part-time and precarious employment does not significantly increase their income. A change in financial assistance polices would be the most significant change to reach this long-term outcome.

The desired goal of **housing security** cannot be proven in a three-year project timeframe. However, there is a strong indication that most program participants have found stable housing, as 79% (n=30) of clients remain housed at the end of Year 3. On the 6-month survey, 50% of survey respondents answered yes to the question, "Do you feel that your current living situation is stable?" In the 12-month survey, 80% of survey respondents answered yes to this question. To conclude, a quote from a partner below illustrates how clients would remain longer in hospitals, shelters, and jails if it was not for P2S,

> *Individuals bounce between hospital, jail, and shelter. As so, I think, we've have seen P2S really help to destruct that for a lot of folks, in meaningful ways, in ways that weren't happening before. And being able to connect them to resources, not just housing resources, but resources that meet their needs and lead them to be stable. And I think we've seen a lot of success stories of people not having to cycle through those three destinations anymore*.

4. Determining Future Actions

What improvements can be made to have a greater impact on poverty reduction for people with DD/DD?

The final section considers what improvements may result in greater impact for poverty reduction, based on Year 3 evaluation results. Recommendations for improvements will be focused on the individual program and system-levels. The recommendations emerged after synthesis and reflection of evaluation data by evaluators and the P2S Steering Committee.

P2S was an innovative response to the housing crisis and lack of supports provided to those with DD/DD. The three-year intervention illustrated that P2S is needed to provide stable housing and supports to those with DD/DD who often fall through the cracks without the intervention present. This collaborative intervention needs to be funded so that P2S can continue and be scaled-up across the province. Despite best efforts of exploring sustainable funding over the past year, it has not yet been secured.

The following were noted to improve P2S in future.

Program-level Recommendations

- The screening tool was effective for identifying individuals for P2S. It might be helpful to add additional questions about medications, suicidal ideation/attempts, medication and criminal activity. This may help to understand clients better and determine additional needs for client supports and partners.
- P2S could partner with healthcare organizations such as hospitals and emergency departments, and also those that provide transitional housing.
- Case managers could update the shelter staff on how P2S clients are doing after they leave the shelter to show the value of the screening tool in the shelter and encourage its use.
- Create more awareness of the P2S program across partners in government, health, disability and housing sectors through exchange of knowledge at events, conferences and other venues.

System-level Recommendations

- There is a housing affordability crisis for those with DD/DD as documented in this evaluation, and in other reports over the last twenty years. In addition, the housing options are not appropriately flexible for the population. Staff in the housing sector need greater capacity and understanding to work with the DD/DD population. Currently, shelters have become the defacto housing option for those with DD/DD, but this is not acceptable. There is a need for **flexible** housing options/solutions. For example, people with DD do not necessarily cleanly fit into the supportive housing and independent housing categories.

    - A **continuum** of housing is needed for those with DD/DD that range from completely independent living to residential supportive living.
    - **Transitional** housing is also needed for adults to support their residential needs after leaving shelter.
- There is system gridlock that results in waiting lists across health and disability service sectors. The gridlock prevents the ability to get to the core issues. For example, once a person with DD/DD enters the emergency room, and is then admitted to an inpatient unit, there is no where else they can be placed, and they take up a bed for a long period of time. As a result, hospitals are not willing and do not have capacity to admit DD/DD patients. There is very little funding for housing and food which is what those with DD/DD need so the other supports and services for those with DD/DD provided are rendered ineffective.
- Modifying Developmental Services Ontario to meet those with DD/DD where they are at would be helpful. Currently it is extremely challenging for those with DD/DD to gain eligibility. DSO might consider being more responsive and flexible. Furthermore, after finding out about eligibility, it is challenging for individuals to navigate services and DSO does not provide service navigation. The lack of flexibility for PASSPORT funding are also challenging for those with DSO eligibility. For example, individuals cannot use PASSPORT funding because they need to pay for something up-front and then claim it back for reimbursement. However, many individuals are unable to do this, and reimbursement forms are a barrier to use of PASSPORT funding as well.

Conclusion

Paths to Support (P2S) was an innovative three-year intervention that aimed to increase housing security and reduce poverty for individuals with developmental disabilities or dual diagnoses (DD/DD) in the Peel Region. P2S influenced 57 clients who entered the P2S and were supported by case managers to address their complex needs to live their lives. It also transformed a system that has silos between shelter, disabilities and mental health sectors to break down those barriers through dedicated case managers and organizational partners. Shelter staff bridged the gap between the shelter system and mental health and disabilities supports as they referred the 57 individuals to the P2S. The dedicated case managers bridged the gap between services and developed nurturing and trusting relationships with clients. Case managers worked effectively together and with partner organizations to provide wraparound support for clients to meet individual needs. In some cases, this required over 130 meetings with a client to ensure that they were supported on a daily basis. This also required collaborations with agencies like Supportive Housing in Peel or Trillium Health Partners to work with clients to address their needs. At the conclusion of the intervention, 79% of clients were living in stable housing and able to move forward with their lives. P2S has also left a legacy of enduring assets for the future including a shelter screening tool and lasting partnerships across sectors.

The Year 3 evaluation identified ongoing barriers to housing security and prevention of homelessness for people living with DD/DD in Peel region. Some system barriers were policy related, such as insufficient income and insufficient affordable and appropriate housing. These remain system barriers as the P2S pilot project comes to a close. Additional funding is needed to alleviate these concerns and sustain P2S gains. Despite the challenges, the innovation and collaboration in P2S resulted in provision of stable housing for the majority of clients that participated in P2S.

In conclusion, P2S addressed system inequities and system gaps by providing housing and support services to those with DD/DD. P2S staff worked with the "*most marginalized of the marginalized*" and documented the importance of the program in reaching people in our society who otherwise have been let down by the housing and disability systems. In response, P2S identified and addressed challenges for those with DD/DD to navigate life on their own. There continues to be a need for a collaborative cross-sectoral partnership such as P2S. More broadly, there is an urgent need for a continuum of flexible housing options to support those with DD/DD in Peel Region and throughout the province of Ontario.

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Appendices

Appendix 1: Client Demographics

A. Gender (self-identified) (n = 57)
- female (n=22; 39.3%)
- male (n=34; 59.6%)
- transgender (n=1; 1.8%)

B. Age (n = 55)
- max: 57 years; min: 18 years
- average: 35.5 years
- ranges (n = 57)
  - 18 to 30 years old (n=26; 46.4%)
  - 31 to 40 years old (n=12; 21.0%)
  - 41 to 50 years old (n=6; 10.7%)
  - 51 to 60 years old (n=11; 19.6%)
  - Not stated (n=2; 3.6%)

C. Cultural identity – Canadian, born outside of Canada (n = 57)
- Born outside of Canada (n=7; 12.5%)
- Canadian (n=50; 87.8%)

Appendix 2: Shelter Data

A. At P2S intake, clients were admitted to the following shelters (n = 57)
- Brampton Queen Youth Shelter (BQYS) (n=11)
- Cawthra Rd. Shelter (n=17)
- Our Place Peel (OPP) (n=1)
- Peel Family Shelter (PFS) (n=6)
- Regeneration Outreach Community (ROC) (n=1)
- Safe Beds
  - Safe Beds (location not specified) (n=2)
  - Safe Beds Brampton (n=1)
  - Safe Beds Mississauga (n=1)
- Wilkinson Road Shelter (WRS) (n=7)
- "Never been in shelter" (n=1)
- "in community" (n=5)
- Multiple shelters at time of intake
  - PFS/BQSYS (n=1)

Safe Beds and BQYSYS (n=2)
Safe Beds and Wilkinson (n=1)

B. Shelter(s) that the client has stayed at in the past year (n = 57)
   - N/A (i.e. intake was client's first reported shelter stay) (n=26)
   - Not reported (i.e. blank field) (n=2)
   - One shelter in past year (n=21):
     BQYS (n=1)
     Cawthra Rd. Shelter (n=10)
     PFS (n=3)
     Safe Beds (SHIP) (n=1)
     Wilkinson Rd. (n=6)
     Note: one of these (F45) was listed as Wilkinson/in community
   - Multiple shelters in past year (n=8):
     Does not remember name, YWCA, Yellow Brick Shelter, BQYS (n=1)
     Cawthra, does not remember name, BQYS (n=1)
     Cawthra, BQYS, "YMCA 1X" (n=1)
     OPP, BQYS (n=1)
     Wilkinson Rd., Cawthra, Safe Beds (n=1)
     Wilkinson Rd. & Cawthra Rd. Shelter (n=2)
     Wilkinson Rd., in community, Safe Beds (n=1)

C. Number of Nights in Shelter in the Past Year:
   - Clients who reported number of nights in shelter (n=46):
     Average (mean): 41.9
     Max: 178 nights
     Min: 1 night
   - Length of time between date of client's arrival at shelter and date of initial contact with PCCN (n=40). Average: 29.4 days.

D. Living Arrangement before shelter (n=57)
   - With family (n=20) *(this includes client residing with his/her children)*
   - With partner (n=14)
   - With friend(s) (n=3)
   - At different shelter (n=2) *(including Safe Beds)*
   - On own (n=13)
   - Unknown (n=1)
   - Transient (n=2)
   - Group home (n=1)
   - Hospital (n=1)

Pre-shelter residence type (n=57)

- Family members' home (n=20)
- Rental apartment/house (n=15)
- Partner's home (n=5) *(this includes partner's family home)*
- Rooming house (n=7)
- Friends' home (n=2)
- Abandoned house (n=1)
- Group home (n=1)
- Shelter (n=2)
- Unknown (n=1)
- Hospital (n=1)
- Motel (n=1)
- Friends' home/camp site (n=1)

Appendix 3: Income and Employment

A. Sources of Financial Support at Intake (n=57)
   - Ontario Disability Support Program (ODSP) (n=38)
   - Ontario Works (OW) (2 indicated with employment) (n=11)
   - None/unspecified but applied for OW (n=3)
   - ODSP & Ministry of Children, Community and Social Services (MCSS) (n=1)
   - ODSP, CTB (Child Tax Benefit), Assistance for Children with Severe Disabilities (ACSD) (n=1)
   - ODSP & Child Benefit (n=2)
   - Alimony (n=1)

B. Total Monthly Support/Income at Intake (n=57)

Source	Financial Support/Income Amount (Monthly) (ranges are inclusive)	N=57
ODSP	Unsure, thinks $800	1
	$1050-1060	6
	$1100	11
	$1137-1151	9
	$1160-1175	4

	$1200-1300	4
	$1600-1700	2
	$5000	1
OW	$700-722	11
None/unspecified	N/A or unsure	3
ODSP & MCSS	$1500	1
ODSP, CTB, ACSD	$2610	1
ODSP & Child Benefit	Unsure for ODSP + $480 for Child Benefit	1
	$1663	1
Alimony	$1000	1

C. Total monthly support/income at 6 months, 12 months, and 18 months after starting P2S

6 months after shelter intake

Source of financial support reported (n=22)
ODSP (n=19); ODSP & Child Tax Benefit (n=1); OW (n=1); ODSP with family support (n=1)
Total monthly support/income reported (n=15)
Difference of monthly support/income at 6 months compared to shelter intake (average): -$79

12 months after shelter intake

Source of financial support reported (n= 12)
ODSP (n=9); ODSP with family support (2); ODSP with employment (n=1)
Total monthly support/income reported (n= 9)
Difference of monthly support/income at 12 months compared to shelter intake (average): $134

18 months after shelter intake

Source of financial support reported (n = 6)
ODSP (n=3); ODSP with family support (n=1); ODSP with employment (n=1); ODSP with Youth Employment Program (n=1)
Total monthly support/income reported (n = 4)
Difference of monthly support/income at 18 months compared to shelter intake (average): $176 (n = 4)

OVERALL DATA (i.e. changes over 18 months)

Lost source of financial support (n=1)

Gained family support (n=3)
Changed from OW to ODSP (n=1)
Gained employment (n=2)
Entered Youth Employment Program (n=1)

D. Employment Status at Shelter Intake (n=57)
    - Unemployed (n=50)
    - Casual employment/works sometimes (n=4)
    - Seeking employment (n=1)
    - About to start employment (n=1)
    - Works but plans to quit (n=1)

Employment Status 6 months after Shelter Intake
Employment status reported (n=21)
Unemployed and not seeking employment (n=11)
Unemployed and seeking employment (n=4)
Unemployed and unspecified whether seeking employment (n=2)
Unemployed/in training program (n=1)
Unemployed/in school (n=1)
Employed (including temporary) (n=2)

Employment Status 12 months after Shelter Intake
Employment status reported (n=6)
Unemployed and not seeking employment (n=2)
Unemployed and unspecified whether seeking employment (n=1)
Actively looking for employment after completing youth employment program (n=1)
Casual employment (n=1)
Unemployed/in school (n=1)

OVERALL DATA (i.e. changes over 12 months)
Gained employment (n=3)
Lost employment (n=1)
Entered training/school/employment program (n=2)

Appendix 4: Client Diagnoses

A. Developmental Disability (DD) Diagnoses (n=56)

	Name of Diagnosis	**n**	**% (n/56)**
SINGLE DD DIAGNOSIS N=53 94.6 %	Unconfirmed	16	28.6%
	Developmental Disability unknown	5	8.9%
	Developmental Disability (unspecified)	5	8.9%
	Queried Developmental Disability	1	1.8
	Developmental Delay	2	3.6%
	Borderline Intellectual Functioning	2	3.6%
	Mild Intellectual Disability (MID)	12	21.4%
	Intellectual Disability (severity unspecified)	1	1.8%
	Mild to Moderate Developmental Disability	1	1.8%
	Moderate Intellectual Disability	1	1.8%
	Pervasive Developmental Disorder • Autism Spectrum Disorder (n= 4) • Asperger's Syndrome specified (n=2)	6	10.7%
	Queried Acquired Brain Injury (ABI)	1	1.8%
MULTIPLE DD DIAGNOSES N=3 5.4%	ABI, Queried Fetal Alcohol Spectrum Disorder (FASD)	1	1.8%
	ASD, mild-moderate intellectual disability	1	1.8%
	Developmental Diagnosis unknown, ASD	1	1.8%
	TOTAL	56	100.1

B. Mental Health Diagnoses (n=49)

	Name of Diagnosis	**n**	**%**
SINGLE MENTAL HEALTH DIAGNOSIS N=29 59.2%	Unconfirmed (diagnosis unspecified)	10	20.4%
	Unconfirmed (diagnosis unspecified, trauma history)	1	2.0%
	Bipolar Disorder	3	6.1%
	ADHD	4	8.2%
	Obsessive Compulsive Disorder	1	2.0%
	Schizophrenia	2	4.1%
	Depression	2	4.1%
	Substance Use	2	4.1%
	Unconfirmed ADHD	1	2.0%
	Unconfirmed Anxiety	1	2.0%
	Unconfirmed Depression	1	2.0%
	Suicide Ideation (no diagnosis listed)	1	2.0%
MULTIPLE MENTAL HEALTH DIAGNOSES N=20 40.8%	ADHD, Bipolar Disorder	2	4.1%
	ADHD, Bipolar Disorder, Schizoaffective Disorder	1	2.0%
	ADHD, Oppositional Defiant Disorder (ODD), Schizophrenia	1	2.0%
	ADHD, ODD	1	2.0%
	ADHD, Substance Use	1	2.0%
	ADHD, Bipolar Disorder, PTSD	1	2.0%
	Adjustment Disorder, Depression	2	4.1%
	Depression, Anxiety	4	8.2%
	Depression, Substance Use	2	4.1%

	Schizoaffective Disorder, Borderline Personality Disorder, Psychosis (Not Otherwise Specified), ODD, Adjustment Disorder	1	2.0%
	Schizophrenia and Hoarding Disorder	1	2.0%
	Unconfirmed Depression/Anxiety	2	4.1%
	Unconfirmed Depression, Substance Use, Suicidal Ideation	1	2.0%
	TOTAL	49	99.6

C. Dual Diagnosis
- If we define dual diagnosis as confirmed DD(s) and confirmed MH diagnosis(es) (INCLUDING substance use and suicidal ideation) (n=56)
  At Intake: 41.1% (N=23) had a confirmed dual diagnosis
  At the end of P2S: 62.5% (n=35) had a confirmed dual diagnosis

D. New Diagnoses since entering P2S (n=11)
- Eating Disorder & Generalized Anxiety (n=1)
- Psychosis (n=2)
- ADHD (n=1)
- C.H.A.R.G.E. Syndrome (n=1)
- Developmental Diagnosis, Psychosis, Traumatic Brain Injury, Substance Use (n=1)
- Mild intellectual disability (n=2)
- Mild cognitive impairment, Organic Brain Syndrome, Acquired Brain Injury (n=1)
- PTSD (n=1)
- Borderline Intellectual Functioning (n=1)

E. DSO Eligibility
- 29 clients were DSO eligible upon entry to shelter
- 10 clients gained DSO eligibility through P2S

Appendix 5: Client Meetings and Support Plans

A. Client meetings (n= 41)
- Sum: 1137
- Min: 1

- Max: 138
- Average: 27.7
- Average of 2.97 meetings/month

B. Clients' Support Plans (n=41)
- Stable housing (n=39) (95.1%)
- Community Integration (n=14) (34.1%)
- Independent Living Skills (n= 21) (51.2%)
- Crisis Management (n=15) (36.6%)
- Counselling (including specific counselling like addictions counselling, family etc.) (n=22) (n=53.7%)
- Community Referrals/Service Navigation (n=29) (70.7%)
- DSO Eligibility Determination (n=15) (36.6%)
- Employment (n=16) (39.0%)
- Support Network Enhancement (n=14) (34.1%)
- Financial Management/Support (n=17) (41.5%)
- Coordination between Mental Health and Developmental Sectors (n=11) (26.8%)
- Miscellaneous:
  - Addictions (n=1)
  - ID Retrieval (n=1)
  - Palliative care (n=1)
  - Parenting skills (n=1)
  - Weight loss (n=1)

Top 3: Stable Housing (95.1%), Community Referrals/Service Navigation (70.7%), Counselling (53.7%)

Appendix 6: Housing

A. Living Arrangement immediately after shelter (n=41)
- With family (n=10) *(this includes client residing with his/her children)*
- With partner (n=6)
- With friend(s)/ "Non-relatives" (n=13)
- On own (n=8)
- Lost contact with client/left region (n=3)
- Still in shelter (n=1)

B. Residence type immediately after shelter (n=41)
- Private apartment (n=14)
- Private house (n=4)
- Private retirement facility (n=2)

- Respite home (n=3)
- Rooming house (n=5)
- Transitional youth residence (n=5)
- Shelter (n=2)
- Unspecified (n=3)
- Lost contact with client/left region (n=3)

C. Monthly Cost of Housing (most recently recorded monthly cost) (n=29)
   - Min: $0 (free)
   - Max: $2000
   - Average: $735.93

D. Utility Costs (immediately after shelter) (n=30)
   - Included 80% (n=24)
   - Not Included 20% (n=6)

E. Housing Changes (n=38)

Current General Housing Status	Housing Journey	n	%
CURRENTLY HOUSED (after participating in P2S) N=30 78.9%	Stayed in Placement 1	17	44.7%
	Stayed in Placement 2	2	5.3%
	Stayed in Placement 3	1	2.6%
	Incarcerated then moved to Placement 1 and then moved/stayed in Placement 2	1	2.6%
	Left placement 1, experienced homelessness, then stayed in Placement 2	1	2.6%
	Evicted from placement 1, stayed in Placement 2	1	2.6%
	Evicted from placement 1, experienced unstable housing, then stayed in Placement 2	1	2.6%
	Evicted from Placement 1, Evicted from Placement 2, Stayed in Placement 3	1	2.6%
	Left region and moved into housing • Left region after shelter (n=1) • Left region after placement 2 (n=1) • Left region after placement 1 (n=3)	5	13.2%

CURRENTLY EXPERIENCING HOMELESSNESS N=4 10.5%	Evicted from Placement 1, experiencing homelessness	1	0.0%
	Evicted from Placement 3, experiencing homelessness	1	2.6%
	Left region, experiencing homelessness	1	2.6%
	Still in shelter (has not moved yet)	1	2.6%
HOUSING STATUS UNSPECIFIED N=4 10.5%	Left region, current housing status unspecified • Left region after shelter (n=1) • Left region after being evicted twice (n=1) • Unknown after what placement left region (n=2)	4	2.6%
	TOTAL	38	100%