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ABSTRACT

Successful implementation of Housing First requires a good supply of affordable housing. Since 2002, the Canadian Mental Health Association, Ottawa Branch, has purchased 40 condominium units in regular buildings scattered across Ottawa, Canada, to rent to their clients with severe mental illnesses who have a history of homelessness. Seeking to share their experience of this approach that creates affordable housing for Housing First tenants, researchers conducted a case study of the program, documenting its implementation and client outcomes. Thirteen tenants and 24 key informants (staff, management, board members, property managers, and funders) participated. Tenants reported housing stability, improved mental and physical health, decreased substance use, and community integration. Key informants echoed these positive outcomes. Participants also identified program challenges, including aging clients, loneliness, experiences of exclusion, and a vulnerability to home takeovers. At the program-level, challenges included unanticipated program costs, heavy case manager workloads, managing repairs, some eviction cases, and the high prices of condos in central, accessible areas.

Introduction

The development of Housing First (HF) programs has become a central response to addressing homelessness in Canada (Nelson *et al.*, 2020). However, a significant challenge associated with scaling up HF involves accessing adequate and affordable housing options (Gaetz e*t al.*, 2016; Gilmer *et al.*, 2015; Greenwood *et al.*, 2018). Lack of affordable housing remains a concern around the world. Housing has become a commodity, which has led to increased costs and inaccessibility (Pattillo, 2013). In Canada, approximately 1.7 million households are in need of basic affordable housing (CMHC, 2017). Demand for rental housing is increasing, driving up rent rates, and

limiting low-cost options (Advocacy Centre for Tenants Ontario, 2018; Pattillo, 2013).

Questions of HF's reliance on the affordable housing market, on adequate rent subsidies, and on good relationships with private landlords, have led to calls for innovative solutions to these common challenges (Gaetz *et al.*, 2016; Greenwood *et al.*, 2018). This article documents an innovative initiative by a non-profit community mental health agency that has worked to address such obstacles.

Pathways housing first

Pathways HF is a recovery-oriented approach to ending chronic homelessness among people with severe mental illnesses (Tsemberis, 2015). It aims to provide people with immediate, scattered-site housing, without conditions to adhere to a treatment plan or to be sober (Aubry *et al.*, 2015; Stefancic & Tsemberis, 2007; Sylvestre *et al.*, 2017). There have been many HF variations that depart from Pathways HF, and adaptations are not always evaluated or documented (Anderson-Baron & Collins, 2018; Baker & Evans, 2016). In general, HF approaches tend to act as alternatives to treatment first approaches, which require people who are homeless to address mental health or addiction issues prior to being considered 'ready' for housing (Padgett *et al.*, 2015).

In Pathways HF, housing is coupled with portable community-based supports, notably Assertive Community Treatment (ACT) or Intensive Case Management (ICM), that provide individualized and client-driven support, separate from housing (Padgett *et al.*, 2015). The focus of supports and services varies widely, but often addresses substance use problems, mental and physical health conditions, employment, education, and community connections, as directed by clients (Nelson *et al.*, 2012; Tsemberis, 2015). One Pathways HF operating principle is the separation of housing providers (i.e. landlords) and support service providers (ACT and ICM). Participation in ACT or ICM is voluntary and not a condition for being housed. Additionally, tenants are ensured continued access to supports at any time, even in cases where they do not stay housed.

Another Pathways HF principle is housing choice. Most people with severe mental illnesses (approximately 84%) prefer to live independently, in housing that looks like everyone else's (Richter & Hoffmann, 2017). This may be in an apartment by themselves, with family members, or with people of their choosing (rather than strangers in congregate settings). People who participate in Pathways HF are presented with options around location and type of housing. Hence, HF relies on a supply of good housing options, including private-market and non-profit models, scattered in diverse locations across a city or region, as well as the provision of rent subsidies for housing affordability. Pathways HF is also committed to rehousing clients if needed (Aubry *et al.*, 2015; Gaetz *et al.*, 2013).

Pathways HF has become known as an evidence-based intervention for addressing homelessness (Gilmer *et al.*, 2015). There is a growing body of research that supports its effectiveness and positive impact (Aubry *et al.*, 2020; Baxter *et al.*, 2019). Studies have shown that Pathways HF leads to greater housing stability, improved quality of life, and reduced hospitalizations, emergency room use, and criminal justice

involvement (Aubry *et al.*, 2017a; Baxter *et al.*, 2019; Padgett *et al.*, 2015). Studies also suggest that Pathways HF is cost effective (Aubry *et al.*, 2017b; Latimer *et al.*, 2019, 2020; Ly & Latimer, 2015).

In an international study of HF implementation and fidelity in nine countries located in North America and Europe, Greenwood *et al.* (2018) identified facilitators and barriers to achieving a high level of fidelity in the implementation of Pathways HF. The most prominent systemic barrier to HF implementation was limited access to adequate and affordable housing. This was caused by high rental costs, limited housing stock, and low availability of rent subsidies. Anderson-Baron & Collins (2018) highlighted the absence of social housing options in many countries, increasing the reliance on private-market housing in order for organizations to house people with choice and within an immediate timeframe. Relationships with landlords can either impede or facilitate successful implementation of HF (Greenwood *et al.*, 2018). Challenges building partnerships with landlords in private market housing are common, with some landlords not wanting to rent to clients of HF organizations due to stigma and stereotypes (Greenwood *et al.*, 2018).

Housing context in Ottawa

Compared with the other major Canadian cities, the cost of housing in Ottawa is relatively affordable (Statistics Canada, 2016). Of the six largest metropolitan areas in Canada (Vancouver, Edmonton, Calgary, Toronto, Ottawa and Montreal), Ottawa has the lowest proportion of homeowners spending above the affordability threshold for housing – more than 30 per cent of their income (City of Ottawa, 2019). At the same time, Ottawa's rental market has affordability and supply issues that are similar to those of Toronto and Vancouver because of low vacancy rates. Approximately one in three (34 per cent) Ottawa households are renting their homes. However, a high proportion of renters (41 per cent) are paying above the affordability threshold for housing (i.e. > 30 per cent of income), only slightly lower than Vancouver (44 per cent) and Toronto (47 per cent) (City of Ottawa, 2019; Statistics Canada, 2016).

The low vacancy rates and the continued rising cost of rent contribute to long waiting lists for subsidized housing (City of Ottawa, 2019). The majority of affordable housing in Ottawa is rent-geared-to-income (RGI) units provided by non-profit organizations. The RGI waiting list includes people who are homeless as well as people whose current housing is unaffordable or inadequate. The average wait time for RGI in Ottawa is five years, with over 10,000 households on the wait list for RGI since 2017. Hence, there is high unmet demand for affordable housing in Ottawa (Ottawa Community Foundation, 2020).

The current program

The Canadian Mental Health Association (CMHA), Ottawa Branch, is a non-profit (charitable) organization in Ottawa, Canada, serving people with severe mental illnesses with histories of vulnerable housing. The organization's Housing First Condominium Program (referred to as the 'condo program') began in 2002, with

provincial government funding to purchase 22 condominium units in regular buildings across Ottawa to rent them to their clients. At the time of this study, CMHA Ottawa had purchased and owned 40 condominiums. In line with HF principles, CMHA's condo units are scattered throughout the city. Residents pay rents geared to their incomes, and the balance is made up by government rent supplements ensuring that rent does not exceed 30% of income.

While adherence to treatment is not a prerequisite of the program, potential tenants of the condo program are clients of CMHA Ottawa and have been determined to meet eligibility for their programs. As such, they are assigned an intensive case manager prior to entering the condo program. Once housed, the extent of a client's relationship with their case manager changes over time, based on need. While in the condo program, tenants are also assigned a CMHA housing coordinator, responsible for implementing the organization's landlord role.

The condo program is one part of the housing portfolio that this non-profit organization manages (CMHA Ottawa, 2017). CMHA Ottawa also provides HF that includes the provision of rent supplements and ICM to people living in social housing or private-market units not owned by the organization. The current research focuses only on people housed in CMHA Ottawa-owned condo units, and refers to them both as case management 'clients' and condo 'tenants.'

Objectives of the study

The overarching purpose of this study was to conduct an in-depth evaluation of CMHA Ottawa's condo program, documenting its implementation and client outcomes. The study contributes to practice in that it builds knowledge and awareness of this innovative version of Pathways HF, particularly for stakeholders interested in developing a similar program.

The following research questions guided the study: (1) Is the program reaching the targeted population? (2) What are the key program areas and functions? (3) To what extent does the program align with HF principles? (4) How satisfied are tenants with their housing? (5) To what extent have tenants experienced increased housing stability and improved quality of life while in the program? (6) What implementation challenges has the program faced?

Methods

The methods were developed in close collaboration with an advisory committee, comprised of members of the research team, CMHA staff, a CMHA board member, funders of the program, and a current program tenant.

Participants

The organization provided aggregated administrative data of the 40 current condo tenants for study purposes. Thirteen of these 40 condo tenants participated in semi-structured interviews. Nine case managers serving condo tenants participated in a

focus group. Also, two housing coordinators, two managers of the program (one for the housing side and one for the support side), two previous managers of the program, a director, and the organization's financial director, participated in semi-structured interviews, as internal key informants. Three program funders, three condo property managers, and one of the organization's board members, were external key informants, and also participated in individual, semi-structured interviews.

Data collection

Tenants

CMHA Ottawa's administrative data summaries for all condo tenants (N = 40) included information on dates of birth, sex, housing histories, hospitalizations, and service use.

CMHA Ottawa staff members introduced the study to all 40 tenants, using several modes of communication: a tenant meeting, email, and a mailed letter. Tenants were invited to contact the researchers by phone or email to find out more about the study. If contacted, researchers met with tenants to explain the study, obtain informed consent, and conduct a semi-structured interview.

The interview protocol included a quantitative assessment of clients' satisfaction with their housing, the 19-item Substance Abuse and Mental Health Services Administration (SAMHSA) Housing Satisfaction Scale, in which tenants rate how they feel about aspects of their housing on a 5-point likert scale (from very satisfied to very dissatisfied) (Tsemberis et al., 2003).

In addition, the researchers asked tenants open-ended, qualitative questions, covering their experiences within the condo program, the supports they have received, and their overall impressions of the program (e.g. What are some of the challenges you have faced living here? What has changed for you since you moved into this condo?). Interviews were approximately one-hour in length, audio-recorded and took place in tenants' homes or at the offices of CMHA Ottawa.

Internal and external key informants

Case managers with clients in the condo program participated in a semi-structured focus group that was audio-recorded and lasted approximately 90 minutes. The remaining staff members and external key informants participated in individual, qualitative, semi-structured interviews that lasted approximately 30–60 minutes and were audio-recorded. These key informant interviews were conducted either in-person or by phone. Separate protocols were developed for the staff key informants, program funders, and property managers, but covered such topics as the person's role in the program, their perceived purpose of the program, implementation challenges, and recommendations for improvements.

Analysis

Table 1 presents the data sources used to answer each research question, as well as a summary of variables and themes. The interviews were transcribed and analyzed

Table 1. Data sources and methods by research question.

Research questions	Data sources and methods	Variables and themes
Is the program reaching the targeted population?	Administrative data analysis of current program tenants (n = 40)	Sex; age; Indigenous status; education; employment; housing status before condo; length of time in program
What are the key program areas and functions?	Internal key informant interviews (n = 8)[a] Internal key informant focus group with case managers (n = 9) External key informant interviews (n = 7)[b]	Condo selection; funding condo purchases; rent; renovations and repairs; partnerships
To what extent does the program align with Housing First principles?	Tenant interviews (n = 13) Internal key informant interviews (n = 8) Focus group with case managers (n = 9) External key informant interviews (n = 7)	Scattered-site; conditions; choice; separation of roles
How satisfied are tenants with their housing?	Tenant interviews (n = 13)	Satisfaction descriptions; SAMHSA Housing Satisfaction Scale ratings; repairs
To what extent have tenants experienced increased housing stability and improved quality of life while in the program?	Tenant interviews (n = 13) Internal key informant interviews (n = 8) Focus group with case managers (n = 9) External key informant interviews (n = 7)	Future plans; length of time in condo; quality of life; physical and mental health; recovery; community integration, loneliness; exclusion; home takeovers
What implementation challenges has the program faced?	Tenant interviews (n = 13) Internal key informant interviews (n = 8) Focus group with case managers (n = 9) External key informant interviews (n = 7)	Living independently; evictions; recovery challenges; rent supplements; costs

[a]housing coordinators (n = 2), current program managers (n = 2), past program managers (n = 2), directors (n = 2).
[b]program funders (n = 3), condo property managers (n = 3), organization board member (n = 1).

using directive, thematic coding (Miles *et al.*, 2014). We first developed summary matrices for each interview, organizing the data by the major interview or focus group questions in the protocols (e.g. experience of the program, program challenges, client change, program recommendations). A second researcher validated each summary matrix.

Following the completion of the summary matrices, two cross-case matrices were developed – one that compared findings across tenants, and another that compared findings across all key informants (internal and external simultaneously). To develop these matrices, researchers organized the themes from the summary matrices under the study's research questions. Findings from each summary matrix were then inputted into the cross-case matrix, with one row per participant, identifying summary statements and quotes per participant under each theme. The cross-case matrices were developed collaboratively by three researchers and each matrix was validated by a second researcher. We compared findings across the two matrices, highlighting where themes overlapped or diverged across tenant participants and key informants.

The Housing Satisfaction Scale data and the organization's administrative data were analyzed descriptively. Ethics approval was obtained for the study from the researchers' home institution.

Results

Results are grouped by evaluation question and corresponding themes, based on the cross-case analysis conducted by the researchers. As such, the section provides results by: program tenants (Is the program reaching the target population?), program description (What are the key program areas and functions?), alignment with HF (To what extent does the program align with Pathways HF principles?), housing satisfaction (How satisfied are tenants with their housing?), housing stability, quality of life (To what extent have tenants experienced increased housing stability and improved quality of life while in the program?), and program challenges (What implementation challenges has the program faced?).

Program tenants

As a HF intervention, the condo program targets people who are homeless or vulnerably housed, with severe mental illnesses. An analysis of administrative data on 40 participants in the condo program, showed that 30% of tenants (n = 12) were homeless prior to moving into a CMHA condo unit. They came from the streets, shelters, correctional facilities, or hospitals. Another 38% (n = 15) resided in private market housing that they were about to lose, such as in cases of pending evictions, couch surfing, or youth unable to remain with their families. The remaining housing types, representing less than 10% of clients per type, included congregate supportive housing, municipal social housing, boarding houses, and non-profit housing. These also tended to be situations where people were about to lose their housing, such as through an eviction.

On average, the 40 program participants lived in their condo for six years, with some original tenants still living in the units after 17 years. Comparably, the 13 study participants reported living in their condo an average of five years. The majority of tenants were women (60%) while the majority of the 13 study participants were men (62%). Forty-three per cent of tenants were above the age of 55. Approximately 30% of tenants had less than a high school education. Three-quarters were unemployed (75%). Out of the 40 tenants, 19 (48%) still had a CMHA Ottawa intensive case manager, although every tenant would have entered the condo program with a case manager. In order to access ICM in the organization, people had to have been diagnosed with a severe mental illness. Demographic characteristics of condo tenants are presented in Table 2.

Program description

A main objective of this study was to provide information on the program's processes for other organizations who may be interested in developing a similar housing program. Through key informant interviews in particular, we summarized program processes, partnerships, and considerations that the organization highlighted as being vital to implementing such a program.

Condo selection

Internal and external key informants described the process of selecting and purchasing condo units across the city. The organization considers factors such as cost and

Table 2. Descriptive demographic characteristics (N = 40).

	N (%)
Sex	
Female	24 (60%)
Male	16 (20%)
Age	
55+	17 (43%)
45 to 54	6 (15%)
25 to 34	7 (18%)
18 to 24	5 (13%)
35 to 44	5 (13%)
Status	
Non-Aboriginal	35 (88%)
Aboriginal	5 (13%)
Education	
Some Secondary/High School	12 (30%)
Some College/University	9 (23%)
College/University	7 (18%)
Secondary/High School	4 (10%)
Unknown/Declined	4 (10%)
Employment	
No employment of any kind	30 (75%)
Independent/Competitive	4 (10%)
Total	40

Note: Characteristics representing under 10% of tenants are excluded.

future repairs, and relies on the expertise of a lawyer and contractors for these considerations. The lawyer assesses the condominium corporation, examining its financial solvency and administration, and flags for potential condo fee increases. Contractors assess potential future repair costs and the organization does not purchase units in need of major renovations. In addition, the organization does not purchase units with current occupants to avoid depleting current rental stock.

The program also considers location and accessibility when selecting condos. Since people live in their condos for a long time, they aim to accommodate tenants as they age and face decreased mobility. They avoid buying ground floor units due to a higher risk of home takeovers (i.e. a tenant has person(s) in their home that they may not be able to remove [Butera, 2013]). In line with HF principles to provide scattered-site housing, CMHA, as well as condo property managers (i.e. condo corporations), both work to limit the number of units the organization owns in one building. One condo property manager specified that they would not like CMHA to purchase more than two condo units per building.

Funding condo purchases

CMHA has used various funding mechanisms since the inception of the program in 2002. The first 31 purchases were paid through government grants to purchase units with cash (i.e. without mortgages). One limitation is that under these original grants, CMHA has not been able to leverage equity of these condo units to purchase new ones, or to sell older units that may not meet their current requirements, such as accessibility or size. At the time of the study, the funders and staff mentioned negotiations around these agreements and a recent instance of being permitted to sell a unit to put towards the purchase of a new unit.

Nine more recently purchased units carry conventional mortgages with a 20-year amortization period and a 75 per cent loan-to-value ratio. These units were bought in two ways. CMHA bought four of them by drawing on their own capital reserves built up from the rental of condo units. The program director described this decision:

> I think it was about three or four years ago we were looking at this and trying to come up with some creative proposals and we kept getting shot down by the City and the Province as far as trying to advance this program. We had part of our surplus to buy some condos so the board decided … that okay, well if we're not going to get support then we're going to go do it ourselves.

A provincial government funding mechanism has been used to purchase the most recent five condos. The province provides the organization with 'affordability payments' on the mortgages of condo units, which fully cover its mortgage payments.

As a final point on purchasing, a funder highlighted that there is an efficiency to this housing model compared to other projects using the same funding vehicle, namely, the creation of new, congregate supportive housing buildings. Once funding for purchasing condo units is secured, it generally takes three months to buy a new property. The funder explained:

> You're just picking a unit off the market. Most of the other projects I'd say that we funded around the same time as this I mean they're probably not even starting construction yet. They're still trying to get their planning approvals, so we have to wait a very long time. It's actually much more cost-effective too because the acquisition cost is much lower than building new as well … and there's less risk to buy existing condo units than to build new.

Rent

Rent is calculated as 80 per cent of the average market rent at the time of purchase and covers condo fees, utilities, mortgage payments, and sometimes contributions to capital reserves. Tenants typically pay their rents through a combination of their income and municipal or provincial rent supplements. The amount depends on the funding program used for the rent supplement but tenants never exceed paying more than 30 per cent of their income for rent. Some are set up as RGI assistance where a tenant pays a small portion of their rent and the city pays the rest. In other cases, a tenant pays their shelter allowance from the provincial disability program and the rent supplement covers the rest. If a person becomes employed and no longer requires a rent supplement to cover rent, they remain tenants in the program.

Renovations and repairs

Key informants noted that there are unforeseen costs, such as damages or extreme cleaning, associated with these units. Maintenance costs are covered by the ongoing revenue stream from the operational budget of CMHA. Major renovation costs are factored into the purchase of a unit and are subsidized by funding, such as government grants.

Partnerships with condominium boards

External and internal key informants emphasized the importance of the organization's relationships with condominium boards and property managers. CMHA staff

highlighted the importance of working to build strong, trusting relationships with the condo property managers, who in turn also identified their efforts to have a strong connection with the organization, specifically the housing team. One condo property manager said:

> I have a very good rapport with [CMHA staff] and whenever we've had issues with them, we contact them, and they take care of what they can to deal with the problem.

These partnerships take time and effort to develop. Key informants from CMHA described the evolution of the organization's relationship with one condo board, saying that early in their partnership the board changed their mind about having tenants from the organization and asked to buy the condo back from the organization. The organization refused the request. A housing coordinator recalled:

> About a year or two in, their minds obviously changed 'cause the client was quiet and things were going well, and we got a call saying, 'Hey, we're just a little concerned about your client. The mail has been piling up a little bit. We're just wondering if he's okay.'

Alignment with housing first principles

According to CMHA staff, the program was developed to align with HF principles, such as the provision of immediate, permanent, scattered-site housing without sobriety or treatment conditions, facilitation of consumer choice, delivery of community-based supports, and separation of housing and support services. One program manager described the program's development, saying:

> It would be scattered, it would be integrated with just normal housing, the neighbours would be just, you know, average, everyday people … and the offer of supports is always there.

Staff, tenants, managers, and funders articulated how the condo program model was consistent with HF principles. Tenants spoke positively about scattered-site housing, especially compared to congregate settings. One tenant commented:

> It's why I think scattered units work and warehousing people does not… because being around sick doesn't make you sane.

Another tenant said:

> This is the best and I don't know how CMHA figured it out. They didn't put everybody together in one building. They didn't put one block and in that block everybody all together. No, they said no. We buy a few here, a few there, a few and you mix it up in a community and it's unbelievable how you feel.

Landlord and support roles

The separation of landlord and support was a particularly salient topic in the interviews, particularly since these roles in the condo program are within the same organization. Staff articulated the clear distinction of housing and support. For example, CMHA staff spoke about this separation during potential eviction cases, in which the housing coordinators act as a landlord, initiating the eviction process, while case managers advocate for the client, working to keep the person housed. Even though

they function under the same organization, according to study participants, staff members are able to effectively navigate these distinct roles.

Case management

Case managers were described as the 'gateway' for the condo program. They see clients about once a week for an hour, and they view units regularly, sometimes through meetings with clients at their homes or picking them up there. They notice if a person is unwell and not caring for the unit. One program manager said that the idea is that case management will end, but if a person becomes unwell again, the support is brought back in easily.

While case managers are responsible for walking clients through a wide range of supports and goals, their housing-related tasks include: helping their clients develop healthy boundaries with others as a way to prevent home takeovers; introducing them to condo property managers and other housing supports; helping them adjust to living on their own, especially when they are used to being institutionalized in shelters or in congregate settings; and helping them make the unit feel like a home of their own and a safe place.

Landlord role

Staff members spoke about the unique role of the organization as a landlord. CMHA housing coordinators have greater knowledge of challenges faced by people with mental illnesses and addictions compared to private market landlords. They have opportunities for high levels of communication and coordination with the support side of the organization, which seeks to prevent evictions. In many cases, a possible eviction notice is seen as a way to facilitate an intervention rather than remove the tenant immediately. In addition to a landlord role, housing coordinators also described themselves as advocates and educators, not only in their relationships with clients, but in their interactions with neighbours, condo property managers, and condo boards.

As landlords, the organization is able to monitor units and connect with tenants through regular inspections and maintenance requests. In this way, they maintain contact with clients who no longer have a case manager or who aren't engaging with case management. The connection facilitates quicker support in cases where a person is unwell or having challenges. Condo property managers also mentioned the benefits of having this organization as a landlord since they are accountable and consistent with condo fee payments.

According to staff members, the organization as landlord also carries a responsibility to abide by legislation that outlines their roles as landlords and condominium owners. While they work hard to support people with severe mental illnesses, this is balanced with an obligation to adhere to legislation in order to prevent any legal risk and potential law suits as condo owners.

Housing satisfaction

Overall, the tenant interview participants (n = 13) reported high levels of housing satisfaction. The majority were satisfied with property management, their neighbours,

Table 3. Mean housing satisfaction ratings and frequencies of rating by item (N = 13).

Item	M(SD)	Rating[a]				
		1	2	3	4	5
Affordability	4.92(0.36)	0	0	0	1	12
Independence	4.75(0.6)	0	0	1	1	10
Choice to see case manager	4.7(0.5)	0	0	0	3	7
When to see Case Manager	4.64(0.51)	0	0	0	4	7
Contact case manager	4.6(0.69)	0	0	1	2	7
Visitor control	4.54(1.09)	1	0	0	2	10
Privacy	4.54(0.85)	0	1	0	3	9
Close to shopping	4.52(0.75)	0	0	1	4	8
Socialize	4.5(0.77)	0	0	1	4	7
Close to recreation	4.5(0.52)	0	0	0	6	6
How long in place	4.46(0.65)	0	0	1	5	7
Building safety	4.42(0.65)	0	0	1	5	6
Condition	4.25(0.9)	0	1	0	6	5
Close to services	4.23(0.42)	0	0	0	10	3
Neighbourhood safety	4.15(1.23)	1	1	0	4	7
Housing Choice	4(2.65)	1	0	2	5	5
Close to friends	4(0.92)	0	0	5	3	5
Repairs	3.92(1.33)	1	1	3	1	7

[a]1 = very dissatisfied; 2 = dissatisfied; 3 = neither satisfied nor dissatisfied; 4 = satisfied; 5 = very satisfied.

and the neighbourhood. Many were not introduced to property management at move-in. Interactions with neighbours varied; however, all were relatively pleased. One tenant described her condo neighbours by saying, 'They have become family here.' Another tenant said, 'This is exactly what I was looking for.' Three tenants commented on being dissatisfied with the location of the units and wanting to be closer to downtown.

All were satisfied with their rent and subsidies. All tenants interviewed were also satisfied with their case management support. The SAMHSA Housing Satisfaction Scale measured aspects of housing satisfaction on a scale from 1 (very unsatisfied) to 5 (very satisfied). Ratings on all aspects were relatively high (see Table 3 for means and frequencies of ratings). Notably, clients indicated highest satisfaction levels on the affordability and independence items.

Condo repairs

The condo repair item was the only one that yielded a mean score under four. While this is still a high score, qualitative data on tenants' views of repairs were mixed. A majority of tenants understood how to request repairs; however, six said that the repairs were very slow. At the same time, tenants and key informants identified the yearly unit inspections conducted by the organization as a program strength that addressed some repair and maintenance concerns.

Housing stability

Tenants in the condo program consistently reported feeling secure in their housing. They knew they could stay in their condos even if their case management ended. They felt 'at peace' knowing the condo would not be taken away. One said:

> Basically, you have a mental peace that nobody will throw you out of the place and nobody will increase the rent [...] or nobody will come and interfere with your peace.

Most indicated they wanted to stay as long as they could and had no plans to move elsewhere. One tenant said:

> It's the best place I've ever lived. That's my retirement home. I don't want to go anywhere.

Others identified future plans as a reason to leave, such as home ownership, education, and employment.

Key informants from CMHA also confirmed tenants' housing stability. The fact that people get housed and stay for a long time were indications of program success for staff. They observed that tenants had higher stability compared to other housing models because their housing was not dependent on treatment or sobriety. CMHA Ottawa, in its role as a landlord, provides an additional aspect of support, expertise, and housing and support coordination. Also, a unit is held for people if they are hospitalized or incarcerated, which is sometimes not the case in other housing models.

Quality of life

Recovery

Tenants associated living in the condo with improvements in various aspects of their quality of life. One said:

> The reality is, I would not have the quality of life I have had I not this lovely roof over my head.

Since living in the condos, tenants reported improvements in physical health, mental health, and recovery. One explained:

> Having my own place provided me a space to work on my recovery. I am clean and sober since July 2010 and CMHA condo allowed me the space to focus on my recovery and work towards long term goals.

The condo program allowed tenants to have more positive perceptions of future plans, including completing education and obtaining employment. They compared their current quality of life to previous perceptions of quality of life, in other housing types, highlighting increased control, freedom, and independence. One tenant said, 'This place has been paramount in my recovery.'

Internal and external key informants also highlighted ways they have observed changes in people's quality of life while in the condo program. Staff key informants also mentioned that tenants are able to 'move forward.' They have some clients who have become employed or returned to school and feel the condo program made this possible. For other people, the condo program has provided a context for recovering from substance use. Staff also identified increases in tenants' confidence, increased awareness of rights, improved skills to live independently, self-efficacy, and increased connections with family members, since moving into a condo.

In the most recent purchases of condos taking place at the time of this study, potential tenants were brought to view possible units, with case managers and real estate agents. Case managers explained this initiative positively and said it brought feelings of autonomy and choice to clients.

Community integration

Staff key informants and condo property managers also identified a community integration that occurs with tenants and their neighbours. Tenants experience anonymity in the program that is de-stigmatizing. They are not identified by their diagnosis or as a person with a mental illness and live in housing like everyone else. A CMHA program manager said:

> A funny thing happens when you start building normal lives for people. They start leading normal lives.

Loneliness, exclusion and home takeovers

Several tenants spoke about being lonely since living in their units. As one tenant said, 'Lonely but it's home.' Another mentioned that though it gets lonely, living alone was still 'better than a rooming house.' One tenant described challenges living alone when first moving in. She was living alone for the first time and would invite people over to avoid feeling lonely. She explained:

> It was really uncomfortable at first because I wasn't used to being alone, which is why I kept letting douche bags back in here … because I didn't want to be alone.

CMHA staff also mentioned that many tenants experienced social isolation and loneliness. During the focus group with case managers, they spoke about social isolation as a risk factor for home takeovers and evictions. Some tenants would invite people over from their time in shelters or living on the streets who would stay in the units for long durations and create disturbances, such as excessive noise or drug and alcohol use. Case managers emphasized the importance of helping tenants make healthy connections and build a good support system during the initial move-in phase.

These incidents were very rare but did reflect badly on future tenants of those units. Internal and external key informants reported incidents where tenants were stigmatized by condo property managers or neighbours when confidentiality and anonymity had somehow been breached. When neighbours found out that a tenant had a severe mental illness and was a client of CMHA, they were sometimes treated poorly as a result.

Program challenges

Adjusting to living alone

As noted above, case managers and housing coordinators described challenges when working with people who are living independently for the first time. Some had difficulty adjusting when moving from congregate settings to living on their own. These challenges included issues related to mental illness and substance use, hoarding behaviours, and home takeovers. Several key informants expressed that, though they were rare, home takeovers did occur and were difficult to manage. One case manager felt that some clients were just 'not ready to live alone.' The transition to the program often requires more time and support to clients than case managers can provide.

Evictions

Nine internal and external key informants mentioned evictions as an issue but noted they are not common. These are usually related to drug and alcohol use and sometimes sex work. The advantage of the condo program in these situations is the organization has the ability to try to prevent evictions as much as possible, although they must balance this prevention with their legal obligations as a landlord. If evicted, the organization is usually successful at re-housing people, although CMHA staff mentioned this can be challenging.

Recovery challenges

Even after clients adjust, and their housing needs are met, other problems related to mental and physical health can manifest, and they may become unwell. One internal key informant described incidents where clients lock their doors and refuse to let their case managers in. Another described how pets are an ongoing challenge - tenants are unable to properly care for their animals, resulting in damage to the units.

Rent supplements

One problem identified by key informants was that rent supplements for the condo program are non-transferable. Once a client is housed in a condo, they receive a rent supplement that is tied to the unit. This means a move requires special permission from the funder. This immobility is becoming a significant issue as some clients age in the condos, particularly for those who have been housed in older units that lack accessibility, or those located in areas further away from transit and health services.

Costs

Internal and external key informants shared additional implementation challenges related to the process of purchasing and maintaining condo units. The high prices of condos in certain areas, such as in the city centre, considerably limit location options for purchase. As a result, many clients have to travel longer distances to access goods and services they may need. CMHA staff also discussed that the housing stock that's available in the organization's price range tends to be older, and as these units continue to age, they are becoming a riskier investment.

Two funders mentioned that additional, unanticipated costs frequently come up, such as condo fee increases, or unexpected repairs and maintenance, particularly related to evictions. Staff also spoke about workload challenges, such as keeping up with maintenance, and finding out about frequent changes in condo rules in a timely manner.

Discussion

At the time of the present study, CMHA Ottawa had successfully added 40 scattered-site housing units to the affordable housing stock in the city, in which they housed 40 of their clients. Most of the program tenants had been stably housed in the condo program for several years despite having histories of homelessness, mental illness, and addiction. Condo tenants were highly satisfied with their housing, and internal and

external key informants spoke positively of the program, noting its high quality of housing compared to other affordable housing options and the strong partnerships the organization had formed with condo property managers and condo boards.

Regarding Pathways HF principles, the organization rapidly houses people who are homeless or vulnerably housed, in scattered units. Due to the nature of the condo market in Ottawa, and the small program size, potential tenants were usually not offered housing choice. The program had recently begun involving potential tenants in the viewing and selection of condos to purchase, providing an aspect of choice to the program. The lack of housing choice found in this study confirms housing stock challenges reported as a common experience across HF programs, internationally (Greenwood *et al.*, 2018). Housing shortages highlight the ongoing need for adequate, affordable housing, and a system-level failure to provide for this basic right (Anderson-Baron & Collins, 2018).

CMHA Ottawa carries out both the role of landlord and support, which is somewhat of an adaptation of Pathways HF. It is important to note that CMHA Ottawa's support role is different from single-site housing arrangements that have on-site support closely linked to a person's housing (Aubry *et al.*, 2017a). In the condo program, people continue to stay in their scattered-site housing after their support has ended, and case management continues with the organization regardless of whether or not they stay housed. Tenants, and external and internal key informants, articulated a clearly defined and communicated separation of these functions, and tenants understood that if their case management ended, they would continue to remain housed. Study participants described CMHA Ottawa's role as a landlord as a strength and advantage of the condo program. As a landlord, the organization worked to prevent evictions, and advocated for people with mental illnesses in this scattered-site housing approach.

Considering outcomes, tenants reported a sense of housing stability and security, improved mental and physical health, decreased substance use, and high quality of life, such as hope for the future, de-stigmatization, and community integration. CMHA staff echoed these positive outcomes. Study participants also identified several program challenges, including aging clientele, loneliness, challenges adjusting to living independently, experiences of discrimination and exclusion, and a vulnerability to home takeovers.

The challenges of loneliness and isolation, and less commonly, vulnerability to home takeovers, have been raised as concerns in the HF literature (Fulford & Mueser, 2020; MacLeod *et al.*, 2015; Nelson *et al.*, 2012; Stergiopoulos *et al.*, 2014). While HF may provide people with houses, there is much work to do to orient many to living independently for the first time, and to provide the necessary supports for community integration. Sometimes this 'support' includes advocacy and working to address structural barriers, such as stigma and discrimination (Patterson *et al.*, 2014). Despite concerns about loneliness and social isolation, previous studies on housing for vulnerable people show that quality of life improves with time in independent housing (Chambers *et al.*, 2016).

At the program-level, challenges included unanticipated program costs, heavy case manager workloads, some eviction cases, and the high prices of condos in accessible, central areas. Managing repairs and maintenance were a commonly cited program

challenge by both tenants and program staff. Limited resources and heavy workloads among frontline workers have been identified as barriers in HF programs (van den Berk-Clark, 2016)

In this study, funders acknowledged that funding mechanisms were not designed to support a scattered-site condo model. The organization was able to negotiate a flexibility to these mechanisms, but other cities and organizations may not experience the same flexibility. At the time of the study, key informants identified that there was a small stock of affordable units they could purchase for the condo program, and that this stock was aging. The organization's ability to purchase condos could be limited further in future years, due to rapid changes in the condo housing market. The ability of organizations to purchase condos to rent to their clients is highly dependent on local housing markets, local HF politics, and funding mechanisms for housing programs.

Recommendations

Based on the study findings and HF literature, the following four practical considerations are provided for stakeholders interested in implementing a similar program. First, clearly define and communicate program roles and functions. In this study, participants (i.e. tenants, and internal and external key informants) articulated the support and landlord roles within the organization, indicating a communication and delineation of roles. Second, strong partnerships need to be fostered with condominium boards and property managers. While HF literature often cites the need to foster partnerships with landlords (Greenwood et al., 2018), a strong partnership with condominiums is essential in this program model. Third, in order to continue to prevent and address social isolation and loneliness, it is important to introduce focused supports related to tenants' transitions into condo programs. Study participants suggested increasing case management hours and supports, or providing peer support, during this transition period. Finally, as a core component of a condo program, it may be necessary to engage in advocacy activities to address stigma and discrimination of people with severe mental illnesses in local communities.

Study limitations

The limitations in this study are in its scope. This is one experience of a local organization creating affordable housing for 40 people with severe mental illnesses and histories of homelessness. The condo program is a small part of the broader HF program provided by the organization, the majority of which is comprised of scattered-site housing owned by private landlords.

While efforts were made to recruit as many of the 40 tenants of the program as possible for participation in the study interviews, the 13 people who participated may not have represented the full scope of opinions and perceptions of the program among tenants. In addition, while we could draw conclusions about the housing satisfaction, stability and quality of life of the 13 tenants we interviewed, this case study did not include a comparison group, limiting the broader conclusions we could draw in relation to people in other housing situations.

Overall, CMHA Ottawa has tackled common HF challenges through the development and growth of their condo program. The positive relationships the organization has fostered with condominium corporations, and putting themselves in the position of 'private landlord,' have addressed some HF landlord challenges in the private housing market (Aubry *et al.*, 2015; Greenwood *et al.*, 2018). Most importantly, CMHA Ottawa has supported 40 people to move into, and remain in, housing in which they are comfortable and satisfied. In the Canadian context, using an innovative approach to create affordable housing, they have successfully addressed a major obstacle to the delivery of HF in cities throughout North America and Europe.

Disclosure statement

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