

Best Practice Manual for the Implementation of Community Homes for Opportunity in Ontario, Canada

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Executive Summary

Introduction

A best practice manual is a guiding document for maintaining standards for program implementation. This best practice manual was developed by Lawson Health Research Institute to assist with the provincial rollout of a modernized housing program, known as the **Community Homes for Opportunity** (CHO) program. The manual is specifically intended for the individuals directly involved with the rollout, namely tenants, homeowners, home staff, community agencies, and the **Ministry of Health** (MoH).

Recommendations are based on findings from a third-party evaluation of the pilot program conducted between May 2018 and February 2019. The first (pilot) phase of the CHO program was implemented with 28 homes serving 368 tenants operating through St. Joseph's Health Care London. The evaluation consisted of quantitative and qualitative data collected at three timepoints. Individual interviews were conducted with a random selection of 115 tenants. Focus groups were conducted with various stakeholders, i.e., tenants, homeowners, staff, community mental health agencies, and MoH. The focus groups facilitated a discussion about the benefits and challenges of integrating the CHO program into the home.

Objectives

- To provide tenants, homeowners, home staff, MoH staff, and staff from community agencies with actionable tips to successfully implement the CHO program.
- To identify issues and corresponding solutions necessary for the implementation of the CHO program in homes across Ontario.

Tips for Successful Implementation of the CHO Program

The CHO program strives to achieve best practices for supportive housing. The CHO program aims to help tenants to:

- maintain safe and affordable housing;
- have more control of their housing and supports;
- become better integrated into their communities;
- improve or stabilize their physical and mental health; and
- be active in their own goal-setting and wellness planning.

This manual highlights the suggestions from research participants for how to achieve these goals. Tips were formulated for each of the stakeholders of the program who were directly involved in the implementation. Examples of key tips included:

Tips from Tenants

- Involve tenants in learning activities that promote independence and skills. For example, tenants may benefit from attending group or individual sessions about financial skills and budgeting before changes to the CHO program are implemented.
- Provide more opportunities for tenants to take part in leisure activities of their choice, both within the home environment and in the broader community.

Tips for Homeowners

- Maintain good communication and relationship with tenants, home staff, community agencies, and the MoH.
- Maintain a ratio of staff appropriate to the number of tenants in the CHO homes.

Tips for Home Staff

- Encourage and support tenants to participate in internal and external activities, such as house meetings, shopping, running errands, or attending other community events.
- Involve tenants in decision-making, especially as it pertains to their well-being.

Tips for Community Agencies

- Organize regular meetings in individual homes to provide information about the CHO program.
- Provide training for staff and homeowners to improve their knowledge about the roles and responsibilities of the people involved with the CHO program.
- Provide training for staff and homeowners regarding ways to best support tenants and their wellness.

Tips for the Ministry of Health

- Review contracts for inconsistencies and provide clearer, more concrete information that can guide the actions of homeowners and staff.
- Involve all stakeholders in planning activities for the CHO program.

Conclusion

This best practice manual provides practical insights and solutions for potential challenges of the CHO program. The manual will serve as a guiding document for the second phase of the implementation of the CHO program, as well as the eventual rollout of homes across the province.





Introduction

Best practice manuals are resource documents containing recommendations and guidelines for implementing programs or services. Best practices help to ensure program standards are upheld, and that desired program outcomes are achieved. In this regard, this manual was developed to provide tenants, homeowners, staff, community agencies, and the **Ministry of Health** (MoH) with tips for the successful implementation of the modernized **Community Homes for Opportunity** (CHO) program. This manual builds on the findings of a research project conducted with 28 homes serving 368 tenants between May 2018 and February 2019.

Brief History of the CHO Program

The CHO program is a modernized version of the former **Homes for Special Care Program** (HSC).¹ The HSC program was established by the MoH in 1964 to provide long-term and permanent residential care for people who have severe mental illness and require assistance with the activities of daily living. The program encouraged community living by offering a housing alternative to institutional care through the provision of meals and 24-hour staff support.² The CHO program implemented changes geared to promoting tenants' recovery, autonomy and community integration.

Changes Implemented by the CHO Program

- CHO tenants are offered the choice to stay in their former homes or move to alternate supportive housing suited to their needs.
- Tenants receive \$881/month from the **Ontario Disability Support Program** (ODSP) to pay for living and personal expenses. Previously, in the HSC program, funds were primarily flowed to the homeowners to pay for tenant expenses such as rent, clothing and hygiene products. Tenants received \$146/month for other personal expenses.
- Tenants are provided access to health care benefits from ODSP and could be eligible for a Special Diet allowance.
- Tenants are responsible for paying rent through the money received from ODSP.
- Homeowners continue to provide meals, but tenants are offered opportunities to be involved in meal preparation.
- Tenants are supported to improve mental health and life skills towards personal development.
- Community agencies assume oversight responsibilities for Public Health and Fire inspections of CHO homes.



Program Evaluation

This practical manual was developed by members of the research team who evaluated the first phase of the rollout of the CHO program. This first phase involved 28 homes operating through St. Joseph's Health Care London. These homes cover a wide geographic area encompassing the former catchment areas of the former London and St. Thomas provincial psychiatric hospitals.

Objectives

- To provide tenants, homeowners, home staff, MoH staff, and staff from community agencies with actionable tips to successfully implement the CHO program.
- To identify issues and corresponding solutions necessary for the implementation of the CHO program in homes across Ontario.

Stakeholders and Partners

Key stakeholders included:

- tenants from the 28 homes;
- the private operators of these homes (homeowners) and their employees (home staff) who provide 24/7 support to tenants;
- community mental health and addictions agencies responsible for providing community support to CHO tenants (see Table 1); and
- staff from the MoH involved in overseeing and developing the CHO program.

Table 1. Community Agencies Involved in CHO Phase One

Agency Name	Coverage Regions
Canadian Mental Health Association Elgin (CMHA Middlesex) *	St. Thomas, Aylmer, Tillsonburg, Simcoe, Merlin, Sarnia
Canadian Mental Health Association Middlesex (CMHA Middlesex) *	London, Exeter, Strathroy
Canadian Mental Health Association Grey Bruce (CMHA Grey Bruce)	Meaford, Owen Sound, Hanover
Canadian Mental Health Association (CMHA Huron Perth)	St. Mary's
Thresholds Homes and Supports	Kitchener

**Note. CMHA Elgin and CMHA Middlesex have recently been combined, and their new name is CMHA Elgin Middlesex.*

A **Local Implementation Planning Group** (LIPG) began meeting in September 2017 to discuss plans for implementing the first phase of the CHO program. The LIPG involved individuals from the following organizations:

- St. Joseph's Health Care London
- Ontario Homes for Special Needs Association (OHSNA)
- HSC Home operators in South Western Ontario
- Local Health Integration Networks (LHINs)
 - Health System Planner, South West LHIN
 - Mental Health, Erie St. Clair LHIN
 - Health System Integration, Waterloo Wellington (WW) LHIN
 - Quality and Risk Management, Planning, Hamilton, Niagara Haldimand Brant (HNHB) LHIN
- Community Mental Health and Addictions Agencies/Supportive Housing Providers
- CMHA Elgin
- CMHA Middlesex
- Hope Grey Bruce Community Health Corporation
- CMHA Huron Perth
- CMHA Oxford
- Thresholds Homes and Supports
- CMHA Brant Haldimand Norfolk Branch
- CMHA Lambton-Kent
- Ministry of Health

Evaluation Approach

The evaluation approach for the CHO program consisted of recruiting tenants from the homes to participate in focus groups and individual semi-structured interviews containing both quantitative and qualitative measures.

Semi-structured Interviews

A *semi-structured interview* refers to a conversation between the researcher and research participant involving a combination of both closed and open-ended questions. During the evaluation, a researcher asked participants (i.e., tenants) questions about:

- personal characteristics (such as age, sex and psychiatric history);
- community integration;
- quality of life,
- health and social services utilization; and
- housing stability.

Focus Groups

Focus groups involved group discussions during which participants shared their experiences with the CHO program implementation. Focus groups were conducted with stakeholders (i.e., CHO tenants, homeowners, home employees, staff from community agencies, and staff from the MoH) to identify issues, solutions, and recommendations for improvement.

Focus groups with CHO tenants and staff occurred at two time points. The MoH and community agency focus groups were added in the second and third rounds of focus groups (Time 2 and Time 3). The characteristics of tenant who participated from the CHO program are summarized in Table 2.

The evaluation of the CHO program was conducted at three different timepoints:

- *Baseline* (Time 1), during which the researchers collected the first set of information from participants before the CHO program was implemented;
- *Transition phase* (Time 2) during which the researchers collected information from participants while the program was being integrated into their homes; and
- *Final phase* (Time 3) during which the researchers collected information from participants after the homes had adopted the CHO program.

Table 2. Number of participants in interviews and focus groups

Baseline/Time 1 Spring 2018	Transition/Time 2 Fall 2018	Final/Time 3 Winter 2019
115 individual tenants interviewed	109 individual tenants interviewed	107 individual tenants interviewed
10 tenant focus groups included 61 participants	9 tenant focus groups included 60 participants	9 tenant focus groups included 67 participants
7 CHO home staff focus groups included 24 staff participants	7 CHO home staff focus groups included 11 participants	9 CHO home staff focus groups included 16 participants
	7 homeowner focus groups included 10 participants	12 CHO homeowner focus groups included 26 participants
	2 MoH focus groups included 4 participants	1 MoH focus groups included 3 participants
	5 community agency focus groups included 26 participants	5 community agency focus groups included 21 participants

Table 3. Characteristics of Tenants who were Interviewed

Descriptors		Average
Age		54.0 yrs.
		Number (%)
Sex	Female	49 (42)
	Male	66 (57)
Marital Status	Single	86 (74)
	Separated/Divorced	22 (19)
	Married/Common-law	3 (3)
	Widowed	5 (4)
Sources of Income	ODSP (Only Income Source)	48 (41)
	ODSP (Total number of people receiving ODSP)	78 (67)
	CPP	10 (9)
	Private Pension	1 (1)
	Ontario Works	0 (0)
	Multiple Sources of Income	37 (31)
	Other	10 (9)
	Missing	10 (9)
Psychiatric	Has One or More Diagnosis(es)	110 (95)
Diagnoses	Missing	6 (5)
Type	Substance-related Disorder	1 (1)
	Mood Disorder	6 (5)
	Anxiety Disorder	4 (3)
	Schizophrenia	44 (38)
	Multiple Diagnoses	41 (35)
	Unknown	9 (8)
	Other	5(4)



Impact of the CHO Program

CHO stakeholders were asked about their perceptions of health, social, economic outcomes for tenants. Most stakeholders agreed that with the CHO support, tenants had the opportunity to become more involved and engaged in the community. Stakeholders identified some of the perceived benefits for tenants, including:

- improved community inclusion and increased community involvement;
- improved financial support;
- incentives for leisure activities;
- perceived improvements in quality of life;
- perceived empowerment;
- improved autonomy; and
- improved independent living skills.

Challenges with Program Implementation

Stakeholders noted that they encountered challenges during the first phase of the CHO implementation, such as the examples listed below.

- The presence of CHO staff was stressful for homeowners, home staff and tenants as they navigated changes to roles and boundaries.
- There is conflict between profit (homeowners) and non-profit (agency) ideologies.
- CHO staff began using space that home staff formerly used as their own.
- Agency and home staff had conflicting opinions about day-to-day operations.
- Some stakeholders expressed a lack of knowledge about the CHO program.
- Some tenants had limited financial literacy and required continual help to manage their money and avoid wasteful expenses.
- Some homes experienced a lack of readily available transportation.
- There were delays in the full implementation of the CHO program.
- There were challenges with tenants not complying with home rules.

"A lot of homeowners have concerns about certain things – like one of our concerns, we had one of our guys go to the hospital, and it was during the week, and we couldn't get anybody to take him."

- Homeowner

"[The CHO staff] is asking if she can go to my staff room and then she's going down there doing her office work... No, no, no. This is my home, this is our home. You wanna do your office work? Go [to the agency], figure out – get a better schedule [...] If you're not going to do anything here, then change your schedule."

- Home Staff



Tips for Successful Implementation

Tips were formulated for each of the stakeholders directly involved in the program implementation. These recommendations address challenges experienced by stakeholders and are rooted in stakeholder feedback provided during the program evaluation.

Tips from Tenants

- Tenants found it helpful to engage in learning activities that promote independence and skill development. For example, it would be helpful for tenants to engage in group or individual sessions focusing on teaching budgeting skills, especially before the CHO program is implemented in the home.
- Tenants appreciated activities that promoted social interaction. They valued participating in leisure activities of their choice, both within the home environment and in the broader community.
- Tenants sought more opportunities to engage in activities that are important to them, e.g. furthering education, learning about financial literacy, and cooking.
- Tenants indicated a need to support them in maintaining good relationships with other tenants in the homes.
- Tenants found it valuable to participate in the development of their individualized care plans.



Tips for Homeowners

- The establishment of strong connections is integral to helping tenants maintain a good standard of living and quality of life. Homeowners are encouraged to maintain good communication and relationship with tenants, CHO workers, MoH staff, and other staff in the home.
- Homeowners should maintain a ratio of staff appropriate to the number of tenants in the CHO homes.
- Homeowners should support activities and learning that promotes tenants' independence.
- Homeowners are encouraged to promote positive social relationship between tenants by organizing leisure activities within the home environment and in the broader community.
- Homeowners should support tenants to get involved in various activities that are important to them, such as furthering education, financial literacy, and meal preparation.
- Homeowners should collaborate with staff from the community agencies to carry out tenant wellness plans.
- Homeowners should create spaces where tenants can have privacy, as well as provide private space for tenants and CHO workers to meet.
- Homeowners should maintain a tool set that includes forms, role responsibilities and job descriptions developed by the MoH and the LIPG.



Tips for the Ministry of Health

- The MoH should review contracts to include clearer and more consistent information that could guide actions of homeowners and staff.
- The MoH should implement a standard of practice that includes reports on wellness plans, medication or drugs, as well as food quality and quantity.
- The MoH should provide more detail about the roles, responsibilities, and job descriptions of homeowner, home staff, and CHO staff.
- The MoH should involve all stakeholders while planning of rollout of the CHO program. Specifically, the MoH should involve people with lived experience in CHO program planning.
- The MoH should facilitate teamwork and communication between different stakeholders so that they can share experiences and learnings about dealing with day-to-day issues.
- The MoH should promote responsibility of action and ensure openness in financial spending.
- The MoH should establish appropriate ways for dealing with conflicts between homes and agencies.
- The MoH should create a regional group that provides advice on the implementation of the CHO program. The group could consist of representatives from the MoH, home operators, staff from community agencies, tenants, and members of the CHO program evaluation team

Tips for Home Staff

- Home staff should support tenants to participate in internal and external activities, such as house meetings, shopping, running errands, or attending other community events.

... helping [the tenant] to develop a hobby instead of having someone who sits in the house, never leaves, never does anything all day long.

- Homeowner

- Home staff should offer more support to tenants for community involvement and social interaction. Individuals who previously had no interest in going out on their own were found to go out more due increased support from staff.

"Tenants have their own bank accounts. They're going out for walks every day to go to the bank, right? Or to get out ... so just having that freedom to get out in the community and do things. I think that's a big piece of it."

- CHO staff

- Home staff should involve tenants in decision-making, especially as it pertains to their well-being (such as groceries and meal options).
- Home staff should maintain good communication between fellow staff and homeowners to promote a positive home environment.
- Home staff should respect tenants' privacy when interacting with them.
- Home staff should continue to assist tenants in carrying out daily living activities, such as maintaining personal hygiene and purchasing clothing.

Tips for Community Agencies

- Agencies should organize regular meetings in individual homes to ensure people are aware of the changes created by the CHO program.
- Agencies should support homeowners to understand and adopt the new practices of the CHO program.
- Agencies should provide training and information for staff and homeowners to improve their knowledge about the roles and responsibilities of the different parties involved in the CHO program.
- Agencies should offer tenants more information about the CHO program through regular education.
- Agencies should provide training for staff and homeowners regarding ways to best support tenants and their wellness.
- Agencies should offer advice to tenants about how to spend money wisely. This may encourage some tenants to reduce wasteful spending and stop purchasing things that do not contribute positively to their health.
- Agencies should ensure that notices, artwork, photographs, and other resources are placed in homes as a source of information and reminder of scheduled activities.

"So, I mean, with the [training], let's all be on the same page about what the philosophy and the goal of the CHO homes are."

- Agency Staff

"I would like it if the CHO workers could somehow do, like, a week full of training. Like, spend time with these people, figure out what makes them ... because in reality they have no idea what they're dealing with, right?"

- Home Staff



Web Resources

Form templates developed during phase 1 of the evaluation are available for download at:

<http://publish.uwo.ca/~cforchuk/CHO-Best-Practices>

The background image shows a window with a view of a lake and trees. In the foreground, there is a plaid blanket and a book. The text is overlaid on a semi-transparent box in the center of the image.

Conclusion

The development of the current best practice manual aimed at providing tenants, homeowners, staff, community agencies, and the MoH with practical insights and solutions to potential challenges of the CHO program. Several tips that were identified during the evaluation of the first phase of the CHO program have been highlighted in the manual to provide information and specific solutions for various groups of stakeholders who were involved in the program. This manual will serve as a guiding document for the second phase of the implementation of the CHO program in 18 homes from other regions of Southwestern Ontario, as well as the eventual rollout of homes across the province.

Acronyms

CMHA: Canadian Mental Health Association

CHO: Community Homes for Opportunity

HSC: Homes for Special Care Program

HNHB: Hamilton, Niagara Haldimand Brant

LIPG: Local Implementation Planning Group

LHINs: Local Health Integration Networks

MoH: Ministry of Health

ODSP: Ontario Disability Support Program

OHSNA: Ontario Homes for Special Needs Association

WW: Waterloo Wellington

Glossary

Autonomy: Personal growth and independence.

Baseline (time 1): The first timepoint during which researchers collected the first set of information from participants prior to the implementation of the CHO program.

CHO stakeholders: People involved with or affected by the implementation of the CHO program. This includes tenants, homeowners, home staff, and individuals from various institutions, such as community agencies and the Ministry of Health.

Community Mental Health and Addictions Agencies: Organizations that are responsible for providing community support to tenants of the CHO program.

Community Homes for Opportunity (CHO): A modernized version of the former Homes for Special Care Program, which provides 24/7 housing with supports for adults with serious mental illnesses.

Community inclusion: The opportunity to be an active member of the community where one lives.

Community integration: Full participation of a person in social activities, relationships, and society.

Final phase (time 3): The third timepoint during which researchers collected the last set of information from participants after the CHO program had been adopted by the homes.

Focus groups: Group meetings during which researchers facilitated discussions between participants about their experiences with the CHO program.

Homeowners: Private operators of homes that adopted the CHO program.

Homes for Special Care Program (HSC): A program established by the Ontario Ministry of Health in 1964 to provide long-term and permanent residential care for people with severe mental illness who require assistance with the activities of daily living.

Ontario Disability Support Program (ODSP): Social assistance that is administered by the Government of Ontario to help people with disabilities who need help with living expenses.³

Phases: Distinct time periods or stages during which information is collected from the participants.

Semi-structured interview: A conversation between a researcher and research participant involving closed and open-ended questions.

Tenant empowerment: Involvement of tenants in the process of making decisions about activities related to their wellbeing.

Tenants: People who are provided supportive housing through the CHO program.

Transition phase (time 2): The second phase of data collection, during which the researchers collected information from participants as the CHO program was being integrated into homes.

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