CANADIAN CENTRE FOR POLICY ALTERNATIVES
MANITOBA

Summary Evaluation of The Madison Congregate Housing

By Ellen Smirl

SEPTEMBER 2016

Summary Evaluation of
The Madison Congregate Housing

ISBN 978-1-77125-296-6

SEPTEMBER 2016

CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
MANITOBA OFFICE

Unit 205 – 765 Main St., Winnipeg, MB R2W 3N5
TEL 204-927-3200 FAX 204-927-3201
EMAIL ccpamb@policyalternatives.ca

About the Author:

Ellen Smirl, MA is a Social Researcher in Manitoba

Project Managed by the Canadian Centre for Policy Alternatives Manitoba

Acknowledgements

This is a summary of a larger evaluation funded by Siloam Mission. The research topics and questions were developed together with Silaom Mission. Thank you to the staff of Siloam and The Madison for participating in this study. The research was peer reviewed by academic housing and homelessness experts.

Summary Evaluation of The Madison Congregate Housing

Despite persistent efforts on both the Provincial and Municipal levels, homelessness remains a major problem in Winnipeg (WSC 2015). The 2015 Winnipeg Street Census counted 1,400 homeless people in Winnipeg while advocates believe this is likely a small portion of the number of people who experience homelessness. Since the launch of the *At Home/Chez Soi Final* (AHCS) Report in 2014, a focus has been placed on Housing First models to support homeless individuals with mental health challenges secure housing with supports in the private market. The majority of federal Homelessness Partnership Strategy (HPS) funding has shifted to Housing First projects and away from other models of supports to address homeless. This has raised the alarm for housing providers that fall outside of Housing First parameters who are struggling to deliver supportive housing with limited resources.

This study of The Madison's congregate housing and supports model recognizes the positive outcomes from the *At Home/Chez Soi* Housing First study while also maintaining that any effective solution to address homelessness must include a continuum of housing options for individuals. Interviews for this research with homelessness and housing advocates in Winnipeg explain that more housing of *all types* is needed. Concerns were raised by housing advocates that Housing First units are very limited and tend to take only those with the highest needs. While individuals who struggle with homelessness may share common characteristics, they nevertheless remain individuals with unique and diverse needs, thus it remains paramount that a continuum of choice is provided to those seeking to exit homelessness. Given the persistent challenges of homelessness then, it is worthwhile to evaluate congregate housing models as one option in the continuum of choice for addressing homelessness.

This study evaluated The Madison, an 85 unit congregate housing apartment located in Winnipeg Manitoba, which operates according to a recovery-oriented framework.

The Madison

Residents of The Madison have individual living quarters, shared dining facilities where meals are prepared by a kitchen staff, and shared bathroom facilities. There are twenty bathrooms for eighty-five residents, which meets the 1:4 ratio recommended for congregate living spaces (Distasio et al. 2002). Meals are served seven days a week. Congregate spaces are located within the building and include a recreation room with a pool table, snack machine, and computers; a quiet room; a TV lounge; couches located in the hallway; and a dining area. There is a free clothing store and volunteer groups organize free social events (for example, bingo, karaoke,

or baking) in the building, as well as classes and groups (for example, yoga, a men's group, or a computer skills class) with all residents invited to join. Field trips are held approximately every two months, and examples include going to the beach, overnight camping trips, and other outdoor activities. Staff welcome resident input on activities and field trips.

Residents are required to participate in "general service programming," which involves two to eight hours per months of tasks assigned based on ability and season of the year (for example, cleaning common areas, washing dishes, shovelling snow, mowing the lawn, and organizing and supporting social activities). The primary goal of these hours is to support and build community within The Madison.

For those interested in living at The Madison, information and application sessions are conducted in the first week of every month at Siloam Mission. It is explained to applicants that The Madison is a recovery-based facility and that everyone who lives there must be actively working towards abstinence with a zero-tolerance policy for use in the building. Applicants are told that there is an expectation for them to be open and honest about their recovery plan with their case managers. As a recovery-oriented facility, The Madison does not permit alcohol or intoxicants on site. Residents who lived at this site prior to Siloam Mission purchasing the building in 2011 are permitted to consume alcohol within their own rooms, although they must not be intoxicated. As these residents gradually move on, the entire facility will be dry. Residents experiencing addictions issues that moved in after June 2011 are asked to commit to maintaining sobriety prior to moving in and are required to be working on their recovery from drugs and/or alcohol while living at The Madison. A plan to maintain sobriety must be developed and compliance with this plan is mandatory. Residents may be required to take a random drug and alcohol test when management deems it necessary.

Methods of Analysis

Methods of analysis began from a mixed-methods approach. This study employed a qualitative evaluation of the congregate housing as provided by Siloam Mission at The Madison. The research questions asked: How do tenants benefit from the congregate model administered by Siloam Mission at the Madison? How do services provided at the Madison contribute to tenant capacity building, quality of life, independence, interdependence and community building? What are the opportunities for improvement of services provided by Siloam Mission at the Madison?

Answering these research questions involved a qualitative evaluation that relied on both primary and secondary research. Secondary research involved scanning literature as well as qualitative analysis of data sets tracking residents of the Madison and raw data provided by residents to the Madison via client questionnaires and surveys. The Madison staff redacted all identifying information and these data were then analysed.

Primary research involved semi-structured key informant interviews with five Siloam Mission staff who work directly with residents of the Madison. Four staff members from collateral organizations were interviewed that either had regular interactions with residents from the Madison, or who worked directly with homeless or at-risk of homelessness population. Additionally, four collaterals that work in a policy or academic role addressing homelessness in Winnipeg were informally interviewed. Interviews were then transcribed, coded and analysed.

A cost analysis was conducted, which compared the costs of delivering the congregate models to alternatives such as a regular shelter model, the scattered housing model, associated risks including incarceration, health and mental health system costs, and costs to emergency services and the *At Home/Chez Soi* program costs.

Findings

Findings of this study indicate that the Madison's congregate model can contribute to improved capacity building, quality of life, independence, interdependence and community building for the residents of the Madison. Strengths identified by Madison staff and collateral organizations included on-site staff to support residents' needs; improved food security as provided by the room and board model; intentional community-building within The Madison's congregate model; stable tenancies; the location of the building in a safe and centrally-located residential neighbourhood; and cost effectiveness.

Of the 110 people who moved into the Madison between July 2011 and February 2016, 38 per cent remain stably housed at the Madison and another 22 per cent transitioned into stable housing in the broader community that proved to be a better fit for those residents. It should be noted that tracking of the people who transitioned into community housing did not continue after the first placement. Of the 110 people, 73 per cent came from area shelters indicating that this housing can serve those who struggle with chronic homelessness. Ninety-one percent of the current residents, at the point of this evaluation, have stayed 6 months or longer.

As a comparison, over the last six months of the Winnipeg AHCS study, 45 percent of the Housing First participants (high-needs and medium-needs groups) achieved full-time housing stability, whereas only 29 percent of the treatment as usual group (control group that received regular interventions) were housed "all of the time" (MHCC 2014).

When considered together, findings of this study indicate strengths of the congregate model and that a strong case can be made for including The Madison within the continuum of choice and supports for addressing homelessness in Winnipeg.

The total annual cost of housing the fifty-nine individuals at the Madison congregate housing site in 2015 was $9,485 per person.[1] When the cost of food was deducted from the expenses, there is an annual cost of $7,404 per person. Comparatively, the Winnipeg *At Home/Chez Soi* Housing First program (MHCC 2014) reported an average annual intervention cost of $12,552 for moderate needs and $18,840 for high needs individuals.[2] Madison and Siloam staff determined that it would

1 In calculating these costs, we counted only those residents who were supported by Transitionary Services, which totaled 59 residents.

2 These costs include salaries of all front-line staff and their supervisors, additional program expenses such as travel, rent, utilities, etc., and rent supplements provided by the Mental Health Commission of Canada (MHCC) grant (MHCC 2014).

be most appropriate to compare Madison residents to the AHCS moderate needs group, which would then mean that to house an individual at the Madison costs $5,148 less than in scattered-site housing with supports. This net savings arises mainly due to the economies of scale — decreases in costs of support services, utilities and administration — that arises as a result of having all (59) individuals living at a single location.

Emergency care and institutional costs of homelessness also dwarf the cost outcomes of The Madison congregate housing site. The average annual cost of homelessness — including institutional and emergency shelters costs has been estimated between $66,000 and $120,000 per individual (Pomeroy 2005). On average every $10 invested in congregate housing yields a potential saving of $70–$126 in homelessness cost. This estimate shows that congregate housing, rightly implemented, may have distinct economic advantages for housing funders, providers and individual beneficiaries.

Recommendations

A secondary goal of this project included identifying areas of improvement as to how this housing model could better serve the residents. Recommendations included:

Increasing and deepening addictions supports. The most frequently raised concern noted by collaterals was that a recovery-oriented framework attaches the condition of sobriety to keeping one's housing. Current supports are constrained by funding and available programming. Examining options to support residents through relapse (including on-site addictions counselling) is suggested. If residents are not able to remain at the Madison, it is important that supports are available to help individuals find more appropriate housing.

Increasing and deepening mental health supports.
Staff at the Madison felt that on-site counselling would be helpful for their residents. Counselling resources in the community are limited. A qualified counsellor on-site would enable residents to have immediate access to mental health care is one option to address the high demand for such services. When individuals do not fit within this model and are evicted due to behaviours relating to mental health issues, existing service delivery plans should be examined to ensure that everything is done to prevent these individuals to exit back into homelessness.

Increasing supports for Indigenous populations.
The WSC found that 71.1 per cent of respondents who were homeless identified as Indigenous,[3] while 53 per cent of Siloam Mission Shelter residents identify as Indigenous (WSC 2015). Only 31 per cent of residents at The Madison however, identified as First Nations or Métis. Although it was beyond the scope of this study to investigate why this discrepancy exists, further investigation into how to support indigenous residents at The Madison is recommended, as well as how to more accurately reflect the numbers of people who are Indigenous homeless.

Increased staffing.
Both Madison staff *and* Housing First providers noted that traumas (and the behaviours that accompany them) often surface during evening, weekends or holiday periods when staff presence is minimal or in the form of 'on-call' only. Additional staff to fill these gaps might provide residents with additional support during particularly difficult periods.

3 A group that compromised non-status Aboriginal, Metis, Inuit and First-Nations Status

Limitations of the Report

Because of time and resource constraints within the project we did not interview residents directly. While these findings reflect the realities of housing providers, it is highly recommended that a next phase of this research should corroborate these findings with the lived-experiences of the residents themselves.

Evaluation of housing for those most at risk of homelessness, must constantly re-examine what a "successful" service outcome constitutes. Permanent tenancies and cost efficiencies aside, improved quality of life — in all respects — must remain the ultimate goal of housing providers. Findings of this study indicate that a case can be made for improved capacity building, quality of life, independence, interdependence, and community building for the residents of The Madison.

References

Distasio, Jino and Michael Dudley, Mike Maunder (2002). *Out of the Long Dark Hallway: Voices from Winnipeg's Rooming Houses.* Winnipeg Inner City Research Alliance.

Mental Health Commission of Canada (MHCC). 2014. *Winnipeg Final Report: At Home/Chez Soi Project.* Winnipeg: Mental Health Commission of Canada.

Pomeroy, S. 2005. *The Cost of Homelessness: Analysis of Alternate Responses in Four Canadian Cities.* Ottawa, ON: National Secretariat on Homelessness.

WSC. 2015.Winnipeg Street Census 2015: Final Report. Retrieved January 29 2016 from http://bit.ly/1Ul5r9h

CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
MANITOBA OFFICE

Unit 205 – 765 Main St., Winnipeg, MB R2W 3N5
TEL 204-927-3200 FAX 204-927-3201
EMAIL ccpamb@policyalternatives.ca
WEBSITE www.policyalternatives.ca