

(CWI)





OVERVIEW



- Introduction
- CWI Vision and Mission
- Sites
- Group Program
- Outreach Program
- Conclusion





CWI Vision



CWI is aimed at encouraging and supporting the overall mental health and wellness of tenants in public housing buildings and helping to bring about positive change in their community.







CWI Target Group



CWI is intended to build tenant and community capacity. This is a worthy goal because in lowincome public housing sites many tenants feel disenfranchised and challenged to change their personal circumstances and also their environment. Increasing tenant and community capacity through providing information, resources, support, access to services and a role in planning and decision-making results in tenants feeling empowered to improve their lives and their community.

Partnership









Manitoba Housing (MH)

Mental health issues impact the community, solutions require collaborative resources.

Strong link between keeping housing and stable mental health outcomes.

SITES



12 Sites – 2000 units:

- 145 Powers
- 185 Smith
- 24 Carlton
- 515 Elgin
- 170 Hendon
- 601 Osborne
- 444 Kennedy
- 53 Stadacona
- 260 Nassau
- 101 Marion
- 125 Carriage
- 817 Main











Why These Sites?



 Isolation -- single nonelder housing, few have vehicles, small units make it difficult to host

Poverty -- 69% on EIA social assistance

 Disability – high proportion of mental health and home care clients



THE GROUP PROGRAM

WHY THE GROUP MODEL



Low key approach/No formal referral process

Voluntary

Comfortable

Inclusive

Brings community together

Inspires tenant participation & decision-making



GROUP MODEL



- Bi-weekly events at each site
- Always provided in Manitoba Housing common space
- Delivered by Support Workers
- Coordination is key
- Food and giveaways are essential
- Range of activities is key
- Applying various evaluation methods to gauge results and inform future planning

GROUP PROGRAM ACTIVITIES



Health and Wellness

- Living in community
- Dealing with depression
- Personal growth
- Money management
- Diabetes
- Smoking cessation
- Health Fairs

Enrichmen⁻

- Cooking demo
- Music therapy
- Crafts
- Movie

Tenant-Related Issues

- *Tenant rights and responsibilities
- *Apartment safety
- Fire safety
- Conflict resolution
- *Bullying

Agencies & Professionals



- YM and YWCA
- Pharmacists
- Nutritionists
- Employment & Income Assistant
- Winnipeg Police Service
- Winnipeg Fire Service
- Music Therapist
- Mental Health Therapist
- Income Tax Services
- Home Cleaning Services
- Manitoba Housing staff
- Residential Tenancy Branch
- Bed Bug Exterminators
- Diabetes Educators
- Heart and Stroke Foundation
- Art Beat Studios



Agencies & Professionals



- Provides a positive change for tenants
- Tenants can ask questions face to face
- Provides awareness and access to services
- Broadens the community
- Provides cross-learning and expertise
- Refresh the CWI staff



Quantitative Outcomes



289 group sessions annually

24 sessions per site annually

Average attendance is 15 tenants, 11% of tenants attend each activity

Equal number of men and women



Average age 55

Qualitative Outcomes - Tenants



Positive

- Increased tenant satisfaction
- Increased friendships and reduced isolation
- Increased tenant understanding and access to various community services
- Tenants expressed they had a lot to offer

Things to work on

- Safety a concern
- Poverty issues
- Other life issues impacting tenants such as legal issues, unemployment, limited to no family support

Staff - A Key To Success



- Staff with facilitation skills and right values
- Staff being friendly
- Staff creating a safe and welcoming place
- Activities like birthdays/memorials show tenants that staff care
- Having fun reminds tenants of good times and increases positive relationships
- Consistency in session start and end times
- Promotions (posters) prior to session



OUTREACH PROGRAM

OUTREACH PROGRAM



Outreach Program is a one to one intervention for tenants in Manitoba Housing buildings who are at high risk of eviction largely as a result of social and health issues and who lack appropriate supports.

Referrals come directly from Manitoba Housing staff

Criteria #1: High risk for eviction

Criteria #2: No supports

Criteria #3: Tenant wants help

Criteria #4: Support can be provided safely

Criteria #5: Tenant is isolated

Criteria #6: Probability of success

REASONS FOR EVICTION



Management of Premises

Hoarding, damage to unit, fire hazard

Management of Behavior

Tenant conflict, on-going disturbances, hygiene issues, criminal activity

Management of Finances

Non payment of rent, costs due to damages





Why Don't They Have Services?



Tenant Factors

They have burned bridges

They are inconsistent in response to service

They are overwhelmed by their problems and do not know where to start

They do not understand the severity of the eviction notice

Service System Factors

They do not meet exclusive criteria

They need support in areas that are not a priority for service

They sit on waitlists

The conversations focus on the problem and not solutions Stop that, Fix that, Change that, or you will get evicted...

They are one of many in a complicated system <u>I just need help...</u>

WHERE WOULD TENANTS GO IF EVICTED?

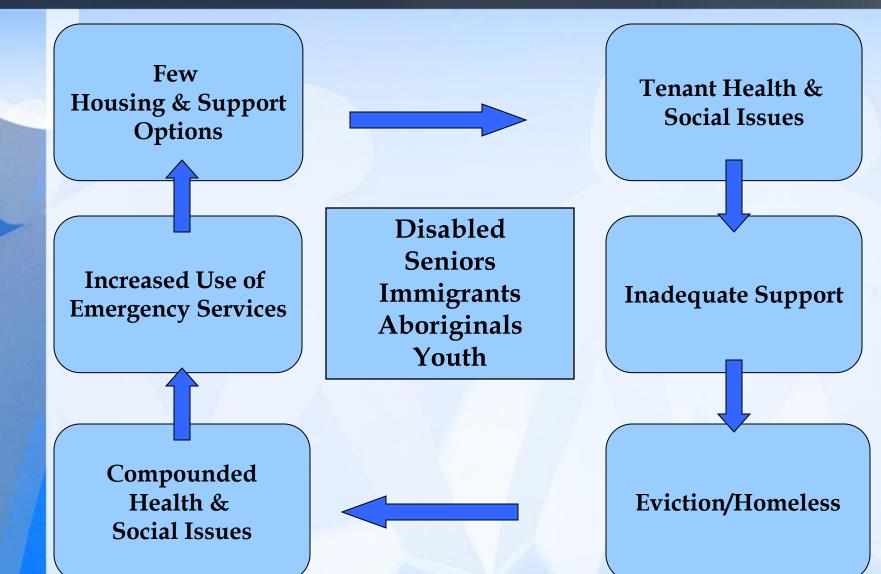


- Hospitals
- Streets
- Shelters
- Substandard housing
- Family
- Hotels



Health Housing Cycle





MODEL



One-on-one Outreach Model

Delivered by paraprofessionals in tenant's home

Small caseloads/frequent contact

Address specific challenges with hands on assistance

Intervention and assertive approach

Advocacy & Mediation

Linking with services

Working Together Agreement

Communicate with Landlord

Projected Outcome

Reduced evictions

Stable tenancy

Increased health and social outcomes

Increased access and involvement with community services.

Outreach Service Process



COLLABORATION

CONSISTENCY

CONTRACT Follow-up Goal Closure Setting **CLIENT** Referral Engagement Advocacy Coaching COMMUNICATION

Tenant A



Client receives warning letters regarding lack of cleanliness
Goal was to prepare unit for Final Deficiency Inspection
Client health issues include mobility, hearing and cataracts
HSW advocated for Home Care to reopen client file
Home Care reopened file and increased services
HSW linked client to hearing center, optometrist and neurologist
The client's hearing aid was replaced, the cataracts removed
and client regularly sees neurologist

Tenant B



Goals were maintaining unit and improving financial situation.

Client was not able to prepare for bed bug spraying due to hoarding.

Client had multiple health issues; arthritis, cancer, mobility and counseling needs.

HSW and client worked side-by-side to de-clutter the unit.

Due to bed bug bites, the client was admitted to hospital.

Client received blood transfusions and medications which improved her health.

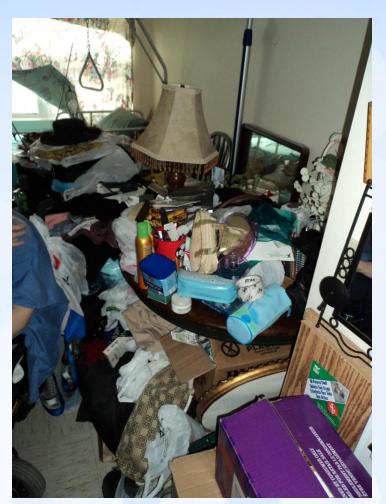
Client's doctor advocated to MH that client should not return to her unit and be moved. HSW was asked, by hospital staff, to address the hoarding behavior due to client collecting various food items at her bedside.

When client was well enough she and the HSW returned to the unit dressed in protective equipment and took a small amount of the client's personal belongings. HSW cleaned items such as wedding pictures and important documents. HSW found the appropriate housing and moved the client to her new home.

HSW was able to get 8 years of tax returns filed for client and assisted in getting EIA Disability which increased the client's income from \$452.00 to \$800.00 per month.













Quantitative Outcomes



145 tenants completed program

138 tenants had issues resolved and eviction notices rescinded

50% of cases Management of Premises

38% of cases Management of Behaviour

12% of cases Management of Finances

Average age is 54 with low of 26 and high of 81

62% female and 38% male



Pre & Post Survey Outcomes



Are you happy with your mental health?

1=Not happy at all 3=Neutral 5=Very Happy

Pre-Survey 54.5% rated 3 or higher Post-Survey 71.4% rated 3 or higher

How do you feel about your life in general?

1=Helpless 3=Neutral 5=Able to cope

Pre-Survey <u>50%</u> rated 3 or higher Post-Survey <u>91.6%</u> rated 3 or higher

I am able to manage day-to-day activities.

1=Strongly disagree 3=Neutral 5=Strongly agree

Pre-Survey <u>58.3%</u> rated 3 or higher Post-Survey <u>93.3%</u> rated 3 or higher

Were my problems addressed with the help of the CWI Program?

1=Strongly disagree 3=Neutral 5=Strongly agree

85.7% rated 4 or higher

I would recommend this service to another tenant. 100% rated 4 or higher

Staff - A Key To Success



- Experienced staff who provide hands on assistance
- Staff who communicate and collaborate well
- Staff who can work with challenging and difficult clients
- Staff who apply critical analysis and can identify issues that may be unstated
- Staff who are able to be focused on task while flexible to address percolating needs and problems

TENANT COMMENT



"Thank you for your vision and effort. Our building can become a healthy community with cooperation and communication between tenants and MH and the WRHA. It will take time and it is worth it. Thanks."

170 Hendon Tenant



Questions & Comments



Winnipeg Regional Health Authority (WRHA) Community Mental Health Housing Program

Ben Fry, Housing Service Manager bfry@wrha.mb.ca

Marie Cecile Mbadugha-Kotyk, CWI Coordinator

mmbadugha@wrha.mb.ca