CASE STUDY:

INNOVATIONS IN MENTAL HEALTH HOUSING

HOMESTEAD CHRISTIAN CARE

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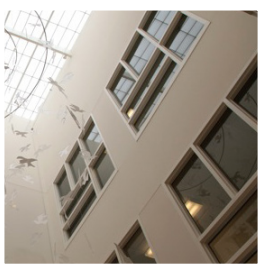
CARDUS



Author's Note: Since completion of this report Homestead Christian Care has changed its company name to Indwell.

For more information, visit

www.indwell.ca

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INTRODUCTION

Mental illness is a major public health issue in Canada and around the world. The World Health Organization (2002) reports that one in four people has a mental disorder at some point in his or her life. Of those who commit suicide, 90% have a diagnosable mental illness (Parliament of Canada, 2004). Serious Mental Illness (SMI; also called Severe Mental Illness or Major Mental Illness) is defined in the United States as having "at least one 12-month disorder, other than a substance use disorder, that met DSM-IV criteria (APA, 1994) and to have 'serious impairment'" (Epstein, 2004). 8.3% of adults in the United States in 2002 had SMI. Of those with SMI, 28.9% also used an illicit drug within the past year. In Canada, 4% of the population saw a psychologist or a psychiatrist for a mental disorder in the year 2005 (Lesage, Vasiliadis, Gagné, Dudgeon, Kasman, & Hay, 2006). People with SMI have major struggles integrating into society; in fact, the Canadian Mental Health Association (2013) reports that the unemployment rate among those with SMI is 70-90%. Yet there are other costs with associated SMIs as well. The cost of providing community-based treatment for someone with SMI is estimated at $34,418 per year (Mood Disorders Society of Canada, 2009) and the cost of keeping someone with SMI in a hospital is $170,820 per year.

The focus of this case study is to examine the role of housing in supporting people with SMI and possible innovations in delivering effective support to those who need it. The challenges of SMI in our cities and communities will require continued development of effective support and the past can be a powerful context for learning about what might work in the future. In particular, the evolution of housing models for the SMI population will be examined in the context of an examination of Homestead Christian Care's (Homestead hereafter) approach to caring for people with SMI. The case study draws conclusions about the relative innovation, effectiveness, and sustainability of the Homestead model in a time of scarce resources.

HOUSING MODELS

Housing for people with SMI has evolved significantly since the pre-1960s when mental hospitals were "total institutions" (Goffman, 1961) and "patients" could be confined there for much of their adult lives. After many serious instances of abuse and mistreatment, the mental hospital model was phased out. Between 1965 and 1981 there was a 70% decrease in the number of inpatients in Canadian mental hospitals (Nelson, 2006). After de-institutionalization, people with SMI were transitioned into group homes in the community (Nelson, 2010). The support that individuals received in the community was minimal, usually consisting of help with regular administration of medicine (Harris, Hilton & Rice, 2003).

Since then, several approaches have been taken to house individuals with SMI. Trainor, Morrell-Bellai, Ballantyne, and Boydell (1993) provide a thorough history of the development and evolution of housing models in Canada and point to three stages of housing model development since de-institutionalization: *custodial housing*, *supportive housing*, and *supported housing*.

A. CUSTODIAL HOUSING

Much of the care for individuals with SMI immediately after de-institutionalization was of poor quality. Many of the facilities were for-profit boarding homes where clients were often treated with the same neglect or abuse that the former institutions had shown them (Rochefort, 1993). Those who were deemed fit enough, lived without supervision and were often placed in designated rental housing. Pat Capponi (1992), who lived in a post-institutionalization psychiatric boarding home, shares some of the issues with the *custodial housing* model in *Upstairs in the Crazy House*. In his book, he outlines the challenges he faced: a) residents shared rooms and had little privacy; b) the staff treated clients as "patients" in need of paternalistic care under a "biomedical model," which created or deepened existing dependency; c) the quality of the physical housing was sub-standard; and d) residents had little or no control over their day-to-day activities.

The custodial care model tended to reflect an institutional model carried out in smaller buildings; it consisted of staff-client relationships that are very similar to those that exist within institutions. The care is a deficit-based, biomedical model that has been largely abandoned in current mental health care due to its ineffectiveness and dehumanizing effects (Engels, 1977; Evans & Stoddart, 1990).

B. SUPPORTIVE HOUSING

After custodial care and the biomedical model fell out of favour, a more rehabilitative approach became prevalent in housing people with SMI. This approach focuses on producing independence in clients through teaching social, vocational, and general life skills (Nelson, 2010). *Supportive housing* is intended to provide a continuum of residential care: as clients improve their function, they are given less direct support and more autonomy. The goal of this approach is that clients eventually live on their own, employed, and able to support themselves. Recent literature reviews show generally positive outcomes for individuals in supportive housing (Leff, Chow, Peppin, Conley, Allen, & Seaman, 2009; Nelson, Aubry, & Lafrance, 2007; Parkinson, Nelson, & Horgan, 1999).

One major problem with this model, however, is that moving along the continuum is difficult without moving the client from house to house and even community to community. This constant changing of environment can result in major setbacks in treatment whereby a client's complete independence proves to be a difficult outcome to achieve (Sameroff, 1995). Clients do not maintain critical social ties or long-term relationships because they do not stay in one geographic area for a long period of time. Strong social ties are very important for long term mental health (Helliwell 2004).

C. SUPPORTED HOUSING

The *supported housing* model builds on Abraham Maslow's (1954) idea that there is a hierarchy of needs that individuals must attain before more advanced accomplishments can be pursued. One of these basic needs is shelter. This approach emphasizes the need to provide housing without conditions before other treatment occurs, whether it is treatment for mental health, physical health, or substance abuse. *Housing First*'s central tenet is that without stable, quality, and affordable housing, most individuals are under too much stress for treatment to improve their condition significantly. Housing pioneers like Paul Carling (1995) recognized the value of individuals making their own choices rather than being institutionally driven into a particular choice.

Housing First is a relatively new concept, therefore it does not have a substantial body of scientific evidence to back it up. However, the evaluation that has been done to date has been largely positive (see Waegemakers Schiff & Rook, 2012 for a review of the literature). Research on consumer preferences suggests that *Housing First* is a better option for people who suffer with SMI than supportive or custodial housing (Tanzman, 1993). Clients want 24-hour support, but they also want to live by themselves, with friends, or with a romantic partner—not with staff. Scholarly support showing that consumer choice and control over housing is associated with positive mental health outcomes (Greenwood, Schaefer-McDonald, Winkel, & Tsemberis, 2005; Srebnik, Livingston, Gordon, & King, 1995). "Pathways to Supported Housing" in New York City is one of the longest-running *Housing First* programs and two evaluations—one quasi-experimental study and one randomized controlled trial—show that the "Pathways" program participants dramatically improved their housing stability compared to supportive housing participants (Tsemberis & Eisenberg, 2000; Tsemberis, Gulcur, & Nakae, 2004).

Another randomized trial by Rosenheck, Kasprow, Frisman, and Liu-Mares (2003) found that housing stability increased significantly over three years for residents of *Housing First* programs in four cities. *Housing First* clients in these studies also had fewer hospitalizations and decreased drug and alcohol use.

Emerging research from the Government of Canada shows that a *Housing First* policy may be a cost-effective method of treating mental illness and addiction. The Mental Health Commission of Canada (2012), since 2009, has been undertaking a government-commissioned $110 million, four-year pilot project to evaluate *Housing First* as a nation-wide policy option. Individuals with mental illness and substance abuse issues are being cared for in five cities: Moncton, Montreal, Toronto, Winnipeg, and Vancouver. Clinical and cost-effectiveness outcomes have been released in two preliminary reports on *Housing First* that have found improved mental health, cost-effectiveness over usual treatment, relatively simple national implementation, and benefits of multi-sector involvement such as health, housing, social services, non-profit and private sectors (Mental Health Commission of Canada).

However, critics argue that *Housing First* has not been properly tested on individuals with active addictions (Kertesz, Crouch, Milby, Cusimano, & Schumacher, 2009). The concern is that individuals with chronic substance abuse issues will not receive proper treatment and monitoring if they live on their own before controlling their addiction. It is clear that there is room to continue to explore innovative approaches to mental health housing that leads to greater health people who suffer with SMI.

HOMESTEAD OVERVIEW

INTRODUCTION

Homestead is a community-based mental health housing organization that has operated in Hamilton, ON for more than 30 years. In the case study that follows, we will examine the context, history and potential innovations in mental health housing of the Homestead model, including reflection on whether the Homestead model innovations are transferable and scalable.

CONTEXT

Hamilton is the third largest Census Metropolitan Area (CMA) in Ontario (Statistics Canada, 2012). At first glance, Hamilton is doing very well economically: it has a very low unemployment rate (5.9%) and withstood the 2008/2009 recession quite well (0.1% increase in unemployment) (Social Planning and Research Council, 2013). However, there are significant gaps in Hamilton's social landscape due, in large part, to the decline in its once-strong manufacturing sector (LaRochelle-Côte & Gilmore, 2009). Hamilton's labour force participation rate is one of the lowest among large CMAs in Ontario (64.8%). 18.1% of Hamiltonians live in poverty, including 31.1% in the Hamilton Centre riding (Social Planning and Research Council, 2012).

There is a large affordable housing issue in Hamilton as well. In 2006, 15% of the population was in core housing need, meaning they spent over 30% of their income on shelter (City of Hamilton, 2011). The waitlist to receive social housing (rent equal to 30% of household income) in Hamilton was at 5,406 households in 2011—a number that has increased every year since 2007 when it was 3,817 (City of Hamilton, 2011). The average wait time for affordable housing is 24 months without special circumstances. Qualitative research also shows that lack of housing contributes to lower resilience in low-income residents of Hamilton (Bayer, 2013; Eby, Kitchen, & Williams, 2012). These conditions have given rise to new attempts to provide sufficient housing in Hamilton.

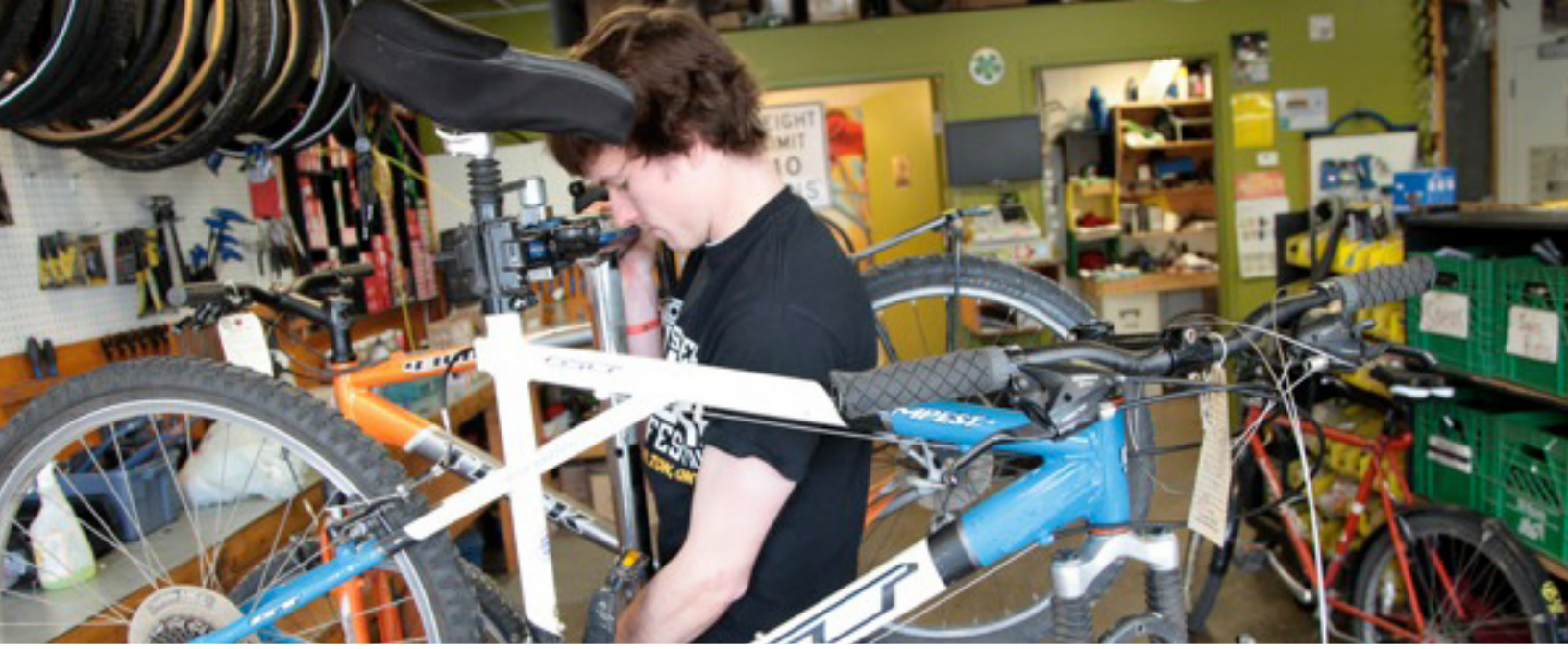
ORGANIZATIONAL HISTORY

Homestead started as a simple solution to a complex issue. After provincial de-institutionalization, in 1974, John and Siny Prinzen of Hamilton started taking people with mental illness into their home. They started a group home with seven beds and staff who instructed guests in independent living skills for a period of two years. The program was one of the few housing services that operated from a rehabilitation model in the 1970s and 1980s. As this fledgling organization continued its services into the late 1980s and 1990s, it became clear that they needed to adapt to a changing environment in housing for individuals with SMI. Their single group home on Locke Street was running at 50% capacity, and the financial sustainability of the organization became a major concern.

In 1999, a new business model was developed that resulted in a radical change in the program. The funding model and structure of the organization were re-configured to meet new conditions. The new model transitioned the organization from a time-limited structure to larger-scale permanent housing in a variety of housing styles. A more disciplined and detailed approach to financial management and growth was adopted. This transition required leadership to develop many new relationships in order to expand funding and the organizational partner base. By 2000, the transition paid off and Homestead was able to buy another residence on Caroline Street in Hamilton, in addition to the group home on Locke Street. This significant organizational change brought internal conflict that required managing, but it also gave Homestead a more public face, brought it to the forefront of current housing practice, and sent a clear message that the organization was focused on financial sustainability. In 2000, the organization adopted the name Homestead Christian Care (Homestead).

Since 2000, Homestead has expanded its services substantially to become one of the largest affordable housing providers in Hamilton. Homestead closed the Locke Street residence and bought a larger facility on Wentworth Street to provide more residential care units. In 2004, Homestead expanded outside of Hamilton, building a group home and an apartment building in Woodstock, ON. This move was designed to carry the Homestead model into an untested area where there was little to no affordable housing. The growth of Homestead continued at a rapid pace. They bought a large former bar associated with prostitution, weapons dealing, and drug activity in an under-serviced area of East Hamilton. The building was rehabilitated and opened in 2011 as the Perkins Centre, an apartment building with 46 units and a community development centre in the basement. This building allowed Homestead to create significant partnerships with other organizations such as McMaster University, a refugee health clinic, and a local church. Finally, Homestead bought an additional two buildings, one of them formerly used for prostitution, near the Perkins Centre, with plans to build a new 47 unit building.

Homestead has grown from one couple responding to a local need by providing care for people in their own home to their current operation with 220 housing units and plans to double that number by 2017 (Homestead Christian Care, 2013). Homestead has 95 volunteers, in addition to 39 paid staff, who serve in their facilities each month, and they have hosted 300 nursing students at the Perkins Centre for community development training. In 2012, 180 hours of training sessions were held at the Perkins Centre by other agencies. In 2013, Homestead leaders estimated that ten inquiries are received each week by prospective tenants and five regions have asked Homestead to take part in their affordable housing plans to date.



HOMESTEAD INNOVATIONS

INTRODUCTION

Success often encourages others to emulate what has been accomplished but it is critical that the real drivers of success are understood or else the wrong factors may be imitated. External variables and subtle variations that may not be transferable can lead to model transfers that do not achieve the same results in a different setting. The innovations that may be present in the Homestead model require careful examination and assessment to determine if their approach can be replicated.

Homestead's goal is not only to provide shelter for people with SMI. They have invested in exploring how to combine complex variables in a new arrangement that yields a better result for housing people with SMI. The question is whether their approach is better than other approaches and, if so, which elements are driving the unique value that they bring to their approach...

The approach taken to interrogate the profile and function of the Homestead model was developed through:

- interviewing 4 individuals: one staff, two directors, and one Hamilton affordable housing advocate;
- touring four of Homestead's six facilities;
- analyzing financial information and client outcome data; and
- examining Homestead's publications.

Examination of these sources of information suggest that there are three primary elements that form the core of the Homestead model: a) Well-developed business processes; b) effective client care; c) strong ties to natural community support (Figure 1). None of these elements on their own are particularly innovative. The real value of Homestead as a case study lies in the integration of these three elements.

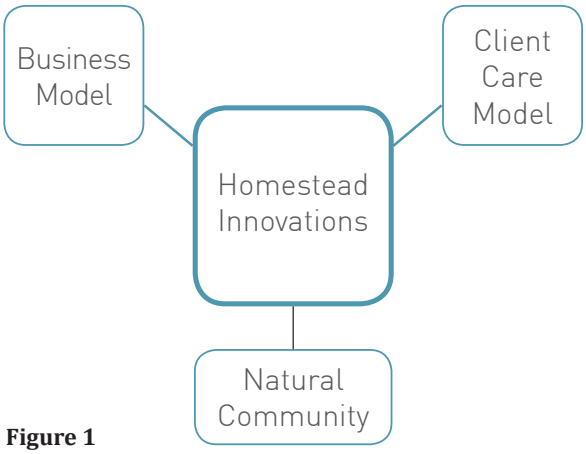


Figure 1

BUSINESS MODEL

One of the key elements of the Homestead model is a disciplined approach to sound business practices. As noted earlier, Homestead went through a period in the 1990s where it looked like it may have to discontinue services because their approach was not sustainable. The response to the crisis was to develop a more disciplined organizational structure for both service delivery and financial management. This organized redesign proved essential for long-term sustainable growth.

STAFF STRUCTURE

Homestead has a well-defined organizational structure based on efficiency, functionality, and staff well-being. These structures enabled growth into the 2000s, providing for accountability and coordination. The organizational hierarchy was important in keeping all staff accountable and moving forward together.

In *Figure 2* the Homestead hierarchy reflects a traditional operational form. Some non-profits and charities lack sufficient formal structures to support the work they carry out as they grow or as the demands of their work increase. Homestead appears to have built capacity into their organized arrangements. The Executive Director reports to a Board of Directors that oversees the organization. In turn, four Directors—Finance, Policy and Planning, Programs, and Projects and Development—report to the Executive Director and oversee six middle managers. These middle managers supervise three Assistant Managers and eleven frontline staff. The staff at Homestead are clear about their direct report and the nature of their accountability to that person in the context of the performance requirements of their job. The diagram doesn't reflect any notable innovations. The dynamics of function within and through these lines of accountability will be of more interest.

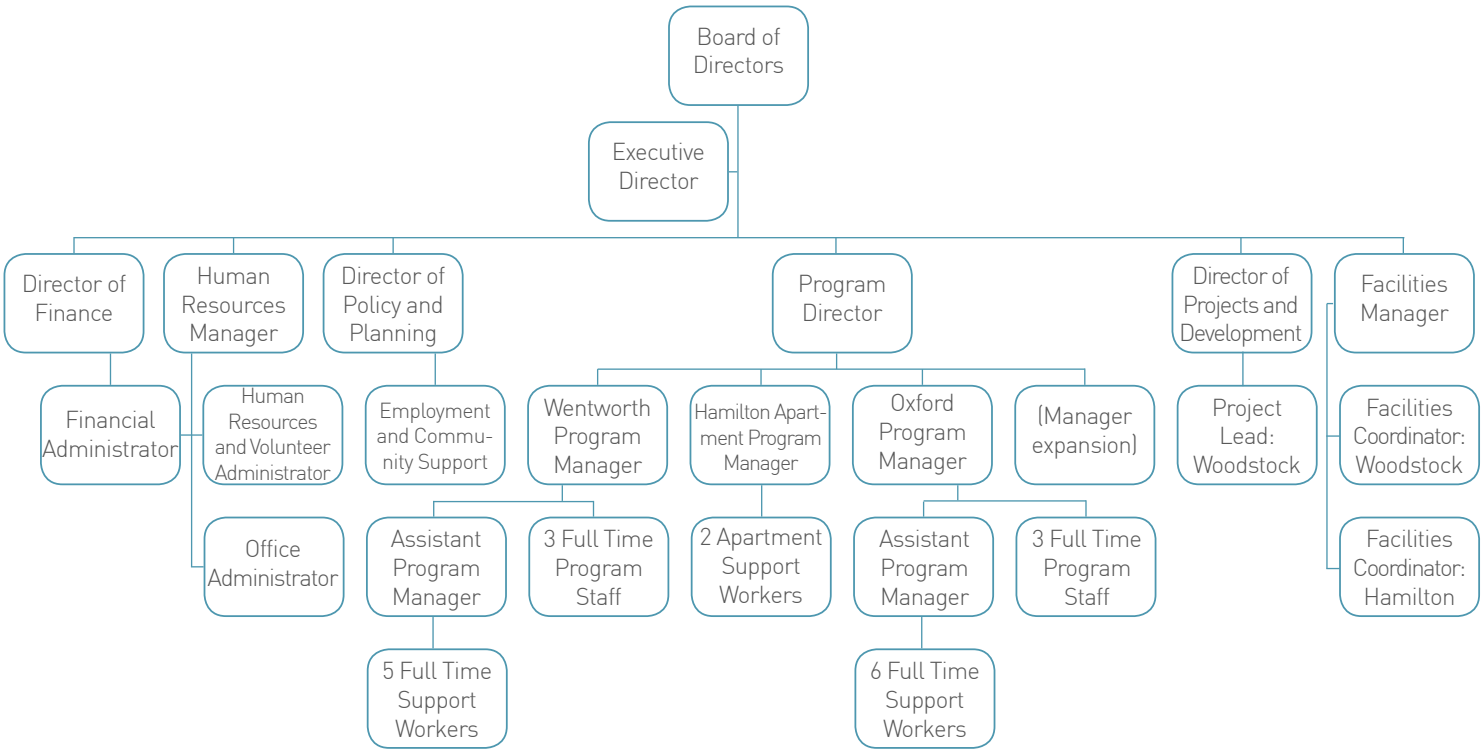


Figure 2: Homestead Organizational Chart

Good relationships among staff are vital in a setting where client care can be challenging. Given significant levels of job-related stress, it is essential that staff support each other. Despite growth over the last 15 years, Homestead has fostered an internal culture of support and belonging among employees. During visits to Homestead's facilities, upper management repeatedly demonstrated an ability to remember client names during informal encounters and both middle managers and front line workers documented a significant level of conviviality with each other. On one occasion I spoke with Jim (not his real name), a frontline group home worker at Homestead. Jim mentioned that management at Homestead is very helpful in providing a listening and understanding ear no matter what the situation:

> So far I love working at Homestead, the management is really good, they're really, really understanding, they're very, very [much] wanting to help. Really want to help each staff grow…so it's a really sweet environment; you know you've got a good understanding management, good understanding staff.

Homestead staff have regular meetings, but management also checks in with individual staff members at least once per month. A clear focus of management is on the well-being of the staff. Jim explained what these support practices mean:

> They're really big on [regular staff meetings] as much as possible. And even if something comes up, it doesn't have to wait for staff meetings. The management will check in once a month, like, hey how's things going?[…]And again it's all about caring for the well-being of the staff.

It is evident that as Homestead has developed into a medium-sized social service organization and has targeted growth as a priority, its leaders made clear structures a priority. By delineating clearly the staff hierarchy at Homestead, and scheduling regular meetings for staff and supervisors, Homestead has preserved two important priorities: organizational efficiency and staff support.

FINANCIAL MANAGEMENT

Homestead consistently measures and audits their financial practices as a key aspect of their business model. They have developed a 30-page document that provides a detailed outline of their financial guidelines (an example of these financial guidelines is listed in Appendix B).

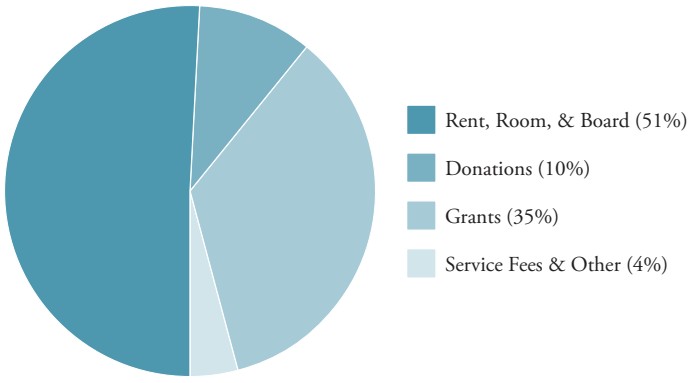
These guidelines are not required by the Canada Revenue Agency (CRA), or any other regulatory body. Instead, Homestead leadership have developed these guidelines to improve the long-term performance of their organization. Guideline —"monthly testing for operational profitability of the organization and its projects"—is notable because these financial tests are performed on a monthly basis for the board of directors to audit. Senior leadership explained that they continue to build on these guidelines including additional financial tests to ensure careful monitoring of trends and consistency in practice.

The internal financial scrutiny that Homestead practices is not particularly innovative on its own, but is a key element of the management structure that in turn creates the *capacity* that allows their organization to pursue new (and sometimes risky) ventures essential to innovation. When the Homestead Board contemplates investing $7 million in a new building to serve individuals with SMI, they mitigate risk by attending to their financial indicators (see Table 4 in the Appendix).

INCOME SOURCES

As Homestead grew, they found income streams beyond donations and government grants. Two of the income streams that they rely on most are rent and leveraging equity. The vast majority of Homestead apartment tenants receive Ontario Disability Support Program (ODSP) payments and pay their ODSP housing allowance of $479 per month as rent (income for the group homes is provided by the City as per pre-existing city-wide agreements). Basing their budget and growth on steady rental income has been an important factor in Homestead's financial sustainability. As seen in Figure 2, rental income accounts for 51% of Homestead's operating income, whereas grants account for 35%.

Figure 2: Operating Income Sources



Leveraging equity is another strategy that has allowed Homestead to sustain its growth. Homestead has $20 million in assets, which is notable compared to other supportive housing/*Housing First* organizations in Hamilton (see Appendix C). This strategy enables them to borrow against these assets. Homestead has developed a formula based on interest rates that determines how much they can safely borrow against their assets.

PRIVATE FUNDING

Appendix C is a list of eleven affordable housing providers in Hamilton and their financial information from each organization's latest annual report in the publicly available T3010 database on the CRA's (2013) website. The "Government Revenue" and "Private Donor Revenue" columns are of particular interest in this table. Table 1 displays the government and private funding for Homestead and the averages of the other ten organizations. Government funding represents over 70% of the revenue for every organization except Homestead. Homestead is an extreme outlier in that it receives only 27% of its funding from the government. Most organizations' revenue share from private donors is less than 1%, but Homestead's is 31.3%.

Organization	Government Revenue (%)	Private Donor Revenue (%)
Homestead Christian Care	27%	31.3%
Other Hamilton Housing Organizations (Average)	85%	2.7%

Table 1: Homestead vs. Hamilton Average Government and Private Funding

Homestead's 2013-2017 Strategic Plan features a front-page tag line that reads "Demonstrating Abundance in a Time of Austerity". While many charities struggle and reduce services during government cuts to the social service sector, Homestead has demonstrated strong growth. Rather than adopt a conserving stance after the 2008 global recession, Homestead undertook their largest project ever, the $7 million Perkins Centre in Hamilton (Canada Mortgage and Housing Corporation, n.d.), housing 46 people with SMI at risk for homelessness. In 2013 they pursued two other capital projects of similar size. These capital projects would not be possible if Homestead relied solely on government funding.

Homestead raises capital from private sources as a core part of their financial strategy. Their organizational approach to fundraising does not follow the traditional fundraising techniques of sending letters, hosting dinner parties, or selling raffle tickets; instead, they sell bonds and pays lenders a return on their investment at a predetermined point in the future. Table 2 shows the rates that Homestead offers on investments, starting at $1,000.

Rate	Amortization
4%	Open (30 day notice to recall)
4.25%	1 year closed
4.5%	2 year closed
4.75%	5 year closed

Table 2: Homestead's Bond Rates

Using this strategy, Homestead has raised over $12 million in capital funding from more than 123 individuals, and converted this investment into 220 units of affordable housing. These loans are not legally secured (investors get a Promissory Note) so investment reflects high levels of trust in Homestead management. When we asked Homestead's Executive Directory Jeff Neven why private loans are preferable to institutional loans he responded,

> It's what makes us nimble. We can get money from institutions at the same price or sometimes even cheaper. But, this [private capital] doesn't have the constraints that institutional money has…No bank would take the risk on us to put 1.5 million dollars in a project that may or may not be successful.

Dr. Nathan Cooper, the Homestead Board Chair, explains their business approach in the 2013 Annual Report: "The high demand for our services and the shrinking investment into affordable housing by governments at all levels, requires us to be sharper, more innovative and creative in developing new solutions in a time of austerity." Homestead saw a barrier in institutional and government funding and used it as an opportunity to find a new model. Rather than lobbying government or reducing expenses by cutting services, they looked to their natural community of support as a means to *expand* their services.

TRUST AND NATURAL COMMUNITY

Natural communities are the non-governmental, non-commercial networks of family, friends, neighbours and related groups that are generally not formally organized but which constitute our most significant social ties whereby many of our needs are met including our need for purpose, meaning and belonging. Natural communities represent diverse, persistent, social realities in our neighbourhoods and cities. They often reflect ethnic, cultural, religious and values-driven commonalities including some degree of shared geographic proximity.

Homestead originated in a strong natural community and has grown along with that community. The particular values of the Homestead natural community are reflected in the functioning of their model. Homestead is founded on principles of Christian charity whereby the individual is highly valued regardless of their societal utility, where sacrifice, unconditional care, and commitments to the highest order of integrity are expected. These commitments are reflected in both the statements of organization and in their practice and represent, being substantive in both cases rather than ad hoc or peripheral. It would seem that this distinction is an important ingredient; as Jim, the Homestead frontline worker, explained,

Rather than adopt a conserving stance after the 2008 global recession, Homestead undertook their largest project ever, the $7 million Perkins Centre in Hamilton.

> Number one it's different because over the years [Homestead's] stayed with [being Christian], whereas with some places it's like they're afraid because of funders. So it's like they tone it down you know, or they hide it you know, which Homestead doesn't do that.

Homestead explains their faith-centred vision as follows: "We value the inherent dignity of all people as image bearers of God. We live out our Christian calling to love our neighbours as ourselves. Hope is the foundation of all of our actions." These commitments are central to the way in which Homestead is embedded in a natural community that shares those values. As the Homestead model is considered, this alignment between the values of a natural community (whatever the particular values may be) and the social organization that is seeking innovative new approaches to social challenges appears to be critical for success.

One of the important indictors of natural community support is volunteer commitment. Homestead leadership noted that for every paid staff member there are 3-4 volunteers who have committed to supporting Homestead over the long term represented by hundreds of hours of work each month. These volunteers undergo formal security and medical screening, interviews, orientation, and training processes. In this case, volunteering both reflects buy-in by the natural community and supports Homestead's mission.

People who share the values of Homestead do not start from a zero point in calculating trustworthiness, they borrow from the built-in social resources that reflect trustworthiness through those shared values (which often, in return, reflect strong social ties as well). The motivation to care for the marginalized or those with complex needs runs in a direction that compliments trust in the process by which those complex needs are met. During senior leadership interviews, it was affirmed that Homestead that is able to expand support and trust by presenting their work in churches and other Christian gatherings. These groups and faith communities in turn lend their social and financial resources to partner with Homestead. This partnering includes financial, employment, project support, advocacy and other forms of active support. Homestead's private financial support is substantial, and Jeff Neven confirmed that most of it comes from the faith community. Homestead has managed make effective use of the positive correlation between generous giving and high levels of religiosity to meet an underserved mental health housing need (Adloff, 2009; Cardus, 2009; Reed, 2012).

CLIENT CARE MODEL

A central outcome of mental health housing is effective care of the client. All of the various supporting factors are muted if this care outcome is not consistently realized. Therefore, the client care model that Homestead follows is a vital consideration in evaluating the degree of innovation present in their model. Peer organizations in Hamilton have affirmed that Homestead's client care model is unique and effective. The Affordable Housing Flagship is a collaboration of housing providers, including Homestead, advocating for affordable housing in Hamilton. Project director for the Flagship, Renée Wetselaar, explained that: "Homestead Christian Care has been a model of service delivery for vulnerable populations in Hamilton.Their focus on deep affordability, accessibility and person-centered care is a great example" (personal communication, October 15, 2013).

There are six key aspects of the client care model that we will examine: *relational housing supports*, *stability*, *client outcomes*, *social capital*, *natural community* and *spiritual care*.

A. RELATIONAL HOUSING SUPPORTS

Homestead's client care model is built on relationship and their programming approach supports more than Maslow's (1954) need for shelter. Homestead also offers much more than clinical or medical support since their staff get to know clients and their needs. Since they have relationships with their clients, the clients will tell staff when they need something. Such relationships produce stability and improve clients' quality of life. Jeff Neven explains how the relational foundations of Homestead's model have developed:

> We have been nuancing our program and come to realize that the average person, whether they're housed or not housed comes down to relational housing supports. In addition to having a psychiatrist or making sure you visit your doctor regularly, which is clinical supports, housing stability really comes down to relational supports, daily problem solving. And that's primarily what our staff do, help people with the day to day problem solving of living in your own space (personal communication, October 1, 2013).

In Homestead's strategic plan, one of its five strategic commitments is "Engage our Tenants". The sub-points of this commitment are: "Developing active, functional tenant-led councils at every facility; developing services based on direct input from tenants; creating neighbourhoods and community." These are specific actions that Homestead is promising to its funders and partners.

A commitment to relational programming appeared to be reflected during tours of Homestead's facilities. Steven Rolfe, Homestead's Director of Policy and Planning, led the tour and in each facility, whether it was an apartment or a group home, he knew tenants by name and engaged in conversation with them. With more than 200 clients, it is notable that a Director who does not work in the programs on a daily basis knows clients in every program by name. The organization talks about a commitment to tenant support in their corporate documents and external communication. Within the limited nature of a guided tour and selected tenant feedback, it seems this is an integral aspect of their model. The fact that a Director knows client's names is not necessarily evidence of good programming, but it is consistent with the claims of Homestead leadership that they invest in and are involved in their clients' lives.

Jeff Neven explains that most organizations tend to focus either on providing affordable housing, or providing clinical supports. Homestead's goal is to be able to provide, or link clients to, every type of support:

> Most of those [affordable housing providers] provide reduced rent, and that's the end of it. We provide affordable housing, but not just affordable…The other side of that is there are organizations that provide support, clinical support, so organizations like the ACT team or CMHA…So we're somewhere in between, offering housing with supports (personal communication Fall 2013).

This relational focus comes from an orientation that is centred on asset-based development. Instead of solely focusing on what tenants need help with (a top down, strong-to-weak dynamic), Homestead discovers what clients can contribute to the community and provides them with opportunities to use those assets. Jeff Neven notes that this asset-based community development model comes from John McKnight's work in Chicago, whose recent book with Peter Block (2010) is subtitled "Awakening the Power of Families and Neighbourhoods". The main point is that struggling communities and individuals

do not need charitable programs as much as they need opportunities to use their gifts and talents for the common good. Homestead, rather than relying primarily on professional support, designs approaches that foster a *natural community* of support to form among its clients. Jeff Neven further explains how the deep values of their faith community informs their working values:

> So if you believe that people are created with dignity, we're all created with, people are equal at the point of how God created them and it also means then they have something to offer, something to contribute, something to give and it means you meet on a much more even level (personal communication Fall 2013).

On Thanksgiving, for instance, many staff, including senior management, will bring their families to the Perkins Centre and have a Thanksgiving meal with the residents. Staff and their families forego their own family plans to eat Thanksgiving dinner with people they spend their days serving in a work capacity. They understand that these actions back up what they say and fosters hope in their tenants, reflecting their motto "Hope and Homes".

Relationship is so ingrained in what Homestead does that when considering a new tenant, they remind them that if they want solitude, this probably is not the right place for them. Tenants are visited by staff in their rooms a minimum of twice per year, or quarterly in the apartment programs. Rather than pushing people away, Steven Rolfe believes that this attracts clients looking for relationship and leads to a culture of pursuing the common good among tenants. The 1% vacancy rate in Homestead facilities appears to reflect that value of fostering community and belonging (Homestead Christian Care, 2013). Jeff Neven says that what appeals to tenants is the:

> Belief that people want life to be better and they don't want somebody externally just to make their life better, but they want to have an active role in making their life better. And they may not have all the tools to do that but they have some of the tools, and in community and in relationships the abilities that you have can be shared and has a multiplying effect.

Homestead's unique focus on relationship also leads to unique programming. Instead of simply providing programs for their tenants, Homestead encourages tenants to *own* and *create* the programming. The "collective kitchen" program is a good example of this. This program began as a staff-run program where tenants would, as a community, bring together their finances, plan a meal, buy ingredients, cook a large meal, and take leftovers home for future meals. The result is tenants creating community, learning life skills, and eating healthier and more cost-effectively than they would alone. This program was staff-run at the beginning, but tenants now carry out these activities on their own

B. SPIRITUAL CARE

Homestead believes that care for the whole person includes care for spiritual wellbeing. This value led Homestead to structure its services in a way that supports clients client's pursuit of spiritual wellbeing. Jeff Neven explains that the aim of Homestead is to help any tenant pursue whatever faith they wish to (or no faith), which means if a tenant wants to learn more about Judaism they will work to connect her or him to a local synagogue or Rabbi. Spiritual care activities take place in secondary rooms so that clients do not experience coercion or feel obligated to participate. Jim (not his real name) mentions that when he is working in the group homes, residents will often come to him and ask him to pray for them or read the Bible with them. Local faith-based communities host events, gatherings, Bible studies, and other functions in Homestead buildings. Homestead staff are available to provide for spiritual needs that the clients may have or arrange for those needs to be met.

C. STABILITY

A premise of the *Housing First* model that Homestead has adopted is that people need a stable place of residence in order to improve their health and well-being. This is the rationale that has driven Homestead to offer permanent housing as opposed to time-limited services. Table 3 compares Homestead stability to other peer organizations.

Paper/Organization	Type of Housing	Median Days Housed	% Stably Housed for 1 Year
Homestead	Housing First	579	80%
At Home/Chez Soi (Mental Health Commission of Canada, 2012)	Housing First	N/A	73%
Murray, Baier, North, Lato and Eskew (1997)	Transitional housing	N/A	92%
Harkness, Newman and Salkever (2004)	Supportive housing	365	78%

Table 3: Housing Stability in Homestead and Selected Studies

Jeff Neven believes that the stability of residents is largely a result of the relational support Homestead offers. Tenants see Homestead facilities as their homes, not as places where they are staying for a while, and they see other residents as their neighbours. The success of this model is based on these types of cumulative benefits. When residents have a home and a community, they stay housed. When they stay housed, they have sufficient stability and a sense of belonging to pursue their goals and dreams: "[Tenants] have a strong sense of ownership. That means that when it's dirty, someone spilled a coffee, their neighbour says 'Hey, clean it up.'" (Personal communication, Jeff Neven, Fall 2013). One of Homestead's strategic commitments is to create tenant-led councils to make Homestead leadership aware of potential issues and improvements to the facilities. At the Wentworth Street group home, the kitchen and laundry facilities are always open and available for the tenants, which is rare for a group home. When we visited Homestead's facilities, tenants were not confined to their units; they were active and enjoying the facilities like one would enjoy a home. This sense of ownership among clients allows Homestead to keep their housing in prime condition. The Perkins Centre, their newest housing complex for individuals with SMI, has had no instances of vandalism since it opened in 2011.

POSITIVE CLIENT OUTCOMES

Improved quality of life and functioning are also key Homestead objectives. Homestead does not provide direct clinical support to tenants; therefore, Homestead is not fully responsible for client mental health outcomes, positive or negative. However, their provision of quality, affordable housing with strong relational supports contributes positively to treatment of SMI (Rosenheck et al., 2003; Tsemberis & Eisenberg, 2000; Tsemberis et al., 2004).

There are several outcomes for which clients showed substantial improvement during their time at Homestead. Homestead records show that 25 clients (140 at baseline to 165 currently) have moved from having residential staff support to living independently without direct staff support after living at Homestead; another 78 have moved from living with others to living alone. This is significant because the vast majority of Homestead's clients are individuals with SMI, a population that is particularly hard to house independently. It would seem that the community Homestead creates with and among clients is a very important factor in both retaining those clients and enabling success in other aspects of their lives. One of the outcomes of this sense of belonging is that tenants use their talents to support each other, which means that staff do not need to provide as much direct support and tenants can live on their own. Typically, individuals with SMI want to live independently where community is available but not imposed (Tanzman, 1993). Homestead residents have reduced criminal justice involvement, higher employment rates, and decreased reliance on Social Assistance. Further analysis of hospitalization rates (higher, perhaps owing to receiving needed clinical attention) and graduations (lower, possibly because of completion of programs) warrants further investigation.[1]

1. Current analysis is limited due to the aggregated client data (necessary for privacy concerns) provided by Homestead. Further research on the full data sets needs to be conducted to test the level of statistical significance of these outcomes and others not listed here.

NATURAL COMMUNITY

As explained earlier, natural care arises from the various day-to-day relationships that form the social environments we live in and which constitute our natural community. This informal network is the primary context for our health and well-being with brief forays into professionalized care. Gord Tulloch refers to natural community as "natural and organic systems of connection" (PLAN, 2011) to describe the bonds that form between individuals as a result of being in close proximity and/or sharing common goals. The asset-based community development ideas from John McKnight (2010) and others are based on this idea. If the natural community is given the right conditions to develop, a robust support system forms that in turn supports individuals in the community. However, as McKnight argues many communities have come to depend on bureaucracies and professionalized services for support, leading to the dissolution of organic systems of support formed by social cohesion that allows a community to help themselves. Natural community provides tremendous benefits for people in need of care and they exist in large part due to the social capital that accumulates among a group of people who share the same values and are committed to common purposes.

The business, care, and finance elements that Homestead is based on are all deeply integrated with natural communities. This may be true of any community enterprise but in the case of Homestead, the embedded approach is conscious and formally developed. There is no indication in the Homestead literature or formal documents that they see themselves as a replacement for professional care. Where tenants with SMI require clinical care, Homestead is there to direct them or facilitate getting them to where advanced help can be found. The day-in-day-out routine that natural communities excel at underpins the Homestead housing approach. Bringing a coherent model that is rooted in natural communities is a central feature of their work and it is fair to say that Homestead's model cannot be understood without grasping the role that these communities play in long-term care and, in many cases, prevention of the negative consequences that inadequate housing leads to.

SOCIAL CAPITAL

One reason for the positive effects of natural community is its relationship to trust. Harvard sociologist Robert Putnam (2000) popularized the idea of social capital, or the networks of individuals that people use to gain access to resources—their natural community. Putnam argued that social capital was declining in the US and that this was also correlated with a decline in other important relational factors, including trust. Homesteads trustworthiness in the eyes of its natural community is clearly an important reason that people have made $12 million in non-guaranteed investments in their work. This culture of trustworthiness facilitates the Board of Directors allowing management to leverage equity to build new affordable housing and is also reflected in Homestead staff support for each other in a stressful profession.

Fostering trust is also a main objective of Homestead's client care model. Communal housing complexes, such as Homestead's, have been shown to increase trust, understanding, and openness among individuals (Majee & Hoyt, 2009). Trust has been shown to be an important factor in recovery for people with SMI (Hackethal, 2013; Padgett, Leibson, Abrams, & Davis, 2006). When there is trust among a network of people, they will be more likely to help each other with life problems. This natural community and resulting trust and care decrease the need for formal services, and appears to be reflected in Homestead's model.

Social capital can be formed and natural community can be grown, but there is also pre-existing social capital that comes from a group's commonly-held traditions and values. Homestead accesses this pre-existing social capital by drawing on a faith tradition. This commonly-held tradition enables rapid and robust trust to be formed between members within the tradition who may not even know each other—trust is built on an implicit understanding that others live with similar codes of conduct and accountability. Members of the faith tradition believe Homestead when it says that it values each client as made in the image of God, or that it is a responsible steward of its finances, because those are long-held values in the Christian tradition. Based on this trust, the funds that Homestead is able to raise from the Christian community are significant. Research supports the phenomena that religious people are more likely than others to give to charitable causes (Adloff, 2009; Cardus, 2009; Reed, 2012) and this willingness translates, in Homestead's case, to financial, program, and even employment support.

The social capital that forms out of a common traditions helps Homestead raise funds, but it also helps them to care for and form relationships with clients in an authentic manner. When a group has common values that have existed for generations,

there can be significant bonds among the group. These close bonds can be negative if the group becomes detached from broader community service or fosters antisocial or blindly trusting habits. However, when the values that create strong bonds, such as those that Homestead reflects (e.g. valuing the dignity of all people, loving their neighbours as themselves, hoping for better times) they create a sense of belonging in those who come in contact with the group. In Homestead's programs, this means that clients see this bond between staff, volunteers, and church groups who use their buildings, and they feel the concern that these people have for each other and for them. When a close-knit, loving community like Homestead takes them in and asks them to be involved in their community clients' clinical outcomes improve and turnover rates decline.

The expertise of doctors, nurses, social workers, and other professionals are clearly essential. What the Homestead model reveals, however, is that social capital, trust, and ultimately human flourishing, do not result from professionalized, bureaucratic programs alone; they are instead deeply dependent on the supports that exist within natural communities.

CONCLUSION

Invention is the creation of something novel and often singular. Innovation consists of bringing existing practices or ideas into contact with each other in order to form something with unique value. Each of the elements of the Homestead model is relatively well-known. In fact, there isn't anything particularly innovative about each of these three core facets on their own - business model, client care model, and natural community integration. A quick look at the community service, business, and charitable sectors would reveal the regularity of these factors. However, Homestead has brought these three elements together in a peculiar and effective combination that constitutes an innovation that appears to deliver significantly positive results. Creating a combination of factors that yields significant interdependence among the business, care and natural community elements has proven to be a particularly effective and efficient way of delivery care for people with SMI. Homestead's staff structure, relational client support, spiritual care, housing stability, financial management, income sources, private funding, and natural community support all contribute to their positive outcomes and institutional growth. It appears that a key element of the functioning model of Homestead is the natural community support that integrates the effectiveness of all the other elements (Figure 3). Natural community is a key contributor that brings together the business model and the care model to yield a significantly positive outcome.

The interdependence of these three core components can be seen by imagining what would happen if any one of them were removed. In this case, Homestead only works when they are held together in a particular combination of interactions. All three facets of the model—business, client care, and natural community—are interdependent and necessary. If you take any one facet out, the whole model breaks down. The integration of these elements is dependent on the natural community context they exist in and arise from. The distinctive way that Homestead brings together the *structure* of their client care and business models in the context of the *natural* foundation of their community reflects elements that are expected of innovative enterprises.

Homestead also faces challenges as a model of innovation. First, whether the model could be used in different types of natural communities would need to be evaluated. Homestead has demonstrated expansion capabilities through the growth in Woodstock, ON. Their growth suggests that they will be exploring transferability more robustly and those efforts warrant continued attention. The growth of Homestead will only partially answer questions of transferability. Evaluation will, in the future, need to include exploration of whether another natural community context that does not necessarily share the values of Homestead's community can replicate the care outcomes and financial efficiencies they have demonstrated.

The potential for improved care of people with SMI, particularly the long-term social assets that may be developed among their networks of support, mean that it is well worth testing the Homestead model further to determine how it could be deployed to offer help in other communities and cities. Approaches such as the Institutional Analysis and Design framework (Ostrom 2005) could be utilized for this type of in-depth analysis and assessment at a theoretical

level. Living experiments in the form of groups or organizations across a diversity of belief and value systems is another way of exploring the efficacy of the Homestead model. As explored above, there are enough indicators of success to warrant further investigation and analysis in the service of narrowing the gap between need and care for housing people with SMI.

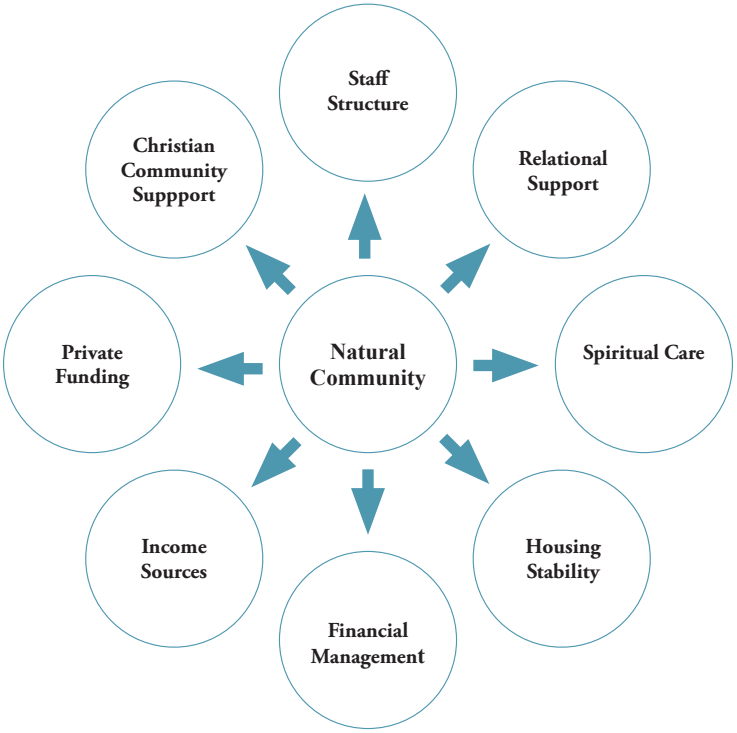


Figure 3: Centrality of Natural Community in Homestead's Model

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APPENDICES

APPENDIX A: HOMESTEAD FINANCIAL GUIDELINES

(example of the types of considerations Homestead makes)

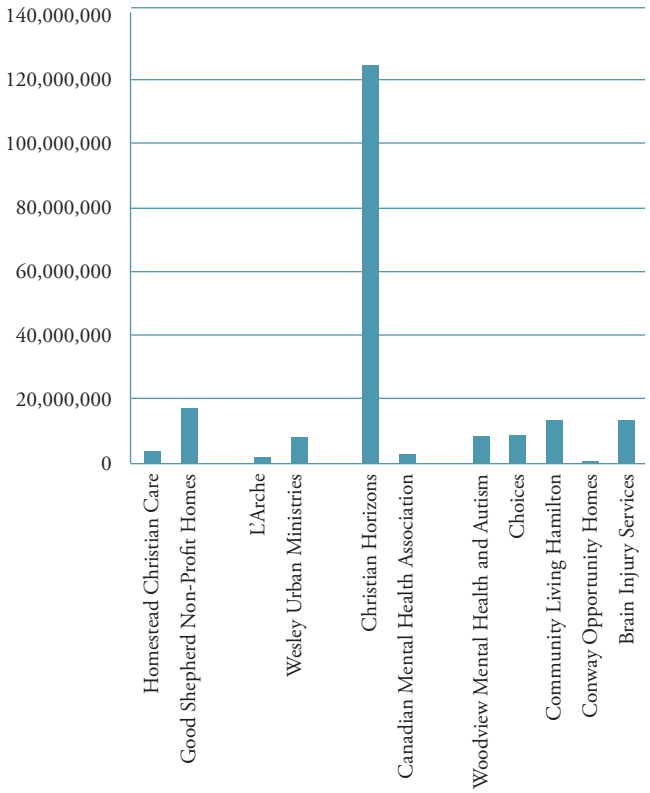
Guideline	How to Calculate
Determination at year end of the real value difference between business market and booked value on assets	BMV of buildings (at start of year) + booked value of land if not included + furniture and fixtures, booked values = Total Business Value of a Property
There will be regular review of the level of organizational financial risk	The range is currently set at 3-4% of BMV for carrying cost of actual liabilities against BMV asset value. Setting the target below 3% indicates that resources are not being fully utilized for mission and vision and over 4% has potential carrying costs that are too high
Monthly testing for operational profitability of organization and its projects	**Test 1** – Total income > total expenses **Test 2** – Total finance cost=< financial distribution charge across all projects (target of $200/month per unit) plus 5% (5.25) for all non-income generating properties **Test 3** – All projects operate in a positive net income **Test 4** – All projects returning a positive value to the charity **Test 5** – Income budget based on adjusted business market value **Test 6** – Real value equity test: BMV total – total liabilities = real equity
A target of no more than 3% of lost potential revenue from current income generating sources is considered allowable	All current rental tracking systems will be utilized to identify non-performance assets. Identification of non-performing assets will be followed by action plans to improve performance
Maintenance target is set at $50 per month per unit, including labour and material cost	N/A
Each project should achieve self-sustainability within 3 years. Self-sustainability includes a target for financial distribution	N/A

APPENDIX B: HAMILTON HOUSING PROVIDERS' FUNDING SOURCES

Organization	Total Revenue	Government Revenue (%)	Private Donor Revenue (%)	Property - Rental Income (%)	Total Assets	Total Expenses
Homestead Christian Care	3,346,574	27%	31.3%	39%	19,948,781	3,550,326
Good Shepherd Non-Profit Homes	17,273,019	71.9%	1.1%	14.4%	62,987,569	17,061,307
L'Arche	1,931,078	81.6%	0.7%	11.4%	969,955	1,908,395
Wesley Urban Ministries	8,114,135	76.5%	20.6%	0.3%	3,539,265	8,561,826
Christian Horizons	125,031,764	97.5%	0.2%	0	47,483,723	125,892,024
Canadian Mental Health Association, Hamilton	2,924,216	90.4%	3.7%	3.8%	3,031,583	2,843,469
Woodview Mental Health and Autism Services	8,377,041	73.3%	0.5%	0.2%	3,230,509	8,346,520
Choices	8,710,253	86.6%	0.1%	1.3%	3,665,398	8,606,359
Community Living Hamilton	13,517,640	88.5%	0.3%	3%	3,313,508	13,453,482
Conway Opportunity Homes	564,809	100%	0	0	214,680	569,823
Brain Injury Services	13,452,996	83.9%	0.2%	1.5%	5,143,175	13,771,480

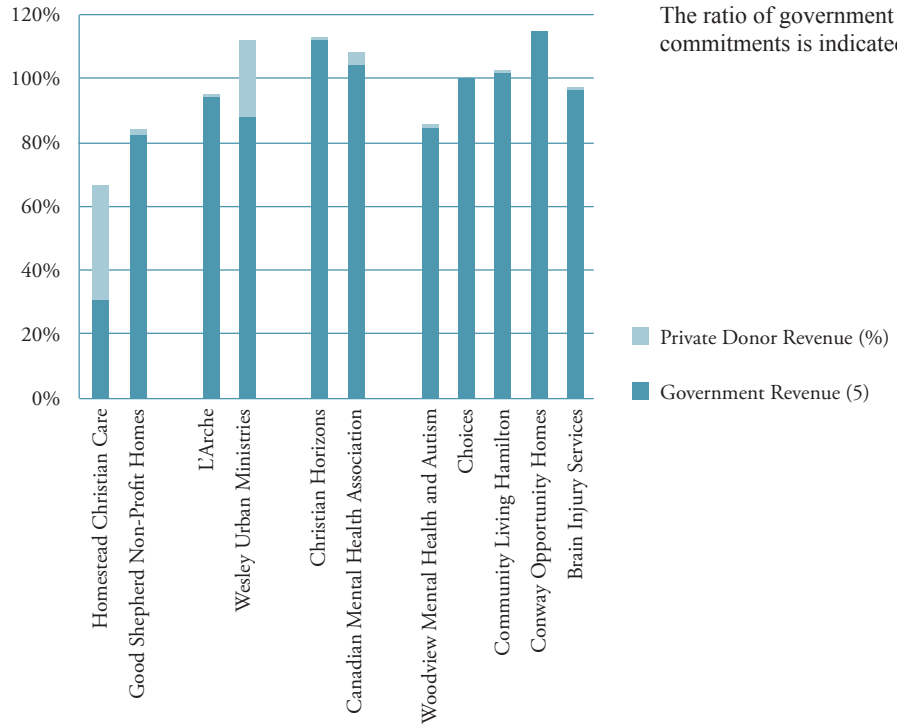
APPENDIX C: GRAPHS OF COMPARABLE ORGANIZATIONS SIZE AND FINANCIAL STRUCTURES

Total Revenue



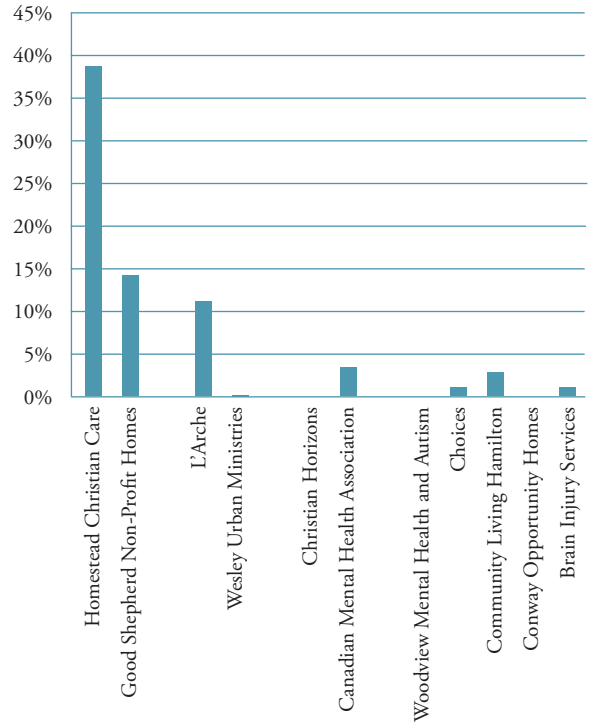
This graph shows the relative size of Homestead among peer-service organizations

Private Donor v. Government Revunue



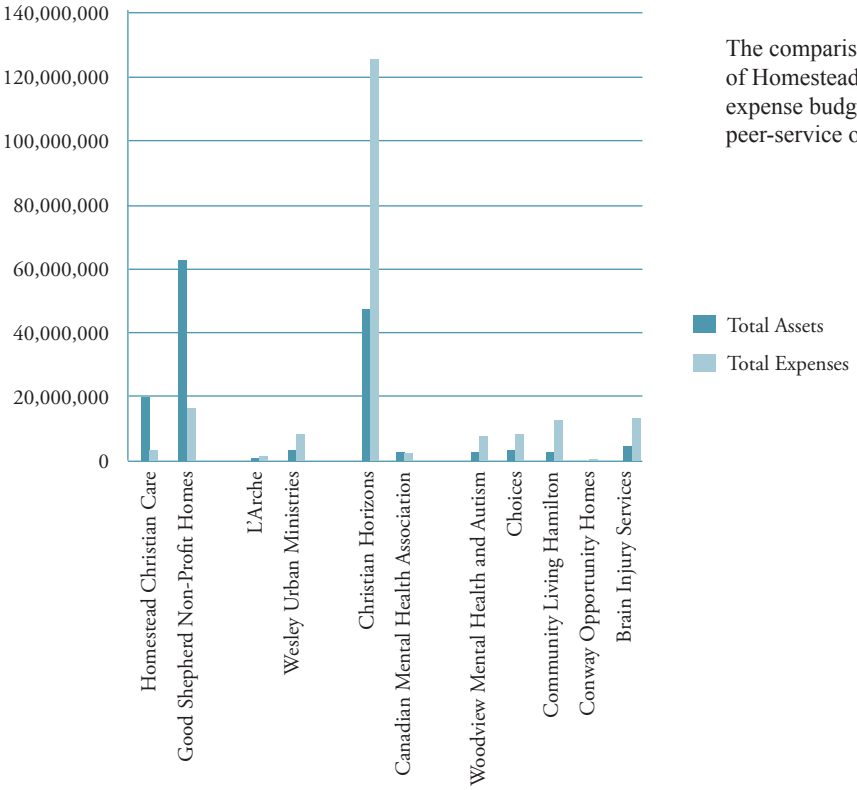
The ratio of government to private donor commitments is indicated here.

Property - Rental Income (%)



A subset of Homestead revenue sources compared to other peer-service organizations.

Total Assets and Expenses



The comparison here reveals asset values of Homestead in comparison to their expense budget including comparison to peer-service organizations.