



Addictions &
Mental Health
ontario

Policy Recommendations for

Mental Health & Addictions Supportive Housing in Ontario

February 2024

Executive Summary

As the housing crisis in Ontario intensifies, so does the growing body of evidence pointing to the effectiveness of supportive housing in producing positive outcomes for people living with mental health and substance use conditions.^{i,ii} Additionally, supportive housing has demonstrated a strong potential for decreasing the risk of hospitalization, use of emergency services, and incarceration – presenting tremendous cost avoidance opportunities for the province.^{iii,iv,v,vi} Given these benefits, it is imperative that Ontario’s housing policy landscape is reoriented to better reflect best practices and the needs of priority populations.

Supportive housing refers to programs that have a combination of housing assistance services and wrap-around support services (i.e., counselling, addictions support, peer support, life skills training, and assistance with the activities of daily living) which are tailored to the unique needs of the client population. Typically, supportive housing clients have specialized needs such as mental health challenges and/or substance use disorders, physical disabilities, and/or cognitive impairments.^{vii} The unique value proposition of supportive housing programs is derived from (1) providing safe, high quality housing supply; with (2) well-integrated, highly specialized wrap-around support services. In the absence of funding and capacity for providing supports, clients experience challenges living independently and fully reaping the benefits of supportive housing.

Despite the client- and system-level successes and cumulative benefits of supportive housing, there is a critical lack of supply of safe and good quality supportive housing in Ontario.^{viii} For instance – over a two-year period from 2015 to 2017 in Toronto, there were 4,000 applications from individuals with severe mental illness seeking supportive housing, but only 600 were successfully housed.^{ix} Much of this shortage is attributable to the complex and siloed funding and oversight approaches by all three levels of government. Today, there is a burgeoning demand for supportive housing against the backdrop of historic cost of living increases and an affordability crisis in the housing sector.^{x,xi}

At this time, experts are calling for an immediate supply of 30,000 new supportive housing units to keep up with the record-breaking demand.^{xii} Given the dynamics at play, it is necessary for the Ontario government to strengthen their commitments to improving supportive housing programs. At this time, Ontario needs to develop and implement housing policies that provide improved supportive housing funding both to bolster supply and to enable providers to deliver the high-quality services Ontarians expect and deserve.

This policy paper seeks to provide an overview of Ontario’s Mental Health and Addiction (MHA) supportive housing landscape, and present evidence-informed policy recommendations that aim to create a sustainable and resilient sector that addresses the housing and mental health and addictions needs of our province’s most vulnerable. Overall, this paper is informed by:

- 1. An environmental scan of academic literature, institutional reports, policy papers, and strategic frameworks;**
- 2. Key informant interview sessions with supportive housing providers across Ontario; and**
- 3. A workshop with expert advisors to further inform the recommendations.**

This policy paper will provide concrete policy recommendations to respond to key challenges facing the planning and delivery of supportive housing services. Each set of recommendations is aimed at producing positive outcomes for the sector by achieving the following:

1. Improving policy and funding coordination by the government and ensuring stronger alignment between the housing sector and the larger health system.

Effective policymaking will require a strong commitment to both: (1) a coordinated approach between the three levels of government; and (2) inter-ministerial coordination in the Government of Ontario.

2. Creating sustainable sources of funding.

Expanding and sustaining supportive housing requires that governments should be actively engaged in establishing reliable, predictable, and sustainable funding levers.

3. Adjusting social assistance supports so that they reflect the current cost of living in Ontario.

Social assistance must keep pace with current market rental prices, inflation, and costs of living.

4. Effective and sustainable capital planning.

A need for effective capital planning and targeted investments in both new and existing supportive housing stock, to enable providers to meet both short- and long-term supply needs.

5. Consistent and standardized capacity and waitlist planning across the province.

Centralized capacity and waitlist planning would enable the government to ensure that the system has the capacity to support the increasing demand for services.

6. Ensuring that providers are adequately funded and well-equipped to deliver best practices in care

Supportive housing must provide a living environment where tenants feel safe and comfortable engaging in wraparound care, programs, and services, and can maximize their activities of daily living.

Purpose

This policy position paper seeks to provide a thorough analysis of Ontario's Mental Health and Addiction (MHA) supportive housing landscape, identify the central challenges facing housing providers, and present evidence-informed policy recommendations aimed at overcoming these sector-wide challenges. This paper is informed by:

1. an environmental scan of academic literature, institutional reports, government policies, and strategic frameworks;
2. key informant interviews with supportive housing providers across Ontario; and
3. a workshop with expert advisors to further inform the recommendations.

What is Supportive Housing?

Supportive housing refers to housing programs that have a combination of housing assistance (e.g., rent-geared-to-income and rent supplements) and wrap-around support services (e.g., counselling, addictions support, peer support, life skills training, and activities of daily living). Supportive housing is one type of program under the broader umbrella of **social housing**, which encompasses non-market housing developments that are subsidized by the government. Supportive housing is also different from **affordable housing**, which refers to low-to-moderately priced market-based housing options in the rental or ownership market.^{xiii}

Supportive housing units can be located in individual apartments or congregate/group homes, in dedicated supportive housing buildings, social housing buildings, or private housing. These programs can either have on-site staff for residents with higher needs, or off-site staff that work with clients on a regular basis, based on their level of need. These supports and services are multidisciplinary, tapping into the expertise of caseworkers, social workers, nurses, therapists, addictions counsellors, and other professionals.

Supportive housing programs serve a wide range of clients including people at-risk of homelessness, people with physical disabilities, cognitive impairment, and/or mental health and substance use challenges. It is estimated that 25 to 50% of people experiencing homelessness or housing insecurity live with a mental health condition.^{xiv} **People with serious mental illness and/or substance use challenges greatly benefit from MHA support services, coupled with the stability and safety provided by permanent housing.**

The Case for Supportive Housing

Significant System Cost Avoidance

In Canada, the economic impact of mental illness (including costs to the health care system, reductions in productivity and quality of life) are estimated at over \$50 billion per year. Similarly, the economic impact of substance use (including costs related to health care, the justice system, and lost productivity) is estimated at almost \$40 billion.^{xv} A number of studies have demonstrated the tremendous cost-avoidance potential associated with the building and provision of permanent, supportive housing.

- In 2020, The City of Toronto conducted a cost analysis using pre-COVID-19 shelter costs. This analysis demonstrated that the City of Toronto could save approximately \$60 million every year by providing supportive housing units and affordable rental units to 3,000 people who are using emergency shelters.^{xvi}
- A 2014 study led by the Mental Health Commission of Canada followed more than 2,000 people living in supportive housing in five different cities over a two-year span. The analysis revealed that every \$10 invested in supportive housing resulted in an average savings of \$21.72 in public costs.^{xvii}
- An Ontario-based study indicates that more than 50% of alternate level of care (ALC) patients remain in psychiatric settings, instead of being discharged to a more appropriate setting in the community, such as supportive housing.^{xviii} Additionally, 60% of mental health ALC patients in acute care hospitals remain hospitalized for over 90 days, with this number rising to 65% of patients in tertiary or specialized hospital settings.^{xix}

Client Outcomes

Research indicates that supportive housing generates clear benefits for individuals in achieving positive mental health and substance use outcomes.

People with disabilities living in supportive housing, including those with MHA challenges, are also able to live more securely in the community. They receive more appropriate and tailored support which can improve their overall wellbeing. Other individuals are also likely to benefit from supportive housing, including seniors trying to stay within the community as they age or families attempting to keep their children out of the foster care system.^{xx}

Research consistently underscores that the implementation of supportive housing yields advantageous outcomes for individuals, systems, and communities alike. A lack of substantial investments in supportive housing will continue to contribute to heightened rates of hospitalization, escalated utilization of emergency services, and increased incarceration.^{xxi}

A 2022 STUDY CONDUCTED BY BC HOUSING FOUND:

- **76%** of survey respondents living in supportive housing reported **improved overall well-being**;
- **43%** reported improved **access to employment opportunities**;
- **52%** noted **improvement in life skills**;
- **40%** stated an overall **improvement in substance use issues**; and
- **95%** of supportive housing residents **remained housed after six months**.

Figure 1: British Columbia Housing Research Centre, "Community Benefits of Supportive Housing," BC Housing, 2022.

Issue Summary

Despite housing being regarded as one of the most critical social determinants of health, Ontario currently has a limited supply of new supportive housing units, multi-year waitlists for existing units, and soaring demand for all forms of housing in Ontario. ^{xxii} The COVID-19 pandemic further intensified the supportive housing crisis and highlighted the precarious living situations of people with serious mental illness and substance use challenges.

Safe and suitable housing is a key component of recovery for people with serious mental illness and/or substance use challenges. Evidence-informed supportive housing leads to improved personal, health and social outcomes for people with serious mental illness and substance use challenges, including those who have long histories of hospitalizations, trauma, and complex needs. Supportive housing benefits communities and contributes to long-term cost savings for governments.

When housing policy is properly developed, implemented, and adequately funded, it can lay the groundwork for addressing the housing crisis and improving the health and well-being of people who live in Ontario. It is critical to note, that housing policy must be aligned and integrated with MHA policy, to support the recovery of people with serious mental illness and substance use challenges.

Increased Demand for Supportive Housing

In 2016, Ontario's MHA supportive housing system had an estimated 23,000 units, 13,000 of which were funded by the Ministry of Health at \$200 million annually, and 10,000 units that were funded by municipalities across the province. ^{xxiii} While the demand for supportive housing for people with severe MHA needs has become increasingly evident and urgent, it has only been met with modest increases in funding and supply.

Over a two-year period from 2015 to 2017 in Toronto, there were 4,000 applications from individuals with severe mental illness seeking supportive housing, but only 600 were successfully housed. The wait time for almost 60% of applicants was two years or more, with 10% waiting for over four years. Those with serious mental illness and complex needs who require 24-hour high-support housing may have to wait up to five years. Despite commitments to enhance supportive housing by multiple levels of government, the demand for supportive housing in Ontario far exceeds the current supply.

Experts across the sector are repeatedly indicating an immediate need for 30,000 new supportive housing units. ^{xxiv} In the interim, the significant shortage of supportive housing has left many with severe mental illness and substance use challenges in shelters, hospitals, and jails. ^{xxv} It is worth noting that while these numbers continue to be the most recent reported statistics, these numbers have only compounded over the past few years due to several factors such as the COVID-19 pandemic, inflation, and the record-high cost of living.

Current Funding and Organization

In Ontario, MHA supportive housing is funded multi-jurisdictionally, with different levels of involvement from the municipal, provincial, and federal governments. Typically, funding is provided through federal and provincial governments, and administered by designated service managers from municipal governments and social services organizations. ^{xxvi}

Federal funding for supportive housing is provided largely under the 10-year National Housing Strategy (NHS), an initiative announced in 2017. It includes targets and funding programs aimed at building, repairing, and modernizing Canada's social housing supply. ^{xxvii} Canada's Office of the Parliamentary Budget Officer estimates that NHS's total spending is close to \$89 billion over 10 years. ^{xxiii}

According to a report from the Financial Accountability Office of Ontario (FAO), the Ontario government spent a total of \$661 million across the continuum of housing programs in the 2019-20 fiscal year. The federal government contributed to roughly two-thirds of Ontario's funding. The remaining one-third can be attributed to direct provincial spending. ^{xxix} Moreover, the FAO estimates have indicated that from 2014 to 2019, the Ontario government spent on average, \$856 million per year on housing programs – which amounts to less than 0.7% of the province's total spending in those years. The FAO also estimates that Ontario municipalities spend approximately \$1 billion annually on housing programs, including both affordable and social housing. This spending is additional to federal and provincial contributions and is not recorded as spending by the Ontario government.

Within the provincial government, funding for 20 different supportive housing programs is provided by the Ministry of Health (MOH), Ministry of Municipal Affairs & Housing (MMAH), and Ministry of Children, Community & Social Services (MCCSS). ^{xxxi} As previously stated, MOH funds the majority of health support services as well as some rent supplements, while capital and operational funding tied to the units is generally provided by MMAH. MCCSS funds youth and youth justice spaces, as well as housing for adults with developmental disabilities. Given this complexity, it is difficult to precisely attribute the amount of funding allocated provincially to supportive housing, highlighting the need for stronger coordination to deliver targeted approaches to funding.

Following a review of Ontario's supportive housing programs, the MMAH, MCCSS and MOH released an engagement report in 2021. In this report, they committed to advancing supportive housing by developing a coordinated, multi-ministry approach to screening, regulating, and funding supportive housing programs. ^{xxxii} The same year, the Office of the Auditor General of Ontario's (OAGO) review of the MMAH's Housing Division concluded that the Ministry has demonstrably fallen short of their commitments towards sectoral advancement for years. The report called for an improved overarching strategy for coordinating supportive housing with other provincial ministries, municipalities, and third parties. ^{xxxiii}

Since 2017, experts across the sector repeatedly indicated an immediate need for at least 30,000 new supportive housing units in the province. ^{xxxiv} Without supportive housing, people living with severe mental illness and substance use challenges are vulnerable to homelessness or being housed in arrangements misaligned with their needs. Although the start-up costs are high, investing in and developing high quality supportive housing programs will improve outcomes for marginalized groups, and reduce long-term impacts and economic costs shouldered by our health, housing, and correctional systems.

Modernizing Ontario's Supportive Housing System

Lack of policy and funding coordination by government

We need to develop innovative policies that remove barriers to access and bolster the supply of supportive housing in Ontario. The system requires sustained upstream solutions that prioritize connected care, improved capital planning, and standardized practices across jurisdictions.

AMHO's consultations with supportive housing providers underscored the negative impact of system fragmentation. Effective policy making requires a strong commitment to both:

1. a coordinated approach between the three levels of government; and
2. inter-ministerial coordination in Ontario.

A coordinated approach between the three levels of government

Supportive housing for individuals with mental health or addictions challenges is mainly funded by the Ontario Ministry of Health and municipalities. Funding for the delivery of MHA support and services is mostly provided by the Ministry of Health and administered by Ontario Health (formerly the LHINs). However, capital funding to build new or maintain existing housing stock is available primarily from federal and municipal governments, with some operational support for maintenance from the provincial government.

Housing providers often face challenges within this funding landscape due to the existence of multiple programs, grants, and revenue sources between the municipal, provincial and federal levels of government. This has created a very complex system for providers to navigate due to municipal-provincial-federal dynamics, reporting requirements, timelines, and differing priorities. For example, the Canadian Mortgage and Housing Corporation (CMHC), a federal agency, has over 10 different funding streams available for affordable, transitional, and supportive housing.

The federal and provincial governments operate in a fiscal year from April 1 to March 31, while municipalities operate using the calendar year. This leads to misaligned timelines for applications and reporting. Further, even within the provincial government, there can be varying timelines of when applications are due, when funding flows, and when reporting is required.

In other provinces, like British Columbia, most housing programs are fully funded and delivered by provincial or territorial governments and supported by federal funding contributions, with very minimal involvement from the municipal government. This streamlines the supportive housing system for providers and clients.

According to the Ontario Municipal Social Services Association, by 2033, all agreements and funding commitments for capital and operating expenses between the federal government and Ontario social housing providers will come to an end. As a result of this, approximately 40% of the housing units that were supported by these agreements will no longer be sustainable, and 80% of them will be at risk of being unable to operate under their current structure. This is an opportune time to ensure that there is no loss of units and to improve the coordination the funding and administration for supportive housing in the province.

Inter-ministerial coordination in Ontario

There are over 20 supportive housing programs funded by different areas of the provincial government. Each provincial supportive housing program has different eligibility, funding, and reporting requirements, which increases the administrative burden and complexity for providers. Better coordination between and within levels of government is critical. It would enable the elimination of duplication, improve the use of collective funds, streamline requirements on behalf of providers, and lead to the more efficient operation of supportive housing programs. While centralizing the funding and accountability structures for supportive housing will help to reduce the current complexity and inefficiency in the system, it does not address the issue of inadequate funding to meet the demand for supportive housing in Ontario. In addition to streamlining and simplifying the existing structures, additional and continuous funding is required to enable the development of new units, maintain the existing supply, and ensure those in need receive an appropriate level of care in a timely manner.

Policy Recommendations

To address these concerns, AMHO recommends that the Ontario Government:

RECOMMENDATION 1: Quantify the new supportive housing supply that is currently needed, conduct modelling to assess the need per year over the next 3-5 years and commit to working with the federal government and municipalities to address this need.

RECOMMENDATION 2: For any increases in the supportive housing supply, MHA, health and social supports for residents must be appropriately and proportionally funded, while building in additional capacity to provide agile, stepped care to address residents' needs as they arise.

RECOMMENDATION 3: Pilot administering provincial funding through a consolidated envelope to enable a whole-of-government approach with a focus on the social determinants of health. In doing so, look to leading strategies and policies from other jurisdictions including but not limited to those employed by BC Housing.

RECOMMENDATION 4: Consider establishing a provincial supportive housing secretariat dedicated to the development of new units and operation of existing units, to streamline application and reporting requirements, and the flow and timing of funds.

RECOMMENDATION 5: Consider establishing a cross-jurisdictional supportive housing body, consisting of all levels of government, supportive housing providers, and residents. This body can work to identify under-used and vacant land and buildings that can be converted into housing units. It can also help with coordinating applications, funding and reporting requirements and timelines.

RECOMMENDATION 6: Work with AMHO, supportive housing providers and residents to develop standards with respect to the administration and delivery of supportive housing. This includes determining an agreed-upon definition; target populations; staffing ratios; updated funding formulas for support services, rent supplements, and operation of units; and funding the construction of new units to ensure positive outcomes for clients.

Reliance on Unsustainable Funding

Supportive housing providers in Ontario rely heavily on grant funding for steady cash flow. This can often present barriers given the intricacy and competitiveness of grant application processes. Without adequate guidance and assistance, some providers, particularly those already that are under-resourced or serving smaller communities, struggle to navigate the technicalities of the application requirements.

The competition for funding across the variety of programs and grants is high, with many organizations applying for limited funding envelopes. The application process for funding can also be very time-consuming and difficult to complete. For example, “The Oaks Ottawa” program at the Shepherds of Good Hope revealed several challenges with the process. For one, it was complicated to obtain program funds from multiple sources and manage multiple reporting requirements. This resulted in inconsistencies in the allocation of funds and resources, which ultimately affected the quality and accessibility of the program.

Some providers also noted that the timing of grants pose a significant challenge. For example, providers have flagged that some provincial maintenance grant funding is disseminated in the winter months when it is difficult to follow through on development plans. Therefore, it is essential to these organizations that grants are distributed evenly throughout the year, ensuring that they have better opportunities to undertake construction and development projects.

Another issue is that this funding is typically delivered as a one-time payment, leading to uncertainty and instability that hinders effective, longer-term planning for the needs of the community. Moreover, the uncertainty surrounding the acquisition of grants puts added pressure on the already precarious financial environment under which providers operate. Given the significant capital reserve issues already at play, relying on grant money as a primary source of funding makes supportive housing providers even more risk averse. For many providers, the consequences of a grant application falling through are dire. The sustainment of supportive housing programs in Ontario requires that government bodies and stakeholders are actively engaged in establishing reliable and predictable funding systems.

Policy Recommendations

To address these concerns, AMHO recommends that the Ontario Government:

RECOMMENDATION 1: Provide additional permanent funding to supportive housing providers, as established by the number of supportive housing units needed in the next 3-5 years, to improve and expand their service offerings.

RECOMMENDATION 2: Streamline grant and application processes to make it easier for proven providers to apply and manage their applications.

RECOMMENDATION 3: Limit the availability of grants and programs that have one-time funding. Supportive housing requires sustained and permanent funding to be able to operate.

RECOMMENDATION 4: For grants and programs that provide one-time funding, increase providers’ flexibility to carryover underspent funding from their current fiscal year to the next year, due to the complexities of providing supportive housing.

Social assistance supports do not reflect the cost of living in Ontario

Social assistance benefits, such as Ontario Works (OW) and the Ontario Disability Support Program (ODSP) are struggling to keep pace with current market rental prices and the cost of living. This gap between the social assistance system and market housing costs requires urgent attention and ongoing adjustments to meet the ever-evolving needs of people requiring these supports.

For the fifth year in a row, Ontario Works rates remained the same and are well below the official poverty line. ODSP benefit rates have increased by 6.5% in July 2023 based on the cost-of-living formula determined by the Ontario government. Despite this inflation-related increase, the financial assistance provided through ODSP still does not adequately cover food, housing, transportation, medication, costs related to disability, and other necessities of life. For instance, Statistics Canada data from 2020 indicates that roughly 67% of households in Ontario that were reliant on social assistance still had a high prevalence of food insecurity.

As a symptom of the disproportionately low spending on social assistance supports, supportive housing providers are now reliant on rent supplements to help bridge the gap between social welfare and market prices. This is particularly concerning, given that rent supplements were originally introduced as a temporary and reactionary measure, and not a long-term solution. Supportive housing providers have also noted that these band-aid solutions tend to disproportionately impact clients who have chronic to severe MHA challenges. As such, this approach is ultimately unsustainable and demands upstream solutions that address the historical underfunding of our social welfare system.

Policy Recommendations

To address these concerns, AMHO recommends that the Ontario Government:

RECOMMENDATION 1: As recommended by over 200 advocacy groups, double ODSP and OW support payment rates, and index to the rate of inflation, to ensure they keep pace with the soaring cost of living and keep people out of poverty.

RECOMMENDATION 2: Increase the ODSP and OW shelter allowance to 80% local average market rent.

RECOMMENDATION 3: Rent supplement rates need to be updated annually, local to each Ontario Health region.

Inadequate spending on capital

Existing Units

There is inadequate funding for emergency repairs and sustaining maintenance in existing supportive housing units. As a result of providers' disproportionate spending on upfront costs, they are unable to make investments and improvements to offer the full range of services that their clients often need. Throughout the consultations, providers cited the need to dedicate a large portion of their budget to maintenance and overhead costs, which continue to rise as the cost of owning and operating buildings continues to increase (because of higher utility bills as well as costs associated with operating aging properties). As previously stated, providers also flagged that the timing of funding that flows for maintenance and upgrades is inappropriate to address repair needs in their buildings. For example, providers often received their maintenance funding from the provincial government in January or February. Not only is it not possible to conduct major repairs like window replacements or re-shingling in the winter months, but it is also the fourth quarter of the fiscal year and that often does not give providers adequate time to find contractors or maintenance staff before March 31st.

New Stock

Housing providers, especially those with experience owning and operating units, indicated that they are able to increase their housing stock, but are not being appropriately funded enough to do so. Increasing the stock of new units is the best way to address long waitlists and high demand for supportive housing. This requires increased funding from all levels of government, to build and maintain new units, and hire staff to work with these new clients.

However, capital funding for new builds appears to be decreasing. In 2022, the federal National Housing Strategy fund was capped at \$25,000 per unit for new builds, compared to previous funding which covered 40% of total project costs. The cost of supportive housing units varies from build to build and from provider to provider. Covering a percentage of project costs instead of providing a lump sum gives supportive housing providers more dollars on average to adequately fund their projects.

Policy Recommendations

To address these concerns, AMHO recommends that the Ontario Government:

RECOMMENDATION 1: Identify maintenance and repair costs needed to improve the quality and safety of the existing supportive housing supply. Institute an emergency funding envelope to establish a safety net for unforeseen circumstances faced by providers related to capital maintenance and repairs.

RECOMMENDATION 2: Work with the Federal Government to increase the National Housing Strategy funding which is currently capped at \$25,000 for new builds.

RECOMMENDATION 3: Based on Building Condition Assessments, ensure that funding for maintenance and repairs is flowed to providers at the start of the fiscal year, so they can appropriately plan and hire staff for these purposes.

RECOMMENDATION 4: Co-create standardized resources, tools, and guidelines that help supportive housing providers in Ontario manage their capital assets and maintain healthy cash flow.

Inconsistent capacity and waitlist planning across the province

The Office of the Auditor General of Ontario's (OAGO) 2021 value-for-money audit concluded that MMAH does not collect adequate province-wide information or perform the necessary analyses to determine whether housing providers are working towards achieving Ontario's goals to eliminate chronic homelessness by 2025. MMAH lacks information about whether its transfer payments to providers are being used for their intended objectives, and how effective the different programs are in contributing to improved housing and quality of life outcomes. ^{xiii} According to the OAGO, MMAH's lack of accountability and coordination with municipalities and third parties has led to inconsistent coordination, regulation, and delivery of services. ^{xiii}

Currently in Ontario, supportive housing providers are not confident in the system's capacity to support the growing volume of people with high complexity MHA care needs. Having complete and current data on the overall demand for supportive housing would allow the Ministries (MOH, MCCSS, and MMAH) and Ontario Health to engage in improved system planning and help identify the capacity and funds required to meet the needs of each community.

There is no standard for waitlists and waitlist management in the province. Centralized waitlists by region can help facilitate the timely placement of individuals requiring supportive housing and enable providers to match individuals to the appropriate supports. Some regions, like Toronto and Peel, have a central coordinator of supportive housing applications, referrals, and waitlists, but it is not required province wide. Such inconsistencies have been noted in the 2016 Supportive Housing audit, where it was indicated that the MMAH did not have consolidated province-wide data on people waiting to access MHA supportive housing, nor did it collect local wait time information from agencies or regional bodies.

Additionally, having standard definitions for wait times, as well as defined care pathways for clients with different needs and acuity, would be beneficial for centralized reporting. Centralized reporting on standardized measures, such as waitlists and wait times, would enable the government to improve responsiveness of funding to the demand for services, and support providers in their planning decisions. It would also make it easier for key system players to quantify and visualize the total demand in the province, as opposed to having inconsistent regional data.

At the client level, the process of identifying supportive housing providers and joining their waitlists is a convoluted process. MMAH, MOH or MCCSS currently do not require housing agencies located in the same Ontario Health region to establish a centralized waitlist to facilitate the placement of individuals living in the same region. This process exists in the long-term care sector and is helpful in allowing clients and their families to access a centralized waitlist to inform their application decisions.

Policy Recommendations

To address these concerns, AMHO recommends that the Ontario Government:

RECOMMENDATION 1: Develop a long-term capacity strategy (25 years) for sector sustainability with all levels of government, supportive housing providers, and clients. Ensure the strategy includes long-term operating and maintenance cost projections.

RECOMMENDATION 2: Develop a long-term capacity strategy (25 years) for sector sustainability with all levels of government, supportive housing providers, and clients. Ensure the strategy includes long-term operating and maintenance cost projections.

RECOMMENDATION 3: Work with the sector to recommend and mandate the use of standardized and appropriate assessment and matching tools.

RECOMMENDATION 4: Develop a standardized waitlist management tool including definitions and target wait times to be used across the province.

RECOMMENDATION 5: Ensure that the tool is integrated with other relevant data systems and platforms, to allow for integration of this data with that of the broader health and social services system (e.g., regional coordinated access and navigation points, municipal homelessness counts, Ontario Health's Provincial Data Set, etc.).

RECOMMENDATION 6: Provide funding for regional waitlist management staff and enable regions to communicate with each other.

RECOMMENDATION 7: Create a public-facing dashboard, similar to what is available in long-term care, to allow clients and their loved ones to review wait times of supportive housing providers in their area.

Inadequate oversight over privately owned units

Supportive housing providers have expressed continuous strain on their ability to meet the evolving needs of their clients. AMHO members have recounted a number of quality control issues that are disruptive to clients' living conditions and wellness, including but not limited to:

- A lack of appropriate levels of staffing on site, supervision and security on premises, resulting in tenants engaging in risky and/or unsafe behaviours that are not conducive to their safety and well-being;
- Private landlord units/buildings are often in disrepair and require significant renovations and maintenance; and
- Interpersonal conflicts between tenants and private landlords.

In order for supportive housing to have sustained, positive impacts on clients, they must provide a living environment where tenants feel safe and comfortable engaging in wraparound care, programs, and services, and can maximize their activities of daily living.

It is important to consider equity in the delivery of supportive housing services. Indigenous, Black, and racialized people with serious mental illness and substance use are over-represented amongst those experiencing homelessness and are under-represented in supportive housing. Systemic racism and the ongoing effects of colonialism contribute to this disparity.

While the federal government has committed to working with Indigenous communities to co-develop housing strategies, and Ontario has signed an agreement to ensure ongoing funding for Indigenous housing providers, many Indigenous people across the country remain homeless or inadequately housed.

A group of supportive housing providers in Toronto and Peel Region are calling for the collection of standardized data on race and socio-demographics to identify gaps in housing access and success for these populations. Cultural adaptations of supportive housing models and the inclusion of Indigenous and Black organizations in the development and implementation of such models is vital.

Policy Recommendations

To address these concerns, AMHO recommends that the Ontario Government:

RECOMMENDATION 1: In alignment with earlier recommendations to increase housing supply; and in order to reduce the reliance on private landlords, invest in more non-profit supply and the construction of new supportive housing units.

RECOMMENDATION 2: In alignment with earlier recommendations, establish an emergency maintenance reserve fund to be used in case of non-budgeted repairs and challenges. This can include preserving the safety and livability of units for residents, maintaining relationships with landlords by upkeeping the units, and funding for programs and services as needed by the client population (i.e., food insecurity).

RECOMMENDATION 3: Work with providers to develop a standardized assessment and re-assessment tool to ensure that housing is tailored to the needs of the individual, and where applicable, ensure that landlords do their best to accommodate such needs.

RECOMMENDATION 4: Create provisions to standardize the routine administration of Health Equity Impact Assessments to ensure that equity-driven principles are kept at the forefront in co-designing and delivering supportive housing services. This can include considerations such as the equitable geographic distribution of services, providing services with cultural sensitivity, and trauma-informed care.

RECOMMENDATION 5: Establish quality standards for supportive housing units and provide adequate funding to support this transformation.

Conclusion

With effective coordination and targeted policies, supportive housing plays an extremely beneficial role in addressing the complex needs of individuals with mental health and substance use challenges. As highlighted through this policy paper, Ontario's supportive housing sector faces significant challenges due to barriers such as an uncoordinated policy and funding environment, funding uncertainties, inadequate social welfare supports, limited capacity and capital planning, and the lack of housing unit standards.

AMHO's consultations with supportive housing providers in Ontario have provided candid, first-hand accounts of the current challenges in the system. Overcoming these hurdles requires a significant overhaul of the current funding and governance landscape. To meet the needs of Ontario's supportive housing providers, AMHO's recommendations include the need for a coordinated government approach towards more effective and efficient funding allocations, improved system navigation strategies such as centralized waitlist planning, and efforts to build supportive housing providers' capacities so they can achieve and maintain a high standard of care that meets the complex needs of their clients. By implementing evidence-informed policy recommendations such as those presented in this paper, Ontario can enhance supportive housing programs and improve the health and well-being of its vulnerable populations.

References

Association of Municipalities Ontario. "A Blueprint for Action: An Integrated Approach to Address the Ontario Housing Crisis." *AMO*, 2022.

British Columbia Housing Research Centre. "Community Benefits of Supportive Housing." BC Housing, 2022.
https://www.bchousing.org/sites/default/files/rcg-documents/2023-01/Community-Benefits-Supportive-Housing_1.pdf.

Busby, Carleigh, and Lisa Barkova. "Federal Program Spending on Housing in 2022." *Officer of the Parliamentary Budget Officer*, 2023.

Butterill, Dale, Elizabeth Lin, Janet Durbin, Yona Lunsky, Karen Urbanoski, and Heather Soberman. "From Hospital to Home: The Transitioning of Alternate Level of Care and Long-stay Mental Health Clients." *Centre for Addiction and Mental Health*, 2009.

Canadian Mental Health Association. "CMHA election monitor: Supportive housing investment strengthens people and the economy." *CMHA News*, 2022.
<https://ontario.cmha.ca/news/cmha-election-monitor-supportive-housing-investment-strengthens-people-and-the-economy>.

Canadian Mental Health Association. "CMHA's 30 Local Branches Endorse Mental Health and Addictions Leadership Advisory Council's Supportive Housing Strategy." *CMHA*, 2017.
<https://ontario.cmha.ca/wp-content/uploads/2017/02/Supportive-Housing-Submission-FINAL.pdf>.

City of Toronto. "Housing and People Action Plan: Responding to the COVID-19 Crisis while Planning for a More Resilient Future." *City of Toronto*, 2020.

Dohler, Ehren, Peggy Bailey, Douglas Rice, and Hannah Katch. "Supportive Housing Helps Vulnerable People Live and Thrive in the Community." *Center on Budget and Policy Priorities*, 2016.

Financial Accountability Office of Ontario. "Housing and Homelessness Programs in Ontario." *Government of Ontario*, 2021.
<https://www.fao-on.org/en/Blog/Publications/affordable-housing-2021>.

Goering, Paul, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner, and Tim Aubry. "National At Home/Chez Soi Final Report. Mental Health Commission of Canada." *Mental Health Commission of Canada*, 2014.

Government of Canada. “What is the Strategy?” National Housing Strategy, n.d.

<https://www.placetocallhome.ca/>.

Government of Ontario. “Affordable and social housing.” The Ontario municipal councillor’s guide, 2018.

<https://www.ontario.ca/document/ontario-municipal-councillors-guide/13-affordable-and-social-housing>.

Government of Ontario. “Housing in Ontario.” Home and Community, n.d. <https://www.ontario.ca/page/housing-in-ontario>.

Government of Ontario. “Improving Ontario’s supportive housing programs 2020 - 2021.” Housing and Property, 2021.

<https://www.ontario.ca/page/improving-ontarios-supportive-housing-programs-2020-2021>.

Greg Suttor. “Taking Stock of Supportive Housing for Mental Health and Addictions in Ontario.” *Wellesley Institute*, 2016.

Income Security Advocacy Centre. “ODSP and OW Rates and OCB as of July 2023.” 2023.

<https://incomesecurity.org/odsp-and-ow-rates-and-ocb-as-of-july-2023/#:~:text=The%20provincial%20government%20did%20not,ODSP%20increases%20based%20on%20inflation>.

Mental Health Commission of Canada. “Beyond Housing – At Home/ Chez Soi Early Findings Report.” *Mental Health Commission of Canada*, 2012.

Mental Health Commission of Canada. “Turning the Key – Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses,” *Mental Health Commission of Canada*, 2008.

Office of the Auditor General of Ontario “Value-for-Money Audit: Homelessness.” Government of Ontario, 2021.

Office of the Auditor General of Ontario. “Housing and Supportive Services for People with Mental Health Issues (Community-Based).” In *Annual Report of the Office of the Auditor General of Ontario*, 2016.

Ontario Municipal Social Services Association. “Housing and Homelessness Services in Ontario.” OMSSA, 2020.

Ontario Non-Profit Housing Association. “The Oaks, Ottawa: Innovations in Housing Stability.” ONPHA, 2017.

<https://qc.onpha.on.ca/flipbooks/HSP/Oaks/EN/files/assets/common/downloads/The%20Oaks.pdf>.

Pearson, Caryn, Teresa Janz, and Jennifer Ali. “Health at a glance: Mental and substance use disorders in Canada.” *Statistics Canada Catalogue* no. 82-624-X, 2013.

Rebekah Young. “Canadian Housing Affordability Hurts.” *Scotiabank Insight & News*, 2023.

<https://www.scotiabank.com/ca/en/about/economics/economics-publications/post.other-publications.insights-views.social-housing--january-18--2023-.html>.

Roslyn Shields. “Housing and Mental Health Policy Framework.” *Centre for Addiction and Mental Health*, 2022.

<https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/housing-policy-framework-pdf.pdf>.

The Canadian Press. “Advocates call on Ford government to double ODSP amid rising cost of living.” *CBC News*, 2022.

<https://www.cbc.ca/news/canada/toronto/advocates-demand-government-double-odsp-1.6531051>.

-
- ⁱ Ehren Dohler et al., “Supportive Housing Helps Vulnerable People Live and Thrive in the Community.” *Center on Budget and Policy Priorities*, 2016.
- ⁱⁱ Office of the Auditor General of Ontario, “Housing and Supportive Services for People with Mental Health Issues (Community-Based).” In *Annual Report of the Office of the Auditor General of Ontario*, 2016.
- ⁱⁱⁱ City of Toronto, “Housing and People Action Plan: Responding to the COVID-19 Crisis while Planning for a More Resilient Future,” *City of Toronto*, 2020.
- ^{iv} Paula Goering et al., “National At-Home/Chez Soi Final Report. Mental Health Commission of Canada,” *Mental Health Commission of Canada*, 2014.
- ^v Dale Butterill et al., “From Hospital to Home: The Transitioning of Alternate Level of Care and Long-stay Mental Health Clients.” *Centre for Addiction and Mental Health*, 2009.
- ^{vi} Mental Health Commission of Canada, “Turning the Key – Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses,” *Mental Health Commission of Canada*, 2008.
- ^{vii} “Affordable and social housing,” Government of Ontario, 2018, <https://www.ontario.ca/document/ontario-municipal-council-lors-guide/13-affordable-and-social-housing>.
- ^{viii} Rebekah Young, “Canadian Housing Affordability Hurts,” Scotiabank Insight & News, 2023, <https://www.scotiabank.com/ca/en/about/economics/economics-publications/post.other-publications.insights-views.social-housing--january-18--2023-.html>.
- ^{ix} Roslyn Shields, “Housing and Mental Health Policy Framework,” *Centre for Addiction and Mental Health*, 2022.
- ^x Government of Ontario, “Housing needs in Ontario.” In *Community housing renewal: Ontario’s action plan under the National Housing Strategy*, 2019.
- ^{xi} Office of the Auditor General of Ontario, “Housing and Supportive Services for People with Mental Health Issues (Community-Based).” In *Annual Report of the Office of the Auditor General of Ontario*, 2016.
- ^{xii} Mental Health Commission of Canada, “Beyond Housing – At Home/ Chez Soi Early Findings Report,” *Mental Health Commission of Canada*, 2012.
- ^{xiii} “Affordable and social housing,” Government of Ontario, 2018, <https://www.ontario.ca/document/ontario-municipal-council-lors-guide/13-affordable-and-social-housing>.
- ^{xiv} “Housing and Mental Health,” Canadian Mental Health Association, 2014, <https://ontario.cmha.ca/documents/housing-and-mental-health>.
- ^{xv} Caryn Pearson, Teresa Janz & Jennifer Ali, “Health at a glance: Mental and substance use disorders in Canada.” *Statistics Canada Catalogue* no. 82-624-X, 2013.
- ^{xvi} City of Toronto, “Housing and People Action Plan: Responding to the COVID-19 Crisis while Planning for a More Resilient Future,” *City of Toronto*, 2020.
- ^{xvii} Paula Goering et al., “National At Home/Chez Soi Final Report. Mental Health Commission of Canada,” *Mental Health Commission of Canada*, 2014.
- ^{xviii} Dale Butterill et al., “From Hospital to Home: The Transitioning of Alternate Level of Care and Long-stay Mental Health Clients.” *Centre for Addiction and Mental Health*, 2009.
- ^{xix} Mental Health Commission of Canada, “Turning the Key – Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses,” *Mental Health Commission of Canada*, 2008.
- ^{xx} Ehren Dohler et al., “Supportive Housing Helps Vulnerable People Live and Thrive in the Community.” *Center on Budget and Policy Priorities*, 2016.
- ^{xxi} Office of the Auditor General of Ontario, “Housing and Supportive Services for People with Mental Health Issues (Community-Based).” In *Annual Report of the Office of the Auditor General of Ontario*, 2016.
- ^{xxii} Rebekah Young, “Canadian Housing Affordability Hurts,” Scotiabank Insight & News, 2023, <https://www.scotiabank.com/ca/en/about/economics/economics-publications/post.other-publications.insights-views.social-housing--january-18--2023-.html>.
- ^{xxiii} Office of the Auditor General of Ontario, “Housing and Supportive Services for People with Mental Health Issues (Community-Based).” In *Annual Report of the Office of the Auditor General of Ontario*, 2016.
- ^{xxiv} Mental Health Commission of Canada, “Beyond Housing – At Home/ Chez Soi Early Findings Report,” *Mental Health Commission of Canada*, 2012.

- xxv Roslyn Shields, "Housing and Mental Health Policy Framework," *Centre for Addiction and Mental Health*, 2022.
- xxvi "Housing in Ontario," Government of Ontario, n.d, <https://www.ontario.ca/page/housing-in-ontario>.
- xxvii "What is the Strategy?" National Housing Strategy, n.d., <https://www.placetocallhome.ca>.
- xxviii Carleigh Busby & Lisa Barkova, "Federal Program Spending on Housing in 2022," *Officer of the Parliamentary Budget Officer*, 2023.
- xxix Financial Accountability Office of Ontario, "Housing and Homelessness Programs in Ontario," *Government of Ontario*, 2021.
- xxx Ibid.
- xxxi Ontario Municipal Social Services Association, "Housing and Homelessness Services in Ontario," *OMSSA*, 2020.
- xxxii "Improving Ontario's supportive housing programs 2020 - 2021." Government of Ontario, 2021, <https://www.ontario.ca/page/improving-ontarios-supportive-housing-programs-2020-2021>.
- xxxiii Office of the Auditor General of Ontario, "Value-for-Money Audit: Homelessness," *Government of Ontario*, 2021.
- xxxiv Canadian Mental Health Association, "CMHA's 30 Local Branches Endorse Mental Health and Addictions Leadership Advisory Council's Supportive Housing Strategy," *CMHA*, 2017. <https://ontario.cmha.ca/wp-content/uploads/2017/02/Supportive-Housing-Sub-mission-FINAL.pdf>.
- xxxv Ontario Municipal Social Services Association, "Housing and Homelessness Services in Ontario," *OMSSA*, 2020.
- xxxvi Ontario Non-Profit Housing Association, "The Oaks, Ottawa: Innovations in Housing Stability," *ONPHA*, 2017. <https://qc.onpha.on.ca/flipbooks/HSP/Oaks/EN/files/assets/common/downloads/The%20Oaks.pdf>.
- xxxvii "ODSP and OW Rates and OCB as of July 2023," Income Security Advocacy Centre, 2023, <https://incomesecurity.org/odsp-and-ow-rates-and-ocb-as-of-july-2023/#:~:text=The%20provincial%20government%20did%20not,ODSP%20increases%20based%20on%20inflation>.
- xxxviii The Canadian Press, "Advocates call on Ford government to double ODSP amid rising cost of living," *CBC News*, 2022, <https://www.cbc.ca/news/canada/toronto/advocates-demand-government-double-odsp-1.6531051>.
- xxxix Statistics Canada, "Food insecurity during the COVID-19 pandemic," 2020. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00039-eng.htm>.
- xl Association of Municipalities Ontario, "A Blueprint for Action: An Integrated Approach to Address the Ontario Housing Crisis," *AMO*, 2022.
- xli Rebekah Young, "Canadian Housing Affordability Hurts," *Scotiabank Insight & News*, 2023, <https://www.scotiabank.com/ca/en/about/economics/economics-publications/post.other-publications.insights-views.social-housing--january-18--2023-.html>.
- xlii Office of the Auditor General of Ontario, "Value-for-Money Audit: Homelessness," *Government of Ontario*, 2021.
- xliii Ibid.
- xliv Roslyn Shields, "Housing and Mental Health Policy Framework," *Centre for Addiction and Mental Health*, 2022.