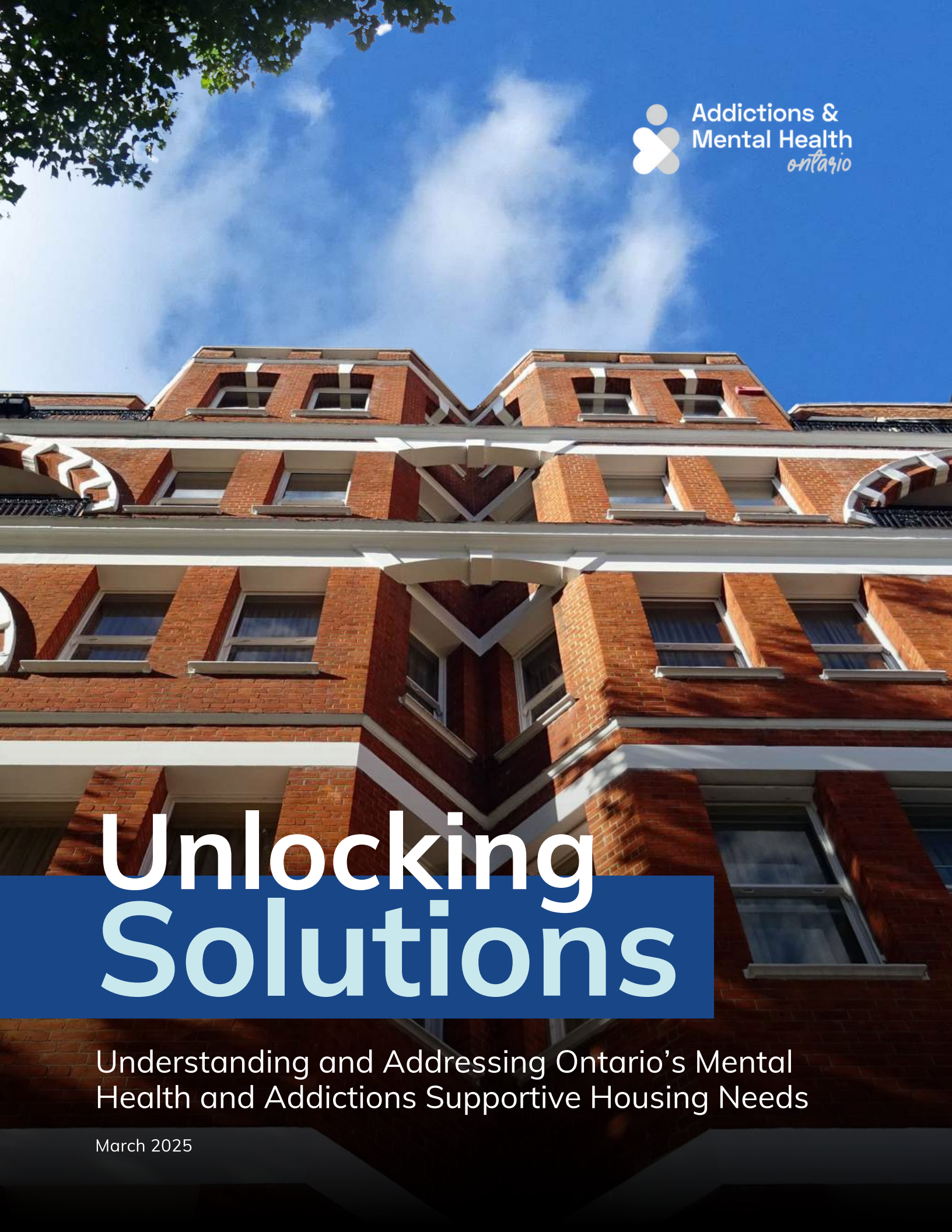

Addictions & Mental Health ontario

Unlocking Solutions

Understanding and Addressing Ontario's Mental Health and Addictions Supportive Housing Needs

March 2025

About this Report

Addictions and Mental Health Ontario, in partnership with the BoardWalk Group, has undertaken one of the first attempts to quantify the current demand for mental and addictions (MHA) supportive housing in Ontario. The findings in this report include updated cost estimates for new units of MHA supportive housing, enumerate Ontario's existing needs, and provide recommendations to address the growing need for MHA supportive housing in the province long-term.

About Addictions and Mental Health Ontario

Addictions and Mental Health Ontario (AMHO) represents over 160 organizations that provide front-line substance use, addiction, and mental health supports and services. AMHO members support Ontarians through their mental health and substance use challenges by providing supportive housing, community-based treatment, counselling, case management, withdrawal management, live-in addictions treatment, peer support, and harm reduction supports. AMHO plays a leading role in working with our members to mobilize their knowledge and innovations, build capacity and scale sector-leading best practices.

About BoardWalk Group

BoardWalk Group is a consulting firm dedicated to empowering the community sector by providing strategic guidance and hands-on support to organizations, networks, and policymakers. Through tailored, equity-driven solutions, they help their partners design and implement impactful strategies, enhance service delivery, and build resilient, community-led systems that drive meaningful and sustainable change.

Report Citation

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Acknowledgements

We acknowledge the valuable contributions of 81 supportive housing providers across Ontario, six coordinated access bodies, two provincial data sets - Connex Ontario and Ontario 211, and all others whose involvement made this project possible. This initiative marks a significant advancement in collecting the most current and comprehensive data on the state of MHA supportive housing across Ontario.

AMHO extends our gratitude to the many experts and organizations that have dedicated their careers to advocating for and leading the way in the advancement of better housing outcomes for Ontarians, including the Wellesley Institute, John Howard Society Ontario, Centre for Addictions and Mental Health, Toronto Alliance to End Homelessness, Maytree, Association of Municipalities in Ontario, SHS Consulting, LOFT Community Services, and United Way Toronto.

A special thank you to Krishni Ganesan, Amber-Rose Williams, and Karen O'Connor, whose expertise and insights continue to guide this work. We also appreciate the BoardWalk Group team, including Alisha Matte, Jennifer Wilkie, and Crystal Chan, for their significant efforts in collecting and analyzing the data and supporting the development of this report.

Executive Summary

Ontario has a growing crisis in mental health and addictions supportive housing. Demand far exceeds supply, wait lists are at crisis levels, and funding models are fragmented. These conditions have created bottlenecks that leave individuals without the housing and support they need, when and where they need it. Without urgent action, Ontario's supportive housing system will continue to fail those most in need, increasing homelessness, emergency service usage, shelter usage, hospitalization and incarceration.

This report builds on Addictions and Mental Health Ontario's (AMHO) 2024 policy report, which provided a data-driven analysis of Ontario's supportive housing landscape and outlined clear, actionable recommendations to create a more effective and sustainable system. Findings in this report are based on data from 81 supportive housing providers, six coordinated access bodies, two provincial datasets, and interviews with 12 sector experts.

Key Findings

- **Severe housing shortage:** At least 36,378 Ontarians are currently on MHA supportive housing wait lists. These individuals may be unsheltered, in a shelter, hospitalized, or in housing that does not meet their current needs.
- **Unacceptable wait times:** On average, Ontarians are waiting nearly four years to be placed in MHA supportive housing.
- **Inadequate supply:** Ontario has only added ~2,300 units of MHA supportive housing since 2016.
- **Scarce placements:** Only 2-3% of Ontarians currently waiting for MHA supportive housing are placed into supportive housing each year.
- **Skyrocketing demand:** Demand for supportive housing has continued to increase annually. In Toronto, the MHA supportive housing wait list in 2018 was around 14,000 people; by 2024, that list surpassed 28,000.
- **Unrealized cost savings:** The average monthly cost for an individual to live in supportive housing ranges between $2,000 and $5,000 per month. MHA supportive housing is significantly less resource intensive than hospital care (~$17,000 per month) and corrections facilities (~$11,000 per month) - neither of which are suitable places to house individuals with MHA challenges.
- **Preserving and protecting existing units:** 54% of Ontario's existing MHA supportive housing units require moderate to major repairs.
- **Chronic underfunding:** Supportive housing funding has not kept pace with market costs, leading to strained operations, insufficient rent supplement rates, and workforce shortages.

Recommendations

1 **Increase Ontario's mental health and addictions supportive housing supply:**
Invest $9 billion over the next ten years to build and operate at least 36,000 new supportive housing units in Ontario.

2 **Enhance flow and transitions in the housing system:**
Improve system flow by implementing real-time tracking of supportive housing availability, portable support models, and more transitional housing options.

3 **Develop mental health and addictions supportive housing standards:**
Establish provincial standards for eligibility, assessment, data collection, and housing quality.

Ontario is at a turning point. Without bold investments and system-wide coordination, the supportive housing crisis will worsen. Implementing these recommendations will improve individual well-being, reduce pressure on shelters, hospitals, and emergency services, and create a more cost-effective and compassionate system.

Ontario must recognize housing as healthcare and act now to ensure people living with mental health and addictions challenges have access to the supportive housing they need.

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Introduction

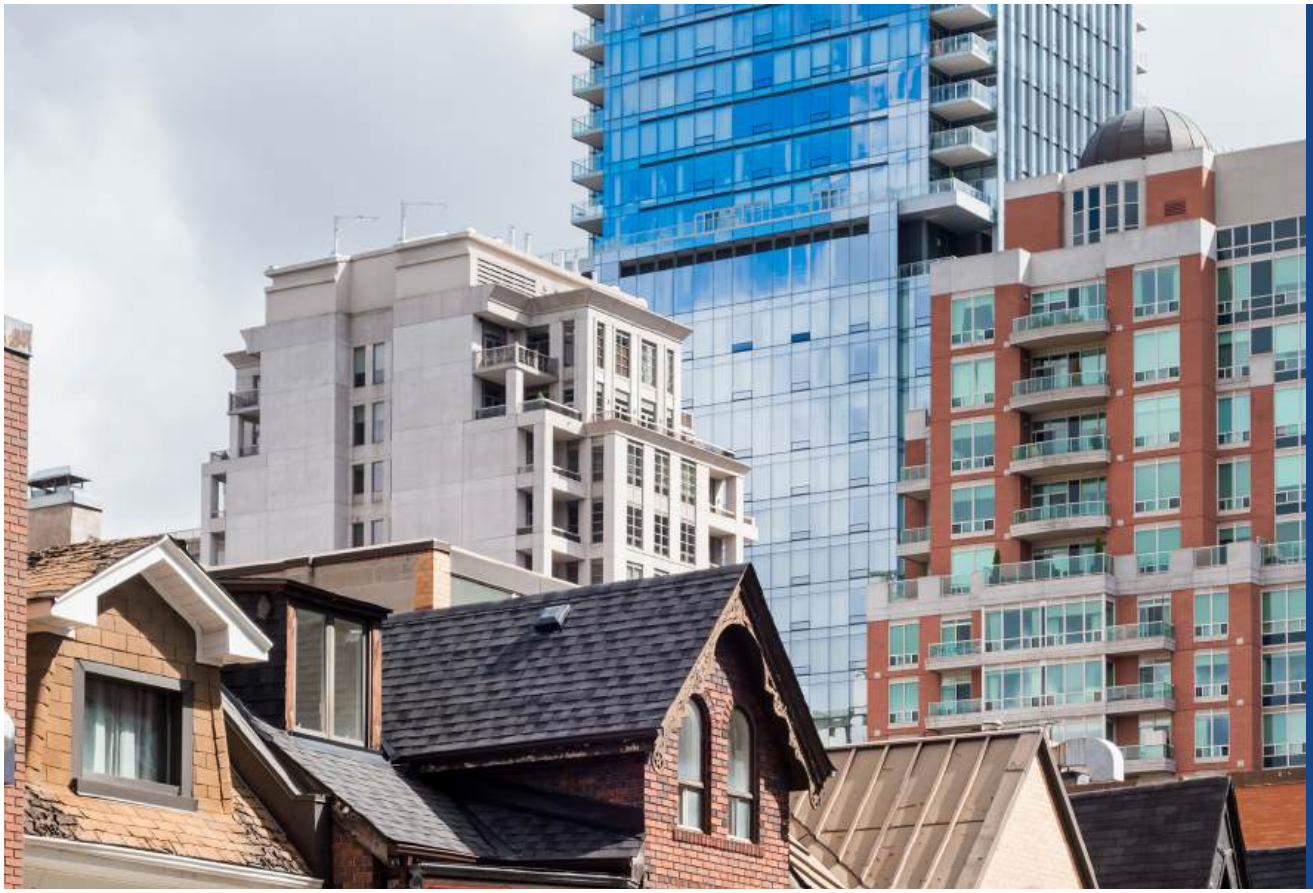
In 2024, Addictions and Mental Health Ontario (AMHO) released a comprehensive policy report *(Policy Recommendations for Mental Health & Addictions Supportive Housing in Ontario)* examining Ontario's mental health and addictions (MHA) supportive housing landscape.

The report identified several significant challenges within the supportive housing system, including fragmented funding, insufficient oversight, and an urgent shortage of supply.

To address these issues, the report proposed a series of recommendations focused on improving policy and funding alignment across all three levels of government, implementing more sustainable funding mechanisms, and tackling supply shortfalls through targeted investments and planning. The report also recommended an increase to social assistance rates, and creation of a standardized provincial capacity and wait list system.

MHA supportive housing is a critical service to address housing instability. Meeting the current demand requires immediate and coordinated action.

Please refer to the Glossary of Terms section for definitions of key terminology used throughout this report.



The following report is laid out in seven parts:

Part 1: Housing as a Foundation for Wellbeing

Stable and appropriate housing is a cornerstone of mental health and addictions recovery. This section highlights the critical role supportive housing has in promoting long-term wellness and stability for individuals with mental health and addictions needs, reducing reliance on emergency services, and improving quality of life.

Part 2: Falling Short: Ontario's Growing Gap in Mental Health and Addictions Supportive Housing

Despite the increasing demand, Ontario's supportive housing supply is failing to keep pace. This section takes stock of the current MHA supportive housing supply and discusses the consequences of a system unable to grow and meet the needs of those it serves.

Part 3: Kept Waiting: Mental Health and Addictions Supportive Housing Wait Lists and Times in Ontario

Years-long wait lists have left thousands in precarious living situations or unhoused altogether. This section explores the scope of the wait time crisis, its impact on individuals and communities, and the systemic challenges contributing to delays in access.

Part 4: Economic Realities of Mental Health and Addictions Supportive Housing: Costs and Funding Gaps

This section of the report examines the misalignment between current levels of funding and actual costs of operating supportive housing units, the inadequacy of rent supplement rates, and the workforce challenges limiting the ability to meet current needs.

Part 5: Structural Deficits: Low Supply, Low Flow, No Standards

This section explores the mismatch between the support needs of an individual and the supportive housing that is available. Minimal housing turnover within supportive housing, combined with scarce transitional, affordable, and social housing options has further restricted access for those seeking care. Addressing these challenges requires more coordinated systems, standardized assessment tools, and clear service standards to better match individuals to support.

Part 6: Evolving Needs: How Supportive Housing Must Adapt to Keep Up with Ontarians

With growing complexity in mental health and addictions challenges and physical health needs, the profile of individuals in need of supportive housing is changing. This section looks at the increasing demand for high-support units and how housing models must evolve to provide appropriate care that considers intersectionality.

Part 7: Unlocking Opportunities: Recommendations for Building a Stronger Supportive Housing System

Addressing Ontario's MHA supportive housing crisis requires significant, urgent and coordinated action. This section outlines recommendations to increase housing supply, improve system flow and client transitions, and create a sustainable and standardized system that meets current needs and those in the future.

Part 1

Housing as a Foundation for Wellbeing

Methodology

This report represents one of the first systematic attempts to gather data from multiple sources, including supportive housing providers, coordinated access bodies, and existing literature, to comprehensively understand Ontario's MHA supportive housing sector.

These activities included:

- Surveying MHA supportive housing providers across Ontario. 81 of 125 (65%) identified supportive housing providers participated in the data collection process, providing information on wait lists, wait times, operating and capital costs.
- Collaborating with two provincial and six regional coordinated access bodies to gather additional insights and data regarding the supportive housing landscape.
- Interviewing 12 subject matter experts from the MHA supportive housing, homelessness, and government sectors, to contextualize the quantitative data.
- Reviewing existing supportive housing literature and previous reports.

To minimize duplication, as individuals can be on more than one list, data cleaning processes were implemented. This included the alignment and consolidation of information from coordinated access bodies used by each supportive housing provider.

Despite these extensive efforts to compile comprehensive data, limitations persist due to the lack of standardized, system-wide data collection practices for key data elements like wait lists, wait times and costs. The absence of universally accepted definitions for MHA supportive housing further complicates the assessment of system capacity, demand, and resource allocation. Similar challenges have been documented in previous reports, which highlighted inconsistent data collection, fragmented reporting, and varying definitions as barriers to understanding the MHA supportive housing system (Centre for Addiction and Mental Health, 2022; Suttor G., 2016; Suttor G., 2017). These gaps impact the sector's ability to respond to growing needs, create barriers to effective planning, and limit the ability to develop cohesive, evidence-based strategies.

By synthesizing available data from multiple sources —including service providers, coordinated access bodies, and existing research— this report aims to provide a clearer representation of the current landscape, while emphasizing the necessity for greater standardization and consistency in data collection practices.

Understanding Mental Health and Addictions Supportive Housing

Housing is a fundamental human right and a critical social determinant of health. MHA supportive housing provides a stable environment for people who need support managing their mental health and/or addictions challenges. It combines affordable accommodation with structured support services that are tailored to the individual's needs. MHA supportive housing is a housing intervention, a healthcare service and an essential component of the social safety net.

Multidisciplinary teams collaborate to deliver structured support services, including:

- Case management and mental health services (e.g., counseling, nursing, psychiatric support)
- Substance use support (e.g., harm reduction, relapse prevention, recovery programs)
- Life skills training (e.g., budgeting, cooking, cleaning)
- Peer support
- Employment, training and/or education supports
- Social integration programs
- Activities of daily living (ADLs) assistance (e.g., hygiene, homemaking, medication management)

Depending on the level of need, supportive housing programs can have on-site or off-site staff who work with clients regularly to provide wraparound supports - comprehensive, coordinated supports tailored to individuals' needs. Some supportive housing providers deliver support services, while others collaborate with other community organizations to provide services to residents. These supports are ideally coordinated across sectors to provide seamless, flexible assistance as an individual's needs change.

Supportive housing spaces can include individual units, accommodations for couples or families, or shared living arrangements where residents share communal spaces and/or bedrooms. These spaces can be found in dedicated supportive housing buildings, community/affordable housing buildings, mixed-income buildings, modular housing, or in group home settings.

While this report is focused on MHA supportive housing, supportive housing can also be offered to other populations, including seniors, people with developmental disabilities, people with physical disabilities, and justice-involved individuals. Often, MHA supportive housing intersects with these populations.

Supportive housing lies along the housing continuum. Other types of housing that can support individuals with MHA challenges include:

- **Transitional housing:** Offers a safe, affordable living environment, paired with mental health, addictions, life skills, and social development supports for a time-limited period, to prepare residents to move into permanent supportive housing or other independent living environments (see Part 5 for more information on transitional housing).

- **Community (social) housing:** Refers to rental housing that is subsidized by the government
- **Affordable housing:** Refers to housing that costs less than 30% of a household's before-tax income in public, non-profit and private sectors.

Increasing the number of community and affordable housing spaces in Ontario will support the flow of individuals from higher levels of care, like transitional or supportive housing, into lower levels of care (see Part 5 for more information on community and affordable housing).

Categorizing Mental Health and Addictions Supportive Housing: Levels of Support

While varying language and definitions exist for MHA supportive housing, the following sections outline the most common types and categories of MHA supportive housing.

Low Support

Minimal support, focusing primarily on affordable housing with limited case management or services for residents who can live independently with occasional assistance.

Moderate Support

Combines housing with access to case management and some on-site or community based services to meet moderate needs.

High Support

Pairs housing with comprehensive, wraparound services, with up to 24/7 staffing and clinical support for individuals with complex needs requiring substantial assistance to maintain stability.

Transitional/Stabilization

Temporary housing designed to bridge the gap between crisis situations, or institutional care, and permanent housing, with a focus on skill-building and stabilization.

Specialized High Support

Specialized housing with significant staffing and resources, tailored for individuals with severe mental health, addiction, or medical needs who require constant support and supervision.

Who Accesses Mental Health and Addictions Supportive Housing

Individuals who access MHA supportive housing require stable, supportive environments due to the nature of their mental health and addictions needs. This may include individuals at risk of housing loss due to mental health challenges; those transitioning out of live-in addictions treatment programs, shelters, hospitals, or correctional facilities; youth aging out of child welfare systems; and people experiencing homelessness with MHA challenges.

MHA supportive housing serves individuals with co-occurring conditions such as physical disabilities, developmental disabilities, and acquired brain injuries, or those part of specific demographics, such as Indigenous people, youth, or seniors. Additionally, survivors of gender-based violence may access MHA supportive housing to stabilize their mental health and rebuild lives in a secure environment.

Benefits of Mental Health and Addictions Supportive Housing

MHA supportive housing is a proven, cost-effective solution that not only improves individual well-being but also alleviates pressure on healthcare, emergency, and justice systems. Research has consistently shown that access to supportive housing leads to improved health, reduced emergency system use, and greater overall client stability (Baxter, 2019).

Improved Individual Health, Recovery and Stability

MHA supportive housing helps individuals achieve greater housing stability, improved mental health outcomes, and overall well-being (Rudoler, 2018; Holding, 2019; Quinn KG, 2021; Fred Victor, 2024; Lapierre, 2024; Carnemolla, 2021).

People living in supportive housing experience:

- Higher levels of treatment engagement and medication adherence
- Improved access to primary and preventative healthcare
- Increased sense of safety, autonomy, and dignity
- Better focus on recovery, employment, education, and social connection, ultimately improving quality of life and independence

Reduced Reliance on Hospitals, Shelters, and the Justice System

Without stable housing, individuals with complex mental health and addictions needs often cycle through emergency shelters, hospitals, and the criminal justice system (Culhane, 2001; Rudoler, 2018).

MHA Supportive housing significantly reduces this pattern by:

- Reducing homelessness
- Reducing long stays in shelters
- Lowering rates of emergency room visits and hospital admissions

- Decreasing interactions with law enforcement and the justice system

Economic and System Cost Savings

MHA supportive housing lowers overall public expenditures by shifting costs away from expensive crisis services to more sustainable, preventative models of care (Rudoler, 2018; Culhane, 2001).

Research indicates that **every $10 invested in supportive housing can generate up to $21.72 in cost savings,** particularly for individuals with high service needs, realized through reduced hospitalizations, decreased use of emergency shelters, and lower justice system costs (Goering P. V., 2014).

The average costs per individual per month (Pomeroy, 2005; Shapcott, 2007; Ontario, 2024) in different settings:

$31,500
Psychiatric hospitals

$17,000
Inpatient mental health bed

$11,000
Correctional facilities

$3,300
Emergency shelters

$2,000 - $5,000
MHA supportive housing unit (low – high support)

(See Part 4 for more information on operating costs)

Stronger and Safer Communities

Supportive housing strengthens communities by (Carnemolla, 2021; Douglas, 2024):

- Improving safety for both housed and unhoused residents
- Encouraging community integration and participation
- Revitalizing neighbourhoods through the provision of stable, affordable housing
- Increasing resident engagement in employment, education, and social activities—enhancing the overall health and vibrancy of communities

Part 2

Falling Short: Ontario's Growing Gap in Mental Health and Addictions Supportive Housing

Current MHA Supportive Housing Supply and Funding

AMHO identified 125 supportive housing providers across Ontario currently operating a total of **15,779 MHA supportive housing units.**

This report assumes that Table 1 (below) predominantly reflects data on Ministry of Health-funded MHA supportive housing units. This assumption is supported by the reported funding distribution of providers, where an average of 69% of their funding came from the provincial (52%) and federal (17%) governments.

Table 1. Breakdown of funding/revenue for MHA supportive housing in Ontario.	Breakdown of total funding
Provincial government	52%
Federal government	17%
Municipal government	15%
Resident fees	8%
Earned revenue	4%
Private donations, fundraising, sponsorship	4%

Federal Government

Provides broad funding for housing initiatives and transfers funds to provinces and municipalities. Supports capital investment, homelessness prevention, and affordable housing programs, including:

- National Housing Strategy
- Canada Mortgage and Housing Corporation
- Reaching Home: Canada's Homelessness Strategy
- Indigenous Housing Initiatives

Provincial Government

Primary funder of MHA supportive housing. Provides operational funding for services and some capital funding. Oversees supportive housing programs through health and housing ministries, including:

- Ministry of Health
- Ministry of Municipal Affairs and Housing
- Ontario Health

Municipal Government

Administers and delivers social and supportive housing. Allocates funding for housing operations, manages local wait lists, and coordinates community-based programs. May provide additional local funding, including:

- Municipal housing and homelessness programs
- Local rent supplements and housing allowance
- Capital investment in affordable and supportive housing projects

Ontario's Lost Decade

Reports from 2016 and 2017 estimated that Ontario's supportive housing system had approximately 23,000 units for individuals with serious mental illness or those experiencing chronic homelessness, with 13,000 mainly funded by the Ministry of Health and 10,000 units mainly funded by municipalities (Suttor G., 2016; Suttor G., 2017).

A 2025 report from the Association of Municipalities of Ontario (AMO) identified the number of municipally-funded transitional and supportive housing units at 3,528 and 5,870, respectively (Donaldson, 2025).

Combining the current estimate of 15,779 primarily Ministry of Health-funded supportive housing units and 9,498 primarily municipally-funded units, there is an estimated total of **25,277 MHA supportive housing units in Ontario.**

This means that over the last eight years, **Ontario has only added an estimated 2,277 units of MHA supportive housing** or approximately **285 units per year.**

A 2017 Wellesley Institute study used population-based estimates of severe mental illness and housing needs and recommended that at least 33,000 MHA supportive housing units needed to be added to the system with an additional 640 units needed to be added year over year to accommodate population growth (Suttor, G., 2018). With less than 2,300 units added to the system over the past eight years, Ontario has not taken the action necessary to address the growing shortfall of MHA supportive housing.

While the launch of Ontario's Homelessness and Addictions Recovery Treatment (HART) Hubs program in 2025 will help increase access to addictions and mental health treatment by adding an estimated 540 supportive housing units across 27 sites, substantial investments and policy shifts are needed to prevent a further widening of Ontario's existing service gaps.

Without timely and concerted action, thousands of individuals are at risk of worsening health and housing outcomes as social supports intended to facilitate stability and recovery become further and further out of reach.

Aging Infrastructure and Housing Quality in Ontario's Supportive Housing System

While expanding housing capacity is a key part of the solution to address MHA supportive housing demand, Ontario's existing supportive housing stock is aging, and in need of substantial repairs and modernization.

Survey respondents reported that:

94% of their supportive housing units are between 31 and 40 years old.

54% of their supportive housing units require moderate to major repairs.

As we found in AMHO's 2024 supportive housing report, "*Policy Recommendations for Mental Health & Addictions Supportive Housing in Ontario*" there is inadequate funding for emergency repairs and sustaining maintenance in existing supportive housing units. 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 increases. Disproportionate spending on capital repair costs often prevents supportive housing providers from making longer-term investments in operational service delivery to support client needs.

Supportive housing providers are also challenged by inconsistent funding flows between the three levels of government. For example, providers often receive their maintenance funding from the provincial government in January or February. While it is difficult to coordinate major repairs like

window replacements or roof re-shingling during the winter months, supportive housing providers are further constrained by municipal budget timelines which operate on an asymmetrical schedule following the calendar year.

Supportive housing providers and coordinated access bodies have noted an increase in clients declining housing options as these aging buildings may not meet their accessibility needs, service needs, desired location, building and/or unit condition, or due to restrictive policies (Sirotich, 2018). While reasons for an individual declining supportive housing may be met with judgement from the public, who may argue that individuals should accept what is available, it's important to remember that people should be housed in accessible, safe spaces that are close to their community and near their health and social care providers.

Ontario's current shortage of MHA supportive housing units underscores the importance of maintaining the existing stock and ensuring its safe use for residents.

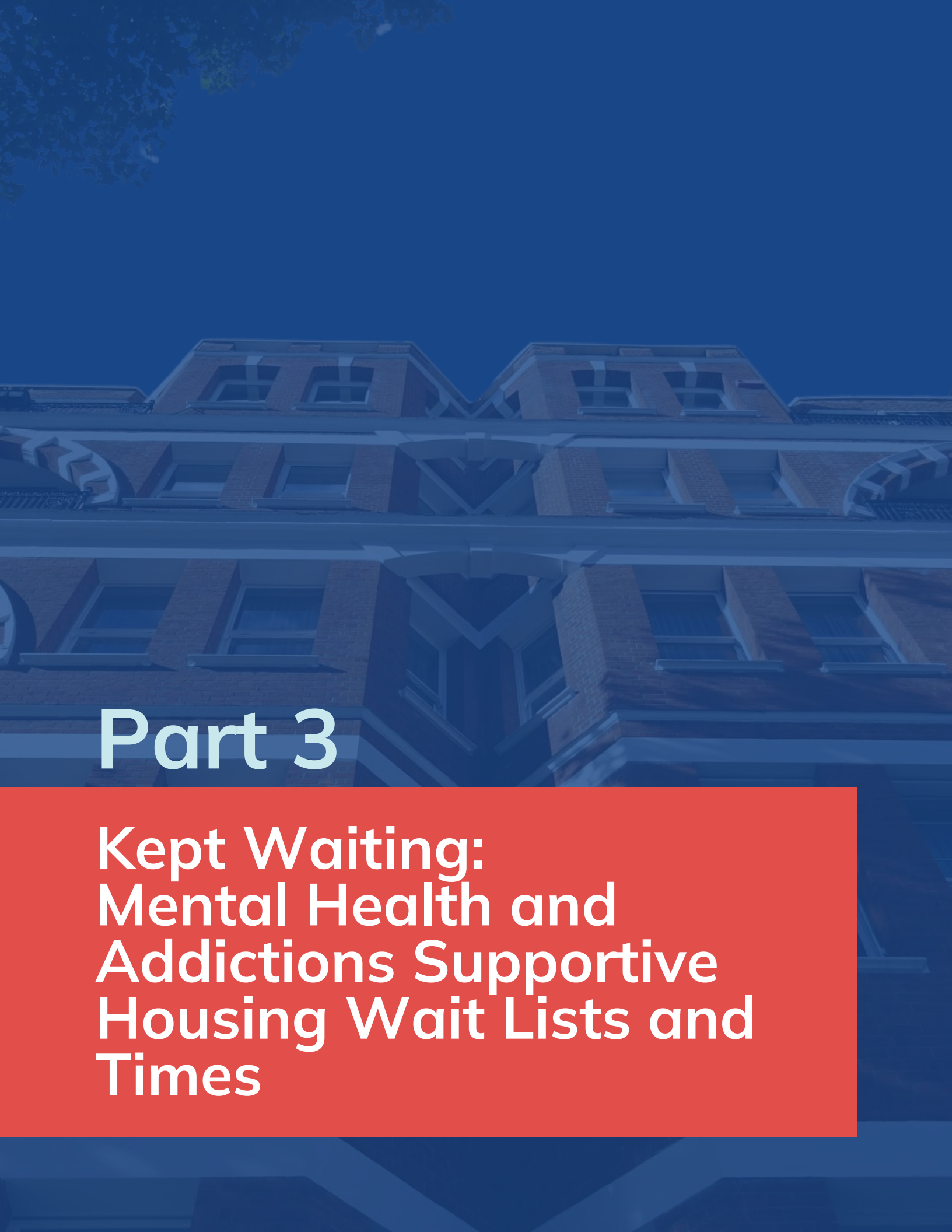
Regional Distribution of Mental Health and Addictions Supportive Housing

To better understand how MHA supportive housing is distributed across Ontario, we examined data from providers across the Ontario Health Regions; this included identifying the number of providers and housing units in each region, and the number of MHA supportive housing units per 1,000 people to provide a per capita estimate.

While per capita comparisons offer a perspective on regional distribution, they come with important limitations. Toronto, for example, has a higher number of MHA supportive housing units per capita than other regions. However, this does not mean Toronto has a surplus of housing or requires less investment. As a hub for many of Ontario's most vulnerable populations, Toronto experiences significant inflows of individuals from across the province seeking services, making its housing demand far greater than population-based estimates alone would suggest. Additionally, providers in Toronto and the Greater Toronto Area may have greater capacity to collect data and participate in coordinated access systems, potentially influencing reported numbers compared to regions with less infrastructure for tracking supportive housing stock.

Table 2. Regional distribution of MHA supportive housing providers, unit and per/capita # of unit.

	# of providers	% of total providers	# of units	Population size	# of units / 1000 people
Toronto	40	32%	7,287	1,400,000	5.2
Central	20	16%	2,205	5,000,000	0.4
West	28	22%	4,329	4,000,000	1.1
East	16	13%	1,144	3,700,000	0.3
North West and North East	21	17%	814	780,000	1.0



Part 3

Kept Waiting: Mental Health and Addictions Supportive Housing Wait Lists and Times

Wait Times

Wait time information was obtained from 43% of supportive housing providers survey respondents across the province, Connex Ontario and four coordinated access bodies

The analysis revealed significant variability in wait times for supportive housing across Ontario. Some providers reported wait times exceeding 10 years for 90% of their clients, while others had much shorter wait periods, with some clients receiving housing within a few weeks or days.

Findings are based on data from 81 supportive housing providers, six coordinated access bodies, two provincial datasets, and interviews with 12 sector experts.

When aggregating data from all sources, **the average wait time for supportive housing across Ontario is 1,400 days or 3.8 years**.

Table 3. Average wait time in days and years organized by Ontario Health regions.	Average wait time in days	Average wait time in years
Toronto	2,961	8.1
Central	1,526	4.2
West	1,408	3.9
East	682	1.9
North West + North East	424	1.2
AVERAGE	**1,400**	**3.8**

Wait Lists

The number of individuals on wait lists was collected through the sector-wide survey, data from CMHA Ontario branches, and coordinated access bodies, representing 55 organizations.

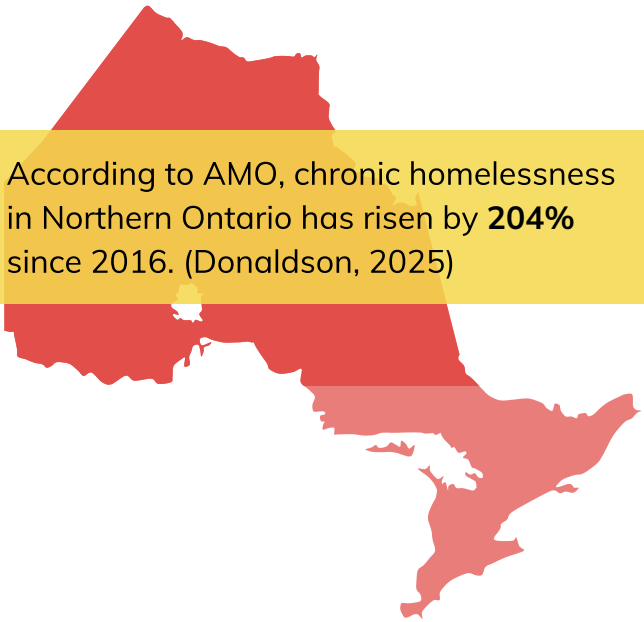
The data revealed that **at least 36,378 individuals are on MHA supportive housing wait lists in Ontario.**

Table 4. Total # of individuals on mental health and addictions supportive housing wait list by Ontario Health Region.	Total # of individuals on wait lists
Toronto	28,936
Central	2,773
West	2,208
East	2,240
North West + North East	221
TOTAL	**36,378**

Collecting and coordinating data across individual providers and coordinated access bodies proved highly challenging, underscoring a significant lack of standardized tracking in this area.

Several providers highlighted a wide variation in how they currently manage wait lists, with some maintaining chronological lists, others using by-name lists, or needs-based assessments. Severe housing shortages, growing wait lists, and prolonged lack of supply and flow from transitional and supportive housing, have caused some housing providers to stop maintaining wait lists altogether. Some supportive housing providers suggested that wait lists do not reflect true demand of supportive housing as they can exclude those who struggle to navigate applications systems.

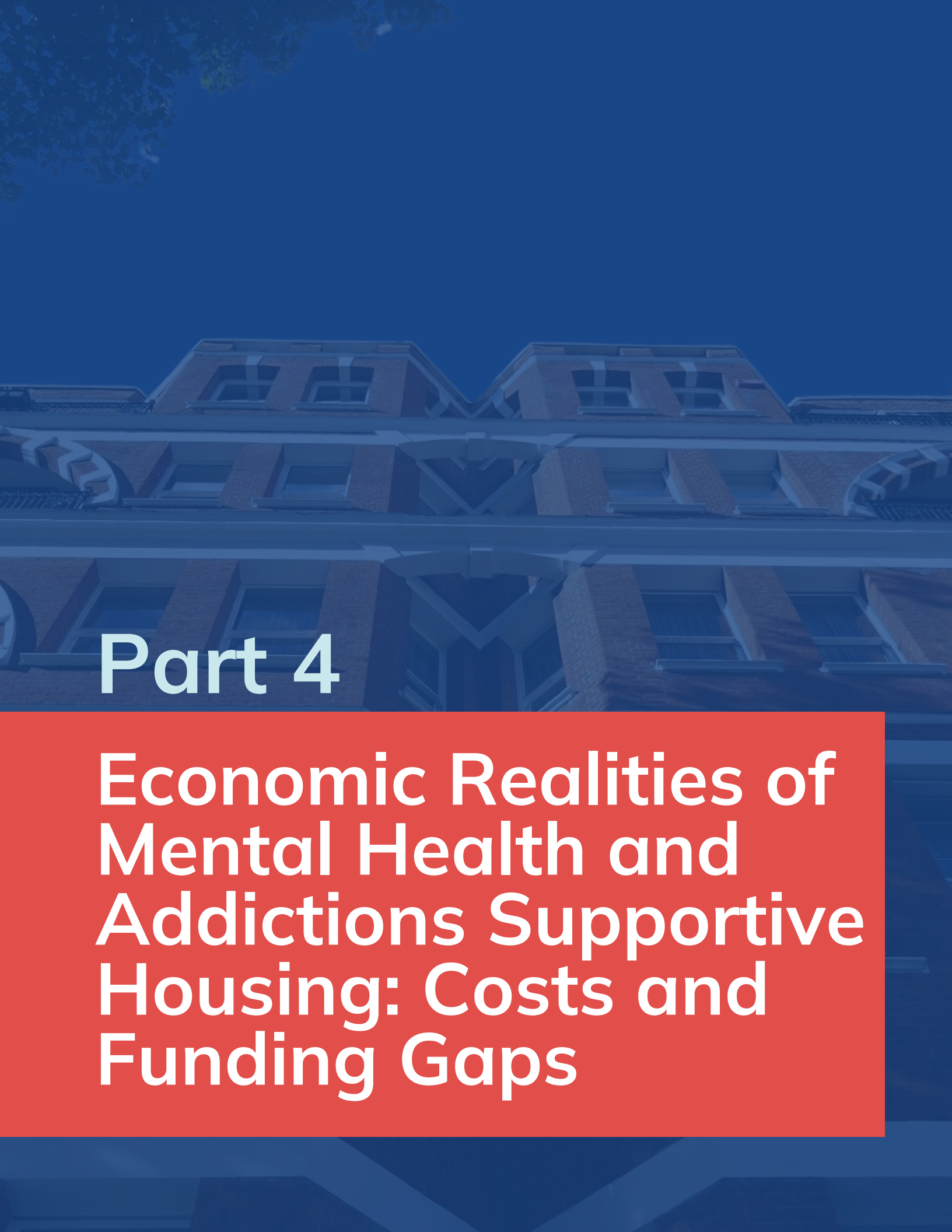
Additionally, there was a notable lack of data collected from providers in Northern Ontario despite additional efforts to engage organizations in the region. This gap limits our ability to fully assess the scale of unmet needs in the North and suggests that actual wait list numbers may be even higher than reported.



According to AMO, chronic homelessness in Northern Ontario has risen by **204%** since 2016. (Donaldson, 2025)

Recognizing that this report does not include wait list and wait time data from all MHA supportive housing providers, and that some providers no longer update their wait lists because current wait lists are multiple years long, **the demand for MHA supportive housing in Ontario is even higher than reported.**

To comprehensively and reliably assess demand, significant effort is needed to implement standardized and coordinated wait list tracking. Establishing a more sophisticated, coordinated approach to data collection is critical in ensuring that investments—both short-term and long-term—are targeted, effective, and responsive to the scale of need.



Part 4

Economic Realities of Mental Health and Addictions Supportive Housing: Costs and Funding Gaps

MHA supportive housing providers face mounting financial pressures due to rising market rents, staffing shortages, and operational cost increases. Inflation, increasing property values, and higher utility costs have all contributed to the growing expense of operating supportive housing units. Many providers are operating in financial precarity, navigating a funding model that does not keep pace with the realities of the housing market or the increasing acuity of residents' needs.

Operating Investments

The data below was collected through a survey of supportive housing providers, highlighting the financial dynamics that underpin the provision of supportive housing services.

The 72% of survey respondents provided information on their average operating costs, which included expenses associated with rent, staffing, utilities, and other key aspects of service delivery. The data was analyzed to determine average annual and monthly operating costs for high, medium, and low support units, as well as the percentage allocation of expenditures across various categories. These figures indicate that high-support units incur significantly higher costs, primarily due to the extensive and often 24/7 care services required for residents with complex needs.

Table 5. Average annual and monthly operating cost.	High Support	Medium Support	Low Support
Average monthly cost	$4,941	$2,157	$2,023
Average annual cost	$59,291	$25,879	$24,272

The allocation of expenditures associated with MHA supportive housing was also analyzed. Table 6 outlines the average percentage of expenditures allocated to different categories:

Table 6. Average % allocated expenditure associated with mental health and addictions supportive housing.	Average % expenditure
Rent supplements	39%
Staffing	26%
Operational costs (e.g. utilities, food)	15%
Other costs	13%
Capital expenses (e.g. maintenance)	7%

The data indicates that rent supplements constitute the largest portion of expenditures, highlighting their critical role in making supportive housing financially viable for both providers and residents. Additionally, staffing costs also represent a significant portion of expenditures, reflecting the need for trained personnel to be retained to deliver support services.

Rent Supplements

Rent supplements play a crucial role in ensuring access to MHA supportive housing. Rent supplements vary in amount based on income, housing type, and location. They can either be direct payments to the landlord, or a portion of the resident's rent covered by the program. For instance, if a non-profit housing provider has a unit of supportive housing with monthly rent of $1,200, but the resident can only afford $500 due to their income level or shelter allowance from the Ontario Disability Support Program (ODSP) or Ontario Works (OW), a monthly rent supplement of $700 would cover the difference.

On average, 82% of MHA supportive housing clients currently utilize rent supplements.

Existing rent supplement rates have not kept pace with rising market rents. Many supportive housing programs have not received rent supplement rate increases in decades, while supportive housing clients who rely on ODSP and OW have seen minimal increases to their income.

Rent supplements generally range from $500 to $800 per unit per month, leaving a significant affordability gap, especially for residents relying on ODSP or OW, which provide shelter allowances of only $390 and $556 per month, respectively.

Many supportive housing providers report that increasing rent supplement rates to a range of **$1,500–$2,000** per unit per month would significantly improve access to housing, particularly in high-cost markets such as Toronto and Ottawa.

Inadequate rent supplement rates have forced some providers to combine multiple rent supplements to secure a single unit, limiting the overall reach of their programs. Other MHA supportive housing providers have been forced to relinquish units in their portfolios because existing rent supplement rates are too low to attract landlords willing to participate.

Many MHA supportive housing providers emphasized the need for a dual approach—raising rent supplement rates to reflect actual market conditions while also expanding investments in building non-profit-owned, permanent supportive housing. Doing so will lead to greater access and availability for individuals with mental health and addictions needs.

Workforce Investments

One of the most pressing concerns raised by supportive housing providers and experts is the impact of workforce shortages on service delivery and client outcomes. Supportive housing programs require experienced staff to provide case management, crisis intervention, and daily living support.

However, MHA supportive housing providers report significant challenges in recruitment and retention due to uncompetitive wages, limited career growth opportunities, and high burnout rates. Wage increases are necessary to attract and retain a skilled workforce. On average, staffing accounts for ~26% of total annual expenditures, but rising operational costs and a lack of sustained workforce investments make it difficult to maintain service levels.

Community MHA service providers have experienced significant wage gaps compared to their peers in institutional sectors. This has lead to staggering turnover and vacancy rates:

20% turnover

10% vacancy

Ontario Community Mental Health and Addictions Health Human Resources Review (AMHO, CMHA-Ontario, CMHO, 2023).

Several interviewees noted that the operating funding model for supportive housing does not adequately account for ongoing cost escalations, forcing providers to make difficult trade-offs. Some organizations have had to reduce program capacity or staffing coverage to remain financially viable, increasing caseloads for existing staff and reducing support for residents with complex needs. Others rely on short-term grants or fundraising to supplement operational funding, creating an unstable environment that makes long-term workforce planning nearly impossible.

Without sustained and predictable funding increases, many supportive housing providers risk service reduction, staff burnout, and impacts to client and staff safety.

Subject matter experts interviewed for this report highlighted the need for:

- Increased operational funding to support competitive wages, professional development, and staff retention strategies.
- Funding flexibility to allow providers to adjust staffing models based on resident needs.
- A coordinated provincial and federal workforce strategy to strengthen recruitment pipelines, improve retention, and build long-term workforce sustainability in the sector.

Capital Investments

Major capital funds are used to support the building of new units and cover expenses related to planning and architecture, building or land acquisition, permits, construction and/or major renovations. To access this crucial funding, providers must navigate significant red tape and a complex and often fragmented funding landscape, seeking creative solutions such as applying to multiple federal programs and time-limited grants, and/or pursuing municipal partnerships or philanthropic contributions.

Major capital funding is primarily accessed from the federal or municipal governments, with minimal availability from the province. For example, the Canada Mortgage and Housing Corporation (CMHC), a federal agency, has over 10 different funding streams available for affordable, transitional, and supportive housing. At the provincial level, major capital investments are not included in the the government's core funding models for MHA supportive housing, but can be offered on a project-by-project basis.

Minor capital funding and some operating funding can be used to maintain and repair existing supportive housing units. This often comes from provincial and/or municipal governments. As stated earlier in this report, there is inadequate funding for emergency repairs and sustaining maintenance in existing and aging supportive housing units, which can lead to unsafe and inaccessible spaces for residents and staff.

The impacts of these complicated and intermittent funding opportunities are extensive:

- Lack of stable, multi-year funding leaves MHA supportive housing providers heavily reliant on one-time grants, forcing them to continually balance the costs of capital, operations, staffing, and services.
- For new builds, unpredictable capital costs and significant red tape create financial strain, including unexpected cost escalations and shifting timelines, often resulting in financial penalties.
- For existing stock, there is inadequate funding to conduct regular, preventative maintenance or repair units in case of damage.

Model of Excellence: House of Friendship's ShelterCare Program

AMHO member House of Friendship operates the ShelterCare program, which provides people experiencing homelessness in the Waterloo region with transitional housing, on-site mental health and addictions supports and primary care.

House of Friendship had to navigate all three levels of government to transform a former hotel into the ShelterCare site. They received capital funding support from the provincial government, mortgage financing support from the Region of Waterloo and CMHC, and operating support from the Ontario Ministry of Health and the Region of Waterloo's Emergency Shelter Network.

In a six month period, ShelterCare has reduced overdoses by 50%, reduced calls to emergency medical services by 75%, and housed 56 individuals in permanent housing.

Investments Needed to Address Ontario's Mental Health and Addictions Supportive Housing Gap

AMHO MHA supportive housing providers were surveyed to understand their capacity to expand their current housing stock, and what operating and capital investments they would need in the next one to two years. While expenses varied based on location, housing types and level of support, providers reported the following operating investment needs per unit, on average (Table 7).

Table 7. Average annual operating costs.	Investment needed per MHA supportive housing unit
Staff, support and operating costs	$26,678
Rent supplements	$24,205
Minor capital	$672
TOTAL	**$51,555**

Capital funding varies on several factors including location, housing type, new build vs. retrofitting, and more. Using previous reports, we calculated the average major capital investments needed per MHA supportive housing unit.

Table 8. Average capital investment needed per MHA supportive housing unit in Ontario.	# of MHA supportive housing units	Capital invested or requested	Capital investment per unit
Mississauga (Ontario, 2023)	40	$4,500,000	$112,500
Toronto (Woodgreen, 2024)	150	$11,250,000	$75,000
Toronto Planning and Housing Committee (City of Toronto, 2020)	-	-	$266,000 to $355,000
London (London, 2024)	-	-	$300 / square foot
AMO Report – High Acuity (Donaldson, 2025)	1,000	$250,000,000	$250,000
AMO Report – Transitional Housing (Donaldson, 2025)	600	$60,000,000	$100,000
AVERAGE			**$193,083**

To address the demand for building at least 36,000 new MHA supportive housing units over 10 years, AMHO recommends the addition of 1,000 MHA supportive housing units in year one, incrementally growing to 5,000 units per year by year eight.

To add 36,000 units of MHA supportive housing over 10 years, the sector would need a commitment from all three levels of government to invest approximately **$9 billion.**

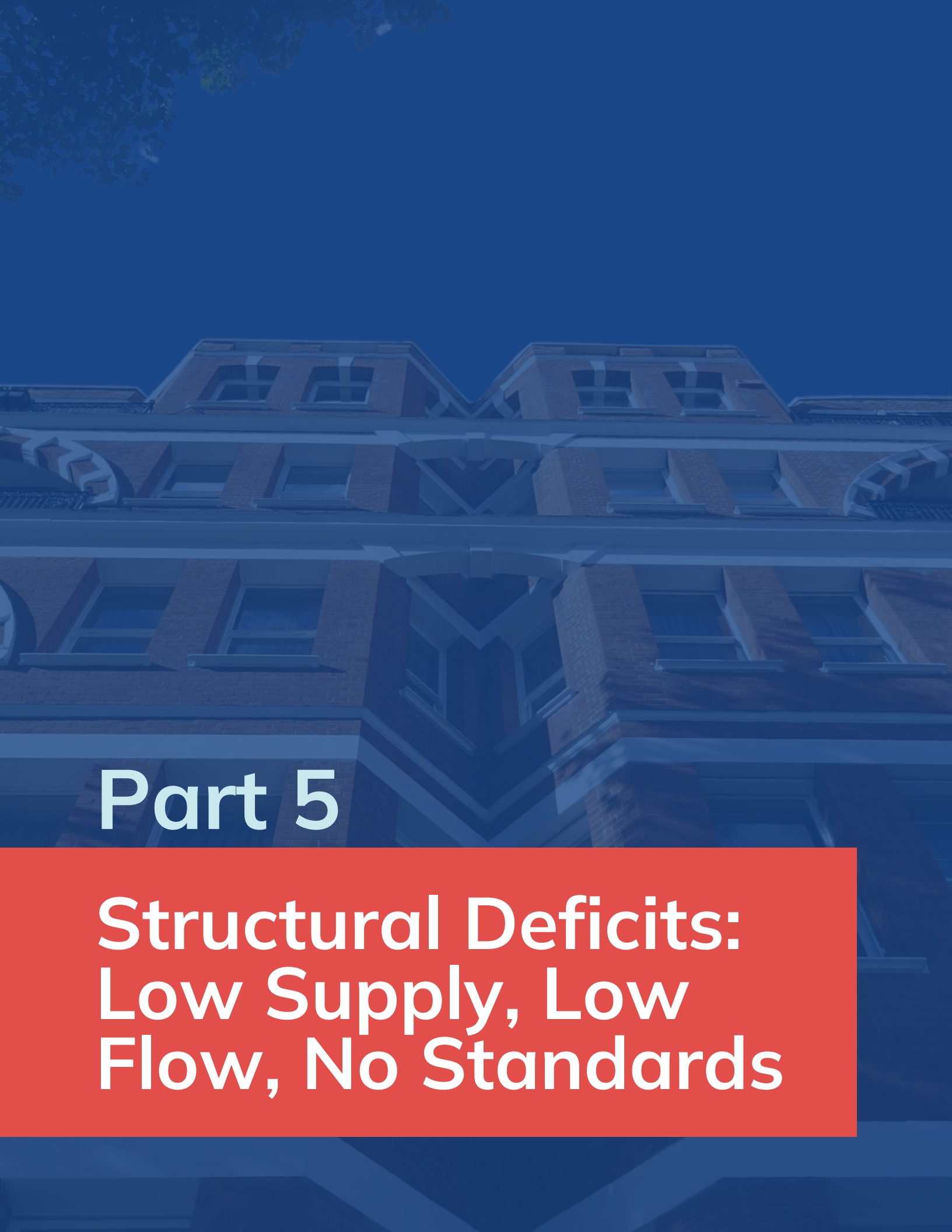
Addressing these challenges will require a more coordinated and sustainable approach to funding.

Table 9. Projected operational and major capital investment needed to address Ontario's MHA supportive housing deficit.	Operating costs	Major capital costs	**TOTAL COST**
Average cost per unit	$51,555	$193,083	**$244,638**
Cost for 36,000 units over 10 years	$1,855,980,000	$6,950,988,000	**$8,806,968,000**

Between 2016 and 2024, Ontario municipalities more than doubled their annual housing spending to $1.644 billion and tripled homelessness spending to $501 million, while provincial funding declined. This forced federal and municipal governments to fill the gap (White, 2025).

Without significant and sustained investments in dedicated housing infrastructure, the crisis will deepen, the cost will rise, and the need will continue to outpace capacity. Acting now can prevent greater expenses in the future.

The province plays a critical role in ensuring sustainable funding for the supportive housing sector. With Ontario committed to ending chronic homelessness by 2030, increased provincial investment is essential to increase the supply of housing and support individuals with mental health and addictions challenges that are underhoused or homeless (Donaldson, 2025).



Part 5

Structural Deficits: Low Supply, Low Flow, No Standards

Housing Supply

The low supply of non-profit owned and operated MHA supportive housing, combined with the broader lack of affordable housing, has led providers to house their clients in private-market rental units and buildings supported by rent supplements. This is much less secure, as these units can be lost if landlords sell, increase rents, or withdraw from supportive housing agreements.

Reliance on Private Market Landlords

Rising property values, financial incentives to shift to market-rate rentals, and concerns about residents' needs have led to declining participation in rent supplement and supportive housing initiatives by private landlords. Some landlords cite challenges with securing ongoing resident support, inconsistent funding, and administrative burdens as key deterrents to continued involvement. This further reduces the number of available placements.

Affordable Housing Backlog

The challenge of long wait times is not unique to supportive housing but is another indicator of the critical need for housing in Ontario.

A recent publication reports that **268,241 households** across the province are on the wait list for rent-geared-to-income (RGI) affordable housing, with average wait times exceeding five years and, in some regions, surpassing **20 years** (Donaldson, 2025).

This underscores the systemic barriers to accessing both affordable and supportive housing, reinforcing the urgency of addressing wait times in both settings. AMO has recommended the construction of 40,000 new affordable housing units and an additional 32,000 rent supplements for existing units to begin to address this demand (Donaldson, 2025).

Broader Housing Crisis

Recent reports have found that across Canada, an additional 3.5 million housing units are needed by 2030 to restore attainability and affordability for Canadians from all income brackets. Housing supply has not kept up with demand, and population growth has outpaced all types of home construction (CMHC, 2025). Economic, social and governmental factors have further exacerbated affordability issues, indicating that we need to build more supportive, affordable and market-rate homes, using innovative designs, building techniques, and technology, including modular or prefabricated homes (Rauf., 2023; Hay, 2024).

Economic Opportunities

To address the supportive housing supply shortfall, we need to build more housing. A report from the Mowat Centre found that every $1 investment in residential building construction increases the overall GDP by $1.52 as the investment continues to cycle through the economy (Zon, 2014).

Building new supportive housing can look different:

- Dedicated supportive housing buildings that are non-profit owned and operated
- Modular or pre-fabricated housing
- Group homes and other congregate living environments for people with high needs
- Affordable or market-rent buildings with clustered or scattered supportive housing spaces (afforded via rent supplements)

Model of Excellence: Modular Housing at 90 Dunn Avenue

University Health Network's (UHN), AMHO member Fred Victor, United Way Greater Toronto, and the City of Toronto launched the Social Medicine Housing Initiative at 90 Dunn Avenue in the Parkdale neighbourhood of Toronto. 90 Dunn is a four-storey modular building built on a parking lot owned by UHN that has been leased to the City of Toronto. The space will provide safe, permanent, accessible and supportive housing for 51 individuals who were unhoused and frequently admitted to the emergency department and hospital due to their complexity. Fred Victor staff will provide residents with housing stabilization supports, mental health and substance use services, including harm reduction, personal support worker support, daily meals and opportunities for social and community integration.

Each unit is 275-square-foot with a kitchenette, a living room area, a bedroom and a bathroom. There are 15 barrier-free units for people who use mobility devices. All units are also pet-friendly. In addition to the units, there are communal spaces including a large kitchen, dining area, and programming space.

Meeting Individuals' Needs

Categorizing MHA Supportive Housing

To gain insight into the diversity of supportive housing options, we classified MHA supportive housing units based on living arrangements, intensity of supports, and whether supports are tied to the housing unit or the individual.

Living Arrangements

Data from coordinated access bodies indicate that most supportive housing is designed for individuals (71%), with a smaller proportion of units available for families (32%) and couples (29%). These arrangements may have a separate bedroom or shared with another resident. Residents in this type of housing generally have high needs, so supports are often available 24/7.

Table 10. Percent of MHA supportive housing units by living arrangement in Ontario.	% of MHA SH providers with the following types of units
Individual accommodations	71%
Family accommodations	32%
Couples accommodations	29%
Shared living arrangements	23%
Group living arrangements	18%

Intensity of Support

We classified the level of support into three categories:

- **High Support:** 24/7 staffing, intensive medical, psychiatric, and case management services for individuals with complex needs.
- **Medium Support:** Regular case management, therapy services, and on-call or part-time staff availability.
- **Low Support:** Minimal or no on-site staffing with periodic check-ins and less frequent case management.

Table 11. Percent of MHA supportive housing units that provide high, medium and low levels of support.	% of units
High Support	21%
Medium Support	50%
Low Support	28%

Subject matter experts engaged in this study also expressed that there is a growing need for high-support units as the level of acuity in the population continues to grow. The data suggests that between 5-25% of people on wait lists require a high level of support, with this number being much higher for individuals experiencing homelessness or risk of homelessness (40-45%). High-support housing can also be more suitable for individuals who are aged 65+, as well as those with accessibility needs.

Providers of MHA supportive housing have reported that in the absence of true high-support housing, they develop case-by-case approaches and collaborate with multiple partners to establish support schedules. This fragmented approach can be inefficient, lack continuity of care, and create barriers in accessing safe and appropriate housing and health care.

A report published through the Toronto Access Point highlighted the difficulties in matching service levels to a person's needs and type of housing requested (Sirotich, 2018).

Transferable Supports

- 46% offer transferable support that are tied to the individual, so support would continue to be delivered even if a person relocates.
- 54% supports are tied to the housing unit itself, meaning individuals may lose their services if they relocate.

Transferable supports play a crucial role in promoting client autonomy by ensuring individuals can make housing decisions based on their preferences and evolving needs rather than the availability of attached services. Without transferable supports, and especially amidst a housing affordability crisis, clients may remain in units that no longer meets their needs in order to not lose their housing.

Lack of Flow

Vacancy and turnover data indicate that while wait lists continue to grow, there are minimal opportunities for individuals to be successfully placed in housing. **Only 2-3% of individuals are placed into supportive housing from the wait list each year.**

Due to the lack of affordable and supportive housing supply, individuals in high-support housing may find it challenging to transition to medium- or low-support housing as their needs decrease. Conversely, if residents require more support, for example as they age, integrating those services can be difficult within existing arrangements.

Matching individuals to the right MHA supportive housing is essential to ensuring they receive appropriate level of care and support for stability and well-being. If housing does not meet their needs, it can lead to unsuccessful placements, unnecessary transitions, and greater instability for both the individual and other residents within the home. A full understanding of housing types and available units is also critical for system planning, resource allocation, and identifying service gaps.

The Access Point Toronto found that 40% applicants who had been declined for housing were often considered to have needs too high for the available services, 23% had a change in housing preferences, and 27% were deemed to have an inability to be located or are institutionalized (Sirotich, 2018).

This stagnation limits access and contributes to ongoing system pressures. Addressing these issues requires a more coordinated system, clear provincial standards, and a sufficient balance of high, moderate, and low-support housing options to better meet the evolving needs of Ontarians.

The Role of Transitional Housing

Transitional housing provides a structured, time-limited option for individuals who need additional support before moving into permanent housing – either supportive housing or affordable or social housing. It allows residents to build life skills and relationships to promote success as they transition to permanent housing. Working in a supportive housing framework, transitional housing provides a bridge to long-term stability.

Transitional housing is particularly vital for:

- Residents in high-support housing who could transition to lower-support environments but lack step-down options.
- Individuals exiting homelessness so they can have time and flexibility to learn life skills and receive other on-site supports, especially for individuals who have experienced the trauma of homelessness.

- Individuals who completed live-in addictions treatment programs- which can be highly rules-based environments- may find transitional housing essential as they reintegrate into life outside of treatment in a highly supportive environment.
- Individuals leaving hospitalization, especially those in Alternative Level of Care (ALC) beds.

Currently, only 21% of MHA supportive housing providers offer transitional options, leaving many individuals without a stepping stone to greater independence.

ALC patients are individuals who remain in the hospital due to a lack of suitable discharge options. Nine percent of patients in hospital mental health beds are ALC-designated and could be better cared for in transitional housing settings in the community (Ontario Health, 2021). Expanding access to transitional housing would reduce hospital congestion, improve care continuity, and generate substantial cost savings.

The cost of ALC support:

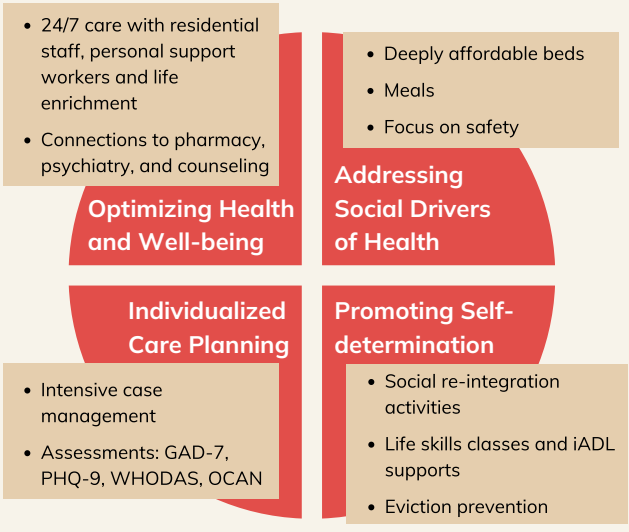
$730 to $1,200
per day in a hospital

$75 to $150
per day in mental health and addictions supportive housing

Model of Excellence: Back to Home Model for ALC Patients

The Back to Home model is a partnership between AMHO members CAMH and LOFT Community Services, aimed at transitioning patients designated as ALC from hospital to the community through two pathways. The first pathway is transitional housing for individuals with more complex MHA and personal care needs as they find their permanent home, whose most prevalent diagnoses include schizophrenia, bipolar disorder, major depressive disorder, and substance induced psychosis. The second pathway is permanent supportive housing, mostly aimed at youth and adults exiting long-term inpatient stays with less complex personal care needs. Both pathways provide access to 24/7 supports, intensive case management, life skills support, eviction prevention, meals, and social activities.

The program transitioned 467 clients from hospital in 2023. Cost reductions compared to hospitalization were estimated at $2.2M, and reduced hospital readmission rate by over 85% for initial clients.



Definitions and Standards

A report published by the Toronto Access Point (Sirotich, 2018) highlighted the difficulties in matching service levels to a person's needs and type of housing requested

- Nearly half (48%) of applicants requested self-contained accommodations, while only 6% requested shared accommodation, indicating a clear need for private living spaces.
- 72% of individuals requested occasional support (likely at a low or medium level of support), yet only 55% were placed in this category.
- Many individuals noted that they require moderate support (43%), while a smaller percentage need low support (13%).
- Currently, 28% of units are designated as low support – more than double what clients report needing.

This data highlights that there is a shortage of available options, and people are placed in units as they become available, regardless of their specific support needs. Further, organizations and service users may not fully understand which levels of support is necessary for referral requests due to a lack of standardized definitions. This can lead to coordinated access bodies deciding for the client, rather than having client-led, informed decisions. Finally, there can be an imbalance of support levels based on the needs of the population.

The sector would also benefit from standardized screening and assessment tools to ensure that housing is tailored to the needs of the individual. These assessment tools need to be readministered regularly, to assess if the needs of the residents are continuing to be met and, if not, to find them an appropriate setting or level of support.

One essential component of The Roadmap to Wellness, the province's MHA strategy launched in 2020, is creating a core services framework. This framework and associated standards will identify and define essential mental health and addictions services, for Ontarians to understand their care options, and to set expectations for providers on how each service should be consistently delivered across the province. It also notes the importance of tying evidence-based screening and referral tools to the core services framework, so Ontarians can be matched to the right service more quickly.

While the government has started work to develop care expectations and quality standards for some mental health and addictions services, there continues to be a lack of a definition for MHA supportive housing, levels of support within MHA supportive housing, or service standards for the operation of supportive housing sites.

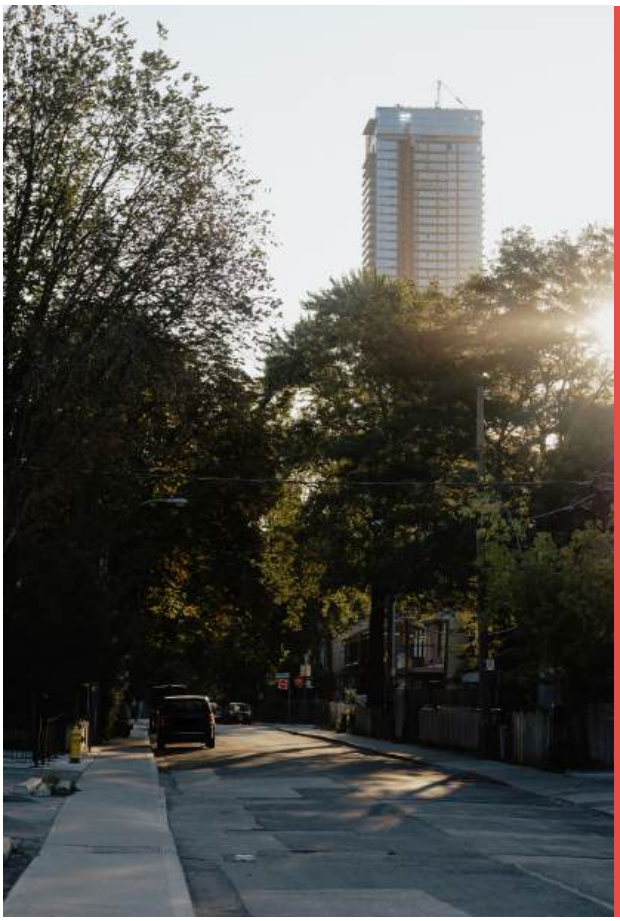
Model of Excellence: STARS

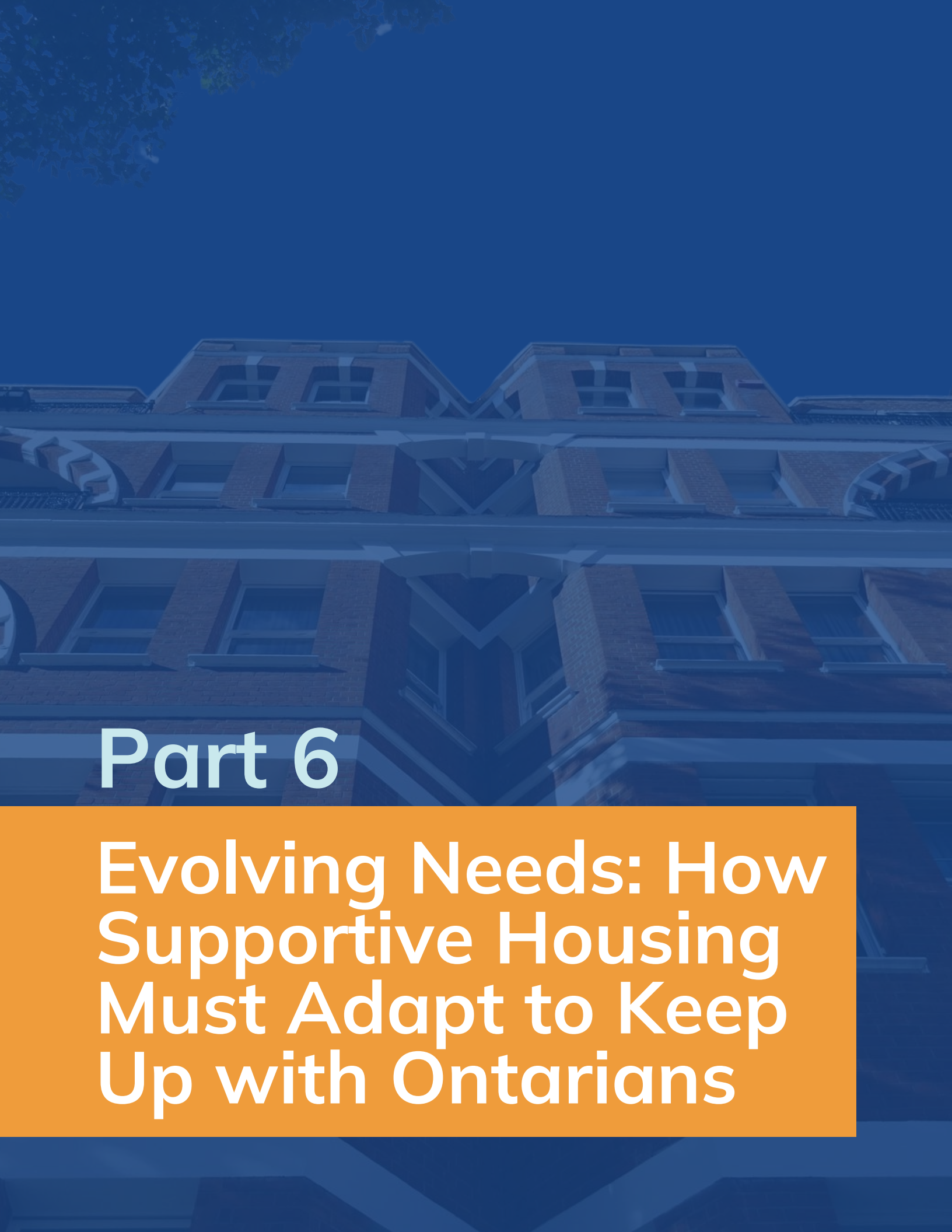
The City of Toronto alongside community partners developed a common assessment tool called STARS (Service Triage, Assessment and Referral Support), to understand the needs of people experiencing homelessness. It includes three components:

- **Intake and triage:** collect identifying information, demographics, and supports people may request, in order to triage as Low, Moderate, or High-Support.
- **Housing checklist:** identifies if service users have valid ID and income (to access housing), and a Notice of Assessment and any active and up to date housing applications (to access rent supplements).
- **Supports assessment:** matches clients to available, relevant and requested health, substance use, activities of daily living, communication, and other supports. This can also include matching to supportive housing opportunities.

This tool is used by all City-funded shelters and street outreach programs, to provide a standardized way to understand people's needs and assist staff to connect them to housing and services for which they may be eligible.

Overall, the findings highlight the need to continue to carefully assess whether the available housing stock aligns with the needs of the population. Having greater supply of different models and levels of support of supportive housing, a standardized matching criteria and assessment to determine the required support level based on individual functioning, and a comprehensive understanding of the needs of those on wait lists will help the system operate more smoothly. This will help reduce pressure on hospitals, and enable the community health sector to function at its intended capacity, ultimately creating healthier communities.





Part 6

Evolving Needs: How Supportive Housing Must Adapt to Keep Up with Ontarians

Service Needs

With a combination of population growth, high rates of homelessness, increased prevalence of mental health issues, higher rates of substance use, and rising socioeconomic pressures, the demand for MHA supportive housing continues to increase.

Ontario is also experiencing higher acuity and complexity of concerns, meaning individuals are experiencing more intense mental illness and substance use. Therefore, both the types of services offered in MHA supportive housing and their frequency need to be adaptable to best meet the evolving health and social needs of the individuals they serve.

Co-Occurring Mental Health and Substance Use

Individuals with severe, co-occurring mental health and substance use disorders face some of the most significant barriers to securing and maintaining stable housing. Many housing programs have eligibility criteria that effectively exclude those with complex behavioral health needs, such as sobriety requirements, strict diagnostic criteria, criminal background restrictions, or exclusions based on crisis history.

As a result, individuals struggling with both mental health and substance use concerns are often left without viable housing options, increasing their risk of repeated homelessness and crisis.

Data from The Toronto Access Point shows that over one-third of applicants for MHA supportive housing identified substance use as a concern, more than **40% reported co-occurring mental health and substance use conditions, and 25% had a secondary mental health diagnosis** (Sirotich, 2018).

Our findings align with these trends — approximately **34% of individuals on wait lists require substance use support, and 20% have physical health concerns.**

With many housing programs rooted in abstinence-based models, options become limited for those using substances or for those who may return to substance use. While some individuals are seeking substance-free housing spaces to support their recovery and health goals, it can further marginalize those who do use substances and leave them cycling between homelessness, emergency shelters, hospitals, and the justice system due to a lack of housing that accommodates their needs.

Housing First is a recovery-oriented model that quickly moves people experiencing homelessness into independent and permanent supportive housing. There are no readiness requirements, no requirement for abstinence for admission or residency, and the model operates from a lens of self-determination. Housing First focuses on client choice across a spectrum of abstinence to harm reduction.

Models of Excellence – Housing for People with Acquired Brain Injury

AMHO members, Brain Injury Services of Northern Ontario (BISNO), Thunder Bay Regional Health Sciences Centre, and St. Joseph's Care Group have submitted a proposal for a 30-bed facility for clients with Acquired Brain Injury (ABI), developmental disabilities and/or mental health and addictions needs.

- **12 Schedule 1 hospital beds:** Run by the hospitals, and virtual care supports from Hamilton Health Sciences, complex clients would receive psychiatric and neuropsychiatric supports.
- **12 Supportive housing beds:** Run by BISNO, these beds would provide individuals with moderate support for ABI, developmental disabilities and mental health and addictions in congregate setting.
- **Six self-contained units (Tiny Homes):** also run by BISNO, these spaces would cater to individuals with behavioural challenges and the most complex needs, that require more autonomy and privacy.

The new facility would include 24/7 nursing and security, paired with specialized psychiatric care from the hospitals.

Chronic and Unsheltered Homelessness

AMO's 2025 report found that 81,515 people were experiencing homelessness in Ontario in 2024, an increase of 25% since 2022. This includes 41,512 experiencing chronic homelessness, people in prolonged or repeated episodes of homelessness (Donaldson, 2025).

While not all people experiencing homelessness require MHA supportive housing, recent research found that **70% of people experiencing homelessness have a current mental health and/or substance use disorder** (Barry, 2024). Some may be on MHA supportive housing wait lists, and many may be unaware of these services.

Many individuals seeking MHA supportive housing have experienced chronic homelessness, with a significant number living in unsheltered conditions or in shelters.

Current data paints a stark picture of homelessness in Ontario:

- Findings from coordinated access bodies suggest that approximately **35% of individuals who apply for supportive housing are homeless.** Among these individuals, 50% had been homeless for six months or less, 15% had been homeless for six months to one year, and 35% had been homeless for one to two years.
- **49% of new applicants reported being at risk of homelessness** in Toronto.

- **Children and youth account for 25% of people experiencing chronic homelessness.**
- Between 2020 and 2024, Ontario 211 received **40,205 calls related to emergency shelters,** and this number has continued to increase each year. Between 2020 and 2021, calls rose as much as 17%.

For those who have been homeless for extended periods, complex mental health and addictions issues often intensify, creating an urgent need for transitional and high-support supportive housing that address both housing instability and underlying health issues.

The scale of homelessness and housing insecurity in Ontario continues to grow at an alarming rate, underscoring the urgent need for immediate and substantial investment in deeply affordable, transitional and supportive housing. Without it, thousands will remain trapped in cycles of homelessness, instability, and unmet mental health and addictions needs.

Demographics

Individuals accessing or in need of MHA supportive housing are increasingly diverse and face significant barriers to accessing appropriate housing. These demographic characteristics need to be factored into service planning, staffing models, and the built design of housing units to set residents up for success.

Age

Youth (16-24 years): This group represents approximately 4-12% of individuals seeking MHA supportive housing. Youth, like adults with mental health and addictions challenges, risk cycles of instability if they do not have adequate housing support. Studies show that 76% of youth who have experienced homelessness have had multiple episodes of homelessness.

While experiencing homelessness, youth have particularly high symptoms of distress, including 42% attempting suicide one or more times and 35% reporting an overdose requiring hospitalization. Models like Housing First for Youth have shown promise in addressing these needs by providing stable housing alongside integrated support services (Gaetz, 2013). These settings stabilize youth and help them maintain housing by teaching life skills, supporting interpersonal relationships with peers and adults, and facilitating participation in school, training, or employment.

Adults (25-45 years): Adults in this age range constitute the majority of clients seeking MHA supportive housing (56-70%). They often juggle mental health or addictions issues with employment, pet and family responsibilities. Housing solutions for this demographic must accommodate work schedules and caregiving duties, offering flexible support to promote long-term stability. For example, strict curfews at some housing sites can make it difficult for shift workers to maintain employment, leading to financial instability and potential eviction. Similarly, a lack of family-friendly policies can prevent parents from securing housing that accommodates their children and prevents them from being active parents. Additionally, some individuals with pets, who often rely on animals for emotional support and companionship, may struggle to find pet-

friendly housing. Ensuring that supportive housing models recognize and adapt to these realities is critical in fostering independence and long-term well-being.

Older Adults (46 years and above): The 46-65 age group is increasingly represented in the MHA supportive housing population, indicating a growing demand for housing options that address the needs of older adults with complex physical and mental health issues.

The data found that 13-33% of individuals on wait lists are over the age of 65. This group often experiences age-related health challenges, such as cognitive decline and physical limitations, with co-occurring mental health and substance use issues, making supportive housing with access to MHA supports, health services and assistance with daily living activities essential. This population is also more vulnerable to "accelerated aging," particularly those experiencing homelessness, which can significantly impact their health and housing needs (Alston, 2024).

Gender

While men represent the majority of individuals seeking housing (ranging from 55% to 61%), women, trans, and gender diverse people seeking MHA supportive housing often face unique issues such as gender-based violence, higher rates of depression and anxiety, and caregiving responsibilities (Montgomery, 2017; Crocker, 2024). Gender diverse and trans individuals also face distinct challenges, including discrimination, violence, and limited access to appropriate healthcare and housing (Greenfield, 2021). Research suggests that trans and gender diverse individuals often face higher levels of homelessness and mental health challenges than their cisgender counterparts.

To address these needs, housing models must be developed that are inclusive. Current models need to offer trauma-informed care, gender-specific healthcare, and safety protocols that protect individuals from further violence and discrimination. These gender-sensitive approaches contribute to creating more accessible and supportive housing environments, fostering long-term stability, dignity, and well-being for all individuals.

Indigenous, Black and Racialized Populations

Indigenous, Black, and other racialized individuals with serious mental illness and substance use challenges are disproportionately impacted by homelessness, housing insecurity and systemic barriers to care. This demonstrates deep-rooted inequities in access to stable housing, health services, and economic opportunities.

Data from coordinated access bodies found that **nearly 20% of individuals experiencing homelessness identify as Indigenous, despite Indigenous people making up 2.9% of Ontario's population** (Government of Canada, 2023). Similarly, **approximately 9% of individuals on MHA supportive housing wait lists identified as Indigenous or First Nations,** highlighting the urgent need for culturally responsive and self-determined housing solutions.

Black and other racialized individuals are seeking MHA supportive housing at rates disproportionate to their population size, likely due to systemic discrimination, economic marginalization, and barriers to accessing mental health and addictions services.

35% of those on MHA supportive housing wait lists identify as Black, and **20%** as Asian.

The intersections of race, mental health, substance use, and poverty make it even more difficult for racialized individuals to secure and maintain stable housing. Without meaningful interventions, these inequities will continue to deepen, further entrenching cycles of homelessness, housing precarity, and unmet mental health and addictions needs within equity-deserving communities.

Disability-Related Needs

People with physical and developmental disabilities face profound barriers in accessing stable housing. Discrimination, affordability challenges, and a severe lack of accessible housing create widespread instability for this population. This is particularly evident for ODSP recipients, who receive a maximum shelter allowance of only $582/month for a single person.

In Ontario, over 3 million people live with one or more disabilities that impact daily activities, yet the housing system remains largely unresponsive to their needs. More than 28,000 people with disabilities are currently waiting for housing-related support (Community Living Ontario, n.d.). **Data shows that between 4-6% of individuals on MHA supportive housing wait lists require accessible housing.**

These numbers likely underestimate the full scope of the crisis, as many people with disabilities are left with no viable options and are forced into inadequate, unsafe, or temporary housing situations.

Housing systems must recognize and respond to the full range of needs in our communities rather than treating accessibility as an afterthought.

Justice Involvement

Individuals with justice involvement face significant barriers to stable housing, often becoming trapped in cycles of homelessness and reoffending. The findings indicate that a significant proportion, approximately 20% of those on the wait list for MHA supportive housing are justice-involved.

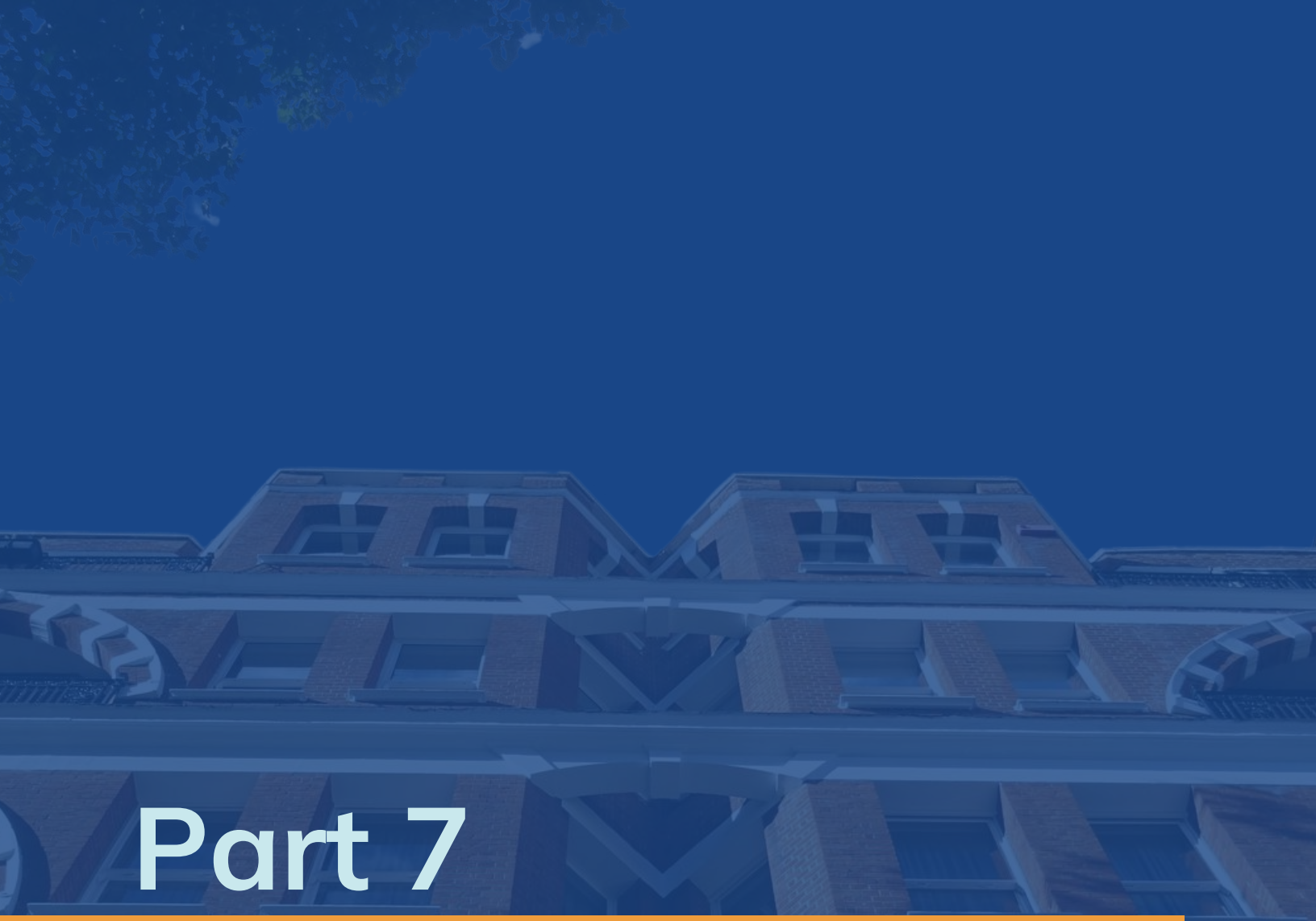
In a 2024 report from the John Howard Society of Ontario, more than 40% of survey participants indicated that their most recent experience of housing loss had been caused by justice involvement. Further, 40% of respondents reported discrimination or stigmatization by a landlord or housing provider due to their justice involvement (Tasca, 2024). The Access Point in Toronto, for example, found that applicants with substance use challenges or criminal justice involvement faced longer wait times (Sirotich, 2018).

The stigma associated with a criminal record, combined with a lack of supportive and affordable housing options, often results in frequent evictions or difficulty securing leases in the first place.

Strengthening partnerships between housing providers, corrections, and community organizations is critical to preventing the rotating door between justice involvement and housing insecurity. Expanding reintegration-focused housing options, reducing discriminatory barriers, and ensuring access to wraparound supports — such as case management, harm reduction, and employment assistance — can help justice-involved individuals maintain long-term housing stability and prevent further system involvement.

It is important to recognize that the challenges individuals face in accessing MHA supportive housing are rarely singular. Demographics such as age, gender, race, disability, and experiences of trauma or systemic marginalization often intersect, compounding the barriers to stable housing and appropriate support. Further, the growing complexity and acuity of clients' mental health and addictions concerns underscores the need for holistic, person-centered approaches that acknowledge and respond to the diverse and overlapping needs of those seeking housing.

Moving forward, housing and support systems must be designed with flexibility, cultural responsiveness, and tailored interventions to ensure equitable access and meaningful, sustainable housing solutions for all.



Part 7

Unlocking Opportunities: Recommendations for Building a Stronger Supportive Housing System

Recommendation #1: Increase Ontario's Mental Health and Addictions Supportive Housing Supply

To meet the growing demand for MHA supportive housing in Ontario, all levels of government must collectively commit to a sustained, multi-year investment of approximately $9 billion over the next 10 years.

To achieve Recommendation #1, Ontario should:

1. Fund the building of at least 36,000 new MHA supportive housing units over 10 years, prioritizing high-support and transitional housing models to address client needs and existing service gaps.
2. Align investments and funding streams across provincial ministries with a responsibility for supportive housing (including the Ministry of Health, Ministry of Municipal Affairs and Housing, Ministry of Children, Community and Social Services, Solicitor General), to create cohesive provincial funding and accountability.
3. Pilot "one-window" offices with provincial, federal and municipal partners, where relevant planners and decision-makers are tasked with working together to support the preservation and maintenance of existing units and simplify the creation of new units.
4. Establish a provincial funding envelope for routine maintenance and emergency repairs of existing supportive housing units.
5. Establish an accessible federal capital funding stream to accelerate new builds, reduce administrative burden, and incentivize municipal, private and non-profit partnerships.
6. Allocate dedicated provincial operational funding to enable supportive housing providers to offer competitive wages, stabilize staffing and improve service continuity for residents.
7. Increase provincial rent supplement rates to $1,500-$2,000 to reflect market conditions.

Recommendation #2: Enhance Flow and Transitions in the Housing System

Ontario's MHA supportive housing system must prioritize flexible, person-centered models that allow individuals to seamlessly transition between different levels of care and locations as their needs and life circumstances change.

To achieve Recommendation #2, Ontario should:

1. Implement a provincial system to track and monitor wait lists, wait times, and housing availability of different types of transitional and supportive housing. This will support real-time placement decisions as well as long-term capacity planning of where additional units are needed to improve system flow.

2. Encourage providers to adopt transferable support models, where both supports and rent supplements follow the person rather than being tied to a specific unit. This will allow individuals to transition to housing that meets their needs without losing critical support, foster client autonomy and independence, and improve long-term housing stability.

3. Invest in transitional housing options that facilitate movement between levels of care such as step-up/step-down models, and that can enable more successful outcomes for people exiting homelessness or institutional settings like shelters, live-in addictions treatment programs or hospitals.

4. Invest in models where clients can choose housing that aligns with their location preferences, support needs, cultural considerations, and personal goals, fostering greater stability and independence.

5. Ensure a sufficient supply of family, couple and pet-friendly accommodations to prevent unnecessary separations and provide stability for those who require supportive housing while maintaining relationships and/or family.

6. Invest in housing solutions that are designed for the current reality of Ontario's population, by adding more accessible, culturally safe, and gender-inclusive spaces.

Recommendation #3: Develop Mental Health and Addictions Supportive Housing Standards

To establish a top-tier MHA supportive housing system, Ontario must establish mental health and addictions supportive housing standards that define service expectations, assessment processes, data collection, and housing quality requirements.

To achieve Recommendation #3, Ontario needs to:

1. Define levels of support and matching criteria with clear definitions established through a provincial framework to ensure consistent and appropriate placements where individuals receive the right level of care at the right time.
2. Implement a common assessment tool to evaluate and regularly re-evaluate individuals' needs, reduce inconsistencies across providers and ensure people are housed in settings aligned with their level of need and other preferences.
3. Establish minimum housing quality standards that define clear expectations for safety, accessibility, and adequacy of housing and support services, preventing individuals from being placed in inadequate or unsuitable housing environments.
4. Create consistent and standardized data collection to improve tracking of housing supply, demand, and client outcomes, ensuring policymakers and service providers have accurate, real-time information to inform planning, decision-making and resource allocation.
5. Develop stronger system coordination and provider alignment through integrated services delivery models, such as hubs, to enhance coordination between housing providers, mental health agencies, and social services.

Conclusion

Ontario is at a critical juncture in addressing the growing demand for MHA supportive housing.

Our current system is fragmented, underfunded, and struggling to keep pace with increasing needs and complexity. **Without significant and targeted investments in building new units and maintaining existing units, and better provincial coordination and shared standards, Ontario will continue to see an increase in individuals experiencing severe mental health and addictions challenges, growing numbers of people experiencing homelessness, and reliance on costly emergency services.**

By adopting these bold yet necessary actions, the Ontario government can create a more equitable, efficient, and sustainable supportive housing system—one that not only improves individual well-being and recovery but also strengthens communities and the broader healthcare, housing, and social support systems.

The time to act is now. Ontario must seize this opportunity to prioritize housing as healthcare, invest in evidence-based solutions, and build a system that ensures stability, dignity, and long-term success for individuals in need.

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Glossary of Terms

Addictions Support: Refers to the resources, services, and interventions designed to help individuals struggling with substance use. These supports include a range of professional and peer-based services, such as clinical treatment (bed-based services, day programs), harm reduction (e.g. needle exchange programs, overdose prevention etc.), peer and community supports (e.g. Alcoholics Anonymous, Narcotics Anonymous, peer support groups etc.), and social and structural supports (e.g. housing, employment support).

Affordable Housing: Housing that costs less than 30% of a person's total income before income tax.

ALC (Alternative Level of Care): Used in hospitals to describe patients who occupy a bed but do not require the intensity of services provided in that care setting.

Assisted / Supported Level of Support: Assisted / Supported living refers to situations where the client requires some assistance/coaching to maintain the home.

Case Manager: A healthcare professional who supports, guides, and coordinates care for people as they navigate their health and wellness journeys.

Community Housing: Also known as social housing, refers to rental housing that is subsidized by the government.

Coordinated Access: A centralized platform where intakes, assessments and referrals can be managed in one system for multiple organizations across regions to streamline services and avoid duplications.

Coordinated Care: A patient-centered approach that integrates services across multiple providers, such as healthcare, social services, and community supports. It provides a unified plan that is shared with everyone involved to avoid duplication of services, redundant referrals, and care gaps.

Couples Accommodations: These accommodations are suitable in size for couples.

Families Accommodations: These accommodations are suitable for families with children.

Group Home: A home providing staff-supported accommodation in a group setting for persons with more complex physical, mental health and addictions needs.

Group Living Arrangements: Accommodations where individuals share common areas such as kitchen, living, and bathrooms, but have their own private bedroom. In some cases, these bedrooms may also be shared.

Glossary of Terms

Independent Level of Support: These accommodations are suitable for situations where the client is capable of maintaining the home without any assistance. This could look like a home where a supportive housing worker has an office in the building and is available to residents for support but is not necessarily involved in care unless asked.

Individual Accommodations: These accommodations are suitable for individuals.

Individual Living Arrangements: An example of an individual living arrangement is a single apartment.

Life Skills Training: An educational approach that equips a person with essential skills to navigate daily life, make more informed decisions, and manage personal and social challenges effectively. It includes areas such as financial literacy, emotional regulation, problem-solving, and self-care.

Mental Health Services: Encompasses a range of professionals, community supports, and peer-based supports. These services include psychiatry, individual counselling, group therapy, case management support, crisis intervention, medication management, or social groups that aim to enhance a person's quality of life.

MHA (Mental Health and Addictions): An arm of the healthcare system which supports individuals with mental health and addictions challenges.

Mixed-Income Buildings: Units for residents with a range of incomes, aiming to create diverse and integrated communities.

Modular Housing: Also known as prefabricated housing, is a type of housing that is pre-built at a factory and transported to a site where they are assembled.

Ontario Disability Support Program (ODSP): A provincial social assistance program that provides financial assistance, health benefits, and employment supports to Ontarians with disabilities who are in financial need. Disabilities can be visible or invisible, eligibility is determined based on how the disability impacts the person's ability to work and meet their daily living needs.

Ontario Works (OW): Provides financial assistance, health benefits and employment support to Ontario residents who are in financial need. A person must meet certain criteria around income, employment, and living situation to determine eligibility.

Glossary of Terms

Peer Support: A supportive relationship between people with the same or similar lived/living experience where the support worker has completed skills training to support clients.

Rent Supplement: A subsidy to make rent more affordable for individuals and families, usually administered by a provincial or municipal government, that helps low-income households with their housing costs by attempting to cover the difference between what they can afford to pay and market rent.

Rent-Geared-to-Income (RGI): Rent that is adjusted to be 30% of a person or family's income before taxes.

Shared Living Arrangements: An example of a shared living arrangement (two or three people) is a two-or three-bedroom apartment where the clients share a kitchen and common living areas.

Social Determinants of Health: Non-medical factors that influence a person's health outcomes. Social determinants of health include place of birth, where you live, work, or your age, combined with a set of systems that shape the conditions of your daily life, such as economic and systems policies, social policies, social norms, and political systems. Access to education, level of job security, level of food security, social inclusion, and housing are all examples of how your health is determined by your social well-being.

Social Integration Program: Supporting people with reconnecting to social, educational, and/or employment settings, helping them rebuild a sense of belonging and stability.

Supported – Support Attached to Client: Supported Housing refers to support that is attached to the client. If the client moves, support is still available to them.

Supportive – Support Attached to Housing: Supportive Housing refers to support that is attached to the housing. Support staff is available to the clients within the residence. If the client moves, this support is no longer available to them.

Transitional Housing: Offers a safe, affordable living environment, paired with mental health, addictions, life skills, and social development supports for a time-limited period, to prepare residents to move into permanent supportive housing or other independent living environments.

Wraparound Care: Client-centered approach that integrates various supports - such as housing, healthcare, and social services - to meet an individual's unique needs. These services require collaboration between providers, ensuring continuous and coordinated care. The goal is to promote stability, independence, and long-term well-being by addressing social, medical, and economic challenges together.

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AMHO is a membership-based non-for-profit organization focused on building a comprehensive and connected mental health system in Ontario.

Together, we represent over 160 addictions and mental health organizations across Ontario and more than 50,000 health care workers.