



THE EMPOWERMENT COUNCIL  
A Voice for the Clients of the  
Centre for Addiction and  
Mental Health

## **Centre for Addiction and Mental Health & Empowerment Council**

### **Joint Submission**

**To**

### **Ministry of Municipal Affairs and Housing**

### **Long-Term Affordable Housing Strategy Update**

**July 3, 2015**

The Centre for Addiction and Mental Health (CAMH) and the Empowerment Council are pleased to offer this joint submission to the Ministry of Municipal Affairs and Housing on the Long-Term Affordable Housing Strategy Update. We appreciate this government's commitment to inclusive communities and poverty reduction. Addressing the affordable housing crisis is a significant step in the right direction and we are excited by the possibilities. Secure, adequate, accessible and affordable housing is necessary for good mental health. It is also a vital component of recovery for people with mental health and/or addictions problems. But housing alone is not the answer. To further improve the health and well-being of Ontarians, we also need a reasonable system of income support – and we look forward to consultations in this area as well.

This submission focuses mainly on the housing needs of people with mental health and/or addictions problems - a vulnerable and growing population. With an emphasis on the 4 themes outlined in the Consultation Discussion Guide, we provide 10 recommendations to government to improve the affordable housing system so that all Ontarians have a place to call home.

#### **Housing and Mental Health**

Housing is a key social determinant of health. Secure, adequate, accessible and affordable housing is fundamental to good physical and mental health<sup>1</sup>. For people with mental health and/or addictions problems, having access to the right housing is imperative for recovery and well-being<sup>2</sup>. The right housing, often with supports, reduces hospitalizations, psychiatric symptoms and substance use<sup>3</sup> while

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<sup>1</sup> MacKay and Wellner, 2013

<sup>2</sup> MHCC & CAMH, 2012

<sup>3</sup> Nelson, Aubry & Hutchinson, 2010

increasing freedom, privacy, dignity, and safety<sup>4</sup>. Ensuring that people have secure, adequate, accessible and affordable housing also benefits communities<sup>5</sup> and is cost-effective<sup>6</sup>.

Despite the numerous benefits of good housing, many people with mental health and/or addictions problems are homeless, living in substandard housing, or are stuck in hospital. Long waiting lists for affordable and supportive housing; maintenance problems; inadequate supports; lack of flexibility within the housing system; and misalignment across Ministries and sectors contributes to the problem.

To address these issues, CAMH and the Empowerment Council offer the following recommendations to assist people with mental health and/or addictions problems to obtain and sustain secure, adequate, accessible and affordable housing.

### **Theme 1: A Sustainable Supply of Affordable Housing**

To ensure a sustainable supply of affordable housing we must increase the amount of housing available and improve the condition of existing affordable housing.

#### **Increase the amount of affordable housing**

Most people with mental health and/or addictions problems are able to live independently in their own homes, though due to difficulties securing employment, inadequately paid employment, and/or low social assistance rates many require affordable housing options. (We consider housing affordable if it costs less than 30% of the total pre-tax household income<sup>7</sup>. Affordable housing that is geared to income, and not based on a percentage of market value, is more realistic for people living in poverty). Unfortunately, there is a serious shortage of this type of housing.

There are 168,711 households waiting for rent-geared-to-income (RGI) housing in Ontario. In Toronto alone, there are 78,392 households waiting an average of 7 years for RGI housing<sup>8</sup>. The Canada-Ontario Investment in Affordable Housing (IAH) program aims to improve access to good affordable housing in Ontario by creating 14,499 units of rental housing, but a lack of ongoing operating subsidies for these units means that rent is not geared to income and unaffordable to those on very low incomes<sup>9</sup>. In Toronto, access to affordable housing is further impacted by high rents, low rental vacancy rates and little development of new affordable housing units<sup>10</sup>.

It is clear that we are in urgent need of more new affordable housing units in Ontario. We need government at all levels to step up and invest in housing. Given that the average daily per diem for

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<sup>4</sup> MHCC, 2012a; MHCC 2012c

<sup>5</sup> Wellesley Institute, 2008; MHCC 2012b

<sup>6</sup> MHCC & CAMH, 2012; MHCC 2014

<sup>7</sup> CMHC, 2007

<sup>8</sup> ONPHA, 2015

<sup>9</sup> ONPHA, 2013b

<sup>10</sup> TSSHA, 2013

affordable housing (\$38.50) is less than that of an emergency shelter (\$44.50), hospital (\$917.50) or jail (\$300)<sup>11</sup>, it just makes good economic sense.

We also need to explore the interest and capacity of the private sector to contribute to new affordable housing stock. Measures such as inclusionary zoning, which require private developers to ensure that a portion of their projects include affordable housing, have been successful in the United States, Vancouver and Montreal and should be explored. Mandatory inclusionary zoning (as opposed to voluntary) appears to be the most successful at producing more affordable units, particularly for those with the lowest incomes<sup>12</sup>. Therefore, in addition to directly funding the development of affordable housing, CAMH and the Empowerment Council recommend that:

- 1. MMAH make legislative changes to allow municipalities to implement mandatory inclusionary zoning in their communities. MMAH should also collaborate with municipalities to offer tax incentives to developers building affordable housing.**

In addition to the creation of new housing stock, we can also begin to house people quickly in affordable accommodation of their choice by providing them with the resources to access existing rental accommodations in their communities. To do so, CAMH and the Empowerment Council recommend that:

- 2. MMAH invest in new rent supplements and housing allowances that are stable and geared to income. Priority access to these supplements/allowances should be given to vulnerable groups including people with mental health and/or addictions problems.**

### **Improve the condition of existing affordable housing**

Current affordable housing stock is in poor condition due to limited funding for maintenance and repairs<sup>13</sup>. Residents live with bedbug infestations, mold, fire hazards, heating problems and general disrepair<sup>14</sup>. Affordable housing conditions are compounded in Aboriginal communities and reserves where residents also live with inadequate water and sewage systems and overcrowding<sup>15</sup>. The situation is also critical in Toronto where most Toronto Community Housing (TCH) buildings are at least 40 years old and in need of major repair. Without investment in these repairs, 90% of TCH buildings will fail to meet basic living standards by 2023<sup>16</sup>.

Substandard housing has a significant impact on the health of residents. Poor housing conditions have been associated with infectious diseases, chronic illnesses, respiratory infections, asthma, injuries, poor nutrition and mental health problems<sup>17</sup>.

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<sup>11</sup> MHCC& CAMH 2012

<sup>12</sup> Brunick et al, 2003

<sup>13</sup> Ibid

<sup>14</sup> OHRC, 2012

<sup>15</sup> MHCC&CAMH, 2012

<sup>16</sup> CCEA, 2015

<sup>17</sup> MacKay & Wellner, 2013

To determine how to best fix its crumbling affordable housing stock, TCH collaborated with the Canadian Centre for Economic Analysis to review risk/reward scenarios and ultimately develop a 10-Year Capital Financing Plan. The plan requires an investment of \$864 million over 10 years from each of the municipal, provincial and federal governments<sup>18</sup>. Again, we need government support to ensure that we have a sustainable supply of affordable housing in Ontario. CAMH and the Empowerment Council, therefore, recommend that:

- 3. MMAH commit to preserving social housing infrastructure across Ontario by providing funding for needed repairs. In Toronto, this would mean contributing the provincial portion of the 10-Year Capital Financing Plan.**

## **Theme 2: A Fair System of Housing Assistance**

To create a fair system of housing assistance we must offer a range supports to vulnerable affordable housing tenants. Affordable housing is typically designed to house people who can live independently without formal support services. These programs do not have the resources or staff expertise to provide support to those who have difficulty maintaining their tenancies – though many frequently go above and beyond to provide assistance. In Ontario, social housing providers are growing increasingly concerned about the number of their tenants with mental health and/or addictions problems and unmet support needs<sup>19</sup>. Fifteen percent (15%) of TCH households have at least one member with a serious mental illness<sup>20</sup>. Without access to needed supports, tenants with mental health and/or addictions problems may be putting their health and tenancies in jeopardy<sup>21</sup>.

To begin to address the issue of unmet support needs, TCH in collaboration with Toronto Central LHIN, implemented a pilot project that brought primary care and social service providers on-site at higher risk buildings. Initial reports suggest that vulnerable residents in these buildings are improving and communities are stabilizing. CAMH and Empowerment Council believe that similar projects would be beneficial across the province. We recommend that:

- 4. MMAH, MOHLTC, MCSS, MCYS, LHINs and municipalities facilitate partnerships between social housing providers, health services, and local community agencies to offer on-site supports in buildings with a high number of vulnerable tenants.**

Some residents of affordable housing, however, will need more individualized and intensive supports. These supports should be provided in part by peer support workers whose lived experience and shared understanding of mental health and/or addictions problems can greatly assist those who are currently struggling. Therefore, CAMH and the Empowerment Council also recommend that:

- 5. MMAH, MOHLTC, LHINs and municipalities facilitate and invest in partnerships between social housing providers and mental health agencies to offer comprehensive case management**

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<sup>18</sup> CCEA, 2015

<sup>19</sup> ONPHA, 2013c

<sup>20</sup> TCH, 2013

<sup>21</sup> ONPHA, 2013c

*(including peer support) to affordable housing tenants with mental health and/or addictions problems in need of intensive supports.*

### **Theme 3: Co-ordinated, Accessible Support Services**

To ensure that vulnerable populations have affordable housing with co-ordinated, accessible support services that meet their diverse needs, we need to increase the amount and range of supportive housing for people with mental health and/or addictions problems, as well as enhance system flow.

#### **Increase the amount and range of supportive housing**

Some people with mental health and/or addictions problems require specialized supports provided by mental health supportive housing providers to find and remain in housing. Recovery-focused supportive housing programs have proven successful for many people, including those with serious mental illness who have long histories of hospitalizations and challenging behaviours<sup>22</sup>. Unfortunately, supportive housing for people with mental health and/or addictions problems is in short supply.

In Ontario, people can wait up to 6 years for one of the approximately 10,000 units of supportive housing<sup>23</sup>. In Toronto, there are over 8000 people on the wait list for 4400 units of mental health supportive housing. Average wait time is 5 years<sup>24</sup>. The situation is even more critical for people with serious mental health and/or addictions problems who need intense levels of support as only 11% of Toronto's mental health supportive housing offers high support<sup>25</sup>. People with a dual diagnosis of mental illness and developmental disability also experience significant wait times. There are currently 12,000 Ontarians awaiting very limited and highly specialized housing<sup>26</sup>.

To address the severe supportive housing shortage in the province, Addictions and Mental Health Ontario (AMHO) developed a comprehensive 7 year plan to develop more than 26,000 new units of supportive housing. Their plan requires Ontario to invest \$684.5 million in capital, rent supplements and support funding<sup>27</sup>. Recently, the Canadian Mental Health Association (CMHA) – Toronto Branch, modified the AMHO proposal to include only the costs of rent supplements and support funding, thus allowing new supportive housing to be developed quickly without major capital delays. The CMHA proposal would require Ontario to invest \$349 million over 7 years to create 26, 000 new supportive housing options<sup>28</sup>. While investment in rent supplements and support funding would significantly increase access to supportive housing, CAMH and the Empowerment Council believe that new units must be built to meet the demand. Therefore, we recommend that:

#### ***6. MOHLTC and LHINs invest \$684.5 million over 7 years to create 26, 000 new units of mental health supportive housing in Ontario.***

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<sup>22</sup> CAMH, 2014

<sup>23</sup> CMHA Ontario, 2008

<sup>24</sup> AMHO, 2014

<sup>25</sup> CASH, 2013

<sup>26</sup> Housing Study Group, 2013

<sup>27</sup> AMHO, 2014

<sup>28</sup> CMHA Toronto, 2015

As new units of supportive housing are created, it is crucial to ensure that a range of options are available to meet peoples' unique and evolving needs. We know that very high support housing has been successful for people with complex behaviours, while Housing First Models (rent supplements with individualized supports) have been positive for people who are homeless and have histories of trauma and poor health<sup>29</sup>. Therefore, CAMH and the Empowerment Council recommend that:

**7. MOHLTC and LHINs ensure that communities create a range of supportive housing options from very high support to low support, including long-term rent supplements/housing allowances with flexible supports. Inclusion requirements for all supportive housing options should be transparent and appealable.**

**8. MCSS and MOHLTC continue to collaborate and invest in innovative high support housing projects for people with a dual diagnosis of mental illness and a developmental disability.**

### **Enhance system flow**

A further issue within the supportive housing sector is a lack of flexibility and flow. It is very difficult for people to move into, within and out of the supportive housing system when their housing and support needs change. Not only are there individuals who need more support than what they are receiving, but some people in high or medium support housing are ready and would like to move on to low support or affordable housing if it were available<sup>30</sup>. Support services that are tied to a specific housing program or unit can also hinder client choice and system flow.

A recent system-wide collaboration between CAMH, the Toronto Mental Health and Addictions Supportive Housing Sector and Toronto Central LHIN has increased flow into and within the mental health supportive housing system, while supporting client choice and tenant rights. The creation of new medium support housing gives residents of higher support housing the opportunity to move into more independent living. The vacated high support housing is then made available to CAMH Alternative Level of Care patients who need intense services as they transition back into the community. We need to look at expanding this successful initiative and adapting it to other jurisdictions.

We also need to look at de-linking housing from support services as this provides people with more choice and control about where and how they live. Individuals can maintain greater stability over time if they are able to access different levels of support as their support needs change (and not risk losing their housing if their needs do not align with specific program supports)<sup>31</sup>. Therefore, CAMH and the Empowerment Council recommend that:

**9. MMAH, MOHLTC and LHINs collaborate with hospitals, supportive housing providers, social housing providers and other affordable housing providers to improve flow through the**

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<sup>29</sup> MHCC 2012b

<sup>30</sup> CAMH, 2014

<sup>31</sup> Parkinson et al, 1999

***housing system. This should include increased funding and flexibility to enhance portable (de-linked) support options to people as they move into, through and out of supportive housing.***

#### **Theme 4: A System Based on Evidence and Best Practices**

One of the biggest impediments to ensuring people with mental health and/or addictions problems and other Ontarians have secure, adequate, accessible and affordable housing is the lack of a true housing 'system'. Different government ministries operate in silos leading to disjointed policies and programs (and a lack of recognition that investments in housing can offset costs in other areas). There is also a disconnect between policy-makers, funders, researchers, housing providers and service providers which makes it difficult to develop effective and appropriate housing and support options<sup>32</sup> as well as establish measurement and accountability mechanisms<sup>33</sup>. The lack of coordination between housing and other social programs, including social assistance, can be stressful and inconvenient for people with mental health and/or addictions problems and can lead to a loss of housing and employment opportunities.

Better integration and collaboration are needed across Governments, Ministries and sectors to create a housing system that is based on evidence and best practices. People with mental health and/or addictions problems, and other marginally housed service users, must also be engaged and consulted to ensure that the housing system meets their needs. CAMH and the Empowerment Council, therefore, recommend that:

***10. The Government of Ontario establish an inter-governmental and inter-ministerial Standing Committee on Housing. This Standing Committee should have a long-term mandate, include short term deliverables and be responsible for the coordination of housing policy, planning and evaluation/research. Advisory Groups of experts including policy makers, researchers and evaluators, business leaders, housing providers and a significant representation of service users should provide ongoing guidance and feedback to the Standing Committee.***

Secure, adequate, accessible and affordable housing is imperative for individual and collective well-being. Supportive housing is a pinnacle of recovery. Ensuring that all Ontarians have access to stable housing (and an adequate income) will demonstrate that the Government of Ontario is committed to their vision of more inclusive communities - as laid out in the Poverty Reduction Strategy and Comprehensive Mental Health and Addictions Strategy. CAMH and the Empowerment Council believe that our recommendations will assist in achieving this goal.

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<sup>32</sup> MHCC & CAMH, 2012.

<sup>33</sup> OHPHA, 2013c & Trillo & Armstrong, 2013

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