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# Long Term Affordable Housing Consultations

Canadian Mental Health Association (CMHA), Ontario Division  
in collaboration with local CMHA Branches in Ontario

July 3, 2015

Submission in Response to Long-Term Affordable Housing Consultations,  
Ministry of Municipal Affairs and Housing



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## ABOUT US

The Canadian Mental Health Association (CMHA), which operates at the local, provincial and national levels across Canada, works towards a single mission: to make mental health possible for all. The vision of CMHA Ontario is a society that believes mental health is the key to well-being. We are a not-for-profit, charitable organization which is funded by the Ontario Ministry of Health and Long-Term Care. Through policy analysis and implementation, agenda setting, research, evaluation and knowledge exchange, we work to improve the lives of people with mental health issues and addictions and their families. As a leader in community mental health and a trusted advisor to government, we actively contribute to health systems development through policy formulation and by recommending policy options that promote mental health for all Ontarians. We provide support to the 32 local Branches of CMHA across the province that provide comprehensive mental health and addictions services to approximately 60,000 individuals annually in diverse communities across Ontario.

We appreciate this opportunity to share our perspective and provide our recommendations to inform the Long-Term Affordable Housing Strategy for Ontario. We held an internal consultation with a group of our stakeholders, including local CMHA Branches: Niagara, Oxford, Champlain East and Nipissing to discuss the content of the Ministry of Municipal Affairs and Housing LTAHS consultation document. The following is a summary of our discussion.

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## INTRODUCTION

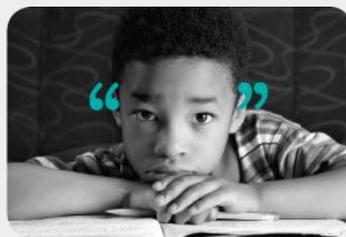
Access to more housing and especially housing with supports for people with mental illnesses and addictions has long been a priority for CMHA. Housing with supports are critical components of recovery from mental illnesses and addictions. With the right housing and supports, people recovering from mental illnesses and addictions gain a renewed sense of dignity and hope and can re-integrate into the community more successfully. There is no recovery without proper housing. CMHA Ontario was pleased that the next phase of *Ontario's Comprehensive Mental Health and Addictions Strategy*, announced in the fall of 2014, included a commitment to invest \$16 million to create 1,000 more supportive

housing spaces over the next three years, as part of the *Poverty Reduction Strategy*. The development of a revamped *Long-Term Affordable Housing Strategy (LTAHS)* for Ontario brings a renewed focus on the rising numbers in need of affordable housing and people with mental illnesses and addictions who need supportive housing options. However, the renewed LTAHS must be developed with a view to create a sustainable supply over the next twenty to thirty years. Therefore, the LTAHS must not be inhibited by the immediate and short-term financial constraints of the current fiscal picture.

### General Recommendations for Affordable Housing in Ontario

For affordable housing, CMHA Ontario calls on the Ontario government to:

- Continue investing in the implementation of Ontario's Long Term Affordable Housing Strategy, with a special focus on providing housing for individuals with mental health and addiction issues.
- Support future investment in the Housing First model, where housing is provided as the first step, in combination with rent supplements and support services, to people who are homeless and living with mental health and addiction issues.
- Continue to provide access to a range of housing options such as supportive housing, supported housing with or without on-site staff, rent supplements and short stay crisis safe beds for those with mental health and addiction needs and those involved with the justice system.
- Increase funding for additional rent supplements across the province. Individuals can use rent supplements to gain greater access to supportive housing. Supportive housing providers can also potentially use rent supplement funding to leverage private capital for new construction and thereby create additional housing stock.



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## THEME 1: A SUSTAINABLE SUPPLY OF AFFORDABLE HOUSING

### Research Evidence

#### Financing

With demand far exceeding supply and government's ability to adequately finance supply of new housing, more creative financing solutions are needed. Findings of a joint report by the MaRS Centre for Impact Investing and the Housing Services Corporation (HSC)<sup>1</sup>, notes that "the current and traditional approach to the business of social housing is no longer viable. In this new era of affordable housing, connecting the [housing] sector with social finance models means increased opportunity. These models demand new relationships among the traditional stakeholders, innovative approaches and an enabling environment." As noted in the MaRS Centre report, "social finance", or "social impact bonds" represent creative investment approaches that blend public-private partnerships and have the potential to achieve positive social and environmental outcomes along with opportunities for some form of financial return<sup>2</sup>.

CMHA Toronto and other supportive housing providers were part of a feasibility study that

indicates it is possible to develop a social impact bond in Ontario that would attract private investors and be guaranteed by government, drawing on the experience of other jurisdictions such as the UK<sup>3</sup>. Examples of signature impact investments in housing include the \$450 million bond issue by Toronto Community Housing Corporation (TCHC)<sup>4</sup>.

#### Rising Demand, Declining Supply

The Ontario Non-Profit Housing Association's 2015 *Waiting Lists Survey Report* paints a stark picture:

- As of Dec. 31, 2014, **168,711** families, seniors, single adults and couples were waiting for rent-g geared-to-income (RGI) housing in Ontario.
- The proportion of seniors waiting is growing. Thirty per cent (30%) of households on waiting lists include seniors.
- The average waiting time in Ontario is nearly 4 years. In some areas, particularly large cities, waiting times can be much longer – up to ten years.

As of December 2014, the City of Ottawa has a central waiting list with 10,224 households – each having registered or renewed their place on the list in 2014<sup>6</sup>.

### Recommendations: Theme 1

- Affordable public housing will require a continued government commitment to public funding and operating subsidies in order to keep rents low enough and make available a sufficient volume of units to meet ongoing affordable housing and supportive housing needs.
- Federal, provincial and municipal governments may also need to consider the development of innovative partnerships to fund new affordable housing and supportive housing units, such as partnerships with community organizations, private sector and philanthropists. To add to the existing publicly funded pool of housing units, additional units of affordable housing can be built using 'blended' financing models such as combining government grants and contributions, philanthropic contributions and private investment capital.
- The use of innovative social financing tools such as Social Impact Bonds (SIBs) is one such tool that can enable governments to access needed capital and help kick start social housing construction, as noted in a recent review article<sup>7</sup>.
- The Canadian Mental Health Association, Toronto Branch and Addictions and Mental Health Ontario (AMHO) both have submitted proposals previously that if implemented would generate sufficient access to house 26,000 to 30,000 people with mental illnesses and addictions in supportive housing units across Ontario. See Appendix 1.



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## THEME 2: A FAIR SYSTEM OF HOUSING ASSISTANCE

### Lack of adequate income is closely tied to unsatisfactory housing.

#### Research Evidence

##### *Inadequate Income*

Lack of access to adequate employment -- up to 90% of Canadians with serious mental illnesses are unemployed<sup>8</sup> -- means that people with disabilities generally solely rely on disability support benefits such as the Ontario Disability Support Program (ODSP). Nearly 46% of current recipients of ODSP have a diagnosis of a mental illness, according to statistics provided by the Ministry of Community and Social Services<sup>9</sup>. Statistics Canada's *Participation and Activity Limitation Survey* (PALS) of 2006 shows that the poverty rate in Canada for people with no disability was 9.7% but was 22.3% for people diagnosed with psychological or cognitive disabilities<sup>10</sup>. The lack of adequate income is closely tied to unsatisfactory housing. Therefore, measures that increase income security whether through employment or disability benefits must include allowances for housing and household infrastructure (furniture, utensils, bedding, linens, winter clothing, small appliances, etc.). According to the Ontario Not-for-Profit Housing Association's (ONPHA) 2015 waiting list survey, a person would need to earn \$20.52 an hour to be able to afford the average rent of a one-bedroom apartment in Toronto. And the situation is not much better in other communities in Ontario.

##### *Addressing Tenancy Failures*

A research project by the Edmonton Social Planning Council/Edmonton Coalition on Housing and Homelessness (2012)<sup>11</sup> identified a number of policy solutions and best practices that when

implemented can significantly reduce the incidence of tenancy failure. These included:

- Development of quality affordable housing run by landlords motivated by a desire to help their tenants succeed;
- Use of a Housing First approach that recognizes that tenants with higher acuity (e.g. addictions, mental illness, and/or previous episodes of homelessness) may well require second and third chances;
- Establishing programs to assist with getting those with low or modest incomes initially housed (e.g. help with the first month's rent, utilities, furnishings and damage deposit); and
- Recognition that some tenants will require ongoing rental assistance and supports on an indefinite basis.

##### *Housing Affordability*

According to a 2013 report by the Joint Initiative of the Alliance for a Poverty-Free Toronto and Social Planning Toronto (City of Toronto), "social assistance payments are so low they bear no relationship to the actual cost of living."<sup>12</sup> Rates for a single adult with a disability are still below the poverty line.<sup>13</sup> Once on social assistance, guidelines for Ontario Works (OW) and Ontario Disability Support Program (ODSP) keep recipients virtually trapped in poverty.<sup>14</sup> Recipients are left struggling with the impossible choice of food or rent, as current levels of assistance afford no room to adequately cover both.<sup>15</sup> A 2014 report by the Alliance to End Homelessness Ottawa shows that nearly the 41% of ODSP payments are needed for rent leaving little for other expenses (see Appendix 1).



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## THEME 2: A FAIR SYSTEM OF HOUSING ASSISTANCE

### Recommendations: Theme 2

- The Long-Term Affordable Housing Strategy should recognize the need to improve access to ODSP benefits, as part of government's cross-ministerial and cross-sectoral work to ensure that policies and programs are aligned.
- Income support such as ODSP for people with disabilities must reflect the real costs of living and must be based on:
  - Average market rents for the community (i.e. differential rates for GTA, rural and Northern communities),
  - Average utility costs,
  - Average cost of a nutritious food basket,
  - Transportation costs,
  - Costs for communication devices including telephone and internet,
  - Personal basic needs
- Income support benefits should be automatically indexed to the rate of inflation so that people do not fall behind when the cost of living goes up.
- The Government of Ontario must enhance initiatives that promote income security, access to education and employment supports, by incrementally increasing minimum wage over five years to 10 per cent above the poverty line, with the recognition that increasing minimum wage is but one tool among many that can be used to narrow the poverty gap.
- Increasing funding mechanisms to provide ongoing supports to tenants to prevent tenancy failures, especially for people with ongoing mental health and addictions issues.



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## THEME 3: CO-ORDINATED, ACCESSIBLE SUPPORT SERVICES

### Research Evidence

#### *Rising Demand for Supportive Housing*

Demand continues to dramatically outpace available housing supports. As of December 2014, the average provincial wait time to get access to supportive housing for people with mental illnesses was 311 days. In Toronto the waiting list for supportive housing for people with mental health disabilities has grown from 700 to 10,416 in six years. Last year (2013/14) only 349 of the 4,100 people who applied for supportive housing were housed.

#### *Costs of Inadequate Housing and Savings from Adequate Housing*

Housing for people with mental health conditions can contribute to significant cost savings in other areas. For example, it costs approximately \$490 a day to keep a person in a psychiatric hospital; \$140 to \$460 per day to keep them in jail, while housing a person in the community with supports costs just over \$70 per day.<sup>16,17</sup>

According to a report by National Secretariat on Homelessness (2005), on an annualized basis, the average costs across four cities in Ontario (Toronto, Vancouver, Montreal, Halifax) were:

- Institutional responses (prison/detention and psychiatric hospitals): \$66,000 to \$120,000;
- Emergency shelters (cross section of youth, men's women's, family and victims of violence): \$13,000 to \$42,000;
- Supportive and transitional housing: \$13,000 to \$18,000; and
- Affordable housing without supports (singles and family): \$5,000 to \$8,000.<sup>18</sup>

The *At Home/Chez Soi* final report (2014) of the Mental Health Commission of Canada, concluded that "spending \$10 on housing and supports for chronically homeless individuals with the highest needs, resulted in \$21.72 in savings related to health care, social supports, housing and involvement in the justice system."<sup>19</sup>

### Recommendations: Theme 3

- Ontario needs to develop common eligibility criteria and tools for assessing housing needs with a common definition of who in Ontario qualifies for a housing benefit. An Ontario-wide income-tested housing assistance benefit, such as is found in many European nations could be part of a renewed LTAHS.
- To improve access and processing of affordable housing applications in Ontario, there is an urgent need to develop a coordinated and centralized registry. Whether one is applying as a low-income earner or as a person with mental illness who needs supportive housing, the entry portal should be one and the same.
- Increase funding for additional rent supplements across the province. Individuals can use rent supplements to gain greater access to supportive housing.
- Supportive housing providers can also potentially use rent supplement funding to leverage private landlords to accept tenants with mental illnesses and addictions or in some cases can leverage private capital for new housing unit construction and thereby create additional housing stock.



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## THEME 4: A SYSTEM BASED ON EVIDENCE AND BEST PRACTICES

### Research Evidence

#### Definition of Homelessness

According to a report by the Canadian Observatory on Homelessness (COH) (formerly the Canadian Homelessness Research Network) “the goal [or outcomes] of ending homelessness is to ensure housing stability, which means people have a fixed address and housing that is appropriate (affordable, safe, adequately maintained, accessible and suitable in size), and includes required services as needed (supportive), in addition to income and supports.”

#### Core Housing Needs

Canada Mortgage and Housing Corporation

(CMHC)<sup>20</sup> has established the most detailed definition of “core housing need”. Core housing need is defined by CMHC as paying 30% or more of a household’s “before-tax income to pay the median rent (including utility costs) of alternative local market housing that meets all three standards.”<sup>21</sup> Core housing need is measured along three levels: adequacy, suitability and affordability:

- “Adequate” housing does not require any major repairs, according to residents.
- “Suitable” housing has enough bedrooms for the size and make-up of residents in the household, according to National Occupancy Standard (NOS) requirements.
- “Affordable” housing costs less than 30 per cent of before-tax household income.<sup>22</sup>

### Recommendations: Theme 4

- Adequate outcome measures to assess success of homelessness initiatives need to be developed that encompass the following criteria at a minimum:
  - Income security and affordability (income meets “core housing needs criteria”)
  - Safety
  - Adequate maintenance
  - Accessibility
  - Suitability in size
  - Includes required services (e.g. supportive housing)
- Future funding investments should focus on the Housing First model,<sup>23</sup> an evidence-based “best practice” where housing is provided as the first step, in combination with supportive services for people who are homeless and/or living with mental health and addiction issues.
- In addition to Housing First programs, there needs to be a recognition across Ontario that for some people with mental illnesses and/or addictions, other program models may be more suitable, including providing access to a range of housing options such as supportive housing, rent supplements and short stay crisis safe beds for vulnerable populations, especially for those with mental health and addiction needs.
- Given the government’s commitment to end homelessness in Ontario, the government must ensure consistency of access to housing programs across the province, regardless of municipality of residence.
- Ensuring that all municipal service managers (MMAH), LHINs (MOHLTC) and local social benefits (MCSS) offices establish mechanisms to collect reliable and shareable data both at the local and provincial levels.
- LHINs, area service managers and the community mental health and addiction sector need to come together to plan and implement a multi-year plan for supportive housing for each LHIN area.



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<sup>1</sup> Housing Services Corporation and MaRS Centre for Impact Investing. (2013). *Blended Financing For Impact: The Opportunity For Social Finance In Supportive Housing*

[http://www.marsdd.com/wp-content/uploads/2013/03/MaRS\\_BlendedFinancingforImpact\\_2013.pdf](http://www.marsdd.com/wp-content/uploads/2013/03/MaRS_BlendedFinancingforImpact_2013.pdf)

<sup>2</sup> Ibid.

<sup>3</sup> Miguel, A and Abughannam, S. (2014). *Housing First Social Impact Bond Feasibility Study*. MaRS Centre for Impact Investing, Toronto, Ontario.

<http://www.marsdd.com/mars-library/housing-first-social-impact-bond-feasibility-study/>

<sup>4</sup> Ibid.

<sup>5</sup> Ontario Non-Profit Housing Association. (2015) *Waiting Lists Survey: Report on Waiting Lists Statistics for Ontario*. ONPHA, Toronto, ON.

[http://onpha.on.ca/onpha/Content/PolicyAndResearch/Waiting\\_Lists\\_2015/Full\\_Report.aspx](http://onpha.on.ca/onpha/Content/PolicyAndResearch/Waiting_Lists_2015/Full_Report.aspx)

<sup>6</sup> Alliance to End Homelessness Ottawa. (2014). *Progress Report on Ending Homelessness in Ottawa*. Alliance to End Homelessness, Ottawa, Ontario.

<http://endhomelessnessottawa.ca/2014-progress-report/>

<sup>7</sup> Housing Services Corporation and MaRS Centre for Impact Investing. (2013). *Blended Financing For Impact: The Opportunity For Social Finance In Supportive Housing*

[http://www.marsdd.com/wp-content/uploads/2013/03/MaRS\\_BlendedFinancingforImpact\\_2013.pdf](http://www.marsdd.com/wp-content/uploads/2013/03/MaRS_BlendedFinancingforImpact_2013.pdf)

<sup>8</sup> Mental Health Commission of Canada. (2013). *The Aspiring Workforce: Employment and Income for People with Serious Mental Illness*. Ottawa, Canada. p.7

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<sup>9</sup> Ministry of Community and Social Services (2015) Special Communication.

<sup>10</sup> Council of Canadians with Disabilities. (2013). *As a Matter of Fact: Poverty and Disability in Canada*. Toronto, ON.

<http://www.ccdonline.ca/en/socialpolicy/poverty-citizenship/demographic-profile/poverty-disability-canada>

<sup>11</sup> Edmonton Social Planning Council/Edmonton Coalition on Housing and Homelessness Research Project. (2012). *Understanding Tenancy Failures and Successes*. Edmonton Social Planning Council/Edmonton Coalition on Housing and Homelessness, Edmonton, AB.

<http://www.homewardtrust.ca/homelessness/resources.php#cat9>

<sup>12</sup> Joint Initiative of the Alliance for a Poverty-Free Toronto & Social Planning Toronto. (2013). *Toward A Poverty Elimination Strategy for the City Of Toronto*. Alliance for a Poverty-Free Toronto and Social Planning Toronto (City of Toronto), Toronto, Ontario.

<sup>13</sup> Ibid.

<sup>14</sup> John Stapleton. (2013). *It's time to end the erosion of public assistance in Ontario*. Toronto Star: Toronto, Ontario.

<http://www.thestar.com/opinion/>

[commentary/2013/04/26/its\\_time\\_to\\_end\\_the\\_ero-sion\\_of\\_public\\_assistance\\_in\\_ontario.html](http://www.thestar.com/opinion/commentary/2013/04/26/its_time_to_end_the_ero-sion_of_public_assistance_in_ontario.html)

<sup>15</sup> Housing Services Corporation and MaRS Centre for Impact Investing. (2013). *Blended Financing For Impact: The Opportunity For Social Finance In Supportive Housing*

[http://www.marsdd.com/wp-content/uploads/2013/03/MaRS\\_BlendedFinancingforImpact\\_2013.pdf](http://www.marsdd.com/wp-content/uploads/2013/03/MaRS_BlendedFinancingforImpact_2013.pdf)

<sup>16</sup> Ontario, Ministry of Health and Long-Term Care. (2006). "Provincial Summary – Average Costs for CMH&A Service Recipient Activity."

<sup>17</sup> Ontario, Ministry of Health and Long-Term Care. (2013). *Community Mental Health and Addictions (CMH&A) - Functional Centres*. In Ministry of Health and Long-Term Care Healthcare Indicator Tool. <https://hsimi.on.ca/hdbportal>

<sup>18</sup> National Secretariat on Homelessness. (2005). *The Cost of Homelessness: Analysis of Alternate Responses in Four Canadian Cities*. A Report by Steve Pomeroy for the National Secretariat on Homelessness.

<http://www.homelesshub.ca/resource/cost-homelessness-analysis-alternate-responses-four-canadian-cities>

<sup>19</sup> Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner & Tim Aubry. (2014). *National At Home/Chez Soi Final Report*. Calgary, AB: Mental Health Commission of Canada.

Retrieved from: <http://www.mentalhealthcommission.ca>

<sup>20</sup> CMHC. (2010). *Canadian Housing Observer, 2010*. Canada Mortgage and Housing Corporation p.63.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner & Tim Aubry. (2014). *National At Home/Chez Soi Final Report*. Calgary, AB: Mental Health Commission of Canada.

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<sup>24</sup> Ontario Non-Profit Housing Association. (2015) *Waiting Lists Survey: Report on Waiting Lists Statistics for Ontario*. ONPHA, Toronto, ON.

[http://onpha.on.ca/onpha/Content/PolicyAndResearch/Waiting\\_Lists\\_2015/Full\\_Report.aspx](http://onpha.on.ca/onpha/Content/PolicyAndResearch/Waiting_Lists_2015/Full_Report.aspx)



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## APPENDIX 1

### Excerpts from Recommendations from Addictions & Mental Health Ontario and Canadian Mental Health Association Toronto Branch

#### *AMHO Funding Proposal (Capital and Operating)*

- Addictions & Mental Health Ontario (AMHO) in 2014 had proposed a comprehensive Ontario plan that would require an investment of \$684.5 million over seven (7) years and which would result in 26,190 new units of supported and supportive housing in communities across the province.
- The outcomes would include: housing stability for almost 30,000 people recovering from mental health and addictions issues, and cost savings for Ontario’s healthcare system as an estimated 1,200 high needs Ontarians move off the streets and out of hospital beds into affordable housing suited to their needs.

#### *CMHA Toronto (Modified Funding Proposal Based on AMHO)*

- Beginning in 2015, the Ontario government funds \$30 million in housing allowances/ rent supplements incrementally for 6 years, adding 4,578 rent supplements/ housing allowances per year for people with mental health and addiction problems growing to \$182 million by 2021.
- Outcome would be housing and supports for 26,000 people in Ontario. Cost breakdowns are as follows:

<b>Program</b>	<b>Funding Per Year</b>	<b>Total Cost after 6 years (2021)</b>
Housing allowances/ rent supplements	\$30.333 million per year which will add 4,578 rent supplements/ housing allowances per year	\$182 million serving approximately 26,000 people
Service packages for applicants requiring high support housing	\$28 million per year	\$167 million
	<b>TOTALS</b>	\$349 by 2022 (less than 1% of annual health spending)



## APPENDIX 2

### HOUSING AFFORDABILITY FOR PEOPLE ON SOCIAL BENEFITS

For people receiving income from social benefits (OW or ODSP), housing costs leave very little for other costs of living. The Alliance to End Homelessness Ottawa (2014) report prepared the following table as an illustration of typical rental scenarios for people on OW or ODSP. The report also notes that, “Nearly half of all Ontario renters and close to a third of all homeowners are spending more than they can afford on housing, placing themselves and their families at risk of homelessness.”<sup>24</sup>

Housing Affordability	2013	2014	CHANGE	
Goal: To make housing more affordable by improving peoples' incomes	Average Market Rent (bachelor apartment)	\$766	\$780	+ \$14
Source: Statistics Canada, CMHC, Province of Ontario	Ontario Works (OW) per single individual / per month	\$626	\$656	+ \$30
	% required for average rent	122%	119%	- 3%
	Ontario Disability Support Program (ODSP) per single individual / per month	\$1086	\$1098	+ \$12
	% required for average rent	70.5%	71%	+ 0.5%
	Minimum wage	\$10.25 / hr	\$11.00 / hr	+ \$0.75
	% required for average rent	43%	41%	- 2%

[Source: Alliance to End Homelessness Ottawa (2014) *Progress Report on Ending Homelessness in Ottawa*. Alliance to End Homelessness, Ottawa, Ontario. <http://endhomelessnessottawa.ca/2014-progress-report/> ]