



June 26, 2020

Ms. Natalia Kusendova, MPP – Mississauga Centre
Chair, Standing Committee on Social Policy
99 Wellesley Street West
Room 1405, Whitney Block
Queen's Park
Toronto, ON M7A 1A2

Re: Bill 184: Protecting Tenants and Strengthening Community Housing Act, 2020

Founded in 1952, Canadian Mental Health Association (CMHA) Ontario and our 28 local branches are part of the community-based mental health and addictions sector, which serves approximately 500,000 Ontarians annually. CMHA Ontario actively contributes to health systems development by recommending policy options to improve the lives of all Ontarians. Through leadership, collaboration and the continual pursuit of excellence in community-based mental health and addiction services, CMHA works to achieve the vision of a society that embraces and invests in the mental health of all people.

CMHAs have a proven track record of leadership in evidence-based programming and best practices in supportive housing programs and can provide critical insight into the local planning process. Collectively, CMHAs provide nearly 6,259 of all mental health and addictions supportive housing units in the province. Services include rent supplements and supports within housing for clients with mental health and addictions issues, as well as the new Community Homes for Opportunity program funded by the Ministry of Health. Many CMHAs also operate a number of safe beds, which are short-term, emergency shelter programs for people who have had interactions with the justice system. This perspective informs our comments and recommendations on Bill 184.

Housing is an Essential Social Determinant of Health

For decades, CMHA has been advocating for equitable access to affordable housing for Ontarians living with mental health and addictions issues. Since 2017, CMHAs across the province have recommended new investments for an additional 30,000 supportive housing units across the province over the next 10 years. As housing service providers with deep connections to our local communities, CMHA branches see this as a minimum requirement for Ontario.

Housing is a basic human right and is recognized as an essential determinant of health. Adequate, suitable and affordable housing contributes to physical and mental well-being. It leads to increased personal safety and helps decrease stress, leading to improved sleep and diet. All these factors result in better mental health outcomes. Across the province, there's a shortage of both public and private housing and especially rental housing, where a vast majority of people with mental illnesses reside.

However, getting appropriate housing is especially challenging for people with disabilities due to stigma and discrimination in addition to the inadequacy of income supports available through social assistance programs such as the Ontario Disability Support Program (ODSP). Nearly 50 per cent of all disability support recipients under ODSP have a diagnosis of a mental illness. Therefore, the lack of affordable housing has a disproportionately high impact on ODSP recipients who are often faced with few options but to accept sub-standard housing. Without the anchoring and safety that a safe and affordable home provides, many people with mental illnesses experience a deterioration in their health conditions.

As their conditions worsen, many end up in the already over-burdened health care system with an increase in visits to the doctor's office, non-compliance with prescriptions, frequent emergency department visits and much more potential for interactions with the police and criminal justice system. Therefore, housing must be considered as much a public health issue as the fight against COVID-19 pandemic and therefore deserving of equal priority.

Any legislative measures that ultimately result in strengthening and empowering landlords at the expense of weakening tenant rights will result in exacerbating negative health outcomes for people with mental health disabilities. It is with this perspective that we offer the following comments on proposed changes to the *Residential Tenancies Act (Schedule 4)*.

Specific Concerns about Bill 184: Schedule 4 on the *Residential Tenancies Act, 2006*

CMHA Ontario joins the Advocacy Centre for Tenants in Ontario (ACTO) and many other stakeholders in expressing deep concerns about the proposed amendments in Bill 184. These amendments will ultimately end in weakening hard-won rights for tenants in general and people with mental health disabilities in particular.

Section 16 of Proposed Bill (page 24)

According to proposed changes Section 16 (which repeals section 82 of the existing *Residential Tenancies Act, 2006*), advanced written notice is required to be given by tenants if they wish to raise issues of landlord's non-compliance with the law as a defence to their landlord's claim for rent and eviction. Such procedural barriers impact many vulnerable groups and take away an avenue of redress for people who have difficulty with the ability to prepare written communications.

Sections 18 and 21 of Proposed Bill (page 24 and page 27 respectively)

Section 18 and section 21 of the proposed amendments allow landlords to bring claims against tenants at the Landlord and Tenant Board for up to a year after they have left the premises. These claims have historically been dealt with by the Small Claims Court who have developed rules to ensure that people who are being sued have proper notice of the claim. The Landlord and Tenant Board has only ever dealt with disputes where the tenant is still in possession and so it is much easier to know that the tenant has received proper notice of the claim. Many people will find their wages or bank accounts garnished behind their backs if this becomes the law.

Sections 30 and 31 of Proposed 184 (page 29)

Sections 30 and 31 provide for "other dispute resolution processes" and for agreements that provide for an eviction without notice or hearing where a tenant does not fully comply with the terms of the agreement. While such agreements can now be made on the day of the Board hearing, tenants making agreements there have assistance available from Board mediators and tenant duty counsel, and a Member of the Board generally oversees such agreements. Under the proposed process, these agreements would just be made between the tenant and a landlord representative, without any assistance from Board mediators or a duty counsel. Therefore, these measures have the potential of making the exploitation of vulnerable people much more likely, especially when there might be an economic advantage to be gained by a landlord.

Recommendations

CMHA supports the [Advocacy Centre for Tenants in Ontario](#) (ACTO) and urge the provincial government to address the short- and medium-term consequences of the pandemic crisis on tenants and the rental housing market by implementing the following recommendations:

1. Update the purpose of the *Residential Tenancies Act, 2004*, to include improving public health in Ontario and recognizing the progressive realization of the human right to housing as enshrined in the federal legislation.

2. Extend the current eviction moratorium until the pandemic and the post-pandemic recovery period are over to ensure enough time for employment rates and other economic indicators to return to pre-COVID-19 levels. While urgent matters with serious health and safety implications continue to be heard, Ontario must commit to keeping people housed.
3. Amend the *Residential Tenancies Act, 2006*, to provide direction to the Landlord and Tenant Board for mediated repayment agreements that are feasible and will not push tenants into homelessness or continued poverty.
4. Provide the Landlord and Tenant Board with direction on providing relief from eviction due to circumstances caused by the pandemic crisis. Good tenants that lost their employment, faced illness or had to take care of their children out of school should not be punished because they faced financial hardship during this pandemic.
5. Re-institute effective rent control and alleviate the greatest source of anxiety for tenants even before this pandemic crisis – the unaffordable rents that skyrocket every year, displacing people from their homes and communities.

As noted in the enclosed attachment, CMHA strongly believes that housing is a basic human right, and that housing first is the pathway to recovery from mental health and addictions related issues.

Thank you for your consideration of our concerns. Please contact me directly at cquenneville@ontario.cmha.ca for further discussion.

Sincerely,



Camille Quenneville
Chief Executive Officer
Canadian Mental Health Association, Ontario

cc: Tonia Grannum, Clerk, Standing Committee on Social Policy

encl: Housing First: the Path to Recovery



Canadian Mental
Health Association
Ontario

HOUSING FIRST: THE PATH TO RECOVERY

For decades, the Canadian Mental Health Association (CMHA) has been advocating for equitable access to affordable housing for Ontarians living with mental health and addictions issues. Since 2017, CMHAs across the province have recommended new investments for an additional 30,000 supportive housing units across the province over the next 10 years. As housing service providers with deep connections to our local communities, CMHA branches see this as a minimum requirement for Ontario.

The housing problem

Housing is a basic human right and is recognized as an essential determinant of health.¹ Adequate, suitable and affordable housing contributes to physical and mental well-being. It leads to increased personal safety and helps decrease stress, leading to improved sleep and diet. All these factors result in better mental health outcomes.

Across the province, there's a shortage of both public and private housing. Home prices and rents in many large and mid-sized cities have risen faster than incomes, to the point where the Ministry of Municipal Affairs and Housing has called the current situation in Ontario a "housing crisis."² Getting appropriate housing is especially challenging for people with disabilities due to stigma and discrimination in addition to the inadequacy of income supports available through social assistance programs such as the Ontario Disability Support Program (ODSP). Nearly 50 per cent of all disability support recipients under ODSP have a diagnosis of a mental illness. Therefore, the lack of affordable housing has a disproportionately-high impact on ODSP recipients who are often faced with few options but to accept sub-standard housing. Where even sub-standard housing is not affordable, these vulnerable individuals many end up in temporary shelters. Or worse, they end up homeless. Without the anchoring and safety that a safe and affordable home provides, many people with mental illnesses experience a deterioration in their health conditions. As their conditions worsen, many end up in the already over-burdened health care system with an increase in visits to the doctor's office, non-compliance with prescriptions, frequent emergency department visits and much more potential for interactions with the police and criminal justice system.

Impact of the housing problem

Impact on the health care system

Supportive housing is an effective means of addressing the growing alternative level of care needs in Ontario. Alternate level of care (ALC) is a system classification used in Canada that's applied when there's a mismatch between the intensity of client care needs and the intensity of services/resources in that setting. This can occur in acute inpatient, mental health, rehabilitation, and chronic or complex continuing care. Therefore, when a client is occupying a bed in a facility and doesn't require the intensity of resources/services provided in that care setting, that client is defined as being ALC.³

A report by the Ontario Hospital Association showed in 2016-17 individuals designated as ALC (waiting in hospital beds for more appropriate care elsewhere) occupied approximately 14 per cent of all inpatient bed days in Ontario.⁴ In particular, patients occupying complex care or mental health hospital beds have a disproportionately high impact and contribute to nearly two-thirds of all ALC days in hospitals.⁵

The issue of ALC is growing. By 2018-19, 15.5 per cent of all hospital beds (approximately 4,500) were being occupied by people who could be given more appropriate care elsewhere.^{6,7}

Impact on the social services system

Spending an excessive amount of a household's income on rent also is linked to poorer health. As housing is the largest expense for many households, unaffordable housing significantly eats into families' budgets. This can displace money for the other necessities of healthy living such as food, child care and medications. The rising cost of housing has been identified as a key driver of rising food bank use in Toronto.⁸ According to the Daily Bread Food Bank, "When the financial circumstances of a household are strained, choices have to be made between paying rent or putting food on the table and it is the food budget that is usually sacrificed."⁹ An analysis of various research studies originating in several development countries, including Canada, show that, "Social assistance recipients reported higher levels of adverse psychological outcomes... [a] Canadian study also observed an association between social assistance reciprocity and higher rates of poor self-rated health."¹⁰

Employment plays a key role in the recovery of individuals living with a mental illness. It improves their mental health, reduces their need for health services, increases their financial well-being, and creates positive social networks. Yet, the unemployment rates for people living with a severe mental illness can be as high as 70-90 per cent.¹¹ Contributing

Ontario Hospital Association 2019 data reveals:

- **465** ALC clients waiting in mental health beds
- Represents more than **182,000** patient days, which is **23** per cent of all ALC patient days
- Most commonly waiting for supervised or assisted living or long-term care
- **32** per cent have been waiting more than a year
- **68** patients have been waiting more than two years
- **13** patients have been waiting more than five years

Source: Ontario Hospital Association. (2018-2019). Mental Health and Addiction: A Crisis in Capacity. Correspondence from Ontario Hospital Association to Canadian Mental Health Association, Ontario. Jan. 9, 2020.

#HOUSING4ALL

AN AWFUL CHOICE: PAY RENT OR BUY GROCERIES?

RENT: THE FIRST BILL PAID



Housing is the single largest expense in most families' budgets¹.



The average food bank client spends over 70% of their income on housing².

LEAVING LITTLE FOR OTHER NEEDS



Food bank use in Ontario increased 45% over the past 20 years³.



In 2014, the number of households using food banks for the first time increased by 20%⁴.



1 in 5 children in Ontario live in poverty⁵.

We all need safe, affordable housing. To find out how you can make a difference, visit www.housing4all.ca.

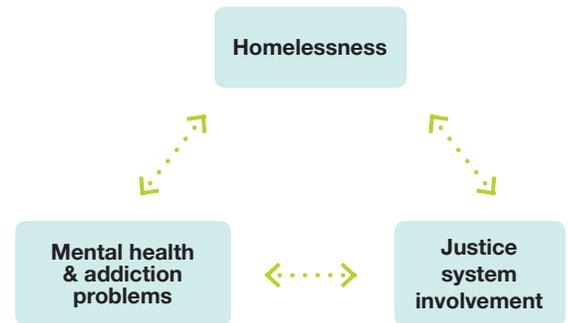


Data sources: (1) Ontario Association of Food Banks, *Hunger Report*, 2014. (2, 3, 4) Ibid. (5) Campaign 2000, *Child Poverty: 25 Years Later: We Can Fix This*, 2014.

to this very high unemployment picture for people with a mental illness is their precarious or unstable living conditions. Even if employment opportunities were available, most employers will require a home address before hiring. And where there's no proof of stable housing, getting a job can be extremely challenging. Chronic unemployment leads to reliance on income supports such as Ontario Works and Ontario Disability Support Program (ODSP) which are not enough to cover housing costs and therefore lead to poor housing for most, or homelessness for many others.

Impact on the justice system

Homelessness and mental health are closely intertwined. Poor access to housing negatively impacts a person's mental health and people with poor mental health are more susceptible to homelessness. As noted in a 2019 report entitled *Closed Quarters*, the causal relationships between housing, mental health and justice issues are complex, as the presence of one can generate a concern in the other two areas.¹² The broader social determinants of health reinforce these issues. Poverty and social inequality can initiate or exacerbate housing and mental health and addictions problems, and the likelihood of criminal justice contact. This intersection is particularly troubling for people who are presently homeless, as they experience a high prevalence of victimization and trauma.



The costs of homelessness and of correctional services place burdens not only on individuals, but also on society. It is estimated the cost of homelessness in Canada in 2006 was \$412 million due to increased use of correctional institutions, parole supervision and police services.¹³ In the 2017 report, Ontario's auditor general noted:

- The average cost of providing social housing to one household is about **\$613** per month
- One shelter bed costs **\$2,100** per month (more than three times more expensive)
- One long-term care bed costs an average of **\$3,960** per month (more than six times more expensive)
- One correctional facility bed costs an average of **\$4,300** per month (seven times more expensive)
- One hospital bed costs an average of **\$13,500** per month (22 times more expensive)¹⁴

Supportive housing is the answer

Investing in supportive housing creates savings across the health care, social services and justice systems. As evidenced by the *At Home/Chez Soi* national housing study led by the Mental Health Commission of Canada, every \$10 invested in supportive housing resulted in an average savings of \$21.72.¹⁵ Participants in the *At Home/Chez Soi* group saw reductions in their use of services, such as those provided by family physicians, medical specialists including psychiatrists, mental health workers and case managers, and other service providers and outpatient visits to hospitals. In particular, the degree of reduction in emergency department usage was much sharper among *At Home/Chez Soi* participants compared to those in the control group. Involvement with the justice system was also impacted. For example, there was an overall trend for reductions in arrests during the study period, with greater reductions observed in the *At Home/Chez Soi* participants compared to the control group.



A 2018 research study in Ontario found supportive housing has the potential to achieve cost savings over inpatient hospitalization for ALC clients with severe mental illnesses.¹⁶ According to the study, the average cost savings per day was between \$140 and \$160. This would result in an annual cost savings of approximately \$51,000 to \$58,000 per bed. The study further demonstrated efficient use of scarce health care resources. For example, suppose an ALC client occupies a hospital bed for one year. If this same client is transitioned to an appropriate supportive housing program in the community, then the vacated psychiatric bed could, for instance, be used by 12 different people for one month each, thereby allowing for more effective use of psychiatric beds.

Investing in supportive housing and focusing on the housing-first approach is the first step to recovery from mental illnesses and addictions. Housing with supports offers an individual access to a range of housing options, including rent supplements. Housing with supports can include clinical mental health and/or substance use and addictions supports (such as case management, nursing, assertive community treatment, etc.) and social supports (such as personal support services including homemaking and personal care, life skills, peer support, employment support, etc.).

In 2018, CMHA Ontario, in partnership with Addictions and Mental Health Ontario and the Wellesley Institute, co-developed [*Promising Practices: 12 Case Studies in Supportive Housing for People with Mental Health and Addictions Issues*](#) that serve as models for expansion across the province.

New housing investments urgently needed

Since 2017, CMHAs across Ontario have [recommended new investments](#) for an additional 30,000 supportive housing units across the province over the next 10 years. As housing service providers with deep connections to our local communities, CMHA branches see this as a minimum requirement for Ontario. We envision this as a starting point in the conversation on supportive housing rather than an end goal. We know from our experience that even with 30,000 additional supportive housing units over 10 years, the demand for supportive housing will continue to exceed supply. Across the province (not just in urban markets), there's a severe shortage of rental properties. Therefore, more capital funds must accompany any additional supportive housing funding. In rural and northern communities, where the housing supply situation is extremely dire, there's a need for purpose-built rental housing to meet the demand. Additional, dedicated funding is also needed for people with mental health and addictions conditions who are involved with the justice system, since in addition to the stigma of mental illnesses, they also face formidable barriers to housing due to their previous involvement in the justice system.

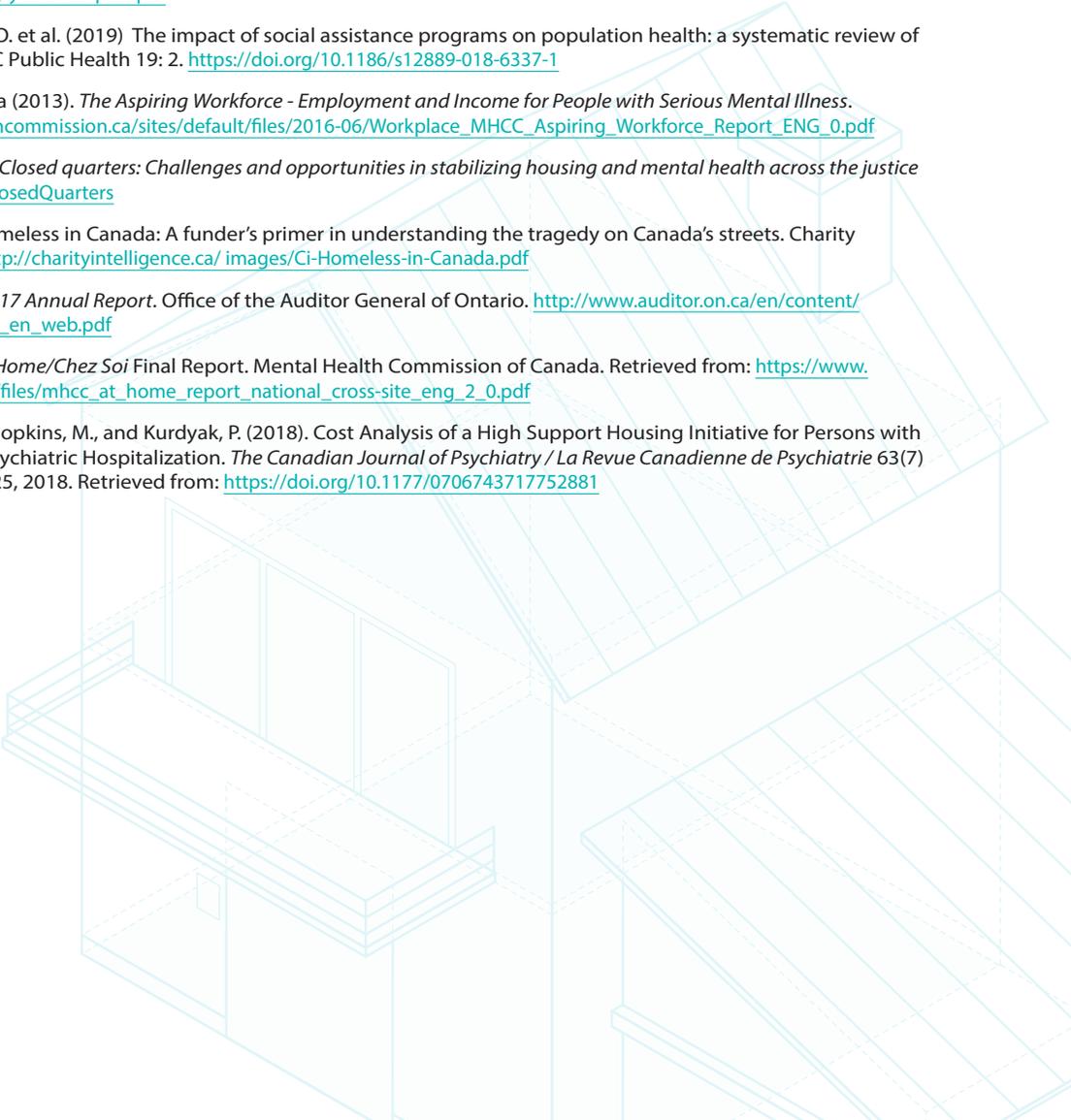
CMHAs have a proven track record of leadership in evidence-based programming and best practices in supportive housing programs and can provide critical insight into the local planning process. Collectively, CMHAs provide nearly 30 per cent (6,259 units) of all mental health and addictions supportive housing units in the province. Services include rent supplements and supports within housing for clients with mental health and addictions issues, as well as the new Community Homes for Opportunity program funded by the Ministry of Health. Many CMHAs also operate a number of safe beds, which are short-term, emergency shelter programs for people who have had interactions with the justice system. See Appendix A for a complete list of CMHA housing programs.

CMHA supportive housing programs in Ontario

Program	Description	Location
<p>Homes for Special Care and/or Community Homes for Opportunity</p>	<p>The Homes for Special Care program provides housing and services to people with serious mental health issues. The program was established in 1964 under the Homes for Special Care Act and was one of the first to provide supportive housing in the community. The Ministry of Health is currently leading an initiative to modernize the nearly 50-year-old Homes for Special Care program into a more client-centred Community Homes for Opportunity program.</p>	<p>Community Homes for Opportunity (first phase of implementation which began in 2019):</p> <ul style="list-style-type: none"> • CMHA Elgin • CMHA Grey Bruce • CMHA Huron Perth • CMHA Middlesex
<p>Mental health and/or addictions support within housing</p>	<p>Support within housing or supported housing generally refers to individuals living independently in the community who may need some supports, whether on site or off site. Supports include clinical mental health and/or substance use and addictions supports (such as case management, nursing, assertive community treatment, etc.) and social supports (such as personal support services including homemaking and personal care, life skills, peer support, and employment support, etc.).</p>	<ul style="list-style-type: none"> • CMHA Brant Haldimand Norfolk • CMHA Champlain East • CMHA Cochrane-Timiskaming • CMHA Durham • CMHA Elgin • CMHA Fort Frances • CMHA Grey Bruce • CMHA Haliburton, Kawartha, Pine Ridge • CMHA Hamilton • CMHA Huron Perth • CMHA Kenora • CMHA Lambton-Kent • CMHA Middlesex • CMHA Muskoka-Parry Sound • CMHA Niagara • CMHA Ottawa • CMHA Oxford • CMHA Peel Dufferin • CMHA Sault Ste. Marie • CMHA Simcoe County • CMHA Sudbury/Manitoulin • CMHA Thunder Bay • CMHA Toronto • CMHA Waterloo Wellington • CMHA Windsor-Essex County

<p>Rent supplement and/or rent-gearred-to-income</p>	<p>Providing individuals with the financial resources they need to access desirable housing in their community.</p>	<ul style="list-style-type: none"> • CMHA Brant Haldimand Norfolk • CMHA Champlain East • CMHA Cochrane-Timiskaming • CMHA Durham • CMHA Elgin • CMHA Fort Frances • CMHA Grey Bruce • CMHA Haliburton, Kawartha, Pine Ridge • CMHA Hamilton • CMHA Huron Perth • CMHA Kenora • CMHA Lambton-Kent • CMHA Middlesex • CMHA Muskoka-Parry Sound • CMHA Niagara • CMHA Ottawa • CMHA Oxford • CMHA Sault Ste. Marie • CMHA Simcoe County • CMHA Sudbury/Manitoulin • CMHA Thunder Bay • CMHA Toronto • CMHA Waterloo Wellington • CMHA Windsor-Essex County • CMHA York and South Simcoe
<p>Safe Beds</p>	<p>Short-term emergency shelter program for people who have had interactions with the justice system.</p>	<ul style="list-style-type: none"> • CMHA Brant Haldimand Norfolk • CMHA Elgin • CMHA Grey Bruce • CMHA Haliburton, Kawartha, Pine Ridge • CMHA Kenora • CMHA Lambton-Kent • CMHA Middlesex • CMHA Niagara • CMHA Simcoe County • CMHA Thunder Bay • CMHA Toronto • CMHA Windsor-Essex County

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