STRENGTHENING SOCIAL HOUSING COMMUNITIES

HELPING VULNERABLE TENANTS MAINTAIN SUCCESSFUL TENANCIES

November 2015

ONPHA
Ontario
Non-Profit Housing
Association

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ONPHA IS THE VOICE OF NON-PROFIT HOUSING IN ONTARIO

WHO WE ARE

Our 740 housing member organizations manage more than 163,000 non-profit housing units in more than 220 communities in Ontario. They provide affordable homes to a diverse range of tenants, including: seniors; low-income families with children; Aboriginal people; the working poor; victims of violence and abuse; people living with developmental disabilities, mental illness, addictions, and HIV/AIDS; and the formerly homeless and hard-to-house.

For more than 25 years, ONPHA has been an independent, member funded and member directed association. Our member focus makes us a strong advocate for non-profit housing providers and the communities they serve.

WHAT WE DO

We unite Ontario's non-profit housing sector and provide non-profit housing providers with the knowledge and resources they need to conduct their business efficiently and ensure that their housing is well-managed, safe, and affordable. We do this through education, policy and research, management advice, networking opportunities, communications, and bulk procurement opportunities. We also work closely with all levels of government to promote sustainable, community-based affordable housing and to represent the interests of our members.

WHY WE DO IT

More than 400,000 people in Ontario rely on community-based affordable housing. Many need support to maintain their housing and live more independent lives. Studies prove that affordable housing is an essential determinant of health and a key contributor to the vitality of Ontario communities.

We believe that all Ontarians need a secure place to call home at a cost they can afford. We know that good housing is the foundation for better lives and healthier communities. Our role is to strengthen this foundation.

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~23,000

adults with a serious and persistent mental illness live in Ontario's social housing.[0]

0. An earlier version of this report incorrectly calculated this figure at ~22,400 adults. Recalculation has corrected the figure to ~23,000 adults. For more information on the calculation, see footnote on page 10 of the report.

BY THE NUMBERS

THE GROWING NEED

By 2035, the projected number of all seniors aged 65+ will double. The number aged 85+ will quadruple, and the number aged 100+ will triple. 70% of all seniors will have two or more chronic illnesses[1].

235,000 Canadians experience homelessness in a year. The majority (180,000) live in shelters[2]. There is no Ontario homeless count.

One in five Ontarians will have a mental illness in their lifetime. An estimated 7% of low-income adults have a serious and persistent mental illness. Between 10 – 25% of seniors have a mental health disorder[3].

THE HIGH COST OF HOSPITALS AND SHELTERS

Hospital acute bed: **$720 - $1,115/day[4]**

Psychiatric hospital bed: **$330 - $681/day[5]**

Long-term care facility bed: **$126/day[6]**

Emergency shelter: **$20 - $69/day[7]**

THE AFFORDABLE HOUSING GAP

Between 1990 and 2010, **the number of low income Ontarians increased by 92%[8].**

86,000 Ontario rental dwellings were lost between 1996 – 2006[9].

Today 1 in 5 Ontario tenants is in "persistent" Core Housing Need, a higher share than in any other province[10].

Today's **vacancy rate in 12 Ontario cities is below 3%**. In 5 cities it is below 2%[11].

THE SUPPORT GAP

Families and informal caregivers provide 75 – 80% of care patients receive at home[12].

Waits for community mental health services range from 8 weeks to 180 days[13].

1. Ontario Association of CCACs, *Health Comes Home: A Conversation About the Future of Care*, p. 2.
2. Stephen Gaetz et al, *The State of Homelessness in Canada 2014* (Homeless Hub Press, 2014), 5.
3. Mental Health Commission of Canada, *Turning the Key*, p. 89.
4. MHCC, *Turning the Key*, 89.
5. MHCC, *Turning the Key*, 89.
6. Ontario Association of CCACs, "Just the Facts," accessed May 31, 2-15 http://www.moreandless.ca/content.php#the-facts
7. Mental Health Commission of Canada, *Turning the Key*, p. 84.
8. Ontario Non-Profit Housing Association and CHF Canada (Ontario Region), *Where's Home? 2013*, p. 34.
9. *Where's Home?* p. 20.
10. *Where's Home?*, p. 4.
11. Canada Mortgage and Housing Corporation, *Market Rental Survey, Ontario* (Fall 2014).
12. OACCAC, *Health Comes Home*, p. 4.
13. Office of the Auditor General of Ontario, *2010 Annual Report: Ministry of Health and Long-Term Care, Community Mental Health*, 329.

EXECUTIVE SUMMARY

For the last 40 years, Ontario's social housing has been *the* solution to Ontario's housing challenges. It offers its more than 400,000 residents that key determinant of health: a permanent, affordable home. It is available in every service area and every Local Health Integration Network (LHIN) region, and is the only housing in Ontario mandated to provide affordable housing.

So it is no wonder the Ontario Government has repeatedly turned to social housing to advance its health, social and housing agendas. Social housing has become the go-to solution for people with mental illness leaving institutions, for households fleeing abuse, and for homeless people leaving the streets. It is the affordable home that enables the frail elderly to stay off long-term care waiting lists, and the preferred alternative for people "graduating" from supportive housing.

The result? Housing that was originally designed and funded for low- and moderate-income families and seniors able to live independently is now home to Ontario's most vulnerable people.

- At least 23,000 adults with a *serious and persistent* mental illness live in municipally-funded social housing – more than twice as many as live in all provincially-funded supportive housing combined.
- An estimated 75,000 seniors, many in their 80s and 90s, currently live in social housing, with another 50,295 on Ontario waiting lists.
- In recent years, over 50 per cent of social housing vacancies have been filled by people who identified themselves as vulnerable enough to warrant priority status.

Many of these tenants are doing well. But some are not, and the costs of their unsuccessful tenancies are borne not only by themselves, but also by their neighbours, housing providers, emergency departments and the police.

Recognizing the cost

Successive governments at all levels have reaped savings by closing hospital beds, cutting second stage funding for households that have experienced violence, and helping chronically homeless people find housing.

But these savings have not been passed on to the social housing providers who now house vulnerable people, or the community-based agencies who might support them. Indeed, social housing providers themselves have been subject to cuts, and have seen their own capacity to support vulnerable tenants diminish even as their numbers increase.

The result is a very real danger that social housing will begin to fail both vulnerable tenants and the people it was originally mandated to serve.

Ensuring Ontario's leading housing solution *stays* a solution

The Ontario Government's Long-Term Affordable Housing, Aging at Home and Poverty Reduction strategies all depend on access to quality affordable housing. So do the 168,711 households on social housing waiting lists.

ONPHA looks forward to working with the Ontario Government, Local Health Integration Networks and service managers[14] to create a systematic approach to supporting vulnerable tenants in social housing. To begin the conversation, this report summarizes the experiences of our members:

- The incidence of vulnerable tenants now living in social housing;
- The economic and policy trends that led to this "concentration of vulnerability"; and,
- The impact of these trends on vulnerable tenants and their neighbours.

We then propose a framework for supporting vulnerable social housing tenants. The key elements:

- A systematic approach to identifying needs and offering supports – strengthening social housing communities to support existing social housing tenants, and equipping access systems to match vulnerable applicants to supports;
- A robust community support system;
- The collaboration of LHINs and service managers to increase local capacity; and,
- Ontario Government funding, co-ordination and regulatory clarifications needed to protect its 40 years' of investment in social housing and ensure its continued success.

14. These are the 47 Consolidated Municipal Service Managers that were designated to fund and administer social housing programs under the Social Housing Reform Act. Service managers include municipal and regional governments and District Social Services Administration Boards (DSSABs).

An estimated

23,000

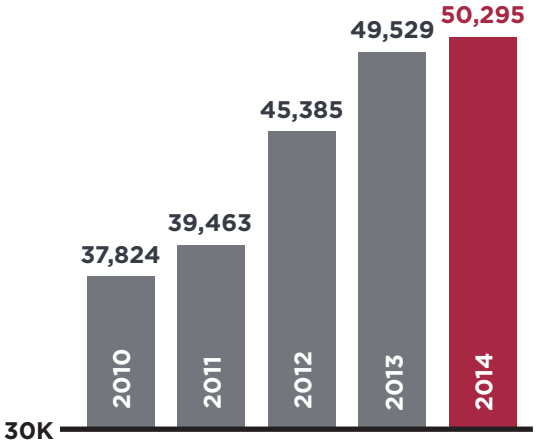
adults with a serious and persistent mental illness live in Ontario's municipally-funded social housing. That's more than twice as many as living in provincially-funded supportive housing in Ontario.

An estimated

75,000

seniors live in Ontario's social housing communities. An additional **50,295** senior households are waiting* for housing that's rent-geared-to-income (RGI).

The number of seniors on waiting lists for RGI housing has increased every year since 2010*.



* Figures from ONPHA's 2015, 2014, 2013, 2012, and 2011 Waiting Lists Survey reports.

SUMMARY: A FRAMEWORK TO SUPPORT VULNERABLE SOCIAL HOUSING TENANTS

A systematic approach to identifying needs and offering supports:

For current social housing tenants: Strengthen social housing communities

- Restore community development as a core part of social housing management. Every housing provider has access to community development staff
- Where vulnerable tenants are concentrated, create support hubs in the building
- Where vulnerable tenants are dispersed, strengthen visiting supports
- Equip front-line staff and tenants to spot emerging problems and know whom to call
- Use the eviction process to link tenants to supports

For new applicants: Use the access system to promote successful tenancies

- Equip applicants to find the "right place with the right supports"
- Match local priority applicants with supports at point of application. Limit concentrations of vulnerable tenants to ensure the building does not fail the tenant
- Use housing allowances to enable SPP applicants to access any vacancy, whether it is in social or private housing.

A robust community support system:

- Recognize the importance of prevention. Fund BOTH supports for new tenancies AND existing tenancies
- Promote and fund evidence-based support practices: 1) continuing, not temporary, supports; 2) housing supports, not just clinical supports; 3) collaboration with landlords
- Make effective use of technology in rural or isolated communities.

Ontario Government provides funding, co-ordination and clarifications:

- Develop a joint MMAH/MOHLTC strategy to make supports in housing part of the core provincial budget. MOHLTC to designate funds for LHINs to fund community-based support partners. MMAH to designate funds for service mangers to fund partnerships where health-funded agencies are not available or well-matched to the need
- Restore core funding for community development (MMAH)
- Continue to expand Aging at Home and community mental health funding (MOHLTC)
- Recognize and fund SPP as a dedicated program for households that have experienced violence, with housing allowances offered to at-risk applicants to obtain housing in the private or social housing system (MMAH/MCSS)
- Clarify:
  - » Social housing's mandate to house people able to live independently (MMAH)
  - » Duty to accommodate (OHRC)
  - » Privacy laws re: sharing information and consents (IPC)
  - » Social housing's status as permanent rental housing for people able to live independently – not housing of last resort (SJTO)
- Research the potential of tele-mental health services (MOHLTC)
- Expand alternatives. Create more supportive housing and preserve existing affordable housing (MMAH)

LHINS and service managers collaborate to increase local capacity:

- Facilitate "resource hub" partnerships in buildings where needs are concentrated
- Co-ordinate cross-sector tables to address the needs of vulnerable social housing tenants and identify system-wide reforms. Develop protocols to share information. Develop strategies for vulnerable tenants who refuse supports. Investigate and co-ordinate all possible funding sources
- Facilitate training for all front-line housing staff to access local supports
- Facilitate partnerships that equip tenants to take care of themselves
- Review access systems to help vulnerable applicants identify their own need, and match applicants to supports.
- Facilitate continuous joint planning and joint working among municipal services, and between municipally-funded and LHIN-funded agencies

OUTCOME: SUCCESSFUL TENANCIES. HEALTHY COMMUNITIES

Our approach

This report is grounded in the experiences of the Ontario Non-Profit Housing Association's 740 non-profit housing members, and supported by research in Ontario and other jurisdictions.

Our work began with a literature scan of Canadian and American research, with a particular focus on Housing First approaches.

We then deepened our understanding with key informant interviews with representatives of three housing providers, four service managers, three Local Health Integration Networks, four mental health and homelessness experts and a legal clinic specializing in tenancy issues.

We heard from 237 ONPHA members through an email survey in February 2015. And, in March 2015, we heard from 44 representatives of housing providers, LHINs and service managers in four focus groups. In Ottawa and Hamilton, we focused on the potential for cross-sector collaboration, and in Kitchener and Sudbury we focused on the specific challenges of rural and northern communities.

The research was informed by a Steering Committee comprised of representatives of nine Ontario housing providers, three Local Health Integration Networks and a representative from the Ministry of Municipal Affairs and Housing.

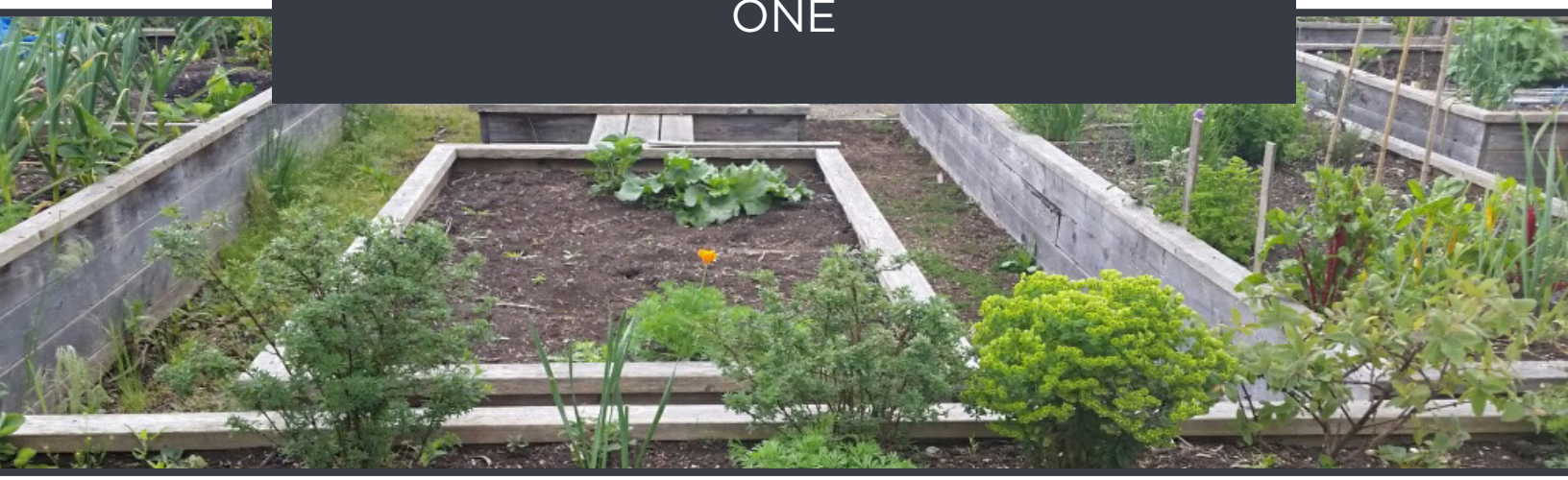
237 survey responses **44** interviews with stakeholders **4** focus groups

A word about terminology

For the purposes of this report:

- **Social housing** refers to Local Housing Corporations and municipal and private non-profit housing corporations designed and funded to provide affordable rental housing. It does not include:
  - » purpose-built supportive housing funded by the Ministries of Health and Long-Term Care or Community and Social Services
  - » alternative housing funded through Supports to Daily Living or the Community Homelessness Prevention Initiative
  - » group homes, homes for the aged, domiciliary hostels or shelters.
- **Vulnerable tenants** refers to anyone who needs additional support – for any reason – to maintain a successful tenancy. Tenants may be, or may become, vulnerable because of a mental or physical illness or disability, an addiction, trauma, dislocation, isolation, experience of violence or a history of homelessness or institutionalization. A tenant's need for support may be episodic or increase or decrease over time, and may be exacerbated by the absence of support or a reluctance to accept support when offered.

ONE



A CONCENTRATION OF VULNERABILITY

To our knowledge there is no provincial definition of vulnerability or a systematic count of the number of vulnerable tenants now living in social housing. However, prevalence rates, waiting list data and the estimates of housing providers illustrate the range of needs now present in social housing.

Ontario's largest mental health housing provider

Based on prevalence rates for low-income and senior populations, at least 23,000 adults with a serious and persistent mental illness live in social housing, with or without supports[15].

To give a sense of scale, this is:

- Quadruple the 5,600 units in Ontario's dedicated supportive housing transferred to the Ministries of Health and Long-Term Care and Community and Social Services[16];
- Almost triple the 7,750 units (current and planned) resulting from the Ministry of Health and Long-Term Care's supportive housing investments, Mental Health Homelessness Initiative investments, and all its rent supplement initiatives for people who are homeless or have mental health or addictions

"Are we reaching the tipping point?"

More and more vulnerable people are housed in one building. We add and add, and now we're losing the natural supports that exist in mixed communities... Will there be an exodus of market tenants? That's my five-year worry.

– Housing provider

15. This estimate is based on research used in Toronto Community Housing, Mental Health Framework (2010), 12. The research found that approximately 3 per cent of Canadians will have a serious and persistent mental illness, and that the prevalence of serious mental illness and concurrent disorders is greater for people in low socioeconomic groups, with the lowest socioeconomic groups showing rates of mental illness at approximately 2 to 2.5 times that of higher socioeconomic groups (Hudson, 2005). Other studies showed the prevalence of anxiety disorders, mood disorders, Alzheimer's or dementia and schizophrenia relate closely to income, falling from a high of 146 per thousand in the bottom quintile (14.6 per cent) to 64 in the highest, with most quintiles significantly different from the adjacent quintiles (Wellesley Institute, 2008). Other studies showed that somewhere between 30 and 40 per cent of homeless people have mental health problems, and that 20 to 25 per cent are living with concurrent disorders, that is, with both mental health problems and addictions (The Standing Senate Committee on Social Affairs, Science and Technology, 2006).
In our calculation, we used a 7 per cent prevalence rate of serious mental illness among adults in 186,700 rent-geared-to-income housing units and a 3 per cent prevalence rate among adults living in 75,500 market rent social housing units. In order to calculate the number of adults per each social housing unit, we used Statistics Canada's average of 2.6 persons per household in Ontario (Statistics Canada catalogue no. 98-313-XCB). To find the average number of adults per household in Ontario, we referenced Statistics Canada's figures on number of households with children and number of households without children, to derive an assumption of the average number of adults per household in Ontario at a rate of 1.534. We then conducted the calculation as follows: 186,700 RGI units x 1.5 x 7 per cent = 19,603 adults. 75,000 market units x 1.5 adults x 3 per cent = 3,375 adults. 19,603 + 3,375 = 22,978 adults with living with a serious mental illness or a concurrent disorder in social housing in Ontario. This may be an underestimate, depending on the proportion of social housing tenants who have been homeless. Higher rates of mental illness for seniors and people in rural or Northern communities are not reflected in this estimate.

16. Ministries of Health and Long-Term Care and Municipal Affairs and Housing, *Supportive Housing Overview*, (December, 2014), 9.

issues since the year 2000[17]; and,
- More than five times the 4,476 in-patients last year at the Centre for Addiction and Mental Health, Canada's largest mental health institution[18].

As many seniors as the long-term care system
An estimated 75,000 seniors live in social housing[19], with another 50,295 on Ontario waiting lists[20]. It is a seniors' housing system as large as the one represented by Ontario's long-term care facilities, which houses 77,100 people with 23,436 households on their waiting list[21].

Not all seniors living in social housing need supports. However, many seniors who moved into social housing in their 60s are now in their 80s and 90s. They will increasingly need home care and on-site services to keep them off long-term care waiting lists.

A home for *all* vulnerable people
A 2011 study found that in 2009, 33.5 per cent of vacancies in "all age" social housing buildings were filled by a household that had experienced violence; 19.4 per cent were filled by a person who qualified as a local priority, often because they were homeless or ill; and 1.8 per cent were filled by a person with special needs[22].

In other words, 54.6 per cent of vacancies in "all age" social housing were filled by people who identified themselves as vulnerable in some way and were, as a result, deemed eligible for priority status. In the GTA, it was 61.3 per cent. In other Ontario cities it was 62.6 per cent.

How many tenants need support?

In a 2015 survey ONPHA members were asked how many of their tenants needed some support to meet their tenancy obligations.

Among providers who receive no support funding from the LHIN, MCSS or MCYS:

Three-quarters told us **more than 20 per cent** of their tenants needed support.

One-third told us **more than 30 per cent** of tenants needed support.

75 per cent said the proportion of vulnerable tenants had **increased significantly** in the past five years.

"Half the households have experienced violence"
For eight years, we filled every vacancy with a Special Priority applicant. Now half the women in the building have experienced abuse. Some bring in their abusive partners, even though they're not supposed to. Some bring a drug lifestyle. Others are terrified by the drugs and violence around them. – Housing provider

17. *Supportive Housing Overview*, 10.
18. Centre for Addiction and Mental Health. "Annual Report, 2013/2014." Accessed June 11, 2015 http://www.camhx.ca/Publications/Strategic_Planning_Annual_Reports/Annual_Reports/2014/numbers.html
19. Housing Services Corporation, *A Slice of Affordable Housing for Seniors may be Diminishing* (May, 2014)
20. Ontario Non-Profit Housing Association, *2015 Waiting Lists Survey*, 9.
21. Ontario Long-Term Care Association. "About long-term care in Ontario: Facts and Figures." Accessed May 5, 2015. http://www.oltca.com/oltca/OLTCA/LongTermCare/OLTCA/Public/LongTermCare/FactsFigures.aspx?hkey=b4823fa8-b615-49e3-8097-e67fa4224d40
22. SPP Research Task Force, *SPP Impact Study, Phase 1 – Step 1* (June 2011), 12.

The study showed vulnerable people comprised a similar proportion of housed applicants between 2005 and 2009. Since the study was completed, housing providers are reporting increased pressure to house vulnerable tenants. In 2014, for example, 12 service managers reported prioritizing homeless applicants, and four more were considering doing so as well[23].

We acknowledge that priority status is an imperfect measure of a household's vulnerability. Not all households that have priority status will need supports to maintain a successful tenancy in social housing. In the absence of data on the support needs of social housing applicants and tenants, we have included households with priority status because priority status is granted to households who have experienced trauma, marginalization or whose health or current living situation make them more likely to benefit from community-based support services than the general population[24].

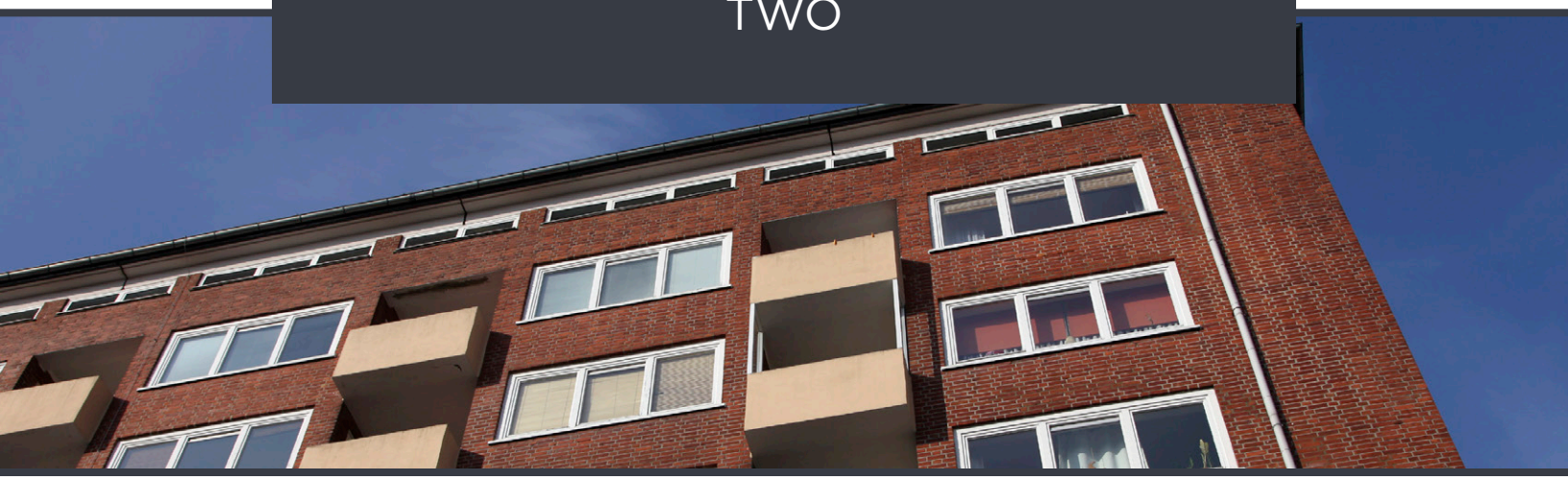
It is also important to note that tenants housed directly through Housing First programs, or through support-referral agreements between social housing providers and support agencies may not be counted as priority households. Similarly, tenants who do not qualify for priority status, but may be vulnerable for other reasons[25] may not be included in these approximate counts of vulnerable households.

Tenant Placements in Ottawa Community Housing, 2005 to 2014[26]

Year	From chronological list	Special Priority Policy (SPP) for those fleeing violence	Homeless	Other local priority	Total housed	% priority applicants
2005 to 2009	3,932	1,583	2,024	673	8,212	52%
2010 to 2014	2,136	1,874	1,332	787	6,129	65%
10-year total	6,068	3,457	3,356	1,460	14,341	58%

23. ONPHA, *2015 Waiting Lists Survey*, 13.
24. Extensive study of the Housing First support paradigm has demonstrated the benefits that affordable housing and appropriate, available supports can have on the housing success of formerly-homeless individuals living with mental illness and addiction. The benefits of independent, affordable housing and social supports have also been demonstrated for: youth aging out of the foster care system (Curry, Susanna R. and Laura S. Abrams. *Housing and Social Support for Youth Aging Out of Foster Care: State of the Research Literature and Directions or Future Inquiry*. Child and Adolescent Social Work Journal (2015) 32: 143-153); women-led families that have experienced intimate partner violence (Ponic, Pamela and Jill Atkey. *Chapter 8: Housing, Violence, and Women's Health: Addressing the Social Determinants of Health in Health Promotion*. Making It Better: Gender Transformative Health Promotion. Canadian Scholars Press. 2014 or http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMH_EBPLitReview2013.pdf or http://www.stmichaelshospital.com/crich/wp-content/uploads/Finding-Home-Feb-2014FINAL.pdf); formerly-homeless and hard-to-house seniors (http://www.cmhc-schl.gc.ca/odpub/pdf/65672.PDF?fr=1390512389801); and newcomesrs (http://www.calgaryunitedway.org/main/images/Research/hidden%20in%20plain%20sight.pdf).
25. For example, tenants that have a physical, mental or developmental disability or a chronic, but not life-threatening, illness; are leaving the criminal justice system; or, traumatized by dislocation, war or childhood abuse may benefit from housing-related support but may not qualify for priority status.
26. Ottawa Community Housing, *OCH Placements Per Year By Category, 2015*. Note these numbers refer to new tenants only and not internal transfers.

TWO



WHY DO SO MANY VULNERABLE PEOPLE LIVE IN SOCIAL HOUSING?

Social housing was created to house families and seniors who are able to live independently. All the funds it receives – whether those funds are capital grants, interest write-downs, operating subsidies or rent subsidies – are designed to make units affordable to low- and moderate-income households. Social housing does not, and never has, received core funding to support vulnerable tenants.

However, decade by decade, social housing has become Ontario's *primary* resource for housing vulnerable people. These successive policy decisions have yielded the Ontario Government significant savings in health and social spending. But they have also undermined social housing's ability to carry out the mandate it was designed to achieve.

From urban renewal to housing of last resort

In the 1950s social housing was conceived as an urban renewal program designed to house working families, and later, to create a supply of seniors housing. However, in the 1960s and 1970s, a point-rating system was introduced. This system was designed to give priority access to housing to the economically disadvantaged, and then expanded and refined to include a widening array of vulnerable tenants. The result was successful communities that were increasingly seen as the housing of last resort.

From mixed-income neighbourhoods to a welfare program

From 1973 to 1995, new municipal and private non-profit housing was envisaged chiefly as an infrastructure program, used to create mixed-income neighbourhoods, increase the supply of affordable rental housing, rehabilitate and preserve existing rental stock and create jobs. It too proved successful.

When this housing was devolved to municipal governments in 2001, the Province affirmed its purpose was to house people able to live independently. Under the *Social Housing Reform Act* (SHRA), and re-confirmed in the *Housing Services Act* (HSA), an individual is deemed to be able to live independently if "he or she can carry out the normal essential activities of day-to-day living, either on his or her own or with the aid of

(continued on page 15)

"Social housing has become the catch-all for the failures in every other system." – Housing provider

"Are we repeating the mistakes of de-institutionalization in the 1960s? What do you mean repeating? They've never ended."
– Mental health and housing researcher

SOCIAL HOUSING: THE GO-TO RESOURCE FOR VULNERABLE ONTARIANS

1960s: De-institutionalization begins
Ontario closed 16,033 psychiatric hospital beds between 1965 and 1981[27]. Fewer than 200 supportive housing units created in the same period[28].

Today
Ontario has a total 4,700 inpatient mental health beds[29], with only 5,600 dedicated supportive housing units province-wide.

1970s: Rise of the point system
Ontario Housing Corporation's "point system" was designed to give priority to the *most* disadvantaged, resulting in a "concentration of desperation" and increased operating and management costs[30]. The system was abandoned in the 1990s, but modified chronological lists continued to give priority to "disadvantaged" applicants.

Today
Over 50 per cent of applicants housed from waiting lists are vulnerable. The legacy of point system continues. Social housing is widely seen as "housing of last resort."

1980s: Conversion of seniors' buildings
Some Local Housing Authorities and municipal non-profits had difficulty filling bachelor units in their seniors' buildings, but had no funding to provide the services and amenities to market these units. Then in 1988, the Ontario Government required all Local Housing Authorities to convert their seniors' buildings (age 59+) to all-ages housing. These buildings quickly became filled with vulnerable singles, including people with a mental illness, an addiction or a history of homelessness.

Today
Many providers cite these high-rises as their most troubled and costly-to-manage buildings.

1990s: Loss of affordable housing
- In 1995, 17,000 non-profit and co-op housing starts were cancelled
- Social assistance rates were cut by 21.6 per cent
- By 1999, 14,000 rent supplement units were lost as private landlords cancelled their agreements[31].

Today
There are 168,711 households on Ontario waiting lists, with an average wait of 3.83 years[32]. Social assistance rates continue to fall behind housing costs.

1990s: Second stage housing cancelled
In 1995, the Ontario Government cancelled funding for second stage housing for households that have experienced violence. As a no-cost alternative, the government gave priority to households that have experienced violence on social housing waiting lists.

Today
Some second stage housing funding has been restored, but the special priority policy (SPP) on social housing waiting lists continues as an un-funded program.

2000s: Devolution and "welfarization"
The SHRA devolved responsibility for social housing to 47 municipal service managers. The shift:
- Limited the potential for new capital or operating funding
- Divided the non-profit sector into funding silos
- Reframed social housing as a welfare program. Social housing became seen as a transitional income support program rather than permanent homes in successful communities.

Today
Social housing is home to increasing numbers of vulnerable tenants with neither increased operating funding or sustained support funding.

27. Patricia Sealy and Paul Whitehead, "Forty Years of De-institutionalization of Psychiatric Services in Canada: An Empirical Assessment," *Canadian Journal of Psychiatry*, Vol. 49, No, 4 (April 2004): 251.
28. City of Toronto and the Supportive Housing Coalition, *The Housing Gap: Deficiencies in Appropriate Housing for Ex-Psychiatric Patients* (May 1982).

footnotes continued on the next page

support services that the individual demonstrated will be provided when required"[33]. It was this focus on independent living that distinguished it from purpose-built supportive housing transferred to the Ministries of Health or Community and Social Services.

However, the SHRA also reconceived social housing as a welfare program similar to social assistance and childcare subsidies. This reframing opened up new opportunities to co-ordinate municipally-funded services. But in the absence of new funding and little rental housing development of any sort, it also returned social housing access to a variation on the point system. Priority was given to quickly housing the vulnerable households rather than fostering more diverse communities.

Today: The perfect storm

In 2015, all the pressures of the past 50 years have intensified.

More and more people need support. The number of seniors over 85 increased by 25-30 per cent between 2006 and 2011, and is expected to quadruple in the next 20 years. The risks of mental illness increase with age, with between 10 and 25 per cent of seniors experiencing a mental health disorder. And although there is no Ontario count, national and municipal counts show that despite many efforts, the incidence of homelessness has not diminished.

To cope with these growing needs – and to avoid the high cost of building new institutions – hospitals are under pressure to move all but the most acute cases to less costly care. Shelters are similarly under pressure to move chronically homeless people through the shelter system and into less costly permanent housing.

The obvious alternatives are supportive housing and long-term care. However, in some regions the numbers of applicants on supportive housing waiting lists exceed the region's supportive housing portfolio[34], and waits for long-term care facilities are long. The response has been to reserve these alternatives for those with the highest needs, and then attempt to house everyone else in social and private market housing.

It's a solution in tune with prevailing home-based support philosophies, and could work with an abundant supply of affordable housing and a robust community support sector[35]. But it comes at a time when Ontario is experiencing a housing affordability crisis. Between 1996 and 2006, Ontario lost 86,000 rental units, and those that remain are increasingly unaffordable. Today one in five Ontario tenants are in "persistent" Core Housing Need: a higher share than in any other province[36].

29. Canadian Mental Health Association – Ontario. "Province to create mental health bed registry," February 26, 2105. Accessed May 15, 2015. http://ontario.cmha.ca/news/province-create-mental-health-bed-registry/#.VVaC4Ou16H8
30. Cyrus Vakili-Zad, "Housing or Dehousing? The Public Housing Waiting List, Eviction, and the Homeless in Toronto, Canada," *Journal of Affordable Housing*, Vol. 14, No. 1, (Fall, 2004): 5.
31. Vakili-Zad, 6.
32. ONPHA, *2015 Waiting Lists Survey*, 4.
33. O.Reg. 367/11, s. 24 (2)
34. In Toronto in November 2013, for example, there were 7,182 applicants waiting for 4400 units of supportive housing (including housing jointly funded with the service manager and rent supplement units). The list has since grown. During the same period, there were 77,109 households waiting for approximately 94,000 social housing units (Houselink Community Homes, *Bridging Two Access Systems* (March 2014), 19.)
35. This approach comes at a cost. Some supportive housing providers are finding their mandate as permanent housing communities has been distorted by the pressure to "flow" tenants through their buildings. Long-term care facilities are similarly concerned at the shift among their clients to those with more complex needs.
36. Ontario Non-Profit Housing Association and CHF Canada (Ontario Region), *Where's Home? 2013*, 4.

To bridge the affordability gap, many service managers have devoted Investment in Affordable Housing (IAH) or Community Homelessness Prevention Initiative (CHPI) program funds to rent supplements and housing allowances[37]. But in the tightest rental markets, private landlords have less incentive to participate in these programs[38]. And as rents go up faster than social assistance and earned incomes, social housing units become increasingly attractive.

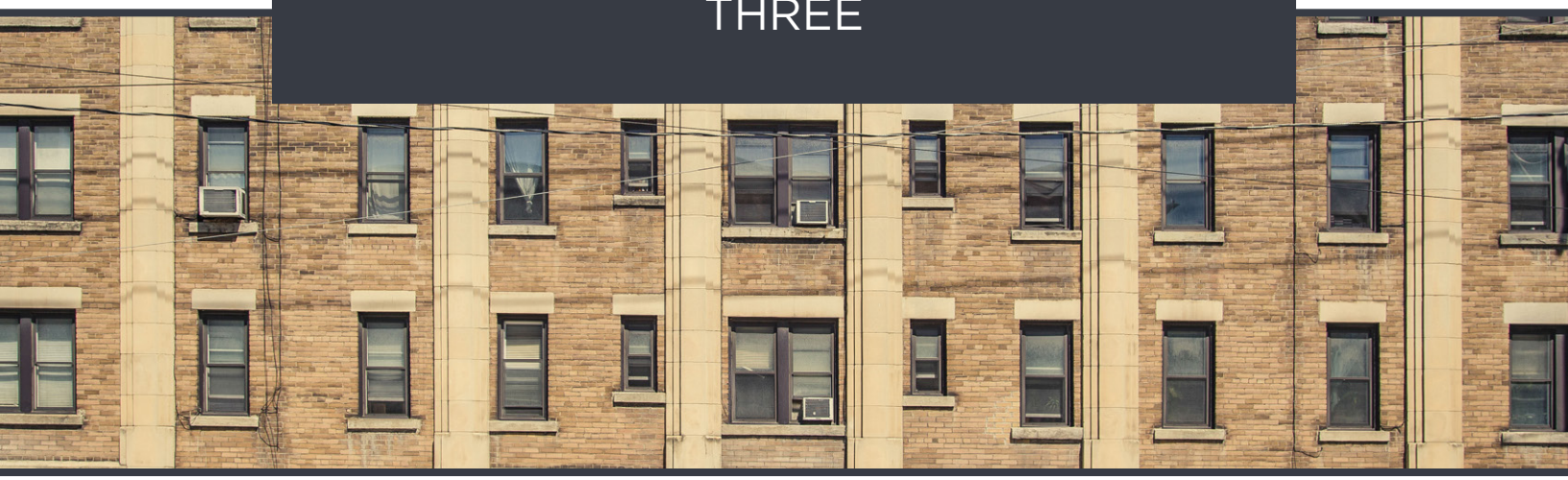
As for a robust community care sector, according to the 2010 Auditor General's report, only 39 per cent of mental health funding goes to community-based services. The target is 60 per cent. Waits for community mental health services range from eight weeks to six months, and funding varies widely among LHINs.

Supports for seniors have also not kept pace. Despite recent investments through Ontario's Aging at Home Strategy, 75 to 85 per cent of home care is still provided by families and informal caregivers. That's a double problem for many vulnerable tenants who have little family support, and cannot pay for private care.

In sum, we have the perfect storm: a high concentration of vulnerable tenants in social housing without the supports they need, and with vulnerable tenants, their neighbours and social housing providers paying the price.

37. Both rent supplements and housing allowances help bridge the gap between market rents and what a tenant is able to pay. Rent supplements are typically attached to a landlord. Housing allowances are typically attached to the tenant.
38. For example Toronto's successful Streets to Homes program – a program originally envisaged as a private sector solution – placed 20 per cent of its clients in social housing and another 8 per cent in supportive housing. (City of Toronto, Shelter, Support and Housing Administration Division, *Evaluation of the Streets to Homes Follow-Up Program*, March 2014, unpublished.)
39. The At Home/Chez Soi research project examined Housing First as a means of ending homelessness for people living with mental illness in Canada. The project followed more than 2,000 participants for two years, and was the world's largest trial of Housing First, with demonstration sites in Vancouver, Winnipeg, Toronto, Montreal and Moncton.

THREE



WHAT DOES IT COST TO HOUSE VULNERABLE TENANTS?

We know what it costs to house vulnerable tenants in ordinary rental housing.

According to the Ontario Association of Community Care Access Centres, it costs $42 per day to provide home care: the visiting nurses, personal support workers and other health professionals that help keep seniors and other vulnerable people in their homes.

According to the Mental Health Commission of Canada's At Home/Chez Soi project[39], it costs $13,889 per year to support a formerly homeless person with a serious mental illness, and $7,531 per year to support a formerly homeless person with moderate needs (the costs increase to $21,089 and $14,731 respectively if rent subsidies are included[40]). This funding provided high-needs participants with access to multi-disciplinary teams, including a psychiatrist, nurse and peer specialist with 24/7 crisis coverage. Moderate-need participants received intensive case management services and could access services seven days a week, 12 hours per day.

These costs are far lower than those associated with institutional or emergency care. The costs of home care are $84 per day less than a stay in a long-term care facility, and $800 per day less than the cost of hospital care[41]. Overall, the Toronto At Home/Chez Soi projects demonstrated that every $10 spent on Housing First supports yielded savings of $15.05 for high needs participants and $2.90 for moderate needs participants[42].

However, these costs are higher than most LHINs and service managers[43] have been able or willing to pay. To stretch the available funding, they have

40. Mental Health Commission of Canada, *Toronto Final Report, At Home/Chez Soi Project* (2014), 5. Note that Toronto project, rather than National, figures were used because their rent subsidy figures are more relevant to Ontario. The average national costs, including rent subsidies, were $22,257 per person per year for high needs participants and $14,177 per person per year for moderate-needs participants.
41. Ontario Association of Community Care Access Systems. "More and Less." Accessed May 28, 2015 http://www.moreandless.ca/content.php#the-full-story
42. MHCC, *Toronto Final Report, At Home/Chez Soi Project*, 18.
43. Although service managers are not mandated to provide mental health supports, they are frequently the funders or administrators of funds that help chronically homeless people – including those living with a mental illness or addiction – find and keep a home. Examples include Toronto's Streets to Homes program; Ottawa's CHPI-funded resource hubs in Ottawa Community Housing; Norfolk County's hiring of a mental health worker to support social housing tenants; and supports provided by public health departments to address bedbugs and hoarding.

typically provided much less intensive supports, or in the case of formerly homeless or mentally ill people, substituted short-term transitional supports for the continuing supports that are at the core of the Housing First model. Although these measures are often justified as promoting recovery and independence, they do not recognize the episodic nature of mental illness. Instead they are chiefly driven by the need to re-allocate funds to serve those still in shelters, hospitals or the street.

> *"If we do something that reduces police or ambulance costs, we never see the benefit of our money. We need to have the discussion up front: how do the savings stop being gobbled up?"*
> – Service manager

Housing providers and their tenants absorb the cost of failed supports

Even the exemplary supports offered to the At Home/Chez Soi participants do not guarantee success. The study found that 38 per cent of participants were not housed consistently through the last six months of the study. Over the two-year study period, over one-quarter of participants did not stay stably housed, and many of those who did remain housed were re-located one or more times[44].

Although this result was much more successful than "treatment as usual," it is not a success for landlords who rely on 100 per cent of tenants to pay the rent, maintain their unit, respect the quiet enjoyment of their neighbours and give proper notice when they leave.

The At Home/Chez Soi report did not evaluate the costs to the landlord, or the tenant's neighbours, of tenant moves or unsuccessful tenancies.

However, an early study of three US Housing First programs is suggestive. The study followed 80 participants who remained successfully housed.

Within the first year, these 80 tenants experienced a total of 191 "significant incidents," including 62 incidences of problem behavior linked to alcohol or drug use, 80 incidences of other behavioral issues, 24 incidences of abusive behavior toward others, and 25 incidences of property damage or failure of clients to upkeep their apartments[45].

From the perspective of the Housing First provider, 191 incidents means only 2.5 incidents per client – a major success among clients who have never been successfully housed. From a landlord's perspective, however, 191 incidents would represent a significant staff intervention, often entailing many hours work, every second day.

44. Mental Health Commission of Canada, *National Final Report, Cross-site At Home/Chez Soi Project* (2014), 17.
45. Pearson et al, "The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness," (US Dept. of Housing and Urban Development , July 2007), 68.

The consequences of a lack of support

We surveyed our members about the consequences when vulnerable tenants don't have the support they need. They reported that the biggest impacts were on housing staff, neighbouring tenants and reduced quality of life of vulnerable tenants themselves. Here are some of our findings.

Reduced quality of life and higher management costs
We asked members about the impact of unsupported tenancies. Here are the top ten:

	Major Impact	Some Impact	Not an Issue
Staff spend a higher proportion of time supporting tenants	69%	25%	6%
Vulnerable tenants have reduced quality of life	67%	28%	5%
Increased unit damage	55%	34%	11%
Increased complaints from neighbouring tenants	49%	41%	10%
Clutter/hoarding	45%	47%	8%
Vulnerable tenants at greater risk of falls or other injuries	43%	45%	13%
Staff spend more time managing relationships with support agencies	40%	40%	20%
Increased pest infestations	39%	36%	25%
Increased evictions	30%	35%	35%
Increased after-hours emergencies	28%	56%	16%

Note that "increased evictions" was ninth on the list of "major impacts." Social housing providers are often reluctant to evict tenants, and will try to work with tenants to preserve their tenancy. They have also found Landlord and Tenant Board adjudicators are refusing to allow evictions, even when there are clear breaches of the lease, because they believe the tenant will not be able to find other housing in the community. (This issue is discussed further on page 34.)

Non-professionals step in, with mixed results
When we asked our members who was supporting vulnerable tenants, 89 per cent told us "our own non-specialized staff": the property managers and superintendents who had no training, but were first on the scene when problems arose. Eighty-seven per cent said tenants were supported by "other tenants in the building" and 83 per cent said they were supported by "visiting family and friends." These options yielded results that were less satisfactory than either home care or visiting mental health supports.

Providing these supports can also take a toll on staff who feel ill-equipped to deal with difficult situations or can't get their own work done because they are routinely responding to emergencies. It can also be overwhelming for tenants who may be struggling with their own issues as well as their neighbours'.

ONPHA members:
Who is providing support now to vulnerable tenants in your building(s)?

Service	Works well	Mixed results	Not working	Don't know/have not tried
Visiting home care or personal support worker (PSW)	46%	40%	2%	12%
Our own specialized staff (e.g. social worker, community development worker)	36%	23%	3%	38%
Visiting case manager/mental health and addictions team	32%	41%	7%	19%
On-site partner providing individualized supports (e.g. assisted living centre, on-site mental health services)	24%	5%	4%	50%
The provider's own non-specialized staff (e.g. property manager, superintendent)	23%	55%	16%	11%
Visiting family and friends	19%	54%	10%	17%
On-site partner providing community development activities	19%	27%	5%	49%
Visiting housing outreach worker (transitional or time-limited support)	17%	35%	10%	38%
Other tenants in the building	12%	60%	15%	13%
Tele-health supports	5%	11%	13%	72%

What does a lack of supports look like?

Tenants' engagement with community-based supports does not guarantee that a tenancy will be problem-free. It may, however, increase the likelihood that the tenant will receive the support and assistance that they need, when they need it. Social housing providers do not have the staff resources to build relationships with all of their tenants and may not realize that the tenancy is in jeopardy until there is physical evidence or complaints from neighbours. At this point, the tenancy may be in crisis and staff may be challenged to refer the tenant to appropriate and available support services.

We asked our members to describe incidents where they believe that inadequate support, or a lack of support, had serious repercussions for them, the tenant, and the tenants' neighbours. The following are examples from City Housing Hamilton (CHH).

CHH is one of the largest housing providers in Ontario. They house individuals, families, and seniors in the Hamilton-area and have referral agreements with community agencies, including two organizations that provide Housing First services to formerly-homeless individuals. These agencies provide case management support for each tenant housed. However, when these supports did not provide the help that some tenants needed to succeed as a tenant, CHH was left to deal with the consequences.

Example #1:
A tenant living with an addiction removed a windowpane, causing the temperature in their unit to drop. As a result, the radiator burst and flooded units and hallways from the 19th to the third floor. The clutter in the unit was so extreme that contractors were unable to reach the radiator to stop the water.

Cost to landlord: $60,000.
Cost to neighbours: disruption and damage to their own furnishings and possessions. The tenant is still housed.

Example #2
During an eight-month tenancy, a tenant and their guests routinely knocked on other tenants' doors at 3:00 a.m. to ask for money, allegedly broke into neighbours' apartments, and threatened and abused other tenants.

Cost to tenant: eviction after multiple neighbour complaints, and two cease and desist notices.
Cost to neighbours: thefts, disturbances and abuse. Many seniors were afraid to come out of their unit or use the building's common areas.
Costs to public: multiple police visits to the building.

Example #3
A tenant's erratic and violent behaviour brought police repeatedly to his unit. He was also publicly intoxicated and exhibited disorderly behavior, threw things at staff as they renovated balconies and threatened staff by telling them that he had guns in his unit and "a pocket full of bullets and an urge to hunt." He abandoned his unit five months after moving in.

Cost to landlord: $634 in arrears.
Cost to neighbours: flooding in two units below, abuse, name-calling to the point of police involvement.
Costs to public: multiple police visits.

"a significant fire occurred at 200 Wellesley requiring the evacuation of approximately 1,700 residents . . . when a lit cigarette was dropped onto the balcony . . . containing a massive amount of stored combustibles [hoarding]. . . The City's total out of pocket expenses incurred in providing [services to assist displaced tenants] was $2,409,858.80."
– Report from Toronto's City Solicitor

What can the right supports accomplish?

Having the right support services available to vulnerable tenants, when they need them, can make a big impact on their quality of life and that of their neighbours. Often, housing providers will try to refer willing tenants to support services in the community but, sometimes, the amount of demand for service in one community can require a larger and coordinated response. Those responses are frequently the result of a partnership between the housing provider and a support service provider.

One example of such a partnership is the transformative change that's taken place at 291 George Street in Toronto. The 132-unit building, located in the city's downtown, is owned by Toronto Community Housing Corporation (TCHC). TCHC, in partnership with Houselink Community Homes and the Fred Victor Centre, shows how a modest investment can turn around a building that even tenant advocates said should be "blown up."

The building was filled primarily with single men, many of them from Seaton House, Canada's largest shelter. In 2011, the police received 40 "violent calls for service" for the building within five months. There were 250 calls to TCHC's own Community Safety Unit. Unit inspections revealed 43 of 109 units inspected had poor housekeeping, while 11 had major clutter[46]. Almost 15 per cent of units – all eligible for rent-geared-to-income subsidies – were vacant at a time when the downtown Toronto vacancy rate for bachelor apartments was 0.8 per cent. Toronto Central LHIN data revealed 2,100 emergency room visits between 2009 and 2011 from this postal code. Of these, 936 arrived by ambulance. The most common presenting issue (34 per cent) was "mental or behavioral issues."

To address high emergency room use and promote the wellbeing of the tenants, the Toronto Central LHIN invested $292,000 through a one-time Community Investment Allocation. The one-year pilot funded two on-site staff -- a mental health worker from Houselink Community Homes and a community development worker from the Fred Victor Centre – as well as "extreme cleans" of cluttered units, administrative costs and project documentation.

TCHC provided a small office in the building's lobby and increased security. The team worked closely with each other and the local police, the Inner City Health Program at St. Michael's Hospital, Seaton House, and the local city councillor's office through a project Steering Committee and Security Committee. Within one year:

- "Violent calls for service" were down 40 per cent from the previous year, and down 56 per cent from the preceding three-year average
- Calls to TCHC's Community Safety Unit were down 64 per cent
- 24 tenants were connected to a family doctor, some for the first time
- 63 tenants were participating regularly in some type of community activity
- Links with support agencies increased 23 per cent
- Vacancy rates were cut in half
- Serious pest, clutter and fire hazard problems were eliminated, although minor problems continued

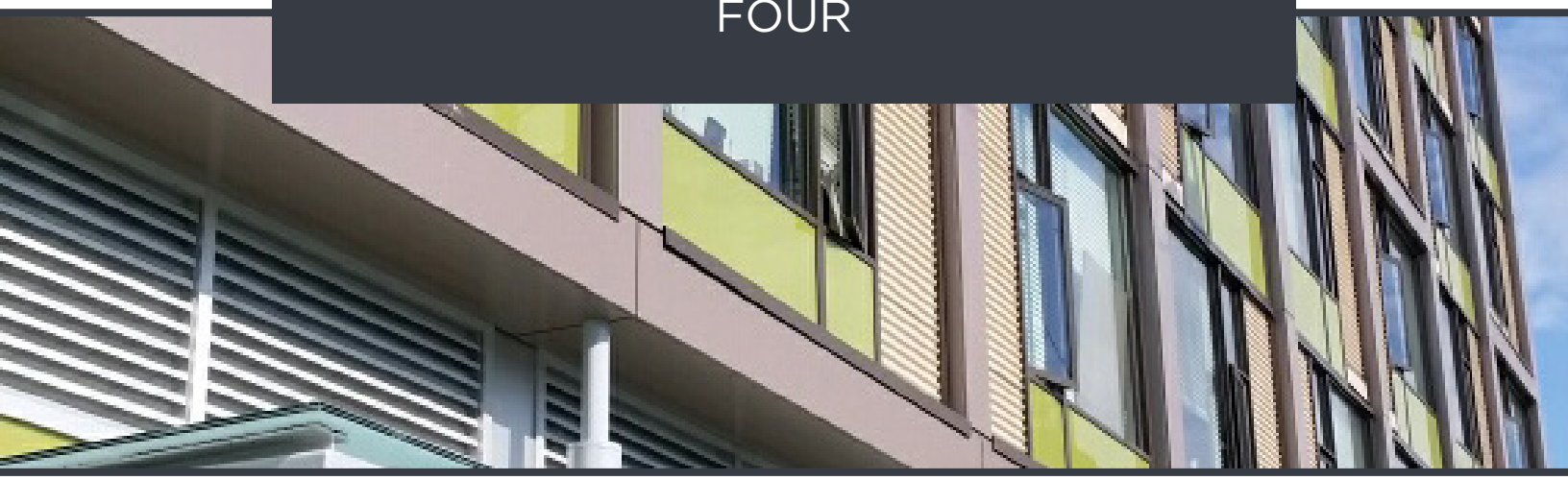
Based on this success, the Toronto Central LHIN expanded the project to include two neighbouring TCHC buildings.

Cost/unit: $2,211 for first year
$1,272 for on-site staff $163 for extra security $462 for direct costs: "extreme cleans," replacement beds and other responses to clutter and pests; community development activities $314 for project administration and evaluation.

Costs have been reduced in the project's second year.

46. Because housing providers are not mental health experts, they typically avoid the term "hoarding." However, the major clutter identified through the inspections would be consistent with that created by a person with a hoarding issue.

FOUR



A SYSTEMATIC APPROACH TO SUPPORTING VULNERABLE TENANTS

ONPHA's members want to help vulnerable tenants succeed and ensure *all* social housing tenants can enjoy a safe and happy home. To make this possible, we need a systematic approach to supporting vulnerable tenants, facilitated by local co-ordination and resourced by the Ontario Government. We recommend an approach with the following elements.

Strengthen social housing communities

Restore community development as a core part of social housing management. Ensure every housing provider has access to community development staff to engage tenants in their building's success and promote the health and wellbeing of all tenants. For large housing providers, this means a minimum of one community development worker for every 1,000 units. For small providers, it may mean increased funds to expand the role of existing housing staff, or sharing a community development worker among several providers.

Where vulnerable tenants are concentrated, create hubs to offer supports directly in the building. Fund partnerships between housing providers and mental health, seniors' and other agencies.

Where vulnerable tenants are dispersed, strengthen visiting supports. (see below)

Equip front-line staff and tenants to spot emerging problems and know whom to call when they are worried about their tenants, their neighbours or themselves.

Use the eviction process to link tenants to supports. Establish systems that identify the root cause leading to the eviction, and take advantage of tenants' heightened motivation to accept offered supports.

What the Ontario Government can do:

- Develop a joint MMAH and MOHLTC strategy to make social housing-based supports part of the core provincial budget. The budget would enable:
  - » MOHLTC to designate funds for LHINs to fund transfer agencies to partner with social housing providers.
  - » MMAH to designate funds for service managers to fund partnerships where health-funded transfer agencies are

not available or well-matched with the vulnerable population needing support.
- Restore core funding for community development as an integral part of social housing management.
- Ask Social Justice Tribunals Ontario to clarify social housing's status as permanent rental housing for people able to live independently. It is not the "housing of last resort."

What LHINs and Service Managers can do:
- Facilitate "resource hub" partnerships between housing providers and both health-funded and municipally-funded agencies.
- Co-ordinate cross-sector tables to address the needs of vulnerable social housing tenants and identify system-wide reforms. Develop protocols to share information. Develop strategies for vulnerable tenants who refuse supports.
- Facilitate training for front-line housing staff on local resources and appropriate protocols for accessing their services.
- Facilitate partnerships that help tenants take care of themselves and promote their own wellbeing.
- Establish systems to facilitate the supports needed to prevent immanent evictions.

Use the co-ordinated access system to match tenants to supports

Equip social housing applicants to find the "right place with the right supports." Applicants with mobility disabilities routinely declare their need for a modified unit or request other accommodations under the *Ontario Human Rights Code*. But people with a mental illness or addiction may be afraid to declare their needs, or may not know their options. We need to make it easier for them to find the home and supports that will work for them.

Match local priority applicants with supports at the point of application. Ensure the support needs of local priority applicants are assessed when their eligibility is determined. Prevent tenancy failures by matching priority applicants to supports before move-in. Ensure the building does not fail the tenant, by limiting the concentration of vulnerable tenants in any given building.

Use housing allowances to enable Special Priority Policy (SPP) applicants to access any vacancy, whether it is in social or private housing. This is the fastest way to house those at risk, and offers the greatest possible choice to these applicants.

What the Ontario Government can do:
- Affirm social housing's mandate to house people able to live independently, with or without supports.
- Recognize and fund SPP as a dedicated program for households that have experienced violence, with housing allowances offered to at-risk applicants to obtain housing wherever it is available in the private or social housing system.
- Clarify the "duty to accommodate" provisions in the *Ontario Human Rights Code*, where the cumulative effect of housing vulnerable tenants substantially alters the nature and viability of a building.
- Continue to promote joint working between municipally-funded co-ordinated access systems and access to LHIN-funded supports for housing.

What LHINs and service managers can do:
- Work with housing applicants, housing help agencies and advocates for vulnerable people to design an access system that makes it easier for vulnerable tenants, and particularly

those with mental health or addictions issues, to articulate their support needs.
- Consult with supportive housing providers to develop appropriate tools to assess the needs of local priority applicants.
- Recognize the Housing First evidence that limits referrals of vulnerable people to 10-20 per cent of an ordinary rental (as opposed to supportive or alternative housing) community.
- Ensure the access system has the capacity to track the accumulated referrals of local priority applicants in each building or townhouse complex.

Strengthen community-based supports

Recognize the importance of prevention. Fund not only supports for those leaving the hospital or the street, but also for those who are at risk of eviction or institutionalization.

Promote and fund evidence-based support practices for sustainable tenancies among all support agencies. These practices include: 1) continuing, not temporary, supports; 2) housing supports, not just clinical supports; 3) collaboration with landlords.

Make effective use of technology to reach vulnerable tenants in rural or isolated communities. Investigate tele-mental health services similar to the Housing First initiative pioneered in Vermont.

What the Ontario Government can do:
- Continue and expand funding for the Aging at Home Strategy and community-based mental health and addictions services.
- Clarify privacy laws. Many see confidentiality rules as the single greatest obstacle to supporting vulnerable tenants.
- Research the potential for an expanded tele-mental health service to single adults in isolated communities.

What LHINs and service managers can do:
- Engage in joint planning for vulnerable populations, including seniors, people with mental illness and addictions, households that have experienced violence and other vulnerable social housing tenants and applicants.
- Investigate and co-ordinate all possible funding sources for maximum benefit, such as funds for seniors, people with mental illness and addictions, Aboriginal peoples, veterans, people exiting the criminal justice system, people with HIV/AIDS and OHIP.
- Develop a protocol for information sharing that:
  - » acknowledges the risks of failing to work together to support tenants
  - » creates an agreed-upon definition of what constitutes consent, an emergency or impaired safety
  - » creates opportunities for housing provider or tenants to seek advice without "naming names"
- Develop strategies for tenants who refuse services, while respecting the right of tenants to refuse services and accept the consequences of that refusal.
- Evaluate the success of local "Housing First" initiatives not only by the number of tenants who remain off the street or out of institutions, but also by the wellbeing of the tenant and his or her neighbours.

Expand housing alternatives

Recognize that not everyone can live independently. Some people will need the additional supports offered by supportive housing and long-term care facilities.

Create more supportive housing. ONPHA members identified purpose-built supportive housing as the most important contribution to housing vulnerable tenants.

Increase funding to preserve the affordable housing we have.

What the Ontario Government, LHINs and service managers can do:

- Expand Ontario's supply of social and supportive housing to improve outcomes for applicants and tenants and allow the system to function more effectively.
- Make provincial land and assets available through long-term leases or favourable sale prices to stimulate and support the development of affordable and social rental housing.
- Couple capital grants and favourable access to real estate assets together in future housing development programs to help proponents achieve greater affordability.
- Introduce a policy on the dissolution of provincial real estate assets that considers how the asset could be used to achieve other provincial and community priorities and not simply its monetary value.
- Require that housing developed with government investment remain affordable in the long-term and ensure compliance by registering a covenant on title.
- Provide guaranteed, multi-year funding to allow service managers and housing providers to strategically invest in cost and asset-saving upgrades.

The above recommendations are explored in greater depth in *Building a Stronger Rental Housing System: ONPHA's Recommendations for the Update of Ontario's Long-Term Affordable Housing Strategy* (2015).

> *"If there was more open communication with hospitals, we could clear up a bedbug infestation while the tenant was still in hospital, rather than have them come home to the conditions that undermined their health in the first place."*
> – LHIN staff

Outcome: Successful tenancies & healthy communities

We believe these combined strategies will lead to the outcome that our members, and every level of government, wants: to see each tenant succeed individually, and to maintain healthy social housing communities.

What do successful tenancies look like?
Tenants keep their homes. Notices under the *Residential Tenancies Act* may be issued, but the breaches are resolved before going to the Landlord Tenant Board. We would see fewer tenants in arrears, fewer housekeeping issues, fewer bedbugs and other pests, less unit damage, fewer after-hours calls and lower costs upon unit turnover.

What does a healthy community look like?
In social housing, it means happier, more engaged tenants who take pride in their homes and know where to turn if they need help. It means tenants have access to the services they need. There are fewer after-hours or 911 calls, and staff can spend more time creating a clean, well-maintained building and less time dealing with crises.

We look forward to working with the Ontario Government and our members to identify the most useful and easy-to-compile measures of success.

FIVE

STRENGTHENING SOCIAL HOUSING COMMUNITIES

During our research we discovered many initiatives that help vulnerable tenants succeed. Some were municipal initiatives, funded only in a single service area. Others were pilot projects, and still others were the result of cobbling together local grants. Nonetheless they each demonstrate what might be achieved by provincial funding to strengthen social housing communities.

1: Fund community development as a core activity

Everyone benefits from living in a healthy community, and vulnerable tenants benefit most of all. Extensive research shows that social isolation is one of the greatest threats to the wellbeing of seniors and people living with mental illness. It is also a threat to those who cannot afford cars or transit, who are at home with small children, or who have a disability that limits their travel.

> *"We used to organize programs for kids, youth and parents. But our stock was aging. The legislation ramped up: fire code, elevators, door closers – that's where we had to put our money. Now tenants don't see us the same way. They don't see us at all. If we could go back to doing the fun stuff, tenants would be a lot happier."*
> – Housing provider

Community development is the key to turning a series of units into a community, to fostering a neighbourly and inclusive atmosphere, to offering meaningful activities to those who rarely leave the building, and to giving tenants some measure of control over the matters that affect them. It is also an effective way to harness the power of tenants to support each other.

Social housing has a long history of successful community development approaches. At one time, local housing corporations had community relations workers who took responsibility for the success of the community. Other municipal and private non-profit housing had similar specialists on staff, or included community development activities as part of staff responsibilities.

Although job descriptions varied, these community development workers typically designed and implemented programs and services to promote community health and safety,

promoted tenant leadership and sought ways to engage tenants in community activities. They would participate in local service networks, liaise with partnering agencies and city services, and develop formal partnerships. They would also identify tenants who needed additional supports, make referrals and encourage tenants to take advantage of these referrals.

Over the years, however, this function was cut back as operating budgets were diverted to maintaining buildings or keeping up with new legislative standards.

The consequence of these cuts, according to many housing providers, has been:

- Increased tenant isolation, with vulnerable tenants becoming increasingly reclusive when there is no reason for them to leave their unit
- An increasing disconnect between tenants and the housing provider
- Lower tenant satisfaction
- Lower satisfaction among staff who see the potential to enhance the community but do not have the time to make it happen.

It is time to restore community development as a core part of social housing management with reliable annual funding. Large housing providers might use this funding to hire their own specialized staff. Small housing providers might ensure their property management staff have the mandate and time to build up the community. In some rural regions, the service manager might hire a community development worker to support all social housing communities in their region.

Regardless of the approach, all successful models have three things in common:

- Community development staff are mandated to support the wellbeing of the entire community. They are not substitutes for personal support workers, case managers or other individualized supports. However they can help identify tenants who may need these supports and connect them to the appropriate services.
- All rely on partnerships to make the best use of available resources. Typically the housing provider seeks out the partnerships, contributes common space for programming and facilitates communication with tenants, with external agencies providing expertise and staff to operate programs.
- Success depends on trusting relationships with tenants. This trust is eroded when programs and initiatives disappear after a season when funding ends. What is needed is ongoing funding that allows initiatives to develop and grow in response to the community's needs, not those of the funder.

"A real killer is isolation – that's why anti-social behavior happens. We get so many cases where the clients are so isolated they invite in dealers who befriend them and take over the unit. They were lonely, and dealers know how to play them."
– Legal clinic

"When we looked at high users of health services through Health Links, we found so many of the things they needed had nothing to do with health. Creating a sense of community is the key going forward."
– LHIN staff

CASE STUDY **#1**

An entire building recovers, one step at a time

The idea:
The Nippissing District Housing Corporation (NDHC) has combined increased on-site staffing, a needs assessment from the Canadian Mental Health Association (CMHA) and community grants to restore a 134-unit community to health.

The catalyst:
As one of the only all-ages buildings in the district offering one bedroom units to non-seniors, the building became home to 97 women and 35 men with complex lives. Half the women in the building – 36 per cent of all tenants – had experienced violence; many others had a history of trauma or mental health issues. The result was an often discordant community, frustrated and frightened tenants, 38 ambulance calls in six months, and multiple calls to the police.

How it works:
NDHC has introduced a wide variety of changes to help turn the building around. NDHC's Tenant Service Manager established weekly open-office visits to the site – a level of staffing not possible in other NDHC buildings. Tenants appreciated that NDHC was taking their concerns seriously, and the visits freed the custodian to focus on maintaining the building.

Over an eight-month period, the local branch of the Canadian Mental Health Association brought in student nurses two days a week to conduct a needs assessment. They learned the pressing issues were food security and access to affordable transportation. They also heard many tenants were afraid of their neighbours, but felt nothing would happen if they complained.

NDHC responded by obtaining a $20,600 Innovation Fund grant to refurbish 42 garden beds into raised beds that would be more accessible to tenants. A second $15,900 grant enabled NDHC to organize tenant engagement activities such as holiday events, a family fun day and "trade shows" where local agencies provided information and education on their programs and services. A well-attended and well-received workshop led by police, bullying experts, shelter services and a legal clinic explained tenants' responsibilities, including what "disturbing quiet enjoyment" means.

These successes helped NDHC obtain additional grants to increase tenant engagement, recruit volunteers, maintain and grow a Good Food Box program and pilot "The Pantry Swap" – a food bank program. NDHC also obtained funds for a Housing Success Team. The team offers support to social housing providers, private landlords and tenants to address homelessness, increase access to community services, and help both landlords and tenants find proactive intervention to evictions.

What's still needed:
NDHC is seeing its investment pay off in more engaged tenants and some striking turnarounds among tenants who were in danger of eviction. But without additional core funding, it cannot sustain current staffing levels or expand this heightened support to other high-need buildings.

> *"The biggest issue is the time-limited nature of supports. If we see a community struggling, we bring in programs. It takes a couple of years to develop relationships and build momentum. And then the funding runs out. No wonder tenants feel cynical."*
> – Housing provider

2: Create support hubs wherever needs are concentrated

Where many vulnerable live together in one building, or in a cluster of buildings, the solution is clear: offer supports directly in the building.

In our research we discovered dozens of social housing communities that had benefitted from this "support hub" approach. We learned about seniors' support hubs in Waterloo, Hamilton, Ottawa, Toronto, Niagara – virtually every place we visited. We also saw examples of mental health resource hubs designed to stabilize buildings where traditional visiting supports had failed to do so.

Although these support hubs varied in detail, all shared a number of features.

Accessibility: Supports are offered where vulnerable people live – either in their own building or an adjacent social housing building. The housing provider typically converts a unit or common space for the hub, with activities organized in the building's common spaces.

Support hubs are designed to overcome the obstacles in serving vulnerable tenants. Staff can make themselves available to a tenant who won't answer when a CCAC visiting service knocks on their door, or offer a falls prevention class to seniors who are unable to travel to attend.

Community-based: Services are available to *all* tenants in the building. Although some tenants may be designated as "clients" of the service, or receive more individualized supports than others, all tenants must be able to benefit from the service. These benefits could include emergency assistance, information and referrals, classes and workshops, or social, fitness and other activities.

This feature distinguishes the support hub from clinics, assisted living or other services that may exist in a social housing building, but only serve clients identified through the CCAC or another referral agency.

Expertise: The support hub brings expertise into the building, typically provided by a support partner specializing in the needs presented by tenants in the building.

Continuity: The support hub is a continuing service, with annual funding, either from the LHIN or service manager. This continuity allows tenants to build trusting relationships with support staff, and enables support staff to deepen their understanding of the building's needs.

Additional funding: These hubs require dedicated support funding. Social housing providers cannot fund these services through their operating budgets.

CASE STUDY #2 Wellness Supportive Living

The idea:
A partnership between the March of Dimes Canada, Community Support Services of Niagara, Niagara Region – Seniors Community Programs and Niagara Regional Housing (NRH) to provide wellness centres in four seniors' buildings in St. Catharines, Welland and Niagara Falls.

The catalyst:
Many of NRH's seniors were no longer able to live completely independently, but had limited access to services they could afford, or that provided the daily living supports they needed. Some were at an increased safety risk in their own homes. Others were unable to return home from hospital, or were moving into long-term care facilities. It was time for an integrated approach to identify vulnerable tenants and co-ordinate their care.

How it works:
NRH entered into an agreement with March of Dimes Canada. NRH converted a unit in each building to an office and bathing station. March of Dimes rents the office and provides attendant care services for tenants in the building seven days a week and, in three of the four buildings, provides 24/7 care for residents within a 15-minute radius of the building. From April 1, 2014 to March 31, 2015, the program served 201 of the NRH's 712 tenants in the four buildings – a total of 40,654 units of service.

The other partners offer a variety of health and wellness programs open to all tenants, including outreach, identifying needs and service connections, security checks, on-site health and wellness clinics, information cafes, exercise programs, congregate dining and social activities. Today, over 90 volunteers, including many tenants, offer visiting supports, and over 25 per cent of tenants have volunteered since the program began. Many say their volunteer role has helped them feel more connected to their neighbours and the community.

NRH's own Community Program Co-ordinators work closely with the Wellness Program staff to identify tenants who are having difficulty managing their homes, and connect reclusive seniors, or those who are reluctant to accept help, to the supports offered.

Since the Wellness Program opened, over 80 per cent of tenants surveyed report their quality of life had improved, and 100 per cent reported knowing more about ways to stay healthier, safer and stronger. Move-outs have decreased by 39 per cent, and applications to NRH buildings with Wellness Units have increased substantially.

Funding:
All costs, including $168,000 to create four offices and bathing stations, funded by the Hamilton Niagara Haldimand Brant LHIN.

Cost per tenant:
For attendant care services:
$1,456,878/201 tenants = $7,248 per year

For all other services:
$366,565/712 tenants = $514 per year

Better service, lower costs

Resource hubs can provide services more efficiently than visiting services. They reduce duplication, eliminate travel time and provide more intensive services. Tenants may also be more likely to accept supports when they see their neighbours doing so, or to accept supports where they can just drop by, rather than making an appointment.

A 2014 needs assessment of two TCHC buildings illustrates some of the limitations of visiting or off-site supports[47]. A sample of 174 of the building's 631 residents reported they received services from a total of 130 different organizations, including 62 mental health agencies, 32 addictions agencies, 20 home care agencies and 9 health services.

Even so, over the past three years, the 631 people living in these buildings made a total of 946 Emergency Department visits: between 11-12 per cent for mental health related issues, and another 16 per cent to treat injuries or poisoning.

Tenants also reported unmet needs. Nine out of ten said they needed services in at least two of the six domains surveyed: mental health, food, addictions, employment and income, home care and self-care and health. Three out of ten had unmet needs in five or six domains.

The report concluded that it is "clear that there is an opportunity for duplication-reduction and possible collaborations"[48]. TCHC is now introducing an on-site resource hub in these buildings funded by the Toronto Central LHIN.

CASE STUDY #3 The Resource Hub

The idea:
Options Bytown offers a resource hub in eight high-need Ottawa Community Housing (OCH) buildings. The hub serves Options Bytown clients who are or who will become OCH tenants, and all other tenants in the building.

The catalyst:
The partnership began in 2000 with a one-year demonstration project in four high-rise communities – all former seniors' towers that now housed a large number of vulnerable singles. At a time when budget cuts were forcing OCH to lay off its own Community Workers, even as a local hospital closure was discharging vulnerable tenants, the partnership was seen as a way to both house vulnerable tenants and stabilize buildings in difficulty.

Today, Options Bytown operates a resource hub in eight buildings serving 1625 units. OCH has similar partnerships with Ottawa Salus, funded by the Champlain LHIN, in three buildings, and the John Howard Society in one building. In all cases the agency provides on-site staffing to support both its own clients and the building as a whole.

(continued on following page)

47. Centre for Research on Inner City Health (CRICH) et al, *Integrated Supportive Housing Initiative at Toronto Community Housing: A Tenant Community Needs Assessment* (2015).
48. CRICH, 9.

How it works:
Options Bytown staffs a Resource Centre in each building with regular office hours and an open door policy. The full-time staff provide crisis intervention, housing related support services, referrals to community resources and community development activities in collaboration with OCH and other community partners.

The services have been put to good use. In the first three months of 2014, the Resource Centres served 1,296 tenants – 114 of them new clients – and 1,432 participants in group activities. Staff provided 91 interventions to prevent evictions, 64 crisis interventions, 1,674 mental health-related contacts, 190 physical health-related contacts, 81 contacts to address bedbugs and 293 contacts related to social isolation.

The Resource Centres also provide individualized supports to up to ten tenants referred by Options Bytown. These tenants sign a tri-partite Collaboration Agreement with Options Bytown and OCH. The agreement describes the tenant's obligations and describes how information will be communicated among all parties. Options Bytown works with tenants to create an individualized action plan, maintains contact through home visits and informs OCH of emerging tenancy issues. Supports are focused on tenancy success, as defined in an Operating Agreement between OCH and Options Bytown. Tenants can "graduate" after three years of a successful tenancy with minimal supports.

Funding:
$647,507 per year for nine full-time front-line staff, plus administration, funded through the Community Homelessness Prevention Initiative[49]. OCH contributes rent-free space, including converting units to house the hub.

Cost per unit: $398 per year

There's no such thing as the 'housing of last resort'

According to our members, Landlord and Tenant Board adjudicators have refused evictions – not because there is any doubt that the tenant has violated provisions in the lease – but because they see social housing as the "housing of last resort."

Social housing providers agree there are very few places a vulnerable tenant can turn after being evicted. Having said that, social housing tenants deserve the same quiet enjoyment of their homes as tenants in private buildings, and social housing landlords are as dependent on rents as private landlords. With no funding to support vulnerable tenants, social housing has no higher duty under the Ontario Human Rights Code to accommodate tenants with disabilities than private landlords. In sum, it is no more the "housing of last resort" than any other landlord.

We believe Social Justice Tribunals Ontario could play a helpful role in clarifying social housing's status, and ensuring it exercise its rights under the *Residential Tenancies Act*.

"Because of privacy regulations, we were housing Mental Health and Justice clients in places that contravened their parole requirements."
– Housing provider

49. Until 2015, Resource Centres also received funding through the Federal Homelessness Partnering Strategy (HPS). However, recent Federal "Housing First" provisions have (ironically) made this permanent housing, and the supports solutions ineligible for HPS funding.

3: Ensure staff and tenants have someone to call

Social housing staff – and social housing tenants – have many opportunities to spot tenants in difficulty. What they lack are the expertise and the time to assess a vulnerable tenant's needs, make referrals, coordinate external supports and monitor the situation.

Many municipalities have 211 information lines and service listings, CCACs and public health departments. As valuable as these services are, they do not always meet the day-to-day needs found in social housing. Consider, for example:

- The superintendent who wants some advice before speaking to a volatile tenant suspected of vandalism
- The property manager who wants to help an elderly tenant whose health is visibly deteriorating, but insists she does not need anyone's help
- The tenant who can't sleep because her next-door neighbour spends the night pacing and shouting. She knows that it's not his fault, but she also doesn't want to move. She needs someone to intervene.

Housing staff and tenants need someone who can help them navigate these delicate situations. That "someone" will vary depending on the community. But whatever the solution, housing staff and tenants need to know whom to call, and the confidence that help will come.

57% of ONPHA members surveyed said service hubs to support tenants with mental health or addictions issues would MOST help them and their tenants.

48% said hubs to support frail elderly tenants would MOST help.

The elements of a solution

To our knowledge no one has completely solved this problem. However, our members have identified some of the elements that would be important in any solution.

On-site staffing is the most effective way for providers to observe emerging problems, and for tenants to bring their concerns to staff. ONPHA's members have seen marked improvements when staff are in the building. For larger buildings, that can mean an on-site manager or superintendent. For smaller buildings, it means predictable office hours or scheduled staff visits.

An agreed-to "prevention protocol" in each region, led by the service manager and including the LHIN, LHIN-funded agencies, municipal services and housing providers. The protocol would define:

- Whom to call when housing staff or tenants see a tenant's mental or physical health decline
- Which agency or service is responsible for addressing the problem, and the role of other agencies and municipal services
- How information will be shared among all parties, including the housing provider
- Service gaps and how they will be filled.

Training for front-line housing staff, ideally from LHIN-funded agencies or local consumer groups, to make effective use of local resources. Topics would include whom to call, how to share information and what to expect from support providers.

Clarification of privacy laws. Both housing and service providers have cited confidentiality rules as the single greatest obstacle to supporting vulnerable tenants.

In part, this is a training issue, ensuring all housing and support staff are aware of the powers of the police, Fire Marshall or fire inspectors, Chief Medical Officer or health inspectors, CCAC and

the Office of the Public Guardian and Trustee to intervene.

But there are also times when these emergency services are not appropriate. Some dilemmas for housing providers are:

- How can hospitals and housing providers work together to ensure a successful discharge from hospital?
- When do you ignore requests to "leave me alone" if the person seems to be very ill?
- What constitutes an emergency warranting a call to the tenant's emergency contact?
- When is it appropriate to alert a support agency that their client is running into difficulties?
- What information can you give the police?
- Should housing staff document the deterioration of a tenant's health?
- What is appropriate to reveal to other tenants when someone has had a very public crisis, such as throwing furniture off the balcony or assaulting neighbours? How do you reassure complainants that "something is being done" without revealing confidential information?
- How do you protect the privacy of tenants who lodge complaints about their neighbours when tenants have access to their own files?

We note that the Office of the Commissioner of Information and Privacy has issued a fact sheet interpreting how and when information can be disclosed under the *Personal Health Information Protection Act* (2004)[50]. A similar interpretation answering the most common questions raised by housing and service providers governed by the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and *Personal Information Protection and Electronic Documents Act* (PIPEDA) would be most welcomed.

CASE STUDY #4 Oxford Connectivity

Oxford County has pioneered Oxford Connectivity – an integrated approach to "hard-to-solve" problems. This multi-sectoral roundtable was launched by local police who were frustrated by repeat visits to certain addresses, but did not have the resources to deal with the underlying issues that prompted the calls. Today, this roundtable of representatives from the police, Children's Aid Society, CCAC, hospitals, agencies serving seniors, households that have experienced violence, and have mental health and addictions challenges, and housing providers meet weekly to identify cases, determine which agency will take a lead and which agencies will support the resolution of the issues.

Oxford County Human Services' integrated "one client, one file, one Client Service Worker" approach can also help prevent difficult situations from arising. An application form asks applicants not only about their housing needs, but also their need for other services. Applicants are then assessed on seven quality of life modalities – income, education, health, transportation, employment, safety/legal and shelter – and connected to the services they need[51]. The Client Service Worker assigned at the point of application can then follow the applicant through move-in, and can be called in if problems arise during the tenancy.

50. Information and Privacy Commissioner of Ontario, *Fact Sheet: Disclosure of Information Permitted in Emergency or other Urgent Circumstances*, Number 7 (July 2005). https://www.ipc.on.ca/images/Resources/fact-07-e.pdf
51. Oxford County. "Human Services, We are here to help you improve your quality of life." Accessed May 13, 2015. http://www.oxfordcounty.ca/Services-for-You/Human-Services.

4: Use the eviction process to link tenants to supports

Evictions should always be a last resort. But the process leading to an eviction can be an important "last chance" to find the supports tenants need to maintain their tenancies. Many supportive housing providers routinely accompany *Residential Tenancies Act* notices with more intensive supports. They find the notice can help renew the tenant's motivation to address issues when other approaches have failed.

Social housing providers without support staff may not have the resources for this personalized approach. And although support agencies and legal clinics are often willing to step in to protect their clients from eviction, they may not have the mandate or the capacity to address the root causes that led to the eviction.

TCHC has recently adopted an approach that introduces fresh resources at the very moment when tenants might be most motivated. Although it is not a model that will work everywhere, it highlights the elements of a focused, eviction prevention service.

CASE STUDY #5 Office of the Commissioner of Housing Equity (OCHE)

When Toronto's Ombudsman recommended a Commissioner of Housing Equity to reduce the evictions among Toronto Community Housing Corporation's seniors, many observers envisaged a quasi-legal review. Instead, this office has become a resource to both the housing provider and its vulnerable tenants.

The Commissioner's job description was developed by a multi-stakeholder committee, including TCHC tenants, City of Toronto staff, and representatives from human rights, legal clinic and mental health sectors. The Commissioner and her four-member staff use a personalized approach to address the issues leading to an eviction notice. Staff will meet anywhere the tenant wants to meet, accompany tenants to the bank, help tenants apply to Ontario Works on their computer – whatever it takes to enable them to pay their rent. The office also has strong connections with the Office of the Public Guardian and Trustee and both City- and LHIN-funded agencies. Because the office's sole mandate is to serve social housing tenants, its focus is on the specific supports needed to promote successful tenancies.

Since April 2014, TCHC has referred 230 arrears files to the OCHE. These were all cases where TCHC had exhausted its powers to save the tenancies. In 96 per cent of the cases, the tenant has been willing to actively engage with the OCHE staff. So far, the arrears and underlying issues have been resolved in 148 of the cases and 25 have proceeded to the Landlord and Tenant Board. In other words, tenancies have been saved in 86 per cent of the cases, with the remainder in process.

> *"The piece we're missing is the person on the ground who can make the assessment and make the links. No other service can do it. We need someone to help the provider help the tenant find the service."*
> – Service manager

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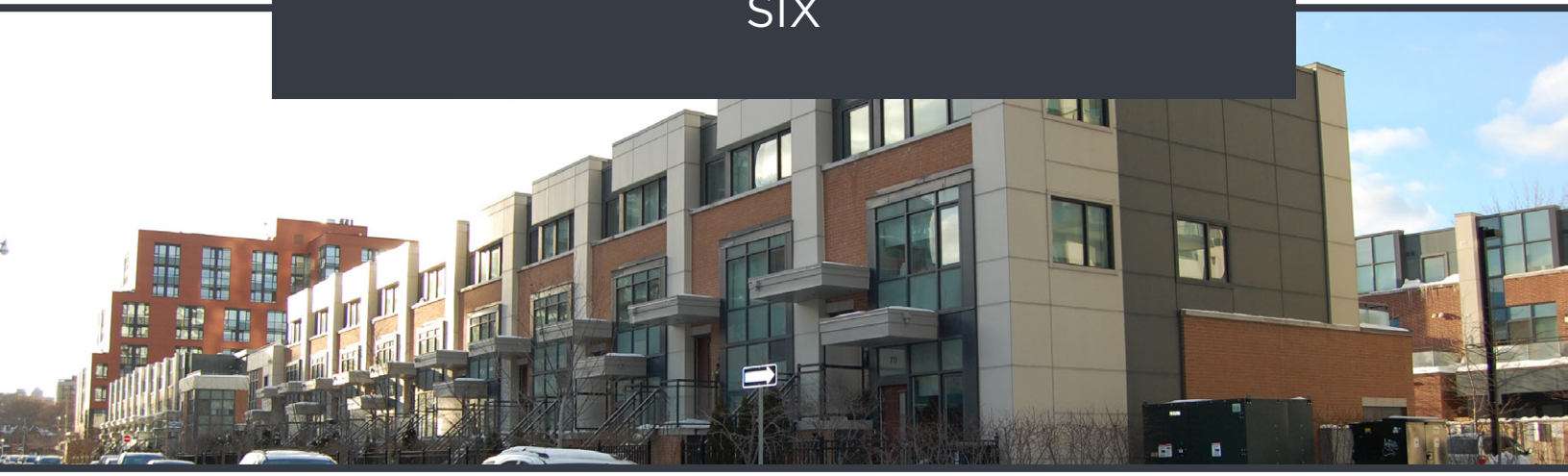

USING THE ACCESS SYSTEM TO PROMOTE SUCCESSFUL TENANCIES

Helping applicants to exercise their right to an accommodation

The co-ordinated access systems are every tenant's entry to a subsidized unit in social housing. These access systems are not set up to screen applicants for their support needs, nor should they be. All landlords, including social housing providers, have a duty to accommodate tenants regardless of disability.

However, all tenants and applicants have the *right* to request support or other accommodations that they need to meet their obligations under the lease. People with physical disabilities routinely request these accommodations, and co-ordinated access systems facilitate these requests through the application form and by providing information on accessible units. This up-front work helps ensure tenants move into a home that meets their needs, without requiring modifications after move-in.

People who have mental health or addictions issues, or a history of homelessness, rarely exercise this right. For some, the obstacle is stigma, or the fear of discrimination. Others may have difficult articulating what sort of accommodation would be helpful.

Some co-ordinated access systems have already begun to help these applicants receive the accommodations they need. These services can include:

- Information on the applicant's right to accommodation
- Offering examples of accommodation requests, such as: avoiding neighbourhoods that have proven unhealthy for them in the past; requesting a unit that reduces transmission of noise; requesting rent to be paid directly on their behalf; naming a case manager as a primary contact; or to giving permission for housing staff to call an emergency contact if they spot specific behaviours.
- Offering "one-stop shopping" for other municipal services, such as Ontario Works and child care, or services that could help applicants stay in their current home
- Facilitating access to supportive housing alternatives, from providing information on local options to managing access to supportive housing.

CASE STUDY **#6** The Social Housing Registry of Ottawa

The idea:
A single municipally-funded system provides access to both social and supportive housing.

How it works:
The Social Housing Registry of Ottawa is the City's co-ordinated access system. Participation in The Registry is mandatory for municipally-funded housing, and has welcomed voluntary participation from any other organizations housing low-income people, regardless of funder.

Today, The Registry maintains the waiting list for 12 supportive housing providers, with over 1,250 applicants for housing for people with mental health or addictions, HIV/AIDS, youth and others. The Registry's Community Liaison Worker helped supportive housing providers transfer their waiting lists to The Registry, and all Registry staff receive ongoing training to ensure they are sensitive to the needs of vulnerable applicants.

The benefits:
- Better service for applicants and their families. People who did not know supportive housing existed are now receiving the supports they need.
- Better access for homeless people, who are now a priority for both social and supportive housing.
- Reduced duplication. Among supportive housing providers who have joined The Registry, 65-80 per cent of applicants were already on The Registry list. Since joining The Registry, these providers report reduced administrative tasks, freeing supportive housing staff to do the jobs they were hired to do.

Local priority designations to match tenants to supports

Some ONPHA members believe that priority access of all kinds should be eliminated. They point to the lessons learned in the 1960s through 1990s that led to the abolition of the point-rating system, the unfairness to those who are not given priority status, and the damage to their own communities today.

ONPHA is looking forward to discussing these concerns as the Ontario Government re-examines the Long-Term Affordable Housing Strategy. In this report, however, we recommend an adaptation of the existing priority access system that will help match tenants to the supports they need.

Recognize local priority housing as a *program*
Some social housing tenants are given priority access because they are over-housed or can no longer afford their market rent units. But most external applicants are given local priority status because they are vulnerable. Indeed, the rationale for priority status is that these applicants, whether they are households who have experienced domestic violence, homeless, or ill, have greater needs than others on the waiting list. In other words, priority access is a "special program designed to relieve hardship or economic disadvantage" as set out in the Ontario Human Rights Code (Part 2, Sec. 14).

Because these applicants are vulnerable, it is imperative they not only find a home quickly, but that they do not fail in that housing -- and that housing does not fail them.

We therefore recommend a three-step approach to housing local priority tenants who do not yet live in social housing.

(continued on following page)

1. **Use the application process to ask priority applicants about their support needs.** As the co-ordinated access system determines eligibility for priority status, it is equally important to assess the need for supports. This assessment requires more than a revised application form. It requires a conversation with the applicant to learn more about their needs. It is understood that applicants who do not wish to participate in such an assessment would simply apply in the "housing as usual" non-prioritized access system.

2. **Prevent tenancy failures.** Ensure these priority applicants are matched with appropriate supports. Ideally, this match would be made at the point of application, so the applicant would benefit from these supports as they wait for a unit (and may not need to move after all). However, any support agencies identified through the match would be expected to engage with tenants at the point of move-in. This engagement could be formalized with a joint meeting between the social housing provider, tenant, and support agency at lease-signing to agree upon a communications protocol. We would recommend that all support services commit themselves to evidence-based practices: offering long-term – not transitional – supports, focusing on tenancy success, and being willing to work collaboratively with the landlord and tenant.

3. **Ensure the housing does not fail the tenant.** New York's Pathways to Housing, a leader in the Housing First movement, learned that concentrations of vulnerability undermined their clients' success. They determined that no more than 10% of a building's units should be filled through their referrals – unless the building was funded and staffed as supportive housing. The At Home/ Chez Soi projected recommended a limit of 20%.

   This experience is consistent with those of ONPHA's members. We therefore recommend that no local priority referrals be made to

Clarifying "duty to accommodate"

Like all landlords, social housing providers have a duty to accommodate the needs of *each individual* seeking accommodation to the point of "undue hardship." With rare exceptions permitted under the HSA, housing providers accept applicants as they rise to the top of the waiting list with no further screening, and continue to house tenants even as they struggle to maintain their tenancy obligations.

But the Code is silent on what happens when the cumulative effect of housing these individuals meets the OHRC's definition of undue hardship, where:

- the costs have substantively altered the nature of the business and substantially affected its viability
- individual tenants, and the building as a whole, can succeed only with external sources of funding which, in many cases, are unavailable
- there are bona fide health and safety requirements breached when tenants fail to receive the supports they need.

We would welcome a clarification from the Ontario Human Rights Commission. And we would also welcome the Ontario Government's intervention to prevent this cumulative hardship from arising.

"I think 95 per cent of applicants need support. They wouldn't be at my counter if they didn't. If people want us to deliver services to these people they have to give us the tools to do it."
– Service manager

any building or townhouse complex where more than 15% of the units have been filled in the preceding five years by a priority applicant, unless the building is mandated and funded to offer on-site supports.

To make this approach work, service managers must:

- acknowledge that priority status is a special program under the *Ontario Human Rights Code*, and that priority status may be restricted to program participants
- increase their capacity to assess tenants for eligibility in the program and their support needs. Service managers may learn from the application and screening processes used by supportive housing providers
- increase collaboration with LHIN- and municipally-funded services, and expanding the support capacity where these services are not available.

Use housing allowances to quickly house SPP applicants

Everyone agrees on the urgent need to move people experiencing domestic violence to safety. Everyone agrees that many of those fleeing abusive situation will not have the resources to afford private market housing.

In the mid-1990s, the Ontario Government sought a way to address these needs without additional provincial spending. That solution was to eliminate funding for second stage housing, and instead put victims of domestic violence at the top of social housing waiting lists

As a result, households who have experienced domestic violence have fallen "betwixt and between." For those in imminent danger, waiting for a vacant social housing unit (particularly if there are many households who have experienced violence ahead of them) is too slow. In 2014, the average wait time for those fleeing domestic violence was eight months, and in some communities was more than 18 months [52].

Those who can take time to choose want to move into a location that offers the greatest possible stability for themselves and their children. That may not be the social housing building where many – in some cases the majority – of tenants are themselves vulnerable.

The solution for both is housing allowances that give victims of violence the widest possible choice and the immediate ability to pay for that choice. This is also the solution that will work best for social housing communities that have inadvertently become home to vulnerable people without the funding or resources to support them.

We recommend the Ontario Government recognize and fund Special Priority Access as a program with dedicated funding for housing allowances for households who have experienced domestic violence. This program could be administered by service managers in conjunction with their co-ordinated access system. However, service managers may also wish to contract administration to, for example, an established agency with close ties to emergency shelters and support organizations serving people who have experienced domestic violence.

52. ONPHA, *2015 Waiting Lists Survey*, 13.

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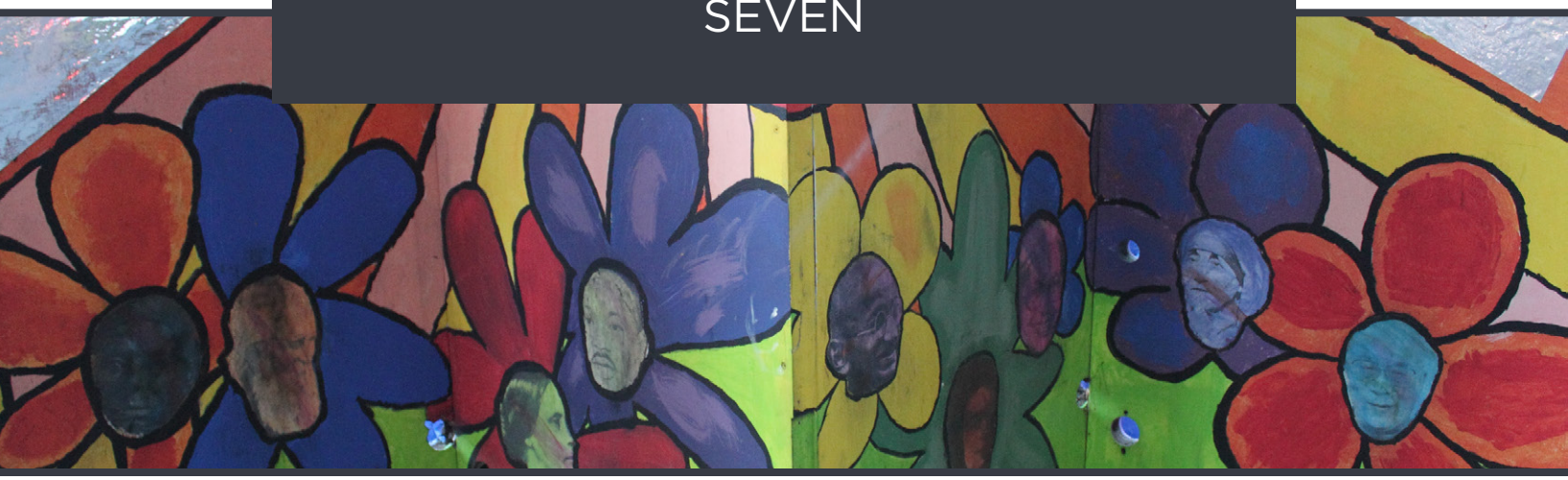


STRENGTHENING COMMUNITY-BASED SUPPORTS

In the last section we looked at ways to strengthen social housing providers: fostering healthy communities; creating service hubs in buildings that are home to many vulnerable tenants; and capitalizing on the ability of housing staff and tenants to spot problems before they become crises.

But this is only one half of the equation. To support vulnerable tenants, we also need a robust array of community-based supports. These supports can include home care and visiting nurses, mental health case managers, addiction workers and ACT teams, street outreach and follow-up workers, or any other visiting supports that can help vulnerable tenants stay in their homes.

When these visiting supports are working well, social housing providers may not even be aware they exist. Arrangements are made directly between the tenant and the supporting agency, with no involvement with the landlord needed. Many arrangements with PSWs or other home care fit into this category. Most (88 per cent) ONPHA members reported tenants in their buildings were supported by PSWs or other visiting home care. Of these, 52 per cent reported the approach worked well – the highest rating of any type of support – and only two per cent said it was not working.

But when supports are not working well, it is housing providers – or the tenant next door – that must step-in. The chief problems:

- Tenants are offered a unit on the understanding they will receive supports. However, these supports do not materialize, or are not sufficient to enable the tenant to live independently.
- Supports are withdrawn when tenants seem to be managing well. But when they become unwell, there is no-one to step in.
- Tenants fire their support worker, but no arrangements are made for alternative supports.
- Tenants believe they do not need any support, even though they are having obvious difficulties managing their home.

"We had an elderly tenant with many issues – mostly tied directly to bed bugs in her unit. She had service providers in her life, but not one was able to help her prepare her unit for treatment. I got on the phone myself, and hit a brick wall."
– Housing provider

What do we need to move forward?

Make eviction prevention a funding priority
Sixty-nine per cent of ONPHA members surveyed said more visiting mental health and addictions workers would "significantly help" their tenants. Another 63 per cent said more home care would be of "significant help."

However, federal homelessness funds, and LHIN-funded mental health and addictions services are increasingly targeted to people leaving hospitals, shelters or the street. During our research we heard many proposals from LHINs eager to access social housing units for people leaving institutions, but little interest in supporting those who needed help to stay in social housing. We believe the supports that save a tenancy are as valuable as those that find a tenancy. Both should be funded.

Focus on tenancy success
Few housing providers reported a complete absence of community-based supports in their region. But many felt the services available were not the right type of supports. In particular, they need more agencies mandated to do the time-consuming "grunt work" to help tenants keep their homes: helping an elderly tenant prepare her home for bedbug treatment; the painstaking work needed to resolve a hoarding issue; or the willingness to mediate conflicts among neighbours.

The Mental Health Commission of Canada's At Home/Chez Soi project offers a proven model to providing supports to enable formerly homeless people with mental illness to stay housed (see box). These findings align closely with the experiences of Ontario social housing providers in housing tenants who are vulnerable for other reasons as well.

"We dedicated a unit to a mental health agency referral. It was in deplorable condition – bedbugs, horrible smells, a dog that was voiding in the unit. Where was the agency?"
– Housing provider

"We need to come up with the supports. It's absolutely key. People are just focusing on the housing, but dumping people in housing is not Housing First. It's about finding the right combination of housing and supports."
– Member, Canadian Alliance to End Homelessness

HOUSING FIRST PRINCIPLES FOR SUPPORT PROVIDERS

Many people think of Housing First as a housing model. In fact, it is a proven support model developed by the mental health sector to promote sustainable tenancies. The key elements are:

Continuing – not temporary supports. As the At Home/Chez Soi report says, "It is Housing First, it is not housing only"[53]. Most participants were actively engaged in support and treatment services through to the end of the two year follow-up program.

Housing supports, not just clinical supports. In the At Home/Chez Soi project, housing workers were responsible for building and maintaining relationships with landlords, mediating conflicts, applying for and managing housing allowances, assisting in setting up an apartment and providing independent living skills development[54].

Landlords as partners. In the At Home/Chez Soi project, housing workers worked collaboratively with landlords. They met with landlords at the outset to explain the supports offered, and a support agreement was attached to the lease application. Staff maintained regular contact, and worked with landlords to prevent evictions or to move tenants before an eviction was needed[55]. In some regions they organized monthly stakeholder meetings with social housing landlords and Landlord Appreciation Nights.

Financial supports. In addition to rent supplements, At Home/Chez Soi provided funds to ensure landlords did not bear the brunt of a failed tenancy. In the Vancouver project, for example, these funds included rent guarantees, double damage deposits, tenant insurance ($15,000 for contents and $1 million for property damage), with furniture supplied – guaranteed bedbug free[56].

Avoid concentrating unsupported needs. Canada's Housing First toolkit states that Housing First participants should not make up more than 20 per cent of tenants in an ordinary rental building[57]. New York's Pathways to Housing project limits its participants to a maximum 10 per cent of the building.

Recognize some tenants need alternative or supportive housing. Although the At Home/Chez Soi project was designed to house tenants in ordinary apartments, it found that a small proportion of tenants (13 per cent) were not successful, and may benefit from housing that offered more intense supports, more structure and more opportunities for peer support[58].

Expand housing options. At Home/Chez Soi recognized that Housing First's success depends on the continued supply of affordable and supportive housing.

53. MHCC, *Cross-Site At Home/Chez Soi Project, National Report*, 2014, p. 5.
54. Mental Health Commission of Canada, "Housing First Toolkit, What are the Key Components of Housing First?" Accessed May 16, 2015. http://www.housingfirsttoolkit.ca/key-questions1
55. MHCC,."Housing First Toolkit." Accessed May 16, 2015. http://www.housingfirsttoolkit.ca/key-planning-tasks#task9connectingwithlandlords
56. Sue Baker and Mark MacDonald, "Partnering with Landlords: Getting Past the Fear," (Housing First Partnership Conference, New Orleans, undated).
57. MHCC. "Housing First Toolkit." Accessed May 16, 2015. http://www.housingfirsttoolkit.ca/key-questions1
58. MHCC, *Cross-Site Report*, 20.

New approaches for rural and northern communities

Ontarians in the north and rural communities have lower incomes[59], a lower life expectancy and more physical, mental health and addictions issues than the rest of Ontario[60]. Their population is older than the Ontario average, and they have a higher rate of individuals with complex needs[61].

They also have fewer professionals to meet those needs. According to MOHLTC, 34 communities in Northern Ontario and 100 communities in Southern Ontario are underserved by family physicians. In northwestern Ontario, there are only 3.3 psychiatrists per 100,000 people; the Ontario average is 13.1 psychiatrists[62]. Our members report that, throughout the north, institutions, group homes and homes for special care[63] have been closing, with few options for the people who once lived there.

For these communities, and for northern and rural housing providers, the need for community-based services is particularly acute. In both southern and northern Ontario, we heard about the importance of community relations workers or other community development staff to build relationships with tenants, spot problems before they became crises and co-ordinate partnerships. We also heard about the urgent need for community-based agencies mandated to keep tenants housed, not just provide clinical supports.

"There might be only two PSWs for all of Manitoulin. There's no one there to do the work that's needed. When there are supports, there's the privacy barrier. We don't find out that the service has ended until the tenancy is at risk again, and we're back where we started."
– Housing provider

Some other recommendations from the northern and southern rural providers:

- Expand preventive supports. Some providers cited successful partnerships with the Red Cross, Behavior Supports Ontario and the Canadian Mental Health Association. Others pointed to success with the CHAP-EMS initiative, where off-duty paramedics make weekly visits to social housing buildings, measure tenants' blood pressure and assess their diabetes risk, and teach tenants how to reduce their risk of heart disease, strokes and diabetes[64].
- Identify or create a mental health "warm line" where qualified staff could offer third-party advice to housing staff and tenants. The line would offer phone consultation to individuals in crisis or third parties, provide community visits and short-term follow-up, and make referrals to long-term supports.
- Clarify and strengthen the connection between housing providers and "community mobilization" initiatives. These initiatives typically bring together the CCAC, police and emergency services, school boards, and health and social services to identify and support people at high risk. Housing providers are rarely included in these collaborative initiatives, although a large portion of the high-risk people served are believed to be social housing tenants.

59. Northern Health Information Partnership, *Mental Health In Northern Ontario* (January 2005), 2.
60. Northern Health Information Partnership, 5.
61. Canadian Mental Health Association, *Ontario, Rural and Northern Community Issues in Mental Health* (August 2009), 2 & 3.
62. CMHA, *Ontario, Rural and Northern Community Issues in Mental Health*, 3.
63. That is, licensed privately-owned housing and support services for people with mental illness operated under the *Homes for Special Care Act*.
64. See, for example, *CHAP-EMS: A Feasibility Study*. Accessed June 17, 2015. http://chapprogram.ca/research/projects/community-health-assessment-program-through-emergency-medical-services-chap-ems-a-feasibility-study/

- Increase collaboration among LHINs, service managers, housing providers and community agencies to both strengthen local planning and co-ordination and create a strong united voice for adequate services.

Some providers were also intrigued by the potential for Tele-Mental Health services, inspired by the Pathways Vermont initiative. This approach allowed one ACT team to support 210 tenants with serious mental illness housed in 85 buildings scattered through a rural state, at a cost of $400,000 per year. The team combined local case managers, regional substance abuse, peer, employment, computer and wellness specialists, and a state-wide nurse, psychiatrist and administrative support. Every tenant was given a computer and internet access to enable regular "video visits" (as well as offer tenants both the equipment and training to access to everything the Internet has to offer).

Team members made extensive use of Google apps and smartphones to share calendars, documents, maps and contact information[65]. The result: in a study of 170 individuals served, 85 per cent remained housed[66].

"I'd love a 911 number when I think someone has reached a "seven" on the crisis scale, so someone can give me advice about what to do and where to turn."
– Housing provider

A GAP IN SUPPORT

63%

of seniors with unmet home care needs cite inability to pay as the chief barrier[67].

39%

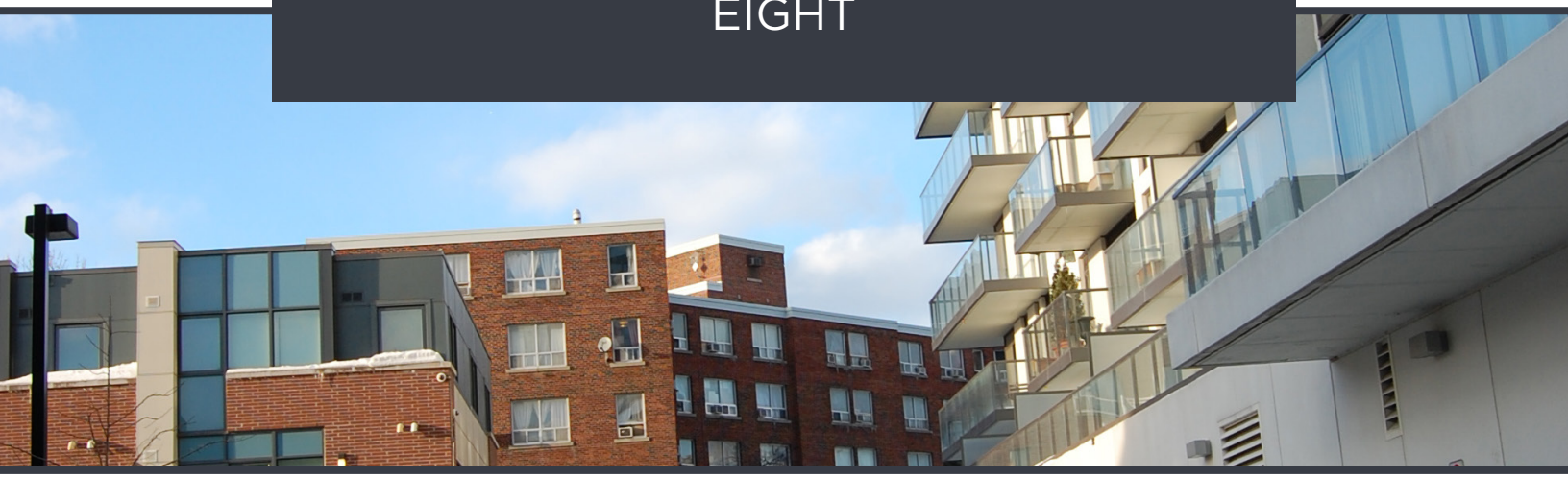
of MOHLTC's 2008 mental health funding was spent on community-based services. The target is 60%[68].

1 to 6 years

Range in waiting times for supportive housing in Ontario[69].

65. "Housing First ACT in a Rural Setting: The Vermont Experience," presentation. Accessed May 30, 2015. http://static.squarespace.com/static/513e08bfe4b0b5df0ec24cda/t/5187fa4ee4b04fc5ce770c77/1367865934923/March_23_930_HFper cent20ACTper cent20inper cent20aper cent20Rualper cent20State_Melton.pdf
66. Ana Stefancic et al, "Implementing Housing First in Rural Areas: Pathways to Vermont," American Journal of Public Health (December 2013). Accessed May 30, 2015. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969120/ .
67. Statistics Canada, *Canadian Community Health Survey on Healthy Aging* (December, 2012).
68. Office of the Auditor General of Ontario, *2010 Annual Report: Ministry of Health and Long-Term Care, Community Mental Health*, 329.
69. Auditor General, *2010 Annual Report*, 330.

EIGHT



EXPAND HOUSING ALTERNATIVES

This report is not about developing social and supportive housing, or about new ideas to increase the stock of affordable housing.

However, in every focus group and every interview we heard the same message: if we want to help vulnerable tenants, we need more affordable housing options. So we would be remiss if we did not record this message here.

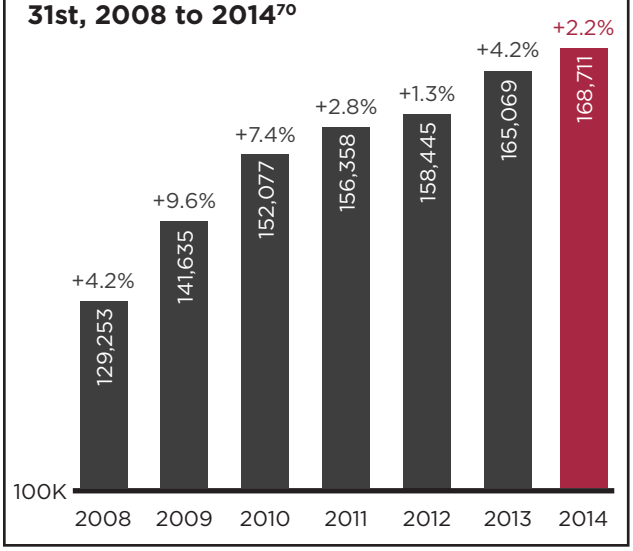
We believe the Ontario Government must:

- Recognize that not everyone can live independently. Some people will need the additional supports offered by supportive housing and long-term care facilities.
- Create more supportive housing. ONPHA members surveyed identified purpose-built supportive housing as the most important contribution to housing vulnerable tenants.
- Increase funding to preserve the affordable housing we have.
- Continue to expand affordable housing options of all kinds.

"In our region it's the lack of social housing that is the issue … There's an overall imbalance in the housing market, and very little rental housing of any kind."
– LHIN staff

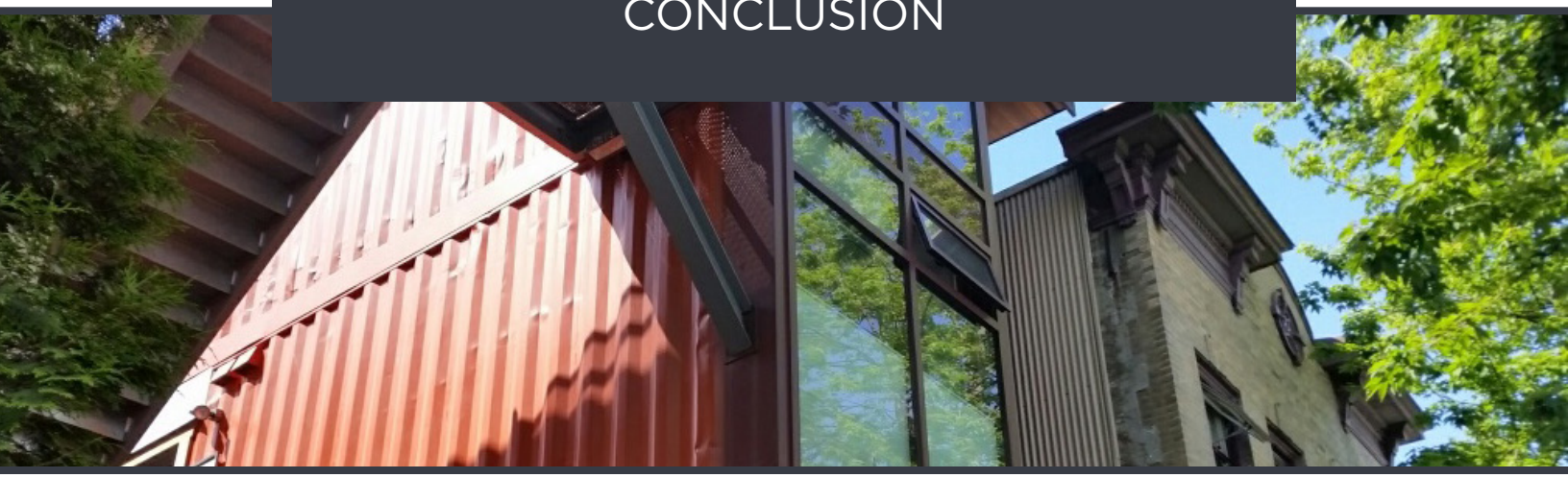
"How do you operate programs where your physical infrastructure is crumbling?"
– Service manager

Number of Active Households on Waiting Lists for RGI Assistance, as of December 31st, 2008 to 2014[70]



70. ONPHA, *2015 Waiting Lists Survey*, 7.

CONCLUSION



COLLABORATING TO MAKE IT HAPPEN

As we talked with service managers, LHINs and our own members, we heard about an unprecedented surge in collaboration.

We saw LHINs taking a leadership role, such as the Toronto Central LHIN's request for proposals to bring mental health supports to Toronto Community Housing tenants.

We saw joint planning between LHINs and service managers, such as the Toronto Central LHIN's collaboration with York Region to create a multi-year Mental Health Strategy or the Champlain LHIN's participation in developing the City of Ottawa's 10-year housing and homelessness plan.

"In 10 years I have never seen such collaboration between MMAH and Health. This is a real opportunity."
– Mental health and housing researcher

"We want to work more closely with housing, but we can't carry money over to another fiscal year. We start from scratch every year. We need a strategy that allows us to plan for the long-term."
– LHIN staff

We saw service managers such as Oxford County use the housing application and move-in process to access other municipal services. We heard about service managers such as Norfolk County using CHPI funds to hire a full-time Canadian Mental Health Association staff person to provide mental health supports exclusively for social housing tenants. We heard about community mobilization efforts to support vulnerable and at risk people, such as Toronto's SPIDER initiative, Community Mobilization Sudbury, and Oxford Connectivity. And we heard about dozens of front-line partnerships between health-funded agencies and municipally-funded housing providers.

We also heard repeatedly that the Ontario Government's recent mandate letters had prompted LHINs to talk to service manager and housing providers – in some cases for the first time.

Now, let's build on this success.

The Ontario Government must take the lead

The Ontario Government is the only level of government able to clarify provincial legislation and regulation, that has the capacity to co-ordinate work among the Ministries of Municipal Affairs and Housing, Health and Long-Term Care and Community and Social Services, and has the authority to ensure both LHINs and service managers work together.

They are also the level of government best able to fund new supports. Over the past four decades the provincial budget has benefited from the savings yielded by reduced hospital beds, earlier discharges, and reduced second stage housing. During that time, it has not substantially reinvested in supportive housing construction, home care, long-term care, or social assistance rates, and the supply of affordable housing has not kept pace with demand. And so the Province is the level of government best equipped to reinvest in the supports needed to redress shortfalls created by these policy decisions.

We are calling on the Ontario Government to:

- Create a joint MMAH/MOHLTC strategy to make supports in housing part of the core provincial budget. MOHLTC to designate funds for LHINs to fund community-based support partners. MMAH to designate funds for service managers to fund partnerships where health-funded agencies are not available or well-matched to the need.
- Restore core funding for community development (MMAH).
- Continue to expand Aging at Home and community mental health funding (MOHLTC).
- Recognize and fund SPP as a dedicated program for households that have experienced violence, with housing allowances offered to at-risk applicants to obtain housing wherever it is available in the private or social housing system (MMAH/MCSS).
- Clarify:
  - » Social housing's mandate to house people able to live independently
  - » Duty to accommodate
  - » Privacy laws re: sharing information and consents
  - » Social housing's status as permanent rental housing for people able to live independently – not housing of last resort
- Research the potential of tele-mental health services.
- Expand alternatives, create more supportive housing and preserve existing affordable housing.

LHINs and service managers must collaborate to increase capacity

LHINs and service managers also have a crucial role to play. We are calling on you to continue and strengthen your collaborative efforts, by:

- Facilitating "resource hub" partnerships in buildings where needs are concentrated.
- Co-ordinating cross-sector tables to address the needs of vulnerable social housing tenants and identify system-wide reforms. Develop protocols to share information. Develop strategies for vulnerable tenants who refuse supports. Investigate and co-ordinate all possible funding sources.
- Facilitating training for all front-line housing staff to access local supports.
- Facilitating partnerships that equip tenants with the skills and knowledge they need to succeed in their tenancies.
- Reviewing access systems to help vulnerable tenants identify their own need, and match tenants to supports.
- Facilitating continuous joint planning and joint working among municipal services, and between municipally-funded and LHIN-funded agencies.

"We're talking about the same people. Your tenants. Our patients."
– Mental health researcher

"We want to work more closely with housing, but we can't carry money over to another fiscal year. We start from scratch every year. We need a strategy that allows us to plan for the long-term."
– LHIN staff

Our commitment

With the collaborative effort of the Ontario Government, LHINs and service managers, we are confident that social housing can continue its 40-year legacy as Ontario's "go to" housing solution.

ONPHA and our members look forward to working with all levels of government to achieve our shared goals.

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> It isn't that complicated. People make it complicated. Look at the people you want to serve, and do what needs to get done.
>
> – Housing provider

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