

Toronto Central **LHIN**

Toronto Central LHIN
Strategic Advisory Council
Housing and Its Impact on Health
Outcomes for Populations with (and at risk
of) Complex Care Needs

June 2015

EXECUTIVE SUMMARY

Housing and its impact on population health is a topic of strategic relevance identified by the Strategic Advisory Committee (SAC) of the Toronto Central LHIN (see Appendix A for membership list). Housing instability and homelessness lead to poor individual health outcomes and costly health system interventions – particularly for the 5% of the population who have complex care needs or who are at risk of developing complex care needs. Providing these individuals with supportive housing would cost \$31.50/day compared to \$44.50/day for an emergency shelter or \$917.50/day for an acute hospital bed and would also significantly improve their health and wellbeing.

Despite the importance of good housing for good health, 25% of Toronto households do not have adequate housing. There is a lack of affordable housing, as well as good quality, safe and physically accessible housing. Vulnerable people are not getting the housing and community support services that they need to maintain their housing and those with multiple needs face numerous barriers to accessing appropriate housing and supports. A housing system that is inflexible and does not provide people with choice also contributes to the problem.

To address the housing challenges and related health problems of people with complex care needs and those at risk of developing complex care needs in Toronto, SAC has identified 14 actionable opportunities for governments, the housing and health sector and the private sector. Opportunities focus on:

- Prevention of homelessness;
- Enhancing housing and community supports;
- Creating choice and flexibility; and
- Investing in bricks and mortar.

The SAC recognizes that we are in a time of fiscal restraint and all opportunities cannot be pursued immediately. Therefore, the SAC recommends prioritizing: **preventing youth homelessness; improving integration for more effective resource management; and ensuring regulations support the development of housing for our vulnerable citizens.**

ABOUT THIS PAPER

The Toronto Central LHIN Strategic Advisory Council (SAC) advises the LHIN on matters of strategic importance with a particular focus on improving population health.

Comprised of system leaders from diverse sectors, its goal is to collectively identify and address areas of focus to improve population health. SAC has identified housing as strategically important given its role in improving population health, and the relevance of this topic to the populations served by SAC members.

Housing is a key social determinant of health and an essential component of healthy communities and healthy cities. Despite the health benefits of housing, many people in Toronto are homeless, precariously housed or living in environments that do not meet their needs. People with complex care needs or those who are at risk of developing complex care needs – the 5% of Ontarians who account for 2/3 of all healthcare costs - are particularly vulnerable to negative health outcomes when affordable, adequate and supportive housing is not available.

The purpose of this policy brief is to provide governments at all levels and across ministries and sectors with information on: housing and health outcomes; the mismatch between housing resources and needs in Toronto; and how the alignment of systems, planning, funding, policy and service delivery can address these challenges. Housing providers/associations will find this brief useful for supporting their advocacy work and the private sector will understand the important role they can play in affordable housing.

This policy brief will address housing and health within the Toronto context where, it is significant to note, 25% of households do not have adequate housing¹. Specifically, this brief will focus on the housing and health challenges experienced by:

- Torontonians with ***complex*** care needs (seniors and people with mental health and/or addiction problems); and
- Torontonians who are ***at risk*** of developing complex care needs (transitional age youth (18-25) and adults with physical disabilities).

Affordable, adequate and supportive housing is fundamental to the health of these vulnerable Torontonians and the health system of Ontario as a whole. We cannot afford

¹ TPH, 2011

to have our citizens living on the streets, in unsafe environments or without the supports they need to be full participants in their communities. We must act now.

Housing is imperative for health and it also cost effective. Institutions and emergency shelters are approximately 10 times more expensive than supportive housing.

The average daily costs for a person who is homeless in Canada are:

- \$917.50 for an acute hospital bed;
- \$505.50 for a psychiatric hospital bed;
- \$300 for jail; or
- \$44.50 for an emergency shelter.

Compared to the average daily costs of providing an individual with housing:

- \$134 for a long-term care facility;
- \$98.50 for high support housing;
- \$31.50 for low support housing; and
- \$38.50 for social housing².

For every \$10 invested in housing and supports for high needs individuals, there is an average of \$21.72 in cost savings.³

HOUSING IS A SOCIAL DETERMINANT OF HEALTH

It is well recognized that affordable and adequate housing is imperative for good physical and mental health⁴. People who live in stable, safe and secure housing have positive health outcomes, enhanced wellbeing⁵ and require fewer and less expensive medical interventions⁶.

² MHCC&CAMH, 2012

³ MHCC, 2014

⁴ MacKay & Wellner, 2013

⁵ Kreiger & Higgins, 2002; TPH, 2011

⁶ Wellesley Institute, 2010

Conversely, when housing is substandard and unaffordable it is associated with negative health and well being outcomes, including:

- A wide range of health conditions such as infectious diseases, chronic illnesses, injuries, respiratory infections, asthma and mental illness ⁷;
- Inability to afford other basic needs such as food, heat and healthcare⁸;
- Living in unsafe neighbourhoods with access to few amenities⁹ ; and
- Increased use of the healthcare system (people living in unaffordable housing are 5x more likely to be hospitalized than other members of the general public)¹⁰.

Homelessness is associated with increased rates of infections, illness, injury and health care use¹¹.

Torontonians with complex care needs and those at risk of developing complex care needs are especially vulnerable to the negative health outcomes related to inadequate and unaffordable housing¹² . Adequate and affordable housing, often with supports, is crucial for promoting health, well-being and recovery in these vulnerable populations¹³. Without appropriate housing and supports, these individuals' physical and mental health can be significantly compromised resulting in:

- unnecessary emergency room visits;
- blocking of hospital beds;
- inappropriate long term care placements; and

⁷ Kreiger & Higgins, 2002; TPH, 2011

⁸ RWJF, 2008

⁹ RWJF, 2008; TPH, 2011

¹⁰ MacKay & Wellner, 2013

¹¹ Khandor & Mason, 2007; Gaetz, 2012

¹² TRI-UHN, 2012; Wellesley, 2012; Mackay & Wellner, 2013; Gaetz, 2014

¹³ MHCC & CAMH, 2012; MacKay & Wellner, 2013

- homelessness¹⁴.

The link between housing and health is evident. Unaffordable and inadequate housing negatively affects people's health and places undo strain on the healthcare system.

HOUSING RESOURCES AND NEEDS ARE MISMATCHED

Affordability

Housing affordability impacts health and quality of life. A city that lacks affordable housing options forces people on lower incomes into substandard housing, unsafe neighbourhoods and communities with high rates of poverty and few resources¹⁵. This has become a trend in Toronto, particularly among populations with (and at risk of) complex care needs.

Toronto's housing market has become increasingly unaffordable in recent years with soaring rent costs (related to a lack of rent control), decreasing rental vacancy rates, and minimal development of new affordable housing¹⁶. The vacancy rate for low-end market rental units in Toronto is approximately 1%¹⁷ and many low income earners in the city spend almost 50% of their income on housing¹⁸.

From 2011-2014, 2432 new affordable rental units were developed in Toronto through Federal, Provincial and Municipal investments, including the Canada-Ontario Affordable Housing Program (AHP) and Investment in Affordable Housing (IAH) program¹⁹. While this is a welcome new housing supply, it falls short of the 1000 new units/year that are needed in Toronto²⁰. In addition, the lack of ongoing operating subsidies under AHP and IAH means that rent for these units is not geared to income and is still unaffordable to

¹⁴ MHCC & CAMH, 2012; TRI-UHN, 2012; OANHSS, 2014

¹⁵ RWJF, 2008; TPH, 2011

¹⁶ TSSHA, 2013

¹⁷ Trillo & Armstrong, 2013

¹⁸ TD Economics, 2015

¹⁹ Figure provided by the Affordable Housing Office, City of Toronto

²⁰ HOT, 2009

many²¹. The lack of affordable housing is compounded by shortages of rent supplements and housing allowances.

For individuals with complex care needs and those at risk of developing complex care needs, access to affordable housing can be further impeded by stigma and discrimination. For example, more than 1/3 of people with mental illness experience discrimination from landlords when applying for rental housing²².

A lack of affordable housing options results in long wait lists for social housing. Waiting lists for rent-geared-to-income housing (RGI) continue to grow in Toronto – particularly for seniors and people with disabilities. In 2014, there were over 78,000 households on the waiting list for RGI housing in Toronto, a 2% increase from 2013. The average wait time was 7 years. A lack of affordable housing options in the private market also means that people are staying in RGI housing for longer periods of time now than in the past, resulting in a lower turnover in units and less people being housed from the waiting list²³.

Quality, safety and physical accessibility

Housing quality and health are inextricably connected. This poses significant problems in Toronto where much of the existing affordable and subsidized housing stock is aging and in a state of disrepair. Residents report ‘dire’ conditions such as bedbug infestations, mold, fire hazards, heating problems and general maintenance issues²⁴. There are limited modified units that adults with physical disabilities can access²⁵ and many seniors’ buildings are old and do not comply with current building and safety standards. Some subsidized housing providers do not have enough funds in their capital budget or in their capital reserves to maintain surpluses necessary to make repairs, retrofits and renovations²⁶.

²¹ ONPHA, 2013a

²² CERA, 2009

²³ ONPHA, 2015

²⁴ MHCC & CAMH, 2012; OHRC, 2012

²⁵ ONPHA, 2015

²⁶ OANHSS, 2014

Toronto Mayor, John Tory, has committed to investing \$864 million to address the backlog in repairs in the city's subsidized housing sector. However, this amounts to only 1/3 of what is actually needed to fully fix the problems. Federal and provincial governments are also being encouraged to contribute.

Neighbourhood safety is also linked to health outcomes²⁷. People who have complex care needs or who are at risk of developing complex care needs can be vulnerable to crime and violence or if they experience a crisis, contact with the police. An engaged and effective police service can help mitigate these safety risks²⁸ as Toronto Police Service has been able to demonstrate through pilot projects with housing providers and community groups.

Support

Affordable and adequate housing is sufficient for many people to live successfully in the community. Other individuals with complex care needs and those at risk of developing complex care needs require varying levels and types of housing and community supports to maintain their health and independence. Unfortunately, the housing and community support sector in Toronto currently lacks the capacity to effectively meet the needs of the growing number of people who require their services.

Individuals with complex care needs and those at risk of developing complex care needs require support when they leave hospital after an extended stay, yet many are discharged home without the transitional follow-up care that they need to successfully recover and readjust to community living²⁹. Other people with complex care needs and those at risk of developing complex care needs are discharged from the healthcare, child welfare and criminal justice systems directly into homelessness without supports to assist them in finding housing and reintegrating with the community³⁰.

Securing ongoing supports is also a challenge. There are an increasing number of subsidized housing tenants who are aging, have mental health and/or addictions challenges, or have other health problems whose unmet support needs are putting their

²⁷ RWJF, 2008; TPH, 2011

²⁸ RWJF, 2008

²⁹ BRIDGES, 2014

³⁰ TSSAH, 2013; Gaetz, 2014

housing in jeopardy³¹. Support services are particularly limited for adults with physical disabilities who need assistance to live independently in their homes³².

Supportive housing programs are also unable to meet the demand. In Toronto, there are 4400 units of supportive housing for people with mental health and/or addictions problems, but over 7000 people remain on the wait list³³. Similarly, within the physical disabilities sector in Toronto, there are 174 supportive housing units for adults and 662 people on the waitlist³⁴.

Multiple needs

Some people with complex care needs and those at risk of developing complex care needs are especially vulnerable due to their multiple social and health needs and experience further challenges accessing appropriate housing and support. Frail seniors in need of nursing care are faced with a 1% vacancy rate in Toronto's long-term care homes³⁵. There is also a lack of harm reduction programming in long-term care homes to meet the needs of seniors and others who use alcohol and/or other drugs. Many adults with physical disabilities are in need of housing that is both affordable and physically accessible³⁶. People with serious mental illness experience lengthy wait times for high support housing which accounts for only 11% of Toronto's mental health supportive housing³⁷. While the specific issues are different across populations with (and at risk of) complex care needs, there is a common thread: these individuals need better access to affordable, adequate and supportive housing to maintain their health and dignity.

The reasons for housing instability amongst transitional age youth are complex. Youth may leave home due to abuse, inadequate mental health supports, family conflict and/or involvement with the criminal justice system. Others may be 'discharged into

³¹ ONPHA, 2013b

³² TRI-UHN, 2012

³³ TMHASHN, 2013

³⁴ OAILSP, 2014

³⁵ MOHLTC, 2014

³⁶ TRI-UHN, 2012

³⁷ CASH, 2013

homelessness' from the child welfare system, health care facilities or detention centres/jails. These young people not only lack appropriate housing, but also relationships with family and friends, and support to navigate the system³⁸. Significant subpopulations of youth are over-represented amongst the homeless, including newcomers³⁹, Aboriginal and LGBTQ. Current approaches to assisting homeless youth do not always reflect this diversity.

Lack of choice and system inflexibility

When there is insufficient affordable, adequate and supportive housing, the housing and health systems grind to a halt and people's health is seriously compromised. People are stuck in shelters, institutional settings or in housing situations that do not meet their needs and have little choice about where they live now or in the future. The lack of options across the housing continuum is largely attributable to a lack of resources, but resource management and distribution also play a role. While many people are not receiving enough housing and/or support resources to live independently in the community, others are actually being provided with more services than they need.

There are seniors and people with physical disabilities who are in ALC hospital beds, long-term care homes, and/or waiting unnecessarily for supportive housing who could live successfully in the community if affordable and accessible housing options were available. Providing these individuals with services at the lower end of the housing continuum would free up costly health system beds and supportive housing units for people who actually need them⁴⁰. Similarly, there are individuals with mental health and/or addictions problems who live in high or medium supportive housing who are ready to move to housing with less support if it were available⁴¹.

It is also important to recognize that not everyone actually needs access to an affordable housing unit. There are many vulnerable adults and youth who could remain in their own homes if support services were available to adequately address their needs.

³⁸ Gaetz, 2014

³⁹ CAMH & CAST, 2014

⁴⁰ TRI-UHN, 2012; OANHSS, 2014

⁴¹ CAMH, 2014

Lack of choice and flexibility is a problem across the system, but becomes critical when people do not receive the right care in the right place. Simply building more housing is not the only answer and creative solutions are needed.

OPPORTUNITIES (ELEMENTS OF THE SOLUTION)

Toronto's lack of affordable, adequate and supportive housing has a significant impact on the health of our citizens with complex care needs and those at risk of developing complex care needs as well as the city as a whole. We must look for opportunities to address this growing health problem and recognize that there will be multiple elements of the solution. A broad range of strategies and investments is required across the system, but we must begin by addressing the most pressing needs of the vulnerable 5%.

We must prevent homelessness. We must make sure that people have the supports that they need to live independently in their homes. We must offer people choice and flexibility across the system. We must have more housing stock and we must look at innovative ways of developing it. And we must do all of this together - alignment and collaboration across Ministries and sectors are imperative. We need all levels of government and departments within each level contributing their time and resources to health and housing policy issues⁴².

Prevention

Efforts to address housing and related health problems in Toronto need to focus upstream to prevent vulnerable people from becoming homeless in the first place. Transitional age youth and their families in particular (including newcomers to Canada and Aboriginal people) must be prioritized within homelessness prevention strategies to halt the cycle of housing instability as early as possible⁴³.

Opportunities to prevent homelessness for populations with (and at risk of) complex care needs include:

1. A coordinated system-wide approach involving MOHLTC, MCYS, MCSCS, MCSS, Toronto Police Services and GTA LHINS to prevent vulnerable people from being

⁴² Gaetz, 2014

⁴³CAMH & CAST, 2014

discharged into homelessness from healthcare, child welfare and the criminal justice systems⁴⁴;

2. Enhanced funds from MMAH, MOHLTC and GTA LHINs to programs and providers that allow seniors and adults with physical disabilities to make their homes accessible and bring in the support services they need to maintain their housing and independence⁴⁵;
3. Reviewing provincial legislation to extend rent control to all rental housing built after 1991;
4. City of Toronto regulations that prevent populations with (and at risk of) complex care needs becoming homeless when rooming houses and other low-income rental properties are taken over by developers (e.g. regulations could require developers to provide funding to local housing and support providers to assist in the re-housing of vulnerable tenants); and
5. Building on partnerships between Toronto Police Services, the City of Toronto and the TC LHIN to continue to engage with, and provide supports to, police services involved in housing and homelessness interventions with populations with (and at risk of) complex care needs.

We know that populations with (and at risk of) complex care needs can be at risk of losing their housing and becoming homeless if their support needs are not met. Toronto Community Housing (TCH) and Toronto Central LHIN were concerned about the increasing number of seniors and people with mental illness and/or addictions from public housing who were visiting emergency rooms and becoming involved with police. Together, TCH, the LHIN and primary care placed support services on site in select high needs buildings. Initial findings from this initiative indicate that vulnerable tenants stabilized with access to these supports. A broader partnership also emerged that included other service providers supporting people in these buildings. These partnerships should continue to be expanded to meet the needs of these populations in other high needs buildings across Toronto.

⁴⁴TSSHA, 2013; Gaetz, 2014

⁴⁵ TRI-UHN, 2012

Housing and community supports

Many individuals with complex care needs and those at risk of developing complex care needs require housing and community supports to live successfully in the community and to avoid the negative health and health system impacts of housing instability.

Housing and community support opportunities for vulnerable populations include:

6. Improved communication and coordinated discharge plans between the healthcare system, TCH and other housing providers to ensure that vulnerable individuals experience a continuum of care and are discharged home with the supports that they need⁴⁶. This may require a review of privacy legislation to provide people with complex care needs and those at risk of developing complex care needs with the opportunity to include housing providers within their circle of care;
7. Coordination between MMAH, MOHLTC , GTA LHINs and City of Toronto to ensure that funding for rent subsidies and housing allowances is coordinated with funding for support services⁴⁷. Funding for housing and support programs should reflect the philosophy of the Housing First model; and
8. Healthcare, housing and support sectors working together to standardize assessment tools that will effectively identify, monitor and adjust supports to accommodate people’s growing and changing needs⁴⁸. Standard definitions of support levels and housing models are also needed⁴⁹.

Housing and community supports are also needed for vulnerable populations who are homeless. People with complex care needs and those at risk of developing complex care needs are over-represented in Toronto’s shelter system. Many of these individuals have been homeless for long periods of time and need supports to help them transition from the shelter into housing. The City of Toronto, Shelter Support and Housing Administration has identified these vulnerable individuals as a priority within the shelter system. They have committed to the development of a service model, in collaboration

⁴⁶ CAMH, 2014

⁴⁷ Jones, 2007; ONPHA, 2013b

⁴⁸ OAILSP, 2014; Trillo & Armstrong, 2013

⁴²Trillo & Armstrong, 2013

with community partners, to ensure people with complex care needs and those at risk of developing complex care needs have the housing and community supports that they need to transition out of the shelter system and remain housed. Housing and health sectors must also come together to develop shared solutions to address the complex needs of these individuals⁵⁰.

Choice and flexibility

Creating more choice and flexibility of housing and support options is also needed to address homelessness, housing instability and unnecessary institutionalization among populations with (and at risk of) complex care needs as well as to improve system efficiency and sustainability. Relaxing the restrictions on housing and support programs (e.g. strict age criteria for Aging at Home)⁵¹ and improving the availability and adequacy of affordability tools (e.g. rent supplements, housing allowances, RGI housing, ODSP shelter allowance) are important steps that the GTA LHINs, MOHLTC, MMAH and MCSS can take to better meet the needs of vulnerable Torontonians. Housing providers can also improve choice and flexibility by developing a range of housing and support options including independent living, congregate living, family living, permanent housing, transitional housing, and low, medium, high and very high supportive housing models⁵².

Other opportunities to enhance choice and flexibility for populations with (and at risk of) complex care needs include:

9. Reserving a portion of current MMAH and/or City of Toronto rent supplements or housing allowances for specific vulnerable populations. Transitional age youth who are homeless could be targeted initially and a partnership between the City and newly announced LGBTQ youth shelters could assist these individuals to find housing that is safe and secure;
10. Funding from MOHLTC and GTA LHINs to develop innovative supportive housing pilot projects that include rigorous evaluation plans to expand the knowledge base on effective models⁵³. Scaling up successful projects should be a priority; and

⁵⁰ TSSHA, 2013

⁵¹ TRI-UHN, 2012

⁵² CAMH, 2014

⁵³ Wellesley Institute, 2012

11. A commitment to review the Residential Tenancies Act as part of the Long-term Affordable Housing Strategy with the aim of addressing regulations that prevent flexibility within the housing system (e.g. the restrictions around transitional housing should be relaxed to provide tenants with the choice of staying longer than 1 year until they are ready and able to find permanent housing).

The current collaboration between TC LHIN, CAMH and the Toronto Mental Health and Addictions Supportive Housing Sector has shown promise in improving individual choice and system flexibility. Investments in lower-cost medium support housing have allowed people in high support housing the opportunity to move on to more independent living, freeing up spots in high support housing. CAMH ALC patients are then matched with the most appropriate high support housing provider and are transitioned slowly from hospital. Hospital beds are then available for those who need acute care.

Bricks and mortar

Prevention, housing and community supports, and choice and flexibility options are crucial, but they can only take us so far if there remains a lack of quality, affordable housing. For many years there has been a severe lack of investment in the development and maintenance of affordable housing stock in Toronto. This must be addressed to effectively meet the housing and support needs of populations with (and at risk of) complex care needs in the city and improve their health outcomes.

Opportunities for investments in bricks and mortar include:

12. Funding from Federal, Provincial and Municipal governments for the development of new affordable housing units for vulnerable populations, including units that are physically accessible for seniors and adults with physical disabilities⁵⁴;
13. Incentives and directives from the City of Toronto and MMAH to assist the private sector and the public sector to more effectively and efficiently create new affordable housing stock. This could include tax incentives, reduced development taxes, social financing options, and inclusionary zoning measures⁵⁵; and

⁵⁴ TR-UHN, 2012; AMHO, 2014; CAMH, 2014; OANHSS, 2014

⁵⁵ Trillo & Armstrong, 2013

14. Contributions from Federal and Provincial governments that match the City of Toronto's investments for the upkeep and maintenance of current affordable and social housing stock.

CALL TO ACTION

Housing is a fundamental determinant of health and key building block of vibrant, world class cities. When citizens with complex care needs and those at risk of developing complex care needs are not able to access the housing and supports that they need to maintain their health, live independently and contribute to their communities, we all pay the price.

Investing in affordable, adequate and supportive housing benefits us all. It promotes health and prevents people from experiencing physical and mental illness. It prevents people from becoming homeless or taking up beds unnecessarily in hospital and long-term care facilities. Investing in housing for vulnerable citizens takes the strain off of the healthcare system and helps bend the cost curve.

This is the time to take action. Our provincial government has committed to ending homelessness and investing in supportive housing. Our Mayor has also made homelessness and affordable housing a priority. We have housing and support providers who are developing innovative solutions. We have a private sector and landlords who want to help. And we have a general public who is concerned about its vulnerable family and community members.

The political and fiscal costs of not investing in housing for our populations with (and at risk of) complex care needs are high – we cannot sustain the current impact on individual health and health systems.

Our leaders have promised to solve the problem of homelessness and housing instability. And we must work with them – government at all levels and across ministries and sectors; housing and support providers; the private sector – to develop a multi-pronged strategy to address affordable, accessible, and supportive housing for seniors, transitional age youth, adults with physical disabilities, and people with mental health and/or addiction problems.

WHERE TO START

We have provided 14 actionable opportunities for governments, the housing and health sectors and the private sector to address the housing needs of Torontonians with complex care needs and those at risk of developing complex care needs. We recognize that in an era of fiscal restraint not all of these opportunities can be pursued immediately and choices must be made.

We recommend that priority be given to: investing upstream to prevent homelessness in transitional age youth; improving integration to ensure housing for populations with (and at risk of) complex care needs is more effectively resourced; and revising or adding regulations at the provincial and city levels to improve access to housing for our vulnerable citizens.

To begin immediate work in these areas, we present the following questions for consideration and to support the development of actionable strategies:

1. How do we help transitional age youth?

What policies, procedures and partnerships can the **healthcare, child welfare** and **criminal justice** systems put in place to ensure that transitional age youth are not discharged into homelessness?

What resources and supports can **MOHLTC, MCYS, MCSCS, MCSS and GTA LHINs** redirect to sectors that work with transitional age youth that are at risk of discharge into homelessness?

How can the **City of Toronto** arrange to dedicate a portion of their rent supplements or housing allowances to transitional age youth?

2. How do we work together to better resource housing for vulnerable populations?

How can **GTA LHINs, MOHLTC, MMAH** and **City of Toronto** better coordinate housing and support funding for populations with (and at risk of) complex care needs?

What are the opportunities for **cross-Ministry** collaboration to address the housing and support needs of vulnerable populations as part of their **Poverty Reduction Strategy** mandates?

What are the opportunities for **MMAH** to work with **MOHLTC** to ensure that the housing and support needs of people with complex care needs and those at risk of developing

complex care needs are accurately reflected in the **Long-Term Affordable Housing Strategy**?

How can **GTA LHINs** through their **Health Links** initiative prioritize the housing and related health needs of the 5%?

3. What regulations do we need to improve access to housing?

How can the **City of Toronto** and **private developers** work together to ensure that vulnerable populations are not displaced when low-income properties are purchased?

What incentives could the **City of Toronto** and **MMAH** put into place relatively quickly that would encourage **private and public sector** affordable housing development?

The answers to these questions provide a solid foundation for the development of an action plan to help advance this critical issue. Attention and strong commitment is needed and warranted. The time to act is now...

Appendix A: Toronto Central LHIN Strategic Advisory Council Membership

Camille Orridge, CEO, Toronto Central LHIN; Co-Chair, Strategic Advisory Council

Vania Sakelaris, Senior Director, Toronto Central LHIN; Co-Chair Strategic Advisory Council

Dr. Yoel Abells, Toronto Central LHIN Primary Care Advisor

Mohamed Badsha, COO, Reconnect Mental Health Services; Lead, Central West Toronto Health Link

Lenna Bradburn, Vice President, Resident and Community Services, Toronto Community Housing

Sheila Braidek, ED, Regent Park Community Health Centre; Lead, Mid East Toronto Health Link

Chris Brillinger, Executive Director, Social Development, Finance & Administration, City of Toronto

Kathy Bugeja, ED, OMA, District 11

Stacey Daub, CEO, Toronto Central CCAC; Lead, West Toronto Health Link

Mike Federico, Deputy Chief, Corporate Command, Toronto Police Service

Dr. Phil Ellison, Toronto Central LHIN Primary Care Advisor

Mary MacLeod, Vice-President Clinical Services, St. Joseph's Health Sciences Centre; Lead, South Toronto Health Link

Dr. Aryeh Gitterman, ADM Policy Development and Program Design, Ministry of Children and Youth Services

Linda Jackson, Vice President, Residential, Community & Brain Health, Baycrest; Lead, North West Toronto Health Link

Anne Babcock, President and CEO, Woodgreen; Lead, Don Valley Greenwood Health Link

Sylvia Maracle, ED, Ontario Federation of Indian Friendship Centres and Board Chair; Noojimawin Health Authority Toronto

Gilles Marchildon, ED, Reflet Salvéo

Susan McIsaac, CEO, United Way

Dr. David McKeown, Medical Officer of Health, Toronto Public Health

Malcolm Moffat, Executive Vice-President, Sunnybrook Health Science Centre; Lead, North East Toronto Health Link

Marilyn Monk, Executive Vice-President, Clinical, Hospital for Sick Children

Kevin Pal, Regional Director, Toronto Region, Ministry of Community and Social Services

Dr. Pauline Pariser, Lead Physician / Chair, Taddle Creek Family Health Team; Lead, Mid West Toronto Health Link

Dr. Tia Pham, Lead Physician, South East Toronto Family Health Team; Lead, East Toronto Health Link

Dr. Samir Sinha, Director of Geriatrics at Mount Sinai Hospital and Provincial Lead, Ontario's Seniors Strategy

Dr. Andrew Smith, Chief, Odette Cancer Centre; Regional Vice-President, Cancer Care Ontario

Dr. Sarita Verma, Deputy Dean, Faculty of Medicine, University of Toronto

Dr. Catherine Zahn, President and CEO, Centre for Addiction and Mental Health

Appendix B: Strategic Advisory Council Housing Working Group Members

Anne Babcock, WoodGreen Community Services

Danny Anckle, Toronto Community Housing

Gail Czucar, Addictions and Mental Health Ontario

Kwame McKenzie, Wellesley Institute and Centre for Addiction and Mental Health

Mary Anne Bedard, City of Toronto

Michael Mathieson, Access Independent Living Services

Roslyn Shields, Centre for Addiction and Mental Health

Steve Barnes, Wellesley Institute

Vania Sakelaris, Toronto Central LHIN

Mary Boushel, Toronto Central LHIN

Andrea Demers, Toronto Central LHIN

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