



Home is where it starts.

**Submission to the Ontario Government  
Select Committee on Mental Health  
and Addictions**

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Committee Room 1

For more information please contact  
Phil Brown, General Manager  
Shelter, Support and Housing Administration  
City of Toronto  
416.392.7885  
fax 416.392.0548  
[pbrown1@toronto.ca](mailto:pbrown1@toronto.ca)

[www.toronto.ca/housing](http://www.toronto.ca/housing)



Good evening, and thank you for this opportunity to speak to you.

I am here to represent the interests of the most vulnerable in our province who are mentally ill and have addictions. These are people who are homeless and those who are precariously housed.

On their behalf, I thank the Ontario government for working to create a long term strategy for mental health and addiction services and for establishing this committee.

But I want to respectfully suggest that in doing this work, you think beyond the matters of conventional health-care delivery alone.

My name is Phil Brown and I am General Manager of Shelter, Support and Housing Administration at the City of Toronto. This is the division of the City that is responsible for funding and administering more than 90,000 units of social housing in Toronto. We manage the emergency shelter system, directly operating nine shelters and funding 48 others. We coordinate services for homeless people delivered by local community agencies and funded by the City, as well as provincial and federal governments. Along with the Ministry of Health and Long Term Care, we fund Habitat Services, a program that provides a housing supports and subsidy for more than 900 units of boarding homes and rooming houses for people with psychiatric illnesses. We also operate a street outreach and housing program called Streets to Homes. This provides housing assistance and intensive case management supports to people who live outside or who spend their days on the streets.

My main message to you this evening is this: for the most vulnerable mentally ill people in our province, housing is the first medicine to consider.

Many of the people who use the shelter system in Toronto do so for economic reasons. Some may be newcomers to Canada. Others may find themselves temporarily homeless because they have lost a job or a spouse has left them. Most use the system for a short time.

But there is a core group who stay in emergency shelters for long periods of time, sometimes years, because their ability to earn a living or to live on their own is compromised by mental illness and/or addictions. For them, the shelter system, which was originally intended to provide only temporary emergency shelter, has become their de facto home.

Let me tell you about just one of our shelters. Seaton House is Ontario's largest men's shelter. It has 580 beds, but at least 280 of these provide long-term care for men with physical, mental, and addiction issues. A recent survey of long-term residents (those staying at least 28 days in a month) by researchers from St. Michael's Hospital and CAMH documented the high-needs profile of this population. Forgive the statistics. But they outline a powerful story of how service systems funded by other orders of

government are failing a group of people profoundly affected by mental illness and addictions.

The survey revealed this:

- 33% of long-term users have a diagnosed mental illness;
- 35% have an alcohol addiction and 50% have an addiction to other drugs;
- 18% have a diagnosed concurrent disorder, suffering from both mental illness and addictions.
- A mere 17% were identified as able to maintain a home of their own without some level of support.

While Seaton House, like other shelters in Toronto's system, provides a variety of health care supports to clients who should be served by the health care system, it is funded as an emergency shelter facility, rather than a health care facility. For each occupied bed, the Province pays us \$33.25 per day. The actual cost of operating one occupied bed at Seaton House is \$104. The City picks up the difference of \$70.75.

Many of the men at Seaton House, as well as many of the women and families in our other shelters, are in homeless shelters because they have been referred from prisons, emergency rooms, psychiatric hospitals, long-term care facilities—publicly funded institutions that have been unable to meet their complex needs.

So they are referred to an emergency shelter.

We do our very best to help our shelter clients find appropriate housing because we want to end their homelessness, not manage it.

Why do we emphasize housing? Because we believe that whether you live in Scarborough, or Guelph, or Peterborough, or Thunder Bay, or anywhere else in this province, your first need is for a permanent home, not a bed in an emergency shelter. Only with the dignity, safety and security of a place to call home can you begin to deal effectively with the other issues—mental illness and addictions being among the most common.

We believe home is where it starts.

We use the “housing first” approach throughout all our services. We see housing as a right. In Streets to Homes, and elsewhere in the work we do, we have seen empirical evidence that housing with appropriate supports **is** good medicine. We are seeing improved mental health and fewer addictions among our clients we have helped to move into permanent housing and supported throughout the first year of occupancy.

Since we started Streets to Homes in 2005 we have helped more than 2,600 people move into permanent housing, directly from the street. A critical part of the program is to provide people with follow-up supports for up to a year. These come in the form of a support worker who assists his or her newly housed client to get settled into their new

home, connecting them to resources in the community, most often health care, employment training, and resources, such as drop in centres, to help deal with social isolation.

More than 90% of the people we help to find homes, remain in their housing.

Most live in private-sector apartments, not social housing or supportive housing.

A post-occupancy survey done in 2006 proves that housing and supports results in improved quality of life. After being housed, individuals reported improvements in nearly all quality of life indicators: 70% said their health had improved, 72% reported improved personal security, 69% said sleeping had improved and 60% said their level of stress had improved.

This research shows that having housing also results in improved mental health and reduced alcohol and other drug use. 57% said their mental health had improved since they had been housed. Of those who use alcohol, 17% said they had quit drinking since moving into housing, while 32% said they were drinking less. Of those who said they used drugs, 31% said they had quit using drugs completely, and 42% had decreased their use.

Again, it cannot be housing on its own. There needs to be supports in place that provide consistent and co-ordinated follow-up based on the individual's needs. We've also seen the importance of post-occupancy support in the Hostels to Homes initiative. This is the Ontario government's pilot project that essentially uses shelter per diem funding to provide supports to newly housed people who were previously chronic users of the shelter system. We are finding that with the assistance of their follow up worker, long-time shelter users are able to remain in their new homes, deal with their illnesses, and settle into the community. We are seeing people getting into employment or educational programs that we hope will lead to full independence. We thank the Provincial government for this important pilot project.

Housing is not only good medicine, it is good economics. Investing in helping homeless people to get and keep housing is not just the right thing to do, it also saves taxpayer dollars.

We can demonstrate that having housing with appropriate supports not only improves the health and quality of life of people who have been homeless, but also results in a clear reduction in use of costly emergency, health and justice services. Our post-occupancy research of people housed through Streets to Homes suggests that homeless people with mental illness and addictions are high users of expensive emergency services. In our survey, a group of six such individuals used an average of at least \$36,000 each in emergency and health services in the last year they were homeless before they were housed. Had we not been able to help the six people in this group, we estimate that they would have cost the system more than \$2 million in health and emergency services over

the next ten years. In comparison, it costs less than \$15,000 a year - \$41 a day - to house these individuals with the supports in place to help them maintain their housing.

As I've described, at the City of Toronto we've already had many successes in developing innovative programs to help homeless and vulnerably housed people with mental health issues. But there's clearly more work to be done and we're pleased that this committee will be advancing support for these types of innovative approaches, and looking for ways to break down silos and integrate services across different jurisdictions and sectors. In particular, and in closing, I would ask for your help in the following areas:

**1. Provide sustainable, ongoing funding for shelters which covers the true costs of providing services to homeless people with complex mental health and addiction issues.** The Provincial cost share of emergency shelters is 80%. However because the Province pays a capped amount of \$33.25 (2009) and the actual average per diem for 2009 is \$69, the cost share is now approximately 48/52, with the City being the majority funder of services and the gap continues to grow. The funds provided through the capped per diem are not enough to meet basic room and board costs mandated through the Ontario Works Act, let alone provide the specialized mental health and addictions services that clients need. There is currently a \$31.3 million shortfall in funding for shelters in the City of Toronto.

**2. Implement a new funding model for shelters which supports a Housing First approach.** The funding model for shelters is currently a per diem payment. Shelters get paid only if their beds are occupied. This is a clear disincentive for community agencies, so often precariously funded at the best of times, to help clients get housing. The funding model should be revised to support a housing first approach and enable more people to move more quickly from shelters back into housing.

**3. Invest funding in programs that provide intensive case management to help vulnerable people remain in their homes.** Supports to vulnerable people in their homes is clearly a critical piece of the puzzle. With Streets to Homes, we have seen that ongoing funding for case management supports is critical to helping people to stay housed and improve their mental health outcomes. Both social housing providers and private sector landlords have expressed the need for easy access to coordinated services when they see residents struggling to maintain their housing. Right now, there is no clear cut pathway to follow when residents show signs of mental illness or addictions or age-related confusion that interferes with their ability to live on their own. Funding for supports to help people to keep their housing is an investment that saves money in other service systems.

**4. Provide ongoing, sustainable funding for the Hostels to Homes program and make it permanent.** The Hostels to Homes model is a very successful example of a program which provides funding for case management supports to help formerly homeless people stay housed. The program takes existing shelter per diem funding and invests it in support services for people in their new homes. It has been shown to be effective in helping people to remain housed. The pilot is winding down and we look forward to seeing it made permanent.

**5. Finally, we need your help to make sure that there are affordable places to live for all people who are mentally ill and have addictions.** Many, many cannot pay market rents. There is not enough affordable housing in Toronto—and elsewhere in the province. The Ministry of Municipal Affairs and Housing is currently holding consultations to develop a 10 year affordable housing strategy. Just as housing is an important part of any mental health strategy, supports for people with mental health issues is an important part of any housing strategy. There is a unique opportunity to ensure these two strategies offer a seamless coordinated, collaborative approach to providing housing with supports to meet the needs of all Ontarians.

Recently Toronto City Council overwhelmingly voted to approve Housing Opportunities Toronto, An Affordable Housing Action Plan. This is a roadmap to guide the funding decisions of the City of Toronto, the federal and provincial governments and the actions of our housing partners. Helping homeless and vulnerable people find and keep homes is a key strategic theme of the City's plan.

However, unless we think outside the traditional lines of responsibility, we will not be improving access to services for homeless and vulnerably housed Ontarians with mental illness and addictions.

Please invest in affordable housing and support services. Please fund emergency shelters at a level that provides services that meet the complex needs of the people they serve. Investing in these housing solutions is cheaper and more effective than having people end up in the emergency room (\$212 a visit), a psychiatric hospital (\$665 a day) or in jail (\$143 a day). Again, to compare, we can house clients with supports for \$41 a day.

If you are mentally ill or have addictions, having a home is the starting point to addressing these issues. Without a home, access to treatment and other services becomes challenging or even impossible.

Housing First is great for clients and great for taxpayers. A true win-win.

## **References cited in this submission available electronically**

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**General information on services for homeless and vulnerably housed people in Toronto:** [www.toronto.ca/housing](http://www.toronto.ca/housing)

**For more information please contact**

Phil Brown, General Manager

Shelter, Support and Housing Administration, City of Toronto

Phone: 416.392.7885; Fax: 416.392.0548; [pbrown1@toronto.ca](mailto:pbrown1@toronto.ca)