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August 14, 2014

Attention: Anthony Perruzza, Chair
Community Development and Recreation Committee
10th floor, West Tower, City Hall
100 Queen Street West
Toronto, ON M5H 2N2

Comments for distribution to the Community Development and Recreation Committee Meeting,
August 14, 2014

Re: CD31.7, Update on the Relocation of Cornerstone Place Shelter (Ward 15, 21)

Dear Members of the Community Development and Recreation Committee:

Thank you for the opportunity to provide comments regarding the relocation of Cornerstone Place Shelter. We understand that the shelter has had to re-locate from St Clair Avenue West within a short time frame, and that a new location has been found at Oakwood and Vaughan. As a local health service provider in the Eglinton-Lawrence community, The Canadian Mental Health Association Toronto branch would like to express our support for the relocation of Cornerstone to Oakwood Village.

CMHA Toronto Branch has been part of the Eglinton-Lawrence community since 1985. Our West office is currently located in Lawrence Square, where we provide community mental health services to residents of West Toronto, North York and Etobicoke. Although our catchment area is large, we do serve a significant number of Eglinton-Lawrence residents. As the largest community mental health provider in Toronto, we serve 8,000 clients annually out of our 11 sites across Toronto; our Lawrence Square office, a short distance from Oakwood Village, serves 1,000 clients annually.

Despite efforts to outreach and better serve homeless individuals in Toronto, homelessness continues to grow (Wellesley Institute, 2013). Homelessness is a complex issue that results

from a mix of structural factors, individual factors as well as service and system failures (Mental Health Commission of Canada, 2014). Certain populations, including folks living with mental health and addictions, are particularly vulnerable to housing instability bringing about cycles of poverty and poor health. Research shows that up to 67% of people who have experienced homelessness have had a mental health issue in their lifetime, increasing the complexity and duration of homelessness (Goering et al., 2002; Gaetz et al., 2013). Homelessness is no doubt a product of wider social and economic conditions, growing income inequality and the current state of our social safety net.

As an agency dedicated to supporting people living with mental health issues, we are acutely aware of the intersections of poverty, stigma and discrimination based on mental health status as well as other aspects of identity. Many people living with serious mental health issues struggle with low incomes. The majority of the folks we serve rely on the Ontario Disability Support Program (ODSP_ for income supports, earning a maximum annual income of \$13,032, which is over \$10,000 below the Low Income Cut Off (Income Security Advocacy Centre, 2013; Statistics Canada, 2013). For individuals who have not been able to access ODSP, the maximum Ontario Works monthly allowance is \$626, or a maximum annual income of \$7,512 (ISAC, 2013).

The inadequacy of social assistance rates, combined with a shortage of affordable housing of crisis proportions, leaves folks with mental health issues and other disabilities particularly vulnerable to housing insecurity and risk of homelessness. In Toronto, there are currently 92,241 households on the waiting list for subsidized housing, with wait times close to 10 years (Housing Connections, 2014). Within our sector, there are now over 8,000 people with mental health and addictions issues on the wait list for supportive housing. Each month Access Point, the centralized access centre for supportive housing, receives 400 applications for supportive housing, yet they are only able to house 100 applicants per month. The wait list will continue to grow unless the City and the province increase funding for rent supplements and use the recent funding for Affordable Housing to increase the supply of supportive housing. Toronto needs an additional 5,000-8,000 supportive housing beds. The availability of more supportive housing would reduce the demand for shelter beds.

In addition to poverty and the shortage of affordable housing, it has also been widely documented that access to housing is a human rights issue, and that individuals living with mental health and addictions experience systemic discrimination in housing. In their publication "Minds that Matter: Report on the Consultation on Human Rights, Mental Health and Addictions" the Ontario Human Rights Commission (2012) acknowledges that Canada widely violates the Right to Housing, and that this is exacerbated by discrimination in social and supportive housing, long term care homes, exclusionary zoning policies, and Not-In-My-Backyard (NIMBY) discrimination that seeks to halt the development of affordable housing and services for homeless individuals.

Research and experience in our field has shown us that access to adequate, safe and affordable housing is the best first step towards mental health recovery and homelessness prevention. Housing First is a new approach in the mental health sector that prioritizes housing as

fundamental to Recovery. With the release of the National Final Report of the At Home / Chez Soi Study (MHCC, 2014), we now know that Housing First works to rapidly end homelessness for people living with mental health issues. Although we know that access to housing is critical to homelessness prevention and mental health recovery, we continue to see unprecedented shortages of affordable housing for low income individuals and families, and thus homelessness and emergency shelters continue to play a critical role in our social safety net.

Shelters like Cornerstone Place are part of this essential network of emergency accommodations for folks who are homeless. With shelters in Toronto consistently operating at close to if not at maximum capacity, we cannot afford to lose even a small piece of our infrastructure that allows us to respond to our most vulnerable citizens. For many homeless individuals, access to a shelter bed means not only a roof over one's head, but also access to primary health care, social services, and community resource connections to other services such as employment and mental health supports.

In the fall of 2013, CMHA Toronto received funding to establish a new Housing First Program. We now have a small team of skilled clinicians who provide support to individuals in Toronto who are experiencing homelessness while living with mental health issues. This team, located at our Lawrence Square office, provides outreach and supports to folks living in the Eglinton-Lawrence area, which would include outreach to residents of Cornerstone Place.

Our Housing First program is open to anyone 16 or older who is homeless or precariously housed and experiencing mental health symptoms; the program is inclusive of folks who use substances, and / or are involved in the criminal justice system. Our Housing First Program aims to:

- Help homeless individuals obtain adequate housing
- Provide support with making social and community connections that will assist in Recovery
- Provide supportive counselling, physical assessment and medication management as needed

It would be our pleasure to outreach to Cornerstone Place in order to provide supports to folks in need.

CMHA Toronto also offers a range of clinical and community support services, including Assertive Community Treatment, Early Intervention in Psychosis, Case Management, as well as housing, employment supports, and social recreation programming. We also provide public education and health promotion services.

We understand that local residents of Oakwood Village have expressed opposition to the relocation of Cornerstone Place due to concerns around neighbourhood safety and local economic development. As common as it is for this kind of opposition to take place, it has been widely documented that social housing and emergency shelters do not pose increased risk for local communities, nor do they affect property values. In fact, dozens of U.S. and Canadian studies have shown that supportive and affordable housing, mental health facilities and

homeless shelters do not lower local property values and that in some cases, property values actually go up (for summary of research see HomeComing Coalition, 2009). A Toronto-based study called “We Are Neighbours: The Impact of Supportive Housing on Community, Social, Economic and Attitude Changes” (Wellesley Institute, 2008) found that supportive housing does not hurt property values or increase crime rates, and that in fact, supportive housing residents make important contributions to the strength of their neighbourhood.

It has been acknowledged that the proposed relocation of Cornerstone Place has happened within a short time frame and that the community consultation process has been fast-moving. Despite flaws in the process, we, as a community, have to deal with the situation at hand – that 50 shelter beds are at stake – the loss of those beds, or the delay in re-instating them, stands to harm our city’s most marginalized people. Rather than trying to stop the relocation in its tracks, we urge the community to re-focus on connecting with the many service providers present in the community, such as ourselves, so that we can best position the community to welcome and support our most vulnerable from a place of compassion and social inclusion.

Again, CMHA Toronto’s Housing First Program would be pleased to connect with Cornerstone Place for service coordination. We would like to encourage the Community Development and Recreation Committee to support the relocation of Cornerstone Place and to consider the comments we have provided in this submission.

Sincerely,



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