

Supportive Housing

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Introduction

Over the past decade federal, provincial, and municipal governments across Canada have revitalized their focus on homelessness and housing attainability. Housing is critical in determining how all aspects of our lives are fulfilled. Canada's first [National Housing Strategy Act](#)¹ declares that the right to adequate housing is a fundamental human right affirmed in international law. It recognizes that adequate housing is essential to a person's inherent dignity and well-being and to building healthy, sustainable communities for all.²

"Homelessness is not a choice – it's about a lack of choice. It's about not having access to the resources to prevent falling into the current of homelessness, a current so powerful that it cannot be escaped alone."³

The vast majority of people who experience homelessness do so for a relatively short period of time. And not everyone who is homeless or on the verge of homelessness needs intensive support services. However, there are people with complex and persistent needs who find it much more challenging to maintain their housing, or to get back into housing once they have lost it.⁴

If we are to eradicate homelessness, a robust housing system must be more than just buildings. The system must include flexible health and social supports that help people at the level they need, when they need it. Solutions will require particular focus on supporting people with the most persistent, pressing, and complex needs.

Fortunately, the housing and homelessness system is in a transformational process of review at the local, provincial, and national levels. Recent examples that illustrate a commitment to the change agenda include (but are not limited to):

- Detailed Housing and Homelessness Plans for both [Perth County](#) and [Huron County](#) service areas were created in 2014 and recently updated.
- The Ministries of Health, Long-Term Care, Municipal Affairs and Housing, and Children, Community and Social Services, conducted joint consultations with stakeholders across the province to seek input into improving and transforming the supportive housing system.
- Government partners have released updated policy initiatives with specific goals to end chronic homelessness and are backing their commitments with practical frameworks, resources, and funding.

This report is designed to help enhance an understanding of homelessness and the role supportive housing can play within a larger strategy to end chronic homelessness. It provides an overview of best practices being implemented to address chronic homelessness; references supportive housing strategies that help people with the most complex mental health and addiction needs to stabilize their housing; and offers strategic actions for consideration to support the Huron and Perth communities towards achieving their goals of eradicating chronic homelessness and supporting their most vulnerable citizens.

As interest in and research related to this topic grows, so do commonly used terms and language which the reader will see throughout the paper and are summarized in Appendix A.

What is Homelessness?

Recent years have seen federal, provincial, and municipal governments across Canada put a renewed focus on homelessness and housing affordability. The National Housing Strategy, released in 2017 lays out a 10-year plan that promises to “remove 530,000 families from housing need, cut chronic homelessness by 50% and change the face of housing in Canada forever”⁵.

[Ontario’s Policy Statement for Service Manager Housing and Homelessness Plans](#)⁶ is even more aggressive and includes a specific goal of *ending* chronic homelessness by 2025-26 in the province.

Homelessness is not strictly an issue of housing instability. The Canadian government defines homelessness as follows:

“Homelessness is the situation of an individual or family who does not have a permanent address or residence; the living situation of an individual or family who does not have stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.

It is often the result of what are known as systemic or societal barriers, including a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination.”⁷

The Canadian Observatory on Homelessness (COH) also adds, “Most people do not choose to be homeless, and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing.”⁸

Chronic homelessness refers to episodes of homelessness that typically become more entrenched and ingrained in people’s daily lives due to their long duration, which may be continuous or episodic. The Canadian government defines chronic homelessness as “individuals who are currently experiencing homelessness AND who meet at least 1 of the following criteria:

- They have a total of at least 6 months (180 days) of homelessness over the past year
- They have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)”⁹

The COH further illuminates the complexity of the range of homelessness by categorizing peoples’ experiences of homelessness into four typologies as follows:

1. **Unsheltered**, or absolutely homeless and living on the streets or in places not intended for human habitation (often referred to as “living rough”),
2. **Emergency Sheltered**, including those staying in overnight shelters for people who are homeless, as well as shelters for youth and those impacted by family violence,
3. **Provisionally Accommodated** (often referred to as ‘couch surfers’ and ‘hidden homeless’) refers to those whose accommodation is temporary or lacks security of tenure, and finally,
4. **At Risk of Homelessness**, referring to people who are not homeless, but whose current economic and/ or housing situation is precarious or does not meet public health and safety standards. See Appendix B for the COH’s detailed *Typology of Homelessness in Canada*.

The above definitions of homelessness encourage a visceral understanding of the challenges faced and the pain endured by those experiencing homelessness. However, even a thoughtful and well-designed definition cannot capture the breadth and complexity of homelessness. The COH cautions that their definition “does not fully encompass every experience of homelessness”.¹⁰ Acknowledging that different groups of people are affected differently by homelessness, and that their collective experience is unique, COH has two additional definitions for [Youth](#)¹¹ and [Indigenous](#)¹² homelessness. As local communities design solutions these differences should be understood and honoured.

Chronically homeless people are often an older population who have experienced long-term unemployment and are more likely to suffer from disabilities, mental and physical health problems, and addictions. People in this situation access a high level of emergency services and institutional supports.¹³

How does Supportive Housing help to address homelessness?

For people with a history of homelessness, combined with a severe and persistent mental illness, an addiction challenge, and/or another disability, the path to housing stability can be overwhelming and impossible to achieve alone. “In recent years, Housing First has emerged as a key response to homelessness in many parts of the world including the United States, Europe and across Canada. It is considered to be a highly significant policy and practice innovation that has had a dramatic impact on how homelessness is addressed.”¹⁴ Housing First is a guiding principle of many housing programs focused on positive outcomes for people, their families, and their communities.

Housing First

*When people have housing, they no longer need to worry about meeting that basic need. With their housing burden alleviated, it becomes possible to solve the issues that contributed to their experience of homelessness in the first place.*¹⁵

How can people begin to think about education goals or launching a job search when their days are filled with worries about where they will rest their head at night and whether they will eat today? This is the central tenet of Housing First, a philosophy cited in most homelessness legislation, policy, and initiatives across the country. The Housing First model provides housing and supports for people experiencing chronic homelessness with no housing readiness requirements (meaning having housing is not conditional on a person’s sobriety or abstinence)¹⁶ “Rather, it is a rights-based intervention rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery.”¹⁷ The Housing First model is very adaptable. Communities can devise programs to meet their specific needs, considering cultural, policy and structural differences in social, health, welfare, and housing supports.¹⁸ Community dialogue about Housing First can be confusing at times, since people often use the term indiscriminately when discussing Housing First as a *philosophy* that emphasizes the right to housing, and when referring to a specific *program model* of

housing and wraparound supports guided by consumer choice.¹⁹

In a University of Calgary research paper, Alina Turner cautioned, “...the elegance of the fundamental principle behind “Housing First” also risks creating an illusion, wherein agencies and governments might too easily conclude that the entirety of this approach to ending homelessness is merely to begin housing the homeless”²⁰.

*Failing to ensure all the various elements of Housing First theory are also operationally rolled out to the front line can lead to disappointment, undermine the effectiveness of efforts, and most importantly, fail to fully help those individuals in need.*²¹

“Housing First does not promise to be the only response necessary to end homelessness in a given community – ideally it plays an important role alongside other interventions, including prevention, emergency services, and other models of accommodation and support (including effective transitional and supportive housing models that lead to permanent and adequate housing).”²² There is no instant or magic solution to a longstanding and complex societal problem like homelessness. Communities realize the greatest outcomes when they pair the core Housing First elements of housing and supports with other interventions that help people nurture supportive relationships and become meaningfully engaged in their communities.

Supportive Housing

As community dialogue about supportive housing increases, so does the confusion about *what exactly is supportive housing?* It is a good question without a short and tidy answer. As defined by the Province, “Supportive housing generally refers to a **combination of housing assistance and supports** that enable people to live as independently as possible in their community”. Housing assistance can come in many forms including rent geared-to-income, a defined rent supplement, or a housing allowance, and housing types

(e.g., dedicated buildings, individual units). Supports also take a variety of forms and vary in intensity based on people's unique needs. A few examples of supports include counselling, personal support, case management, income support and assistance with applying for social assistance, assistance with medication, and life skills training (e.g., purchasing food/meal preparation, and money management).²³

Supportive Housing encompasses a variety of support programs and styles. It can be transitional or permanent. Across Ontario supportive housing programs serve a wide range of people, including high-risk seniors, persons with mental health related needs, serious mental illness, and/or problematic substance use, persons with physical disabilities, persons with developmental disabilities, persons with acquired brain injuries, persons with terminal/chronic illness, persons who have a history of homelessness or are at risk of homelessness; youth at risk; and survivors of domestic violence.²⁴

Supportive Housing services are widely recognized as key elements that assist people who are homeless, or at risk of homelessness, and who face multiple barriers to housing stability.²⁵ Support services include both clinical and non-clinical services to help people remain stably housed. Supportive Housing services are provided across a range of settings, including, in an apartment building setting where all the units therein provide supportive housing; offered as a rent subsidy in scattered apartments in the private sector; in group home settings; and through rent-geared-to-income apartments in non-profit and co-op housing, and in boarding homes.

For those with mental health and addiction issues, supportive housing is particularly necessary to support and maintain their recovery.²⁶ Supportive Housing is an ideal option for people who have a persistent or serious mental health illness and need to be provided with support services as part of their living arrangement.

In contrast, social housing (or community housing) is rent-geared-to-income (RGI) housing aimed at assisting low-income individuals or families. It was originally designed as an economic solution to poverty related housing problems not as a therapeutic intervention. Across Ontario access to social housing and RGI subsidy is the responsibility of Service Managers²⁷ who maintain

Centralized Waitlists for their service area. The essential qualifier for rent-geared-to-income subsidy is household income level. Centralized Waitlists are based on a chronological 'first-come-first-serve' policy with sub-categories determined by depth of financial need and for people fleeing domestic violence. "With social housing, supports are not guaranteed unless there is an established program with the municipality or the Local Health Integration Network (LHIN) region, or if the individual is already connected to a mental health service provider."²⁸

Supportive housing is especially important to those who are homeless or at risk of homelessness, staying in places that may not be promoting their recovery, or who have just been discharged from hospitals.²⁹

*Study after study concludes that providing people with appropriate housing coupled with flexible supports not only helps to reduce and prevent homelessness, but it also reduces unnecessary emergency room visits, hospital admissions, and involvement with the criminal justice system.*³⁰

In other words, *supportive housing is also cost effective.* Housing stability reduces the likelihood of street-based interactions between people who are homeless and the police.³¹ All of which leads to a reduction in the use of expensive institutional services. In 2016 the Auditor General of Ontario reported one study that found for every \$10 invested in housing and supporting a client, an average saving of \$15.05 for a high-needs client and \$2.90 for a moderate-needs client can be realized.³² In 2013 a group of more than 15 partner agencies launched the High Support Housing Initiative (HSHI) in Toronto. The HSHI was designed to transition patients out of the Centre for Addiction and Mental Health (CAMH) who no longer needed acute care services but remained in acute care beds because there were no appropriate options available in the community (referred to as alternate level of care of ALC). A 2018 cost analysis of the initiative³³ found that the average cost savings per diem for high-support housing for patients with severe mental illness over inpatient hospitalization were between \$140 and \$160. This

would result in an annual cost savings of approximately \$51,000 to \$58,000 per client.

A supportive housing system that includes a variety of approaches and supports, provides people with choice and results in better outcomes.³⁴ A 2017 study conducted by Addictions and Mental Health Ontario (AMHO) reviewed thirty articles studying housing with a variety of supports for people with mental health and addiction issues, including eighteen that looked at permanent supportive housing, seven that looked at addiction supportive housing, and nine that discussed housing in general. AMHO found broad consensus on the effectiveness of supportive housing in achieving good mental health and addiction outcomes and recognition that *'supportive housing works, that it is a key social determinant of health, and that it is essential to supporting recovery and/or housing stability for individuals who have mental health and addiction issues.'*³⁵

AMHO identified a set of Guiding Principles for the planning and provision of supportive housing for people with mental health and addiction issues:

- a. **Flexibility:** Supports provided should be flexible to meet the different needs of individuals
- b. **Customization:** Supports should be customized to the unique needs of the individuals
- c. **A range of Core Services:** A set of core services should be provided in each supportive housing program
- d. **Community Integration:** Housing is integrated into the community to foster social engagement and connections to the community
- e. **Housing Readiness:** Potential tenants are not required to be 'Housing Ready' at the time they are housed.
- f. **A range of Complementary Services:** A range of complimentary services are available to each individual
- g. **Funding Priority:** Priority is given to potential tenants with the highest and greatest needs - For government to meet its commitment to ending homelessness by 2025, supportive housing should be readily available to anyone who needs it by that date.³⁶

The AMHO study also identified ten broad categories (Figure 1) of services that *must* be provided within supportive housing:³⁷

- Tenancy support
- Social support
- Health and wellness
- Personal support
- Independent life skills training
- Peer support
- Clinical support
- Eviction prevention
- Crisis interventions
- Community linkages

As the Figure 1 illustrates, a strong supportive housing model includes variety of services and supports that can be wrapped around the client and ebb and flow as circumstances change.



Figure 1:10 Categories of Services that must be provided within Supportive Housing (AMHO)

Source: Addictions and Mental Health Ontario (2017).

AMHO went a step further and identified forty-six services within the ten categories, the results of which are listed in a table as Appendix C and illustrate the comprehensive range of services necessary within an effective supportive housing framework. For example, services within the Health and Wellness category range from medication education to primary care.

For people with severe needs, supportive housing is a key element in enabling them to find stable housing, lead fulfilling lives and live as independently as possible in their community. The categories of services can be customized across a variety of supportive housing models and tailored to meet people's needs. Housing stability increases for people with severe and chronic mental health and addictions challenges when multi-disciplinary teams are in place and supports are available 24/7 allowing support teams to respond nimbly with tailored services suited to the individuals needs.

Four examples of housing models with varying levels of support are outlined below:

Permanent Supportive/Supported Housing (PSH)

combines rental or housing assistance with individualized, flexible, and voluntary support services for people with moderate to severe needs related to physical or mental health, developmental disabilities, or substance use.

PSH is one option to house chronically homeless individuals with **high acuity**. (*High housing acuity meaning a person needs significant supports, often 24/7, to maintain their housing and cope with daily life*). Usually, PSH units are located in one home or building (congregate living) but can also be rooms in an individual house or as several and/or all units of a building. PSH units can also be offered within *scattered-site housing units*³⁸ depending upon the acuity level of the individual and the availability of the supports (provided either through home visits or in a community-based setting).³⁹

Scattered Site Housing is a housing model that utilizes individual rental units located throughout the community, typically owned by private market landlords. Rent supplements are typically applied.

Place-based Supportive Housing (P-BSH) is a form of congregate supportive housing with supports embedded within the housing and refers to a situation where an entire building is occupied by tenants in need of supportive housing (as opposed to just a small percentage of a building's units being occupied by a specific population group). Place-based supportive housing can make it more efficient to offer core services

to a larger group of people (e.g., 24/7 on-site supports and medication management). Additionally, P-BSH models can offer important assistance with guest management and make it relatively easy to have meal programs, as well as group social activities, such as exercise and art classes.⁴⁰

On-site staff hours can vary depending on the service target group. For example, some high-support housing models for clients with moderate to severe challenges, that prevent them from living on their own, provide 24-hour staffing and crisis management, intervention, and prevention. Some programs also offer meal service and support with daily living activities.

PSH and P-BSH programs are supported by a multidisciplinary team, including a mix of clinical and non-clinical community supports. Examples of multidisciplinary teams include Assertive Community Treatment (ACT) Teams⁴¹ and Intensive Case Management (ICT) Teams⁴². Some programs supporting individuals with more complex health challenges, provide on-site clinical/nursing staff.

Other models provide low to medium supports that include visits from support staff and help with tenancy issues for example. It is important that supports are flexible to enable staff to respond nimbly as people's needs ebb and flow.

Transitional/Interim Housing is intended to offer a supportive living environment for its residents, including offering them the experience, tools, knowledge, and opportunities for social and skill development to become more independent. It is considered an intermediate step between emergency shelter and permanent supportive housing and has limits on how long an individual or family can stay. In Ontario, regulation allows for 4-year transitional housing tenancies.⁴³ Indigenous communities do not enforce a time limit for stays in transitional housing. It is at the discretion of the community to establish parameters around time limits on transitional housing.⁴⁴

Rapid-Rehousing is described by the Canadian Government as targeted and time-limited financial assistance, system navigation, and support services to individuals and families experiencing homelessness to facilitate their quick exit from shelter.⁴⁵

With regards to serving people with severe and chronic mental health and addictions challenges, it is important to note that permanent supportive housing does not cancel out the need for access to inpatient mental health beds. Even with the best permanent supportive housing program in place, some residents will experience periods of acute mental crisis throughout their lifetime that require temporary inpatient care and treatment. With a permanent supportive housing unit, a resident will not lose their home because they had to go to the hospital. When inpatient care is necessary, it is important that intensive case management and supportive housing *aftercare* is available to support people to transition back to their home and community and *prevent* future homelessness.

How can we improve access to the housing system of care?

Effectively addressing homelessness requires a range of approaches that are tailored to individual need and are provided through a range of programs and services. The Spectrum of Housing, as illustrated in Figure 2 below, is an example from the Greater Victoria Coalition to End Homelessness of a distinct suite of housing and support

service models that can help individuals experiencing homelessness move toward greater housing stability.⁴⁶ The options are not steps or stops along a continuum, whereby a person must graduate from one service to the next. Rather the spectrum offers options available to those in-need as their circumstances dictate. The system designers acknowledge that people’s circumstances can fluctuate as life changes and understand that having a range of approaches that are integrated into one system is an important aspect of successful intervention.

Despite thoughtful planning even the best systems can seem overwhelming. Without a coordinated approach to service delivery, people experiencing homelessness must navigate a complicated web of connected but uncoordinated services. People often must tell their story multiple times and place themselves on several waiting lists in the hope of eventually securing the housing resources they need to resolve their challenges.⁴⁷

A **Coordinated Access System** is a best practice, effective, and integrated way for a community to serve people seeking help with their homelessness crisis. Quality coordinated access systems share several



Figure 2: The Spectrum of Housing
Source: Greater Victoria Coalition to End Homelessness

features, including a centralized database that collects and displays real-time data on clients and available housing and supports; clear access points of entry; common assessment; standardized protocols; and resources (for example, staff) focused on ensuring that people can connect with appropriate housing and housing supports in an efficient manner.⁴⁸ As noted in Figure 3, Coordinated Access is a process through which individuals and families experiencing homelessness or at risk of homelessness, are provided access to housing and support services, based on a standardized set of procedures for client intake, assessment of need and matching and referral to housing.

Coordinated Access involves four core processes: access, assessment, prioritization, and referral (or matching). [Reaching Home, Canada’s Homelessness Strategy Directives](#), outlines the components and processes communities can implement to address homelessness by building an effective and integrated Coordinated Access System.

For communities, coordinated access is essential in moving towards an integrated systems approach with a common decision-making process and common goals, rather than a collection of independent service providers making individual decisions. Coordinated access helps to highlight areas where there are gaps in local services, reduces service duplication, and provides seamless service delivery for individuals and families.

How do we identify who is homeless in our community?

The journey to housing homeless people especially those with serious and persistent mental health and addictions needs is not a straight path. Identifying community homelessness is the first step. Getting to know the people in your community who are experiencing homelessness, their vulnerability and support needs are crucial steps towards linking them with appropriate housing services.

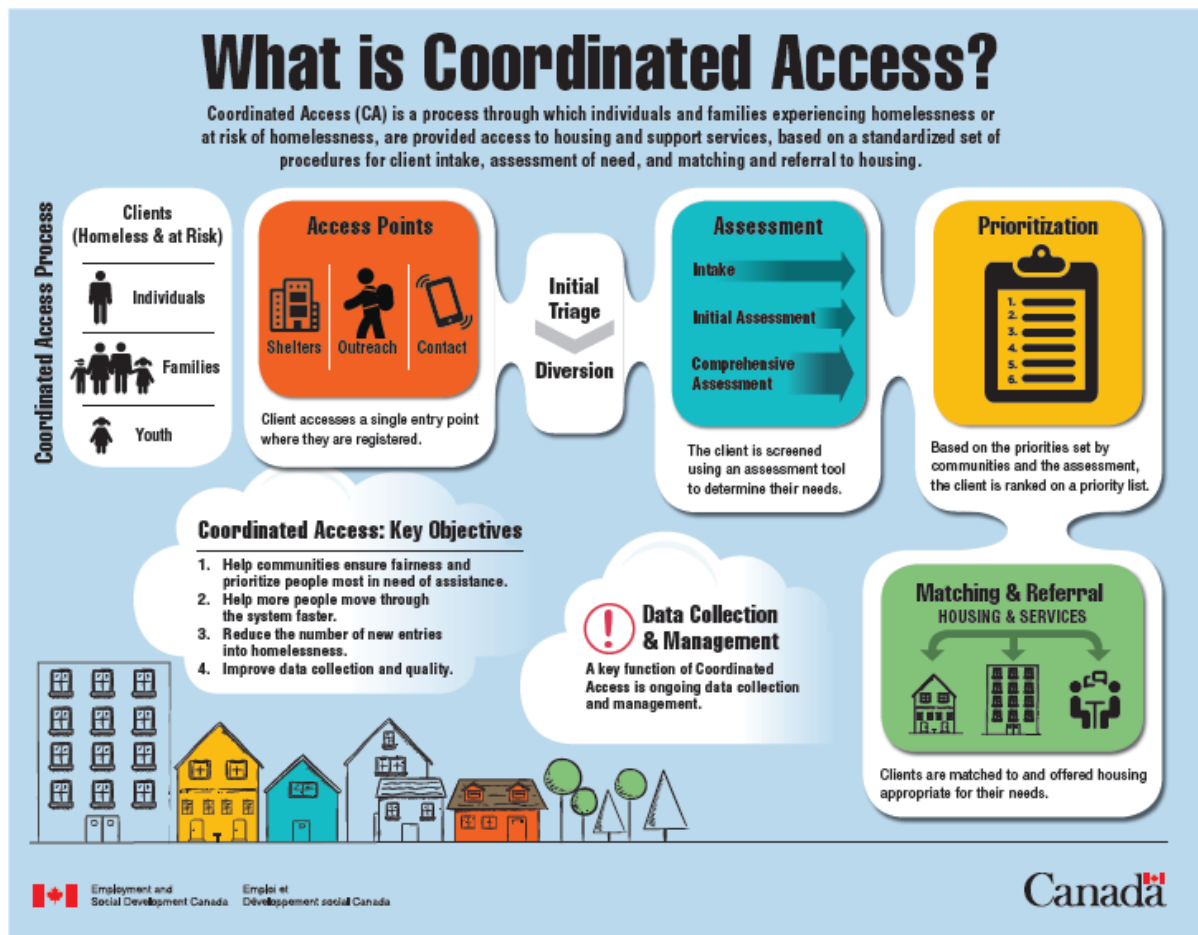


Figure 3: What is Coordinated Access?
Source: *Reaching Home: Canada’s Homelessness Strategy Directives*

Homelessness Enumeration or Point in Time (PiT)

Counts are conducted to better understand the nature and extent of homelessness in a community by measuring the number of people and surveying people experiencing homelessness on a specific day. It provides a snapshot in time of the scope of people who may be sleeping rough, in vehicles or on the street, as well as individuals or families who may be temporarily sheltered in various institutions such as hospitals, remand centres, holding cells, transitional housing facilities or emergency shelters.⁴⁹

PiT counts are not a 'census' and do not reflect all households experiencing homelessness in a community. PiT counts are generally understood to be an *undercount* of homelessness. Experiences of homelessness are dynamic and can change; households may move in and out of homelessness. An enumeration that is conducted on an annual basis does not reflect these fluctuations.⁵⁰ However, when combined with annual service reports from frontline agencies, the information gathered paints a picture of housing and homelessness needs in the community. Locally, results of these reports 'have contributed to local public awareness and conversations about core housing issues that have historically had less audience'.⁵¹

Recently, Employment and Social Development Canada (ESDC) announced it will conduct its third national count of homeless Canadians in March and April of this year.⁵² Communities receiving Reaching Home Funding (Designated Communities) are required to participate in the national count. Neither Perth nor Huron are designated communities; however, the Federal government will provide any community who wishes to participate with education and tools to conduct a local PiT count.

With information sourced from PiT Counts, service providers know homeless people exist, but may not yet have client names or consent to move forward with any service planning. A **'By-Name' List** (BNL)⁵³ is a real-time list of those people known 'by-name' to be experiencing homelessness in the community *and* who have provided their *consent* to be on the list. A BNL collects information that helps people experiencing homelessness get connected to housing resources. This includes information related to their vulnerability, level of need, and preferences. *Vulnerability* in housing-

related assessments, refers to the level of increased exposure to harm a household faces if remaining unhoused. It is important to note that people *must consent* to being added to a BNL, which means a BNL may not represent 100% of people in a community who are homeless or at risk of being homelessness. Nonetheless, a quality BNL is an important barometer of community homelessness inflow and outflow. When developed, the resulting data can be used to inform housing solutions, respond with individualized flexible supports to the specific people on the BNL, inform collective responses amongst community leaders, agencies, and developers.⁵⁴

The City of Stratford is one of the Service Manager communities working with the [Built for Zero - Canada](#) (BFZ) campaign, adhering to BFZ conditions, and reporting requirements for its Quality By-Name list established November 2019. Huron County approached the BFZ campaign in 2019 but was advised BFZ was no longer accepting communities into the program. As a result, Huron County, like many other communities, is working with its local partner agencies to create a local by-name list but is not officially members of the BFZ program.

During the writing of this report, the Province of Ontario issued a directive stating that during 2021 Service Managers will be required to complete a PiT count and establish a By-Name list for their service area.⁵⁵

PiT counts and By-Name lists are just two of many important tools and processes within a coordinated access system. Coordinated Access systems are supported by several inter-related lists and use common assessment tools as part of the triage and prioritization process. Every person or family accessing the system is triaged on a centralized BNL based on their level of vulnerability, need and preferences. During triage, people with easier to resolve needs are diverted to available services and supported to resolve their housing challenges (which may include supports to stay housed and avoid eviction). The BNL is then refined into a **Coordinated Access List** for people who are engaged and ready for change, who need more help, and who are unlikely to resolve their homelessness by themselves. At this point a more comprehensive assessment is undertaken to develop a deeper understanding of people's needs. People on this list are

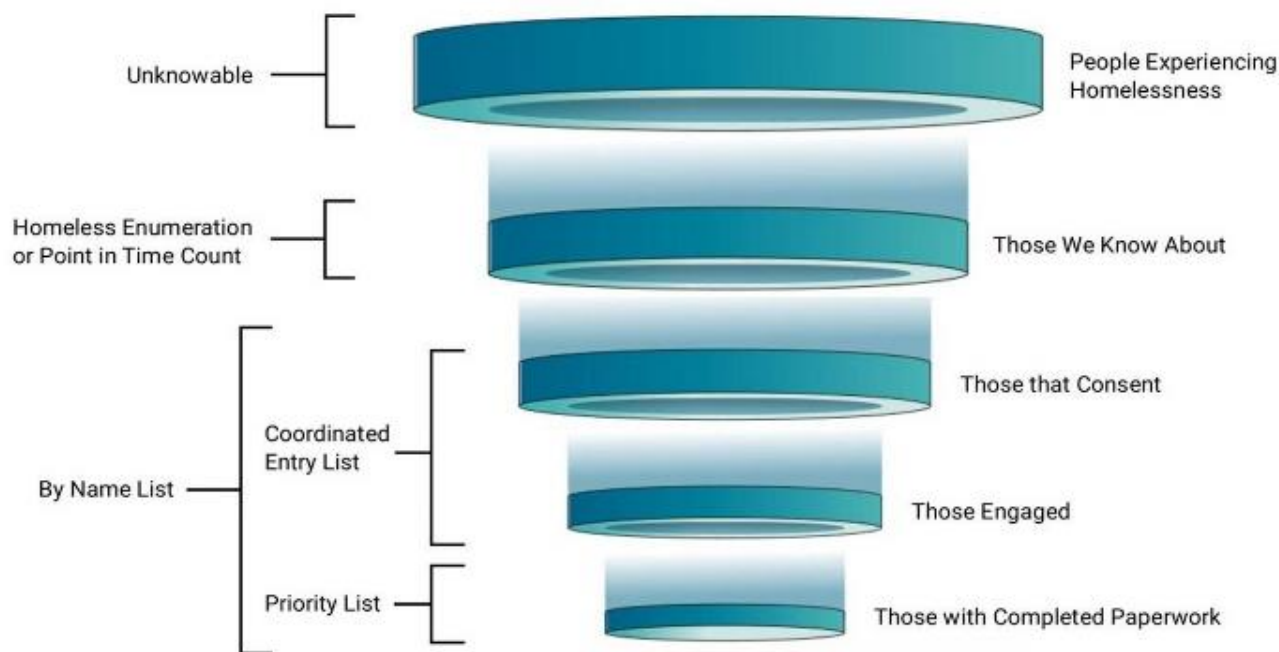


Figure 4: Development of a Coordinated Access Priority List
 Source: Adapted from OrgCode Consulting Inc.⁵⁶

supported to complete the paperwork necessary to receive an offer of housing as quickly as possible. Further refinement of the BNL list creates a **Priority List** of the people who have completed all the necessary steps to accept an offer of housing immediately. The Priority List is organized to show the depth of each person/family’s need, and people are matched with the most appropriate resources as they become available.

Figure 4 illustrates how local homelessness information is distilled and developed into a meaningful priority list of people who are ready to accept housing offers.

How are people matched with the best level of supportive housing to meet their needs?

Acuity is measured using an assessment tool. **Acuity** speaks to the severity of a presenting issue. With regards to housing, acuity refers to the level of complexity of a person’s needs. It is used to determine the appropriate level, intensity and frequency of case managed supports required to help sustainably end a person’s homelessness. This includes systemic issues such as poverty and housing costs, as well as individual risk factors including mental health issues, addictions, social supports, life skills, domestic violence, trauma, education, employment, and age.

Acuity is a relatively new term in community and social services systems. Comparatively, acuity is a term long entrenched in the healthcare system. The assessment and the meaning of acuity varies across the spectrum of health and community care services, most obviously when referring to ‘high acuity’.

As is common when words are appropriated, the word can take on new meaning and thus lead to some confusion across sectors. For example, high acuity related to housing vulnerability is quite different from high acuity related to medical treatment and care.

When used in healthcare settings, acuity refers to an individual’s level of illness severity or their severity of medical needs. For example, the Canadian Triage and Acuity Scale (CTAS) is a 5-point scale that hospital emergency rooms use to evaluate a patient’s acuity level to more accurately define the patient’s needs and allow for timely care.⁵⁷ The CTAS scale ranges from the highest level of acuity ‘requires resuscitation’ to the lowest level of acuity ‘requires non-urgent care’. Most people would agree that ‘requires resuscitation’ is not a fit for high acuity when assessing housing vulnerability or supportive housing need.

Referencing ‘high acuity’ when referring to housing vulnerability, support and/or medical needs can be confusing. To improve cross sectoral collaboration and service coordination between health and housing

services it is important to define language regarding acuity.

People’s individual experiences and level of need significantly impacts what services and supports they need for optimal outcomes. The Housing Acuity and Chronicity quadrant chart below, illustrates how housing acuity and homelessness chronicity intersect to create variant levels of need.

The horizontal axis plots chronicity. The further right along the axis a person is, the longer they have been homeless; the further left they are on the axis, the shorter or more transitional their experience of homelessness has been. The vertical axis plots acuity. The higher a person is on this axis, the more acute or more complex their situation; people who are lower on the axis have less acute needs.

As compared to traditional models that focused on length of time in homelessness alone, considering chronicity (or length of homelessness) and acuity together provides a framework to explore the varying of needs of those experiencing homelessness more accurately and appropriately. Rather than examining the variables of acuity and chronicity in isolation from the other, it frames these as mutually influential and equally relevant variables.⁵⁹

An ideal system of housing supports includes a thorough assessment process beyond initial vulnerability triaging and offer supports for people across all four quadrants of acuity and chronicity.

Formally assessing people’s level of need or acuity is a critical step towards matching people with the best services to meet their needs. An acuity scale is a best

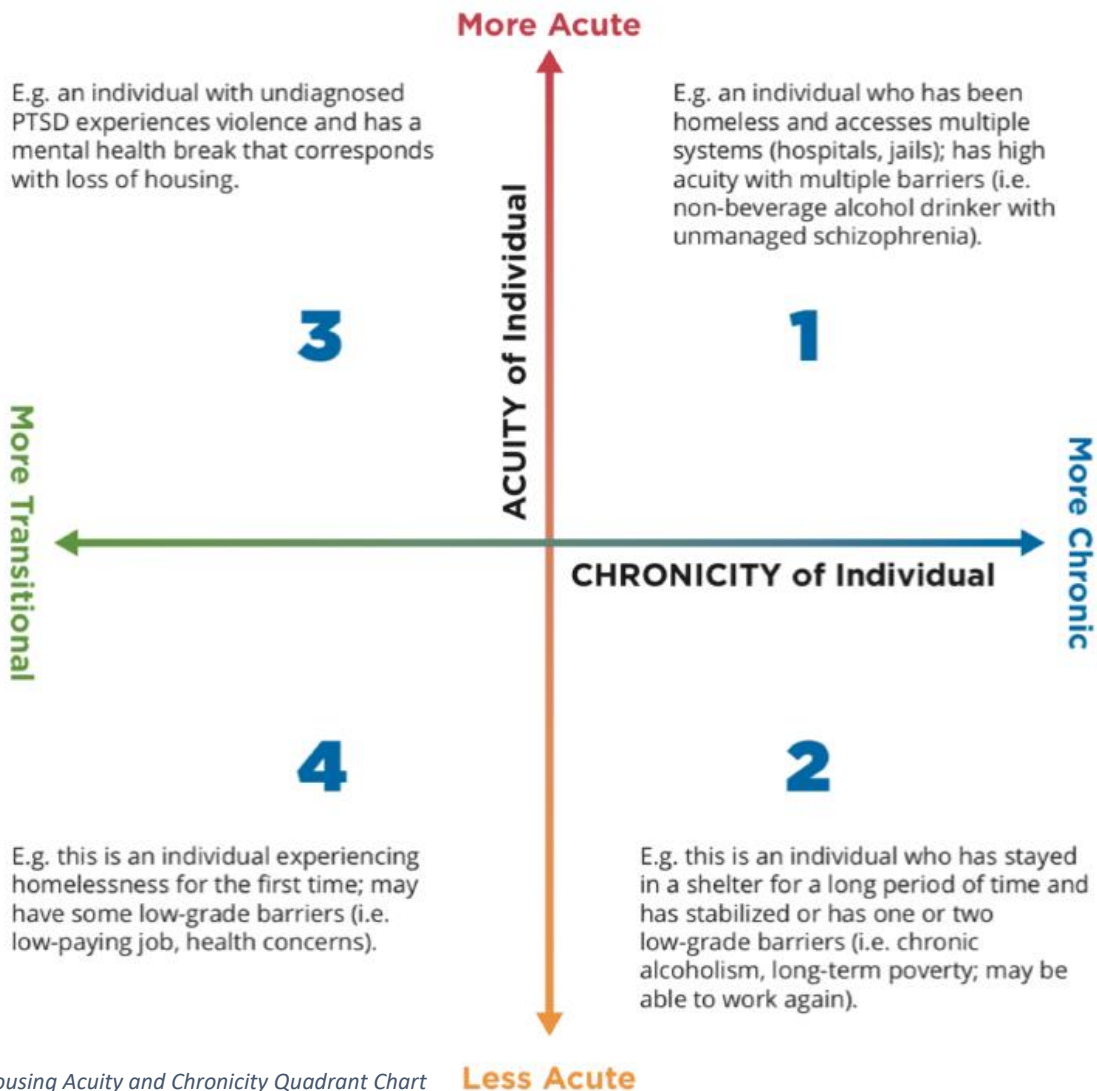


Figure 5: Housing Acuity and Chronicity Quadrant Chart
Source: OrgCode Consulting Inc.⁵⁸

practices approach used by case managers to assess the number and severity of issues faced by their clients. Additionally, management can review client acuity data and balance program resources accordingly.

An example of an evidence-informed system of assessment widely used in homelessness programs is the Service Prioritization Decision Assistance Tool (SPDAT). It was designed as a tool to help front-line workers prioritize housing services for homeless individuals based upon their acuity or level of need. In the SPDAT, acuity is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact a person or family's overall housing stability.⁶⁰ The tool helps case workers and service providers to prioritize who to serve next based on their need and identifying the areas in the person/family's life where support is most likely necessary in to avoid further homelessness and housing instability. The SPDAT assesses people's needs based on a variety of components ranging from health to daily living activities to prioritize them for housing assistance interventions, sequence clients to receive those services, allocate the time and resources from staff, and assist with case planning and tracking of needs.⁶¹

The SPDAT is a lengthy form that takes time to walk through with clients and is often administered across multiple discussions with a client. In response to the time commitment of administering the SPDAT, a specialized and shorter version of the SPDAT tool, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed. The VI-SPDAT is a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low vulnerability when initially presenting in the homeless system. The use of a pre-screen triage tool helps identify the most vulnerable clients and prioritize who should be given a full SPDAT assessment first.⁶² Both local Service Managers are now using versions of the VI-SPDAT to triage people who consent to be on local name lists.⁶³

OrgCode Consulting, co-creators of the VI-SPDAT, cautions communities not to rely solely on the tool to make decisions about ranking and matching within their Coordinated Access System. Explaining the VI-SPDAT was designed as a triage tool within a more comprehensive assessment system including: self-

reporting by clients; factual observations; a full SPDAT; documentation and service data; and with client consent, information other professionals may have to contribute to understanding the specific needs of the household.

As a result of frequent and repeated use by communities of the VI-SPDAT as a sole decision, assessment and matching tool, OrgCode recently announced its intention to retire the VI-SPDAT, stating "OrgCode will no longer be investing time or resources in updating and supporting the VI-SPDAT, although the full SPDAT as a service planning and case management tool will continue".⁶⁴ In light of this announcement, it is recommended that both Service Managers review their use of the VI-SPDAT and plan for ultimate replacement of the tool.

Effective discharge planning is another important element of a strong housing system of care. Effective discharge planning includes preparing someone who has lived in an 'institutionalized' setting, such as a hospital, a corrections facility, a child welfare facility/program, an addiction treatment facility, or a mental health program for life after discharge. Effective discharge planning should be collaborative and included as part of a housing system framework to identify appropriate housing and prevent these individuals from falling into homelessness.⁶⁵

Housing and homelessness needs are varied and often complex. Equally, the solutions are multifaceted and broad. A coordinated system of access, assessment, support, and referral is key to seamlessly link people to the appropriate services of care within the broader system of supportive housing, community services and healthcare.

Who is responsible for Supportive Housing?

Researchers, practitioners, and clients often lament the disjointed nature of policy and program implementation as experienced on the ground by vulnerable groups. Policies frequently seem to counter their stated intent, or that of another government ministry.⁶⁶

The administration and funding of supportive housing providers were not downloaded to the municipal service managers in 2001; the responsibilities were transferred to the provincial ministry that funded the support services during that time. As a result, the

Ministries of Health, Long-Term Care (MOHLTC), Municipal Affairs and Housing, Children, Community and Social Services, and municipalities all fund and/or coordinate parts of Ontario's supportive housing system.⁶⁷ The system serves the following population groups: seniors/frail elderly, persons with physical disabilities, persons with developmental disabilities, persons with acquired brain injuries, persons with terminal or chronic illness (e.g., HIV/AIDS), persons who have a history of homelessness or are at risk of homelessness, youth at risk, victims of violence. As of December 2016, the MOHLTC subsidized 12,300 housing units, across four different programs, for supports for people with serious mental health issues.⁶⁸ See Appendix D for the full list.

For people with substance use issues, Addiction Supportive Housing (ASH) programs were launched in 2008. Originally designed as permanent housing within a Housing First philosophy, many of the programs were modified to meet local needs. Across Ontario a variety of ASH programs now operate ranging from 'permanent to transitional, from those that require abstinence to those that operate on a harm reduction model, and from those based on Housing First principles to those that see their role as providing treatment in a housing context'.⁶⁹ The Ministries of Health and Long-Term Care fund and monitor the housing components, while Ontario Health offices are responsible to fund and monitor local providers who deliver the services. Choices for Change operates and delivers the ASH program for Huron-Perth, while the Huron-Perth Branch of the Canadian Mental Health Association manages the funding for the associated rent-supplements.

Without strategic planning and oversight of the entire supportive housing system it has become confusing to navigate and difficult to measure the success of the system. Fortunately, work is underway to fix the current fragmented system of supportive housing.

The Ministry of Health and Long-Term Care (now separated into two Ministries) recognized "Increasing supportive housing for people with mental health and addictions who are homeless or at risk of homelessness" as one of its strategic pillars in *Open Minds, Healthy Minds: Ontario's Comprehensive Mental and Addiction Strategy* (2014). To support the implementation of this strategy, the Ministry created

the Mental Health and Addiction Leadership Advisory Council.⁷⁰ Supportive housing was one of five priority areas included in the Council's first annual report, *Better Mental Health Means Better Health*.

To support the operationalization of homelessness prevention initiatives, the Province released a *Supportive Housing Policy Framework*⁷¹ and a companion document, *Best Practices in Supportive Housing – Coordination of Housing and Supports*⁷². The Policy Framework lays out the province's commitment to revamping the supportive housing system by addressing system shortfalls, specifically:

- **Unmet demand:** The demand for supportive housing exceeds the supply and available funding
- **Fragmented client access:** People often have to apply directly to individual agencies/providers, requiring them to "tell their story" multiple times. In many cases, the same people are accessing multiple systems (housing, health, community services and children/youth) but these systems are often not well coordinated and aligned
- **Programs inconsistent with best practices:** Some programs focus on care and dependency rather than supporting recovery and independence. This is not consistent with best practices in supportive housing
- **Lack of coordination across systems:** Supportive housing can be difficult to develop and administer because funding for the housing component is often separate from the support component, creating a complex system for providers to navigate
- **Limited data to support evidence-based policy:** There are significant data gaps, including a lack of: regular and recognized process for collecting and tracking wait list data for some programs; outcomes-based performance measures; and system-level data (e.g., data is tied to individual programs rather than across programs serving the same population)⁷³ the same population)⁷⁴

The province notes that the transformation will require a long-term strategy and promises to apply the

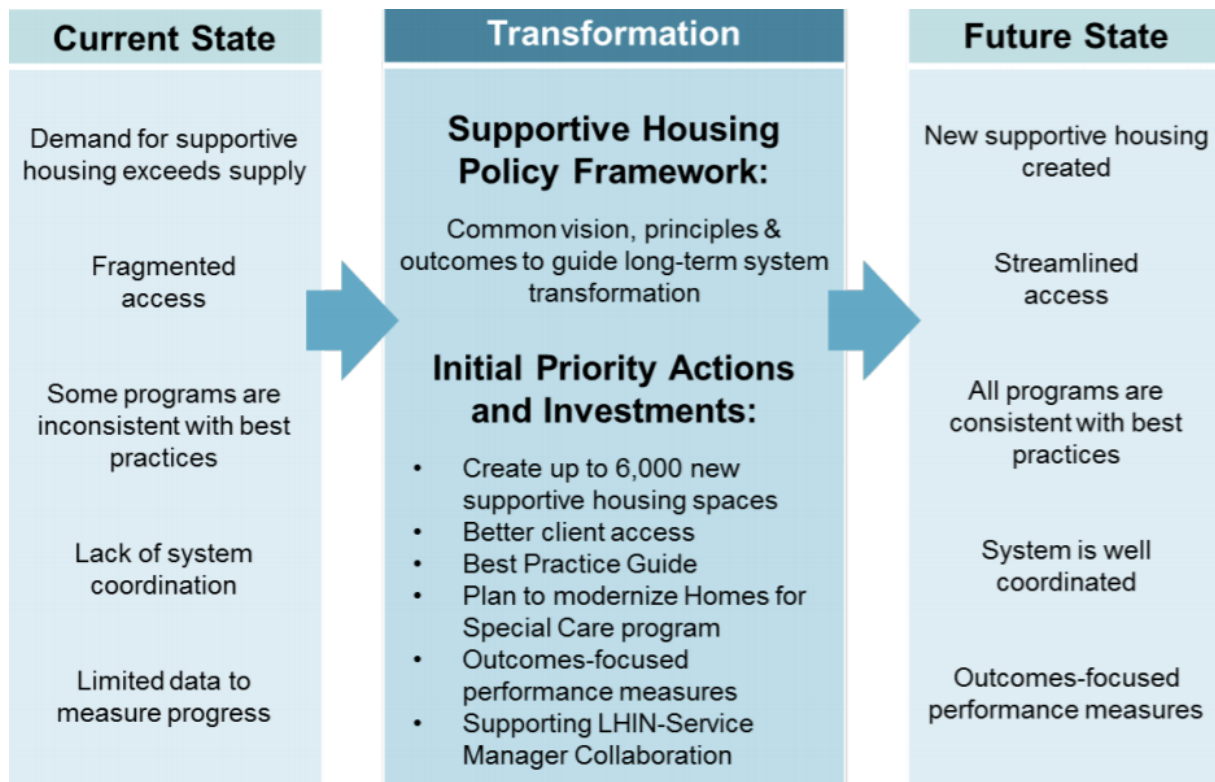


Figure 6: Ontario's Supportive Housing Long-Term System Transformation
 Source: Ontario's Supportive Housing Policy Framework⁴

framework to existing and future supportive housing programs.

An Overview of the Policy Framework is attached as Appendix E. The Best Practice Overview (Appendix F) provides a summary of the goals and expectations for a flexible, inclusive, and cohesive supportive housing system. It can serve as a practical checklist and reference point for assessing existing and emerging supportive housing programs against expectations.

The Huron-Perth area is supported by two Service Managers that play the leading role in delivering and administering community/social and affordable housing, local homelessness services, and other social services programs such as Ontario Works, Early Years and Childcare on behalf of the province. The County of Huron is the Service Manager for Huron County and the City of Stratford is the Service Manager for the City of Stratford, County of Perth, and St. Marys (Perth County).

Service Managers are mandated by the Housing Services Act, 2011 (HSA) to create local 10-Year Housing and Homelessness plans that provide for community-based planning and delivery of housing and

homelessness services. Plans are expected to reflect a 'Housing First' philosophy, address both Housing and Homelessness, support innovative strategies to address homelessness, include supports before and after obtaining housing, and develop strategies that are partnership based. Both service managers have community stakeholder tables that offer input into the development and implementation of their respective plans. For example, Huron has a Homelessness Task Force, and a Housing and Homelessness Steering Committee while Perth has the Coordinated Access System Leadership Group.

Housing and Homelessness Plans identify the specific types of housing required, the number of units, and the recommendations on how to accomplish these goals. In 2020, both Service Managers released 5-year Plan Updates to their Housing and Homelessness plans which can be accessed via the hyperlinks below:

County of Huron: A Long-Term Affordable Housing and Homelessness Plan for the County of Huron | 2014-2024, 5-Year Review, 2014-2019, Huron County, <https://www.huroncounty.ca/wp-content/uploads/2020/03/Long-Term-Affordable-Housing-and-Homelessness-Plan-Update.pdf>

City of Stratford: Housing and Homelessness Plan, 5-year Update, 2020-2024, Stratford, Perth County and St. Marys, https://www.stratford.ca/en/inside-city-hall/resources/Social_Services/Housing/Stratford-Perth-County-and-St.-Marys-Housing-and-Homelessness-Plan-Update-2020-2024.ACC.pdf

MMAH also requires service managers to submit an annual report card that outlines the progress made over the previous year towards each Plan.

Multiple ministries conducted joint consultations in late 2020 with service providers regarding supportive housing. This is very encouraging news. The outcomes of the consultation process are expected to be released soon. It is anticipated that outcomes will strengthen efforts at the local level to plan for, develop and implement supportive housing options in a cohesive and targeted manner.

Service Coordination

*'As a result of a fragmented system people with complex needs do not always access appropriate housing and supports.'*⁷⁵

Despite recent provincial initiatives to better align supportive housing across sectors, significant work remains, both provincially and locally, to create a well-coordinated system. Ontario's *Supportive Housing Policy Framework* and *Roadmap to Wellness* documents call for collaboration between providers/agencies, local/regional entities, and ministries (both policies and programs), in the design, development and delivery of supportive housing initiatives and mental health and addictions services, respectively. In recent years local progress has been made towards improved coordination and planning. Examples include (but not limited to) the ongoing work of housing and homelessness committees in Huron and Perth, and with the creation of the Huron Perth and Area Ontario Health Team (HPA-OHT) and related sub-committees. With regards to the design, planning and operations of supportive housing for people with severe and persistent mental health and addictions challenges, it is especially important to include hospital partners.

Mirroring the Provinces' direction of increased inter-ministerial collaboration with increased cooperation

and collaboration *across* the Huron-Perth service area would be beneficial. Both Service Managers are meeting with local providers regularly, and speaking with provincial ministries. On a hopeful note, over the past few years, collaborative programs offering new housing options with varying portable supports have launched within each county. Examples include, the Supported Housing of Perth Program (SHOPP) and Huron Turning Point Residence, a transition home for men. However, system planning and services to address homelessness remain siloed within county boundaries. For example, both counties have established homelessness committees, yet no joint committee exists.

An intentional and meaningful effort is needed to facilitate increased collaboration with allied organizations that goes beyond each Service Manager's geographic area and extends to collaboration *between* the Service Managers. This will improve efficiencies and communication with all the key stakeholders whose services straddle both counties.

Is there a local need for Supportive Housing?

The need for supportive housing is not only a big city problem. There is a present and growing need for supportive housing across Perth and Huron. As a recent study concluded,

*"Supportive Housing is needed as identified by local non-profit agencies for the most vulnerable in both communities to ensure individuals can keep their homes and have the opportunity to thrive in their community"*⁷⁶

The Service Managers know anecdotally that all four homelessness typologies of unsheltered, emergency sheltered, provisionally accommodated and people at risk of homelessness exist within their communities. However, it is important to note that the By-Name lists do not include people *at risk* of homelessness. Current available reporting does not detail the specific supports required by households to get out of homelessness. More detailed information and data mining would be helpful for community partners to better understand local homeless populations to effectively target service gaps and plan for the future.

Table 1: Summary of Enumeration Surveys

Service Manager	2018 Homeless Enumeration - Individuals	# of Households on By-Name List	
		Homeless	Chronic Homelessness
Huron County	100	100 *	
Perth County	101	108 (Jan 31/21)	91

Huron has an *informal* By-Name list and is currently working to formalize a BNL by the end of 2021.

It is too early to know in what ways the COVID-19 pandemic will affect the current homeless population locally and across the country.⁷⁷ In response to the pandemic, additional investments and adjustments to existing programs have been made by both the federal and provincial governments.

The number of individuals and families experiencing homelessness challenges across our communities point to the reality that local homelessness resources are insufficient to address current and growing need. Additional place-based supportive housing resources are needed to support the most vulnerable people experiencing chronic homelessness.

In 2017 the Province invited Service Managers to apply for supportive housing funding under the newly created Home for Good Initiative (HFG). Of the 46 Service Managers who submitted proposals, approximately half were selected to receive funding, including the City of Stratford’s proposal. The HFG program provided capital funding for new builds and 100% annualized operating funding for housing assistance and supportive services. The capital funding component resulted in the construction of 12 fixed-site supportive housing units in Perth: 8 units in Listowel, and 4 in St. Marys. The fixed-site units have on-site staffing eight hours per day.

The HFG operating funding affords the City the opportunity to deliver several homeless support services within the department and for the Supported Housing of Perth Program (SHOPP). Those services include items such as: Housing Allowances, Housing-Based Intensive Case Management, After Hours Telephone Support, and Landlord Recruitment and Support. Overall, the HFG funding has created approximately 12 full-time equivalent positions that support over 50 individuals with wraparound support

services to people who are experiencing housing stability and homelessness challenges.

It is important to note that while the HFG funding has resulted in a welcome increase in homelessness serving resources in Perth, it has also resulted in creating a funding disparity between Huron and Perth despite the counties experiencing relatively similar homelessness issues.

To increase the volume and range of supportive housing options to meet community needs in both counties, particularly the needs for people with persistent, severe mental health and addictions issues, a significant cash infusion is required. Evidence based data illustrating the impact of current and proposed solutions on the local homeless serving system is necessary to support funding negotiations and engage local decision makers. To support success, funding commitments will need to be long-term to ensure newly developed programs can become established. Formal and detailed program evaluation systems should be agreed upon from the outset to ensure quality service is not sacrificed due to funding constraints.

A Way Forward

The interplay of multiple geographies impacts local planning in number of ways. The funding for supportive housing, the mandate, and the service delivery area attached to the funding vary across organizations. Many partner organizations such as Choices for Change, Huron Perth Public Health, local hospital systems, the Canadian Mental Health Association, school boards, and the United Way, serve both Huron and Perth and participate at planning and service delivery tables in both service areas. Further refinement of the system should look for opportunities for the Service Managers to host collaborative meetings together with community partners.

Some supportive housing programs exist locally, albeit in limited supply. On a positive note, stakeholders across both counties have been working diligently to develop new housing options with varying support levels. And additional projects are in various stages of discussion and development. However, it is difficult to get a clear picture of what levels of support are available across Huron-Perth and the interplay of those support programs with housing. In the absence of

mandated planning inclusive of all funders and service providers, coupled with insufficient resources (including capital housing stock and human resources), a fragmented system of housing and supports has evolved locally. The result is a system that can be difficult for clients, their families, and providers to navigate.

Strategic, region wide collaboration *across* Huron and Perth is necessary to bring about lasting change.

A service map of the housing system across Huron and Perth is key to establishing an accurate picture of the various housing and support programs currently being offered. This would align with and support one of the Huron Perth & Area Ontario Health Team (HPA-OHT) Year 1 goals of *developing an inventory and gap analysis of MH&A programs*.⁷⁸ Once completed, a fulsome service map would support communication and understanding among various stakeholders for planning purposes and for improved access for clients and their families.

Now more than ever it is crucial for decision-makers, funders, and system planners to understand that strategic, responsive, and sustained efforts will be required to measurably address homelessness related challenges. A housing system of care that marries local homelessness services and prevention programs with local supportive housing programs is necessary for our communities to functionally reduce and eliminate chronic homelessness. As noted in the Ontario Supportive Housing Policy Framework, a successful supportive housing system is a shared responsibility among partners, including provincial ministries, local entities (e.g., Ontario Health and Service Managers), housing providers, community agencies and people living in supportive housing. All stakeholders are encouraged to come together around the common purpose of eradicating chronic homelessness across Huron and Perth by expanding and enhancing the local housing system of care.

Strategic Actions

The aim of this paper was to enhance an understanding of homelessness and the role supportive housing can play within a larger strategy to end chronic homelessness particularly for people with the most complex mental health and addiction needs. With this original goal in mind, the following actions are

presented for consideration as part of the ongoing development of a supportive housing system for the Huron and Perth service area. Further, it is recognized that much of this work in these action areas has been planned for and/or initiated in varying degrees.

- **Foster effective communication and planning among stakeholders** by developing a common language and definitions.
- **Enhance community knowledge of existing resources** by creating a detailed inventory and service map of local housing programs and supports that is inclusive of the entire Huron-Perth region.
- **Identify opportunities to enhance, repurpose and create new local resources** by conducting a gap analysis of the existing system.
- **Improve Access for people** experiencing homelessness or who are at risk of homelessness by continuing to support Huron County in the development and maintenance of a quality by-name list and a system of coordinated access; and, by supporting the City of Stratford including Perth County and St. Marys, to further develop and expand its coordinated access system.
- **Enhance and Expand Planning of the local Housing System of Care** by continuing the development of and support implementation of a recognized and thorough process for collecting and tracking Coordinated Access system data and outcomes, including region-wide common assessment tools and measurable outcomes to support evidence-based policy.
- **Improve efficiencies and communication across the region** by mirroring the Province's expectation of inter-ministerial collaboration. Advance regional cooperation and collaboration opportunities, including, but not limited to, hosting joint Service Manager meetings with community partners.

- **Expand local housing planning tables** by including representatives from Ontario Health Team including healthcare and hospital partners, especially with regards to design and planning of supportive housing for people with severe and persistent mental health and addictions challenges and to continue on-going inter agency collaborations and coordinated resource distribution.
- **Create housing options** for the region’s most vulnerable people who experience chronic homelessness, frequently access institutional services, and require the highest level of care to live independently in the community by championing the development of permanent and/or place-based supportive housing.



Appendix A: Definitions/Glossary

Acuity speaks to the severity of a presenting issue. With regards to housing, acuity refers to the level of complexity of a person's needs. It is used to determine the appropriate level, intensity and frequency of case managed supports required to help sustainably end a person's homelessness. This includes systemic issues such as poverty and housing costs, as well as individual risk factors including mental health issues, addictions, social supports, life skills, domestic violence, trauma, education, employment, and age.

Acuity Scale - best practices approach to right matching of services. Case managers can use the scale to assess numbers and severity of issues for their clients. Alternatively, the scale can be used by management for balancing the time commitment and caseload of an organization overall.

Addiction is a complex process where problematic patterns of behaviour interfere with a person's life. Addictions can broadly be defined as a condition that leads to compulsive engagement with stimuli (e.g., a substance or behaviour) despite negative consequences. This leads to physical and/or psychological dependence. Treatment options include self-help, counselling, residential treatment, withdrawal management, medications, and replacement therapy.

Assertive Community Treatment Teams (ACT teams)

By-Name list (BNL) Built for Zero Canada describes a By-Name List "as a real-time list of all people experiencing homelessness in a community. It includes a robust set of data points that support coordinated access and prioritization at a household level and an understanding of homeless inflow and outflow at a system level. This real-time actionable data supports triage to services, system performance evaluation and advocacy (for the policies and resources necessary to end homelessness)".

Chronic homelessness refers to episodes of homelessness that typically become more entrenched and ingrained in people's daily lives due to their long duration, which may be continuous or episodic. The Canadian government defines chronic homelessness as individuals who are currently experiencing homelessness AND who meet at least 1 of the following criteria:

- they have a total of at least 6 months (180 days) of homelessness over the past year
- they have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)⁷⁹

Coordinated Access: A coordinated access system is the process by which individuals and families who are experiencing homelessness or at-risk of homelessness are directed to community-level access points where trained workers use a common assessment tool to evaluate the individual or family's depth of need, prioritize them for housing support services and then help to match them to available housing focused interventions.

Homelessness: The situation of an individual, family, or community without stable, safe, permanent, appropriate housing, or the immediate prospect means and ability of acquiring it.

Housing Acuity refers to the increased level of care needs that require greater resource allocation and support to access housing and remain housed.⁸⁰

Housing First is an approach to ending homelessness that centers on moving people experiencing homelessness into independent and permanent housing as a first step. It provides people with immediate access to permanent housing with no housing 'readiness' or compliance requirements, is recovery-oriented and centres on consumer choice, self-determination and community integration.⁸¹

Mental Health is a state of well-being. It is enjoying life, having a sense of purpose, and being able to manage the highs and lows of life. Good mental health includes: a sense of purpose, strong relationships, feeling connected to others, having a good sense of self, coping with stress, and enjoying life.

Mental Illnesses are health conditions involving changes in emotion, thinking, or behaviour (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work, or family activities.

Scattered Site Housing utilizes individual rental units located throughout the community, typically owned by private market landlords. Rent supplements are typically applied.

Service Managers or Consolidated Municipal Service Manager: Social services management was downloaded to municipalities by the Province of Ontario in 1998. This led to the creation of Ontario's 47 Service System Managers, who are Consolidated Municipal Service Managers (CMSMs), or upper-tier (regional) and single-tier municipal governments across Ontario, and District Social Services Administration Boards (DSSABs) in areas where there are no regional municipalities in Ontario's north. Ontario is the only jurisdiction in Canada where municipal levels of government hold responsibility for social services. The City of Stratford is the provincially designated Service Manager for the geographic area of Perth County which includes the City of Stratford, Perth County, and the Town of St. Marys). The County of Huron is the Service Manager for the entire county.⁸²

Service managers across the province oversee affordable housing projects in their service area. To meet local housing needs, they use federal, provincial and municipal funds to establish, administer and fund housing and homelessness programs and services. They can also provide housing directly.

Supportive Housing generally refers to a *combination of housing assistance and supports* that enable people to live as independently as possible in their community.

Supported Housing is referred to differently across communities and in the literature. Supported housing is often used to describe housing that has *financial assistance* or subsidies provided. It is also referenced in supportive housing literature as housing accommodations with supports arranged *off-site* (meaning the provider of services is separate from the landlord).

Social Housing refers to units that are owned and operated by government or non-profits. Social Housing is also used interchangeably as **Community Housing** in some communities.

Permanent Supportive/Supported Housing (PSH) combines rental or housing assistance with individualized, flexible, and voluntary support services for people with high needs related to physical or mental health, developmental disabilities, or substance use. It is one option to house chronically homeless individuals with **high acuity**. Usually, PSH units are located in one home or building (congregate living) but can also be rooms in an individual house or as several and/or all units of a building. PSH units can be scattered-site units depending upon the acuity level of the individual and the availability of the supports (provided either through home visits or in a community-based setting).⁸³

Vulnerability in housing-related service assessments often refers to the level of increased exposure to harm a household faces if remaining unhoused.

For an extensive Homelessness glossary, we recommend you visit the **Homelessness Hub Glossary page** <https://www.homelesshub.ca/about-homelessness/homelessness-101/homelessness-glossary>

Appendix B: Canadian Observatory on Homelessness: Typology of Homelessness in Canada

Operational Category		Living Situation		Generic Definition
1. Unsheltered	This includes people who lack housing and are not accessing emergency shelters or accommodation, except during extreme weather conditions. In most cases, people are staying in places that are not designed for or fit for human habitation.	1.1	People living in public or private spaces without consent or contract	<ul style="list-style-type: none"> Public space, such as sidewalks, squares, parks, forests, etc. Private space and vacant buildings (squatting)
		1.2	People living in places not intended for permanent human habitation	<ul style="list-style-type: none"> Living in cars or other vehicles Living in garages, attics, closets or buildings not designed for habitation People in makeshift shelters, shacks or tents
2. Emergency sheltered	This refers to people who, because they cannot secure permanent housing, are accessing emergency shelter and system supports, generally provided at no cost or minimal cost to the user. Such accommodation represents an institutional response to homelessness provided by government, non-profit, faith-based organizations and/or volunteers.	2.1	Emergency overnight shelters for people who are homeless.	These facilities are designed to meet the immediate needs of people who are homeless. Such short-term emergency shelters may target specific sub-populations, including women, families, youth or Aboriginal persons, for instance. These shelters typically have minimal eligibility criteria, offer shared sleeping facilities and amenities, and often expect clients to leave in the morning. They may or may not offer food, clothing or other services. Some emergency shelters allow people to stay on an ongoing basis while others are short term and are set up to respond to special circumstances, such as extreme weather.
		2.2	Shelters for individuals/families impacted by family violence	
		2.3	Emergency shelter for people fleeing a natural disaster or destruction of accommodation due to fires, floods, etc.	
3. Provisionally accommodated	This describes situations in which people, who are technically homeless and without permanent shelter, access accommodation that offers no prospect of permanence. Those who are provisionally accommodated may be accessing temporary housing provided by government or the non-profit sector, or may have independently made arrangements for short-term accommodation.	3.1	Interim Housing for people who are homeless.	Interim housing is a systems-supported form of housing that is meant to bridge the gap between unsheltered homelessness or emergency accommodation and permanent housing.
		3.2	People living temporarily with others, but without a guarantee of continued residency or immediate prospects for accessing permanent housing.	Often referred to as “couch surfers” or the “hidden homeless,” this describes people who stay with friends, family, or even strangers.
		3.3	People accessing short term, temporary rental accommodations without security of tenure.	In some cases, people who are homeless make temporary rental arrangements, such as staying in motels, hostels, rooming houses, etc.
		3.4	People in institutional care who lack permanent housing arrangements.	People who may transition into homelessness upon release from: Penal institutions; Medical/mental health

Operational Category		Living Situation		Generic Definition
				institutions; Residential treatment programs or withdrawal management centres; Children's institutions/group homes.
		3.5	Accommodation/reception centres for recently arrived immigrants and refugees.	Prior to securing their own housing, recently arrived immigrants and refugees may be temporarily housed receiving settlement support and orientation to life in Canada.
4. At risk of homelessness	Although not technically homeless, this includes individuals or families whose current housing situations are dangerously lacking security or stability, and so are considered to be at risk of homelessness . They are living in housing that is intended for permanent human habitation, and could potentially be permanent (as opposed to those who are provisionally accommodated). However, as a result of external hardship, poverty, personal crisis, discrimination, a lack of other available and affordable housing, and/or the inappropriateness of their current housing (which may be overcrowded or does not meet public health and safety standards) residents may be “at risk” of homelessness.	4.1	People at imminent risk of homelessness.	<ul style="list-style-type: none"> ▪ Those whose employment is precarious ▪ Those experiencing sudden unemployment ▪ Households facing eviction ▪ Housing with transitional supports about to be discontinued ▪ People with severe and persistent mental illness, active addictions, substance use, and/or behavioural issues ▪ Breakdown in family relations ▪ People facing, or living in direct fear, of violence/abuse
		4.2	Individuals and families who are precariously housed.	Those who face challenges that may or may not leave them homeless in the immediate or near future. [Canada Mortgage and Housing Corporation] defines a household as being in core housing need if its housing “falls below at least one of the adequacy , affordability or suitability standards and would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards).”

Source: *Defining and Enumerating Homelessness in Canada*, (Ottawa: Government of Canada, 2020). Available from: <https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/BackgroundPapers/PDF/2020-41-e.pdf>

Appendix C: Categories and Services Delivered within Supportive Housing

Category	Services
Tenancy Support	Unit identification, selection and leasing
	Income verification
	Orientation to agency, staff, policies, etc.
	Orientation to unit/building/complex
	Move-in assistance
	Education re: rights and obligations of tenancy
	Housing-specific goal setting
	Rent collection
Independent Life Skills training	Payment of rent and other bills
	Access to entitlements
	Money management/budgeting
	Food security
	Nutrition counseling
	Food preparation
	Unit maintenance/cleaning
	Use of public transportation
	Use of laundry facilities
	Personal safety
Social Support	Communication Skills
	Assertiveness
Health and Wellness	Specialized health services (e.g., diabetes education)
	Primary care
	Care coordination
	Relapse planning and prevention
	Recovery planning
	Medication education
	Symptom monitoring
Medication monitoring	
Personal Support	Bathing/hygiene
	Dressing
	Medication management
	Meal preparation
Community Linkages	Laundry
	Facilitated access to community resources
	Encouragement of volunteer activities
	Job training/social enterprise opportunities
Crisis Intervention	Community development activities
	Safety planning
Eviction Prevention	Crisis intervention
	Emergency financial assistance
	Conflict resolution
	Landlord liaison
	Legal assistance
Clinical Support	Hoarding intervention
	Assessment, treatment planning and support specifically related to the person's mental health or addiction status
Peer Support	Social and emotional support and mentoring provided by a person with lived experience

Source: Addictions and Mental Health Ontario, p. 15.

Appendix D : List of All Supportive Housing Programs in Ontario in 2016

Source of data: Ministry of Health and Long-Term Care, Ministry of Community and Social Services, Ministry of Housing

	Supportive Housing Program	Responsible Ministry
1*	Rent supplement	Health and Long-Term Care
2*	Dedicated housing	Health and Long-Term Care
3*	Homes for Special Care	Health and Long-Term Care
4*	Habitat Services	Health and Long-Term Care
5	Assisted living services in supportive housing and for high-risk seniors	Health and Long-Term Care
6	Strong Communities Rent Supplement (supportive component)	Housing, but includes supports from Health and Long-Term Care and Community and Social Services
7	Affordable housing program (supportive component)	Housing, but includes supports from Health and Long-Term Care and Community and Social Services
8	Dedicated supportive housing	Community and Social Services
9	Residential supports for adults with a developmental disability	Community and Social Services
10	Transitional and housing support program	Community and Social Services
11	Dedicated supportive housing	Children and Youth Services
12	Community Homeless Prevention Initiative	Housing
13	Investment in Affordable Housing	Housing
14	Social housing	Housing

* Funded by the Ministry of Health and Long-Term Care and serve people with mental health-related needs—within the scope of this audit.

Note: Other supportive housing programs listed serve the following population groups: seniors/frail elderly, persons with physical disabilities, persons with developmental disabilities, persons with acquired brain injuries, persons with terminal or chronic illness (e.g., HIV/AIDS), persons who have a history of homelessness, youth at risk, victims of violence.

Source: 2016 Annual Report of the Office of Auditor General of Ontario, Value for Money Audit, 2016, p. 426

Appendix E: Ontario’s Supportive Housing Policy Framework

Vision



Every person is need has quality, safe and affordable supportive housing, feels empowered to live as independently as possible, and flourishes in the community of their choice

Principles



1. Programs, services and supports are person-driven and foster independence, respect and dignity and inclusion
2. Housing and supports foster choice, portability as appropriate (follow people if they move), and flexibility to accommodate changing needs
3. System encourages local innovation to explore new approaches to better meet people’s needs
4. Services are well coordinated across systems (housing, health, community services, and children and youth) with a common commitment to help people thrive
5. Programs and services are evidence-based, committed to continuous improvement, and support the long-term sustainability of the system

Outcomes



	PEOPLE	SYSTEM
1.	People achieve and maintain housing stability	1. System provides people with the right service, at the right time, in the right place
2.	People are supported to meet their physical and mental health needs	2. System enhances housing stability contributing to the province’s long-term goal to end chronic homelessness
3.	People have greater independence and control of their housing and supports	3. System is better coordinated and easier for people and providers to navigate
4.	People have appropriate housing and supports	4. System reduces pressure on institutions and service systems, including emergency services
5.	People are satisfied with their housing and supports	5. Discharges from institutions and service systems (e.g., health, corrections, child welfare) are made easier by providing appropriate supportive housing
6.	People have greater social and community connections	6. Better data and performance measures support strong accountability and help to improve programs

Source: Ontario Supportive Housing Policy Framework, 2017

Supportive Housing Best Practices – Overview

Support Services



Flexible

- Supports respond to a person's changing needs, and are based on personal goals and choice

Promote and support independence, personal growth, and dignity

- Supports assist people to take on responsibilities to maintain their tenancy and must be free from discriminatory practices

Delivered in the most effective way possible

- Supports are provided by appropriately qualified staff, and are evaluated regularly to ensure people get quality service

Connect people with their communities and promote inclusion

- Supports improve access to opportunities for social engagement, as well as help people to participate and be included in community life

Housing



Promotes social inclusion

- Is connected to a community that enables access to services, employment opportunities, and social networks, and must be free from discriminatory practices

Affordable

- Housing assistance is provided to people in supportive housing who cannot afford their rent

Safe and well maintained

- Housing providers create a safe and secure environment for people by ensuring housing is of good quality and maintenance problems are addressed in a timely manner

Suitable

- Housing is accessible, appropriate, provides adequate living space, and allows for privacy

Tenancy rights are promoted and respected

- Rights of tenancy apply according to the Residential Tenancies Act, 2006 (except where legislative exemptions apply)

Coordination of Housing and Supports



Service providers

- Work together with the common goal of supporting people to transition seamlessly from one service/program/location to another

Local entities

(i.e. Service Managers, LHINs, Developmental Services Ontario)

- Plan together to develop common priorities, support and encourage partnerships, and align existing and new investments

Ministries

- Collaborate to develop strategic approaches for supportive housing and encourage and support local entities

Source: Ontario Supportive Housing Best Practice Guide, 2017.

¹ Information about Canada’s National Housing Strategy is available from <https://www.placetocallhome.ca/what-is-the-strategy>

² Government of Canada. *National Housing Strategy Act* (Ottawa: Minister of Justice, 2017), [Accessed 15 January 2021]. Available from: <https://laws-lois.justice.gc.ca/eng/acts/N-11.2/>
Last amended on 2019-07-09

³ People First Strategy. *Calgary Homeless Foundation* [Accessed 18 January 2021]. Available from: <https://calgaryhomeless.com/homelessness-in-calgary/people-first-strategy/>

⁴ Gaetz, Stephen. *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* [online]. Toronto : Canadian Homelessness Research Network Press, 2012, p. 7. Available from: https://www.homelesshub.ca/sites/default/files/attachments/costofhomelessness_paper21092012.pdf

⁵ *Canada’s National Housing Strategy: A Place to Call Home* (Ottawa: Government of Canada, 2017) [Accessed 15 January 2021]. Available from: <https://www.placetocallhome.ca/nhs-resources>

⁶ Ministry of Municipal Affairs and Housing. *Policy Statement: Service Manager Housing and Homelessness Plans*, p. 1. (Toronto: Queen’s Printer for Ontario, 2016) Available from: <https://www.ontario.ca/document/ontario-gazette-volume-149-issue-25-june-18-2016/government-notices-other>

⁷ From the National Housing Strategy – adapted from the Canadian Definition of Homelessness developed by the Canadian Observatory of Homelessness (COH).

⁸ The City of Stratford has adopted the Canadian definition of homelessness as developed by the Canadian Observatory on Homelessness (COH). Available from: <https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf>

⁹ Employment and Social Development Canada [ESDC], *Reaching Home: Canada’s Homelessness Strategy Directives*. [Accessed Jan 21, 2021]. Available from: <https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html#h2.1>

¹⁰ What Is Homelessness | The Homeless Hub, [Accessed 15 January 2021]. Available from: <https://www.homelesshub.ca/about-homelessness/homelessness-101/what-homelessness>

¹¹ Canadian Definition of Youth Homelessness | The Homeless Hub, [Accessed 15 January 2021]. Available from: <https://homelesshub.ca/resource/canadian-definition-youth-homelessness>

¹² Jesse Thistle, *Definition of Indigenous Homelessness in Canada*. Toronto: Canadian Observatory on Homelessness Press, 2017. [Accessed 15 January 2021]. Available from: <https://homelesshub.ca/sites/default/files/attachments/COHIndigenousHomelessnessDefinition.pdf>

¹³ Gaetz, Stephen. *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* [online]. Toronto : Canadian Homelessness Research Network Press, 2012. p. 6. Available from: https://www.homelesshub.ca/sites/default/files/attachments/costofhomelessness_paper21092012.pdf

¹⁴ Stephen Gaetz, Fiona Scott & Tanya Gulliver (Eds.) *Housing First in Canada: Supporting Communities to End Homelessness* [online]. Toronto: Canadian Homelessness Research Network Press, 2013. p. 1. Available from: <https://www.homelesshub.ca/sites/default/files/HousingFirstInCanada.pdf>

¹⁵ Calgary Homeless Foundation. *2020 CHF Annual Report*. Available from: https://calgaryhomeless.com/content/uploads/2020_CHF_Annual_Report.pdf

¹⁶ Gaetz, Scott and Gulliver, p. 5.

¹⁷ Ibid., 2.

¹⁸ Reid, Susanna. *Goderich Supportive Housing and Community Hub Feasibility Study*. Social Research and Planning Council, 2020.

¹⁹ Alina Turner, *Beyond Housing First: Essential Elements of a System-Planning Approach to Ending Homelessness*, School of Public Policy (Calgary: Volume 7 Issue 30, The University of Calgary, 2014), p. 7. Available from: <https://www.policyschool.ca/wp-content/uploads/2016/03/beyond-housing-turner.pdf>

²⁰ Ibid., 1.

²¹ Ibid.

²² Gaetz, Scott and Gulliver, p. 1.

²³ *Ontario Supportive Housing Policy Framework* (Toronto : Government of Ontario, 2017), p. 2. Available from: <http://www.mah.gov.on.ca/AssetFactory.aspx?did=15986>

²⁴ *Ontario Supportive Housing Best Practice Guide* (Toronto: Government of Ontario, 2017), p. 2. Available from: <http://www.mah.gov.on.ca/AssetFactory.aspx?did=15988>

²⁵ Ontario Supportive Housing Policy Framework, p. 5.

²⁶ Addictions and Mental Health Ontario, *Supportive Housing: Recommendations for the Provision of Support Services* (Toronto: AMHO, 2017), p. 4. Available from: https://amho.ca/wp-content/uploads/AMHO-Supportive-Housing-Report_Web-final_April-6.pdf

²⁷ Service Managers: Social services management was downloaded to municipalities by the Province of Ontario in 1998. This led to the creation of Ontario's 47 Service System Managers, who are Consolidated Municipal Service Managers (CMSMs), or upper-tier (regional) and single-tier municipal governments across Ontario, and District Social Services Administration Boards (DSSABs) in areas where there are no regional municipalities in Ontario's north. Ontario is the only jurisdiction in Canada where municipal levels of government hold responsibility for social services. The City of Stratford is the provincially designated Service Manager for the entire geographic area of Perth County. The County of Huron is the Service Manager for the entire county.

Service Managers across the province oversee affordable housing projects in their service area. To meet local housing needs, they use federal, provincial and municipal funds to establish, administer and fund housing and homelessness programs and services. They can also provide housing directly.

²⁸ 2016 Annual Report of the Office of Auditor General of Ontario, *Housing and Supportive Services for People with Mental Health Issues (Community-Based)* (Toronto : Queen's Printer for Ontario, 2016), p. 391. Value for Money Audit. Available from: https://www.auditor.on.ca/en/content/annualreports/arreports/en16/v1_307en16.pdf

²⁹ Ibid., 386.

³⁰ Ontario Supportive Housing Policy Framework, p. 3.

³¹ Gaetz, Scott and Gulliver, p. 13.

³² 2016 Annual Report of the Office of Auditor General, p. 386.

³³ D. Rudoler, et al., "Cost Analysis of a High Support Housing Initiative for Persons with Severe Mental Illness and Long-Term Psychiatric Hospitalization." *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 63(7), (2018): 492–500. Available from: <https://doi.org/10.1177/0706743717752881>

³⁴ Ontario Supportive Housing Best Practice Guide, p. 8.

³⁵ Addictions and Mental Health Ontario, p. 11.

³⁶ Ibid., 4.

³⁷ Ibid., 13.

³⁸ Scattered site housing utilizes individual rental units located throughout the community, typically owned by private market landlords. Rent supplements are typically applied.

³⁹ The Homelessness Hub. *Permanent Supportive Housing*. [Accessed Jan 5] Available from: <https://www.homelesshub.ca/solutions/transitional-housing/permanent-supportivesupported-housing>.

⁴⁰ Nick Flavo, A primer on supportive housing and Housing First (*nickflavo.ca*, 2021) [Accessed 26 February 2021]. Available from: <https://nickfalvo.ca/a-primer-on-supportive-housing-and-housing-first/>

⁴¹ Assertive Community Treatment (ACT) is an integrated team-based approach designed to provide comprehensive community-based supports to help clients with the most acute needs people remain stably housed. ACT teams may consist of physicians and other health care providers, social workers and peer support workers. Available from: <https://www.homelesshub.ca/solutions/supports/assertive-community-treatment-act-teams>

⁴² Intensive Case Management (ICM) Teams are a team-based approach that supports individuals through a case management approach, the goal of which is to help clients maintain their housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities and building social and community relations. Available from: <https://www.homelesshub.ca/solutions/supports/intensive-case-management-icm-teams>

⁴³ Province of Ontario, *Rental Fairness Act, 2017* (Toronto: Queen's Printer for Ontario, 30 May 2017). [Accessed 16 February 2021]. Available from: <https://www.ontario.ca/laws/statute/s17013>

⁴⁴ Government of Canada, *Reaching Home: Canada's Homelessness Strategy Directives*, *canada.ca*. (Ottawa:]. 26 November 2020. [Accessed 21 January 2021]. Available from: <https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html#h2.2>

⁴⁵ Ibid.

⁴⁶ Affordable Housing, *Greater Victoria Coalition to End Homelessness* (Victoria: 2020). [Accessed 16 March 2021]. Available from: <https://victoriahomelessness.ca/get-help/affordable-housing/affordable-housing/>

⁴⁷ Canada. Employment and Social Development Canada, *Reaching Home : Coordinated Access Guide* (Ottawa: Her Majesty the Queen in Right of Canada, 2019), p.9. Available from: <http://publications.gc.ca/pub?id=9.880741&sl=0>

⁴⁸ Canada. Employment and Social Development Canada, *Reaching Home: Canada's Homelessness Strategy Directives* (Ottawa: 2019) Available from: <https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html#h2.3-h3.4>

⁴⁹ *Q&A Backgrounder, 2020 Point-in-Time (PIT) Homeless County and Survey* (Red Deer: The City of Red Deer, 2020), p. 1. Available from: <https://www.reddeer.ca/about-red-deer/social-well-being-and-community-initiatives/housing-and-homelessness/point-in-time-homeless-count/>

⁵⁰ City of Stratford: *Housing and Homelessness Plan, 5-year Update, 2020-2024, Stratford, Perth County and St. Marys*, p. 14. Available from: https://www.stratford.ca/en/inside-city-hall/resources/Social_Services/Housing/Stratford-Perth-County-and-St.-Marys-Housing-and-Homelessness-Plan-Update-2020-2024.ACC.pdf

⁵¹ County of Huron: A Long-Term Affordable Housing and Homelessness Plan for the County of Huron | 2014-2024, 5-Year Review, 2014-2019, p. 13. Available from: <https://www.huroncounty.ca/wp-content/uploads/2020/03/Long-Term-Affordable-Housing-and-Homelessness-Plan-Update.pdf>

⁵² Yasmine Ghania, “Federal Government going ahead with spring count of Canada’s homeless,” *Canada’s National Observer*, January 13, 2021. [Accessed 5 February 2021] Available from: <https://www.nationalobserver.com/2021/01/11/news/federal-government-spring-count-canadas-homeless>

⁵³ Built for Zero Canada describes A By-Name List “as a real-time list of all people experiencing homelessness in a community. It includes a robust set of data points that support coordinated access and prioritization at a household level and an understanding of homeless inflow and outflow at a system level. This real-time actionable data supports triage to services, system performance evaluation and advocacy (for the policies and resources necessary to end homelessness)”. <https://bfzcanada.ca/by-name-lists/>

⁵⁴ *Goderich Supportive Housing and Community Hub Feasibility Study*, Susanna Reid, September 30, 2020, Social Research and Planning Council. p 15.

⁵⁵ *Ontario Launches Innovative Strategy to Combat Homelessness* (Toronto: Ontario Ministry of Municipal Affairs and Housing, 2021) Available from: <https://news.ontario.ca/en/release/60823/ontario-launches-innovative-strategy-to-combat-homelessness>

⁵⁶ Adapted from: *List Types in Coordinated Entry*, OrgCode Consulting. (Facebook: 2017). Available from: <https://www.facebook.com/watch/?v=1699898436750367>

⁵⁷ Wait Times - Emergency Rooms - Ministry Programs - Health Care Professionals (Toronto: Ministry of Health and Long-Ter, Care, *Health.gov.on.ca*, 2021). [Accessed 21 January 2021]. Available from: https://www.health.gov.on.ca/en/pro/programs/waittimes/edrs/about_ts.aspx#1

⁵⁸ Iain De Jong, Impactful Outreach: NAEH Conference session. (*Orgcode.com*, 2020). [Accessed 28 January 2021]. Available from: https://www.orgcode.com/impactful_outreach

⁵⁹ *Calgary’s Updated Plan to End Homelessness: People First in Housing First* (Calgary: Calgary Homeless Foundation, 2015). Available from: <https://www.ihearhomeyc.com/wp-content/uploads/2018/03/Updated-Plan-to-End-Homelessness-in-Calgary.pdf>

⁶⁰ Iain De Jong, “The Difference Between Having Higher Acuity and Being Chronic” (*Orgcode.com*, 2014) <https://www.orgcode.com/the-difference-between-having-higher-acuity-and-being-chronic>

⁶¹ Administering the SPDAT, Connecticut Coalition to End Homelessness. (*Cceh.org*, 2015) [Accessed 10 February 2021]. Available from: <https://cceh.org/administering-the-spdats/>

⁶² Backgrounder – Information on Common Assessment Tools, Built for Zero Canada (*bfzcanada.ca*: 2018) Available from: <https://bfzcanada.ca/coordinated-access/>

⁶⁴ Iain De Jong, *A Message from OrgCode on the VI-SPDAT Moving Forward*, (*orgcode.com*, 2021) [Accessed 2 February 2021]. Available from: <https://www.orgcode.com/messagevispdats/>

⁶⁵ Re-Visioning Housing and Homelessness in Lambton County: County of Lambton Housing and Homelessness Plan 2020-2024 (Sarnia: County of Lambton, 2020), p. 15. Available from: <https://www.lambtononline.ca/en/resident-services/resources/Documents/County-of-Lambton-Housing-and-Homelessness-Plan--Jan.-17-2020--Final.pdf>

⁶⁶ Alina Turner, *Beyond Housing First: Essential Elements of a System-Planning Approach to Ending Homelessness*, School of Public Policy (Calgary: Volume 7 Issue 30, The University of Calgary, 2014) p. 2. Available from: <https://www.policyschool.ca/wp-content/uploads/2016/03/beyond-housing-turner.pdf>

⁶⁷ Allisa Klingblum, *Building on Collaboration: Learnings from Toronto’s Supportive Housing System*, (Toronto: Wellesley Institute, October 2020) Available from: <https://www.wellesleyinstitute.com/publications/building-on-collaboration-learnings-from-torontos-supportive-housing-system/>

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- ⁶⁸ 2016 Annual Report of the Office of Auditor General, p. 386.
- ⁶⁹ Addictions and Mental Health Ontario, p. 9.
- ⁷⁰ Ibid.
- ⁷¹ Ontario Supportive Housing Policy Framework (Toronto: Ministry of Municipal Affairs and Housing, 2017) Available from: <http://www.mah.gov.on.ca/AssetFactory.aspx?did=15986>
- ⁷² Supportive Housing Best Practice Guide (Toronto: Ministry of Municipal Affairs and Housing, 2017) Available from: <http://www.mah.gov.on.ca/AssetFactory.aspx?did=15988>
- ⁷³ Ontario Supportive Housing Policy Framework, p. 5.
- ⁷⁴ Ontario Supportive Housing Policy Framework, p. 5.
- ⁷⁵ Ontario Supportive Housing Policy Framework, p. 2.
- ⁷⁶ Nick van der VELDE and Andre Pawan Vashist, *Feasibility Study - Community Development Corporation*. (Stratford: United Way Perth-Huron, 2021) p. 25.
- ⁷⁷ Canada. Library of Parliament. *Background Paper: Defining and Enumerating Homelessness in Canada*, p. 9. (Ottawa: Queen's Printer, 2020)
- ⁷⁸ Social Research and Planning Council of Perth-Huron (2021). *Mental Health and Addictions Report*, p.23.
- ⁷⁹ *Reaching Home: Canada's Homelessness Strategy Directives* [Accessed January 21, 2021] Available from: <https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html#h2.2>
- ⁸⁰ Community Planning and Development. 2020. Best Practices for Serving People with High Acuity Needs. [Online] October 20, 2020. [Accessed: January 21, 2021.] <https://files.hudexchange.info/course-content/best-practices-for-serving-populations-with-high-acuity-needs/SNAPS-COVID-19-Webinar-Best-Practices-for-Serving-Populations-with-High-Acuity-Needs-October-20-2020-Slides.pdf>.
- ⁸¹ The Homelessness Hub. *Housing First*, [Accessed Jan 15, 2021]. Available from: <https://www.homelesshub.ca/about-homelessness/homelessness-101/housing-first>
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