



CLOSED QUARTERS

**Challenges and Opportunities in Stabilizing Housing and
Mental Health Across the Justice Sector**

This report was developed by the Housing, Health, and Justice Community of Interest, with support from Evidence Exchange Network (EENet). Part of the Provincial System Support Program at the Centre for Addiction and Mental Health (CAMH), EENet helps create and share evidence to build a better mental health and substance use system in Ontario. EENet's communities of interest bring together individuals who are interested in a common problem, to develop and share new knowledge that will help improve understanding and enable action. For more information about EENet's communities of interest please visit eenet.ca/initiatives/coi

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Canadian Mental
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EXECUTIVE SUMMARY

For decades, people with no fixed address have entered and left correctional facilities, yet there have been limited housing solutions available to them. The complex factors leading to criminal justice involvement, the multiple entry and exit points, the high prevalence of mental health and addictions problems, and the complexity of agencies and ministries involved, have resulted in a patchwork of responses. Without adequate housing and often lacking any support in the community, people end up relying on costly emergency services, such as shelters and hospitals (often taken there by police); on precarious housing, such as couch surfing; and on the few supports within the corrections sector to respond to their needs.

This report spells out the issues faced by people whose needs intersect and overlap the housing, mental health, and justice sectors in Ontario. Importantly, the report summarizes discussions that took place during a Think Tank Day that brought together service providers, policy makers, and People with Lived Experience (PWLE).

Based on the various sector consultations and strongly supported by research evidence from the available literature, the report makes three related recommendations:

Recommendation 1: That the Ministry of Health and Long-Term Care, in collaboration with the Ministry of Community Safety and Correctional Services, target a portion of all new supportive housing rent supplements to the population of individuals with mental health and addictions problems who are justice-involved.

Recommendation 2: That the Ministry of Children, Community and Social Services (MCCSS) maintain the stability of housing in community for people who are incarcerated by revising the Ontario Disability Support Program (ODSP) and Ontario Works (OW) policies to continue benefits for a reasonable period when a recipient is incarcerated, thereby preventing the potential loss of housing and entry into homelessness upon discharge.

Recommendation 3: That the Ministry of Municipal Affairs and Housing and the Ministry of Health and Long-Term Care, as funders of affordable and supportive housing, carry out a comprehensive examination of human rights protections for individuals with conviction and/or non-conviction records, with the aim of changing laws, policies, and/or practices so that those who have such records do not face barriers to accessing housing.

1. INTRODUCTION



For decades, people with no fixed address have entered and left correctional facilities,¹ yet there have been limited housing solutions available to them. The complex factors leading to criminal justice involvement, the multiple entry and exit points, the high prevalence of mental health and addictions problems, and the complexity of agencies and ministries involved, have resulted in a patchwork of responses. There is an over-reliance on emergency services, such as shelters and hospitals; on precarious housing, such as couch surfing; and on the few supports within the corrections system to respond to these needs.

This report spells out the issues faced by people whose needs are at the intersection of housing, mental health, and justice system involvement, and makes related recommendations. Policy-making on these issues has too often lacked an understanding of the way the criminal justice system fosters housing insecurity and contributes to homelessness, and the extent to which mental health and addictions problems are implicated in this.

Some strides have been made to amend policies that support mental health, housing, and corrections in order to improve the lives of many that exist within this intersection. A new Ontario government was elected in 2018 on a platform including significant new investments in mental health, addiction services, and housing supports. Ontario recently made mental health policy announcements that include new funding for supportive housing, and some enhanced services for justice-involved people with mental health needs. Furthermore, the *Correctional Services and Reintegration Act 2018*, while not yet enforced, has potential to address several issues that exist between housing, mental health and justice, including segregation, access to mental health care for prisoners, and enhanced reintegration planning and supports.

This final report from the Housing, Health and Justice Community of Interest (COI) supports and builds on this opportunity. The purpose of our final report is three-fold:

1. To provide an overview of the intersections between the housing, mental health and criminal justice systems. This provides a “justice-informed” framework to guide the development of housing solutions for people who have mental health and addictions problems who are justice involved.
2. To articulate the findings and priorities identified by COI members and other attendees of a Think Tank Day on the subject.
3. To provide the Government of Ontario and decision-makers with recommendations on how to best meet the housing needs of people with mental health and addictions problems who are justice involved.

ABOUT THE HOUSING, HEALTH AND JUSTICE COI

In 2015, the Canadian Mental Health Association (CMHA) Ontario formed a Community of Interest (COI) in partnership with the John Howard Society of Ontario, the Wellesley Institute, and the Centre for Addiction and Mental Health (CAMH) with support from the Evidence Exchange Network. These organizations made up the core working group of the COI. The COI's full membership eventually expanded to include 18 members, listed in Appendix A.

The COI provides an opportunity for knowledge exchange among people working in the housing, health and justice systems, and with people who have lived experience of mental health and/or addictions problems, to improve the housing outcomes of those who have mental health and addictions problems and are justice involved. The “justice-informed” lens is often missing from many housing related initiatives and funding opportunities. The COI's work seeks to ensure that the needs of this population are kept in view as the government moves forward on affordable and supportive housing initiatives. The specific objectives of the COI are to:

1. synthesize existing research;
2. develop and share a cohesive message;
3. raise awareness among the general public and local organizations; and
4. encourage the development of innovative housing solutions.

The COI's work focuses on people with mental health and addictions problems who are justice involved. They may have a diagnosed or undiagnosed mental health or addictions problem. They have spent time in detention or correctional facilities—anywhere from a few days to months or years. This group is particularly vulnerable, as those who spend time in correctional facilities face barriers to accessing and retaining affordable² or supportive housing on discharge from a correctional facility. This web of issues is spelled out in the next section.

Prior to the development of this report, the COI produced an Issue Identification Paper outlining key issues. The COI then conducted a scan of housing programs across Ontario that serve this population using an online survey. Based on the conclusions of the Issue Identification Paper, the COI held a Think Tank Day in November 2016, the results of which are summarized in Appendix B. These activities, combined with an extensive literature review and consultations with key experts, contributed to the development of the final report. The COI working group facilitated the writing of the report.

2. THE CRIMINAL JUSTICE SYSTEM:

HIGHLIGHTING KEY JUNCTURES FOR ADOPTING SOLUTIONS



To tailor solutions that target the complex intersections between housing, mental health, and justice we need to better understand the criminal justice system as people experience it. The effect is a cumulating series of events and decision points which tend to produce or maintain housing insecurity. Housing issues and homelessness can arise or be reinforced at various points—from police interaction, to bail, to incarceration, to discharge from a correctional facility. At the same time, we need to factor in the ways that mental health and addictions problems intersect with housing insecurity and justice involvement.

A PREVIEW OF THE JOURNEY

Each person charged with a criminal offence arrives in the justice system with their own unique set of life experiences. Some begin their journey with no serious mental health or addiction concerns or housing needs. However, a criminal justice interaction can create housing instability or exacerbate existing mental health and addictions problems. This instability can lead to homelessness and can ignite a cycle between homelessness and incarceration. Homelessness itself can also lead to criminal justice involvement in what has been recognized as a bi-directional relationship.³ People who are homeless are more visible and policed in public spaces, increasing their likelihood of criminal justice interaction.⁴ Moreover, people who are homeless and come in contact with the criminal justice system are more likely to spend more than a year in the shelter system—perpetuating the cycling of homelessness and incarceration.⁵

The causal relationships between housing, mental health, and justice issues are complex, as the presence of one can generate a concern in the other two areas. Homelessness and mental health are closely intertwined, where the presence of one increases the likelihood of the other. Poor access to housing negatively impacts a person's mental health and people with poor mental health are more susceptible to homelessness.⁶ People who are homeless with poor mental health are then more likely to be involved in the criminal justice system.⁷ People with these combined problems are at a higher risk of arrest,⁸ and are more likely to end up in custody.⁹ The broader social determinants of health reinforce these issues; poverty and social inequality can initiate or exacerbate housing and mental health and addictions problems, and the likelihood of criminal justice contact.¹⁰

This intersection is particularly troubling for people who are presently homeless, as



they experience a high prevalence of victimization and trauma.¹¹ Childhood sexual abuse is common amongst homeless women,¹² and studies of homeless people with severe mental illness have shown lifetime victimization rates between 74% and 87%.¹³ Previous victimization contributes to perpetuating a state of homelessness.¹⁴ Despite the high rates of victimization, homeless people are less likely to trust and call the police in an emergency.¹⁵ When discussing homelessness and criminal justice contact homeless people are often framed as the offender, and little attention is paid to their history as a victim.¹⁶ The history of trauma such populations have experienced must be factored alongside their housing, health and justice system interactions.

Once in custody, the substantial needs of people with mental health and addictions problems are difficult to meet, and connecting or re-connecting them to housing upon discharge is a challenge. To respond effectively to these people's needs requires an understanding of the complexity with which housing, health and the justice system interact.

A JUSTICE-INFORMED LENS ON MENTAL HEALTH & HOUSING



A person's experience of the criminal justice system does not begin as a blank slate. Most people who are homeless and first encounter the criminal justice system have faced trauma or victimization, and may need mental health and addiction supports or services. In this section, we use a "justice-informed" lens to better understand the criminal justice journey and its impact on housing stability. Through this lens, we can clearly articulate the challenges that exist when an individual interacts with the justice system and can point policymakers and service providers toward solutions that meet the individual's mental health and housing needs at each stage of the justice journey.

POLICE INTERACTION

Independently, having a mental illness and being homeless increases a person's risk of criminal justice involvement.¹⁷ When a person has both of these conditions, they have a significantly greater risk of criminal justice interaction, beginning with an increased likelihood of coming in contact with the police.¹⁸

Police officers are often the first responders in situations involving a person with a mental health or addiction problem. In Toronto, between 2% and 2.5% of police dispatches are for persons experiencing a mental health crisis, which translates to approximately 20,000 calls per year,¹⁹ and 41% of the calls for a mental health crisis in 2013 resulted in apprehension under the Mental Health Act.²⁰ When police encounter a person experiencing a mental health crisis, they have considerable discretion in deciding whether to arrest, lay charges, or

divert the person for treatment.²¹ Knowledge that the person has stable housing and supports may inform their decision whether to apply formal or informal sanctions, and whether to refer to either Mental Health or Criminal Justice services.

Homeless populations are more visible than the general population and as a result are at higher risk of being arrested.²² For the homeless, aggressive solicitation and the disposal of potentially dangerous materials in public spaces (e.g., used condoms, syringes, and broken glass) is often unavoidable yet laws exist that criminalize those activities.²³ For example, the Safe Streets Acts in both British Columbia and Ontario punish sleeping outside and panhandling,²⁴ and these punishments are becoming more frequent. Between 2000 and 2010, there was a 2,000% increase in the number of tickets issued under the Safe Streets Act in Toronto, despite the fact that panhandling and squeegeeing declined in the city during this time.²⁵ Out of every five such tickets issued, four were for non-aggressive solicitation and only one was for aggressive.²⁶ While ticketing is less punitive than arrests or citations, it nevertheless penalizes the homeless and can lead to criminalization.²⁷

People who are charged by the police are increasingly held in police custody until a formal bail hearing is established.²⁸ Fewer police officers are using their discretionary powers to release people on a “promise to appear” or summons. A recent Ontario study found that being arrested and detained in police custody is a shocking event for the person, producing insecurity about the potential loss of belongings and living arrangements, as well as anxiety and other mental health problems.²⁹

BAIL

When a person is held in detention and brought before a justice of the peace or a judge at a bail hearing there is a presumption of release, as articulated in

section 11(e) of the Charter of Rights & Freedoms³⁰ and section 515 of the Criminal Code.^{31 32} The presumption puts the onus on the Crown to prove detention is necessary to ensure attendance at trial (primary grounds), public safety (secondary grounds), and/or confidence in the administration of justice (tertiary grounds). In the case of a person charged with an offense against the administration of law and justice for breaching a previous bail order, there is reverse onus; that is, the accused must give reasons why they should be released.

Despite these legal principles, Ontario’s bail system has operated with neither speedy releases nor reasonable conditions at bail. Research on Ontario bail courts has identified a risk-averse culture, where less restrictive forms of release (such as a release on one’s own recognizance) are rare.³³ People who are homeless are particularly impacted by this risk-averse culture, as they often do not have the interpersonal and community ties to persuade the court that they will attend trial or abide by the conditions of their release. An analysis of 1,800 hearings in Toronto revealed that people without a fixed address were more likely to be denied bail.³⁴

When a person is released from detention, their release plan often has strict residency conditions that require them to remain at a single fixed address.³⁵ For people who are homeless or in unstable housing these conditions are difficult to abide by and they inevitably end up breaching them. In Ontario, courts and Bail Verification and Supervision Programs may require a person who does not have access to sureties or cannot confirm an address to reside in a shelter until their criminal justice case is resolved. Since a shelter is inherently a temporary and unstable accommodation, this requirement puts people at risk of breaching their bail conditions, and continues the cycle of criminal justice involvement and homelessness.³⁶ On the other hand, when people with no fixed address are connected to services that

provide housing and mental health supports, they are less likely to reside in a shelter.³⁷

Bail conditions can further penalize substance users by mandating the individual abstain from using alcohol and illicit drugs or attend a treatment program.³⁸ Researchers have noted that there is often no connection between the release conditions and the facts of the alleged offence,³⁹ and this can lead to breach of the conditions for reasons unrelated to the charge, reinforcing a revolving door between community, detention, and court.⁴⁰ As well, people who are homeless and have mental health and addiction problems may not understand why they need to comply—or may not be able to comply—with such strict conditions.

INCARCERATION

Time spent in detention negatively affects a person's ability to gain or maintain employment, create and foster social relationships, and secure stable housing.⁴¹ Even short periods of incarceration can negatively impact employment and ties to community supports.

People in Ontario may be incarcerated in either the provincial or federal system, depending largely on the type of offence and whether they are on remand or have been sentenced. Provincial correctional facilities, under the operation of the Ministry of Community Safety and Correctional Services (MCSCS), serve adults who are awaiting trial or sentencing, have sentences of less than two years, are on an immigration hold, or are awaiting transfer to a federal institution. Correctional Service of Canada operates federal facilities that serve adults who have been sentenced to two years or more. Nearly everyone who spends time in a federal institution has served some time in a provincial institution while awaiting bail, sentencing, or a transfer to a federal facility.

The two systems tend to contain different types of correctional populations. Provincial facilities tend to house a young correctional population with a high turnover rate. The majority of admissions are for people between the ages of 18 and 34, 76% are sentenced to less than three months,⁴² and the median length of stay in remand is eight days.⁴³ The higher number of admissions in Ontario's provincial correctional facilities reflects the high turnover rate rather than the size of the correctional population. For example, in 2015/16 there were 75,319 admissions to Ontario provincial correctional facilities, but on an average day that year there were only 7,960 adults in custody.⁴⁴ By contrast, federal correctional facilities manage more stable intake and discharge flows with longer stays. In 2015/16 there were 7,618 federal admissions to custody across Canada and on an average day that year there were 14,742 adults in federal custody.⁴⁵

The two correctional systems also produce distinct housing concerns. Provincial correctional facilities manage many people who may be homeless or have precarious housing as a result of their short-term incarceration. Federal correctional facilities need to reintegrate people who have not lived in the community for at least two years, and also many people who are aging inside the facilities. A justice-informed lens necessitates crafting different housing responses for people leaving provincial versus federal correctional facilities.

PROVINCIAL CORRECTIONAL FACILITIES

Policing and bail practices described earlier result in a substantial number of people entering provincial correctional facilities with no fixed address (NFA). The most recently published NFA figures are from 2004/05 and indicate that 286 unique individuals entered Toronto correctional facilities with NFA during that time period—though it is recognized that this is likely an underestimation of the number of people who are at risk of homelessness or have no housing.⁴⁶ During the same 12-

month period, those 286 people were admitted 496 times, amounting to 42% of NFA admissions for Toronto area facilities. Thus, the homeless population are often repeat clients in provincial correctional facilities.

Mental health and addictions problems are also widespread in Ontario prisons. Given the linkage between homelessness and mental health, it is likely that many of the people entering provincial correctional facilities with NFA also have mental health and addictions problems. It has been estimated that 41% of Ontario prisoners will have at least one current, severe symptom of a mental health problem and of this group, 13% will have two or more symptoms. Moreover, females (35%) and Indigenous Peoples (18%)ⁱ in provincial correctional facilities are more likely to have two or more current, severe mental health symptoms.⁴⁷

These problems are exacerbated by the increasing and inappropriate use of solitary confinement to manage mental health needs. Between October 2015 and December 2016, the percentage of people in segregation who had a mental health alert on file increased from 32% to 45%.⁴⁸ There was also an increase from 28% to 40% for those placed in segregation with a suicide risk alert noted on file.⁴⁹ If homeless people with mental health and addictions problems are placed in solitary confinement over the course of their incarceration, their mental health will likely deteriorate and impact their ability to sustain housing upon release.

Mental health is also impacted by the inadequate and inconsistent mental health services provided in provincial correctional facilities.⁵⁰ The delivery of health care in provincial correctional facilities is currently the responsibility of MCSCS, not the Ministry of Health and Long-Term Care (MOHLTC). This separation in the delivery of health care disrupts the opportunity to connect people with mental health and addiction problems who are homeless to good quality mental health care while they are incarcerated.⁵¹ This already transient

population is less likely to be receiving adequate care in the community, and the lack of supports inside provincial correctional facilities to address or prevent health issues, as well as the poor connection to community supports, mean lost opportunities to prevent mental health and substance use problems and ensure continuity of care.⁵² The inadequate mental health care received in provincial correctional facilities produces further challenges at discharge when a struggling person must find and secure housing. It also highlights the need to consider access to quality health care when developing housing solutions for people with mental health and addictions problems who are justice involved.⁵³

FEDERAL CORRECTIONAL FACILITIES

Many of the challenges facing provincial correctional facilities apply also to federal correctional facilities. Reports from the Office of the Correctional Investigator have noted issues such as the lack of mental health treatment options for those with mental health and addictions problems,⁵⁴ the rise in the use of solitary confinement over the last decade,⁵⁵ and the poor health of federal prisoners relative to the general population, particularly those with history of trauma.⁵⁶ In addition, lengthy incarceration in federal facilities may produce strain and separation between prisoners and their family members, which weakens their safety nets and protection against homelessness upon release. These challenges must be considered when developing housing strategies for people with mental illness and addictions who are discharged from federal correctional facilities.

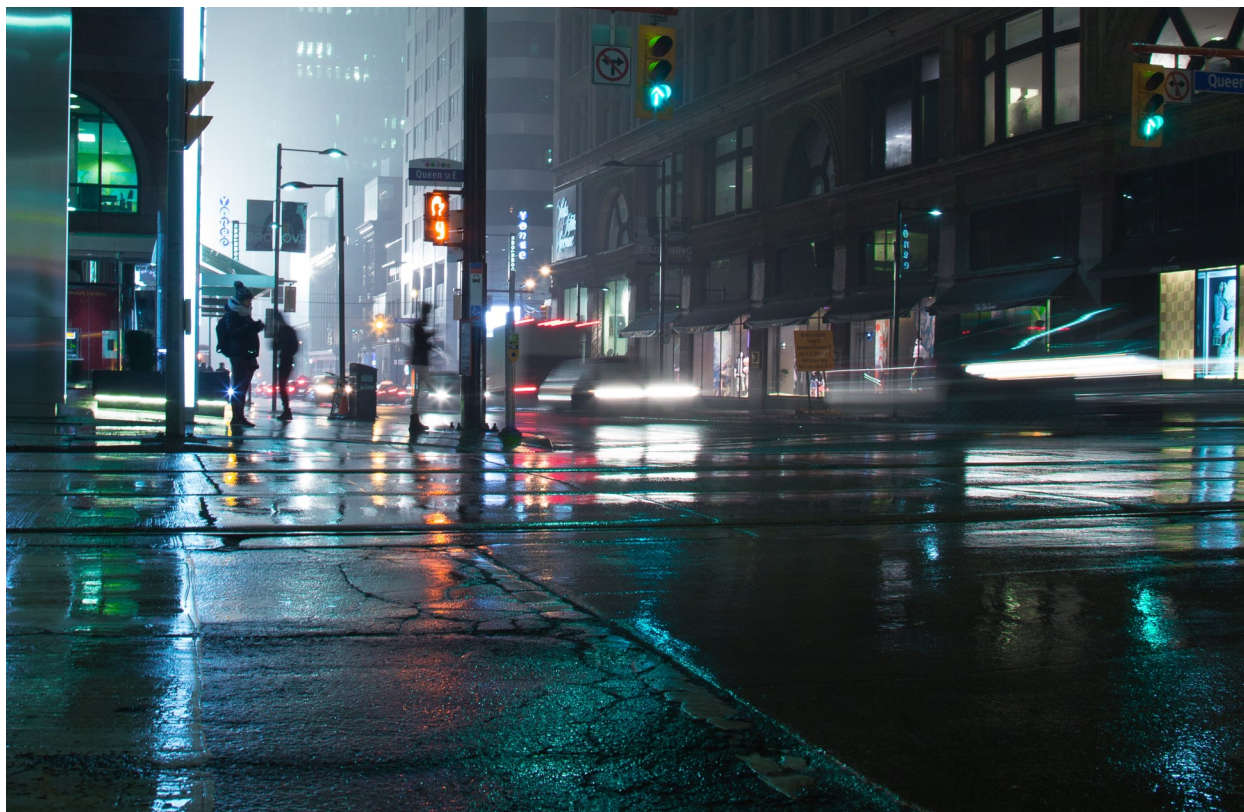
ⁱThe authors of this report have utilized the term “Indigenous Peoples” with respect to the First Peoples of this land, including where the research or reports cited used the term Aboriginal. We acknowledge that in some instances Aboriginal is the preferred collective noun, and that for some Indigenous Peoples traditional names from original languages such as Nuu-chah-nulth, Anishinaabe, Nehiyahaw, Inuit, or Abenaki are preferred terms. In the interest of inclusion, brevity, and acknowledging the shift by Ontario and federal governments, this report uses the term Indigenous Peoples.

SPOTLIGHT: PHYSICAL HEALTH IN CORRECTIONAL FACILITIES



Physical health care needs can further compound and complicate mental health, housing, and justice issues. The fractured nature of health care delivery in provincial correctional facilities can exacerbate pre-existing health issues. Incarcerated individuals experience higher rates of hepatitis C and HIV and earlier mortality rates than the general population.⁵⁷ The fact that a significant number of people are likely released from provincial correctional facilities with physical health problems further highlights the need to address access to quality health care when developing housing solutions.

At the federal level, aging and aging-related illnesses are a frequent concern. The latest data indicate that one in five people in federal correctional facilities are 50 years of age or older.⁵⁸ With only one quarter of the federal correctional population serving a life or indeterminate sentence, most people in the federal correctional system will be released at some point,⁵⁹ and it is likely that many will require support for aging and chronic care upon release.⁶⁰ A recent study of male prisoners over the age of 50 found several notable health concerns, including heart conditions, diabetes, and chronic pain.⁶¹ The presence of chronic ailments from aging, along with the experience of incarceration, has implications for strategies to address housing and health concerns. On their release, those who have aged in federal correctional facilities will need housing solutions that address their health care needs, including, in some cases, palliative care. Even those who are able find housing may need to be connected to health supports to successfully maintain that housing and reintegrate into the community.⁶²



DISCHARGE FROM INCARCERATION

Obtaining and maintaining housing is one of the primary challenges facing people who are released from custody, and this is intensified for those with mental health and addictions problems. People who were homeless before incarceration are particularly at risk of remaining homeless upon discharge, with one US study showing that prisoners who had a history of shelter use were five times more likely to be homeless upon release than those who had housing.⁶³ Amongst a sample of prisoners in provincial correctional facilities, 22% were homeless at the time of incarceration and 85% of them anticipated being homeless again at discharge.⁶⁴ These people planned on going to a shelter, living on the streets or couch-surfing, and some had made no living arrangements. This problem has persisted for decades: in 1993, 39% of a sample of 110 Ontario provincial prisoners had no fixed address upon release;⁶⁵ between 1996 and 1998, 3,000 people entered the shelter system in Toronto directly from a correctional facility;⁶⁶ and in 2001, it was estimated that

30% of incarcerated people in Canada would have no home upon their release.⁶⁷ People who are discharged from incarceration into homelessness are also less likely to get off the streets than other homeless people.⁶⁸

Although MCSCS does require discharge planning for people serving between 30 days and six months, evidence suggests that the vast majority of prisoners in Ontario do not have access to quality discharge planning.⁶⁹ There is no direction as to when discharge planning should be initiated, how individual needs should be identified, or to what housing and community-based services they should be linked. There is no requirement that a discharge plan extend beyond the programs provided during incarceration.⁷⁰ There is evidence to suggest that very little discharge planning is being done, given that only five of the 26 provincial institutions have a staff member dedicated to this task.⁷¹

Housing issues encountered at discharge are particularly complex for remanded prisoners, people being discharged from court, and special populations such as those with developmental and/or intellectual disabilities. Discharge planning which assists people in finding housing, medical care and community-based social services is not required for people held on remand,⁷² effectively excluding this vulnerable pretrial population from receiving any supports to assist with community reintegration.⁷³

People with developmental and intellectual disabilities who are on remand may be at an even greater disadvantage due to their special needs and the lack of adequate accommodation in the current system. A recent situation involved a young man with disabilities who was arrested and remanded into custody while in a mental health treatment centre.⁷⁴ His conditional sentence required house arrest, but his elderly mother was no longer able to care for him, so he was discharged with nowhere to go.

People released from courts, rather than correctional facilities, can be separated from their personal property, and this can contribute to housing problems. When prisoners attend court from a correctional facility, they are not permitted to bring any of their personal belongings with them (e.g., wallet, identification documents, keys, medications). If they are then

released from the courthouse, they must personally arrange transportation to the correctional facility to pick up their personal property. If their home community is far from the correctional facility, the person may never be able to get their belongings. Without these items, people may find it difficult to return to existing housing or to connect to new housing.

Other policies and practices in the criminal justice system, housing market, and social housing system can further limit an individual's ability to secure housing once discharged. Court decisions can restrict a person from living with a co-accused even if they share a home.⁷⁵ It is also difficult to obtain housing in the private sector due to the limited finances people have upon release and the ability of landlords in Ontario to discriminate on the basis of criminal record checks.⁷⁶ Finally, receiving the necessary mental health supports to maintain housing can also be challenging for those leaving correctional facilities. Clients of community residential facilities, also known as halfway houses, experience "unwritten" policies from mental health service providers, which often bar them from accessing mental health supports in the community due to their criminal history.⁷⁷ These difficulties in obtaining housing and accessing the necessary supports to maintain it throw individuals into a cycle of homelessness and institutionalization.

SPOTLIGHT: NORTHERN ONTARIO & INDIGENOUS PEOPLES' HOUSING NEEDS



Any housing solutions for people with mental health and addictions problems who are justice involved must take into consideration the unique circumstances of Northern Ontario and its Indigenous Peoples. Indigenous Peoples are over-represented in the homeless population, as well as in the criminal justice population.⁷⁸ Nearly 30% of shelter users in Northern Ontarioⁱⁱ are Indigenous. However localized data reveals wide variability. Shelters in the Kenora District report that over 85% of their clientele identify as indigenous.⁷⁹ Unfortunately, relatively little attention has been paid to addressing homelessness in Northern Ontario, where nearly half of Ontario's Indigenous population and roughly 140,000 Francophone people reside.⁸⁰ Most research and interventions directed at reducing homelessness have focused on urban areas,⁸¹ yet rural and remote communities experience homelessness in different and more complex ways. The causes and linkages between rural, remote, and urban homelessness in Northern Ontario requires closer examination and unique solutions relative to the rest of Ontario.

The on-reserve housing crisis typified by Attawapiskat First Nation ripples into other communities as people struggle to have their basic needs met. Between 2011 and 2016, the social housing wait list in the Kenora District increased by over 114% and one quarter of the applicants were families and single non-elderly persons living in precarious housing on-reserve. Currently, 64% of approved family housing applications are Indigenous.ⁱⁱⁱ Provincial/Federal housing programs do not meet the needs of those migrating between jurisdictions. Those who do get access to the social housing often become homeless due to a combination of cultural dissonance and the impact of behaviours associated with mental illness and substance abuse.

The limited resources available in Northern Ontario place an exceptional burden on emergency and social services to meet the needs of those who are at the intersection of housing, mental health, and justice issues. For example, Kenora has the only Schedule 1 psychiatric facility and one of two Superior Courts of Justice in the region northwest of Thunder Bay to the Manitoba border. When individuals from rural or remote communities are discharged from either the Schedule 1 facility or the justice system, the lack of supports and resources in their home communities often forces them to stay in Kenora. In 2015, 1,187 people stayed at the emergency shelter in Kenora, and 38% to 40% of them were awaiting court processes, obtaining medical services, or recently released from custody.⁸² Under these conditions, people with complex needs become bottlenecked in a community where housing and mental health resources are already stretched thin. Stretching these limited resources places strain across the service system in Kenora. One study found that hospital admissions for the homeless quadrupled in Kenora, and police contacts increased by 177% compared to housed individuals.⁸³

Understanding homelessness in Northern Ontario must also include recognition of the intergenerational trauma Indigenous Peoples have experienced as a result of colonization. Trauma can negatively impact a person's ability to secure housing, largely due to consequences such as abandonment and disconnection. This trauma, combined with a disproportionate amount of physical, emotional and sexual abuse experienced by Indigenous Peoples, can result in a person emotionally disengaging from their life, which subsequently makes it harder for them to secure and maintain stable housing.⁸⁴ For housing supports for Indigenous Peoples to be effective, they must address intergenerational trauma and historic displacement, amongst other factors, while enhancing spiritual and cultural connection.⁸⁵



ⁱⁱ This report accepts the current government definition of Northern Ontario.

Reference: Government of Ontario. (2011). Context Map: Location of Northern Ontario within Ontario. Retrieved July 26, 2018 from: <https://www.placestogrow.ca/index.php?>

ⁱⁱⁱ Statement by Henry Wall, Chief Administrative Officer, Kenora District Services Board

3. HOUSING AS NEEDED SOLUTION

SYSTEM COSTS OF HOMELESSNESS AND CORRECTIONS



The costs of homelessness and of correctional services place burdens not only on individuals, but also on society. It is estimated that the cost of homelessness in Canada in 2006 was \$412 million due to increased use of correctional institutions, parole supervision, and police services.⁸⁶ The Auditor General of Ontario has noted that a provincial correctional bed costs an average of \$4,300 per month, with other estimates indicating a higher cost.⁸⁷ A typical homeless emergency shelter bed costs \$2,100 per month,⁸⁸ according to the Auditor General, and annual costs range from \$30,000 to \$130,000 per person per year, depending on the community and the needs of the individual.⁸⁹ It has been estimated that homelessness costs the Canadian economy \$7 billion dollars annually.⁹⁰

Affordable and supportive housing is a more cost-effective way of meeting the needs of these individuals. Social housing costs an average \$613 monthly per household in Ontario,⁹¹ while adding standard support services brings the total cost to about \$1,300 monthly.⁹² The *At Home/Chez Soi* demonstration project sponsored by the Mental Health Commission of Canada, which provides housing and flexible supports to homeless people with mental illness, demonstrated savings of \$21 in service use for every \$10 spent on housing and supports, for people with the highest service usage.⁹³ These savings were mainly in costs for hospitalizations and interactions with the justice system.⁹⁴ This shows that [providing supportive housing can result in cost savings for both the health and the justice sectors.](#)

CURRENT HOUSING PROGRAMS—A BASE TO BUILD ON

While policy-related shortcomings in corrections and housing contribute to the problems people face, some existing housing services provide a base on which to build better a response. This section briefly outlines existing housing programs and related services, and the policy frameworks that can improve the lives of justice-involved people.

SOCIAL AND ALTERNATIVE HOUSING

Ontario has approximately 280,000 units of social housing, defined as units that are provided by non-profit or public agencies, including 200,000 with rent geared to income.⁹⁵ Though tenants are diverse, the system does not give priority to people with mental health problems or criminal justice involvement; indeed, criminal records can be a disadvantage in accessing social housing.⁹⁶ Local access priorities include homeless people in several communities, and they account for over 20% of recent tenant placements in Ontario's larger cities.⁹⁷ An estimated 2,000 units are designated as alternative housing for homeless or "hard to house" people,⁹⁸ among whom mental health and addictions issues and justice involvement are common. A few social housing units also serve this population via arrangements with support agencies (see below).

Rent geared to income is subsidized housing where the rent for each tenant household is calculated based directly on its income (usually 30 per cent of gross income)

NEW AFFORDABLE HOUSING

Programs to develop new affordable housing in Ontario created 18,279 such units from 2002 to 2017,⁹⁹ including numerous projects housing homeless people.¹⁰⁰ Some units have also been funded under the Homelessness Partnering Strategy and its predecessor,¹⁰¹ which has the chronically homeless population as its priority.¹⁰² While justice-involved individuals are a significant portion of this population, they are not the explicit priority of this initiative.

MENTAL HEALTH AND ADDICTIONS SUPPORTIVE HOUSING

Ontario has 12,700 units of mental health and addictions supportive housing funded by MOHLTC and the Local Health Integration Networks (LHINs), a system that has expanded by an average of 400 units annually from 1999 to 2016.¹⁰³ Survey data show that mental health and addictions service providers are housing and supporting individuals involved in justice-related matters.¹⁰⁴ In Toronto, 25% of applicants for this type of housing have a history of criminal justice involvement, and are more likely to be homeless and to experience drug use issues; however, these applicants have longer wait times for housing.¹⁰⁵ Within this system, the Ministry's 1,000-unit Mental Health and Justice initiative explicitly targets people with mental health and addictions problems who are justice involved. Also within this system is the 1,000-unit Addictions Supportive Housing initiative, in which 51% of clients have had criminal justice involvement.¹⁰⁶

JUSTICE-RELATED HOUSING SERVICES



A range of housing and support services are provided by community agencies serving people who have been involved with criminal justice system. Organizations that provide these services include local branches of the John Howard Society, Elizabeth Fry Society, and St. Leonard's Community Services. These services are funded through these organization's fundraising efforts as well as through the United Way and various government programs.

PRE- AND POST-RELEASE HOUSING ADVICE AND REFERRALS

Agencies serving justice-involved clients provide some pre-release housing advice and referrals as part of their in-reach services to people in correctional facilities. These agencies also offer post-release housing advice and referrals after discharge. Due to housing shortages and waitlists for affordable and supportive housing, referrals are often for emergency shelters and temporary accommodations. In many cases, the post-release housing services provided to people who are released or who are at high risk are part of the agency's community services, community aftercare, reintegration programs, and/or youth programs. In addition, some local branches of agencies serving justice-involved clients operate outreach programs for chronically or episodically homeless men upon their release from jail/remand centres, provincial correctional institutions, federal prisons, or the courts. These programs help people access accommodation beyond emergency shelters. Some local branches also operate specific housing help programs. Such programs can help people find housing, provide advice on budgeting and household skills, and troubleshoot landlord-tenant issues. They can also link people to local services, including food banks, rent banks, or places to get furniture. In some cases, they maintain room registries or lists of landlords and social housing providers.¹⁰⁷

COMMUNITY RESIDENTIAL FACILITIES AND TRANSITIONAL HOUSING

When it comes to living accommodations, some community agencies operate community residential facilities, sometimes known as halfway houses, under contract with Correctional Services Canada. A 2006 survey identified 29 such facilities in various Ontario cities.¹⁰⁸ No equivalent program exists for people released from provincial correctional institutions, although community agencies provide some transitional housing for recently released incarcerated people. This transitional housing exists only in some cities, the total number of beds or units is small, and they are only able to serve very few among the many who are discharged each year. These facilities provide a supervised, supported living environment intended to foster successful reintegration. Services usually include development of an individualized transition plan and life skills training to help the person find and keep employment and housing. Some transitional housing is intended for special populations at high-risk of recidivism, people being released homeless, or people with mental health problems.

SPECIALIZED COMMUNITY RESIDENTIAL HOUSING

People at high risk, such as those experiencing chronic homelessness combined with addictions and a history of incarceration, may also be able to access drug-related residential programs. These programs are operated by community agencies and specifically serve people involved with a drug treatment court. Similarly, some agencies serving justice-involved clients operate a few units of transitional housing for justice-involved youth, typically those between 16 and 24 years of age. These provide services like other such programs, but with emphasis on the special needs and opportunities of youth. Finally, a few agencies serving justice-involved clients provide housing supports in municipal social housing, to certain residents, including homeless people with support needs relating to criminal justice involvement.

RELATED MENTAL HEALTH & HOUSING POLICY FRAMEWORKS

A new Ontario government was elected in 2018 on a platform that includes significant new investment in mental health, addiction services, and housing supports. There are also several policy frameworks that support action to meet the needs of individuals at the intersection of housing, mental health, and the criminal justice system. This section provides an overview of these frameworks.

OPEN MINDS, HEALTHY MINDS: ONTARIO'S COMPREHENSIVE MENTAL HEALTH AND ADDICTIONS STRATEGY¹⁰⁹

This framework acknowledges housing as one of the main elements in fostering communities with better mental health. It includes housing options for homeless people as well as transitions between the justice and health systems. The Mental Health and Addictions Leadership Advisory Council,¹¹⁰ (2014-2017) provided recommendations to the Minister of Health and Long-Term Care relating to action strategies to improve mental health and wellbeing among Ontarians. The Council's Supportive Housing Working Group proposed several action items,¹¹¹ and it notes the distinct functional, legal, and accommodation needs relating to criminal justice involvement. The Council's Final Report¹¹² recommended adding 3,000 units of mental health and addictions supportive housing annually for 10 years.

ONTARIO'S LONG-TERM AFFORDABLE HOUSING STRATEGY UPDATE (2016)

Supportive housing is one of the main priorities of this framework,¹¹³ which sets out principles and commitments to create additional supportive housing units. It also notes the importance of discharge planning in corrections institutions as one of the steps needed to end chronic homelessness.

SUPPORTIVE HOUSING POLICY FRAMEWORK

Ontario's inter-ministerial Supportive Housing Policy Framework¹¹⁴ and Best Practices Guide¹¹⁵ set out a common vision, principles, and approaches to apply across various ministries, supportive housing programs, and populations served. Among the strategy's six system-level goals is the use of supportive housing to help people transition back into the community on discharge from correctional and other institutions. The five principles include coordinating services across systems or policy spheres.

REPORT OF THE EXPERT ADVISORY PANEL ON HOMELESSNESS¹¹⁶

This report identifies supportive housing as the key to ending chronic homelessness. The Government of Ontario endorsed this report and adopted the goal of ending chronic homelessness within ten years. The report outlines the steps needed to address homelessness that arises at discharge from provincial institutions, including correctional facilities.

POVERTY REDUCTION STRATEGY

Ending homelessness was one of four main pillars of Realizing Our Potential: Poverty Reduction Strategy (2014-2019),¹¹⁷ and includes people with mental health or addictions problems. The 2016 annual progress report noted the importance of partnerships between homelessness services and other sectors, such as corrections.¹¹⁸

NATIONAL HOUSING STRATEGY

This strategy¹¹⁹ sets out a vision for affordable housing across Canada, including six main programs and a ten-year federal funding plan. Its goals include a 50% reduction in chronic homelessness. The new federal homelessness program has set a target of reducing chronic homelessness by half within 10 years. Although not directly addressing correctional issues, the emphasis on homelessness and the additional federal funding offer opportunities to meet the needs of various population groups experiencing chronic homelessness.

4. THINK TANK OUTCOMES



To add to our understanding of the intersections between housing, mental health, and justice, the COI held a think tank day in November 2016. The overall goals were to build consensus on the issues affecting people with mental health and addictions issues who are justice involved, identify gaps and challenges in providing housing to this population, and determine the COI's priorities in a call to action to government. A summary of the day's events is provided in Appendix B. The 30 participants represented a broad spectrum of service providers from the housing, mental health and addictions, and justice sectors as well as people with lived experiences.

Participants were split into two groups and were asked the following four questions:

- 1 What is the risk of not providing housing support to justice-involved clients?
- 2 What are the current gaps and barriers to providing housing supports to justice-involved clients?
- 3 What are the facilitators/enablers of a well-functioning housing system for people involved with the justice sector?
- 4 What are the short- and long-term priorities that the housing, justice, and mental health sectors can work together on to help justice-involved clients?



For each of these questions, participants were asked to focus their responses, concerns, or solutions to one of the following three levels of the system: the client or family; service providers and service delivery; and the province/society.

Concerns raised and responses given during the discussions cut across the three units of analysis. The discussions across the groups ranged from short-term solutions to system-wide changes.

The key themes emerging from that day are summarized below

- Paucity of services available to individuals in Northern Ontario
- Individuals with justice involvement face increased stigma
- Individuals leaving the justice system need more effective supports
- In order to ensure justice-involved clients are able to retain their housing, address social determinants of health, such as education/training, and employment
- Youth need dedicated housing supports
- Eligibility criteria for services (housing, mental health, and substance use) are too restrictive; in particular for individuals with justice involvement

The Think Tank Day also provided two recommendations:

- Invest in mental health and addiction supports to address the root causes of criminal behaviour
- Conduct research on the unique housing needs of justice-involved clients and use the findings to advocate for tailored approaches

5. CALL TO ACTION:

RECOMMENDATIONS TO GOVERNMENT



Safe, affordable, decent-quality housing is good for physical and mental health.¹²⁰ For people with mental health and addictions issues, housing with supports can be a key element of recovery and well-being.¹²¹ Housing can help people transition successfully from the justice system to the community, and help avert further justice involvement.¹²² Supportive housing addresses the extreme challenges that people with mental health and addictions problems and justice involvement experience in finding and keeping housing.

People with mental health and addictions problems experience challenges at various stages of justice involvement, as Section 2 highlighted. The COI's think tank day identified three housing-related priorities for government action on such problems. In a context where governments have acknowledged that affordable and supportive housing as a priority, incorporating these priorities in policy, funding, and program decisions will ensure targeted solutions for justice-involved people with mental health and addictions problems.

Significant legal and policy changes have been proposed for correctional services. The three priorities put forward in this document, expressed as recommendations to the Government of Ontario, are congruent with these changes. They are grounded in an understanding of the barriers that justice-involved people with mental health and addictions problems face, and they will help them achieve greater housing stability and better reintegration.

These three priorities are only a beginning. The COI hopes that governments and community agencies will use the information in section 2 of this report to inform other needed actions, to meet the needs of justice-involved people with mental health and addictions problems.

Recommendation 1: That the Ministry of Health and Long-Term Care, in collaboration with the Ministry of Community Safety and Correctional Services, target a portion of all new supportive housing rent supplements to the population of individuals with mental health and addictions problems who are justice-involved.

The top priority that emerged from the think tank day was that new rent supplements be provided to justice-involved individuals. The overall shortfall in affordable and supportive housing in Ontario, combined with the added difficulties facing justice-involved people with mental health and addiction problems, necessitate a targeted policy response. Rent supplement with supports provides a direct way for people to get and keep housing. As the government moves ahead with the creation of new supportive housing for people with mental health and addictions problems, a portion of these should be made available exclusively to people who are justice-involved.

Recommendation 2: That the Ministry of Children, Community and Social Services (MCCSS) maintain the stability of housing in community for people who are incarcerated by revising ODSP and OW policies to continue benefits for a reasonable period when a recipient is incarcerated, thereby preventing the potential loss of housing and entry into homelessness upon discharge.

A second Think Tank Day priority addresses the need to ensure that people entering the corrections system do not lose their housing. OW and ODSP policies should be changed to ensure that benefits continue and rent continues to be paid for a reasonable period of time – in particular for OW and ODSP recipients who may be incarcerated for periods longer than one month.

PROMISING PRACTICES

Current ODSP rules do make some allowances for individuals who are incarcerated on a part-time basis (e.g. on weekends), recognizing that they need to maintain housing in the community. Moreover, some recent changes to reapplication and reinstatement rules mean that getting back on income support may be easier than it has been in the past. There is also some policy discretion to pay the full shelter amount in the month an individual is released to enable the person leaving incarceration to secure or maintain housing in the community. While these policies provide some protection for short-term incarceration they do not extend as far as necessary.

MCCSS recently acknowledged the need to continue to maintain housing in situations where a child is temporarily moved into the care of a children's aid society. In these instances, MCCSS has recognized that full shelter allowance should continue to be paid to the parents as long as the care situation remains temporary. Similar policy objectives should apply in situations of incarceration: maintaining stability of housing in the community, avoiding deterioration of mental and physical health, and keeping families together.

Recommendation 3: That the Ministry of Municipal Affairs and Housing and the Ministry of Health and Long-Term Care, as funders of affordable and supportive housing, carry out a comprehensive examination of human rights protections for individuals with conviction and/or non-conviction records,¹²³ with the aim of changing laws, policies, and/or practices so that those who have such records do not face barriers to accessing housing.

The third priority identified during the think tank day addresses barriers that restrict justice-involved people from accessing housing. In a 2008 report based on public consultations about human rights and rental housing, the Ontario Human Rights Commission acknowledged that while “record of offences” is not prohibited as a ground for discrimination in housing under the Ontario Human Rights Code,¹²⁴ the reality is that criminal background checks are often used to screen rental applicants, especially those seeking social housing.¹²⁵ The Commission also noted that the definition of record of offences is narrow, and it is particularly concerning that it does not protect people with non-conviction records, such as arrests, withdrawn charges, and stay of proceedings.¹²⁶ A decade later, providers' experience shows that police record checks continue to be used in the private rental market, as well as among providers of mental health supportive housing. Therefore, the COI recommends a thorough examination of housing and record check practices with a view to informing the following: (1) a clear articulation of human rights protections for individuals with conviction and/or non-conviction records related to accessing housing and mental health and addictions supports; and (2) any necessary amendments to the law so as to provide greater protection against housing discrimination on the basis of conviction and non-conviction records.

6. CONCLUSION



“Where do I go?” is a question service providers and criminal justice actors often hear from people who have been released after an arrest, at court on bail, or from a correctional facility. This question is imbued with the despair and powerlessness of a person who has nowhere to go. Referrals to emergency supports such as shelters and hospitals are commonly the temporary or “band-aid” solutions service providers and legal practitioners can offer. The lack of coordination between different levels of service allows people to fall between the cracks, causing, perpetuating, or exacerbating homelessness.

Systemic, long-term solutions are needed both in the justice and supportive housing sectors. The prioritizing of affordable and supportive housing by the Canadian and Ontario governments provides an opportunity for action. The Correctional Services and Reintegration Act creates an important opportunity to build on. The time is right for the Government of Ontario and relevant ministries to take concrete, targeted steps to ensure that justice-involved people with mental health and addictions problems can get and keep affordable, stable, decent-quality housing.

APPENDIX A: LIST OF HOUSING, HEALTH & JUSTICE COMMUNITY OF INTEREST MEMBERS

- Alpha Court Mental Health and Addiction Services (Thunder Bay)
- Canadian Mental Health Association, Ontario
- Centre for Addiction and Mental Health
- Centre for Research on Inner City Health-St. Michael's Hospital
- City of Toronto
- Cota
- Fred Victor
- John Howard Society of Ontario
- LOFT
- Ontario Ministry of Municipal Affairs and Housing
- Ontario Ministry of the Attorney General
- Northwest Community Legal Clinic
- Provincial Human Services and Justice Coordinating Committee
- Simcoe Housing
- St. Leonard's Community Services
- Toronto Community Housing
- Wellesley Institute
- Woodgreen Community Services

APPENDIX B: THINK TANK DISCUSSION SUMMARY

LEVEL	RISKS	GAPS/BARRIERS	FACILITATORS/ENABLERS
CLIENT/ FAMILY LEVEL	<ul style="list-style-type: none"> • Revolving Door Effect (decreases their mental health and wellbeing; keeps of the cycle of homelessness and justice involvement) • Lack of social support (cycling through shelters) • Increased Stigma (mental health and justice involvement reinforce stigma that they are linked) (3) • For youth, small opportunity to divert them out of the criminal justice sector • Unable to contribute to society in a 'meaningful way' 	<ul style="list-style-type: none"> • Fewer services in Northern Ontario • Stigma is a barrier (criminal record) • Accessibility (Transportation from jail to housing) • Invasion of personal privacy (multiple forms/sharing personal information) • Eligibility criteria are too restrictive • Restrictions on usage of rental subsidizes • Lack of choice • Lack of references for when they try and seek housing • Income stops during incarceration • Substance use and concurrent disorder is a barrier (lack of harm reduction programs and services) • Readiness for housing (still needs additional social supports) 	<ul style="list-style-type: none"> • People with Lived Experience (PWLE) as peer workers • Good landlords • Positive media attention for justice-involved clients reintegrating into community • Working with agency to sustain housing while on remand
SERVICE DELIVERY LEVEL	<ul style="list-style-type: none"> • Overcrowding/pressure on the shelter system (e.g overcrowding, cycling through multiple shelters in order to get care, lack of flexibility, liability etc.) • Challenges managing aggressive behaviours (these take place during overcrowding) 	<ul style="list-style-type: none"> • Fewer services in Northern Ontario • Accessibility (offering services not close to public transit; going outside of downtown Toronto for services; cost of housing units) • Invasion of personal privacy (multiple forms à requires more time; no data sharing) • Lack of coordination between different services (service providers all require different information) • Eligibility criteria are too restrictive (e.g. private landlords have their own screening/unwilling to provide housing to justice involved clients) • Low to medium risk individuals are often able to access housing • Dorm room style of housing leads to more conflict/lack of personal space • Lack of housing for justice involved • Restrictions on usage of rental subsidizes (service/system) • Decision challenges/request for funding to support services or brick and mortar not met • Substance use and concurrent is a barrier (lack of harm reduction programs and services) • Alternate Level of Care/Readiness for housing (still needs additional social supports) 	<ul style="list-style-type: none"> • Education for agencies • Providing jobs for peer support workers • Working with client to maintain housing while on remand

SYSTEM LEVEL	<ul style="list-style-type: none"> • Revolving Door Effect (heavy financial burden on the system) • Overburden system (e.g. backlogged services) • Greater expenses to the system (e.g. no housing services for families) • Inequity (e.g. racialization and poverty) • “Band-Aid solutions” (service/system) • Strain on multiple different systems/first responders, justice, health care, and housing • Decreased quality of life for justice-involved individuals 	<ul style="list-style-type: none"> • Fewer services in Northern Ontario • Eligibility criteria are too restrictive (services are not available for complex cases) • Lack of evidence-base for supporting justice-involved clients (need to share and scale best practices/absence of sharing best practices) • Lack of capital funding (bricks and mortar) • Funding is compartmentalized (e.g. between ministries) • Lack of leadership/direction from government (coordination amongst mental health, housing, and justice) • Lack of data on populations with justice involvement (can’t establish their housing, mental health needs) (service/system) • Restrictions on usage of rental subsidizes • Units are located in high-risk neighborhoods (Increase the likelihood of relapse) • ODSP policies prevent justice involved from accessing housing • Gentrification of neighborhoods is a barrier • Substance use and concurrent disorder is a barrier (lack of harm reduction programs and services) • LHINs want to see a reduction in ER visits 	<ul style="list-style-type: none"> • Opportunities in existing housing and poverty reduction provincial strategies (finding funding for justice involved clients) • Community hubs • Funding flexibility • Enhanced system navigation for justice involved clients
SUB-POPULATIONS	<p>*Consideration needs to be given to marginalized populations (Indigenous Peoples, LGBTQ2S, Racialized, Youth, TAY, Women)</p>	<p>*Transitional Aged Youth (TAY) lose support as they transition into the adult system</p> <p>*Lack of family centeredness for women with children social supports)</p>	

Organizations represented at the Think Tank Day

- | | | |
|-----------------------|------------------------------------|-------------------------|
| • LOFT | • Shelters | • Youth Services Bureau |
| • COTA | • John Howard Society of Toronto | • CAMH |
| • Ministry of Housing | • John Howard Society of Ontario | • Wellesley Institute |
| • Fred Victor | • Provincial HSJCC | • CMHA Ontario |
| • Woodgreen | • St. Leonard’s Community Services | • EENet |
| • AMHO | • Crown Law Office | |

ENDNOTES

¹ For instance, an archival study of 110 Ontario prisoners in 1993 showed that 39% of those people were transient, with no fixed address upon release (Vitelli, 1993). A study in 2001 estimated of 30% of people leaving a Canadian correctional facility would have no home upon release (Elberle et al., 2001). A later study found a 64% increase in the number of people with no fixed address prior to entering a correctional facility between 2001 and 2004 (Novac et al., 2009).

² Affordable housing is housing which costs less than 30% of before tax income. It includes housing in the private, public and not-for-profit sectors and can refer to transitional housing, supportive housing, subsidized housing, market rental housing or market homeownership. Supportive housing is a combination of a safe and stable home with the offer of additional supports that make it possible for a person to stay in their home, live independently, and/or achieve recovery. Examples of supports include case management, counselling, medication management, job search support, meal preparation, and child care.

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⁹⁸ O.Reg. 367/11, s. 49; also Suttor (2016), *Taking Stock*, 10, 16; this includes data for Toronto and the province-wide estimate of >2,000 units.

⁹⁹ [http://www.mah.gov.on.ca/Page10065.aspx%20\(accessed%20January%202018\)](http://www.mah.gov.on.ca/Page10065.aspx%20(accessed%20January%202018)). The program was *Investment in Affordable Housing* (IAH); its predecessor was the Canada-Ontario Affordable Housing Program (AHP), 2003-2011. In addition, 11,793 more households received rent supplement or housing allowances from 2011/12 to 2014/15

¹⁰⁰ Data for Toronto show that one-fifth of post-2000 new affordable units in the City of Toronto were targeted to people with experiencing mental health issues, addictions, or chronic homelessness: see Suttor (2016), *Taking Stock*, 24-25; a similar proportion was inferred across Ontario.

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¹⁰² See Employment and Social Development Canada, *Homelessness Partnering Strategy Directives 2014-2019* <https://www.canada.ca/en/employment-social-development/services/funding/homeless/homeless-directives.html> (accessed January 2018).

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