



Region of Peel
**Supportive Housing
Demand and Supply
Analysis and Action Plan**

March 28, 2016

Final Report

Acknowledgements

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Introduction

Context

In 2013, the Region of Peel approved Peel’s Housing and Homelessness Plan: A Community Strategy 2014-2024. The Plan identified a range of **actions associated with the provision of supportive housing**, as follows:

<p>Objective #1: Housing Stock Available and accessible quality housing that meets people’s needs and preferences throughout their lives.</p>	<ul style="list-style-type: none">▪ Action 1.3: Ensure supply of housing options with supports that address community needs.
<p>Objective #2: Individual and Family Capacity An environment that helps people secure and maintain housing at every stage of life.</p>	<ul style="list-style-type: none">▪ Action 2.2: Remove systemic barriers for people to access and retain housing, and support services.▪ Action 2.3: Ensure physical and mental health supports are available for people to retain their home.
<p>Objective #3: Integrated System An integrated system that supports people’s housing needs efficiently and effectively.</p>	<ul style="list-style-type: none">▪ Action 3.1: Coordinate funding and collaboration incentives among partners to ensure resources are aligned with community and individuals’ needs.▪ Action 3.2: Enable collaboration that leads to integrated and seamless supports.▪ Action 3.3: Enhance mechanisms to establish, implement and meet housing and service needs.▪ Action 3.4: Develop tools and knowledge for all partners to share, access and report on data about needs in our community.▪ Action 3.5: Use research and information for education, awareness and decision-making.

Given the strong focus on housing with supports identified in the Plan, the Region of Peel undertook this **Supportive Housing Demand and Supply Analysis and Action Plan** to identify and address the supportive housing needs and gaps in the region. This study also captures the extent of supported services provided by a wide range of agencies operating in Peel Region. The process allowed the Region to enable creative and constructive dialogue with community stakeholders, all with a common purpose: to strengthen the future of supportive housing throughout Peel Region.

Goal

The overall goal of the study is to **prepare a demand and supply analysis of supportive housing in Peel Region, as well as an action plan for addressing identified needs and gaps**, to support the objectives of the Peel Housing and Homelessness Plan.

Guiding Principles

This study reflects the six principles of Peel’s Housing and Homelessness Plan.

Housing and Homelessness Plan Principles	people-centered	transparent	partnership-based
	innovative	sustainable	accountable

Study Objectives

The objectives for this study are as follows:

- Define the **range of population groups** requiring support services in Peel Region including persons with frail health, physical disabilities (e.g. mobility, hearing, vision), mental illness, addictions, developmental delays, acquired brain injury, etc.
- Develop a **demand profile** of current and future persons requiring supportive housing. This profile will include estimated wait list information by population group as available.
- Create an **inventory** of available and planned supportive housing units in Peel Region. This will include a compilation of all head lease, referral and less formal agreements with housing providers, as well as designated supportive housing units. It also includes an inventory of modified units in the Region.
- Identify the **need** for supportive housing in Peel Region and any other gaps identified by the demand and supply analysis.
- Prepare a **typology** of the housing types suitable for supportive housing in Peel Region, including identifying the living arrangements, who would typically live in the type of housing and what it looks like (i.e. building and unit form, density).
- Develop an **action plan** to address identified needs and gaps in supportive housing in Peel Region.

Methodology

This study incorporates the findings from three major phases of work: the consultation process, the demand and supply analysis, and the action plan.

Consultation Activities

Region of Peel Project Team

A Project Team of Region of Peel staff was assembled to oversee the study process and ongoing communications across the three phases of work.

Advisory Committee

An Advisory Committee comprised of representatives from agencies providing service population groups, as well as funders, was established to discuss, validate, and develop various elements in the study. Meetings took place on: May 26, 2015, September 28, 2015, December 7, 2015 and February 10, 2016.

Stakeholder Workshops

Three Stakeholder Workshops were held (June 26 and October 21, 2015 and January 29, 2016) with key informants and stakeholders from several areas of expertise, including supportive housing, affordable housing, support services, and health services. Workshop attendees participated in activities that involved generating new ideas for addressing the supportive housing needs in Peel Region. The final Workshop involved obtaining feedback on the draft Action Plan.

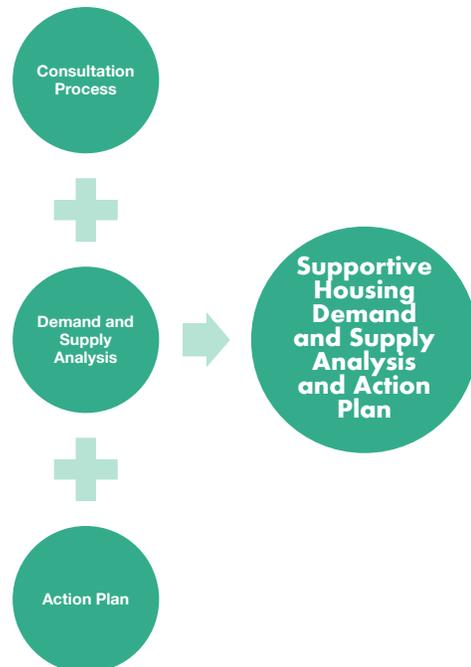
A full list of Workshop attendees can be found in the Appendix of this report.

Housing Provider and Support Service Agency Survey

The housing provider and support service agency survey was administered to 163 organizations and community-based groups. Through the survey, respondents provided information such as:

- Organization location
- Sources of funding
- Population groups served
- Support services offered
- Types of housing offered (transitional or supportive)
- Modified housing units offered
- Eligibility criteria
- Wait list information and criteria
- Existing community partnerships
- Formal and informal agreements with housing providers or support service agencies
- Key barriers, issues and needs of persons requiring supportive housing

A total of 68 unique responses were received as of January 13, 2016.



Focus Groups with Persons Requiring Supportive Housing

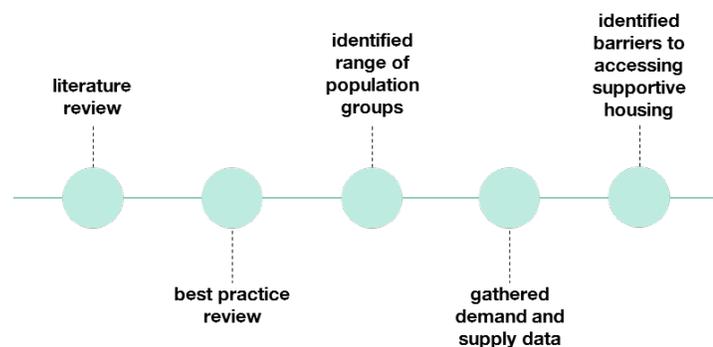
Four focus groups were held between November 2015 and February 2016. The sessions were held at: Camille's Place (Brampton), Turtle Creek Manor (Mississauga), SHIP (Main Street, Brampton) and with the Caledon Area Families for Inclusion group (Caledon). The focus groups involved engaging persons requiring supportive housing, their families, and housing staff in mapping out the journeys that they experienced or witnessed while aiming to access supportive housing, affordable housing, and support services in Peel Region. Participants identified barriers and gaps in the system, emotions that they felt across their journeys, and potential solutions for improving this experience.

Additional Information-Gathering from Key Informants

This step involved contacting various agencies and funders to gather demand and supply data (including Developmental Services Ontario and Ontario Non-Profit Housing Association).

Demand and Supply Analysis

The demand and supply analysis involved five components. The **literature review** and **best practice review** were conducted to further our understanding of key issues around providing support services for persons with varying needs, the range of housing types that exist to address those needs, and (potentially) replicable programs and solutions that have been implemented in other jurisdictions. This initial research phase helped narrow-down and **identify the range of population groups** requiring supportive housing in Peel Region, as defined in the following section of this report.



The **supply and demand data gathering** process was conducted primarily through the administration, synthesis, and analysis of the housing provider and support service agency survey results, and included additional secondary research through Developmental Services Ontario (DSO), Ontario Non-Profit Housing Association (ONPHA) reports, Statistics Canada, and other sources.

The project team **identified and developed barriers to accessing supportive housing** through the synthesis of all data gathered throughout the consultation, demand and supply, literature review, and best practice exercises.

Additionally, an **assessment tool** was developed to measure the degree of accessibility of units within social housing buildings, including individual units and common spaces. As a desired action item, the Region of Peel plans to use the tool to complete an inventory of modified units within the Region.

Action Plan

The Supportive Housing Action Plan reflects the findings of the supportive housing demand and supply analysis and is comprised of **3 objectives, 6 outcomes, and 30 actions**.

Approach

The Region of Peel Supportive Housing Supply and Demand Analysis and Action Plan was developed based on a Housing-First approach to delivering appropriate permanent housing linked with supports to meet the needs of Peel residents.

Definition of Supportive Housing

The study's Advisory Committee collaboratively developed a definition of **supportive housing** for the Region of Peel Supportive Housing Action Plan, as:

Supportive housing is affordable and accessible residential accommodation within an environment that provides individual based supports and services to persons who require them to live independently. Individual based supports and services can include assistance with activities of daily living, assistance with medical care, and other community based supports.

A Focus on Permanent Housing

The purpose of the Action Plan is to focus on long-term or permanent housing linked to appropriate support services. Therefore, shelters, emergency housing, and transitional housing are not included in this definition of supportive housing, nor are they within the scope of this study. However, it is acknowledged that people requiring supportive housing may be experiencing homeless or may be at risk of homelessness at some point in their life. As such being homeless does not exclude someone from being served by the supportive housing system. A broader review of homelessness in Peel is also currently underway.

A Housing-First Approach

Definition of Housing First

The following definition of Housing First can be found in Peel's Housing and Homelessness Plan:

The **Housing-First approach** is based on the principle that people are better able to move forward with their lives if they are first housed. As such, this approach aims to assist people who are homeless to obtain and maintain permanent housing that is affordable and to assist those who are at risk of homelessness to remain housed (CHPI Program Guidelines, 2012).

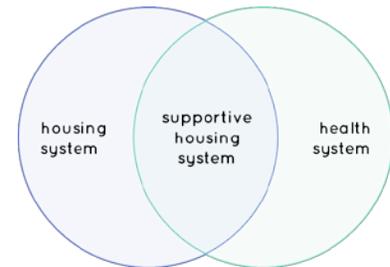
This Plan adopts a Housing-First approach in that it aims to provide residents of Peel with the supportive housing accommodations that they require to live healthy lives. Supportive housing providers in Peel take a Housing-First approach with their clients by ensuring that housing situations are not interrupted based on the types of supports that they require.

A Systems-Thinking Approach

This Action Plan was developed with the goal of identifying opportunities to enhance understanding of the current supportive housing system and to co-create strategies to develop a seamless system across the continuum of housing and supports.

Linking Housing with Supports

The supportive housing system is located at the intersection of the health system and the housing system. The Outcomes, Objectives, and Actions in this Plan aim to reinforce the link between the two systems in providing Peel residents with the opportunity to live healthy lives in permanent housing situations.



A Complex System

The supportive housing system is a complex system of funders, agencies, housing providers, and other stakeholders.

The supportive housing system is dependent on funders from all levels of government, housing providers, service providers, the private sector, and the not-for-profit sector, all with unique contributions to the system:

- The Federal government, represented by Canada Mortgage and Housing Corporation (CMHC), primarily provides capital funding through its Investment in Affordable Housing program, as well as funding to address homelessness. Other roles of the Federal government include providing mortgage insurance for supportive housing projects and national policy direction on housing.
- The Provincial government, represented by the Ministry of Municipal Affairs and Housing (MMAH), the Ministry of Community and Social Services (MCSS), and the Ministry of Health and Long Term Care (MOHLTC) fulfills a wide range of key roles within the supportive housing system. Through legislative, regulatory and funding programs, the Province helps set the supportive housing agenda for Ontario and assists communities in meeting their supportive housing needs. There are a number of key Provincial Acts that influence Peel's supportive housing system, including the Planning Act, the Municipal Act, the Housing Services Act, the Residential Protection Act, the Ontario Building Code, the Accessibility for Ontarians with Disabilities Act, the Ontario Disability Support Program Act, the Ontarians with Disabilities Act and the Ontario Human Services Act. Similarly, Provincial policies and strategies such as the Provincial Policy Statement on Housing, Ontario's Long-Term Affordable Housing Strategy, Ontario's Comprehensive Mental Health and Addictions Strategy, and Ontario's Poverty Reduction Plan, further impact the supportive housing system in Peel.
- The Province also provides both capital and operating funding to supportive housing projects. Capital funding is provided for the creation of supportive housing through its partnership with the Federal government in the Investment in Affordable Housing program and to a lesser extent through funding programs offered by MCSS and MOHLTC. The Province also provides ongoing operating subsidies to a range of community organizations providing supportive housing, in particular providing supportive housing for persons with intellectual disabilities and Autism Spectrum Disorder.

- Local Provincial government representation, including Mississauga-Halton Local Health Integrated Network (MH-LHIN) and the Central West Local Health Integrated Network (CW-LHIN) provide funding to community based agencies for a wide range of support services including for persons with physical disabilities, acquired brain injury, mental illness, addictions, concurrent disorders and co-morbidities. The Community Care Access Centre (CCAC) provides a range of care and support services to Peel residents including seniors and others requiring support in their home.
- The Region of Peel has a range of roles and responsibilities within the supportive housing system in Peel. These include land use regulation (through its Official Plan), social housing administration (through the Housing Services Act), facilitating affordable/supportive housing development (through its role as administrator of the Investment in Affordable Housing (IAH) program), addressing homelessness (through its role administering provincial homelessness programs), and enabling collective community action through initiatives such as its 10-Year Housing and Homelessness Plan, Seniors Strategy and this Supportive Housing Action Plan.
- Non-profit and private agencies, organizations, and community-based groups provide a wide range of support services, supportive housing, affordable housing, and networks for Peel residents.
- The private sector also has a role in the supportive housing system in Peel. Private land owners and developers contribute to the creation of new supportive housing; private investors and landlords may provide rental units through rent supplement agreements with the Region or community agencies; and private lenders participate in the system by providing mortgages and other types of loans which are critical to the success of Peel's supportive housing system.

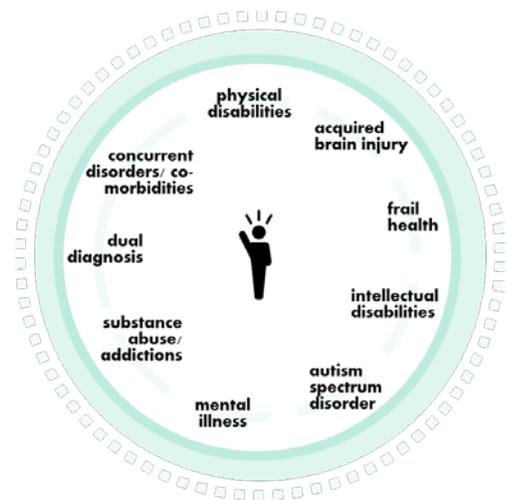
A challenge for all of these groups is to work collaboratively within the system, while furthering their own mandates for the specific stakeholders and population groups that they serve. Although the Region of Peel as the local system service manager often assumes the role of *enabler* in the system by promoting community-wide discussion on issues and concerns at hand, community partners from across sectors must work together to implement the Region of Peel's action plan for supportive housing. Continued success in the creation of supportive housing in Peel Region will depend on the cultivation of strong, lasting partnerships that find innovative solutions based on the community's assets.

Population Groups Requiring Supportive Housing

The Action Plan focuses on the following population groups requiring supportive housing in Peel Region:

Persons with Physical Disabilities

“Persons with any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device” (AODA Act, 2005; and Ontario Human Rights Code)



Persons with Acquired Brain Injury

“Persons with Acquired Brain Injury (ABI) have damage to the brain that occurs after birth from a traumatic or non-traumatic event. A traumatic event could include a blow to the head, a fall, a motor vehicle collision or a sports related injury. A non-traumatic event could be caused by meningitis or encephalitis, oxygen deprivation (anoxia) or stroke.” (OBIA, 2015).

Persons with Frail Health

“Persons with one or more of the following illness(es), condition(s) or presentation(s): complex medical management needs; polypharmacy; cognitive impairment (e.g. dementia or delirium); reduced mobility or falls; and/or unexplained functional decline not otherwise specified.” (Based on OHIP Family Practice definition of “frail elderly patient”). For the purposes of this Action Plan, persons in frail health does not include individuals living in long term care facilities.

Persons with Intellectual Disabilities

“A condition of mental impairment, present or occurring during a person’s formative years, which is associated with limitations in adaptive behaviour.” (MOHLTC and MCSS, 2008).

Persons with Autism Spectrum Disorder

“Persons with Autism spectrum disorder (ASD) have a life-long neurological disorder that affects the way they communicate and relate to the people and world around them. ASD can affect behaviour, social interactions, and one’s ability to communicate verbally. ASD is a spectrum disorder, which means that while all people with ASD will experience certain difficulties, the degree to which each person on the spectrum experiences these challenges will be different.” (Autism Ontario, 2015).

Persons with Mental Illness

“Mental illness is a recognized, medically diagnosable illness that results in the significant impairment of a person’s cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors and can be managed using approaches comparable to those applied to physical disease (i.e., prevention, diagnosis, treatment and rehabilitation).” (CMHA Ontario, 2015a).

Persons with Substance Abuse/Addictions

“Persons with substance abuse/addictions experience: craving, loss of control of amount or frequency of use, compulsion to use, and use despite consequences. Continued substance use, especially heavy use, can cause changes in the body and brain.” (CAMH, 2012).

Persons with Dual Diagnosis

“Persons with both an intellectual disability and mental health needs. This term is a general one and refers to a wide range of intellectual disabilities and mental illnesses.” (MOHLTC and MCSS, 2008).

Persons with Concurrent Disorders or Co-Morbidities

“Persons with both a mental illness and a substance use problem. This term is a general one and refers to a wide range of mental illnesses and addictions.” (CMHA Ontario, 2015b).

Demand and Supply Analysis

The following are profiles for each population group requiring supportive housing in Peel Region. Each profile provides a snapshot of the supportive housing demand and supply, lists the agencies providing these supportive housing units and other supports, and notes major barriers the population group faces in accessing supportive housing.

The information contained within these profiles was obtained through the surveys distributed (between August and October 2015) to known agencies providing supports and/or supportive housing in Peel Region. Follow-up emails, telephone calls, internet searches, published reports, contact with funders (i.e. DSO), and data from 2008 obtained from these agencies for the 2009 Peel Region Official Plan Review were also key sources of information and data used in this analysis. Profiles of agencies that provide supportive housing are listed by population group served in Appendix 1.

Given the variety of data sources and the number of agencies consulted, current and complete data was not available in all instances.

The following table provides an overview of the demand and supply of supportive housing by population group.

Population Group	Demand	Supply
Physical Disabilities	99 applicants on wait list	300 units
Acquired Brain Injury	45 applicants on wait list	18 units
Intellectual Disabilities	716 applicants on wait list	290 units
Autism Spectrum Disorder		22 units
Frail Health	443 applicants on wait list	736 units
Mental Illness	1,093 persons on the wait list	252 units
Substance Abuse/Addictions		27+ units
Dual Diagnosis, Concurrent Disorders, and Co-Morbidities	(covered in other population group categories)	
Totals	2,396	1,645

Physical Disabilities

Overview

Demand

- There are approximately **99 persons on a wait list** for supportive housing for persons with physical disabilities and wait times are reported to be up to **10 years** (aggregate wait list for AbleLiving, March of Dimes, and Peel Cheshire Homes (Brampton) Inc. and Peel Cheshire Homes, Inc. (Streetsville))

Supply

- The supply of supportive housing for persons with physical disabilities provided by community agencies (AbleLiving, March of Dimes, Peel Cheshire Homes (Brampton) Inc., and Peel Cheshire Homes, Inc. (Streetsville)) is: **92 units** (as of 2015)
- The supply of supportive housing for persons with physical disabilities within the social housing portfolio in Peel is: **208 units** in 24 buildings (as of 2015)

Agencies

The agencies providing **dedicated or mandated supportive housing** for persons with physical disabilities are:

- | | |
|---|--|
| <ul style="list-style-type: none">AbleLiving Services Inc.Ontario March of Dimes | <ul style="list-style-type: none">Peel Cheshire Homes (Brampton) Inc.Peel Cheshire Homes, Inc. (Streetsville) |
|---|--|

Other agencies serving persons with physical disabilities that have responded to the 2015 survey include:

- | | |
|--|---|
| <ul style="list-style-type: none">Abbeyfield Houses Society of CaledonBrampton Caledon Community LivingCaledon Community ServicesCanadian National Institute for the BlindCarefirst SeniorsCentral West CCACElizabeth Fry Society of Peel HaltonPeel Addiction Assessment and Referral Centre | <ul style="list-style-type: none">PAARCSchizophrenia Society of OntarioThe Metis Nation of OntarioThe Open DoorTrillium Health PartnersVita CentreWavel Villa Seniors Residences (Turtle Creek Manor) |
|--|---|

Issues and Major Barriers

Issues/major barriers facing persons with physical disabilities requiring supportive housing identified through consultations include:

- | | |
|--|---|
| <ul style="list-style-type: none">Lack of fundingLow unit/service turnover ratesNeed for a larger supply of affordable housing at all points of the continuumNeed for secure housing so that tenants are not being moved aroundRising operation costs for affordable housing | <ul style="list-style-type: none">Stigma towards persons requiring supportive housingNeed for additional staffing capacityNeed for diversity training for staffLiteracy challengesAging parents becoming increasingly unable to care for family members |
|--|---|

Acquired Brain Injury

Overview

Demand

- The demand for supportive housing for persons with ABI provided by community agencies is **45 persons on the wait list** for PHD ABIS

Supply

- The supply of supportive housing for persons with ABI provided by community agencies is: **18 units** (as of 2015)

Agencies

The agencies providing **dedicated or mandated supportive housing** for persons with ABI are:

- Peel Halton Dufferin Acquired Brain Injury Services (PHD ABIS)

Other agencies serving persons with ABI that have responded to the 2015 survey include:

- Elizabeth Fry Society of Peel Halton
- AbleLiving Services Inc.
- Peel Cheshire Homes (Brampton) Inc.
- Peel Cheshire Homes, Inc. (Streetsville)

Issues and Major Barriers

Issues/major barriers facing persons with ABI requiring supportive housing identified through consultations include:

- Lack of turnover
- Difficulty maintaining housing and navigating the system
- Access to housing

Frail Health

Demand

- The demand for supportive housing for persons with frail health varies by agency; there's a total of more than **443 persons on a wait list** (aggregate wait list for 6 agencies; *Note:* in the Central-West LHIN, the Central-West CCAC manages the central wait list for seniors' supportive housing, while in the Mississauga-Halton LHIN, it is managed by a Central Registry.)

Supply

- The supply of supportive housing for persons with frail health provided by community agencies (Abbeyfield Houses Society of Caledon, CANES, Caledon Community Services, Ivan Franko, Ontario March of Dimes, Wavel Village, Peel Senior Link, and Yee Hong) is approximately **736 units** (as of 2015)

Agencies

The agencies providing **dedicated or mandated supportive housing** for persons with frail health are:

- Abbeyfield Houses Society of Caledon (Abbeyfield Caledon)
- Ontario March of Dimes
- Peel Senior Link

- CANES
- Caledon Community Services
- Forum Italia
- Ivan Franko (Ukrainian Home for the Aged)
- Victorian Order of Nurses
- Wavel Villa Seniors Residences (Turtle Creek Manor)
- Yee Hong Centre

Other agencies serving persons with frail health that have responded to the 2015 survey include:

- Supportive Housing in Peel (SHIP)
- Elizabeth Fry Society of Peel Halton

Intellectual Disabilities

Overview

Demand

- Development Services Ontario (DSO) manages waiting lists for supportive housing units for persons with intellectual disabilities. As of 2015, **716 persons on the wait list** with intellectual disabilities were seeking housing support (693 with the DSO and 23 with Caledon Community Services)
- Of the 693 adults, 371 live in Mississauga, 282 in Brampton, 28 in Caledon and Bolton, and the 12 remaining in other regions.

Supply

- The supply of supportive housing for persons with intellectual disabilities provided by community agencies (BCCL, CLM, CCS, Christian Horizons, CLM, Family Services of Peel, and Mary's Centre) is approximately **296 units** (as of 2015)

Agencies

The agencies providing **dedicated or mandated supportive housing** for persons with intellectual disabilities are:

- Brampton Caledon Community Living (BCCL)
- Caledon Community Services (CCS)
- Christian Horizons
- Community Living Mississauga (CLM)
- Family Services of Peel/ Adult Protection Services
- Mary's Centre
- Wellness Anew Foundation

Issues and Major Barriers

Issues/major barriers facing persons with intellectual disabilities requiring supportive housing identified through consultations include:

- Aging parents becoming increasingly unable to care for family members
- Lack of funding
- Low unit/service turnover rates
- Need for a larger supply of affordable housing at all points of the continuum
- Need for secure housing so that tenants are not being moved around
- Stigma towards persons requiring supportive housing
- Need for additional staffing capacity
- Need for diversity training for staff
- Literacy challenges
- Aging parents becoming increasingly unable to care for family members
- Rising operation costs for affordable housing

Autism Spectrum Disorder

Demand

- Development Services Ontario manages waiting lists for supportive housing units for persons with Autism Spectrum Disorder (ASD). See the demand for persons with Intellectual Disabilities above.

Supply

- The supply of supportive housing for persons with ASD provided by community agencies (Kerry's Place) is: **22 units** in 6 group homes (as of 2015)

Agencies

The agencies providing **dedicated or mandated supportive housing** for persons with ASD are:

- Kerry's Place

Other agencies serving persons with ASD that have responded to the 2015 survey include:

- Elizabeth Fry Society of Peel Halton

Mental Illness

Demand

- The demand for supportive housing for persons with mental illness provided by community agencies is: **1,093 persons** on the SHIP wait list (as of 2012)

Supply

- The supply of supportive housing for persons with mental illness provided by community agencies (SHIP) is: **252 units** (as of 2015)

Agencies

The agencies providing **dedicated or mandated supportive housing** for persons with mental illness are:

- Supportive Housing in Peel (SHIP)
- CMHA, Peel (covered by SHIP)
- Peace Ranch
- Oliver House (Dom Hostel)
- Genesis Lodge (Dom Hostel)
- Support & Housing in Halton

Other agencies serving persons with mental illness that have responded to the 2015 survey include:

- Wavel Villa Seniors Residences
- Caledon Community Services
- Elizabeth Fry Society

Issues and Major Barriers

Issues/major barriers facing persons with mental illness requiring supportive housing identified through consultations includes:

- Multiple points of access
- Long wait times
- Many clients lacking literacy struggle to access affordable housing
- Lack of funding
- Lack of transitional housing options to help individuals transition out of supportive housing

Substance Abuse/Addictions

Demand

- The demand for supportive housing for persons with substance abuse / addictions is included with SHIP’s wait list for persons with mental illness. Elizabeth Fry Society does not maintain a wait list.

Supply

- The supply of supportive housing for persons with substance abuse / addictions is: **27+ units** as some units provided by SHIP are also for persons with substance abuse and/or addictions

Agencies

The agencies providing **dedicated or mandated supportive housing** for persons with substance abuse/addictions are:

- Elizabeth Fry Society of Peel Halton
- Supportive Housing in Peel (SHIP)

Other agencies serving persons with substance abuse/addictions that have responded to the 2015 survey include:

- Wavel Villa Seniors Residences (Turtle Creek Manor)

Issues and Major Barriers

Issues/major barriers facing persons with substance abuse/addictions requiring supportive housing identified through consultations include:

- Lack of funding
- Multiple points of access
- Long wait times

Dual Diagnosis, Concurrent Disorders, and Co-Morbidities

Demand

- The demand for supportive housing for persons with a dual diagnosis, concurrent disorders, or co-morbidities provided by community agencies varies – see agency profiles in Appendix 1

Supply

- The supply of supportive housing for persons with a dual diagnosis, concurrent disorders, or co-morbidities provided by community agencies is amalgamated with other population groups – see agency profiles in Appendix 1

Agencies

The agencies providing **dedicated or mandated supportive housing** for persons with a dual diagnosis, concurrent disorders, or co-morbidities are:

- Elizabeth Fry Society of Peel Halton
- Supportive Housing in Peel (SHIP)

Issues and Major Barriers

Issues/major barriers facing persons with a dual diagnosis, concurrent disorders, or co-morbidities requiring supportive housing identified through consultations include:

- Multiple points of access (might create confusion for applicants)
- Long wait times
- Little availability of "second stage" or transitional housing options

The Need and Issues

When building an effective action plan it is important to understand the need and related set of issues that people requiring supportive housing, agencies, funders, and other stakeholders in the system are facing. The need and issues were identified through several co-creative workshops and meetings held with the Advisory Committee and stakeholder groups, including housing providers, non-profit agencies, and government.

The problem is clear: **there is a tremendous need for more supportive housing in Peel Region.** However, the supportive housing system is complex and funding to acquire new units and to provide additional support services is limited. Further, the research shows that supportive housing needs are diverse and dependent on a range of individual circumstances. These variants include the level of support services available in an individual's community and the complexity of the individual's supportive housing needs.

The issues facing people requiring supportive housing fall into three main themes:

Supply-Demand Gap

Access Experience

System Integration

Problems that lie within each theme are explored further in this section.

Supply-Demand Gap

This theme provides evidence of a gap between the level of demand for supportive housing and the available supply in Peel Region, some causes, and challenges that exist because of the gap.

Wait times for supportive housing are long and expected to grow.

The wait lists for most population groups requiring supportive housing are extensive. For many, wait times for a supportive housing unit are years, and sometimes decades. Long wait times for supportive housing might be a product of many situations in the supportive housing system. These include:

- A growing population of persons living with disabilities;
- A housing stock that does not meet the demand of the current population;
- Low turnover rates in supportive housing units, as people are living longer; and
- A lack of suitable housing options in the housing stock for varying needs.

The following is a summary of the estimated population of the groups requiring supportive housing, as well as supply and demand information.

Persons with Physical Disabilities

One in seven people in Ontario (or 14%) have a physical disability. Using the same ratio and based on Peel Region's population figure of 1,384,000, this translates to about 197,714 people with a physical disability living in Peel Region. Over the next 20 years, that number will rise as the population ages.

There are roughly 300 supportive housing units in Peel for persons with a physical disability: 82 mandated units provided by support service agencies and 208 units in 24 social housing buildings. There are over 99 persons with a physical disability on a wait list for supportive housing and wait times of up to 10 years. However, wait lists are not maintained by all agencies so these figures are most likely understated. Three organizations are mandated to provide supportive housing for persons with physical disabilities: AbleLiving, Ontario March of Dimes, Peel Cheshire Homes (Brampton) Inc. and Peel Cheshire Homes, Inc. (Streetsville).

Persons with Acquired Brain Injury

There are about 500,000 people in Ontario with an acquired brain injury representing about 3.6% of the total population. Using the same ratio, this translates to approximately 49,824 persons with acquired brain injury living in Peel Region.

There are 18 supportive housing units for persons with acquired brain injury in Peel Region. Peel Halton Dufferin Acquired Brain Injury Services is the only agency providing supportive housing in Peel Region. Wait list data is not available; however, low turnover has been identified as an issue.

Persons with Frail Health

There are 135,855 seniors aged 65 and older (roughly 10.5% of the population) living in Peel as of 2011 and by 2030 this figure will double to roughly 271,710 individuals (roughly 14.9% of the population) (Ministry of Finance Projections). As they age, many seniors have frail health.

The supply of supportive housing for persons with frail health provided by community agencies (Abbeyfield Houses Society of Celadon, CANES, Caledon Community Services, Ivan Franko, Ontario March of Dimes, Wavel Village and Yee Hong,) is approximately 736 units (as of 2015) and more than 200 people with frail health are waiting for a supportive housing unit.

Persons with Intellectual Disabilities

Development Services Ontario (DSO) manages waiting lists for supportive housing units for persons with intellectual disabilities. As of 2015, 693 adults with intellectual disabilities were seeking housing support with the DSO. There were approximately 3,000 people with intellectual disabilities (or 0.2% of the population) registered with the DSO for supportive housing in Peel Region.

The supply of supportive housing for persons with intellectual disabilities provided by community agencies (Brampton-Caledon Community Living, Caledon Community Services, Christian Horizons, Community Living Mississauga, Family Services of Peel, and Mary's Centre) is approximately 290 units (as of 2015).

Persons with Autism Spectrum Disorder

About one in 68 children has been identified with autism spectrum disorder (ASD) according to estimates from Centre for Disease Control's Autism and Intellectual Disabilities Monitoring (ADDM) Network and it has been reported that the number of individuals with autism diagnosis is growing at an alarming rate each year.

The supply of supportive housing for persons with ASD provided by community agencies (Kerry’s Place) is 22 units in six group homes (as of 2015).

Persons with Mental Illness

One in five Ontarians (or 20%) will have a mental illness in their lifetime. This translates to about 276,800 people in Peel Region as of 2015 and an estimated 354,300 persons living with mental illness in Peel by 2030 (Peel Data Centre and Ministry of Finance Projections).

The supply of supportive housing for persons with mental illness provided by community agencies (SHIP) is 252 units (as of 2015). For SHIP, there have been approximately 1,051 to 1,093 persons on the wait list annually from 2011 to 2012.

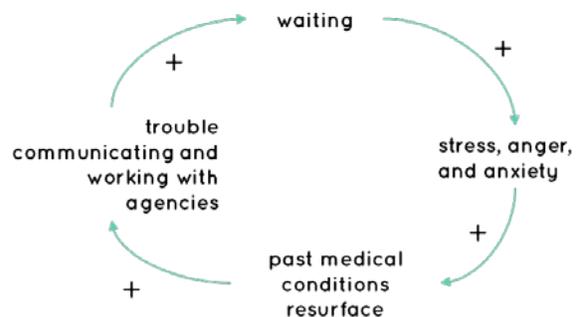
Persons with Substance Abuse / Addictions, Dual Diagnosis, Concurrent Disorders, or Co-Morbidities

Concurrent disorders are on the rise. About 17% of the population has a substance abuse problem, but the proportion may be much higher for people with mental illness ranging from under 20% to over 65% (Hall, Popkin & DeVaul, 1977; Ananth et al., 1989). Dementia and diabetes rates are expected to grow; both these diseases could lead to the need for supportive housing.

Elizabeth Fry Society offers 27 units of supportive housing for women and youth in the Triplex Apartment Communal Living building. SHIP’s 252 units of supportive housing are also generally suitable for persons with dual diagnosis, concurrent disorders, or co-morbidities. Units are a variety of bedroom sizes, and include modified units, shared units, and respite beds.

The long wait times for supportive housing in Peel Region can lead to crises, worsened health, and more difficulties securing housing.

Long wait lists and wait times often lead to feelings of stress, anger and anxiety by people in need of supportive housing and their families and caregivers. Many times, this leads to past medical conditions resurfacing and sometimes trouble with communication and working with agencies due to worsened health and mental well-being, and thus more complications in securing stable housing. This time spent in a setting that does not support inclusion and integration can exacerbate the difficulties in the transition to permanent housing.



Based on information gathered from stakeholder workshops, this cycle is most notably present among persons with mental illness and individuals with intellectual disabilities in Peel, who might be attempting to register with the DSO. While some organizations (such as SHIP) provide support while waiting for housing, many agencies do not or are unable to.

There is demonstrated demand for a range of supportive housing choices that meet the specific needs across a person's life cycle.

Persons requiring supportive services have unique housing needs depending on their health, stage in life, need for varying degrees of supports, accessibility requirements, and preferences for living independently or in a congregate setting.

Consultation with persons with physical disabilities, persons with intellectual disabilities, and frail seniors reflected a need for support service options that meet a continuum of needs, from low to high need. These might include supports to daily living, transportation, and meal services. The population groups consulted also identified the need for housing options that incorporate design characteristics and features that meet varying needs. These characteristics and features might include a suitable number of bedrooms, widened doorways, or other accessibility features such as grab bars.

Notable Housing and Support Needs

Based on consultations, the most common unmet needs related to housing and supports among the select population groups profiled included:

- Availability of programming and outreach support services in the supportive housing building, with the availability of space for these agencies as one of the key resources missing.
- For most populations, especially persons with physical disabilities, frail persons, and persons with intellectual disabilities, access to public transportation is important as many people requiring supportive housing may not drive or not have access to a vehicle.
- Population is aging and often people requiring supportive housing age more rapidly than the general population. Accessibility is an important feature for most people requiring supportive housing, although not all people need a fully modified unit. The extent to which a unit needs to be modified could range from adding simple accessibility features (such as adequate lighting and grab bars) to more advanced features (such as widened doorways and hallways and wheelchair accessible showers).
- Supportive housing must be affordable to those who need it. The vast majority of people requiring supportive housing are on a fixed income and at times even rent-geared-to-income housing is too expensive because of medical and other expenses related to their disability.

There is a lack of funding available for both the development and operation of supportive housing.

Funding for supportive housing requires both one-time capital (primarily for the development process) and ongoing operating funding (for support services and general operation costs).

The development process involved in building new supportive housing is lengthy, at least two to three years long. The process involves several resource-intensive processes such as finding and securing a site, obtaining planning approvals, designing the building, obtaining financing, and constructing the building. Agencies trying to add to the supportive housing stock identified that capital funding is sporadic and not predictable, making it difficult to plan, foster collaborations with other agencies and organizations, and engage the private sector. The coordination and timing of capital and operating funding is essential in ensuring a positive cash flow scenario over the course of the development and operating phases of a project.

While partnerships with municipal government, community agencies, private and non-profit housing providers are important, ultimately, the lack of strong provincial leadership and financial support poses difficulties for groups working to add to the supportive housing stock.

Access Experience

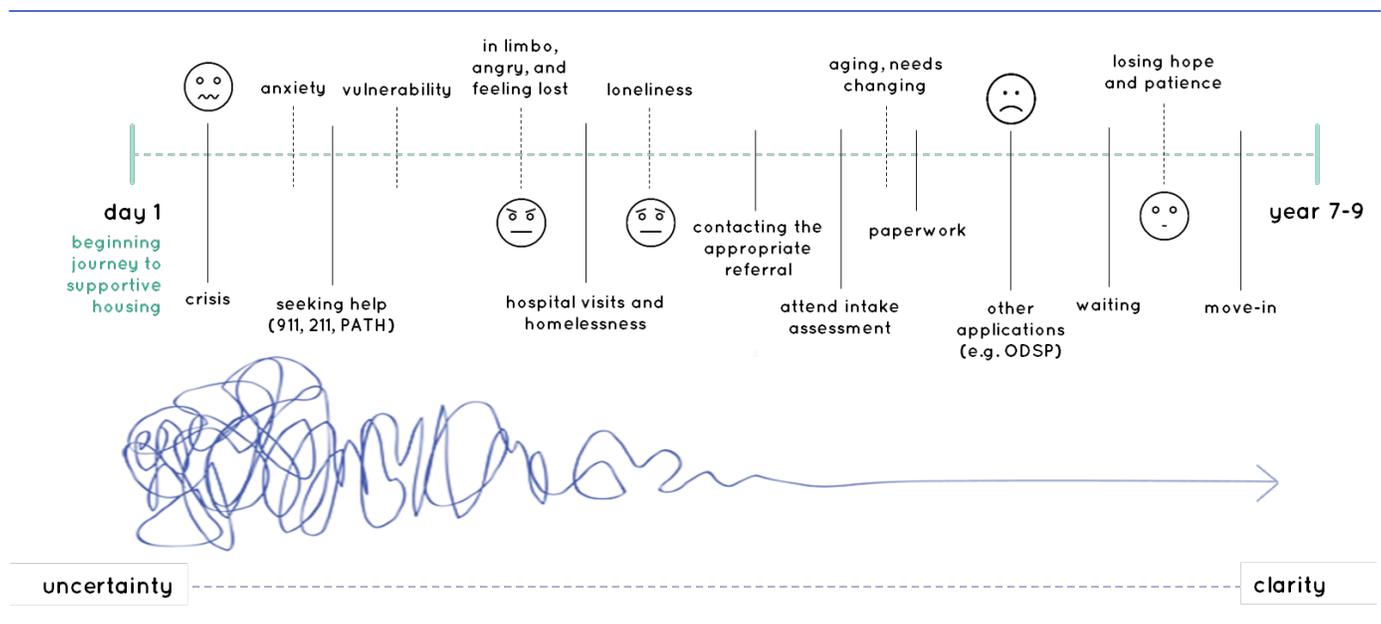
This theme addresses issues with the experience of individuals attempting to access supportive housing in Peel Region. The key issues related to experience are tied to individuals' journeys. This section examines the degree to which the system was designed with a human-centered approach in mind.

Accessing supportive housing is often a difficult process.

The Journey to Supportive Housing

While every journey differs based on the housing needed, geographic location, the individual's financial situation, and other determinants, the following journey is a representation of what was heard through various consultations.

Workshop and focus group participants expressed that there is a critical phase in an individual's journey to accessing supportive housing. This phase begins on Day 1, where the individual might experience a crisis or event that requires them to embark on the journey to securing a supportive housing unit. The period between Day 1 and the day when the individual is assigned a support worker (for instance, in the case of a person with a mental illness) can be confusing, frustrating, and uncomfortable. Families of adult children with intellectual disabilities also expressed similar sentiments in their journeys to registering with DSO. Participants expressed feelings of anxiety and vulnerability while trying to navigate the system. This is the phase where people often require a great deal of support. Focus group participants who were guided through this process (e.g. by a support worker or housing administrator) tended to express lower levels of anxiety than those who were doing it alone (e.g. many parents of adult children with intellectual disabilities).



Characteristics of the User Experience

While the journey to accessing supportive housing is often strongly related to the specific circumstances and determinants affecting the individual seeking housing, there are several characteristics of the experience that are products of the supportive housing system and that can create roadblocks or issues for many individuals. Some examples that emerged through the research and consultation processes include:

Multiple Access Points

There are multiple points of contact, making it difficult for population groups to access the supportive housing system. Population groups such as persons with physical disabilities, mental illness, and acquired brain injury access supportive housing through a variety of community based organizations, collaboratives (e.g. Brain Injury Association of Peel and Halton), or Peel Access to Housing (PATH). Frail seniors living in housing that does not meet all of their support service needs might need to contact several agencies to meet all of their daily living needs. This was the case of residents of Turtle Creek Manor (Wawa Villa).

One Prescriptive Access Point

On the other hand, sometimes access to supportive housing and services can only be achieved through one agency or body, which might not offer a user-friendly experience, itself. For instance, persons with intellectual disabilities must register with Developmental Services Ontario to be considered for a supportive housing unit that meets their needs. Parent members of Caledon Area Families for Inclusion (CAFFI) identified that the registration process is often lengthy and difficult.

Ability and Ease of Access

Once the individual identifies and locates their access point(s), their circumstances may limit their ability to be placed on the waiting list, to consult with a support service worker, or to access supports.

For instance, some people requiring supportive housing are non-verbal (e.g. individuals with developmental or physical disabilities) and others have difficulty communicating in English or French. In these cases, the persons seeking supportive housing would require another individual (family member, support service

worker, or friend) to guide them through the application process. Individuals with disabilities or with frail health may also have difficulty completing application forms, especially when multiple application forms are required. To make matters more complicated, certain applications can only be completed either electronically or by visiting the agency's offices. In these cases, access to a computer with an internet connection or access to a vehicle or efficient form of transportation would be required. Access to a reliable telephone with a voicemail system can also make an individual's ability to follow-up with or be contacted by an agency more difficult.

Transitions from one type of housing to another are often disjointed.

As a person's needs change over time, they often require a different housing situation, accompanied by different support services. There is a need to minimize disruptions during these life transitions. In particular, the following transitions pose support service disruptions, general difficulties, and long wait times for individuals:

- Transitioning from the hospital to supportive housing;
- Transitioning from child to adult supports and housing (especially in the case of adults with intellectual disabilities); and
- Transitioning from an adult to a senior (especially when a modification in supports to daily living are required).

There is a need to link the various support services in the system so it is easier to obtain supports as someone ages from childhood into adulthood, and as adults become seniors. Peel residents should be able to move along this continuum of varying levels of support services without disrupting their current housing situation.

Families and informal caregivers lack support.

Persons with Intellectual Disabilities

Families supporting adult children with intellectual disabilities identified to the provincial Housing Study Group (formed to create an action agenda to address the crisis confronting Ontario adults with intellectual disabilities) that they are desperate to secure appropriate residential care for their children. Families have expressed a desire to create a support network, especially among parents of adult children with intellectual disabilities (Autism Ontario, 2013).

Frail Seniors

Families often have no choice but to care for their elderly parents due to a lack of appropriate supportive housing for frail seniors.

System Integration

This theme addresses the complexity of the supportive housing system and its impact on the ability of individuals to access services and housing and to work within the system.

Social housing providers struggle to meet the needs of both vulnerable tenants and others.

ONPHA’s recent report on helping vulnerable tenants maintain successful tenancies identifies that there is a real danger that social housing will begin to fail both vulnerable tenants and the people it was originally mandated to serve due to the need to address multifaceted and interrelated health, physical, and social care issues.

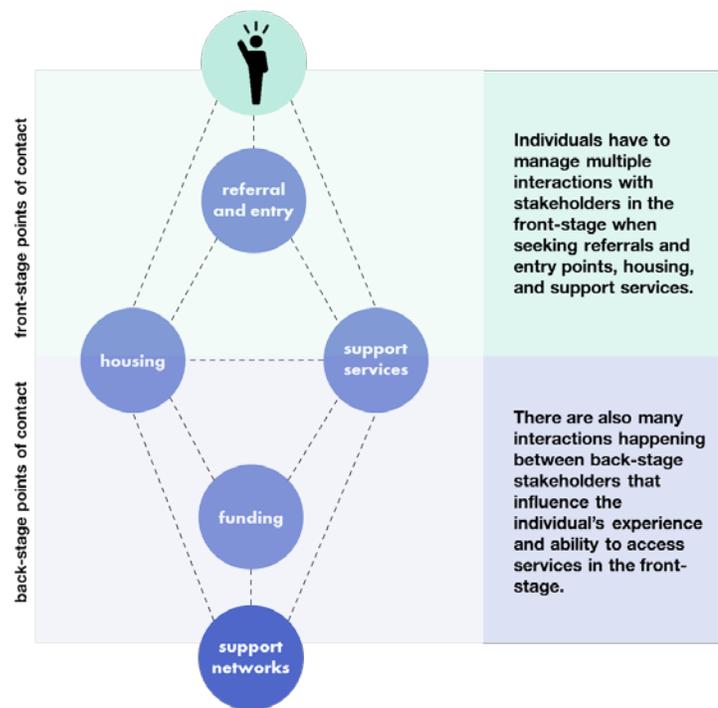
The report found that “social housing has become the go-to solution for people with mental illness leaving institutions, for households fleeing abuse, and for homeless people leaving the streets. It is the affordable home that enables the frail elderly to stay off long-term care waiting lists, and the preferred alternative for people “graduating” from supportive housing. The result? Housing that was originally designed and funded for low- and moderate-income families and seniors able to live independently is now home to Ontario’s most vulnerable people.” (ONPHA, 2015)

Persons requiring supportive housing and agencies operating within the supportive housing system struggle to navigate the system’s complexity.

Stakeholders in the system identified that there is a lack of clarity in the system. The supportive housing system in Peel is fragmented and difficult to navigate. There is a need for a better understanding of the existing environment. There is also a need to develop effective approaches that aim to take into account all population groups requiring supportive housing.

Managing Multiple Relationships

For instance, a person with an intellectual disability might be managing relationships with three different agencies (such as the local DSO, a health care worker, and the CCAC), totaling to seven relationships when considering information sharing between agencies. Given the many strict funding rules, persons receiving support often need help learning how to coordinate their funding. There is a need to integrate and streamline the system so that it is easier to navigate with fewer layers.



A Reactive System

In several circumstances (e.g. when living in social housing with supports or when registered with the DSO’s wait list for housing for persons with intellectual disabilities), agencies and housing providers are unable to provide supports or services unless the individual is in an extreme crisis. Members of CAFFI that participated in a focus group expressed that their adult children would likely not move from the DSO wait list into supportive housing unless their parent caregiver was in a very negative health situation, inhibiting them from taking care of their adult child. Social housing administrators are also unable to assist tenants with securing support services, as they are often not permitted to access their personal information or offer help unless they believe severe damage is being done to the residential unit.

There is a need to strengthen support networks and advocacy groups for persons requiring supportive housing.

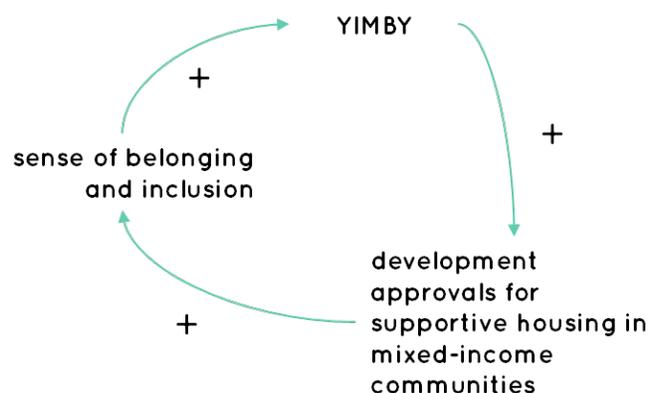
A range of networks, advocacy, and information groups exist for some population groups in Peel. These include Brain Injury Association of Peel Halton and Caledon Area Families for Inclusion. Given the number of groups advocating on different causes and with different mandates in the system, it is hard to collaborate towards a shared purpose. There is a need and opportunity to create one group to advocate for all policy areas affecting people requiring supportive housing in Peel Region.

NIMBY-ism towards supportive housing developments can act as a barrier to developing new units in a broader range of communities.

NIMBY (or “Not-in-my Backyard”) is the characterization of oppositions by residents to a development proposal that is located in their neighbourhood or close by.

When supportive housing is not dispersed across neighbourhoods, some people requiring supportive housing will be forced to move outside their community and natural support network to find housing. Sometimes, individuals might also feel forced to relocate to another community due to long wait lists for supportive housing nearby. In addition, based on stakeholder consultation and research, some people requiring supportive housing feel excluded, segregated and stigmatized.

There is a need to build strong community social resilience to help promote integration of future developments of supportive housing units within communities. There is an opportunity to stimulate a positive feedback loop in communities through promoting **YIMBY-ism** (“Yes-in-my-Backyard”), leading to increased propensity for communities to accept development approvals for supportive housing within mixed-income neighbourhoods, further promoting this sense of belonging.



Action Plan

The identified problems and needs transform into opportunities for change in the provision of supportive housing in Peel Region through the development of strategic directions and outcomes.

Goal

The Goal of the Supportive Housing Action Plan is to further the Peel 10-Year Housing and Homelessness Plan (2014-2024)'s Goal of ensuring that **everyone has a home and homelessness is eliminated** by addressing the identified needs and gaps in the supportive housing system, especially those pertaining to supply-demand gap, access experience and system integration.

Principles

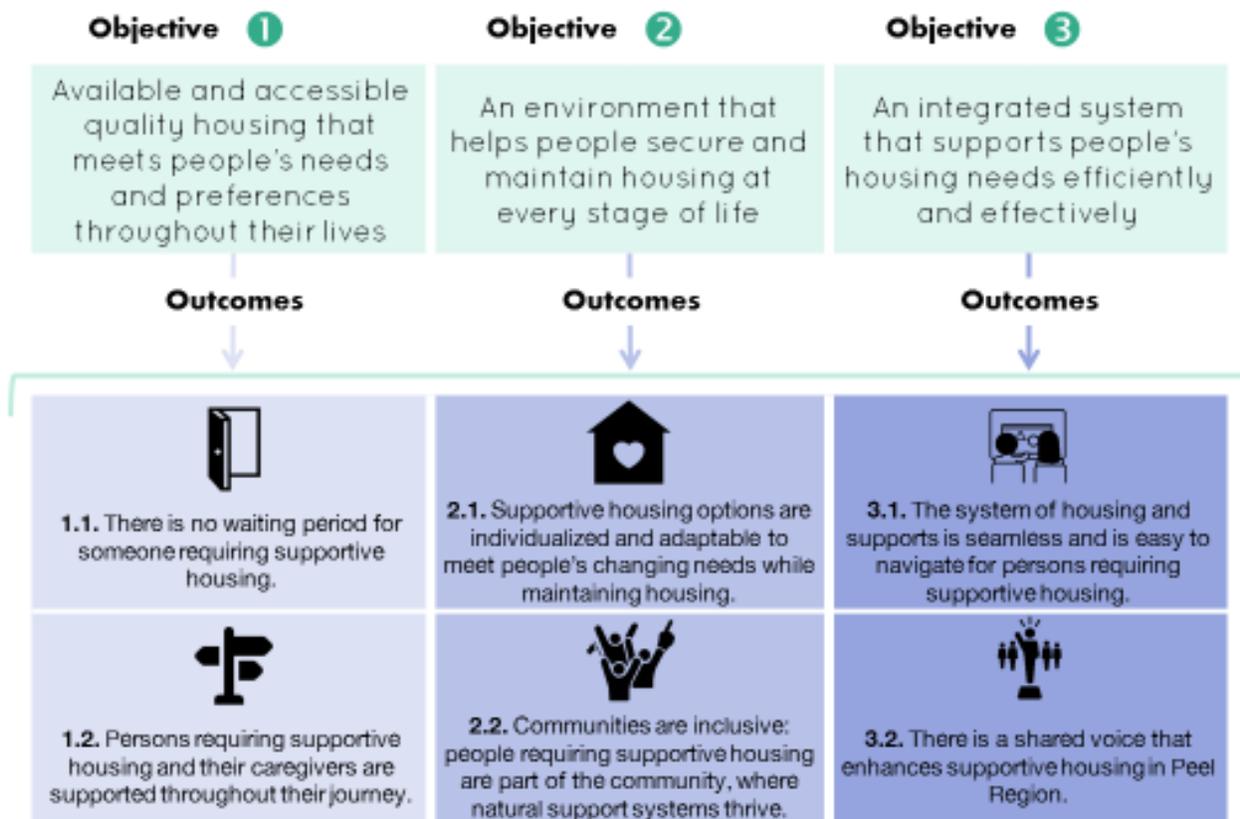
This study reflects the six principles of Peel's Housing and Homelessness Plan.

Housing and Homelessness Plan Principles	people-centered	transparent	partnership-based
	innovative	sustainable	accountable

Objectives and Outcomes

The following Objectives, Outcomes and Actions emerged from research, community consultation, and co-creative workshops with stakeholders. Collectively they form the Region of Peel Supportive Housing Action Plan. About 120 participants contributed to the creation of the Action Plan representing more than 50 agencies and governments.

The Region of Peel cannot tackle this ambitious Action Plan alone. Successful implementation of the Action Plan requires the collective efforts of key stakeholders including: all levels of government involved in housing, health, and community services; non-profit and private agencies, organizations, and community-based groups providing support services, supportive housing, and affordable housing; and the private sector. As part of the implementation phase of this Action Plan, roles and responsibilities will be established.



Objective 1

Available and accessible quality housing that meets people's needs and preferences throughout their lives

Outcomes	Actions
<p>1.1. There is no waiting period for someone requiring supportive housing.</p>	<p>1.1.1. Consider whether supportive housing may be addressed as a component of the new housing targets identified in the Region of Peel official plan.</p> <p>1.1.2. Review Regional Official Plan and encourage the review of local municipal official plans and zoning bylaws to identify and eliminate barriers to creating supportive housing.</p> <p>1.1.3. Advocate to all levels of government to help meet established targets by promoting ongoing and sustainable capital and support service funding.</p> <p>1.1.4. Establish supportive housing targets for all applicable funding programs administered by the Region.</p> <p>1.1.5. Enhance the provision of support services for tenants by encouraging the development of partnerships and agreements between housing providers and support service agencies, including the provision of space for programming and outreach within their buildings.</p> <p>1.1.6. Identify, capitalize, and leverage all capital and support service funding from all levels of government and seek ways to increase flexibility of funding use.</p> <p>1.1.7. Create target-based incentives for private and non-profit developers to produce new supportive housing units.</p> <p>1.1.8. Earmark a portion of Peel Renovates funding to renovation of existing housing to meet needs of persons requiring accessible units.</p> <p>1.1.9. Promote and support innovative models that build on existing housing infrastructure.</p>
<p>1.2. Persons requiring supportive housing and their caregivers are supported throughout their journey.</p>	<p>1.2.1. Facilitate discussions regarding establishing more consistent and integrated eligibility criteria among funders and agencies.</p> <p>1.2.2. Develop recommendations for a support system that incorporates prevention initiatives, needed services, and referrals over the course of an individual's journey to supportive housing.</p> <p>1.2.3. Identify and enhance support networks for families and caregivers to provide assistance during the wait list experience.</p>

Objective 2

An environment that helps people secure and maintain housing at every stage of life

Outcomes	Actions
2.1 Supportive housing options are individualized and adaptable to meet people's changing needs while maintaining housing.	2.1.1. Undertake an assessment of all modified units in affordable/social housing buildings to create a catalogue of Peel's modified unit stock, including unit and building specifications.
	2.1.2. Require all new affordable housing buildings to include some units that are modifiable.
	2.1.3. Engage local planning departments and transit authorities to provide appropriate transit near existing and proposed new supportive housing.
	2.1.4. Facilitate dialogue to gain a better understanding of how to create ways to improve transitions through different housing situations across a person's life cycle.
2.2 Communities are inclusive: people requiring supportive housing are part of the community, where formal and informal support systems thrive.	2.2.1 Encourage and support organizations in the supportive housing system to align their operations to the Plan's guiding principles.
	2.2.2 Encourage the creation of a broad range of housing options suitable for persons requiring supportive housing by educating and informing the private, public and non-profit sectors.
	2.2.3 Ensure that supportive housing is located in all communities in the Region, especially in mixed-income and mixed-age communities, to provide individuals with more diverse housing options.
	2.2.4 Ensure that choice-based policies for persons requiring supportive housing exist and recognize the need for coordinated supportive services.
	2.2.5 Ensure that intake processes consider housing preferences, including location, type, and need for accessibility features.

Objective 3

An integrated system that supports people's housing needs efficiently and effectively

Outcomes	Actions
3.1. The system of housing and supports is seamless and is easy to navigate for persons requiring supportive housing.	3.1.1. Enhance and promote consistency in information and guidance provided at all supportive housing system access points.
	3.1.2. Create and evaluate a pilot program whereby people requiring supportive housing are assigned to a housing system navigator to assist them in reaching the appropriate access point in the system.
	3.1.3. Convene connections with new private and non-profit care providers to learn about their services and standards, and find ways to incorporate their service offerings in the supportive housing system.
3.2. There is a shared voice that enhances supportive housing in Peel Region.	3.2.1. Establish a Supportive Housing Roundtable to monitor and oversee the implementation of the Action Plan.
	3.2.2. Create an information exchange portal for supportive housing in Peel Region, including an inventory of effective practices for meeting supportive needs and helping people maintain housing.
	3.2.3. Engage a broad range of stakeholders, including housing and health networks, and caregiver/parent groups to explore and launch alternative funding sources, collaborations, and other effective models.
	3.2.4. Advocate to the Federal government to ensure supportive housing needs are incorporated in the national housing strategy and program funding models.
	3.2.5. Advocate to the Provincial government for coordination and alignment of program funding to meet both operational and capital funding needs to increase the supply of supportive housing and system integration.
	3.2.6. Work with the province to ensure appropriate legislative frameworks are in place to protect residents of co-housing, life lease, fractional ownership, and other forms of supportive housing ownership models.

Appendices

The following appendices are included in this report:

Appendix 1: Agency Profiles

Appendix 2: Typology of Housing Types

Appendix 3: Emerging Models

Appendix 4: Peel's Design Guidelines and Standards for Accessible Units

Appendix 5: Supportive Housing Targets

Appendix 6: Consultation Details

Appendix 7: References

Appendix 8: Glossary of Terms

Appendix 1: Agency Profiles

This section includes agency profiles summarizing available demand and supply information and support services offered by agency.

Physical Disabilities

The wait list for persons with physical disabilities only includes wait list information provided by agencies providing supportive housing for persons with disabilities. It does not include wait list information from Peel Access To Housing (PATH) from the Centralized Wait List for modified units in social housing buildings as there may be duplication with the wait list information below or the PATH applicants may not require support services.

AbleLiving Services Inc.

Demand

- In 2015 there were **31 persons on the wait list** for AbleLiving's supportive units for persons with physical disabilities and/or frail health. Wait times are 5-7 years for wheelchair accessible unit.
- Approximately 10-15 new applicants for service each year.

Supply

- AbleLiving offers **18 units** of supportive housing for persons with physical disabilities and/or ABI. The services are provided in two buildings in Mississauga. Six of the units are offered in partnership with PHDABIS to support persons with an ABI.

Support Services Offered

- Assistance with activities of daily living, such as meal prep, medication management, bathing, etc. for persons with physical disabilities, mental illnesses, Autism Spectrum Disorder, dual diagnosis, concurrent disorders/comorbidities and ABI.
- Services are provided within the Independent Living model.
- Assistance with life skill development, including safety vigilance and community access skills
- Assistance with system navigation and service coordination for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities and ABI

Ontario March of Dimes

Demand

- In 2015 there were **57 persons on the wait list** for March of Dimes' supportive units for persons with physical disabilities and/or frail health

Supply

- March of Dimes offers **52 units** of supportive housing for persons with physical disabilities and/or frail health in 5 buildings. 47 of these units are assigned to March of Dimes'

Support Services Offered

- Assistance with activities of daily living and personal support for persons with physical disabilities and frail seniors

Peel Cheshire Homes (Brampton) Inc.

Demand

- For Peel Cheshire Homes, there have been approximately **5-6 persons on the wait list** annually from 2011 to 2015, with wait times of over **10 years**

Supply

- Peel Cheshire Homes offers **12 units** of supportive housing for persons with physical disabilities and/or ABI

Support Services Offered

- Assistance with activities of daily living, such as meal prep, medication management, bathing, etc. for persons with physical disabilities and ABI

Peel Cheshire Homes, Inc. (Streetsville)

Demand

- There are **5 persons on the wait list** for a unit within Cheshire House, with wait times surpassing **5 years**

Supply

- Peel Cheshire Homes, Inc. (Streetsville) offers **10 units** of supportive housing for persons with physical disabilities and/or ABI

Support Services Offered

- Congregate setting
- Assistance with activities of daily living, such as meal prep, medication management, bathing, etc. for persons with physical disabilities and ABI

Acquired Brain Injury

Peel Halton Dufferin Acquired Brain Injury Services (PHD ABIS)

Demand

- In 2015, there were **45 persons on the wait list**

Supply

- PHD ABIS offers **18 units** of supportive housing for persons with ABI

Support Services Offered

- Community outreach/mobile services and drop-in centres/day programs for persons with physical disabilities, ABI, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, and additions, as well as persons who are homeless.
- Social recreational/ rehabilitation services and life skill programs for persons with physical disabilities, ABI, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, and additions.
- Food security services/programs for persons with physical disabilities, ABI, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, and additions, as well as persons who are homeless.
- Homelessness intervention and prevention services for persons with mental illnesses, ABI, and additions.

- Financial support for persons with physical disabilities, ABI, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, and additions.
- Housing search and access to services, as well as system navigation and service coordination for persons with physical disabilities, ABI, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, and additions.
- Community mental health and addiction support services for persons with physical disabilities, ABI, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, and additions.
- Health services such as nursing, physiotherapy, dentistry, etc. and treatment services such as psychological counselling, sexual assault services, etc. for persons with physical disabilities, ABI, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, and additions.
- Assistance with activities of daily living, such as meal prep, medication management, bathing, etc. for persons with physical disabilities, ABI, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, and additions.

Frail Health

Abbeyfield Houses Society of Caledon

Demand

- Abbeyfield Houses Society of Caledon has not been in need of a waiting list since opening in 2010

Supply

- Abbeyfield Houses Society of Caledon offers **12 units** of independent living for seniors

Support Services Offered

- Cooked meals
- Live-in house manager

CANES

Demand

- In 2015 there were **37 persons on the wait list** for CANE's supportive housing (assisted living) units in Brampton

Supply

- CANES offers **60 units** of supportive housing (assisted living) in Brampton, none of which are located within a social housing building

Support Services Offered

- 24 hour care for clients residing within assisted living hub and within a 2km radius around hub
- Personal care and homemaking services through the CW CCAC and fee for service
- Transportation services (for those aged 55 years and older)
- Bi-weekly grocery shopping outings
- Caregiver and respite services
- Assistance with activities with daily living
- Mental health support services for seniors and caregivers through the Behaviour Support Ontario Program and Treat at Home program

Caledon Community Services

Demand

- In 2015 there were **23 persons on the wait list** for CCS's supportive units

Supply

- CCS offers **67 units** of assisted living in 6 Peel Living Seniors buildings across Caledon as well as another **27 units** of assisted living in two communities (Bolton and Caledon East) in Caledon

Support Services Offered

- 24/7 Assisted Living Program
- Respite Care Services
- Transitional Care Center
- Health & Wellness Programs
- Seniors Helping Seniors Program
- Specialist Clinic and Ontario Telemedicine Network
- System navigation, case management, and referral
- Assistance with activities of daily living
- Transportation
- Personal Support Worker Escorts

Ivan Franko (Ukrainian Home for the Aged)

Demand

- For Ivan Franko, there have been approximately **89 – 105 persons on the wait list** annually from 2011 to 2015

Supply

- Ivan Franko offers **68 units** of supportive housing for seniors, all of which are located within a social housing building

Support Services Offered

- Drop-in centres/day programs for frail seniors with dual diagnoses and Dementia/Alzheimer's.
- Social recreational/ rehabilitation services for frail seniors with dual diagnoses and Dementia/Alzheimer's.
- Food security services/programs for frail seniors with dual diagnoses and Dementia/Alzheimer's.
- Assistance with activities of daily living, such as Congregate Dining, medication management, bathing, etc. for frail seniors with dual diagnoses and Dementia/Alzheimer's.

Ontario March of Dimes

Demand

- In 2015 there were **57 persons on the wait list** for March of Dimes' supportive units for persons with physical disabilities and/or frail health

Supply

- March of Dimes offers **52 units** of supportive housing for persons with physical disabilities and/or frail health in 5 buildings. 47 of these units are assigned to March of Dimes

Support Services Offered

- Assistance with activities of daily living and personal support for persons with physical disabilities and frail seniors

Peel Senior Link

Demand

- In 2015 there were **203 persons on the wait list** for Peel Senior Link's supportive (assisted living) units for persons with frail health in Brampton and Mississauga

Supply

- Peel Senior Link offers **292 units** of supportive housing (assisted living) in Brampton and Mississauga through 10 seniors' buildings in surrounding neighbourhoods

Support Services Offered

- 24/7 care for clients residing within assisted living hub and spoke neighbourhoods, with a 2 km radius around the hubs
- Mental Health support services for seniors and caregivers through the Behavioural Support Ontario, hospital outreach, and community-based mental health and addiction providers
- In-home palliative care
- Caregiver support
- Personal care and homemaking services
- Assistance with activities of daily living
- Medication Management Program
- System navigation, case management, and referral
- Health system transition support

Wavel Villa Seniors Residence (Turtle Creek Manor)

Demand

- Wavel Villa does not maintain a wait list as most vacancies are filled from Peel Access to Housing (PATH) wait list.

Supply

- Wavel Villa offers **126 units** of supportive housing for seniors

Support Services Offered

- Drop-in centres/day programs for persons with physical disabilities, intellectual disabilities, and Dementia/Alzheimer's.
- Social recreational/ rehabilitation services for persons with physical disabilities, intellectual disabilities, mental illnesses, and Dementia/Alzheimer's.
- Food security services/programs for persons with physical disabilities, intellectual disabilities, and Dementia/Alzheimer's.
- Financial support for persons with physical disabilities, intellectual disabilities, and Dementia/Alzheimer's.
- Community mental health services for persons with physical disabilities, intellectual disabilities, and Dementia/Alzheimer's.
- Health services such as nursing, physiotherapy, dentistry, etc. and treatment services such as psychological counselling, sexual assault services, etc. for physical disabilities, intellectual disabilities, and Dementia/Alzheimer's.
- Assistance with activities of daily living, such as meal prep, medication management, bathing, etc. for persons with physical disabilities, intellectual disabilities, and Dementia/Alzheimer's.

Yee Hong Centre

Demand	Supply
<ul style="list-style-type: none">In 2015 there were 18 persons on the wait list for Yee Hong's supports for daily living	<ul style="list-style-type: none">Yee Hong Centre offers 32 units of supports for daily living units for seniors based out of the Coral Place hub which serves both clients in the building and the surrounding neighbourhood
Support Services Offered	
<ul style="list-style-type: none">Adult day programCongregate dining	<ul style="list-style-type: none">Client information and assistanceActive seniors program

Intellectual Disabilities

Brampton Caledon Community Living

Demand	Supply
<ul style="list-style-type: none">Development Services Ontario (DSO) manages waiting lists for supportive housing units for persons with intellectual disabilities. As of 2015, 693 adults with intellectual disabilities were seeking housing support with the DSO.Of these 693 adults, 371 live in Mississauga, 282 in Brampton, 28 in Caledon and Bolton, and the 12 remaining in other regions.	<ul style="list-style-type: none">BCCL supports 4 units of supportive housing for persons with intellectual disabilities in partnership with SHIP/SAIL
Support Services Offered	
<ul style="list-style-type: none">Community Participation SupportsCommunity Living (Residential) ServicesChildren and Adult Service CoordinationCommunity based respite opportunities	<ul style="list-style-type: none">Employment services for persons with intellectual disabilitiesEarly childhood education consultative services

Caledon Community Services

Demand

- In 2015 there were **23 persons on the wait list** for CCS's supportive/assisted living units

Supply

- CCS offers **67 units** of assisted living in 6 Peel Living Seniors buildings across Caledon as well as another **27 units** of assisted living in two communities (Bolton and Caledon East) in Caledon

Support Services Offered

- 24/7 Assisted Living Program
- Respite Care Services
- Transitional Care Center
- Health & Wellness Programs
- Seniors Helping Seniors Program
- Specialist Clinic and Ontario Telemedicine Network
- System navigation, case management, and referral
- Assistance with activities of daily living
- Transportation
- Personal Support Worker Escorts

Christian Horizons

Demand

- Development Services Ontario (DSO) manages waiting lists for supportive housing units for persons with intellectual disabilities. As of 2015, 693 adults with intellectual disabilities were seeking housing support with the DSO.
- Of these 693 adults, 371 live in Mississauga, 282 in Brampton, 28 in Caledon and Bolton, and the 12 remaining in other regions.

Supply

- Christian Horizons supports 8 clients through the Supported Independent Living program; of those clients, **2** live in a subsidized housing unit within a social housing building

Support Services Offered

- Day supports
- Assistance with activities of daily living

Community Living Mississauga

Demand

- Development Services Ontario (DSO) manages waiting lists for supportive housing units for individuals with an intellectual disability. As of 2015, 693 adults with intellectual disabilities were seeking housing support with the DSO.
- Of these 693 adults, 371 live in Mississauga, 282 in Brampton, 28 in Caledon and Bolton, and the 12 remaining in other regions.

Supply

- Community Living Mississauga supports 98 individuals who have an intellectual disability in the Supported Independent Living Program. Out of the 98 individuals in this program, **83** individuals are supported to live in subsidized unit (i.e. Peel Living, other social housing providers, rent supplements). Fifteen individuals own their home or pay market rent.
- Community Living Mississauga supports **102** individuals who have an intellectual disability in 24 hour supported residential living. Support is provided in 24 registered group living homes and at three other locations. Out of these 27 locations, four individuals live in a supportive unit provided by a social housing provider. One individual receives a rent supplement.

Support Services Offered

- Community outreach/mobile services and drop-in centres/day programs for persons with intellectual disabilities
- Assistance with activities of daily living, such as meal prep, medication management, bathing, etc. for persons with intellectual disabilities
- System navigation and service coordination for persons with intellectual disabilities
- Employment services for persons with intellectual disabilities

Family Services of Peel

Demand

- Development Services Ontario (DSO) manages waiting lists for supportive housing units for persons with intellectual disabilities. As of 2015, 693 adults with intellectual disabilities were seeking housing support with the DSO.
- Of these 693 adults, 371 live in Mississauga, 282 in Brampton, 28 in Caledon and Bolton, and the 12 remaining in other regions.

Supply

- Family Services of Peel supports **24 clients** through their Supported Independent Living program in partnership with BCCL, CLM, and March of Dimes (supports are provided to individuals in their own housing units)

Support Services Offered

- Case Management
- Community outreach
- Homelessness intervention and prevention
- Housing search and access to services
- System navigation and service coordination
- Support and Advocacy
- Drop-in centres and day programs
- Eviction and legal services, and support
- Community mental health services
- Life skills programs

Mary's Centre

Demand

- Development Services Ontario (DSO) manages waiting lists for supportive housing units for persons with intellectual disabilities. As of 2015, 693 adults with intellectual disabilities were seeking housing support with the DSO.
- Of these 693 adults, 371 live in Mississauga, 282 in Brampton, 28 in Caledon and Bolton, and the 12 remaining in other regions.

Supply

- Mary's Centre offers **5 units** of independent/supportive housing for persons with intellectual disabilities.

Support Services Offered

- Occasional guidance or assistance with activities of daily living, such as meal prep, medication management, bathing, etc. for persons with intellectual disabilities
- Life skill programs for persons with intellectual disabilities

Autism Spectrum Disorder

Kerry's Place

Demand

- Development Services Ontario (DSO) manages waiting lists for supportive housing units for persons with Autism Spectrum Disorder (ASD). As of 2015, 693 adults with intellectual disabilities were seeking housing support with the DSO.
- Of these 693 adults, 371 live in Mississauga, 282 in Brampton, 28 in Caledon and Bolton, and the 12 remaining in other regions.

Supply

- Kerry's Place offers **22 units** of supportive housing for persons ASD in 6 group living homes

Support Services Offered

- 24 hour service and support for persons in group homes
- Assistance with activities of daily living, such as meal prep, medication management, bathing, etc. for persons with ASD
- Behavioural and psychiatric supports

Mental Illness

Supportive Housing in Peel (SHIP)

Demand

- For SHIP, there have been approximately **1,051 – 1,093 persons on the wait list** annually from 2011 to 2012

Supply

- SHIP offers **252 units** of supportive housing for persons with mental illness and other disorders. Units are a variety of bedroom sizes, and include modified units, shared units, and respite beds.

Support Services Offered

- Community outreach/mobile services for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, Autism Spectrum Disorder, ABI, Dementia/Alzheimer's and addictions, as well as persons who are homeless and/or victims of violence.
- Social recreational/ rehabilitation services, life skills programs, and employment services for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, Autism Spectrum Disorder, ABI, Dementia/Alzheimer's and addictions, as well as persons who are homeless and/or victims of violence.
- Homelessness intervention and prevention services and eviction/legal services and support for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, Autism Spectrum Disorder, ABI, Dementia/Alzheimer's and addictions, as well as persons who are homeless and/or victims of violence.

- Financial support for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, Autism Spectrum Disorder, ABI, Dementia/Alzheimer’s and addictions, as well as persons who are homeless and/or victims of violence.
- Housing search and access to services, as well as system navigation and service coordination for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, Autism Spectrum Disorder, ABI, Dementia/Alzheimer’s and addictions, as well as persons who are homeless and/or victims of violence.
- Community mental health and addiction support services for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, Autism Spectrum Disorder, ABI, Dementia/Alzheimer’s and addictions, as well as persons who are homeless and/or victims of violence.
- Health services such as nursing, physiotherapy, dentistry, etc. for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, Autism Spectrum Disorder, ABI, Dementia/Alzheimer’s and addictions, as well as persons who are homeless and/or victims of violence.
- Assistance with activities of daily living, such as meal prep, medication management, bathing, etc. for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, Autism Spectrum Disorder, ABI, Dementia/Alzheimer’s and addictions, as well as persons who are homeless and/or victims of violence.

Substance Abuse/Addictions

Elizabeth Fry Society (EFS) of Peel Halton

Demand

- EFS of Peel Halton does not maintain a waiting list for their units

Supply

- EFS offers **27 units** of supportive housing for women and youth in the Triplex Apartment Communal Living building

Support Services Offered

- Community outreach/mobile services and drop-in centres/day programs for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, Autism Spectrum Disorder, ABI, and addictions, as well as persons who are homeless and/or victims of violence.
- Social recreational/ rehabilitation services, life skills programs, and employment services for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, ABI, Autism Spectrum Disorder, and addictions, as well as persons who are homeless and/or victims of violence.
- Food security services/programs and clothing/food banks for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities,

ABI, Autism Spectrum Disorder, and addictions, as well as persons who are homeless and/or victims of violence.

- Homelessness intervention and prevention services and eviction/legal services and support for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, ABI, Autism Spectrum Disorder, and addictions, as well as persons who are homeless and/or victims of violence.
- Financial support for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, ABI, Autism Spectrum Disorder, and addictions, as well as persons who are homeless and/or victims of violence.
- Housing search and access to services, as well as system navigation and service coordination for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, ABI, Autism Spectrum Disorder, and addictions, as well as persons who are homeless and/or victims of violence.
- Community mental health and addiction support services for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, ABI, Autism Spectrum Disorder, and addictions, as well as persons who are homeless and/or victims of violence.
- Health services such as nursing, physiotherapy, dentistry, etc. and treatment services for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, Autism Spectrum Disorder, ABI, Dementia/Alzheimer's and addictions, as well as persons who are homeless and/or victims of violence.
- Assistance with activities of daily living, such as meal prep, medication management, bathing, etc. for persons with physical disabilities, intellectual disabilities, mental illnesses, dual diagnoses, concurrent disorders/co-morbidities, ABI, Autism Spectrum Disorder, and addictions, as well as persons who are homeless and/or victims of violence.

Supportive Housing in Peel (SHIP)

Refer to the Mental Illness section for SHIP data.

Dual Diagnosis, Concurrent Disorders, or Co-Morbidities

Elizabeth Fry Society (EFS) of Peel Halton

Refer to the Substance Abuse/Addictions section for EFS data.

Supportive Housing in Peel (SHIP)

Refer to the Mental Illness section for SHIP data.

Appendix 2: Typology of Supportive Housing Types

A range of potential supportive housing options has been identified through the literature review, surveys and other research. The table below organizes the housing options according to their built form and different living arrangements. The table also describes what the housing looks like and who might live in the type of housing described. The tenure of the various housing types include rental, co-op, ownership, or life lease.

Built Form	Living Arrangement	Who lives there?	What does it look like?
Single and Semi Detached Houses 	<ul style="list-style-type: none"> Group Home Co-housing 	<ul style="list-style-type: none"> Persons who would benefit from a group living arrangement with supervision and some supports 	<ul style="list-style-type: none"> A low density residential building, often free-standing Can be located in both urban and rural settings
Row/Town Houses 	<ul style="list-style-type: none"> Social / Affordable Housing Life Lease Housing 	<ul style="list-style-type: none"> Persons who may need some supports for activities of daily living which are provided by community services or in the case of life lease housing purchased separately 	<ul style="list-style-type: none"> Linked, low density residential building Can be located in both urban and rural settings
Low- Mid- and High-Rise Apartment Building 	<ul style="list-style-type: none"> Social / Affordable Housing Life Lease Housing Condominium 	<ul style="list-style-type: none"> Persons who may need some supports for activities of daily living which are provided by community services or in the case of life lease housing purchased separately 	<ul style="list-style-type: none"> Self-contained units that occupy part of an overall building – can be part of a low, mid or high rise development Most likely located in urban settings
Rooming Houses and Other Forms of Shared Accommodation 	<ul style="list-style-type: none"> Abbeyfield Co-housing Group Home 	<ul style="list-style-type: none"> Persons who would benefit from a group living arrangement with supervision and some supports 	<ul style="list-style-type: none"> Typically a single detached home or small group residence with shared common spaces Can be located in both urban and rural settings

Appendix 3: Emerging Models

A number of emerging models and effective practices from other jurisdictions are identified below for consideration by the Peel community in implementing the Action Plan.

Objective 1

Available and accessible quality housing that meets people's needs and preferences throughout their lives

The following best practices come from community organizations and non-profit groups that are working towards improving access to supportive housing in their jurisdictions.

SHIP Central Intake for Persons with Mental Illness (Peel Region)

An example of a central intake department that serves as a single point of access for all applications, assessment and referral to consumers (and potential consumers) of mental health services that results in an easier and more transparent process for system users.

Target Population Group	<ul style="list-style-type: none">Persons with mental illness
Built Form	<ul style="list-style-type: none">More than 10 different locations
Living Arrangement	<ul style="list-style-type: none">Range of independent housing options with supports
Funding	<ul style="list-style-type: none">N/A
Providing Supports	<ul style="list-style-type: none">A central intake department processes all applications – whether referred by family physicians, hospitals, partner agencies, family members and significant others or clients themselves; provides a designated intake and assessment counsellor for wait list applicants - to answer questions regarding admission criteria for SHIP's Healthy Housing™ and mental health services and to provide additional information on other available community-based resources.
Partnerships and Agreements	<ul style="list-style-type: none">N/A
Suitability for Replication	<ul style="list-style-type: none">Possibly for a single point access approach to supportive housing in Peel Region

Community Living North Perth + Habitat for Humanity (Perth County)

An example of a not-for-profit affordable ownership agency collaborating with a support service provider.

Target Population Group	<ul style="list-style-type: none">Persons with intellectual disabilities
Built Form	<ul style="list-style-type: none">Semi-detached dwellings
Living Arrangement	<ul style="list-style-type: none">Two individuals with intellectual disabilities live in one unitAnother family will occupy the second half of the semi-detached dwelling
Funding	<ul style="list-style-type: none">Community Living North Perth and Habitat for Humanity received \$60,000 over two years
Providing Supports	<ul style="list-style-type: none">Community Living North Perth
Partnerships and Agreements	<ul style="list-style-type: none">A partnership agreement between Community Living North Perth and Habitat for Humanity
Suitability for Replication	<ul style="list-style-type: none">All population groups requiring supportive housing who are able to live independently with minimal support

Centennial Place (Peterborough County)

An example of a multi-partner supportive housing project utilizing multiple funding sources to create supportive housing.

Target Population Group	<ul style="list-style-type: none">Frail seniors with multiple medical problems
Built Form	<ul style="list-style-type: none">10 affordable and accessible townhouse units
Living Arrangement	<ul style="list-style-type: none">Independent apartment units with supportive services and assisted living arrangements designed to enable frail seniors to age in a home environment
Funding	<ul style="list-style-type: none">Canada-Ontario Affordable Housing Program
Providing Supports	<ul style="list-style-type: none">Canadian Red Cross
Partnerships and Agreements	<ul style="list-style-type: none">Iroquois Falls Seniors Apartment Corporation, Cochrane District Social Services Administration (the Service Manager), Town of Iroquois Falls, Community Care Access Centre, Canadian Red Cross, and the North East Local Health Integration Network
Suitability for Replication	<ul style="list-style-type: none">All population groups requiring supportive housing in Peel Region

Partners Advancing Transitions in Healthcare (PATH) – Northumberland Community Partnership (Durham Region)

An example of a community partnership to address transition from hospital to community.

Target Population Group	<ul style="list-style-type: none"> Seniors, People with Complex Conditions
Built Form/Living Arrangement	<ul style="list-style-type: none"> In-home
Providing Supports	<ul style="list-style-type: none"> Patients and caregivers collaborated with providers across the community and system to co-design changes to improve healthcare transitions and experiences.
Partnerships and Agreements	<ul style="list-style-type: none"> Each partner of the Northumberland Community Partnership adds a unique perspective, set of skills, and valued bench strength to the project. Partners include Northumberland Hills Hospital, Central East LHIN, Central East CCAC, Community Care Northumberland, Golden Plough Lodge, Health System Performance Research Network, NHH Community Mental Health Services, Northumberland Family Health Team, Palisade Gardens Retirement Residence, Patients Canada, QOC Health, YMCA Northumberland
Suitability for Replication	<ul style="list-style-type: none"> Establish community partnerships for other population groups that transition from hospital to community and possibly from youth to adult support services

Home on the Hill Supportive Housing In Richmond Hill (York Region)

An example of a family led service delivery model.

Target Population Group	<ul style="list-style-type: none"> People living with serious mental illness
Built Form	<ul style="list-style-type: none"> Home on the Hill is pursuing a number of opportunities to local in existing or new affordable housing buildings
Living Arrangement	<ul style="list-style-type: none"> Independent apartment units with support services
Funding	<ul style="list-style-type: none"> CMHC Seed Grant, Town of Richmond Hill Mayor’s Community Fund
Providing Supports	<ul style="list-style-type: none"> Home on the Hill is a parent led charitable organization that has developed a unique service delivery model that changes the way people with mental illness are supported. The model has two components: the inclusion of the family voice and the acknowledgement of spiritual needs will make our Service Delivery Model unique.
Partnerships and Agreements	<ul style="list-style-type: none"> TBD
Suitability for Replication	<ul style="list-style-type: none"> Other parent led organizations interested in offering a unique service delivery model for persons requiring supportive housing

Community Living Associate Family Program (Various Locations in Ontario)

A method for increasing the stock of supportive housing within the existing housing stock and integrating supportive housing options within pre-existing communities.

Target Population Group	<ul style="list-style-type: none">Adults and children living with a developmental disability
Built Form	<ul style="list-style-type: none">Homes of any built form, located within existing communities
Living Arrangement	<ul style="list-style-type: none">Individuals live with local families in their homes
Funding	<ul style="list-style-type: none">Community Living provides the host family with financial support
Providing Supports	<ul style="list-style-type: none">Community Living provides the individual with supportCommunity Living provides the host family with training, respite, and support needed
Partnerships and Agreements	<ul style="list-style-type: none">
Suitability for Replication	<ul style="list-style-type: none">This program is currently being replicated through Community Living in Mississauga, Brant, Newmarket and Aurora District, Parry Sound, and others

Objective 2

An environment that helps people secure and maintain housing at every stage of life

The following best practices come from community organizations and non-profit groups that are working towards addressing the appropriateness and quality of housing options for persons requiring supportive housing in their jurisdictions.

Solterra Co-Housing Ltd. (Muskoka District)

An example of a private sector supportive housing solution.

Target Population Group	<ul style="list-style-type: none">Seniors requiring additional supports
Built Form	<ul style="list-style-type: none">Primarily single-detached houses; other forms under considerationCo-owners share common areas and also occupy private spaces of their own
Living Arrangement	<ul style="list-style-type: none">Independent bachelor style apartment with common kitchen, lounge, and other amenity space
Funding	<ul style="list-style-type: none">Self-funded by private company
Providing Supports	<ul style="list-style-type: none">Fee for service
Partnerships and Agreements	<ul style="list-style-type: none">Private sector initiativeHomes are co-owned by residents, who are responsible for household decisions, expenses, and taxes
Suitability for Replication	<ul style="list-style-type: none">Possibly all population groups requiring supportive housing; may not be suitable for those requiring 24/7 support

L'Arche / Daybreak (York Region)

An example of a community model of shared living and support provision.

Target Population Group	<ul style="list-style-type: none">▪ Persons with intellectual disabilities
Built Form	<ul style="list-style-type: none">▪ Single-detached houses
Living Arrangement	<ul style="list-style-type: none">▪ Homes are shared between 4 and 8 individuals▪ Living assistants live with the persons that they serve▪ Homes are scattered throughout existing neighbourhoods
Funding	<ul style="list-style-type: none">▪ Local L'Arche communities are registered as individual non-profit organizations that receive government funding▪ Fundraising and the support of donors are integral to the model; this is done through the L'Arche Canada Foundation and through individual L'Arche communities across Canada
Providing Supports	<ul style="list-style-type: none">▪ Daily programming, including meals and prayers are an integral part of the L'Arche experience▪ Additional day programming is offered in the Craft Studio, Woodery Wood-Working Shop, Spirit Movers Dance Troup, and The Club▪ Community members also have the opportunity to work in the administrative offices▪ Assisting with opportunities to secure part-time employment at local businesses (e.g. daycare centres, food banks, office buildings, other non-profit organizations)
Partnerships and Agreements	<ul style="list-style-type: none">▪ Local faith communities (generally Christian Churches) provide programming and worship service
Suitability for Replication	<ul style="list-style-type: none">▪ Possibly all population groups requiring supportive housing, but not requiring 24/7 care

AbbeyField (Region of Peel)

An example of a congregate setting with some shared space and fee for service support provision

Target Population Group	<ul style="list-style-type: none">Seniors requiring additional supports
Built Form	<ul style="list-style-type: none">Single and semi-detached houses
Living Arrangement	<ul style="list-style-type: none">Private space with shared spaces including dining.Supports to daily living provided by the House Manager, including cooked meals
Funding	<ul style="list-style-type: none">Fees collected from tenantsCharitable donations
Providing Supports	<ul style="list-style-type: none">Providing seniors with supports to daily living, while remaining integrated within their larger communityMaintaining a positive lifestyle within the companionship of other seniors
Partnerships and Agreements	<ul style="list-style-type: none">Region of Peel, Canada-Ontario Affordable Housing Program
Suitability for Replication	<ul style="list-style-type: none">Possibly all population groups requiring supportive housing, but not requiring 24/7 care

Burlington Age-Friendly Seniors Council – Halton HomeShare Toolkit (Halton Region)

Target Population Group	<ul style="list-style-type: none">Seniors
Built Form	<ul style="list-style-type: none">Primarily single detached homes
Living Arrangement	<ul style="list-style-type: none">Two or more people reside together where each person as their own private space and common areas such as kitchen and living room are shared.
Funding	<ul style="list-style-type: none">Not applicable
Providing Supports	<ul style="list-style-type: none">Household responsibilities are shared or exchanged for a fee. Support services are not contemplated in the model, but could be considered.
Partnerships and Agreements	<ul style="list-style-type: none">The Halton HomeShare Toolkit is a user-friendly guide to help potential home providers, and home seekers navigate through home sharing decisions and includes helpful templates.
Suitability for Replication	<ul style="list-style-type: none">HomeShare is a housing choice for people requiring supportive housing who are able to live independently with modest supports provided by support service agencies.

Objective 3

An integrated system that supports people’s housing needs efficiently and effectively

The following best practices come from community organizations and non-profit groups that are working towards leveraging and forming new partnerships and collaborations to provide housing with supports in their jurisdictions.

AbleLiving and PHD ABIS Supportive Independent Living Model (Peel Region)	
An example of a collaboration between two support service agencies to effectively provide a range of supports for people with varying physical disabilities and changing needs	
Target Population Group	<ul style="list-style-type: none">Persons with acquired brain injuries or physical disabilitiesIndividuals living independently who require supports to sustain their independence
Built Form	<ul style="list-style-type: none">Low-, mid-, and high-rise apartment buildings
Living Arrangement	<ul style="list-style-type: none">Independent living apartmentsAbleLiving has an office in the lobby of the building, enabling 24/7 monitoring, client interaction, and support
Providing Supports	<ul style="list-style-type: none">Ability to scale up or down levels of support to meet changing needsSpecialized clinical supports provided by PHD ABISCase management and ADL care by AbleLiving
Partnerships and Agreements	<ul style="list-style-type: none">PHD ABIS partners AbleLiving to deliver services and Peel Living for provision of affordable housing
Suitability for Replication	<ul style="list-style-type: none">Yes, for most population groups

Wellness Supportive Living Program; March of Dimes + Niagara Region (Niagara Region)

An example of a community hub.

Target Population Group	<ul style="list-style-type: none">▪ Frail seniors▪ Individuals requiring additional supports to live independently
Built Form	<ul style="list-style-type: none">▪ Apartment buildings▪ At home, in the community
Living Arrangement	<ul style="list-style-type: none">▪ Seniors living in Niagara Regional Housing buildings▪ Seniors living at home in the community
Funding	<ul style="list-style-type: none">▪ LHIN, Service Manager
Providing Supports	<ul style="list-style-type: none">▪ Services available on-site on a scheduled basis and “on call” as needed, including: personal care, medication prompts, promotion of better nutrition, meal services, friendly visits, security checks, grocery assistance, etc.▪ Prevention and wellness program, focusing on information-sharing regarding chronic disease, falls prevention, and social networking
Partnerships and Agreements	<ul style="list-style-type: none">▪ March of Dimes Canada (24-hour attendant services and supports)▪ Niagara Region (seniors’ community programs)▪ Community Support Services Niagara (friendly visiting, security checks, transportation)▪ Niagara Regional Housing (taken one unit out of stock in each building for the WSLP office and bathing station; makes community rooms available to programs and activities; support for referral pathways and consultation)
Suitability for Replication	<ul style="list-style-type: none">▪ Yes, for most population groups

Community Living Campbellford/Brighton + Campbellford Memorial Hospital (Durham Region)

An example of a hub model.

Target Population Group	<ul style="list-style-type: none">▪ Persons with intellectual disabilities
Built Form	<ul style="list-style-type: none">▪ Can be offered in any dwelling type
Living Arrangement	<ul style="list-style-type: none">▪ The “Community Hub Residential Model” provides support services in any existing dwelling type within a 20 km radius from the Hub
Funding	<ul style="list-style-type: none">▪ The partnership received almost \$400,000 from MCSS to pilot the initiative
Providing Supports	<ul style="list-style-type: none">▪ Supports for those requiring higher levels of support than typical supports to daily living (25 hours or more per week)▪ Supports do not cover 24-hour on-site supervision
Partnerships and Agreements	<ul style="list-style-type: none">▪ Campbellford Memorial Hospital, Community Living Campbellford/Brighton, Geriatric Assessment and Intervention Network, CCAC (TBD), LHIN (TBD)
Suitability for Replication	<ul style="list-style-type: none">▪ Yes, for most population

Support and Housing Halton (Halton Region)

An example of a community-based solution.

Target Population Group	<ul style="list-style-type: none">▪ Persons with mental illness and addictions
Built Form	<ul style="list-style-type: none">▪ Single-detached houses, row/town houses
Living Arrangement	<ul style="list-style-type: none">▪ Persons with mental illness co-locating in homes within the Halton community
Funding	<ul style="list-style-type: none">▪ LHIN, Service Manager
Providing Supports	<ul style="list-style-type: none">▪ Support Housing Halton staff provide several supports, including case management, activities of daily living, life skill training, supportive counselling, advocacy, and a 24/7 access line
Partnerships and Agreements	<ul style="list-style-type: none">▪ Halton Homes Program▪ TEACH (teach, Empower, Advocate for Community Health)▪ Grace House (housing for 10 individuals)▪ Region of Halton (providing rent-geared-to-income housing)
Suitability for Replication	<ul style="list-style-type: none">▪ Yes, for most population groups.

Appendix 4: Peel’s Design Guidelines and Standards for Accessible Units

The Region of Peel Development Design Guidelines and Standards are in place to guide the design of low maintenance and durable buildings that achieve optimal energy efficiency and maintain a comfortable interior environment. The Design Guidelines address several aspects of the built form that must be considered when designing an accessible unit.

The Supportive Housing Demand and Supply Analysis and Action Plan project team has been working with key stakeholders to develop a tool to assess the current social housing portfolio in terms of accessibility. The following are some of the basic accessibility features that should be considered when building new supportive housing:

Common Areas

Feature	Overview of Guidelines and Standards	
Doors	<ul style="list-style-type: none"> Include opening devices in main lobby Fob system (no key required) 	<ul style="list-style-type: none"> Opening devices in community and laundry rooms
Turning Radius	<ul style="list-style-type: none"> 1,500 mm turning radius in common spaces, including common area washroom 	<ul style="list-style-type: none"> 1,500 mm-wide corridors
Ramps	<ul style="list-style-type: none"> No ramps required to access building from outside 	<ul style="list-style-type: none"> No ramps required to access elevator or ground floor units inside building
Enterphone System	<ul style="list-style-type: none"> Controls at a reachable height (900 – 1,100 mm) 	<ul style="list-style-type: none"> Large buttons on control Not requiring use of telephone handset
Flooring	<ul style="list-style-type: none"> Low gloss 	
Parking	<ul style="list-style-type: none"> Sufficient Type A parking spaces (for wheelchair van) and Type B spaces (for cars) based on total number of spaces 	<ul style="list-style-type: none"> Accessible parking located on surface with no slope In the case of a parking garage, door opening devices on all doors
Building Exits	<ul style="list-style-type: none"> One additional emergency exit accessible to wheelchair 	
Garbage Room	<ul style="list-style-type: none"> Door opening devices operable by closed fist 	

Hand Rails	<ul style="list-style-type: none"> Hand rails on at least one side of all corridors
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Unit

Feature	Overview of Guidelines and Standards	
Doors	<ul style="list-style-type: none"> Opening device on unit door Space beside lock side of interior of unit door for wheelchair 	<ul style="list-style-type: none"> No threshold at door from corridor 900 mm clear width Door peepholes at wheelchair height
Turning Radius	<ul style="list-style-type: none"> 1,500 mm turning radius at interior of unit door, in kitchen, and in bathroom 	
Enterphone System	<ul style="list-style-type: none"> Operable with a closed fist 	
Flooring	<ul style="list-style-type: none"> Low glare, low pile, or flat surface throughout 	
Bathroom	<ul style="list-style-type: none"> Wheel-in shower (1,500 mm by 900 mm) Grab bars installed beside wheel-in shower and beside toilet 	<ul style="list-style-type: none"> 900 mm transfer space at toilet Wheel-under sinks Non-slip flooring
Kitchen	<ul style="list-style-type: none"> Wheel-under sinks Front or side-control cooking equipment 	<ul style="list-style-type: none"> Kitchen fan control within 900 – 1,100 mm
Reachable Height	<ul style="list-style-type: none"> Lower closet rods Window locks 	<ul style="list-style-type: none"> Lights, outlets, and heating/cooling controls within reachable height (900-1,100 mm)

Appendix 5: Supportive Housing Targets

Discussion Paper: Proposed Methodology

This paper summarizes research SHS Consulting has undertaken on methodologies/approaches for estimating supportive housing needs for each population group covered by the Region of Peel Supportive Housing Demand and Supply Analysis and Action Plan. Based on the research, formulas were developed for estimating supportive housing needs for the next 10 years and this paper notes whether each target can be calculated based on available data.

Physical Disabilities

The proposed methodology to estimate the need for supportive housing units for people with physical disabilities is based on the percentage of people with difficulties with daily activities or the reduction in the amount or kind of activities due to physical or mental conditions or health problems that have lasted or are expected to last six months or more subtract those with an intellectual disability, mental health condition or learning disability, (as the supportive housing needs for persons with intellectual disabilities and mental health conditions are estimated separately) and that need additional help with personal care that they do not currently receive. The data source is the 2011 Statistics Canada Census and 2012 Statistics Canada Canadian Survey on Disability, (which considers only those living in households, not institutions).

The methodology considers need, but not necessarily desire to receive supportive housing. Note that the need category personal care refers to needs such as washing, dressing, taking medications, etc.

The formula for estimating high end of the range of current needs would be as follows:

[Estimated Percentage of Regional Population Age 15 to 64 with a disability – Percentage of Regional Population Age 15 to 64 with a disability * Those with learning, memory, development, psychological, or unknown disability] * Proportion of Persons with Disabilities that either do not receive help and need it or need additional help with personal care

- **To project future needs:** adjust the Percentage of Regional Population Age 15 to 64 with a disability based on current disability rate by age group and projected proportion of the population in each age group then multiply as above
- This methodology can be readily applied using existing disability prevalence rates from the 2012 Statistics Canada Canadian Survey on Disability, 2011 census data for Peel Region population by age group, and the most recent Ontario Ministry of Finance population projections by age group for Peel Region to determine housing targets for the next 10 years.

Acquired Brain Injury

- Due to lack of comprehensive specific data on the population with acquired brain injuries (ABI), a suggested methodology would be to apply the current Ontario ABI rate (3.6% of the total population, according to the Ontario Brain Injury Association) to the current population and the

projected population. The limitation of this methodology is that it assumes that all estimated persons with ABI may require supportive housing.

- This methodology can be readily applied to 2011 census data for the population of Peel, and the most recent Ontario Ministry of Finance population projections for Peel to determine housing targets for the next 10 years.

Intellectual Disabilities

- The proposed methodology to estimate the current need for supportive housing units for people with developmental disabilities is based on the current number of beds plus the waiting list.
- A report by Braddock et al. of the Department of Psychiatry and Coleman Institute for Cognitive Disabilities at the University of Colorado entitled “The State of the States in Developmental Disabilities 2008” reports that “increased life expectancy has accounted for an estimated 10-20% increase in demand for residential services [for persons with developmental disabilities] over the past three decades (Braddock, 2002a). This trend is likely to increase in the future.”
- The proposed methodology assumes that the future increased demand for supportive housing for persons with developmental disabilities due to increases in life expectancy will be 20% over the next 30 years (Braddock et al., 2008).

The formula to estimate the % of people with developmental disabilities demanding supportive housing is:

(Current number of beds + wait list) * (population15+ * prevalence rate of persons with a developmental disability)

Future needs can be estimated as follows:

[Sum of (Estimated % of people with developmental disabilities demanding supportive housing by age range * future population by age range)] + [Sum of (Estimated % of people with developmental disabilities demanding supportive housing by age range * future population by age range)] * estimated annual increase in demand for supportive housing for persons with developmental disabilities due to increased life expectancies (0.67%) * number of year projecting into the future

In order to apply this methodology, data on the total current number of beds for persons with intellectual disabilities and total waiting list numbers for these beds would need to be obtained. Disability prevalence rates can be obtained from the 2012 Statistics Canada Canadian Survey on Disability. These rates would be applied to the 2011 census data for the Peel Region population by age group, and the most recent Ontario Ministry of Finance population projections by age group for the Region of Peel to determine housing targets for the next 10 years.

Autism Spectrum Disorder

- Due to lack of comprehensive specific data on the population with Autism Spectrum Disorder in Peel, a suggested methodology would be to apply current estimated prevalence rates (about 1 in 68 children has been identified with autism spectrum disorder according to estimates from Centre for Disease Control’s Autism and Developmental Disabilities Monitoring (ADDM) Network) to the current population and the projected population. The limitation of this methodology is that

it assumes that all estimated persons with Autism Spectrum Disorder may require supportive housing.

- This methodology can be readily applied to Peel’s 2011 census data for the population by age group, and the most recent Ontario Ministry of Finance population projections for Peel by age group to determine housing targets for the next 10 years.

Seniors with Frail Health

The proposed methodology to estimate of the current need for supportive housing for seniors with frail health is based on the current demand for supportive housing (occupied supportive housing units plus number of individuals on the waiting list) plus those demanding long term care that could potentially be diverted to supportive housing if supportive housing were available (known as Balance of Care). Research by the Balance of Care Research Group at the University of Toronto has found that between 20% and 50% of the people on long term care waiting lists across the province can be diverted from long term care if existing home and community supports, (such as supportive housing) were available) (Canadian Research Network for Care in the Community, 2009). Future needs are projected based on the current needs and adjusted based on the future seniors population. The proposed methodology relies on the self-identification of the need for residential supports. Additional seniors may be in need of care, but are not seeking residential supports, and therefore not included in the estimate.

The estimate is a range with low and high numbers which differ based on the level of care needs that are served by the supportive housing providers. **The calculation formula for estimating current needs would be as follows:**

Current Low End of Range:

$$\frac{[(\text{Occupied Seniors Supportive Housing Units} + \text{Waiting List for Seniors Supportive Housing Units})]}{2015 \text{ population age } 65+} + (20\% * \text{those in the community on the LTC wait list}) * 2015 \text{ population age } 65+$$

Current High End of the Range:

$$\frac{(\text{Occupied Seniors Supportive Housing Units} + \text{Waiting List for Seniors Supportive Housing Units})}{2015 \text{ population age } 65+} + (50\% * \text{those in the community on the LTC wait list}) * 2015 \text{ population age } 65+$$

The formula to project future needs would be as follows:

Future Low End of Range: Current Low End of the Range / 2015 population age 65+ * Future population age 65+

Future High End of the Range: Future Low End of the Range / 2015 population age 65+ * Future population age 65+

In order to apply this methodology, data on the total current number of supportive housing units for seniors in the Region and total waiting list numbers for these beds would need to be obtained, as well as the total current number of seniors waiting for LTC in the Region. These rates would be applied to the 2011 census

data for the Region of Peel population by age group, and the most recent Ontario Ministry of Finance population projections by age group for the Region of Peel to determine housing targets for the next 10 years.

Mental Illness

The proposed methodology to estimate the need for supportive housing for persons with mental illness is based on the percentage of people with a severe and persistent mental illness (who have had an episode in the past year) who access inpatient or outpatient services and who need assistance ranging between approximately weekly and up to daily visits and 24-hour, 7-day/week availability of support, and who supervised care (residential or inpatient) would be most appropriate for, and they would likely access/seek to live in supportive housing.

Estimating the Percentage of the Population with a Severe and Persistent Mental Illness:

In the Ontario Ministry of Health and Long-Term Care's discussion paper on a 10-year mental health and addictions strategy, it states that between two and three of every 100 Ontarians has a serious or complex mental illness or addiction that they will have to cope with throughout their lives (Ministry of Health and Long-Term Care, 2009). In making this statement they reference two sources. The first is a U.S. study on the prevalence of mental illness among 15 to 54 year olds using a household survey, which found that the one year prevalence (i.e. and episode in the past 12 months) of severe and persistent mental illness is 3% and serious mental illness is 6% (Kessler & Zhao, 1999). The other is a European study, which found that the prevalence rates of serious mental illness vary widely depending on the criteria applied, but using criteria based on severe dysfunction and a duration of at least 2 years, the study found a 'treated prevalence rate' of those receiving community mental health services of 0.23% (Ruggeri, et. al., 2000). More recently in the United States, the 2008 National Survey on Drug Use and Health found that 4.4% adults aged 18 or older have a Serious Mental Illness and have had an episode in the past year (Substance Abuse and Mental Health Services Administration, 2009). The proposed methodology uses a conservative figure of 3% of the population with a severe and persistent mental illness.

Estimating the Percentage of People with a Severe and Persistent Mental Illness Who Seek Treatment:

Not all individuals with mental illness seek assistance. Although some of these individuals would benefit from supportive housing, they are not included in the estimates as they do not seek supportive housing. Estimates of the proportion of those that seek assistance varies from 20% to 60% (Health System Intelligence Project, 2008 and Centre for Addiction and Mental Health, 2003). The 2008 U.S. National Survey on Drug Use and Health found that 58.7% of those with Serious Mental Illness that had an episode in the past year used mental health services, including 40.5% who received outpatient services, and 7.5% who received inpatient services (i.e. 48.0% who received inpatient or outpatient services) (Substance Abuse and Mental Health Services Administration, 2009). The proposed methodology for estimating supportive housing needs uses the National Survey on Drug Use and Health figures for those receiving inpatient and outpatient services as its basis.

Estimating the Percentage of People for Who Supportive Housing Would be Most Appropriate:

In the early 2000's the Ontario Ministry of Health commissioned planning projects to identify alternative placements for current hospital inpatients and outpatients (e.g. those participating in specialty clinics, case

management programs, day programs, and supervised residences) (Durbin et al., 2001). The planning projects identified a level-of-care continuum with five levels, as follows.

- **Level 1:** Individual is capable of self-management, resides in the community, accesses family physician or psychiatric services periodically, and may intermittently use community services and supports (self-management).
- **Level 2:** Individual resides in the community, needs assistance approximately weekly to identify needs and access community services and supports, and can obtain psychiatric care from an outpatient clinic or private office (case management).
- **Level 3:** Individual lives in the community, needs intensive assistance (up to daily visits and 24-hour, 7-day/week availability of support) to obtain mental health treatment and rehabilitation services, and accesses community services (intensive case management or ACT).
- **Level 4:** Individual needs 24-hour support and access to treatment and rehabilitation services in a secure setting; may access services and supports in the community (residential treatment [residential care with on-site staffing for treatment and rehabilitation]).
- **Level 5:** Individual needs 24-hour care provided by multidisciplinary team of highly trained experts in a secure setting where there is capacity to do comprehensive assessment and treatment (inpatient tertiary care).

The proposed methodology for estimating supportive housing needs assumes that Level 2 and Level 3 are congruent with the levels of care provided in supportive housing. In addition to the level of care, the project assessed the need for supervised care, which includes care in residential and inpatient settings, versus independent living.

In reporting on the need for supervised care, the report groups together the three lowest levels of care. Results showed that 61% of inpatients are in Levels 1, 2, and 3, and supervised care would be most suitable for 61.54% this group. Some 79.8% of outpatients are in Levels 1, 2, and 3 and supervised care is most suitable for 20.83% of this group. The proposed methodology also assumes that the care needs of outpatients of hospitals is similar to those who receive services from community mental health providers.

Estimating the Percentage of Inpatients versus Outpatients:

As of 2000 the inpatient capacity of the provincial psychiatric hospitals was approximately 23 beds per 100,000 population (Durbin et al., 2001). Using the figures above for the percentage of the population with a severe and persistent mental illness (3%) and percentage accessing inpatient and outpatient services (48.0%), it is estimated that 1.6% of those with a severe and persistent mental illness accessing services are inpatients and 98.4% are outpatients.

Proposed Formula for Estimating Current Needs:

Percentage of people with serious mental illness (who have had an episode in the past year) (3%) * those who accessed inpatient or outpatient services (48.0%) * (inpatients (1.6%) * those who have care needs in the bottom three levels (61%) * and for who supervised care would be most appropriate (61.54%) + outpatients (98.4%) * those who have care needs in the bottom three levels (79.80%) * and for who supervised care would be most appropriate (20.83%))

The result of the above formula is that mental health supportive housing units are needed for 0.244% of the population age 15 to 64.

Proposed Formula for Estimating Future Needs:

Multiply current percentage (0.244%) by 1*the population growth rate (ideally of those 15 to 64)

This methodology can be readily applied to 2011 census data for the population of Peel by age group, and the most recent Ontario Ministry of Finance population projections for Peel by age group to determine housing targets for the next 10 years.

Substance Abuse/Addictions

To determine the estimated need for supportive housing units for persons with substance abuse/addictions issues, further research would need to be undertaken on what percentage of those with mental illness needing supportive housing as described above have substance abuse/addictions issues and how many persons with substance abuse/addictions issues that do not have mental illnesses need supportive housing.

Dual Diagnosis, Concurrent Disorders, and Co-Morbidities

Similar to the gaps identified above for developing supportive housing targets for persons with substance abuse/addictions issues, further research would need to be undertaken on the prevalence of those with dual diagnosis, concurrent disorders, and co-morbidities needing supportive housing.

Appendix 6: Consultation Details

Workshop Attendees

The following table lists the participants who attended each of the three Stakeholder Workshops held over the course of the study. These workshops took place on June 26, 2015 (Workshop #1), October 21, 2015 (Workshop #2), and on January 29, 2016 (Workshop #3).

Name	Organization	Workshop #1	Workshop #2	Workshop #3
Geraldine Aguiar	Caledon Community Services	✓		
Roman Aman	Elder Help Peel	✓		
Raymond Applebaum	Peel Senior Link	✓		✓
Cathy Archibald	International Ladies Garment Workers Union Housing Co-op Inc.	✓		✓
Rana Aulakh	Punjabi Community Health Centre		✓	
Dianne Austin	Peel Cheshire Homes (Brampton) Inc.			✓
Shehzad Bandukda	Family Services Peel		✓	✓
Brett Barnes	Region of Peel	✓		
Kirsten Barnes	Region of Peel	✓		
Tricia Boothe	Region of Peel	✓		
Jyoti Brar	CANES			✓
Tanisha Bryan	Salvation Army Family Resource Centre	✓		
Helen Burton	Peel Regional Police, Operational Planning Department	✓	✓	✓
Nina Busho	Aheen	✓		
Dave Carlton	Salvation Army – Peel Shelters and Housing Services	✓		
Adam Chalcraft	Peel HIV/AIDS Network	✓		
Stephen Cheung	Region of Peel	✓		✓
Marilyn Daley	March of Dimes			✓
Reya Dhandari	Interim Place (Interim Place I & II)	✓		
Jessica DiCintio	Family Services of Peel	✓		
Deloris Dickinson	Salvation Army Family Resource Centre	✓		
Natalie Dlwgosh	Regeneration Outreach COmmunity	✓		
Johanna Downey	Town of Caledon, Ward 2 Councillor			✓
Elizabeth Dumoulin	Pathways Non-Profit Community Development		✓	✓
Madeline Edwards	Camille's Plac Non-Profit Housing	✓		
Teddi Evans	Supportive Housing in Peel (SHIP)		✓	
Dely Farrace	Town of Caledon			✓
Ray Farrugia	Region of Peel, Human Services			✓
Liane Fernandes	Mississauga & Halton LHIN	✓	✓	

Name	Organization	Workshop #1	Workshop #2	Workshop #3
Thomas Fischer	Habitat for Humanity GTA	✓		✓
Matthew Fleet	Coalition for Persons with Disabilities – Peel, Halton, Dufferin	✓		
Jack Fleming	North Peel & Dufferin Community Legal Services	✓		
Sharon Flyod	Interim Place (Interim Place I & II)	✓		
Patricia Franks	Caledon Area Families for Inclusion	✓	✓	✓
Tracy Galvao	Region of Peel	✓		
William Gani	Wisma Mega Indah Inc.		✓	✓
Kathryn Gibb	Salvation Army – Peel Shelters & Housing Services	✓		
Val Gibson	Salvation Army – Peel Shelters & Housing Services	✓		
Jon Grayson	Wawa Villa	✓		✓
Yolanda Hassakourians	International Ladies Garment Workers Union Housing Co-op Inc.			✓
Allison Howard	Region of Peel, Human Services	✓		
Christy Upshall	Our Place Peel		✓	
Naz Husain	Accessibility Advisory Committee	✓	✓	✓
Juliet Jackson	Region of Peel, Human Services			✓
Fran Kane	The Salvation Army – Peel Shelters			✓
Marwan Kassay	Region of Peel, Program Design and Development		✓	✓
Anna Ke	Yee Hong Centre for Geriatric Care	✓		
Jessica Kwik	Region of Peel, Health Services		✓	✓
Douglas Kwan	Mississauga Community Legal Services	✓		
Angela Liu	Yee Hong Centre for Geriatric Care		✓	✓
Glenda Lucas	SHS Consulting	✓		
Maria Macias	Interim Place (Interim Place I & II)			✓
Jessica Macintyre	Region of Peel, Program Design and Development	✓	✓	✓
Alex MacMillan	Habitat for Humanity GTA	✓		
Christina Mayers	Kennedy Road Tabernacle (The Heritage)	✓		
Christopher McIntosh	St. Leonard’s House (Peel)		✓	
Jennifer McLaughlin	Region of Peel	✓		✓
Dani Mills	Our Place (Peel)	✓		
Shahrani Mohamid	Central West CCAC Patient Care Services	✓		
Leslie Moreau	Region of Peel, Community Programs, Shelters, and Transitional Housing	✓		
Urie Muratovski	Mississauga Community Living	✓	✓	✓
Susan Murdock	Cheggoggin Co-op Homes	✓		
Augustina Nagberi-Asseez	Region of Peel, Human Services			✓
Lesley Nagoda	Supportive Housing in Peel (SHIP)	✓		
Marlon Ospina	Tannery Gate Co-op Homes	✓		

Name	Organization	Workshop #1	Workshop #2	Workshop #3
Amy Osika	Region of Peel, Human Service, Community Programs, Shelters, and Transitional Housing			✓
Nancy Pacheco	Region of Peel	✓		
Adrienne Pacini	SHS Consulting		✓	✓
Christine Pacini	SHS Consulting	✓	✓	✓
Rizaldo Padilla	Ministry of Municipal Affairs and Housing		✓	
Donna Palmer	Region of Peel	✓		✓
Jeanie Papaconstantinou	Peel Living – Malton Village			
Sheila Parashar	Region of Peel	✓	✓	✓
Janice Peters	Supportive Housing in Peel (SHIP)	✓		✓
Teresa Pita	Region of Peel, Human Services			
Wendy Priddle	Region of Peel	✓	✓	✓
Shirley Pullan	St. Leonard’s House (Peel)		✓	✓
Narmadha Rajakumar	SHS Consulting	✓	✓	
Shereen Rampersad	Supportive Housing in Peel (SHIP)			
Charles Rego	Brampton Caledon Community Living	✓	✓	✓
Laureen Rennie	Region of Peel, Human Services			✓
Debbie Ridd	Region of Peel	✓		✓
Deborah Riddle	Ellen House – Elizabeth Fry Society	✓		
Greg Riedstra	Artsdeir Ltd.			✓
Sue Ritche	Region of Peel	✓	✓	✓
Monica Riutort	Family Services of Peel	✓		
Rebecca Rogers	Interim Place (Interim Place I & II)			✓
Susan Robins	Vita Manor			
Suzanne Robinson	Central-West LHIN	✓		✓
Sandra Rupnarain	Family Services Peel	✓		✓
Ian Russell	Ministry of Municipal Affairs and Housing	✓		✓
Jen Rye	Canadian Mental Health Association, Peel Branch/Peel Region Outreach		✓	✓
Margo Scott	Town of Caledon, Seniors Task Force			
Crystal Shepherd	Elizabeth Fry Society		✓	
Jyoti Shukla	United Way Peel Region		✓	✓
Karen Sibal	Peel Elder Abuse Prevention Network			
Meenu Sikand	Region of Peel	✓		✓
Diana Simpson	City of Mississauga – Accessibility		✓	
Laura Simpson	Region of Peel, Human Services			✓
Tracy Smyth	Community Living Mississauga	✓	✓	✓
Linda Soulliere	Coalition for Persons with Disabilities – Peel, Halton, Dufferin	✓		

Name	Organization	Workshop #1	Workshop #2	Workshop #3
Roman Spektor	Pathways Non-Profit Community Development	✓		
Anita Stellinga	United Way Peel Region	✓	✓	✓
Eric Szustak	Wawa Villa	✓		
Maria Tagorda	Peel Cheshire Homes (Brampton) Inc.		✓	
Sofie Taylor	Peel Halton Co-operatives			✓
Lina Termini	Supportive Housing in Peel (SHIP)		✓	✓
Deborah Thompson	Vita Manor	✓		
Jim Triantafilou	Brampton Caledon Community Living			✓
Mike Valkamma	CANES			✓
Jenine VanOfwegen	Region of Peel	✓		
Ray Veenstra	Maple Reinders			✓
Angela Villarreal	Central-West CCAC, Patient Care Services	✓		
Sarah Waddell	John Howard Society of Peel-Halton-Dufferin			
Lynn Ward	Armagh House	✓		
Susan Wilkin	Region of Peel, Human Services			✓
Sean Scholes	Supportive Housing in Peel (SHIP)		✓	
Ginny Young	Region of Peel, Human Services, Peel Access to Housing	✓		
Lisa Zanon	Ellen House – Elizabeth Fry Society	✓		
Lina Zita	Square One Older Adult Centre	✓		

Region of Peel Working Group

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- Donna Palmer
- Grace Caron
- Stephen Cheung

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Appendix 8: Glossary of Terms

Accessible

Housing and services are easily available, obtainable, and attainable to as many people as possible. Accessibility also includes facilities and homes that are easy to approach, reach, enter, or use.

Accountable

We are collectively responsible for meeting the needs of the community through evidence, and will measure our performance and report on the outcomes.

Continuum of Care

Continuum of care is a concept involving an integrated system of care that guides and tracks people requiring support services over time through a comprehensive array of support services spanning a broad range of levels of intensity of care.

Home Sharing

Home sharing is a living arrangement between two or more people, usually unrelated, who reside together in the same residence. Typically, each person has his or her own private space and share common areas such as kitchen and living room. Household responsibilities can be shared or sometimes services can be exchanged for reduced accommodation expenses. Services might include meal preparation, household cleaning, grass cutting, snow removal, taking care of pets, and more (adapted from The Halton HomeShare Toolkit).

Housing First

Housing-First approach is based on the principle that people are better able to move forward with their lives if they are first housed. As such, this approach aims to assist people who are homeless to obtain and maintain permanent, housing that is affordable and to assist those who are at risk of homelessness to remain housed (CHPI Program Guidelines, 2012).

Housing Quality

Housing quality is as important as its availability and affordability. Housing that does not meet health and safety standards and is in need of repairs is referred to as inadequate housing. Building code, property standards, fire code, AODA requirements all establish safety benchmarks.

Innovative

Our collective work will embrace new, adaptive and flexible ideas and solutions through open and respectful dialogue to better support our community needs.

Integrated System

Coordinated and synchronized body of ideas and processes aimed at achieving clearly defined and understood goals without duplication.

Modifiable Unit

A modifiable or adaptable unit can be a standard-looking unit with features that can be tailored to the specific needs of residents as their particular needs evolve, without costly renovations or structural changes. Accessible features like wider doors and corridors, entrances without steps, and lever hardware

should be part of the unit from the outset. Wall reinforcement allows for the later installation of grab bars or rails, which are less expensive if incorporated during initial construction. Cabinets can be designed to be height-adjustable or removable. The entryway, kitchen, bathroom, and at least one bedroom must have the appropriate turning radius space for wheelchair access.

Partnership-Based

Everything we do will be a joint effort based on strong partnerships among all orders of government, the private sector, non-profit and co-operative organizations and housing providers, residents and the community.

People-Centred

Housing and related services are inclusive, accessible and provided in an equitable and timely manner to all residents regardless of their diverse needs. Housing is safe, accessible, of good quality and supports prosperous, active, and healthy communities.

Seamless Service

A seamless service is one outcome of integration. It means that programs and services are so well connected that clients may actually perceive services as being delivered by one agency, though they may actually be delivered by multiple agencies. “Seamlessness” is about connecting services in such a way that transitions among different services disappear.

Supportive Housing

Supportive housing is affordable and accessible residential accommodation within an environment that provides individual based supports and services to persons who require them to live independently. Individual based supports and services can include assistance with activities of daily living, assistance with medical care, and other community based supports.

Sustainable

Improving overall quality of life of Peel’s residents includes social, cultural, economic, and environmental values to ensure the immediate needs of our community also include those of our children.

Systems-Oriented

A process by which elements are understood to be parts of a greater system (the supportive housing system), and thus, studying the system involves understanding the interactions and relationships between those elements and other constituents and forces in the system.

Transparent

Ongoing communication and information sharing among all partners will ensure the Plan’s goals and outcomes reflect the needs of the community.

Vulnerable Population Groups

Vulnerable populations can be defined broadly to include any individual, group, or community whose circumstances present barriers to obtain/ understand information, access resources, services, programs. These circumstances may include, but are not limited to: age; physical, mental, emotional, or cognitive status; culture; ethnicity; religion; language; citizenship; or socioeconomic status.