



Submission to the Ontario Engagement on Improving Supportive Housing

October 30, 2020

TORONTO SUPPORTIVE HOUSING GROWTH PLAN



About TAEH and about the SHGP

The Toronto Alliance to End Homelessness (TAEH) is a collective impact initiative committed to ending homelessness in Toronto. We have over 100 partners/participants, including community-based providers and people with lived experience. Many of our lead members are supportive housing providers. We collaborate actively and strategically with the City of Toronto regarding homelessness services, housing, and supports. Our focus is system change, and housing and support solutions to prevent and end homelessness. With enough will and resources, homelessness can be “rare, brief, and non-recurring” even for people at high risk.

The **Toronto Supportive Housing Growth Plan (TSHGP)** is a joint initiative of TAEH, Canadian Mental Health Association Toronto Branch (CMHA), and Wellesley Institute, along with the ‘Thrive Toronto’ initiative (on the city and mental health), and the Toronto Mental Health and Addictions Supportive Housing Network.

The TSHGP focus is supportive housing for people living with mental health or addiction issues or who have experienced chronic or episodic homelessness, in Toronto. This community-initiated planning process in 2020-2021 reflects our confidence in building a strategy that cuts across the several ministries, levels of government, and program silos. The Plan will be a comprehensive, evidence-informed, consensus-based ten-year strategy (2021-2030), to adapt and expand the supportive housing system in Toronto, and support implementation starting with a two-year action plan. We seek collaborative dialogue with government ministries and agencies. We are looking to the resources of community-based providers as well as those of governments. We have completed research on provider assets, and on mental health and justice needs.

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Introduction

The Toronto Alliance to End Homelessness (TAEH) and the Toronto Supportive Housing Growth Plan (TSHGP) value the opportunity to submit this brief to the interministerial Ontario engagement on supportive housing.

Toronto has long-standing unmet needs, ongoing pressures driven by growth and housing market trends, and now urgent needs in the COVID-19 pandemic. But there are also opportunities. Responses to the pandemic have shown the ability of governments and community-based organizations to work quickly on new solutions. We commend the interministerial approach taken in your engagement process.

How much supportive housing is needed?

The provincial consultation document notes that demand for supportive housing exceeds supply, and people in need often wait for years for the few units that become available.

One component of the Supportive Housing Growth Plan is a needs assessment, currently under way. The following are some illustrative points about the large need for supportive housing in Toronto, for people living with mental health issues or addictions, or experiencing chronic/episodic homelessness:

- A population-based estimate of need (Wellesley Institute, 2017) pointed to unmet existing need of at least 30,000 units in Ontario, and possibly as high as 90,000, plus over 600 units a year to keep up with growth. Two-thirds of growth-related need is in Greater Toronto, as is and much of the backlog.
- The shortfall in Toronto in justice-focused mental health supportive housing is 250–400 units a year, to address existing needs within a broader ten-year action plan, and meet ongoing growth needs.
- Approximately 10 percent of applicants to supportive housing in Toronto require high support.
- Approximately two-thirds of ALC bed-days in Ontario are related to mental health; many of these patients could be better served at much lower cost in supportive housing.
- Applicants to *The Access Point* (coordinated access) have high housing need as well as great need for supports. Over one-third are homeless (36% in 2009-15 – shelter, no fixed address, or homeless in hospital or jail). Three-quarters of those entering MOH-funded supportive housing are homeless.
- Many ALC mental health patients in hospitals could be housed in the community, with better quality of life and lower system costs, if more high-support housing were available.
- Many applicants require only modest levels of support plus rental assistance (approximately 15,000 applicants requiring occasional support rather than daily or high support – 2019 data).

Broad priorities and approaches

Supportive housing – Key solution to homelessness and other needs

Most people living with mental health issues or addictions or experiencing chronic/episodic homelessness would prefer to be housed. Supportive housing providers have a successful track record of meeting these needs. When people are housed their physical and mental health is better, there is less justice involvement and less use of expensive homeless services and emergency services, and general well-being is enhanced. A body of research has shown that supportive housing – including a wide variety of dedicated and scattered housing arrangements – results in savings in health care and other public systems.

This submission identifies 16 priorities (bold headings with supporting text), organized under the five Themes used in the provincial consultation document. Overall priorities include:

- Rapid access to housing via rent assistance and supports
- Coordinated access and the By-name list
- Sustaining existing supportive housing
- Strategies to expand the system and strategically leverage provider’s resources
- TSHGP as a window for MOH, MMAH, and other ministries to engage with us in strategic planning
- Building on Pandemic-related efforts to pivot from homeless services to housing solutions.
- Moving toward integrated, less siloed approaches – building on current interministerial approaches, stronger intergovernmental partnerships, and fruitful government/third-sector collaboration.

Key Issues and Priorities – the Five Engagement/consultation Themes

Theme 1 – Supply

TAEH and the SHGP support the objective named in the consultation document, to protect, grow, and improve the supply of supportive housing. As the document indicates, supply includes housing units, income-related (rent) subsidy, and support services. We see four leading needs and opportunities in Toronto in regard to supportive housing supply.

A) Rent supplement and support services, to ensure that one-third of new affordable housing is supportive

Significant volumes of new affordable rental supply are being funded for development over the next few years in Toronto. This provides opportunities to secure supportive housing units at much lower rents (e.g. at 80% or 100% of average market rents), and lower rent supplement /housing benefit costs, than if clients pay rents for existing private rental on the open market.

In particular, the City’s Housing Now (using City land and capital), targeted 3,700 affordable rental in Phase 1 (initiated 2019), and approximately 600 in Phase 2 (initiated 2020). The federal Co-Investment Fund and Rapid Housing Initiative, and OPHI (with joint Canada-Ontario funding) can be expected to create a combined several hundred units a year. The City has taken some steps toward what TAEH has urged, that one-third of Housing Now units be for people experiencing homelessness.

Two resources are essential to make these new units into supportive housing. Rent assistance is essential to bridge from these projects' mid-market rents to the low rents our clients can afford. Support services are required, to ensure that our clients maintain stable tenancies. New affordable rental requires funding commitments well before occupancy dates, at the point a project is approved, so that the provider knows firmly that rent assistance and supports will be available at project completion.

TAEH and TSHGP recognize a role for diverse forms of rent assistance. The mainstay of the system has been operating subsidies to dedicated projects, and rent supplement for other units, both providing long-term geared-to-income (RGI) rents. In provider-owned housing rent supplement is a stable revenue stream that can help to leverage financing. Housing allowances have been helpful in Streets to Homes placements – but most clients need ongoing rent assistance and it is extension/renewal of these programs that has made this assistance effective. Portable housing benefits are an important tool, including the Canada-Ontario Housing Benefit that has started to be delivered in 2020. The deep rent supplement recently offered by MOH has enabled providers to obtain units in a tight rental market.

B) Rent supplement and support services for supportive housing tenants moving on to other housing

The consultation document refers to Auditor General recommendations about “transitioning” residents of dedicated supportive housing into other housing. While residents have diverse needs and preferences, some would be interested in moving on to private-rental apartments or mixed-income non-profit buildings.

The key precondition for our residents is to maintain affordability and access to supports. Existing rent subsidies and support cannot simply be spread more thinly across more housing and clients. Affordability of ‘move-on’ options requires rent supplement or housing benefits that will be provided for the long term, not just a short 2 to 5 years. Although some clients’ needs decline over time, supporting those who move on and those who replaced them in dedicated buildings does require additional rent assistance and support dollars.

C) Sustaining dedicated supportive housing, at the end of project mortgages and funding agreements.

The expiring of operating agreements for Health-funded providers is a major issue noted in the consultation document. Expiry present opportunities for providers, but also risks, and a broader opportunity for the system and the sector overall. Mortgage-free dedicated buildings are a resource that can operate at much lower cost than scattered rent supplement; or be on sites where units can be added; or involve revenue streams which, if rent supp is deep enough, can be leveraged to access capital to create new units.

We are actively working on these issues, at the provider level and in the TSHGP (see point J.) Some providers are selling detached houses to raise capital for supportive housing that will house more people. Providers value the recent MOH decisions to provide rent supp for some buildings at expiry. City-funded ‘Alternative’ providers can access COCHI funding and incentives under the City’s community housing renewal strategy.

A more concerted approach is needed across supportive housing system. This is one main focus of the SHGP, A systematic Ministry of Health approach parallel to COCHI is needed for post-expiry Health-funded projects. We look forward to collaboration and engagement by MOH and MMAH staff in our work on the TSHGP.

D) Sustaining existing supportive housing with a market-based rent supplement / funding formula

Providers face large financial pressures, due to a widening gap between escalating market rents and limited rent supplement funding. This was documented in a brief submitted to the Ministry in 2018, recently updated, which noted that some providers were running annual deficits of about \$200,000. Although some budget increases and a softening 2020 rental market have helped, severe pressures remain.

Rent supplement funding has fallen far behind escalating rents. Across 2013–2018 in Toronto, for existing residents, the gap between the Rent Increase Guideline and the ODSP shelter maximum rose by 13%; for new tenancies, the gap between average bachelor unit rents and the ODSP shelter maximum rose by 47%.

This has reduced providers' and clients' ability to obtain and afford housing. Many landlords decline to rent to a new supportive housing applicant when a tenant moves out, as they can realize higher rents from other tenants. The resulting net loss in 2019 was several dozen units. Facing these funding pressures, providers are renting units that are smaller, of lower quality, and in socially troubled areas. Many providers are absorbing this deficit in their operating budgets – effectively taking money from other services.

Market-based programs such as scattered rent supp require market-based funding formulas. Providers look forward to working with MOH to implement a formula of annual market-based rent supplement increases.

E) Expanding the system of supportive housing system with sufficient resources to meet the needs

TAEH and the TSHGP are encouraged by the acknowledgement in the provincial consultation document, of the need to expand the system. We acknowledge steps the Ontario government has taken. Our provider members/participants have made use of and delivered the enhanced funding in recent years for MOH rent supplements, MJH, and the MMAH Home for Good funding delivered by the City. We applaud the Ontario promise to invest \$3.8 billion in community mental health and addictions over 10 years, and its specific recent announcements relating to mental health programs.

Ontario and Toronto require significantly more housing and supports to meet the needs of people with mental health issues, addictions, or chronic/episodic homelessness. The supportive housing plan developed for the Ministry of Health in 2016 estimated the housing supply, support, and rent supplement costs for 30,000 supportive housing units over 10 years. We urge the government to move toward such a scale of response.

Theme 2 – Access

F) Rapid access to housing, to ensure that homelessness is *rare, brief, and non-recurring*.

Rapid access to housing is a key strategy to reduce homelessness, as well as the drug use, overdoses, and justice involvement associated with life on the streets. Most homeless people cannot afford market rents, so a rent subsidy is needed. But in the 2010s, getting out of homeless shelters and into housing became more difficult, with few available rental units and escalating rents in the Toronto rental market.

The most flexible tool for rapid housing is a portable housing benefit / allowance, paid to the resident and portable to any housing in Ontario. Programs will soon serve about 9,000 housing benefit/allowance

recipients in Toronto (6,200 currently + 1,900 OPHI ramping up + 900 COHB ramping up). The City seeks to expand such programs to serve Indigenous people, youth, and those in COVID temporary sites such as leased hotels. We support its request to expand COHB by 1,000 units (\$7 million annual cost) in the near term.

Providing rapid access to housing on a scale that will meaningfully reduce homelessness in Toronto will require several thousand additional housing benefits/allowances. As first announced, the Canada Housing Benefit was intended to “grow to support at least 300,000 households across the country” – which implies over 100,000 in Ontario. We need to move more quickly toward that through joint Federal-Ontario efforts.

Rapid access to housing also requires matching to suitable supports (point G).

G) Ensure people in need are matched to housing and supports suited to their needs, without delay

Toronto has a well-developed supportive housing access and assessment system carried out by *The Access Point* (TAP) with active collaboration by providers. We are moving ahead on housing access for homeless people, in joint TAEH-City-TAP work on a By-name List. Continued provincial support will help these efforts.

The Access Point provides one-window intake and assessment for community mental health services in Toronto: supportive housing as well as Intensive Case Management (ICM), Assertive Community Treatment Teams (ACTT), and Early Psychosis Intervention (EPI). With a digital health platform and specialized staff, its role includes assessing applicants’ needs using recognized screening tools, triaging and prioritizing, and matching people to services and housing. The Access Point has is now resource for system approaches that mean better service to clients, effective resource use, and data on client needs, capacity, and performance.

Recent Access Point initiatives, in collaboration with providers, have reduced wait times for support services. It is much more challenging to do this for supportive housing, because given the few units that become available. Readily available rent subsidies / housing benefits are essential in order to provide rapid housing access to people leaving homeless shelters or correctional institutions. (See point F above.)

The By-name list is a collaboration of TAEH with the City of Toronto (Shelter, Support and Housing division), and The Access Point. It focuses on tracking individual use of, and entry and exits from homeless services, as a way to help people connect to housing and keep stable housing.

Provincial policy and practical support is vital in these matters. The Access Point is funded through the LHINs. As health system change proceeds, the relation to Ontario Health Teams (OHTs) is of central importance. Supportive housing as well as ICM, ACT and EPI are spread thinly across the City, so population needs could not be adequately or equitably met if these were to be divided into OHT service areas. Toronto needs to keep a unified mental health and addictions supportive housing system, with unified access and assessment.

MOH can support the existing work of TAEH, City, and The Access Point by clarifying policy on relationships between the supportive housing system and OHTs; practical support in the form of IT resources, evaluation support, etc.; and collaborating on steps to meet the housing needs of people discharged from corrections.

H) Moving toward more equitable geographic approaches

With 7 million people spread widely across Greater Toronto, there is a need to shift toward more geographic equity in supportive housing. Recent work by United Way of Greater Toronto has emphasized the need for region-wide approaches, and identified some common ground across the region.

People needing supportive housing grow up and live their lives in all parts of the GTA, so we need housing in various local communities. Current provider-owned supportive housing is very concentrated in central Toronto (pre-amalgamation 'old city'). Private-rental units available for supported clients are concentrated in lower- and mixed-income areas of central Toronto and the inner suburbs (Scarborough, Weston, Rexdale, etc.) where moderate-rent housing stock was built in the 1950s to 1970s. Although it is normal to have some concentration of supportive housing in areas with major mental health facilities, more community services, and better transit, the current pattern is extremely mismatched to population.

New investments in supportive housing are an opportunity to rebalance these concentrations and better meet population needs across the City of Toronto and the Greater Toronto Area.

Theme 3 – Efficiency

I) Flexible and specialized support funding that providers can use to meet a complex range of needs

To more effectively meet the support needs of people living with mental health issues or addictions, or experiencing chronic/episodic homelessness, we need to move the system toward more flexible forms of support provision.

The supports people need are a mix of some that are fairly generic across various types of clients and housing situations, and others that are quite specialized. We recognize the need for more clarity on what is high, medium, low supports. Support services should shift toward models that can flex up and down – to meet changing individual needs, and to reduce the likelihood of bottlenecks and mismatched supports. Support needs do change for many clients – often declining over time, but also shifting up and down.

Problematic drug/alcohol use is prevalent in the justice-involved population with mental health issues and in the chronic/episodic homeless population. Support needs are typically not high, but support providers must be there when needed, especially in the early stages after a person is first housed, and when mental health or addictions crisis arises. Addictions can impact fellow residents and staff, so providers are more likely to decline applicants with these issues or justice involvement. Some enhanced specialized skills are needed.

There is also a need for supports that are more short-term and transitional, in the case of homeless youth and for many people at the point they are discharged from detention/corrections.

We need a system that fund supports which providers can utilize wherever clients live – whether that is Health-funded housing, City-funded housing, modular housing, F/P/M-funded new affordable housing, or private rental units that our clients rent. As we head into higher production of new publicly-funded housing, we know that residents will need Health-funded supports. Justice-focused providers, which are not health transfer agencies and not municipally funded either, also need access to adequate support service funding.

Support approaches should be evidence-informed to meet the needs of distinct applicant groups. Significant numbers of clients have mental health /addiction issues along with cognitive issues, including Acquired Brain Injury (ABI) and Fetal Alcohol Spectrum Disorder (FASD). There is a need for more specialized support services for these groups. There is also increasing need for enhanced access to home support, including age-related supports and other matters, for people housed by mental health/ homeless-serving providers.

Theme 4 – Complex Needs

J) Provincial support for the Toronto Supportive Housing Growth Plan (TSHGP)

The TSHGP is developing integrated, strategic priorities for the system in Toronto, with a ten-year time frame and implementation steps. This work cuts across program silos and funding systems, and across the overlapping populations of mental health, addictions, justice involvement, and chronic/episodic homeless.

An early component of the TSHGP is an *Asset Inventory* of supportive housing in Toronto (we thank MOH and MMAH for data-related assistance). This analysis confirms the potential to leverage existing assets to generate funds that will help create units. Up to 14 properties have redevelopment potential. Sale of 200 ‘house’ properties (post-expiry) containing some 1,700 room-units could generate about \$200–\$250 million equity to redeploy in creating new supportive apartments. Existing rent supplement, continued post-expiry, is a revenue stream that can support financing of at least \$170 million – i.e. new capital to help create more housing. New mixed-income projects with some market rents can generate additional revenue over time.

In sum, we are at a historic turning point where sector resources are an important resource. This is a complement to further public investment but does not replace it. The scale of needs exceeds what sector resources can meet. And rent subsidies and support funding will be needed for all new supportive housing.

We are also working to enhance the capacity of providers and our sector to do strategic portfolio analysis, realign portfolios, carry out housing development, and partner effectively with private developers, lenders and others. We have obtained some support from the federal Community Housing Transformation Centre, but this is just a start. We would like to explore opportunities for MMAH support for this sector-based effort.

We look forward to a structured dialogue with MMAH and MOH as part of the TSHGP. Our expected timing is January to June 2021. Our desired outcome is provincial support for certain SHGP priorities, involving resource commitments and implementation steps, including steps to support a 2-year TSHGP action plan. Aspects of this related to the responsibilities of the Ministry of Municipal Affairs and Housing and Ministry of Health, as well as the Ministries of the Attorney General and Solicitor General for justice-related issues.

K) Ending discharge from corrections/detention into homelessness

One-quarter of applicants to mental health supportive housing in Toronto have justice involvement (police encounters, court hearings, remand, criminal sentences, probation, parole, ORB orders, etc.). Many homeless people cycle through shelters and the justice system, at huge personal and societal cost. Among those discharged from provincial corrections/detention, about one-third have mental health/addiction issues; many are discharged

with no home to go to and little support. This population faces huge barriers obtaining and keeping housing. There are over 2,000 people on The Access Point waitlist for Mental Health and Justice (MHJ) Supportive Housing.

Housing with supports is key to interrupting this cycle. People who are homeless or using drugs are often denied bail; but if they have housing the bail risk is much lower. If people have access to supports while incarcerated, and continuity of supports when they enter or leave, outcomes are much better. If they have rapid access to housing upon discharge, this pre-empts a destabilizing situation. Our recent research makes the case for some *transitional* housing for people discharged: with urgent rapid access, special post-incarceration supports, and onward access to permanent housing. At discharge, everyone should have housing in place, with supports if needed.

An action plan has been developed in 2020 for justice-focused mental health supportive housing in Toronto. It calls for the development of at least 300 units per year, including transitional housing and multidisciplinary teams, to better address mental health and substance abuse issues as well as criminogenic risk factors. To address implementation, a task force should be struck to create protocols and relationships, secure rent subsidies, commit resources and staffing, and in 2021 take first steps in multi-year action. Availability of rent subsidies, rapid access, and support staff are key, with protocols between support and housing providers and the justice system. The task force should be on a GTA-wide basis and involve TAEH, the City of Toronto, 905 Regional municipalities, Ministry of Health, Ministry of the Solicitor General, Correctional Services, justice-focused service providers, and the Mental Health and Justice (MHJ) supportive housing lead agencies.

L) High-support housing for long-stay ALC mental health patients, and some forensic mental health cases

A significant number of long-stay mental health patients are designated ALC (Alternative Level of Care), and could be discharged if suitable accommodation were available in the community. This population forms a large share of overall ALC bed-nights in Ontario, and is very costly to the system. This population often has high support needs, such as managing medications, self-care, and looking after the home.

A subset of the population with long hospital stays are those with Ontario Review Board (ORB) orders, i.e. they are in hospital in respect of issues for which they would otherwise face criminal charges. Many of them require high support and supervision initially, but can transition to regular MHJ supportive housing over time.

Providers in Toronto have had success in housing and supporting people coming out of long hospital stays for mental health reasons. Enhanced resources are needed to offer high support levels, with dedicated housing in many of these cases. Examples include Pine Villa, costing \$4.2 million per year to support 70 residents. We look forward to developing, with MOH and CAMH, a costed long-term action plan for this type of supportive housing.

To address these issues a 2021 task force (with participation by TAEH, City, MOH, and Ontario Health Teams) should establish protocols/staffing to ensure a housing plan for everyone discharged from hospitals.

M) Targeted initiatives for homeless youth

Being homeless can severely hurt young people, delaying and undermining the transition to independence, adult relationships, finishing education, and entering full-time work. Too many youth experience protracted

or recurring homelessness. One-third of adult homeless people were first homeless when young: a pipeline into long-term homelessness. Youth-focused housing with supports can interrupt this negative trajectory.

Many homeless youth do not require high supports or long-term assistance. A housing allowance or other moderate rent subsidy, with light supports, is often enough to help them move on successfully. Because youth is a dynamic, changeable time of life, transitional housing is useful for many homeless youth.

Congregate/group living arrangements can help young people with confidence and skill-building, short-term health issues, and completing the path into adulthood. And a few need longer-term supportive housing.

Discharge from the child welfare system (Children's Aid) unfortunately remains a significant pathway into youth homelessness. Efforts are under way to address this, but efforts need to be redoubled.

We have new activity and effective best practices in youth homelessness, including *A Way Home Canada*, and the *Making The Shift* initiative in Toronto and elsewhere. A youth-focused strategy will require more access to housing allowances / time-limited rent assistance, along with specialized youth-focused supports.

N) Targeted programs and resources for Toronto's Black population

Black residents in Toronto have disproportionately high rates of homelessness and comprise about 40 percent of this city's homeless people. This reflects several factors. There are barriers such as disadvantage in the labour market, limited housing choices, discrimination when seeking rental housing, and higher rates of eviction. There are not enough culturally appropriate services which people feel comfortable to approach, including services in mental health and addictions. With housing and services lagging behind rapid growth and a pressured housing market, the greatest impact falls on people who may lack connections to opportunities, live in under-served districts, tend to be younger, are sometimes newly arrived in Toronto, or are not connected to services and care.

Action on supportive housing needs to reflect directions from the *COVID-19 Interim Shelter Recovery Strategy* (September 2020) prepared by the City and United Way, with TAEH and other community input, and the *Housing and People Action Plan* (August 2020) prepared by with the input of a cross-sectoral, multi-stakeholder panel. The *Recovery Strategy* recommended a distinct approach to serve Black people experiencing homelessness, including services targeted to Black youth, broad anti-racism activity, and cultivating Black staffing, leadership, and governance in homeless-serving organizations. It identified a need for data and research on housing and homelessness pathways experienced by Black residents.

O) An Indigenous-led homelessness and supportive housing strategy for Toronto

Indigenous people in Toronto are more likely to be homeless than most population groups, and form a large share of shelter users people living on the street. Culturally appropriate services, so important in mental health and addiction, are small compared to the needs of Toronto's Indigenous population. Toronto's *Housing and People Action Plan* (August 2020) pointed to the need for affordable housing created by Indigenous organizations for Indigenous people.

The Federal and Ontario governments and the City now explicitly recognize the need for Indigenous-led housing and homelessness strategies. This is a cornerstone of reconciliation and part of the path to self-determination. Toronto needs more housing and support services designed and operated by Indigenous

peoples and organizations. There is an existing foundation of Indigenous housing providers and Indigenous support services and these need to be expanded.

The *Recovery Strategy* proposed specific steps relevant to supportive housing. These included more housing owned and operated by Indigenous non-profits, an Indigenous-specific track in housing acquisition, more Indigenous-led outreach and supports, supporting abstinence-based approaches (among others), ensuring Indigenous people who move into housing are connected with an Indigenous provider, and other measures.

Theme 5 – COVID-19

P) Turning temporary pandemic responses into permanent housing

The response to the COVID-19 pandemic by providers and the City of Toronto has included moving close to 2,000 [?] shelter users into leased hotel spaces and other facilities, and into housing. The City and providers have implemented big changes to shift and expand services, to support people in a rapidly evolving context.

This urgent and large-scale response has demonstrated the ability of government and supportive housing providers to move people who are homeless into more permanent accommodation, where the priority is there and funding is provided.

Current efforts in Toronto are informed by a Recovery Plan focusing on homelessness services and also on housing solutions. This has been prepared through joint efforts of the City, United Way, TAEH, providers, and others. Current City/community priorities include creating permanent housing for homeless people who have been moved to hotels as a temporary pandemic response, and converting shelter sites to permanent housing. It includes adding 1,000 permanent modular homes, adding 1,000 units through acquisition and renovation/conversion, and delivering the new portable Canada-Ontario Housing Benefit to 1,000 clients. CMHC in October announced the details of its *Rapid Housing Initiative* to support modular housing, acquisition, conversion/rehabilitation and related initiatives by March 2021.

To make these solutions work effectively and for the long term requires rent assistance and support funding. Even if housing is created with 100% equity and no mortgage, it is not feasible to break even on operations if rent revenues are at the level paid by clients on social assistance. There is a vital opportunity for MMAH and MOH to support the current recovery initiatives with expanded rent supplement and support funding.

Toronto, Ontario, and Canada are now experiencing further waves of the pandemic, with resulting damage to the economy. The time is right for governments to remember the role of housing investment as stimulus. For every \$1 invested in residential construction there is a \$1.52 multiplier effect in the economy. A capital investment plan with need-based targets is required, and can be part of a COVID economic recovery plan.