

# Priority Populations and supports for RHI 3: Survey Results



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# Rapid Housing Initiative (RHI)

- RHI is a program of the federal government, administered by the Canada Mortgage and Housing Corporation (CMHC) that provides funds to build permanent affordable and supportive homes for people experiencing, or at risk of, homelessness.
- The City works with Indigenous and non-profit housing partners to prepare an overall package of proposals to apply for Toronto's portion of these federal funds and seek additional funds through a national competition.
- It did so for Phases 1 and 2, successfully receiving approximately \$440m in RHI funding, allowing it and community-based housing providers to create over 1,000 new homes in Toronto.

# Priority Populations for Rapid Housing

Priority groups to be housed through RHI include:

- Women and/or women and their children (25% target)
- Indigenous Peoples (15% target)
- Black people
- Seniors
- people with disabilities
- young adults
- racialized groups
- people dealing with mental health and addiction issues
- Veterans
- 2SLGBTQ+
- recent immigrants or refugees



# Units Secured through RHI Phase 1 and 2

Priority population	Proportion of units secured for priority population
<b>Women and/or women and their children</b>	35%
<b>Indigenous people</b>	24%
<b>Racialized people</b>	11%
<b>Black residents</b>	8%
<b>Seniors (aged 59+)</b>	18%
<b>Young adults (aged 18 to 29)</b>	5%
<b>People with physical disabilities</b>	6%

**\*Reminders:**

- CMHC establishes the priority population categories
- The City prioritizes projects that will create new supportive housing for people experiencing homelessness

# Survey Purpose

- To ensure that the submission to the Federal government for RHI 3 reflects the needs of priority populations for supportive housing in Toronto.
- The information from this survey will complement data gathered from the City of Toronto Street Needs Assessment and be balanced with the priority populations already identified as part of the National Housing Strategy and the HousingTO Action Plan

# Top 3 Underserved populations

Underserved Populations	Responses
Indigenous People	57%
2SLGBTQ+ People	38%
Seniors	36%
People with physical disabilities	36%
Black residents	25%

*“Unhoused individuals with complex needs (mental health, substance use) don't have suitable housing available to them.*

*These are the folks who end up going through cycles of being housed and evicted, putting a strain on them, system who support them and financial strain on the housing system.*

*There needs to be more housing with 24/7 supports for these individuals”.*

# Underserved populations

- Over half of respondents indicated Indigenous Peoples as one of the top priority groups
- Veterans and women and/or women and their children were selected the least\*
- In qualitative responses, the impossibility of silo-ing peoples' identities was strongly expressed
- There was a strong interest in feeding back to CMHC that additional types of disability than physical be recognized

# Support Priorities

Support Types	
Housing Set up: e.g. costs associated with set up of the housing unit including moving costs, furniture, basic grocers and supplies	88.37%
Housing Stabilization: e.g. supports including follow-up or post-placement support that could include portable benefits	<b>95.35%</b>
Basic needs services: e.g. food banks, meal program, drop in services, clothing, ID, transportation to home community, culturally relevant supports for Indigenous people, groceries and essentials (e.g. clothing, personal hygiene)	88.37%
Eviction Prevention Supports: e.g. emergency assistance to prevent eviction, landlord liaison, discharge planning services, legal advice	83.72%
Economic Integration Services: e.g. support accessing income assistance, Employment assistance (job search assistance, support maintaining a job, skills development), Education and Training assistance and connection to training programs to support participation in these programs	79.07%
Social and Community Integration Services: e.g. support accessing cultural, and, recreational activities, Indigenous Elder consultation, preparation of traditional foods	83.72%
Clinical Treatment Services: e.g. harm reduction, support accessing clinical and health treatment services (including mental health care) through case management, partnership development and integration to bring together services to support needs of residents, services provided by Indigenous Elders or traditional healers, integration of support teams for an individual, mental health and addictions support	83.72%



# Levels of Support required

Support Type	Low	Medium	High
Housing Set up	30 %	37%	49%
Housing Stabilization	14%	37%	<b>67%</b>
Basic needs services	14%	51%	53%
Eviction Prevention Supports	19%	42%	<b>58%</b>
Economic Integration Services:	19%	58%	42%
Social and Community Integration Services	14%	51%	51%
Clinical Treatment Services	14%	37%	<b>65%</b>

# Populations served by survey respondents

Population group	% of respondents
Racialized people	55%
Seniors	48%
Newcomers (including Refugees)	31%
Indigenous People	29%
2SLGBTQ+ individuals	26%
Black residents	26%
Young Adults	24%
Women and or women and children	17%
Women and children fleeing violence	10%
Veterans	0%

## More on the respondents:

- 75% of respondents identified themselves as a manager / senior leader
- 20% as program staff
- 20% as having lived/living experience

# Other comments shared on Rapid Housing

*“We need a shelter for 2SLGBTQ+ individuals ... we need housing options for 2SLGBTQ+ people don't feel isolated and exposed to homophobic and transphobic abuse. We need more options for young that include harm reduction and don't run like group homes”*

*“That housing for high support is desperately needed...these are the clients that need us the most and get constantly lost and shuffled through our system. They need to be more lenient in regards to client having all eligibility requirements like ID and NOA's. We need to house them first and then work on obtaining these things...They need time, security and stability to do this, the hotel programs have shown how some of these clients have been able to actually stabilize in place longer.*

*“We need more social, RHI, and supportive housing in the areas in which there is already a high concentration of unhoused folks”*

*“Chronic illness is another factor... we really need supportive housing for many of these populations ... 24/7 and not just 9-5 Monday to Friday”*

# Questions?