

# FROM RESEARCH TO ADVOCACY AND THE CHALLENGE OF SCALING UP HOUSING

What it takes to influence government

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- ▶ 1 in 5 experience MI each year
- ▶ By age 40- 1 in 2
- ▶ WHO estimates disease burden @ 13%
- ▶ ICES burden 1.5X cancer, heart disease, 7.5x infectious disease
- ▶ More for the Mind (1963) no other disease except leprosy has experienced more discrimination

SOME FACTS AND FIGURES



- ▶ McMaster Health Forum estimates Ontario has a \$1.5 billion annual care gap based on disease burden
- ▶ UK spends 13% of health budget on mh
- ▶ Canada spends 7%- Saskatchewan 5%, Ontario 6%
- ▶ MHCC target- 9%- estimated cost \$3.1 Billion

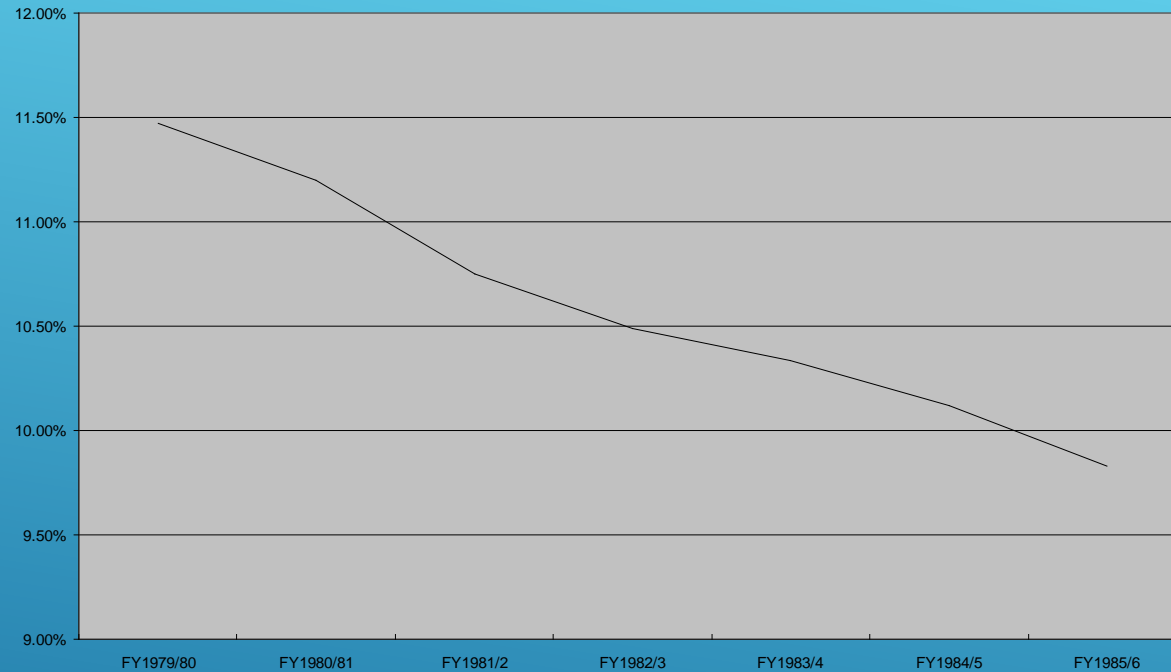
MORE FACTS AND FIGURES



- ▶ MFM proposes parity with physical health and a shift to community care
- ▶ Provinces close 48,000 m hospital beds
- ▶ Create general hospital psychiatric services
- ▶ Start funding community based care
- ▶ All provinces develop mental health plans 1980's – 2000's proposing a shift to community care
- ▶ MHCC strategy in 2012 proposes growing community care and increasing funding to 9% of health budget from 7%
- ▶ AHCS shows HF outperforms TAU by 2:1

## POLICY JOURNEY SINCE MORE FOR THE MIND

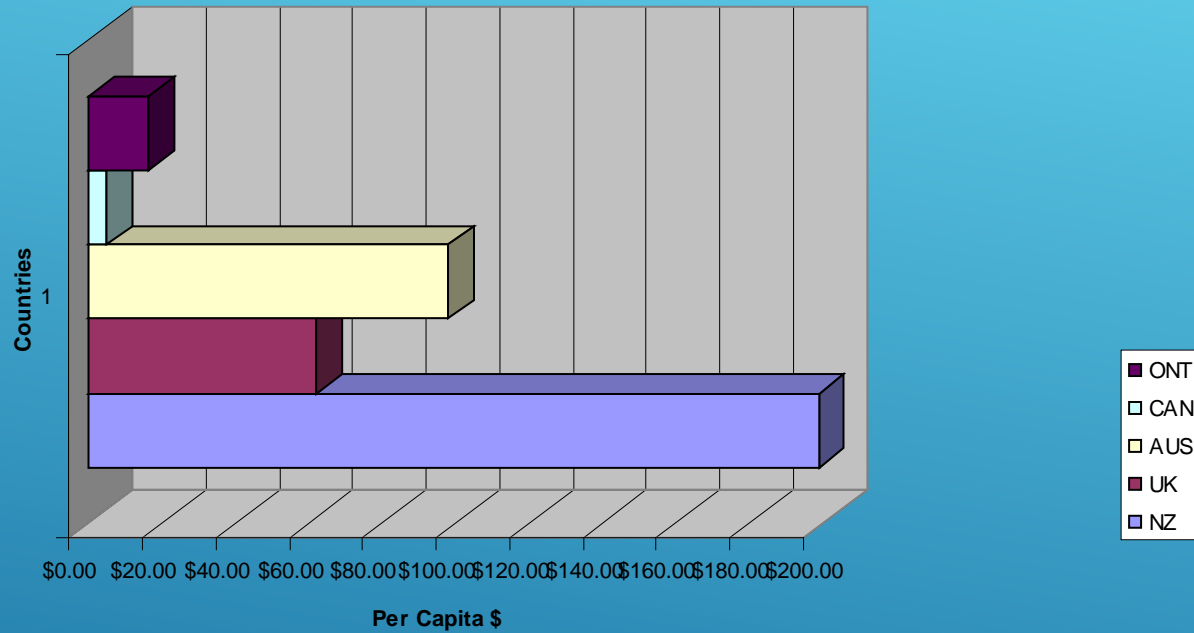
MENTAL HEALTH SPENDING  
AS % HEALTH SPENDING



MH SPENDING TENDS TO DECLINE RELATIVE  
TO HEALTH SPENDING OVER TIME

# OTHER COUNTRIES HAVE DONE MORE

**Comparative Per Capita New Mental Health Investments**



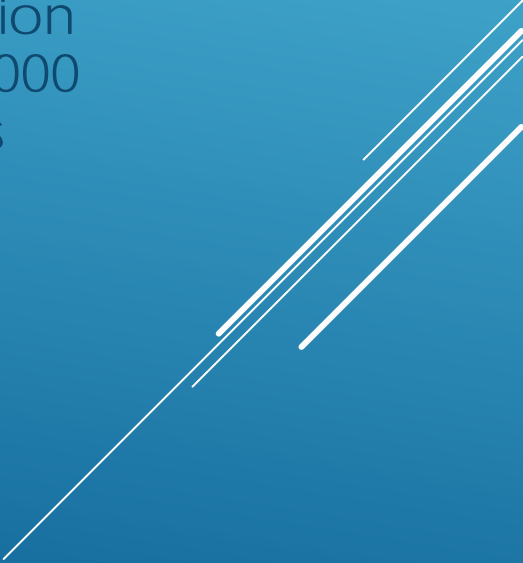
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■ ONT	\$16.45
■ CAN	\$5.22
■ AUS	\$98.13
■ UK	\$62.22
■ NZ	\$198.93

- ▶ Evidence base for ACT, ICM, IPS, EPI for past 30 years
- ▶ Growing evidence for HF ( Housing First)
- ▶ Need to grow evidence base for peer, family support
- ▶ Growing evidence on economic costs (MHCC)
- ▶ Challenge re MH promo
- ▶ Not directly tied to funding decisions

## THE ROLE OF EVIDENCE



# ONTARIO MHA LEADERSHIP COUNCIL RECS 2016

- ▶ Expand early intervention- improve primary care identification of young children at risk, expand CBT for children and youth in schools, support evidence based youth wellness hubs
  - ▶ Close critical service gaps- pilot evidence based individual group psychotherapy- identify most effective integrated models and scale, Youth addictions: build screening and brief intervention capacity in primary care- develop at least 30,000 supportive housing units over the next 10 years
  - ▶ Fund core services, improve performance measurement and quality
- 



- ▶ Federal contributions to Accord and housing funding set for 10 years
- ▶ Fed \$ only go part way
- ▶ Need provinces to match fund
- ▶ Need evidence on value of investments and lessons learned
- ▶ Advocacy required at all levels

## THE CHALLENGE AHEAD



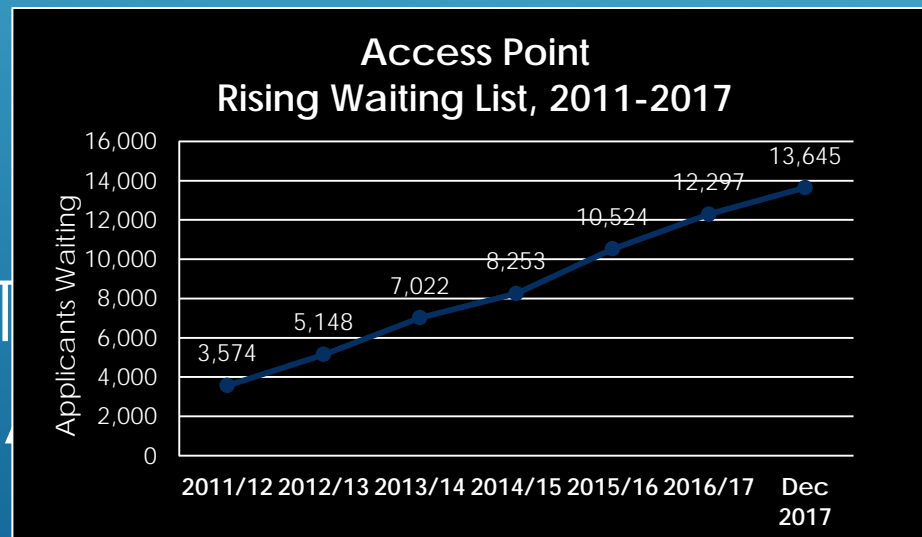
- ▶ Diverse NGO providers providing housing and supports for 40 +years
- ▶ Housing offered in dedicated, scattered stock as well as social housing
- ▶ Heterogeneous population housed
- ▶ Data on client characteristics and outcomes limited, with some exceptions
- ▶ High unmet need:
- ▶ 520,000 Canadians with MI/SA r precariously housed, 119,800 homeless

## SUPPORTIVE HOUSING LANDSCAPE



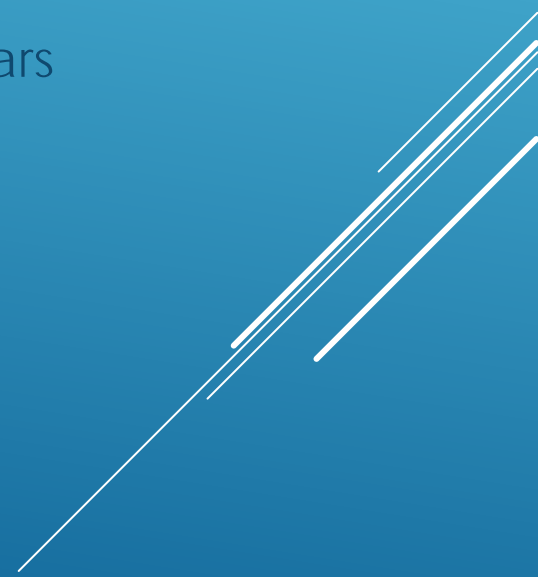
- ▶ = to pop of Hamilton, Quebec City, or Surrey BC
- ▶ 110,000 more than Halifax and 2x Saskatoon
- ▶ Toronto supportive housing wait list has grown from 700 in 2009- over 13,000 in 2017

SUPPORT  
LANDSCAPE



- ▶ Govt response has been limited:
- ▶ 2006- Kirby 56,000- 2008-1500AHCS
- ▶ 2012 MHC 100,000- 2018 60,000 units over 10 years-
- ▶ Includes supportive housing but no targets although 12,000 seniors and at least 2400 dh units
- ▶ Will require provincial, municipal cost sharing, coordination and collaboration with the private sector
- ▶ Ontario LTAHS- 1500 construction of supportive housing units
- ▶ MOHLTC 1500 rent supps and supports over 3 years

## SUPPORTIVE HOUSING LANDSCAPE



- ▶ Challenges getting housing stock include:
- ▶ Scattered unit landlords exiting
- ▶ High rental and utility costs not covered by existing rent supp \$
- ▶ Zoning/ development issues- cost/ time
- ▶ Financing MMAH, municipal, MOHLTC
- ▶ Social finance opportunities need to be leveraged

## SUPPORTIVE HOUSING LANDSCAPE



# About

*What are the characteristics of the social finance marketplace?*

- **Global marketplace** is estimated at \$100 billion, projected to grow to \$400 billion over next 10 years
- **Canadian marketplace** estimated at ~\$2 billion in assets, projected to grow to \$30 billion over next 10 years
- **Key sectors:** Clean technology, sustainable agriculture, and affordable housing
- **Strong interest amongst governments and institutional investors**, with pioneering efforts from leading foundations and individual investors



# ABOUT

*What are key advantages for supportive housing providers in the social finance marketplace?*

## Advantages

- **Signature impact investments have been affordable housing investments.** TCHC Housing Bond, YWCA Community Housing Bond.
- **There is demonstrated interest in affordable housing by investors.** 75% of impact investors would be interested in affordable housing bonds



# CASE STUDIES

*What are examples of social finance at work in social housing?*

## Leading Examples

- Calgary Homelessness Foundation, Calgary.
- St. Clare's Multifaith Housing Society, Toronto.
- YWCA Toronto, Elm Centre Project, Toronto.
- Centretown Citizens Ottawa Corporation, Beaver Barracks, Ottawa.
- NY/NY III Supportive Housing Agreement, New York.
- Loft Community Services, St. Anne's Place, Toronto.



- ▶ Govts need to set targets
- ▶ Municipal govts need to use inclusive zoning, intensification, second suites, use a homelessness reduction lens to guide approval process
- ▶ We need to develop more housing stock and leverage partnerships and social finance
- ▶ We need to report on client characteristics and outcomes in a standardised way to tell our stories
- ▶ Need to continue to build out the model and focus on populations for whom HF doesn't work

## WHAT IS TO BE DONE?

- ▶ We need to avoid sterile debates ie dedicated vs scattered and recognize this is about choice
- ▶ No health without mental health- no mental health without housing
- ▶ <https://vimeo.com/168999507>

WHAT IS TO BE DONE?

