



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

Mental Health & Addictions Support for Tenants

POSITION PAPERS

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January 2022

Rural Ontario Municipalities Association (ROMA) Conference

Prepared by:

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Prepared for:

Hon. Christine Elliot, Minister of Health

Hon. Michael Tibollo, Associate Minister Mental Health and Addictions

Hon. Steve Clark, Minister of Municipal Affairs and Housing

Supportive & Transitional Housing

Brief

The District of Thunder Bay Social Services Administration Board (TBDSSAB) requests that the Ministry of Health partner with the Ministry of Municipal Affairs and Housing (MMAH) to provide designated funding in the District of Thunder Bay for a new purpose-built transitional housing project(s) consisting of a minimum of 50 units with Rent Supplements and mental health and addictions agencies to be provided a long term commitment for support funding to ensure that supports can be provided to individuals accessing these units.

Summary

The TBDSSAB recognizes and applauds the government of Ontario's commitment to a multi-ministry approach to addressing homelessness to create permanent and independent housing solutions. However, additional resources are required to provide mental health and addictions supports for the number of individuals who are unable to live independently.

Therefore, TBDSSAB requests that the Ministry of Health partner with the MMAH to provide funding for a new purpose-built dedicated supportive housing project(s) consisting of a minimum of 50 units with rent supplements and mental health and addictions agencies to be provided a long term commitment for funding to ensure that supports can be provided to individuals accessing these units.

Background

It is evident that various supports are required to ensure successful tenancies, prevent evictions, and to end the cycle of homelessness. For example, the Housing First approach to ending homelessness is well-known for its individualized and client-driven supports as a core principle in sustaining permanent housing. Similarly, the Home for Good initiative launched by the Province has committed funding to help Service Managers house homeless individuals and connect them to appropriate supports to support successful transitions into stable housing.

The TBDSSAB surveyed service providers in the District of Thunder Bay to gauge the number of transitional housing units, rent supplements and other supports that are available for individuals with mental health or addictions.

Based upon this survey, there are 312 transitional units or rent supplements specific for individuals with mental health and addictions. In addition to this, there are 294 individuals that are supported to live independently in the community (Housing First Programs, Social Navigation Programs, etc.) It is presumed that without this support the individual would not succeed in their tenancy.

At this time, there are a total of 198 people on a wait list for a transitional space or rent supplement and 146 individuals on a waitlist to receive support for mental health and addictions.

As a result of these findings, TBDSSAB requests that Ministry of Health partner with the MMAH to provide funding for a new purpose-built 50-unit supportive housing project with dedicated supports. The actual number of beds required in the District of Thunder Bay far exceeds the 50 units requested, given the current waitlist and the fact that the incidence of mental health and addictions is much higher in the District of Thunder Bay than the provincial average as demonstrated through the information in Appendix #1. However, the addition of a minimum of 50 dedicated Mental Health and Addictions units would demonstrate an important step toward meeting the needs in the District of Thunder Bay.

Through the creation of new transitional housing, individuals in need would receive the care they require, and the burden of addictions would be reduced. This would also open space for those waiting to access community housing, reducing the homeless population and those struggling to pay rent in the private sector.

As the evidence demonstrates the District of Thunder Bay has a much higher incidence of mental health and addictions when compared to the Ontario average. This creates more demand for services and supports that can be provided through dedicated supportive housing.

Therefore, TBDSSAB requests that the Ministry of Health partner with the MMAH to provide designated funding in the District of Thunder Bay for a new purpose-built dedicated supportive housing project(s) consisting of a minimum of 50 units with a long term commitment for support funding to ensure these units have the attached supports required.

Mental Health & Addictions Supports for In Situ Tenants

Brief

The District of Thunder Bay Social Services Administration Board requests that the Ministry of Health partner with the Ministry of Municipal Affairs and Housing to provide designated funding in the District of Thunder Bay for mental health and addictions supports for in situ tenants of Community Housing.

Summary

The District of Thunder Bay Social Services Administration Board (TBDSSAB) recognizes and applauds the government of Ontario's supportive approach to addressing homelessness to create permanent and independent housing solutions. However, additional resources are required to provide mental health and addictions supports for in situ tenants of Community Housing and for the non-homeless requiring supports.

Therefore, TBDSSAB requests that the Ministry of Health partner with the Ministry of Municipal Affairs and Housing to provide funding for mental health and addictions supports for in situ tenants of Community Housing.

Background

It is evident that various supports are required for those individuals impacted by negative mental health and addictions to ensure successful tenancies and prevent evictions. The incidence of mental health and addictions is much higher in the District of Thunder Bay compared with the provincial average as demonstrated through the information in Appendix #1.

Research has shown that certain groups are more at risk for substance abuse related harms. These include people who have had adverse childhood experiences; people with mental health disorders; people with workplace injuries and older adults; youth who have a history of trauma or neglect; homeless people; people working in the sex trade; and indigenous people.

Many of the vulnerable populations cited above are represented in the Community Housing sector and as tenants in the private market. As a cross section of the broader population, it is reasonable to assume that incidence of mental health and addictions in the Community Housing tenant population occurs at a rate at least equal to the District as a whole. However, due to the circumstances faced by many Community Housing tenants, they find themselves preyed upon by drug dealers and criminals.

Over the past two years, TBDSSAB has seen several 'home take-overs' by drug dealers imposing themselves on our most vulnerable tenants. Unfortunately, this has become increasingly common in both Community Housing and the private rental market.

This situation is supported by recent statistics that show the incidence of crime rate per 100,000 increase by 13.86% in the Thunder Bay census metropolitan area (CMA) between 2018 and 2019. Home takeovers would be greatly reduced if those who experience mental health and addictions needs had appropriate in-home supports, and those with the most severe mental health and addictions needs had an appropriate care environment, with 24/7 supports to assist them in managing their lives.

Starting in 2016, TBDSSAB tracked the number of referrals for tenants involved in some type of presumed mental health and addiction issue. Approximately 409 of the referrals in 2019 were for such issues and this number increased to 427 in 2020. It is also estimated that an additional 100 referrals from the broader Community Housing sector were for mental health and addictions.

The number of referrals for mental health and addictions services has significantly increased year over year. The increasing incidences of mental health and addictions is costly for tenants and for Community Housing providers when these issues are not addressed due to heavily damaged units and home take overs by criminal elements.

Therefore, TBDSSAB requests that the Ministry of Health partner with the Ministry of Municipal Affairs and Housing to provide designated funding in the District of Thunder Bay for mental health and addictions supports for in situ tenants of community housing.

Appendix #1

Mental Health and Addictions in the District of Thunder Bay

The North West LHIN previously indicated that admission rates to inpatient adult mental health units is the 3rd highest in the province (33.7 per 1000 population compared to 24.9 per 1,000 population provincially).

The average length of stay in inpatient adult mental health units was the highest in the province at 34.9 days and the number of admissions to inpatient adult mental health units is the second highest in the province (671.1 per 100,000, compared to 511.7 per 100,000 population provincially). Additionally, Opioid-related morbidity and mortality in the District of Thunder Bay, like mental illness, occurs at a rate much higher than the provincial average.

2020 Comparative Opioid-related morbidity and mortality in Ontario and the District of Thunder Bay, rate per 100,000 people

	Ontario	District of Thunder Bay
Emergency Department Visits for Opioid Poisonings (rate per 100,000)	71.6	174.6
Hospitalization Rates for Opioid Poisonings (rate per 100,000)	13.6	24.6
Deaths from Opioid Poisonings (rate per 100,000)	10.3	41.4

Source: Public Health Ontario, Interactive Opioid Tool

Homelessness in the District of Thunder Bay is an issue of concern for the TBDSSAB, with 704 individuals currently active on the District of Thunder Bay By Name List (BNL). Of these, 66% identified as Indigenous and 70.9% of survey participants reported having an addiction.

According to the City of Thunder Bay Police Service Annual Report they responded to 51,400 calls for service in the past year and only 17% were related to criminal code offences. Of the total calls received, 4,305 were related to mental health and alcohol use. The number of mental health calls has increased each year (1,548 in 2018; 1,288 in 2017).

In addition, the Canadian Mental Health Association (CMHA) Crisis Response fields approximately 3,500 calls per quarter, or approximately 14,000 calls annually. The Thunder Bay Regional Health Sciences Centre had 6,935 visits to the Emergency Department for mental health/substance related issues and the rate of 30-day repeat for mental health-related visits is 20% and substance use-related visits is 45%. The District of Thunder Bay has one of the highest percentages of people discharged from hospital to home who visit the ED within 30 days after discharge (19.9% compared to 13.2% provincial average). The North West LHIN indicated that the Rate of Emergency Department visits for mental health and addictions conditions is the highest in the province (48.1 visits per 1,000 population compared to 19.2 visits per 1,000 population).

Further, in 2019, the Balmoral Centre in Thunder Bay admitted 2,164 individuals into the residential withdrawal management program and was unable to accommodate an additional 2,555 individuals who had requested service as there was not any space available to serve them.

Dilico Anishinabek Family Care residential addictions program receives approximately 700 referrals per year but can only provide service to approximately 250 individuals per year. Dilico Anishinabek Family Care also offers pre-treatment and after care services in the city and in the District of Thunder Bay. The Thunder Bay Counselling Centre had approximately 950 individuals participate in community treatment and at that same time, 223 individuals were involved in case management services.

The Thunder Bay District Mental Health and Addictions Network recently advocated for an integrated mental health and addictions crisis centre in the City of Thunder Bay which will add capacity to existing community-based mental health and addictions services by ensuring people have access to the most appropriate level of care when

and where they need it. To adequately meet current community need, a 24-hour integrated mental health and addictions crisis centre with walk-in capacity will require 20 lower-threshold withdrawal management beds and an additional 20 crisis beds.