



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

Developing More Supportive Housing stocks

POSITION PAPER

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Prepared by:

The District of Thunder Bay Social Services Administration Board

Prepared for:

Hon. Sylvia Jones, Minister of Health

Hon. Rob Flack, Minister of Municipal Affairs and Housing

Hon. Michael Parsa, Minister of Children, Community and Social Service

Brief

The District of Thunder Bay Social Services Administration Board (TBDSSAB) requests that the Ministry of Health (MOH), Ministry of Municipal Affairs and Housing (MMAH), and the Ministry of Children, Community and Social Services (MCCSS) provide funding for the development of additional supportive housing in the District of Thunder Bay to help individuals who require mental health and addictions supports, aging in place, and alternative level of care (ALC) gain access to units with the adequate level of supports. This would in turn free up bed space in community housing and healthcare facilities for other individuals that would benefit from the availability of care.

Summary

TBDSSAB urges the MOH, MMAH, and MCCSS to continue the important work established by the virtual engagement process in 2020-21. The initiative focused on key areas within the Province's Supportive Housing system that included supply, access, efficiency and complex needs. The outcome of this process shed light on the importance of increasing the supply of and access to supportive housing stocks that would ensure successful tenancies and end ongoing cycles of homelessness. Through various funding streams, TBDSSAB has made significant investments in supportive housing. However, individuals that require an ALC in the District of Thunder Bay face disproportionately long wait times during the discharge process. For example, the average length of stay (year-to-date) for individuals whose discharge disposition to supportive housing is 198 days. For this reason, TBDSSAB requests that the MOH, MMAH, and MCCSS provide funding to develop a 50-bed supportive housing space.

Background

Across the country, supportive housing solutions are required to ensure successful tenancies, prevent evictions, and end ongoing cycles of homelessness. For example, the Housing First approach to ending homelessness offers individualized and client-driven support to help sustain permanent housing. In 2016, implementation of this approach in a veteran-specific pilot

project resulted in an estimated annual saving of \$536,000 across four Canadian cities. Another example is evident in the province-led Home for Good (HFG) funding initiative whose purpose is to help Service Managers house homeless individuals and connect them with appropriate support to facilitate successful transitions into stable housing¹.

In addition, through investments from the concluded Social Services Relief Fund (SSRF) TBDSSAB has worked with community partners to establish 31 supportive and transitional housing spaces that build upon existing investments. As of April 2024, the Homelessness Prevention Program (HPP) has also enabled TBDSSAB to provide funding for 52 new supportive housing units. These include:

- 22 long-term supportive housing units through St. Joseph's Care Group (SJCG) and Northern Linkage for individuals with mental health and addictions challenges,
- 9 new units through partnership with the Elizabeth Fry Society of Northwestern Ontario for those experiencing or at risk of homelessness,
- 17 new units through partnership with Shelter House and NorWest Community Health Centre for those experiencing or at risk of homelessness,
- 4 new units through Ontario Aboriginal Housing Services, for Indigenous individuals experiencing mental health and addictions challenges.

TBDSSAB would like to thank the provincial and federal government for these funding initiatives. Without the level of support we have received, these projects would not have come to fruition.

However, we believe more supportive solutions are required. The rationale is a lack of supply and access to supportive housing that results in long wait times experienced by patients who have a discharge disposition from SJCG to a different care facility or supportive housing unit. Upon discharge, individuals who require ALC are temporarily relocated to a 32-bed Transitional Care Unit (TCU) that is operated out of one of their Long-Term Care (LTC) facilities².

¹ Since the inception of HFG, the TBDSSAB has housed over 436 unique individuals, with a 75% increase in the past two years. As of May 2024, 59 individuals are receiving a portable HFG subsidy, and 65 clients are provided with case management services through the HFG support staff from Dilico Anishinabek Family Care and SJCG.

² This makeshift TCU was created to prevent releasing individuals (who need extra support and/or homeless) to the street by offering them a short-term option while their request to access supportive housing is being processed.

SJCG reports that the year-to-date average length of stay (LOS) for patients who require ALC averages 167 days³. For the individuals who would benefit from receiving care in a supportive housing setting, the average LOS in the TCU is 198 days. In the last three years, the average LOS for 18 individuals who were admitted to the TCU with plans to move them to supportive housing was 183 days. While there is no maximum LOS in the TCU, the major reason for a longer than expected LOS is due to a lack of supportive housing options.

The effect of these longer than expected LOS is felt in hospital settings as congestion builds up due to TCU beds being occupied by individuals waiting for housing options to be accessible. The congestion also increases wait times for individuals who require care in hospital settings and in turn, cannot gain the right level of care until hospital beds are available to them. One key solution to addressing the extended LOS for individuals who require ALC – and the subsequent domino effects on the housing system—is the development of additional supportive housing units.

Therefore, TBDSSAB urges the MMAH, MOH, and MCCSS to provide funding for the creation of 50-unit supportive housing stock that would enable individuals who require Alternate Levels of Care to gain access to an increased housing supply and in turn reduce the length of stay in the Transitional Care Units that are offered as a short-term solution.

³ Discharge disposition for these individuals includes acute care, LTC, and supportive housing etc. Average length of stay for Individuals who require LTC level of care is 77 days.