

Fact Sheet on Homelessness and Housing First

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- Homelessness accelerated during the 1980s
- Beginning in 1990, the federal government provided funding to 61 Canadian communities to respond to homelessness
- This funding was used by communities at their discretion primarily for shelters, street outreach, and transitional programs (what we now call “usual treatment”) that “managed” but did not end the problem of homelessness
- In 2008, the federal government provided \$110 million for a research demonstration project on homelessness called At Home / Chez Soi
- This project was implemented in five cities across Canada with 13 programs and more than 2,000 participants and was administered by the Mental Health Commission of Canada
- The approach undertaken was called Housing First (HF), and At Home / Chez Soi built upon previous research and implementation of HF in the United States
- HF consists of two components:
 - a portable rent supplement so that clients spend no more than 30% of their income on apartment rental
 - intensive, community-based supports typically in the form of Assertive Community Treatment (ACT) for people with high needs or Intensive Case Management (ICM) for people with moderate needs
- HF is not for all homeless people, it's focused on people who experience mental illness, addictions, have other complex needs, and have a history of unstable housing or chronic homelessness
- In At Home / Chez Soi, HF programs using ACT or ICM were compared with “other services available to individuals in the community” through a randomized research design
- HF participants were stably housed 73% of the time over the two year study period over two years compared to only 32% of the time for usual treatment participants
- HF was implemented with adaptations to make it culturally relevant to Indigenous people in Winnipeg and ethnoracial people in Toronto
- ACT HF costs approximately \$20,000 (CAD, 2016) per participant per year and ICM cost \$14,500 (CAD, 2016) per participant per year
- There are significant cost offsets for ACT HF (69%) and ICM HF (46%) associated with reductions in use of health care, social services, and justice-related services,
- In 2015, based on the findings of the At Home / Chez Soi project, the federal government changed its funding policy with 65% of funding for the 10 largest cities

- to be allocated to HF and 40% of funding for smaller cities and Indigenous communities allocated to HF
- At Home / Chez Soi researchers have published more than 100 scientific papers on this project.
 - Training and consultation was provided to an additional 20 Canadian communities by the Mental Health Commission of Canada to develop new HF programs
 - HF programs have been adopted across European Union nations and the United Kingdom, including a sister demonstration project in France, Chez Soi d'Abord
 - In 2017, with Canada's National Housing Strategy, the mandating of communities to use federal funding for HF programs was dropped
 - Over the last number of years, persons experiencing homelessness now living increasingly in congregate facilities, tent encampments, tiny homes, and other settings that bear no resemblance to HF and have no research indicating their effectiveness in reducing homelessness
 - The federal government needs to resume its role as a leader in the adoption of evidence-based homelessness policy by:
 - rolling out portable rent supplements for people experiencing homelessness,
 - providing funding incentives for ACT and ICM programs to partner with HF programs to reduce chronic and episodic homelessness in Canada