

# mesa

[ mey-suh ]

A collaborative approach  
to compassionate care



County of  
**Renfrew**  
Ontario . Canada

Paramedic Service,  
Community Services,  
Development and Property



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Peter Emon, Warden, County of Renfrew

As we deliver the essential health, social and infrastructure services supporting our residents and First Nation peoples, we are reminded of the privileges that we are afforded by living and raising our families across the Ottawa Valley. On behalf of the County of Renfrew and our entire community, we are grateful to live harmoniously with our neighbours in the unceded traditional territory of the Algonquin People. We would like to thank the Algonquin people and express our respect and support for their rich history. We are extremely grateful for their many and continued displays of friendship. We also thank all the generations of people who have taken care of this land for thousands of years.

# Executive Summary

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The current state of mental health, substance use and addiction challenges in the County of Renfrew, City of Pembroke and Algonquins of Pikwakanagan First Nation is applying significant social and health pressures on County residents. Community services, emergency services and urgent care delivery systems are straining under the additional pressure, challenging our capacity to deliver basic service needs. Local data indicates that there is an increasing demand for social, health and emergency services that is placing our systems at a high level of risk. We are reaching a crisis point, requiring innovative thinking, integrated support systems and aligned, strategic investments moving forward.

Looking upstream, there is a clear connection between mental health, substance use and addiction issues and the decisions we are making in social services, planning and housing. As a growing and collective social crisis, our current state is reflected in a rapidly rising addiction and toxicity related emergencies, increased demand for mental health services, overall health declines, decreased quality of life and a resulting economic development impact. There is clear evidence to support that a shortage of safe, quality housing as well as shelter and housing supports are significant contributing factors to this crisis.<sup>1</sup>

The direct correlations between mental health, substance use and addiction, increasing demand for emergency services and social services, planning and housing investments is well documented.<sup>2</sup> In order to create and support effective and innovative solutions to mental health, addiction, emergency services and housing issues, this **evidence to action** model co-ordinates and integrates multi-sector approaches led collaboratively by the County of Renfrew's administration, community services, development and property and emergency services departments.

This approach, named mesa, embodies bold and compassionate work to address the root causes of homelessness, addictions and mental health while fostering a resilient and healthier community for all residents of the County of Renfrew. The name is derived from the term used for a flat-topped hill; a formation in the landscape that is stable and supported. Mesa comes from the Latin mensa meaning "table". Tables provide sturdy, inclusive platforms for healthy community members. This approach offers aligned programs, resources and wrap-around care for all community members to thrive.



# Mental Health

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Mental health is a state of well-being that supports people to cope with the stresses of life, realise their abilities, learn well, work well, and contribute to their community.<sup>3</sup> The number of people experiencing mental health challenges is significantly increasing and this is having a profound effect on both an individual's quality of life and our community's well-being. In order to better understand the wide scope of mental health challenges, it is important to recognize that there are distinct areas which include but are not limited to mood disorders (depression, bipolar disorder), anxiety disorder, personality and psychotic disorder (e.g. schizophrenia), post traumatic stress disorder (e.g. PTSD), neurodevelopmental disorders (e.g. autism, ADHD), and rising dementia, including Alzheimer's, diagnoses in our growing population of elders. In addition, our communities' youth are profoundly affected by mental health struggles early in life, placing them on a difficult lifelong trajectory and increasing their vulnerability to both urgent and chronic health issues.





According to the Ottawa Valley Ontario Health Team data, approximately 19% of Renfrew County's population identify with having mental health or addiction challenges. This is higher than the provincial average. Of these people, one in seven do not have a primary care provider with slightly more females who have mental health concerns compared to males. 70% of those with mental health concerns visited an emergency room between April 2018 to March 2020. That number has increased significantly in 2023.<sup>4</sup>

Local 911 and emergency room data indicate that the number of mental health related 911 calls is increasing, with approximately 70% of the primary problems indicated as being related to a behavioural or psychiatric concern. Three out of four of the calls were urgent at the time of contact with the patient. The immediate emergency department impact includes 1,500 – 2,300 mental health related emergency department visits are made annually to Pembroke regional hospital, Renfrew Victoria Hospital, and/or St. Francis Memorial Hospital. Approximately 85% of these visits were related to what are identified as mental health syndromes and approximately 15% were related to toxicities. The most common diagnoses were depression (34%), anxiety (32%), stress (13%) and alcohol related (10%).<sup>4</sup>



*Housing is a key social determinant of health. Safe, affordable and good quality housing is imperative for good physical and mental health and is a significant component of recovery and wellbeing for people with serious mental illness... **Good housing is the cornerstone of inclusive communities.** When people have good quality, affordable housing that meets their needs they are more likely to engage with and contribute to their communities.<sup>1</sup>*



# Substance Use and Addiction

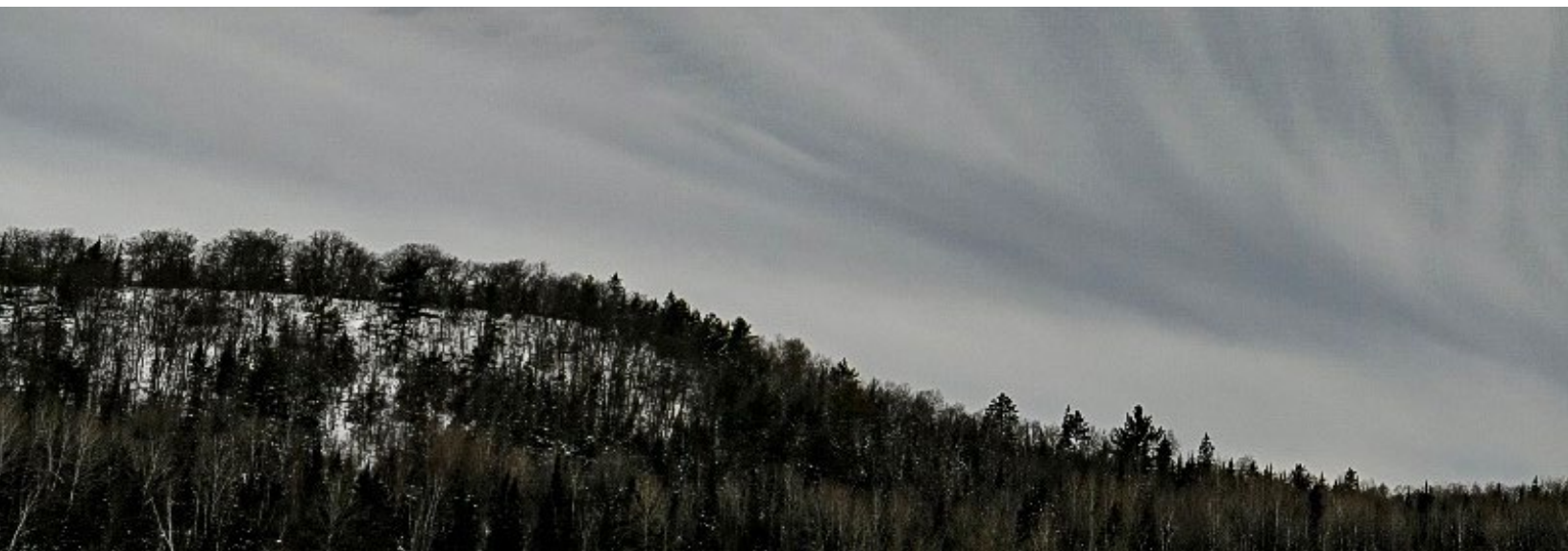
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Substance use and addiction are closely connected to mental health, trauma and social determinants of health. Each of these can co-exist to create complex challenges to our communities and our health and social service, emergency service, housing, law enforcement and judicial sectors.

Addiction related issues, and substance use emergencies and deaths are increasing significantly across the County of Renfrew. The rise in opioid-related emergency department visits at hospitals within Renfrew County and District are a clear indicator that requires additional local supports and attention.

In the Ottawa West Four Rivers (OWFR) Ontario Health Team (OHT), which includes the Arnprior and McNab Braeside areas of Renfrew County, 35% of emergency department (ED) visits were related to mental health and addictions, often overwhelming the EDs as the first point of contact for care. There has been a 75% increase in opioid-related deaths in 2021, revealing the severity of the overdose crisis. Hospitals are facing emergency department closures, and staff shortages have become common. Urgent action is needed to divert the strain on 911, Paramedics and emergency department flow to stabilise the system and prevent further deterioration.

According to the Renfrew County and District Health Unit, the monthly average of suspected drug-related deaths in the district has increased, and between January and July 2023, there were 17 suspected-drug deaths (e.g. two - three deaths per month on average). In June, 2023, an overdose alert was issued for Renfrew County and District. In December, 2023, Algonquins of Pikwakanagan First Nation declared a state of emergency as a result of rapid increases in overdoses and deaths faced by the community.





In addition, the proportion of individuals with mental health and addictions challenges who reside in a rural area in the Ottawa Valley OHT is 13 times higher compared to Ontario based on the Rurality Index for Ontario (RIO) scores.

The complexity of these issues require an innovative solution that includes compassionate care, a deep understanding of the social determinants of health and a co-ordinated, multi-sector intervention.

## SOCIAL DETERMINANTS OF HEALTH





# Provincial Evidence to Action

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There are evidence-informed regional and provincial models which offer innovative and effective approaches to address our communities' mental health, addictions and housing crisis. An integrated and community-based mobile team has the capacity to address the intersection of social determinants of health and immediate concerns and is able to provide compassionate care when and where it is needed.

The Mental Health and Addictions Model of Care is an Ottawa Paramedic Service initiative that has developed the Mental Wellbeing Response team to lead a treat and refer Model of Care for mental health and addictions clients. This trial was held in Ottawa and over 8 months resulted in a 66% emergency department (ED) diversion rate with no adverse outcomes reported. The model pairs a paramedic, specially trained in mental health and substance use, with a mental health professional such as a registered social worker or mental health nurse. It integrates social determinants of health training, trauma-informed education, cultural training and employs an integrated approach to the care continuum.

The Supportive Outreach Service (S.O.S.) in Grey and Bruce Counties meets people where they are at (physical location and their overall health and well-being) to provide person-centred health and wraparound mobile response to improve health outcomes and health equity of individuals who experience barriers to accessing health and social services. The social and health components of this program improved knowledge of services, strengthened partnerships, effectively eliminated barriers to care and improved system navigation for vulnerable populations.

The implementation of a locally developed Renfrew County model of care ensures that the residents and visitors to the County of Renfrew, City of Pembroke and Algonquins of Pikwakanagan First Nation have access to the full range of quality health, housing and social services they need, when and where they need them, without the burden of financial, social or cultural barriers. In addition, it connects clients with care to ensure the full continuum of essential health services, from health promotion and prevention to urgent care. This approach includes treatment, harm reduction, rehabilitation, and palliative care as well as the necessary support, knowledge and resources to navigate housing related challenges and provide wrap-around compassionate care while addressing the social, health and housing crises further upstream.

*See Appendix A - A Renfrew County Model*



# Housing

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Safe, good quality housing is a human right and social determinant of health. Investment in innovative and effective planning, design and housing development enhances a communities' overall quality of life, attraction for economic development and decreases health care costs, social service costs, mental health and addiction crises and demand for emergency services. Housing and supportive social services intersect with mental health and addiction and contain inequities and challenges.

People with lived experience of mental health and addictions conditions are disproportionately affected by homelessness\* and the huge challenges that come with not having shelter or a home. When someone struggles with mental health and addiction, they remain homeless\* for longer periods of time and have less contact with family and friends. This leads to social isolation and further complicates health issues.

***While many factors can lead to homelessness, mental health plays a significant role—an estimated 25 to 50 per cent people who are without adequate housing live with a mental health condition. (Canadian Mental Health Association – CMHA)***

Improving this social crisis will require new ways of helping this critically vulnerable population. The complexity and consequences of not having shelter or adequate housing is amplified when a mental health condition is involved.

In addition, while specific data on the number of Indigenous peoples (First Nations, Inuit and Métis) experiencing homelessness is limited, what data does exist shows that First Nations people are dramatically overrepresented in the unhoused population across Canada.<sup>18</sup>



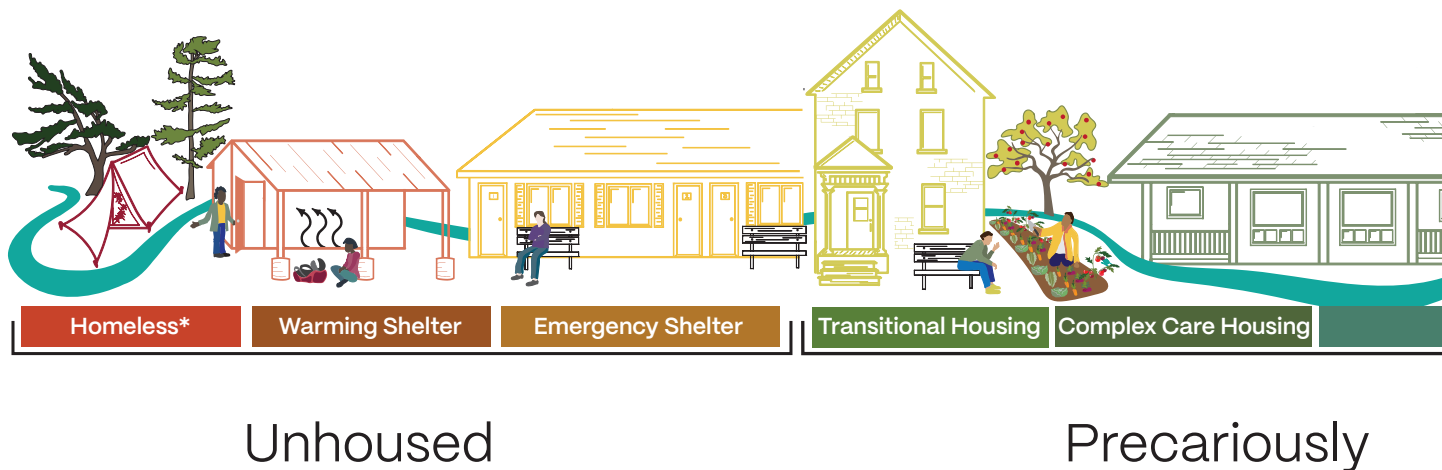


# Community Services and Housing

The County of Renfrew completes the Point-In-Time homelessness count annually and an ongoing homelessness enumeration ("By-Name List") is completed via the Built for Zero Canada initiative.<sup>5</sup> The September 2022 Survey resulted in 43 people disclosing homelessness on September 18, 2022. For the period of April 1, 2023, to August 31, 2023, 58 households identified as experiencing homelessness and of this group, 28 were chronically homeless (unhoused for more than 6-months). Survey participants reported additional challenges such as 53% had physical limitations, 44% included other medical conditions, 40% experienced mental health conditions, 33% reported substance abuse and 19% experienced cognitive limitations.

In the Community Services department, the Homelessness Prevention Program provides coordination and funding for hotel stays for people experiencing homelessness. This program is intended to generally provide two to three days of emergency shelter. However, shelter stays can be extended a few more days if required. For the period of April 1, 2023 to August 31, 2023 there were 199 hotel stays and the average length of stay was 5 days. In addition, recent data from the Grind indicated that the new warming centre in the City of Pembroke had up to 11 overnight stays per night since its opening at the end of 2023.

In order to obtain an accurate picture of the unhoused or homeless\* population in the County of Renfrew, it is important to note that not all people experiencing homelessness intersect with Community Services. It is suspected that the ongoing homelessness count is 40% higher than what is reflected within the By-Name List, and that approximately 81 people experience homelessness\* each month throughout Renfrew County.





# Housing Continuum

To build a stronger understanding of housing as a continuum and invest in solutions to our housing crisis, it is essential to recognize that there is a housing continuum. Supporting people to move along this continuum improves every person and community's well-being.

This local Renfrew County Housing Continuum is designed on accurate housing examples found across the region. Local artist, Taylor Farquar, created this continuum to reflect three categories of housing. Each type of housing includes some details of resources, amenities, access to nature and social connections which all contribute to a housing continuum and quality of life. Following the housing continuum graphic is a table detailing the associated household income levels and relevant services and programs for each category.

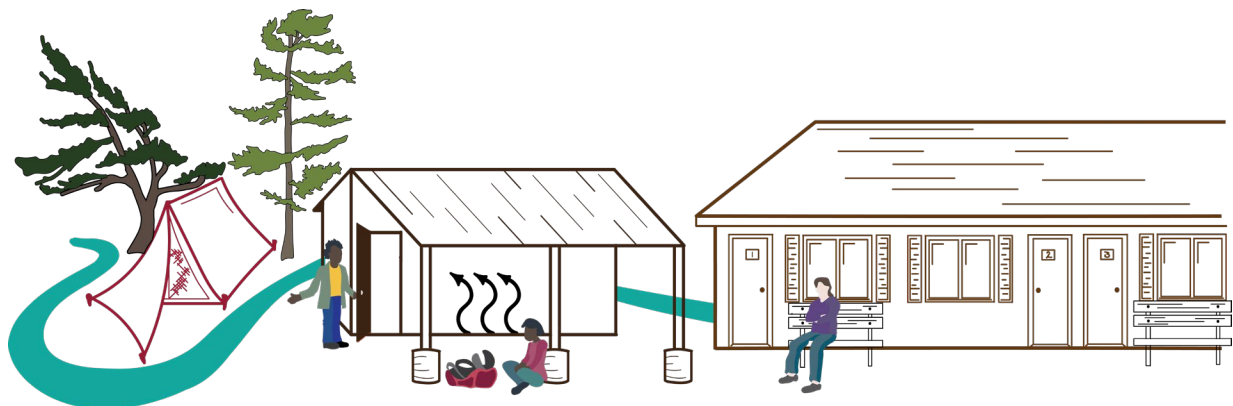
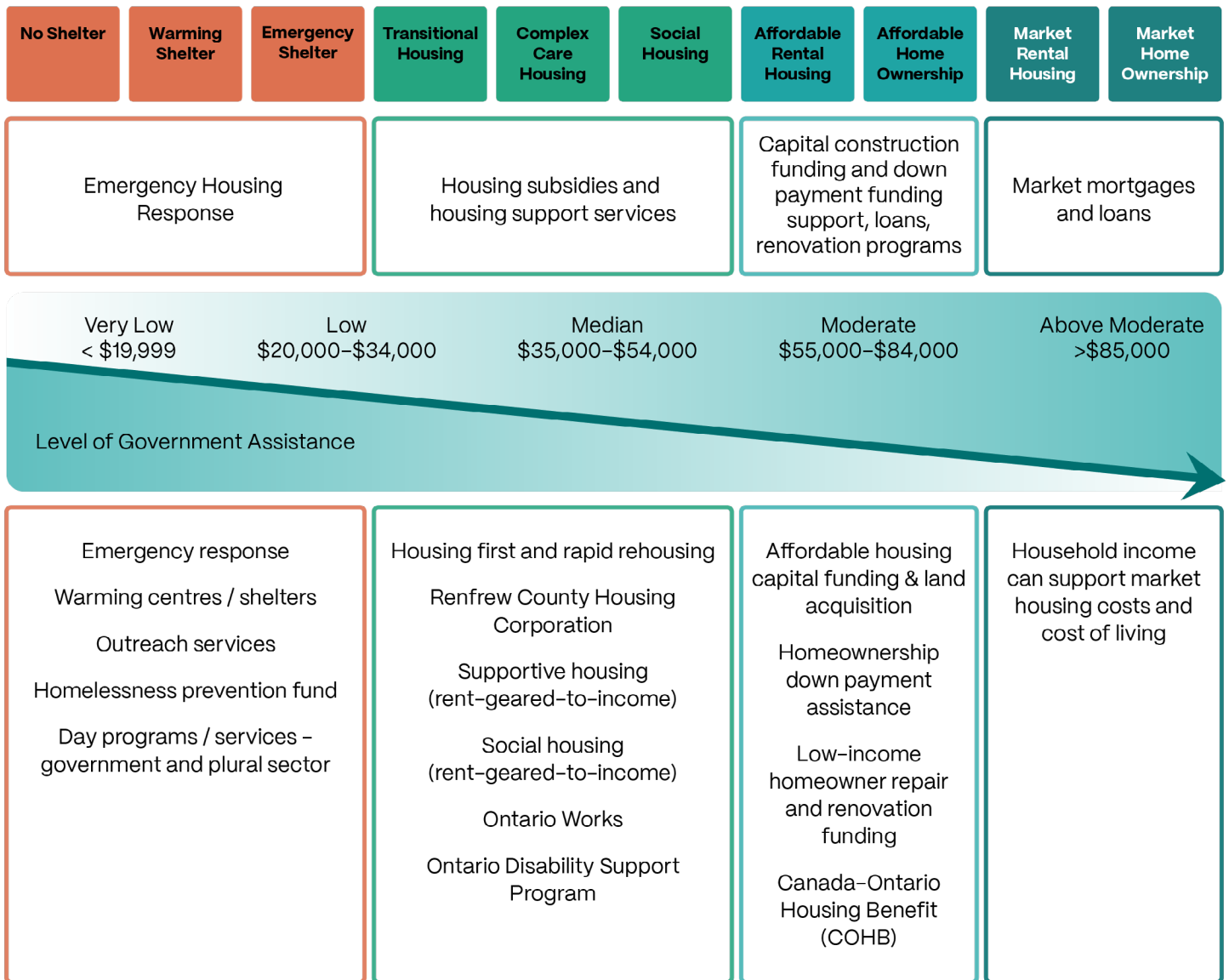
*\*homeless describes individuals without a physical and/or fixed address. Unhoused describes the same issue and is increasingly used in order to humanise the issue and focus on housing as the issue, not people. This document uses the term homeless in the context of referencing existing documents and system measures that provide data in order to support the need for effective interventions. This work acknowledges the complexities and nuances of language and the importance of context and knowledgeable, compassionate use of terminology. Unhoused is used where we are referring to the categories that define where we, as community members, are in terms of our housing situations.*



Housed

Securely Housed

# HOUSING CONTINUUM, INCOME, SERVICES AND PROGRAMS





# Housing Categories

Unhoused	Precariously housed	Sustainably housed
Living on the street, in a park, on a couch and all definitions of homeless*	Transitional housing	Affordable home ownership
Encampments	Complex care housing	Market rental housing
Warming centres	Social housing	Market home ownership
Emergency shelters	Affordable rental housing	

It is essential to acknowledge, understand and address the spectrum of realities for people struggling with housing experiences. Precariously housed or housing insecurity indicates people are at risk of losing their current housing. For these individuals or families, maintaining their house is unaffordable and other needs (e.g. heat, nutrition and other health and well-being foundations) are at risk in order to keep a house. Precarious housing circumstances significantly undermine people’s health and place increased pressures on municipal services such as emergency services and property and development.

Warming centres, emergency shelters and supportive or transitional housing are all critical resources that address immediate risks for our most vulnerable populations. These are interim measures. Our goal is to support movement along the continuum to secure housing. Complex mental health challenges, toxicity and/or overdose crises, addictions and other community risks such as high incidences of intimate partner violence (IPV) and gender based violence all require emergency housing and safe and supported housing first before health and social issues can be addressed. Housing is a foundational and complex basic need. It is an upstream investment that is essential to adequately address our communities’ most urgent health issues. Building compassionate communities includes supportive systems that work to eliminate the housing crisis and design innovative, evidence based, and sustainable housing solutions.

## JURISDICTIONS, POLICIES, PLANS AND PROGRAMS

<b>Lower Tier Municipality</b> <b>(17 in the County of Renfrew)</b>	<b>Upper Tier Municipality</b> <b>(County of Renfrew; City of Pembroke)</b>	<b>Province of Ontario</b>	<b>Government of Canada</b>
<p>Official Plans</p> <p>Policy and zoning regulations for new housing</p> <p>Building codes</p>	<p>Official Plans</p> <p>Policy and zoning regulations for new housing</p> <p>Building codes</p>	<p>Provincial Policy Statement (PPS)</p> <p>Housing Services Act regulates social housing</p>	<p>Canada Mortgage and Housing Corporation (CMHC) administers mortgage insurance programs and conducts data collection and research</p>
<p>10-yr Housing and Homelessness Plan</p>	<p>10-yr Housing and Homelessness Plan</p>	<p>Provincial and shared federal housing funding</p>	<p>National Housing Strategy – design and implementation</p>
<p>Social housing programs</p>	<p>Renfrew County Housing Corporation</p> <p>Affordable Home Ownership Program</p> <p>Funding and administration of social housing programs</p> <p>Design and administration of homelessness programs</p> <p>Administers Ontario Works and ODSP</p>	<p>Funds Ontario Works and Ontario Disability Support Program (ODSP)</p>	<p>Establishes fiscal policy that impacts housing costs including setting interest rates</p> <p>Responsible for supporting safe and affordable on-reserve housing through funding from Indigenous Services Canada.</p> <p>The Canadian Forces Housing Agency (CFHA) provides housing solutions to members of the Canadian Armed Forces (CAF) and their families. Garrison Petawawa housing is funded by the CFHA. The Canadian Forces Housing Differential provides housing policy (CFHD)</p>
<p>Partnerships with local non-profit and private housing developers to construct new below-market rate housing</p>	<p>Partnerships with local non-profit and private housing developer to construct new below-market rate housing</p>	<p>Incentivization programs with private and non-profit sector developers</p>	<p>Incentivization programs with private and non-profit sector developers</p>
<p>EOWC's 7 in 7+ Regional Housing Plan</p>	<p>EOWC's 7 in 7+ Regional Housing Plan</p>		



# A Safe Place to Call Home

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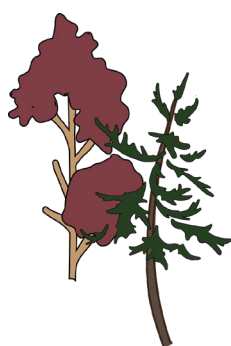
The concept of home is a complex social issue. Safe housing and a place to call home requires physical, mental and emotional safety. According to the Centre for Addiction and Mental Health (CAMH) Housing and Mental Health Policy Framework, "Safe, affordable and good quality housing is important for health, wellbeing and inclusion and is a key component of recovery for people with serious mental illness. Evidence-informed supportive housing leads to improved personal, health and social outcomes for people with serious mental illness, including those who have long histories of hospitalizations, trauma and complex needs. Affordable and supportive housing benefits communities and contributes to long-term cost savings for governments."<sup>7</sup>

Housing is a basic human right and a requirement for good health. The United Nations' Universal Declaration Of Human Rights states that the right to housing is protected under international law, and Canada has endorsed such rights guaranteeing "an adequate standard of living... including adequate food, clothing and housing."<sup>8</sup> In addition, the Ottawa Charter for Health Promotion identifies shelter as a basic prerequisite for health.<sup>9</sup> It is a collective responsibility to support secure housing as a foundation for good health and well-being.

Investment in the availability of more equitable access to high quality housing and supportive housing results in savings across health and social services. According to the At Home/Chez Soi national housing study by the Mental Health Commission of Canada, there is clear evidence to support that for every \$10 spent on supportive housing, there is a downstream savings of \$21.72 and a significant reduction in emergency department use.<sup>10</sup>

According to the research by the University Health Network, investments in housing are both cost savings and beneficial to our community as a whole. Prescribing housing is a valuable solution to a health crisis.<sup>17</sup>

Hospital Ward	Provincial Jail Costs	Shelter	Supportive Housing
<b>\$32,500</b> per month	<b>\$15,000</b> per month	<b>\$7,500</b> per month	<b>\$3,500</b> per month



Stakeholder voices are essential to understanding the issues and creating successful solutions. The Ontario Human Rights Commission's Poverty POV – What We Are Hearing states that "For people who are experiencing mental health and addiction disabilities, finding housing with the appropriate supports is even more challenging. We heard that more supportive housing will benefit communities and save government money in the long term, as emergency services are far more costly... We heard that when vulnerable people are unable to access housing, they have increased vulnerability to a range of negative outcomes, such as gender-based violence, human trafficking, and very poor mental and physical health outcomes." According to Statistics Canada, intimate partner violence is a leading cause of homelessness among women.<sup>12</sup>

Interventions for youth is an important part of this work. Evidence supports that "Precariously housed youth reported higher rates of problematic substance use and crime/violence issues. Precariously housed youth were 48% more likely to endorse concurrent disorders, which was largely driven by the high rate of concurrent disorders among precariously housed females."<sup>13</sup>

**Principles for action identified by the Public Health Agency of Canada to prevent substance-related harm among youth include health equity, compassionate, non-judgemental and strength-based approaches, harm reduction, multi-sectoral partnerships and evidence-informed practice.<sup>16</sup>**

In 2019, Canada released the National Housing Strategy Act (NHSA) in order to support and put into practice the human right to housing through existing national policies. The Canadian Housing and Mortgage Corporation (CMHC) is the organisation largely responsible for delivering the strategy.<sup>14</sup> Their goal is to ensure that every Canadian has a home they can afford that meets their needs by 2030. Local municipal alignment with this strategy requires an innovative approach to integrated decision-making.

Municipalities are at the front line and in a position to provide innovative housing leadership. Regionally, the Eastern Ontario Wardens' Caucus (EOWC) is committed to a lead role in the housing crisis. Vulnerable community members are waiting an average of almost 5 years and up to 10 years in some cases to access affordable community rental housing units. "The EOWC's '7 in 7+' regional housing plan proposes building at least 7,000 community rental units over seven years across the region to address the wait lists. The plan would require partnering with the Federal and Provincial Governments, as well as the private and non-profit sector, and Indigenous partners. Using a mixed-model approach, the '7 in 7+' plan has the added benefit to bring on nearly 21,000 additional market rate units. This would total 28,000 housing units."<sup>15</sup>

Now is the opportunity to support regional efforts and invest in an innovative and integrated local response to our mental health, substance use, addiction and housing challenge. Further understanding of the development process, the role of the Official Plan and alignment with the jurisdictional responsibilities of development and property



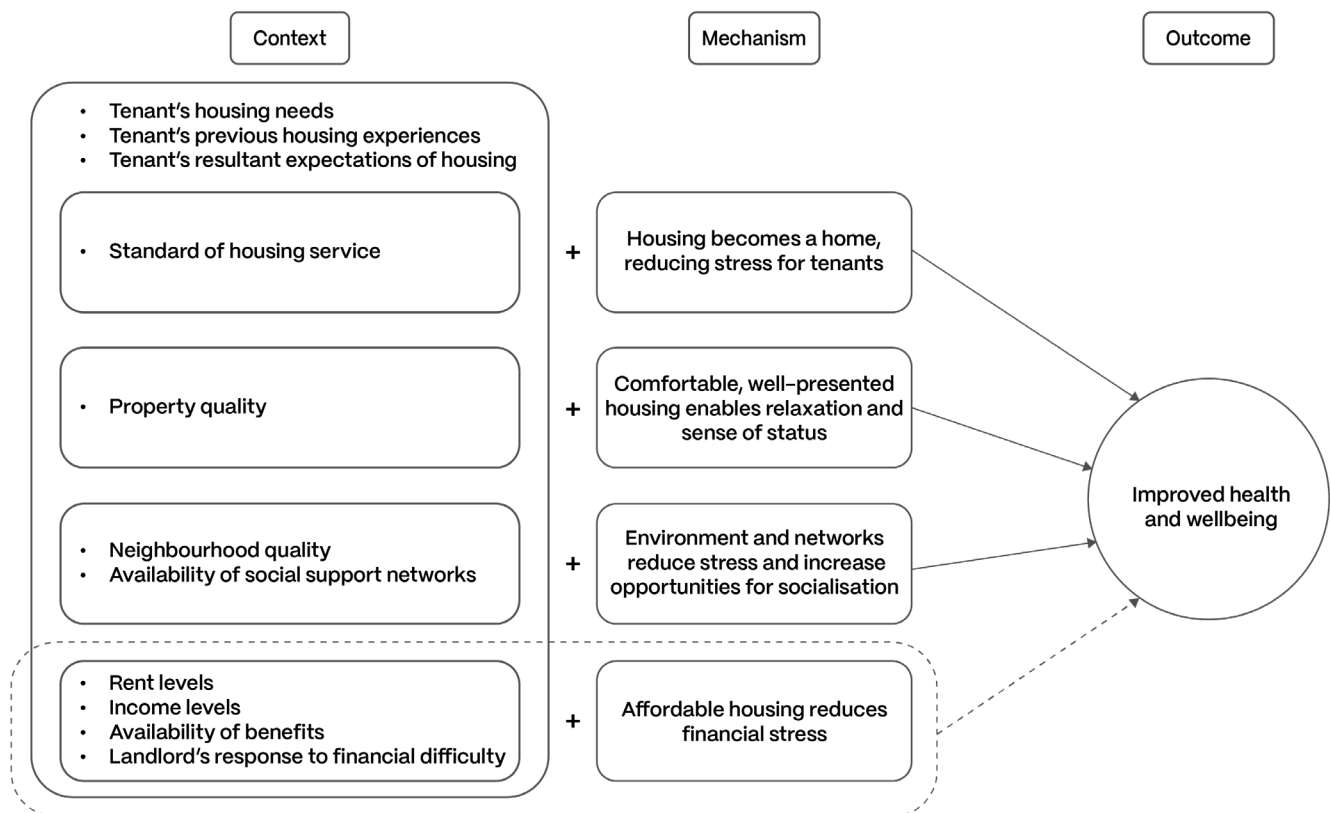
is an important component to a seamless system of change. Alignment and investment require an evidence to action approach and the County of Renfrew is well positioned to move forward effectively.

## Development and Property

The Development and Property department has the knowledge and tools to support increased housing availability and affordability through examples such as the Official Plan, policy and zoning regulations, the Renfrew County Housing Corporation (RCHC), a community housing provider in the County of Renfrew with over 1000 community housing units, expertise in the Provincial Planning Act and the Provincial Policy Statement.

Renfrew County, like many communities and regions, is experiencing the profound impact of our housing crisis. As a region, we are unique in our geographic size, and demographic and require an innovative approach to building a healthy and prosperous community for everyone. In contrast to many urban areas in Ontario, Renfrew County is fortunate to have significant land availability. In addition, Renfrew County has a flexible Official Plan which supports growth and development of new residential builds in towns such as Arnprior, Renfrew, Petawawa and Deep River, Barry’s Bay and Eganville, as well as rural areas across the County. The Official Plan also contains existing and potential opportunities to prioritise policies that support innovative affordable housing initiatives.

### Housing as a social determinant of health and wellbeing<sup>20</sup>



# Housing Availability and Affordability

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Renfrew County is experiencing the urgent need for new housing, similar to what is being felt regionally and provincially across Ontario. This urgency is underscored by the Provincial Government's call for the construction of 1.5 million new homes by 2031. In 2022, Renfrew County actively participated in the Rural Housing Affordability Roundtable and provided feedback to the Ontario Government on recommendations from the Ontario Housing Affordability Task Force. Currently, Renfrew County has approximately 2,572 approved residential units within draft-approved subdivisions awaiting development. As well, rural areas of the County have 4,982 vacant parcels ranging from 0.25 acres to 5 acres and 6,246 vacant parcels exceeding 5 acres in size. With existing approvals for around 13,800 residential units, the County is working to be in a shovel ready position for construction.

The opportunities for supporting new affordable housing across Renfrew County are substantial and the timing is urgent. With the launch of this collaborative approach to addressing health and housing in our communities, we are in a strong position to address challenges being felt at local, provincial and federal levels. Identifying shared systemic barriers is a part of the process of clearing the path towards our goal of good health and secure, long-term housing for everyone.

Housing availability and security is increasingly being addressed by more than housing sectors and recognized as an integral health issue. The University Health Network invested in the value of the 51 supportive housing modular units, built in the Parkdale community in Toronto, "We're not putting a limit on how long someone can live in the units, because evidence from around the world shows that short-term solutions (like 30 days in a house) are not enough to put someone back on track. Our ultimate goal is to help our residents become healthy enough to move out and back into the world."<sup>17</sup>





Challenges	Opportunities
Housing is a fundamental and foundational Social Determinant of Health and addressing it requires aligned jurisdictional responsibility.	Interdepartmental and cross sector community collaboration, planning and program implementation.
Housing supply is a critical local, provincial and national issue, requiring shared investment.	Leverage existing and emerging provincial and federal funding.
Financialization is a contributing factor to affordable housing challenges.	Strengthen relationships with the emerging pleural sector opportunities and identify shared values and processes with private developers.
Stigma, discrimination and 'not in my backyard' isms are barriers to integrated or mixed housing development.	Develop a strong communication platform and public health promotion with public health and community partners.
Planning, policies and design all play a significant role with the potential to create positive, upwards health and housing momentum.	Integrated, interdepartmental decision making in the planning and design phase of development and inclusionary policies. Similar to the 5% allocation to green space in the Provincial Planning Act, a percentage could be included for developers to contribute to affordable housing.
Challenges to new housing construction include high interest rates, shortage in skilled labour, high costs of building supplies and being located in slow-growth/low-demand geographic area.	The County of Renfrew has access to ample land, the opportunity to strengthen relationships with Colleges who support the trades and building suppliers and innovative enterprise and economic development efforts.
Shovel ready projects require planning and investment.	<p>The County of Renfrew is currently developing and quoting shovel ready affordable housing projects across various sites, ready to commence once funding becomes available.</p> <p>Planning approvals are already secured for private lands, and the County itself owns land that could be utilised for affordable housing initiatives.</p>
Maintenance and care for existing social housing units. High tenant turnover rates and disrepair and damage to social housing units affects housing stock availability.	Seamless, wrap around, trauma-informed care through mesa that supports community members in crisis and addresses social and health challenges.

According to insights from private sector expertise, efforts need to be focused on doubling the social housing stock to help those in greatest need and unlock greater supply across the continuum. This relieves pressure across the system. In addition, the need for governments to provide higher grant-based approaches. This is the most cost efficient approach for all sectors.<sup>19</sup>

The Property and Development department is well positioned to contribute to the conditions that affect our most vulnerable community members and play a strong role in the concept of 'raising up' vulnerable populations through a housing lens. In collaboration with the Paramedic Service and Community Services, there is a clear opportunity to proactively support harm reduction efforts and address housing inequities to build a best practice planning system that is seamlessly integrated, equitable and inclusive.

*See Appendix B for additional development and property context and opportunities.*

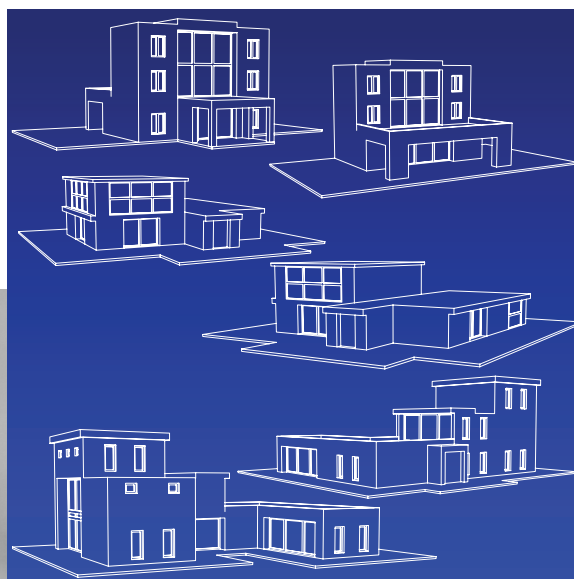


# Integrated Evidence to Action Model – mesa

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The County of Renfrew is moving forward with the mesa program as an opportunity to align local economic development, planning, community well-being, social services and emergency services (including mental health, substance use and addiction) priorities with the CMHC housing goal to ensure that every Canadian has a home they can afford that meets their needs by 2030. Alignment presents a unique opportunity for innovative housing investments, community design and development in an integrated local, rural model. Upstream thinking and investment directly address housing as an essential social determinant of health and the foundation for improving the quality of life for all residents. Innovative housing investment is a unique opportunity that sets the stage for thriving communities, higher quality of life and smart planning, economic development and growth.

Aligned with the County of Renfrew 2023–2026 Strategic Plan, this document provides an integrated **evidence to action** framework that meets multiple objectives in the sections, Attainable Housing and Infrastructure, Shared Services and Resources, Community Wellness and Healthcare as well as Financial Stability and Environmental Resiliency. Moving forward, there are innovative opportunities and existing programs to build on, invest in and highlight. The next steps outline an evidence-based path forward, including alignment with existing strategies and investments.





# Conclusion

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Mesa is an evidence-based “escalator model” designed to transition people out of harm and towards an equitable community landscape. Our goal is to support everyone to move towards health, well-being and a safe place to call home. The one direction, fluid model provides the innovative care and access to secure housing required for community members to thrive independently.

This document lays a foundation for the commitment of the County of Renfrew’s administration, community services, development and property, and emergency services departments to work collaboratively towards a shared purpose that moves beyond silos and leverages the collective expertise and resources of the community.





Mazinaw Rock (meaning 'painted image' in Algonquin language) is located on Mazinaabikinigan-zaaga'igan (Mazinaw Lake) in Bon Echo Provincial Park. It is a very meaningful site to Anishinabek Nation communities and is a place of sacred and spiritual importance.



# Next Steps

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## ENGAGE AND ALIGN

1. Identify County of Renfrew interdepartmental shared goals and strategies to create an integrated framework for action.
2. Engage, collaborate with and commit to a working group of multi-sector leaders.
3. Engage with populations served to co-design an effective pathway forward.
4. Create the framework protocols (terms of reference) to guide decision making and share evidence based knowledge.
5. Align action with existing municipal, provincial plans and strategies.

- **Local**

- Strategic Plan 2023–2026 | County of Renfrew (2023)

- County of Renfrew Seniors Housing Strategy (2020)

- Municipality endorsed Community Safety and Well-being Plans (2019–2023)

- Community Safety and Well-Being Plan – Madawaska Valley+ (2022)

- Upper Ottawa Valley Community Safety and Well-being Plan (2023)

- **Regional** – Eastern Ontario Wardens' Caucus

- 7 in 7+ Regional Housing Plan (2023)

- **Provincial**

- Ontario and National Housing Strategy (2023)

- Community Housing Renewal Strategy | ontario.ca (2019)

- **National**

- The National Housing Accord (2023)

- **Indigenous**

- National First Nations Homelessness Action Plan (2023)

6. Engage and align with relevant local and broader knowledge and initiatives.

- Indigenous Health Circle

- Situation table, now the Renfrew County Community Risk Watch (RCCRW).

- Align work with the Substance Use and Addiction Proposal for a Renfrew County Mobile Substance Use Service.



7. Identify and engage populations living on the brink of our rural communities, isolated and in need of resources, reflecting recommendations from the Rural Ontario Municipal Association Fill the Gaps Closer to Home Improving Access to Health Services for Rural Ontario
8. Leverage existing programs and services in a team-based approach to address identified barriers and challenges to safety and well-being and build a communication strategy platform.

## **MOBILISE KNOWLEDGE AND PROMOTE BEST PRACTICE**

9. Prioritise prevention and focus on social determinants of health.
10. Develop a detailed understanding of the Housing First Finnish model and adapt for a Renfrew County context.
11. Engage housing expertise to complete a cost benefit analysis (financial expertise delegated to calculate mixed housing financial formulas for optimal ratio of housing type development – new builds and updated housing to work towards 30% of supportive, complex, social housing. See \*Finland’s Housing model recommended ratio)
12. Design and roadmap an innovative local operational wrap around model of care.

## **DEVELOP, SHARE AND IMPLEMENT AN EVIDENCE TO ACTION PLAN**

13. Create an integrated Community Services, Development and Property and Paramedic Service planning table.
14. Develop an action plan based on upstream (prevention) interventions in mental health, addictions, and housing based on evidence and best practice (Housing First, Finland).
  - Design the system to support anyone facing or at risk of homelessness.
  - Adopt municipal guidelines to address encampments. Homeless Encampments: Municipal Engagement Guidance.
15. Develop a roadmap to procure and invest in innovative, affordable housing developments, including shovel ready innovative housing projects.
16. Build a strategy to strengthen supportive/transitional housing. See Appendix B
17. Implement, assess and share the mesa team model. See Appendix A

## **RESEARCH, MEASURE AND EVALUATE**

18. Identify, align, choose and track indicators to measure impact.
19. Design and share a measurement tool.

# Endnotes

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# Appendix A

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## RENFREW COUNTY MESA TEAM

### 1.0 Summary

As an innovative model of care, the mesa team aligns the strategic efforts of the Community Services, Development and Property and Paramedic Services departments. This team approach to improving the client experience is achieved by integrating and supporting existing networks of multi-sector partners, programs, resources, treatment and support in order to identify opportunities that strengthen individual and collective efforts across the health, social services and housing sectors. These networks of partners provide upstream community engagement and inter-woven approaches, supported by aligned care from County services through the mesa team representatives.

This team's priorities are to improve the social service, mental health, addictions, housing and basic needs experience of our communities' most vulnerable populations. The team will focus on client engagement, relationship and trust building, education, prevention, harm reduction and creating connections with existing and new mental health programs, providing care and treatment services as well as housing support.

The mesa team offers a wrap-around approach to compassionate care in collaboration with existing 911 Paramedic Services, a homelessness coordinator and the addition of mobile teams of Paramedics and crisis workers to support a strong network of community partner efforts, including lived experience expertise.

The mobile mesa teams are focused on day-to-day targeted engagement with vulnerable community members coupled with an inherent surge capacity to respond to crisis needs with trauma-informed care. The mobile mesa team works closely with partner organisations, local resources and mental health services to support vulnerable community members.

*This model of care represents the combined efforts of the Paramedic Service, Community Services and Development and Property departments and their partner organisations to create an improved and innovative approach to compassionate, wrap-around care through escalation to secure housing and empowered, independent living.*

## 2.0 Background

Health research has long reinforced the importance of focusing on promotion, prevention, and early intervention for mild to moderate mental health disorders and ensuring specialised care is available for people living with severe mental health illnesses. The Mental Health Commission of Canada states that improved mental health care depends on providing access to the right combination of services, treatments and supports, when and where people need them. One of the most notable recommendations from the Mental Health Commission of Canada is the introduction of community-based rapid response teams, which have been implemented by organisations across the world and have yielded substantially positive results.

In 2018, Everyone Counts, the second nationally coordinated Point-in-Time surveyed 19,536 people across 61 communities about their experience of homelessness. This report analyses responses from those who identified addiction or substance use as a reason for their recent housing loss. Key findings from the report include:

- Addiction or substance use was the most commonly cited reason for housing loss. More than a quarter (25.1%) of survey respondents indicated that addiction or substance use was a reason for their most recent housing loss.
- The proportion of individuals who reported addiction or substance use increases with time spent homeless, from 19.0% at 0 to 2 months to 28.2% for those who reported over 6 months of homelessness in the past year.
- In communities that conducted 2016 and 2018 Point-in-Time surveys, the prevalence of people who identified addiction or substance use as a reason for housing loss increased from 20.9% to 26.0%. Increases were observed for each age group, in particular for youth and adults.

According to the most recent Public Health Agency of Canada statement, the data shows that in Canada between January and June 2023, there were 3,970 opioid-related deaths and 39,435 hospitalizations for opioid-related poisonings. These are the highest numbers reported in the first half of a year since surveillance began in 2016. This data provides a clear understanding of the scope of the overdose crisis, and we need evidence-based actions, across the full continuum of care, including prevention, harm reduction treatment, and recovery to help mitigate future deaths and substance-related harms. The statement calls for ongoing investment, coordination and an approach that addresses the factors that place some people at greater risk of substance-related harms, such as experiences of trauma, economic insecurity, homelessness, social isolation and stigma.

In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services released the document National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit. This toolkit was developed with the “no wrong door” safety net approach which is built upon the



premise that anyone should be able to access initial mental health care from any community resource in a timely manner. The document illustrates the devastating outcomes of communities that do not use this upstream, safety net approach. Outcomes include high rates of incarceration for individuals with mental health illnesses and substance abuse, overcrowding of emergency departments, and higher rates of referrals to expensive and restrictive inpatient care. Without effective intervention, people require extended lengths of stay because interventions that better align with the person's needs are not available.

Additionally, SAMHSA's published toolkit includes an analysis out of Georgia that examined over 1.2 million records from more than 10 years which informed the recommended referral pathways for crisis care. The analysis showed 14% of individuals required service at an acute hospital where 54% required referral to a crisis receiving and stabilisation facility and 32% of individuals were appropriately evaluated by a Crisis Mobile Team with referrals to care as needed. The SAMHSA Toolkit references their 2014 report titled "Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies", which highlights the highly effective and successful outcomes associated with mobile crisis services and is supported by empirical data.

The essential elements for a "no wrong door" integrated crisis system:

1. Regional Crisis Call Centre: 24/7 quality coordination of crisis care in real-time;
2. Crisis Mobile Team Response: available to reach any person in their home, workplace, or any community-based location in a timely manner; and
3. Crisis Receiving and Stabilisation Facilities: provide short-term observation and crisis stabilisation services to referrals in a non-hospital environment.

Housing First, an evidence informed approach to the housing and health crisis, provides a proven rights-based, client-centred approach to homelessness. According to their research, the critical components of secure, wrap-around care when addressing issues that include homelessness complicated with mental health challenges, addictions and other trauma related complex care needs include following principles of care.

1. Immediate access to permanent housing with no housing readiness requirements
2. Consumer choice and self-determination
3. Recovery orientation focused on not simply meeting basic client needs, but on supporting recovery, including a harm reduction environment
4. Individualised and client-driven supports
5. Social and community integration

### 3.0 Local data

According to data from the Office of the Chief Coroner, Renfrew County and District Health Unit reported an average of one suspect drug related death per month. In recent years, rising rates of opioid-related deaths have been seen locally in Renfrew County and District (RCD), provincially, and nationally. Between 2020 and 2022, the annual number of opioid-related deaths in RCD was 2–4 times higher compared to pre-pandemic times. Within the first 8 months of 2023 (January–August), preliminary data indicates there were 16 opioid-related deaths in RCD.<sup>1</sup> According to data from the Office of the Chief Coroner, drug related deaths are underestimated due to the number of deaths suspected to be opioid related, but where no cause was determined. The overdose and opioid crisis is a complex health and social issue requiring a comprehensive, collaborative, compassionate and evidence-informed response. It often takes time to confirm which drug(s) contributed to a death; therefore, in addition to monitoring deaths confirmed to be related to opioids, RCDHU also monitors suspect drug poisoning deaths that include all suspect drug-related deaths (e.g., opioids, stimulants, and undetermined substances). Preliminary data indicates there were 41 suspect drug poisoning deaths across RCD in 2023, which is nearly double the number from 2022 (21 deaths).<sup>5</sup>

With respect to toxicity-related emergency department (ED) visits, while month-to-month variability exists, there were approximately 70 ED visits to local hospitals in 2023.<sup>6</sup> This is 1.5–2 times higher than the annual number of visits observed pre-pandemic. It is important to note that this data only captures those who visit an ED and may not reflect the total burden in the population. Further, significant increases in local naloxone distribution<sup>7</sup> likely influence the number of individuals seeking health care services in the event of an overdose.

Over the past 5 years, the rate of opioid-related deaths has been relatively high in the Pembroke area (see Table 1).<sup>7</sup> Provincial-level data demonstrates that several populations, such as men, young adults, First Nations people, and people experiencing homelessness, have been disproportionately impacted by the intersection of the overdose crisis and the COVID-19 pandemic.<sup>3,4</sup>

Table 1. Number of opioid-related deaths and rate of opioid-related deaths per 100,000 person-years by geographical areas in RCD, January 2018 to June 2023

<b>Geographical Area</b>	<b>Population (Census 2021)</b>	<b>Number of opioid-related deaths</b>	<b>Rate of opioid-related deaths per 100,000 person-years</b>
Arnprior and Area (including McNab/Braeside)	17,220	6	6.3
Barry's Bay and Area (including Algonquin Provincial Park; Brudenell, Lyndoch and Raglan; Killaloe, Haggarty, Richards; Madawaska Valley; North Algona Wilberforce; South Algonquin)	12,157	4	6.0
Deep River and Area (including Laurentian Hills; Head, Clara, Maria)	7,327	5	12.4
Renfrew and Area (including Admaston/Bromley, Horton, Greater Madawaska)	17,231	8	8.4
Pembroke and Area (including Bonnechere Valley, Laurentian Valley, Whitewater Region)	34,937	34	17.7
Petawawa	18,160	5	5.0

Data source: Office of the Chief Coroner for Ontario (2). Data is preliminary and subject to change.

Notes:

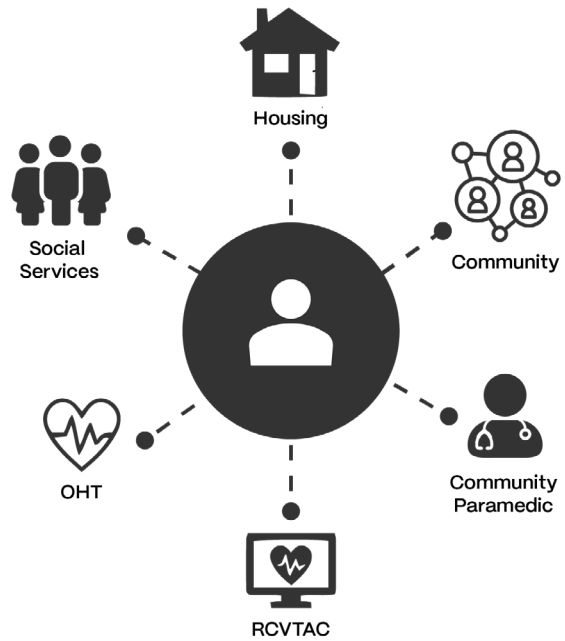
- Opioid-related deaths include both confirmed and probable cases as defined by the Office of the Chief Coroner.
- Deaths are primarily categorised according to the location where the death occurred.
- Table does not include deaths that occurred within the Algonquins of Pikwakanagan First Nation.
- Rate of opioid-related deaths per 100,000 person-years assumes population remained constant over 5.5 year period (January 2018 to June 2023)



Each year, the County of Renfrew Paramedic Service responds to approximately 900 calls related to mental health and substance use. It is important to note that these numbers only include calls where the paramedic has documented mental health and/or substance use as the primary health issue. In response to an increase in mental health and substance use related emergencies across the County of Renfrew, including the Algonquins of Pikwakanagan First Nation community, and the need for systemic changes in how mental health and social crises are managed locally, the County of Renfrew Paramedic Service is supporting the implementation of a collaborative team approach. This evidence informed action comes from extensive research into crisis response services provincially, nationally, and internationally.

#### 4.0 Model Type

The mobile team includes a Community Paramedic, and Crisis Worker with harm reduction expertise and social services navigation skills supported by a community network of services and programs. The network includes Community Paramedics, RCVTAC, Ontario Health Teams, social services, housing, community members with lived experience and community partners.



Community Paramedic	Crisis Worker with Harm Reduction & Social Navigation Skills	
Assessment and treatment	Harm reduction	Trauma-informed support
Preventative care	Social navigation	Immediate support to meet basic social needs from food and clothing to emergency housing
Facilitate referrals	Mental health and addiction care	Support towards secure housing
Addiction medicine	Case management as needed	Competencies to engage effectively with community members presenting with mild and moderate mental health crises
Consultation with addiction medicine physicians	Counselling services	
	Harm reduction education	
	Harm reduction supplies	
	Facilitate referrals and navigate in place	

The mesa team pairs a specially trained paramedic with a crisis worker who has expertise in mental health, addictions and housing to work collaboratively with vulnerable community members to address their health needs, shelter and related issues where mental health challenges, substance use, housing and social service complexities are contributing and/or complicating factors. This team is more than a response team and is a part of a full support program and provides mobile services to clients when and where they need them, the first time. It provides a network of support and follow up for community members, offering wrap-around health and social support and care to vulnerable and underserved community members, with a focus on those who are using substances and experiencing homelessness. Team members provide as needed medical interventions, mental health and addictions counselling, health education focused on harm reduction practices, support with navigating the health and social service system, access to basic needs in the form of food, clothes, hygiene products, facilitating referrals to ongoing support, and time limited case management support.

The County of Renfrew Paramedic Service will continue to engage fully with community stakeholders throughout the rollout of the program, with the goal of developing and implementing a 24/7 crisis receiving and stabilisation base to launch clients into housing, social and/or health supports. Currently the County of Renfrew is strengthening collaborative relationships with mental health, addiction and housing partners to focus on the ongoing development of effective and secure solutions. The County of Renfrew Paramedic Service will continue to work with our Ontario Health Team partners to build consensus and offer an innovative regional approach to our health and social crisis and provide a no-wrong-door integrated system.

The mesa team hours of operation will meet demand, recognizing the need for increased access to mental health, substance use care and housing supports during periods of time when other community agencies and organisations may not be offering services. The County of Renfrew Paramedic Service will review call volumes periodically and adjust the hours of operation, as required, to reflect the needs of the community.

The County of Renfrew Paramedic Service has conducted extensive research of provincial, national, and international mental health initiative models and services as well as engaged in community and stakeholder consultations to best understand the needs of the communities we serve. An all-inclusive approach to mental health and substance use treatments and social service needs through the mesa team model will best impact our service and community, building on existing service to the community while improving Paramedic Service operational efficiency. The Paramedic Service is integrating best practice and a strong evidence base to support this upstream, wrap around model of care. Education, prevention, community engagement with our most vulnerable populations and intervention within the community offers in-the-moment assessment and appropriate referral for follow-up care while breaking down barriers to accessing care.

In accordance with evidence informed recommendations for behavioural health crisis care, this model offers the most comprehensive mental health care with options for the client to receive better care, when and where they need it. This team prevents 911 calls from happening and offers upstream support options and alternatives to our current operations of transporting clients to crowded, frenetic emergency departments, which research suggests is rarely the most appropriate place for clients experiencing a mental health crisis as many do not require the services available in the emergency department. According to the Mental Health and Addictions Centre of Excellence, people in Ontario who visited the emergency department in 2017 and 2018 for a mental illness or addiction, 9.5% (nearly 18,300 people) visited four or more times in a year, an indicator that they may not be receiving appropriate follow-up care in the community. For many individuals, their first contact with mental health and addictions services was in the emergency department.

The County of Renfrew Paramedic Service continues to support all individuals who call 9-1-1, providing the most appropriate treatment within the paramedic current scope of practice. A primary goal of the mesa team model is to provide the best care when and where people need it, the first time. Providing resource referrals and assisting individuals with navigation of the mental health care and social services system can reduce the number of repeat visits to hospital emergency departments, and reduce cost to the healthcare system.

## **5.0 Patient Cohort**

The mesa team is relevant to mental health, addictions, unhoused and housing unstable populations with health needs. Individuals with a diagnosed history of, or presentation suggesting the presence of a cognitive disorder are supported by partner organisations. Ongoing collaboration with community partners, including Community Living, ensures a seamless support network of all vulnerable populations.

## **6.0 Costs**

Funding for the associated costs of the County of Renfrew Paramedic Service model will be initially supported through the Service's operating budget. After successful implementation and with anticipated demand for growth and development, the Service will seek additional funding opportunities and the acquisition of long-term funding.

## **7.0 Education and Training**

The County of Renfrew Paramedic Service is collaborating closely with local mental health, addictions and social determinants of health and housing expertise to support education and training for mesa team members. Local and regional leaders in mental health care, addictions, housing and research. Collaboratively, the County of Renfrew Paramedic Service has identified key areas of education and training to support paramedics to deliver proficient, client-centred, trauma-informed mental health care in partnership with mental health professionals.



The comprehensive training program will include the following topics:

1. Motivational interviewing suicide safety and suicidal risk assessment
2. Limited capacity to assessment and informed consent
3. Crisis de-escalation
4. Trauma-informed care
5. Cultural Safety Training
6. Stigma
7. Power differentials
8. Concurrent disorders, mismanaged overdoses & withdrawal management
9. Collaborative care/interprofessional teams
10. The social determinants of health

The training program will also consider the following specially designed courses:

1. Addiction Care and Treatment Online Course – University of British Columbia
2. Mental Health First Aid – The Royal Ottawa Mental Health Centre
3. Applied Suicide Interventions Skills Training (ASIST) – Canadian Mental Health Association
4. Motivational Interviewing – Canadian Mental Health Association

The County of Renfrew Paramedic Service acknowledges the importance of educating and training all staff, in addition to those assigned to the team. The Service plans to develop a training and education program for all staff to promote program success. Training for team staff will be incorporated into the Service's Continuing Medical Education program. Topics will include mental health and substance use, protocols, criteria, trauma-informed training, and cultural safety training.

## **8.0 Partner Support**

The County of Renfrew Paramedic Service continues to engage and collaborate with key County of Renfrew and community partners to ensure alignment with existing and emerging mental health, addiction and substance use programs, housing services, emergency and warming centre services. The Service is looking forward to building and strengthening support from many multi-sector partners committed to collaborating with the County of Renfrew Paramedic Service.

Collaboration with Public Health, the Ottawa Valley Ontario Health Team, Ottawa – Four Rivers Ontario Health team and Renfrew County social services and mental health and addiction services will provide client resource referrals and absorption.

Further partner support includes a growing list of partners that include:

1. Renfrew County District Health Unit (Public Health)
2. Addictions Treatment Services / Renfrew Victoria Hospital
3. Pembroke Regional Hospital
4. The City of Pembroke
5. Algonquins of Pikwakanagan
6. The Indigenous Circle
7. Madawaska Communities Circle of Health
8. The Grind
9. Ontario Addictions Treatment Centre
10. Ontario Health Teams
11. Arnprior Regional Health
12. St. Francis Memorial Hospital
13. Deep River and District Hospital
14. Pathways Alcohol and Drug Treatment Services
15. Garrison Petawawa
16. Ontario Provincial Police Services
17. Municipal Police Services

## **9.0 Implementation**

Next Steps include the development and communication of support pathways, protocols, referrals, and documentation. This will inform the flow and implementation of the care model.

## **10.0 Evaluation**

The County of Renfrew Paramedic Service is constructing an evaluation framework built around the five pillars of the Quintuple Aim for healthcare improvement, an internationally recognized framework that promotes an effective health care system and prioritises health equity. These five pillars include promoting health equity, improving the client and caregiver experience, improving the health of populations, reducing the per capita cost of health care, and improving the work life of providers. Evaluation will include a participatory, co-created qualitative study to capture the community impact of this program. In addition to internal reporting periods, the Service is developing an external working group for the purposes of developing a feedback loop for continuous improvement, guidance, and measurable reporting.

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# Appendix B

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## DEVELOPMENT AND PROPERTY

### Context

It is important to provide context to the role of the Development and Property department in the housing and health crises. There are legislative limitations and often financial constraints beyond municipal jurisdictional decision making capacity. For example, increasing the 15% target for new unit affordable housing builds requires navigation of legislative limitations and financial constraints. In the 1970s, there was substantial government investment in affordable housing. Subsequent decades saw significant reductions in funding for social housing construction. In the 2000s, the Ontario Government shifted responsibility for managing existing social housing to municipal services. Currently, the Renfrew County Housing Corporation provides funding for maintenance, not new construction. Occasional one-time grants offered for new builds have been insufficient to meet market demand. Beyond federal or provincial funding, the County and local municipalities are limited to property tax to fund new affordable or social housing units. Jurisdictional responsibility for new housing initiatives is historically within federal or provincial jurisdiction. In addition, property tax is linked to the assessed value of a property and does not reflect a property owner's ability to pay. Income tax does correlate with a person's income and actual capacity to contribute to taxes. For instance, seniors living on fixed incomes or pensions have limited means to adjust their income to afford increased housing expenses. Property tax as a solution to fund affordable housing can exacerbate housing affordability issues, creating a vicious cycle rather than alleviating the problem.

### Private Sector Development & Affordable Housing

In Ontario, the private sector bears a significant level of responsibility for housing development. The premise is that where there is a viable market, profit margins will follow, and construction will address housing needs. In Renfrew County, growth, demand and profitability need to be understood and addressed. In addition, the financialization of housing is identified as a barrier to increasing the availability of affordable housing. Developers in Renfrew County, similar to other rural areas of Ontario, face narrow profit margins, and introducing additional costs to fund or incorporate affordable units below market rate affects the viability of projects, and potentially contributes to them being viewed as unmarketable. The County is supportive of the inclusion of affordable housing in private development. There is currently no incentivizing mechanism to encourage or mandate the private sector to increase the construction of affordable units. This thinking is important to systemic change in the housing industry.

## **Inclusion in Policies and Planning**

Inclusionary policies are important pathways to increase access to affordable housing. Local action that aligns with housing affordability policies include efforts by local municipalities, in collaboration with the County of Renfrew, to review and update zoning by-laws that remove “exclusionary” provisions. Exclusionary zoning by-law provisions are practices that allow for the exclusion of groups of people, often lower-income individuals or minorities, from residing in certain areas. The County and local municipalities are also changing provisions such as eliminating minimum dwelling sizes, removing prohibition on dwelling types in areas traditionally and solely zoned for single-family homes. The elimination of this barrier allows for up to three dwelling units on each individual residential lot where servicing capacity exists.

The Provincial Planning Act contains an inclusionary zoning tool, enabling municipalities to enforce a minimum provision of affordable housing within developments. This provision is limited to specific prescribed municipalities and to major transit hub areas; thereby Renfrew County is therefore unable to use these inclusionary zoning provisions.

There is an existing requirement in the Planning Act for new developments to contribute to parkland provision. Residential projects must allocate 5% of land for parks, while commercial and industrial developments must allocate 2%. Alternatively, developers can opt to provide cash in lieu of land for parks. A similar provision could be introduced into the Planning Act, mandating developers to contribute to affordable housing, either by constructing affordable units or providing a monetary equivalent to municipal service managers for the creation of new affordable housing units.

## **Additional ideas and opportunities to jumpstart affordable housing**

1. Federal and/or Provincial funding to the private sector or pleural sector through grants or tax exemptions.
2. Federal and/or Provincial funding directly allocated to the Renfrew County Housing Corporation for the creation of new units.
3. New provincial revenue generation models for municipalities to not rely on property taxes.
4. Provincial amendments to the Planning Act to introduce a cash-in-lieu system for affordable housing contributions.

## PROPERTY AND DEVELOPMENT DATA

The following Property and Development tables illustrate the number of applications and extent of the waiting list for community housing, transitions or turnover of housing, and affordable home ownership programs.

### 2023 Fourth Quarter (October – December 31) Community Housing Registry Waitlist

	New Applications	Cumulative Applications	Transfer Applications	Special Priority Applications
Senior	0	63	20	1
Adult	144	900	33	10
Family	30	502	34	76
Totals	174	1465*	87	87

\*Total Number of Applications – Bedroom Size Requested

Bedroom Size Requested	Senior	Adult	Family
1	59	852	0
2	4	43	213
3	0	4	161
4	0	1	82
5	0	0	46
Totals	63	900	502

2023 Fourth Quarter (October – December 31) Move Ins, Move Outs, and Internal Transfers Comparison

	Move Outs	Move Ins	Internal Transfers
Pembroke & Area	15	11	4
Renfrew	3	4	0
Arnprior	5	0	1
Total	23	15	5

### 2023 Fourth Quarter (October – December 31) Landlord and Tenant Board Notices and Applications

	Arnprior	Renfrew	Pembroke & Area
N4–Notice to Terminate Tenancy Early for Non–Payment of Rent	79	95	258
N5–Notice to Terminate Tenancy Early	15	8	28
L1–Application to Evict a Tenant for Non–payment of Rent and to Collect Rent	3	3	12
L2–Application to End a Tenancy and Evict a Tenant or Collect Money	1	2	5



## Affordable Homeownership Program Summary for 2023

The Affordable Homeownership Program can provide up to \$25,000 towards the purchase of a new home for qualified households. Applications are currently open and are available on the County of Renfrew website or can be requested by contacting a Community Services office.

	Approved Applications	2023 Spending	Geographical Area
	1	\$19,900	City of Pembroke
	2	\$25,000	Town of Deep River
	3	\$25,000	Town of Renfrew
	4	\$18,500	City of Pembroke
	5	\$25,000	Town of Renfrew
Total	5	\$113,400	-

## 2023 Ontario Renovates Program Summary for 2023

The Ontario Renovates Program can provide up to \$10,000 for essential household repairs or accessibility upgrades.

	Payment Amount	Date Issued	Geographical Area
	\$9,150.18	February 28, 2023	Township of Madawaska Valley
	\$7,000.00	February 28, 2023	Township of Horton
	\$10,000.00	February 28, 2023	City of Pembroke
	\$2,105.26	March 31, 2023	North Algona Wilberforce
	\$10,000.00	March 31, 2023	Township of Whitewater Region
	\$8,245.50	March 31, 2023	Township of Brudenell Lyndoch & Raglan
	\$7,560.00	April 20, 2023	City of Pembroke
	\$960.00	April 30, 2023	Township of Horton
	\$4,350.00	June 30, 2023	Township of Whitewater Region
	\$5,434.00	July 15, 2023	City of Pembroke
	\$10,000.00	July 15, 2023	City of Pembroke
	\$5,400.00	July 31, 2023	City of Pembroke
	\$9,827.47	September 30, 2023	Town of Petawawa
	\$2,818.22	December 31, 2023	Township of Whitewater Region
Total	\$92,850.62	-	-





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