



Provincial Human Services and Justice Coordinating Committee

2025-2026 Pre-Budget Submission to the Minister of Finance

Ontario's Human Services and Justice Coordinating Committee (HSJCC) Network is an intersectoral, inter-ministerial network that collaborates with community organizations, hospitals, police and correctional services, and various levels of government. Together, we share a commitment to supporting individuals living with mental health issues, substance use concerns, behavioural dependencies, neurodevelopmental or neurocognitive disabilities (including developmental disabilities and dual diagnoses) who are involved in the justice system. Throughout this submission, we will refer collectively to these priority populations as having complex human services needs, unless otherwise specified.

The HSJCC Network includes 14 regional HSJCCs and 39 local HSJCCs. We make the following submission on behalf of the network.

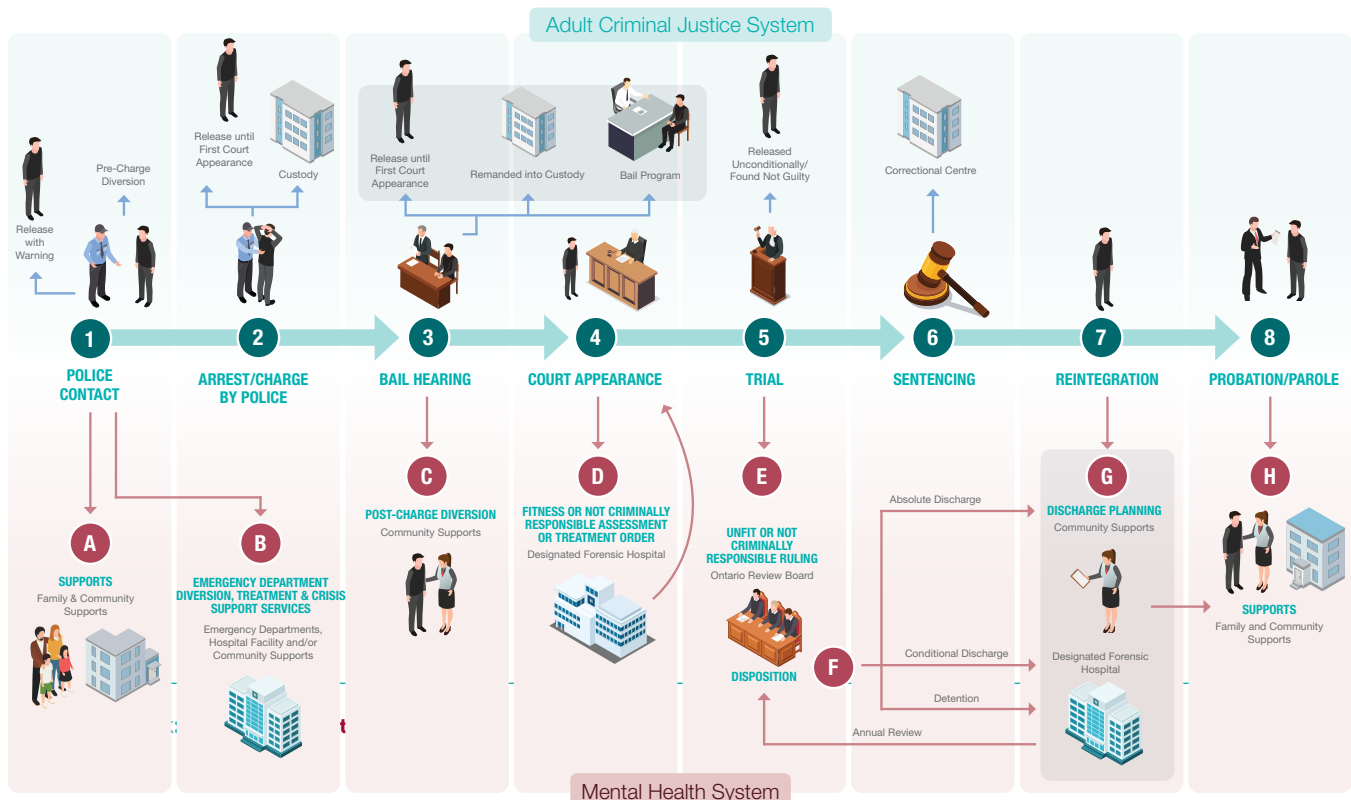
WHERE TO INVEST

Invest in Preventative Mental Health and Substance Use Care

Since the onset of the COVID-19 pandemic, the members of our network have continued to highlight the need for greater access to preventative mental health and substance use care. More and more Ontarians began to experience a new or worsening mental health or substance use issue beginning in 2020 and that trend has continued; the mental health, substance use and/or neurodevelopmental needs of Ontarians have risen and increased in complexity. Years later, members of the HSJCC Network are continuing to manage a greater volume of complex cases, which require more time, resources and supports to help address.

The populations that our members serve remain among the most vulnerable in Ontario and those who are most at risk of developing mental health issues. Our core service populations are also more likely to come into contact with the justice system¹. Regrettably, due to long wait times, lack of awareness of services or unavailability of services in their communities, many people who come in contact with the justice system are accessing mental health, substance use, and/or developmental disability assessments and services for the first time². No matter the first point of contact with the justice system, these populations fare worse than those who are not living with a mental health issue, substance use concern and/or neurodevelopmental disability. To help illustrate the challenges in navigating the criminal justice and mental health systems, a graphic guide is provided below.

Navigating the Adult Criminal Justice & Mental Health Systems



An estimated 1 in 5 people with a mental health and/or substance use issue have come into contact with police. Arrests among individuals with mental health issues are also more common than for the general population – 40 per cent of people with a mental health issue have been arrested over the course of their lifetime, while only a small percentage of these interactions with police were related to criminal activity³. Interactions between individuals with mental health issues and police are also more likely to be related to a minor offence, and are more likely to lead to an arrest despite the lesser nature of the offence⁴. These interactions are also more resource-intensive for police. A report by the John Howard Society of Ontario highlights that a police interaction with a person with a mental health issue uses almost 90 per cent more resources than interactions with individuals who do not have mental health issues⁵.

For those with mental health and/or substance use issues who are arrested and taken into provincial custody, the bail and court system can present substantial barriers. These systemic challenges have become more complex since the onset of the COVID-19 pandemic, with individuals coming into the bail and court systems with more complex mental health, substance use, housing and other human service needs.

In 2022-2023, the most recent year for which data is available, the number of people admitted to correctional facilities increased for the first time since the onset of the pandemic, when the need to develop other forms of supervision in the community was most urgent. In 2022-2023, 53,491 men and 8,133 women were taken into custody for a total of 61,624 admissions to Ontario correctional facilities⁶. The increase in correctional custodial populations is particularly concerning since an estimated 41 per cent of people in provincial custody in Ontario will experience at least one severe mental health issue while in custody⁷. Both individuals with existing mental health and substance use issues are vulnerable to decompensation in custody. These challenges often persist upon release, as these populations are 58 times more likely to be hospitalized in a psychiatric facility one week after their release and 12 times more likely within the first three months of their release from custody⁸.

Individuals living with mental health and/or substance use issues are more likely to be living in poverty before and after being in correctional facilities. They are also more likely to be experiencing homelessness and to lack the necessary supports and treatment options to address their mental health and/or substance use issue(s) in the community. For those who are facing charges in criminal courts, this lack of access to services and supports can impact their ability to comply with any bail conditions that are set.

In bail courts in Ontario, individuals are often subject to conditions related to their personal behaviour, conditions that may not necessarily be directly tied to the offence with which they are charged⁹ which further criminalizes those with mental health and/or substance use issues and those with developmental disabilities such as Fetal Alcohol Spectrum Disorder (FASD) or an Acquired Brain Injury (ABI). The impacts of strict bail conditions are most likely to impact Black, Indigenous, and racialized individuals, who are most overrepresented among the remand population, those who are taken into custody pending trial.

In 2022-2023, 80 per cent of individuals in provincial custody facilities in Ontario were on remand and therefore legally innocent¹⁰. Providing the necessary supports for individuals with mental health and substance use issues to comply with their bail conditions or while in custody awaiting trial is costly and often ineffective.



1 IN 5 PEOPLE with a mental health and/or substance use issue have come into contact with police

A police interaction with a person with a mental health issue uses almost



90% MORE RESOURCES (than interactions with individuals who do not)

In 2022-2023



53,491 MEN



8,133 WOMEN

were taken into custody for a total of **61,624** admissions to Ontario correctional facilities

In 2022-2023



80% OF INDIVIDUALS in provincial custody facilities in Ontario were on remand and therefore **legally innocent**

Prioritizing Investments in prevention and early intervention services

The current system for mental health and substance use care does not sufficiently prioritize preventative and early intervention care such as psychotherapy, brief interventions, targeted prevention, addictions treatment, case management, specialized assessments and treatment¹¹. Too many vulnerable individuals receive mental health, addictions or neurodevelopmental assessments and related treatment *after* they have come into contact with the justice system. Not only can this deepen the cycle of criminalization for those who are living with a mental health and/or substance use issues, but it creates additional pressures and increased costs for the policing and healthcare sectors in Ontario. By intervening earlier, we can help prevent the need for more intensive interventions, reducing the resourcing and cost pressures on police, hospitals, and correctional facilities across the province.

Where to Invest

The appropriate investments in preventative and early intervention programs and supports through funding increases to the community mental health and community justice sector base budgets will better support our members as they provide high-quality services to those in their communities who are among the hardest to serve.

The HSJCC Network is encouraged by the scale of the investment in Homelessness and Addiction Recovery Treatment (HART) hubs. These are welcome investments to support individuals with mental health and substance use issues. We are concerned however that HART hubs will not provide the necessary supports to individuals coming into contact with the justice system and those being released from custody. These individuals are most likely to have complex needs that require integrated treatments and supports; it is unclear at this stage how those needs will be meaningfully met through the HART hubs. Investments in HART Hubs also do not address the need for increased base budgets and the need to increase capacity for organizations to support clients with complex human services needs.

In our 2024 submission, the HSJCC Network highlighted our support for the government's investment of a five per cent increase in base budget funding for the community mental health and addictions sector in the 2023 budget. As we noted then, much more is needed to stabilize and support the programs and supports that our members provide to clients with complex human services needs.

This investment represented the first base budget increase in a decade for the community mental health and addictions sector and allowed our members to continue the crucial work that they do. It also provided slight salary increases for their staff members, whose pay is significantly lower than other areas of the healthcare system. The community mental health and substance use services are an integral part of Ontario's healthcare system. Investments in this sector is the critical upstream approach required to help address Ontario's healthcare crisis. Our sector must be adequately funded and resourced to operate efficiently and effectively. Without sufficient funding, response to those in need will go unaddressed, exacerbating the issue, increasing moral distress, and leading our valued workforce to leave the sector.

OUR REQUEST

Increase Housing Supply and Supports throughout the Housing Continuum

Improving housing accessibility for justice-involved individuals with mental health and/or substance use issues has been a longstanding priority for the HSJCC Network¹². As a network, we welcome the commitments made in the last few years by all levels of government to end chronic homelessness. The relationship between the social determinants of health such as housing, mental health issues, substance use, and justice-involvement and cycles of poverty, homelessness and incarceration have been established in numerous reports and studies¹³. The broader social determinants of health¹⁴ can also reinforce these issues since poverty and social inequality can create or exacerbate housing instability, mental health and substance use issues, and therefore the risk of justice-involvement. Providing the appropriate housing at the right time, from across the housing continuum¹⁵, is an essential way to interrupt the cycle between mental health issues, justice-involvement, and homelessness.

It is essential that an adequate supply of housing and the accompanying supports be available throughout the full housing continuum for justice-involved individuals, including transitional housing, supportive housing, and subsidized housing.

Each level of housing provides unique supports and benefits for justice-involved individuals with complex human service needs issues that help to divert these populations from other access points to services, such as emergency departments or through continued involvement with the criminal justice system.

In 2024, an estimated 81,515 Ontarians experienced known homelessness. This is a 22 per cent increase since 2022. As the Association of Municipalities of Ontario's (AMO) recent report on the state of homelessness in Ontario mentions, these numbers extend well beyond failures with housing, and reflect significant gaps in the health care, mental health services and justice sectors¹⁶.

Housing programs that provide transitional housing, supportive housing and subsidized housing also help to address the great pressures that various levels of government are facing to end homelessness and the presence of encampments in communities across the province. As a network, we are encouraged by the government's announcement of 375 highly supportive housing units, tied to new investments in HART Hubs across the province. However, the 375 supportive housing beds is only six per cent of the additional capacity needed to end encampments and support the most vulnerable individuals in Ontario.

Housing Supports and Services for Justice Involved Individuals

Transitional Housing

Transitional housing provides supports for individuals released from custody, those who may be at risk of being held in custody during a bail hearing due to their experience of homelessness, those who are leaving long-term forensic hospitalization, and those being released from custody after long-term sentences. This form of housing provides short-term placements with support services (such as bail beds) to prevent homelessness or returning to homelessness, supporting reintegration, and mental health and substance use issues¹⁷. However, transitional housing, which can be available for up to three years, is often not available to those who need it most due to lack of capacity to meet existing needs. Further along the continuum, connections to longer-term supportive housing are not necessarily available due to similar capacity challenges, which exacerbates this issue. For justice-involved individuals with complex needs, the post-incarceration supports available in transitional housing may not be sufficient to meet the need for service, resulting in even greater service gaps.

Supportive Housing

Supportive housing provides services and supports to individuals living independently in the community who may need on-or-off site supports. Supports can include clinical mental health and substance use services (i.e., case management, assertive community treatment, etc.) and social supports (i.e., employment, peer support, and life skills training, etc.). Much like transitional housing, supportive housing can be available to justice-involved individuals for months to years, although unlike transitional housing, supportive housing may not have a requirement that individuals leave programs after a specific period. As per AMO's report, supportive housing is in critically short supply, with only one non-health-operated supportive housing space available for every 14 people experiencing known homelessness.

For individuals who are justice-involved, providing access to supportive housing plays a preventative and recovery role by assuring them housing, making it affordable for low-income individuals, ensuring acceptable quality and safety, and ensuring more secure tenancies¹⁸.

Supportive housing¹⁹ also has wider economic benefits across a series of systems, including the healthcare, social services, and justice sectors. In 2021-2022 in Ontario, the cost associated with providing care in hospital is \$486 per day while the cost associated with supporting individuals in custody is \$365 per day²⁰.

Providing housing for an individual in the community with the necessary supports is not only healthier, but it is also cost effective – the average cost associated with providing supportive housing in the community is \$72 per day.

SPOTLIGHT

In Peterborough, an innovative project that combines transitional and supportive housing models has seen very positive results. The Modular Bridge Housing Community (MBHC) program, which was spearheaded by the City of Peterborough, in collaboration with the Elizabeth Fry Society and other local social services agencies, provides 50 individual units for individuals experiencing homelessness. The site is staffed 24/7 by municipal staff, community partners and security using a service hub model. Services include mental health and substance use supports.

The program is intended to provide supportive housing for people who do not have access to shelter, with the goal of helping them to move into more permanent housing. In January 2024, MBHC program staff noted the impact on clients, including “a marked difference in the mental health of several residents”²¹, increased connections between clients and social support agencies, as well as increased connections between clients and their family members. In addition, staff noted that having a stable home allowed residents to start planning and achieve life stabilization goals such as securing employment and working towards stabilizing medical conditions.

While the intended purpose of the MBHC program was to address an encampment in downtown Peterborough by providing safe, secure and supportive housing to clients, staff observed other positive systemic outcomes. In addition to addressing a gap in the local housing system by providing chronically unhoused higher acuity individuals with the opportunity to integrate into the local housing continuum, the program contributed to public safety in the neighborhood where the site is located.

Within the first six months of operation, there was a 90 per cent reduction in emergency service calls compared to when the site operated as an encampment.²² Access to safe and stable housing with the appropriate wraparound supports can reduce pressures on local hospitals, emergency departments and police services, as this project helps to demonstrate.

Despite the wider benefits of supportive housing, the level of investment in this type of programming is insufficient, both in terms of the funding required to expand supply, as well as the funding for the necessary supports across the province. Our members report that the need for supportive housing exceeds the availability of services, at a time when clients are demonstrating more complex needs that require more time and investment to support. Wait lists for these services are growing and the demand has long outpaced supply. The current shortfall of supportive housing has a disproportionate impact on individuals discharged from custody facilities and directly from court, since this population is often discharged without a fixed address. Despite the level of need among the population we serve in the community mental health and addictions and community justice sectors, the greatest proportion of funding for new housing is allocated to other areas of the housing continuum.

Barriers to Supportive Housing for Justice Involved Populations

Among the vulnerable populations that access supportive housing, those with previous justice-system involvement are the most difficult to place in these programs. There are severe barriers for those who have mental health and/or substance use issues and criminal-justice system involvement. These individuals face discrimination related to their criminal records, having previous patterns of disruptive behaviour, having multiple complex social and healthcare needs, and challenges with previous tenancies²³. Within supportive housing, there is a need for dedicated funding to expand access to this programming for individuals with mental health and/or substance use issues and previous justice-system involvement. Any dedicated fund for these populations should still allow for some flexibility, as regions in the province face unique challenges in supporting justice-involved populations.

The P-HSJCC welcomed the construction of more affordable housing in cities across the province in 2023²⁴. However, more is needed, particularly given the stigma and discrimination that people with complex needs face when obtaining appropriate housing. Addressing the need for additional housing stock for individuals with complex needs requires a targeted and coordinated approach.

Subsidized Housing

Subsidized housing provides an opportunity for individuals with previous justice system involvement to reintegrate into standard residential settings. Justice-involved individuals often face discrimination at the hands of potential private landlords, particularly those who have served sentences for serious offences. Further, agencies that support justice-involved individuals often report that subsidies for privately-owned rental units do not meet market rent. Justice-involved individuals with mental health and/or substance use issues may not be able to transition to subsidized housing due to a lack of affordability, impacting the availability of supportive housing units. The units that these populations may access often are of lower quality and are in greater states of disrepair than standard market rentals.

OUR REQUESTS

IN ORDER TO ADDRESS THE HOUSING NEEDS OF JUSTICE-INVOLVED INDIVIDUALS WITH MENTAL HEALTH AND/OR SUBSTANCE USE ISSUES, THE HSJCC NETWORK RECOMMENDS THE FOLLOWING:

1.

To stabilize and support the community mental health and substance use care sector, we ask for an investment of \$107.5 million per year over the next four years.

2.

Develop and implement an inter-ministerial group comprised of the Ministry of Health, the Ministry of the Solicitor General, the Ministry of the Attorney General, the Ministry of Children, Community and Social Services and the Ministry of Municipal Affairs and Housing to ensure the coordination of decision-making related to housing with supports for justice-involved individuals with mental health and/or substance use issues. An advisory committee should be convened to support the work of this inter-ministerial group, composed of service providers and people with lived and living experience to help guide the inter-ministerial group's efforts, and to ensure transparency and accountability.

3.

Allocate capital and operating costs for the development of innovative and evidence-based models of housing with supports. This fund should be available exclusively to the community mental health and addictions, and community justice organizations. It is recommended that a portion of this fund be dedicated specifically to supportive and transitional housing for justice involved individuals.

4.

Allow community mental health and community justice organizations that provide rent subsidies for justice-involved populations to use their rent subsidies flexibly, to respond to client needs.

The HSJCC Network has the knowledge and expertise to support Ontario's Roadmap to Wellness. We would welcome the opportunity to discuss these requests.

APPENDIX A

OUR NETWORK

Ontario's **Human Services and Justice Coordinating Committee (HSJCC) Network** is a cooperative effort of the Ministries of Health, the Attorney General, Children, Community and Social Services, and the Solicitor General. Our priority consideration is for individuals with complex human service needs which may include but are not limited to those living with mental health issues, substance use concerns and/or behavioural dependencies, or neurodevelopmental and neurocognitive disabilities including developmental disabilities and dual diagnoses and are involved in the justice system.

Our network includes over 1500 members across Ontario. Each HSJCC is a voluntary collaboration between social service organizations, Black, Indigenous, and racialized led organizations, mental health and addictions organizations and partners from the justice sector, including police services, Legal Aid Ontario, Crown attorneys and correctional and probation officers. There are 14 Regional HSJCCs who provide education and training to their members, and work to address regional change initiatives. There are 39 Local HSJCCs who focus on education and training, while also coordinating care for justice-involved individuals in their communities and provide input to regional committees.

Our network affirms the importance of a coordinated, cross-sectoral approach to address issues affecting Ontarians who come into contact with the justice system and its effective means of reducing criminalization across the province. We remain committed to providing essential supports to communities that face multiple barriers to accessing health care.

The **Provincial HSJCC (P-HSJCC)** functions as a planning body, providing support and leadership to the individual and collective efforts of the Local and Regional HSJCCs. The P-HSJCC is supported by the HSJCC Secretariat, which is housed at the Canadian Mental Health Association, Ontario. Established in 2015, with funding made available by the Ministry of Health, the Secretariat has supported a considerable expansion of the work of the HSJCC Network by coordinating province-wide projects, providing overall project management, strategic policy advice and analysis and assistance with member engagement support. The Secretariat also assists with education and knowledge exchange activities, including educational webinars, newsletters, and informational guides, which are all made publicly available on the HSJCC [website](#).

The following submission is made on behalf of the HSJCC Network.

OUR MEMBERSHIP



APPENDIX B

SPOTLIGHT ON PROVINCIAL PROGRAMS AND SERVICES

Across the province, there are programs and services that are doing the crucial work of providing mental health and/or substance use care, developmental disability supports and/or housing for justice involved populations.

Mental Health, Substance Use and/or Development Disability Care and Supports

Assertive Community Treatment (ACT) – Toronto

The Canadian Mental Health Association (CMHA) Toronto's Assertive Community Treatment (ACT) Teams provide treatment, rehabilitation and support services to individuals diagnosed with a serious mental illness who have had multiple psychiatric hospitalizations. The teams are multidisciplinary, with each having a social worker, nurses, case managers, a vocational/employment specialist, an occupational therapist, a psychiatrist, a peer support worker, and an addictions specialist.

ACT Teams support individuals in their recovery process, meeting with them in their homes or in the community as frequently as the individual requires.

Housing Programs

Intensive Supports Pilot - Homelessness in Hamilton

The Intensive Supports Pilot (ISP) was formed during the pandemic in recognition of the growing need to find supportive homes for clients in Hamilton. The increase in clients with a high level of need living in tent communities known as encampments in addition to the availability of COVID-19 emergency response funding allowed formerly “siloe” organizations to come together and apply creative solutions. Because of the intersection of needs required by clients in encampments, organic relationships were formed allowing for the sharing of resources and expertise. This has led to a unique model of care that is formed directly from client need rather than philosophies and limitations of individual organizational structures.

Homeless and Housing Help Hub (H4) - Windsor

Windsor's Homelessness and Housing Help Hub was created in response to the need during the COVID-19 pandemic to rapidly adapt service delivery and prop up new initiatives to better meet the needs of people experiencing homelessness. When physical distancing, masks and hand hygiene became a matter of life or death for some, and uncertain illness for others, many community services were closed or reduced to limited capacity.

Windsor's response was to open the Homelessness and Housing Help Hub, also known as H4, in the former Windsor Water World building at 400 Wyandotte Street East. The site now operates as an enriched service centre and inclusive daytime drop-in – connecting people experiencing homelessness to services, community support agencies, and basic medical care, all while helping provide for their basic needs such as food, restrooms, clothing, and quiet/safe spaces for daytime rest.

Residential Rehabilitation Program – Thunder Bay

The John Howard Society residence offers interim housing to nine women and 39 men in a rehabilitative treatment facility. These individuals are currently involved or at risk of becoming involved in the criminal justice system.

By providing a safe place to reside, individuals are confident that their basic needs will be met and they can focus on addressing the underlying factors that have put them at risk. The John Howard Society develops care plans for each residential client using evidence-based criminogenic risk assessment tools to ensure that each plan not only addresses problematic behaviour, but builds on strengths the client already has, and that will protect them against future criminal involvement.

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- ⁴ *Ibid*
- ⁵ *Ibid*
- ⁶ Statistics Canada. (2024) Adult custody admissions to correctional services by sex. Online: [Adult custody admissions to correctional services by sex](#).
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- ¹¹ Government of Ontario. (2020). Roadmap to Wellness: a plan to build Ontario's mental health and addictions system. Online: [Roadmap to wellness: a plan to build Ontario's mental health and addictions system | ontario.ca](#).
- ¹² HSJCC Network engagement and recommendations on improving supportive housing for justice-involved individuals with mental health and substance use issues were included in the Provincial HSJCC's Housing and Justice Report (February 2020). Online: [HSJCC_Housing-Justice-Report_EN-updated.pdf](#).
- ¹³ John Howard Society of Ontario, Social Research and Demonstration Corporation, and Canadian Observatory on Homelessness. (May 2022). No Fixed Address: The Intersections of Justice Involvement and Homelessness. Online: Reintegration & Housing Archives - John Howard Society of Ontario.
- ¹⁴ The social determinants of health are conditions in the environments where people, live, learn, and work that affect a wide range of health risks and outcomes.
- ¹⁵ The housing continuum refers to the types of housing in a community that is needed to meet the needs of different residents. The housing continuum includes emergency housing such as emergency shelters, transitional housing, supportive housing, subsidized housing, market rental housing and market homeownership housing. See Canadian Observatory on Homelessness, Homelessness Hub (2021). Affordable Housing. Online: [Affordable Housing | The Homeless Hub](#).
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- ¹⁸ *Ibid*
- ¹⁹ Supportive housing generally refers to individuals living independently in the community who may need on-or-off-site supports. Supports include clinical mental health and substance use services (i.e. case management, assertive community treatment, etc.) and social supports (i.e. employment, peer support, and life skills training, etc.).
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