PORCHLIGHT COUNSELLING AND ADDICTIONS SERVICES

BUILDING FOR RECOVERY CMHC SOLUTION LAB

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Introduction

This environmental scan summary report is a foundational component of the Building for Recovery CMHC Solutions Lab led by Porchlight Counselling and Addiction Services. The initiative aims to address the systemic shortage of recovery-oriented housing in Waterloo Region by developing a permanent, scalable "recovery campus" known as Wanner Village.

The report synthesizes insights from localized engagement and a broad review of Canadian and global recovery models to address three core research questions:

- **What models support people's sense of choice and agency?** The scan explores shifting the power dynamics from staff-led institutional management to democratic peer self-governance. It identifies high-agency models like the Oxford House model, where residents manage their own households, and the Basta (Sweden) model, which treats residents as stakeholders and workers in a social enterprise.
- **What is the state of development of other models?** The scan categorizes innovative archetypes ranging from "Housing First" systemic landlords in Finland to Indigenous-led "Two-Eyed Seeing" facilities in Canada that blend traditional land-based healing with Western clinical frameworks.
- **How do we actualize and scale?** To bridge the "middle-tier" funding gap, the report highlights the potential for social enterprises to create financial self-sufficiency. It identifies long-term federal, provincial, and hyper-local funding pathways designed to support the construction and 24/7 operational staffing required for a multi-home campus.

Ultimately, this scan provides the evidence base needed to prototype a scalable recovery home campus building on the strengths of Porchlight's current program.

Discussion of Program Design Elements: Participant Agency

In this section, we explore multiple elements of program design through the lens of participant agency. Looking at how models are evolving, how collaboration with wrap-around services can produce scale, what it might mean to formalize standards of agency and safety and how community and an anti-colonial and rights based approach contribute to participant outcomes. There are also references to several models that have operationalized the participant agency characteristics and used them to scale their programs.

How models are evolving

- The strongest cross-source takeaway is that culturally specific models are moving away from "one-size-fits-all programming" toward models that treat agency, belonging, and fit-to-person as primary design requirements rather than optional values. (Ontario Agency for Health Protection and Promotion, 2023; Ontario Agency for Health Protection and Promotion, 2022; Addictions and Mental Health Ontario, 2016)
- The services most rooted in evidence and best practices are explicitly person-centred (i.e., flexible to individual goals and circumstances), rather than requiring people to conform to a predetermined program structure to qualify for support. (Addictions and Mental Health Ontario, 2016; Ministry of Health & Ministry of Mental Health and Addictions, 2021)
- Models show higher development when they protect agency across the full journey (pre-entry, entry, stay, transition, and post-exit) based on the individual's preferred level of connection and support. (Addictions and Mental Health Ontario, 2017; Ministry of Health & Ministry of Mental Health and Addictions, 2021)

Collaboration and continuity as scaling-enablers that preserve agency

- A recurring characteristic is *deliberate collaboration* between recovery housing and wraparound supports, including referral pathways and partnerships with services

best suited to specific cultural and individual needs. (Addictions and Mental Health Ontario, 2017; Ministry of Children, Community and Social Services, 2025)

- Models mature when they explicitly support *continuity across transitions*, including contact while someone is waiting and coordinated follow-up after exit, based on the person's preferences for connection. (Addictions and Mental Health Ontario, 2017; Ministry of Health & Ministry of Mental Health and Addictions, 2021)
- Development trends indicate that scaling should focus less on cloning identical houses and more on *scaling enabling conditions*: culturally safe workforce practices, cross-provider coordination, clear entry/transition processes, and shared quality expectations. (Ontario Agency for Health Protection and Promotion, 2023; Ministry of Health & Ministry of Mental Health and Addictions, 2021; Addictions and Mental Health Ontario, 2016)

State of development markers

1. Codified standards that formalize agency, safety, and fit

- Recovery housing and residential services appear more developed where expectations are codified in standards that clarify resident rights, staff competencies, culturally safe practice expectations, and quality improvement requirements. (Ministry of Health & Ministry of Mental Health and Addictions, 2021; Addictions and Mental Health Ontario, 2016)
- The BC supportive recovery standards represent a more mature stage because they define supportive recovery as a service with explicit principles (including culturally safe care, trauma-/resilience-informed practice, harm reduction orientation, and person-centred flexibility). (Ministry of Health & Ministry of Mental Health and Addictions, 2021)
- Standards-based models treat agency as operational requirements by emphasizing informed decision-making, flexible individualized planning, and maintaining contact with people while they wait for access. (Ministry of Health & Ministry of Mental Health and Addictions, 2021)

- Ontario's residential addiction standards reflect a mature quality framework by requiring interventions that respond to biopsychosocial-spiritual needs and by emphasizing psychological safety and client partnership across the care pathway. (Addictions and Mental Health Ontario, 2016)
- **The "Ladder of Belonging" (Basta Sweden):** Shifts the resident's identity from "client" to "colleague". Residents progress through a "Development Ladder"—starting as apprentices and eventually becoming full members/owners of the social enterprise. This long-term "step-up" approach addresses the risk of relapse when transitional programs are too short. (Basta.se)
    - Basta's Development Ladder (Utvecklingstrappa): For the Payer (Healthcare/Social Services/Family) You pay for the first year and the opportunity for your client to have a continued career at Basta.
        - Apprentice (Lärling): The entry point. Long-term addiction often requires long-term rehabilitation.
        - Extended Rehabilitation (Förlängd rehabilitering).
        - Fixed-term Employee (Visstidsanställd).
        - Permanent Employee (Tillsvidareanställd).
        - Member (Medlem): Full integration into the collective.
    - It presents a unique program element to explore on at least two fronts: 1) further integrating work as a urthering integrating employment as a healing pillar of the program and 2) the scope and scale of a social enterprise, and how much revenue that could generate

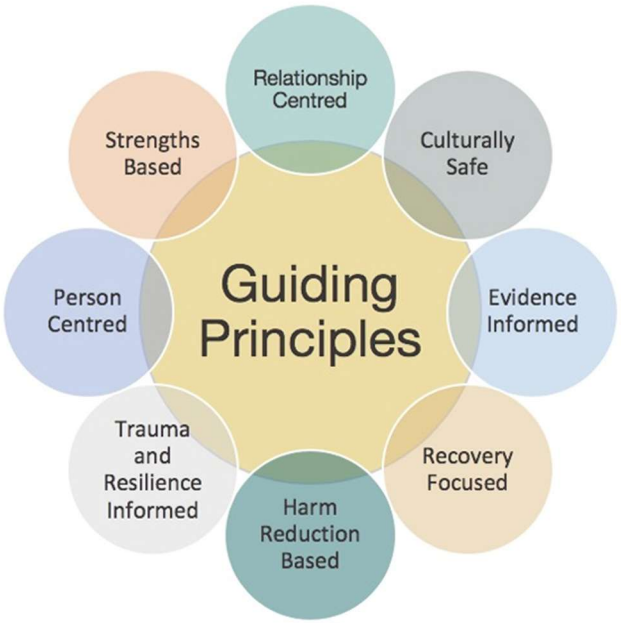
2. Community as an active mechanism of recovery, not just "support"

- Models are evolving beyond "supportive environment" language toward explicit recognition that recovery is shaped by relational and environmental conditions, including peer norms, belonging, and access to resources. (Ontario Agency for Health Protection and Promotion, 2022; Addictions and Mental Health Ontario, 2017)
- Peer-based recovery housing approaches illustrate an advanced form of agency where residents influence house governance and culture, rather than experiencing housing as a professionally controlled setting (for example, Oxford House model) (Lo Sasso et al., 2012; National Alliance for Recovery Residences, 2024)

- LGBTQ-focused lived-experience findings highlight that “community” is also a safety mechanism, because acceptance and belonging can reduce the fear that otherwise becomes a barrier to entry. (Beasley et al., 2017)
- **Peer-Run Governance (Oxford House Model):** The Oxford House is far more than just a name; it is a standardized, evidence-based "Social Model" of recovery that has revolutionized supportive housing since 1975. Unlike traditional halfway houses, which rely on professional staff and institutional rules, the *Oxford House model is based on absolute peer self-governance*. American Addiction Centers, Jason, L. A., & Ferrari, J. R., Oxford House, Inc., Society for Community Research and Action
    - **Core Operational Principles**
        - To maintain its charter, every house must adhere to three foundational rules:
            - Democratic Governance: Residents manage all house operations, electing officers for fixed 6-month terms to ensure rotating leadership and prevent "bossism".
            - Financial Self-Sufficiency: The house must be financially independent; residents pay an Equal Expense Share (EES) to cover all utility and rent costs.
            - Abstinence Enforcement: Any return to substance use requires immediate expulsion, a decision typically finalized by a majority peer vote.
    - **Key Mechanics for Agency**
        - *Membership Selection*: Prospective residents undergo an interview process and must be accepted by at least an 80% majority of current members.
        - *Unlimited Duration*: Unlike transitional programs, there are no prescribed limits on how long a member can stay, provided they remain sober and contribute to house expenses.
        - *Evidence of Impac*t: Longitudinal studies show long-term abstinence rates of 60% to 80%, with significant improvements in resident income and lower incarceration rates compared to traditional aftercare.

3. Anti-colonial and rights-based practice that reduces power asymmetries

- Approaches to Reducing Power Imbalances and Fostering Partnerships: A critical indicator of system maturity is the transition toward models that actively minimize the inherent power differences between service providers and residents. Current standards (such as The BC Provincial Standards for Registered Assisted Living in Figure 1) emphasize including residents in planning from the initial intake and throughout their journey, treating them as essential partners in decision-making. This shift is grounded in evidence-based research and best practices informed by Indigenous partners, persons with lived experience, and their families. It moves the sector toward a person-centered approach that offers practical, implementation-ready guidance across diverse service settings. (Ministry of Health & Ministry of Mental Health and Addictions, 2021; Addictions and Mental Health Ontario, 2016)



- Equity-Focused Design and the Removal of Barriers to Agency: Equity-focused service design establishes that agency is not limited to personal choice but is fundamentally defined by the ability to access services without coercion, intimidation, stigma, or punitive responses. Such practices are essential for maintaining the dignity and safety of individuals, particularly those who face intersecting forms of discrimination, including racism, sexism, and colonialism. A rights-based framework acknowledges that each person has unique goals and requires different strategies; respect and compassion are seen as prerequisites for care, rather than rewards for compliance.

  The document, Race-based Equity in Substance Use Services, identified main equity components in substance use services:

    - Integrating culturally-informed approaches in planning and delivery services, representing four main themes:
        - Holistic care that includes the individual, kinship/family, and community; representation in staff/services; spirituality or religiosity; and language.
    - Leveraging community strengths.
    - Building or strengthening staff capacity and skills (a secondary but emerging focus)."

      (Ontario Agency for Health Protection and Promotion, 2022)

- Local Governance and the Centring of Lived Expertise: Local systems planning in Waterloo Region reflects a governance-level shift from compliance-based gatekeeping toward conditions that support agency-forward models. By centring lived expertise and equity-owed groups, governance structures like the Lived Expertise Working Group (LEWG) empower individuals to inform policy scope and hands-on collaboration. This model encompasses advocacy and community accountability, ensuring that solutions to housing instability are rooted in the human right to housing and the direct recommendations of those most impacted by displacement. (Region of Waterloo, 2023)

Access to Recovery for Culturally-Specific Groups

In this section, we explore more deeply the current landscape of recovery programming for culturally specific groups: namely Indigenous communities and the 2SLGBTQIA+ community. They point to the use of wholistic wellness, governance, and self-determination as contributors to individual development, how peer-led programming and inclusion practices impact gender diverse folx and increase feelings of safety.

Indigenous models: development through wholistic wellness, governance, and self-determination

- Indigenous-specific approaches indicate a more developed model of care where wellness is treated as wholistic (including mental, physical, emotional, and spiritual wellbeing) rather than narrowly defined as abstinence or symptom reduction. (Ministry of Children, Community and Social Services, 2025; Task Group on Mental Wellness, 2021)
- Indigenous models appear more mature when services are co-designed and co-implemented with Indigenous communities, signalling that governance and self-determination are part of the model rather than separate from it. (Ontario Agency for Health Protection and Promotion, 2023)
- Land-based healing approaches reflect an implementation trajectory where programs evolve to fit community needs and realities, including adapting delivery methods and integrating cultural practices as core components of recovery. (Task Group on Mental Wellness, 2021)
- Disproportionate opioid-related harms and differences in access to treatment for First Nations people reinforce that culturally specific models are a necessary response to inequitable outcomes (not an optional specialization). (Chiefs of Ontario & Ontario Drug Policy Research Network, 2025)
    - Specific examples include:

- While "Two-Eyed Seeing" (Etuaptmumk) originated in the Maritimes, Ontario has unique operational expressions of it through the integration of traditional healing into Western clinical settings.
    - The ARCH Model: Developed and utilized in Ontario facilities like North Wind Wellness Centre, the Addiction Recovery Community Housing (ARCH) model is unique in its 4-component framework that integrates Early Recovery, Addiction Treatment, Recovery Supportive Housing, and a Community Centre on a single site. This provides a seamless continuum specifically designed for high-barrier Indigenous populations who frequently "cycle" through disconnected urban services.
- Kinship-Based "Anti-Colonial" Housing Governance
    - Ontario-based organizations like Atlohsa Family Healing Services have pioneered "Kinship" housing models that move beyond traditional landlord-tenant relationships.
        - Relational Support: These models prioritize Indigenous governance and the role of "Knowledge Keepers" to restore identity and balance, viewing recovery not just as an individual health goal but as a process of restoring kinship ties and community belonging.
        - Trauma-Informed Cultural Safety: Localized models in Ontario emphasize that cultural safety is a prerequisite for stabilization; this involves providing spaces for ceremony and land-based connection as core clinical interventions rather than "add-on" activities.

2SLGBTQIA+ recovery housing

- In the recovery-housing-specific materials, the clearest maturity pattern is a strong evidence base for peer-run recovery housing as a general model, while LGBTQ-specific maturity is currently more visible through inclusion practices and documented access concerns than through large-scale evaluated LGBTQ-

dedicated recovery homes. (Lo Sasso et al., 2012; National Alliance for Recovery Residences, 2024; Beasley et al, 2017)

- National Alliance for Recovery Residences (NARR)'s LGBTQ-affirming guidance signals a more developed "practice standard" stage by positioning non-discrimination and affirming environments as quality expectations that can be operationalized in training, monitoring, and certification. (National Alliance for Recovery Residences, 2024)
- Lived-experience evidence shows that fear of discrimination and roommate rejection can be a material barrier to entry for transgender residents, even when those fears may lessen after integration, which makes "pre-entry safety and clarity" a concrete maturity requirement. (Beasley et al, 2017)
- During the COVID-19 lockdown, programming and services for specific communities were impacted due to the increased healthcare demands. For 2SLGBTQ+ youth specifically, barriers during COVID were not only about service availability but also about privacy and safety when attempting to access supports from home. (Alberta Health Services, 2022)

States of Development of Other Recovery Home Models

In this section, we give a high-level summary of our cataloging of other Canadian and global recovery home models. We also provide highlights from key themes from conversations with several Canadian models.

Key Themes from Model Exploration and Cataloguing

Peer-Led Agency and Self-Governance

Innovative models are increasingly shifting away from staff-managed institutional environments toward absolute resident self-governance. The Oxford House Foundation represents the gold standard in this space, using a peer-run democratic structure where residents manage their own households and finances without on-site professional staff. Similarly, the Basta model in Sweden redefines the resident's identity from a "client" to a "colleague," where users act as stakeholders and workers in a social enterprise to foster dignity and community ownership.

Social Enterprise for Financial and Clinical Sustainability

A recurring pattern is the use of revenue-generating businesses to fund recovery beds and provide immediate vocational identity. Cornerstone to Recovery integrates residential recovery with a high-impact textile recycling enterprise that supports both operational costs and resident training. Global leaders like San Patrignano in Italy demonstrate the extreme of this model, operating as a 100% self-sufficient community funded by high-quality social enterprises, allowing them to offer long-term recovery at no cost to the resident.

Indigenous Grounding and Land-Based Healing

Canadian models frequently emphasize "Two-Eyed Seeing" frameworks that blend traditional Indigenous knowledge with Western clinical treatment. North Wind Wellness Centre utilizes this approach on a land-based site, integrating the ARCH (Addictions Recovery Community Housing) model to create a smooth continuum of care from early recovery to community integration. This cultural safety is mirrored in programs like

Gayenawahsra and Atlohsa Family Healing Services, which prioritize wholistic trauma-informed care rooted in traditional knowledge.

The "Campus" Model and Tiered Continuums

To solve the issue of residents "cycling" through disconnected services, several models have moved toward a multi-tier campus approach. The Recovery Village in the USA operates recovery campuses that offer a full continuum from medical detox to long-term transitional housing on a single site. This is consistent with the ARCH model's goal of integrating recovery supportive housing and community centers into one facility to prevent gaps during the "step-down" phases of a resident's journey.

Housing First as a Foundational Right

Global systemic leaders prioritize stable, permanent housing as a prerequisite for recovery rather than a reward for sobriety. Finland's Y-Foundation serves as a national landlord providing over 19,000 homes with integrated supports to end chronic homelessness. In Portugal, Casas Primeiro specifically targets high-acuity individuals with severe mental health and addiction challenges, providing immediate housing without preconditions to create the stability necessary for long-term health outcomes.

Summary of Reach Out Conversations To-Date

As of January 23rd, we have been able to have conversations with the following three individuals and organizations:

- Shawn Sowton - Director of Programs at Cornerstone Recovery
- Alex Cheng - Vice President, Programs and Services at Blue Door
- Laura Belle - Executive Director at Turning Point

Below are key insights emerging from those conversations.

The Affordable Housing "Triple-Win"

Integrating permanent affordable housing is the most significant opportunity identified.

- Funding: It unlocks deep federal (CMHC) and provincial capital that recovery services alone cannot access.
- Revenue: Rental income creates a sustainable "internal subsidy" to fund recovery programming.
- Outcomes: It solves the "what's next?" crisis by providing safe, clean housing away from triggers, which is currently a major systemic gap.

Social Enterprise: Stability Over Scale

While vital for revenue and participant "hope," these ventures must be low-risk.

- Operational Ballast: Successful models use enterprises to provide organizational resilience.
- Predictability: Trade-based enterprises (like construction) can be high-risk due to capital needs and market uncertainty; "lighter" touches like property maintenance or land-based yields (e.g., eggs, hay) offer more stability.

Gender-Specific Design

A clear consensus emerged regarding the risks of co-living.

- The Co-ed Boundary: Living in the same house during early recovery is viewed as extremely difficult to manage and potentially "a disaster" due to trauma and hypersexuality.
- The Campus Approach: A co-ed campus is feasible but requires strict boundaries and "curated" interactions between separate men's and women's buildings.

Integrated Medical "Wraparounds"

Success is tied to removing barriers to clinical care.

- On-site Support: Bringing addiction medicine and physicians on-site (rather than requiring participants to travel) significantly increases success rates.
- Holistic Wellness: Integrating fitness and land-based activities helps move from a clinical-only model to a "mind, body, spirit" approach.

Actualizing and Scaling

In this section, we explore and provide examples for further exploration on tactics for actualizing and scaling the Porchlight Recovery Home program. We explore Social enterprise as an enabler for generating revenue, utilizing strategic partnerships and levels of reinvestment or “payer” fees. And lastly, we include a full-list of applicable funding opportunities to be explored. These are sorted by their potential function: Capital & Construction, Operational & Programs, Hyper-Local & Innovation & Community Investment.

Key Considerations

To maximize federal alignment with BCH and CMHC, Wanner Village must be presented as a 'reproducible portfolio model'—a modular blueprint that solves the addiction housing gap for mid-sized Canadian cities." (Build Canada Homes, 2025)

Social Enterprise as an enabler

- Social Enterprise development for operational funding and rehabilitation
    - Examples:
        - Purchase, sale, and repair of pallets.
        - Graffiti removal and train cleaning.
        - Kitchen services and property maintenance.
        - Car detailing.
        - Park and garden maintenance.
        - Horse and dog stables.
        - Carpentry and construction work.
        - Hostel management.
        - Textile Recycling (Talise Thrift Stores)
        - Agriculture / food production
- **Scaling via Social Enterprise & Sustainable Funding**
    - To address the "funding and operationalization" gap identified, these models offer roadmaps for financial independence and vocational scaling.
        - **100% Reinvestment Models (San Patrignano & Basta):** These "mini-cities" are largely self-sufficient through high-quality social enterprises

(carpentry, catering, dog hostels). All profits are reinvested, eliminating dependency on government grants.

- **Strategic Partnerships (Cornerstone to Recovery):** Operates a textile recycling enterprise in partnership with commercial entities (Talize Thrift Stores) to provide stable operational funding and vocational training for residents.
    - Partnering with an entity like SDG Idea Factory or the City of Kitchener Innovation Centre may be a way to explore linking The Recovery Homes to a larger already scaled social enterprise
- **The "Payer" Model (Swedish Model):** Social services pay for the first year of stabilization (apprenticeship), after which the resident is sustained by the community's social enterprise. This clarifies the ROI for municipal funders like the Region of Waterloo.

Funding Sources

Funding sources here are clustered by their potential uses:

- Category 1: Capital & Construction - Funding for the physical build of the recovery homes and campus infrastructure.
- Category 2: Operational & Programs - Funding for staffing, clinical recovery programs, and resident support services.
- Category 3: Hyper-Local & Innovation - Funding for social enterprise, vocational training, and culturally safe pilots.

Category 1: Capital & Construction

Funding for the physical build of the recovery homes and campus infrastructure.

National Housing Co-Investment Fund (NHCF)

- **Supporting Organization**: Canada Mortgage and Housing Corporation (CMHC)
- **Brief Description**: Provides low-interest loans and forgivable loans for the construction of new affordable housing and the repair of existing units.
- **Amount Available**: Varies by project scale; prioritized for projects that achieve significant energy efficiency and accessibility.
- **Application Deadline**: Open continuous intake.
- **Application Considerations**: Requires a minimum of 20% of units to be affordable for at least 20 years. Projects serving "vulnerable populations" (specifically those with addictions) receive higher priority scores.
- **Link to Source**: NHCF Overview

Green Municipal Fund (GMF)

- **Supporting Organization**: Federation of Canadian Municipalities (FCM)
- **Brief Description**: Supports municipal-led or partnered projects that improve environmental performance in housing.

- **Amount Available**: Up to $10 million in combined loans and grants for capital projects.
- **Application Deadline**: Ongoing intake.
- **Application Considerations**: Perfect for the Wanner Village campus if you integrate high-efficiency heating, solar, or innovative land-use strategies.
- **Link to Source:** FCM Green Municipal Fund

Build Canada Homes (BCH) - Transitional Housing Stream

- **Supporting Organization:** Build Canada Homes (New Federal Agency)
- **Brief Description:** A bold federal approach to build affordable and supportive housing at scale. The stream specifically targets individuals experiencing or at risk of homelessness.
- **Amount Available:** $1 billion total deployment for the supportive stream; project-specific funding can reach tens of millions (e.g., $21.6M recently awarded to a Toronto project).
- **Application Deadline:** Launching Winter/Spring 2026; high-priority intake.
- **Application Considerations:** Prioritizes modular construction to reduce costs and accelerate delivery. Requires evidence of a highly collaborative, community-driven approach.
- **Link to Source:** Build Canada Homes - Infrastructure Canada

CMHC Affordable Housing Fund (AHF)

- **Supporting Organization**: Canada Mortgage and Housing Corporation (CMHC)
- **Brief Description**: Provides low-interest and forgivable loans for the new construction of affordable and community housing.
- **Amount Available**: $16.1 billion total program; $1.5 billion top-up in 2025-26 specifically for the New Construction Stream.
- **Application Deadline:** Rolling intake; Accelerated Rapid Housing Sub-Stream ($385M) available in 2026.
- **Application Considerations:** Projects serving those with mental health or addiction issues are listed as a high priority.

- **Link to Source:** Affordable Housing Fund - CMHC

OTF Capital Grant

- **Supporting Organization:** Ontario Trillium Foundation (OTF)
- **Brief Description**: Funds the repair, renovation, or retrofit of facilities and the enhancement of outdoor spaces.
- **Amount Available:** Minimum $10,000 to Maximum $200,000.
- **Application Deadline:** March 4, 2026 at 5:00 p.m. ET.
- **Application Considerations:** Requires proof of ownership or a lease with at least 5 years remaining. Must focus on improving community infrastructure.
- **Link to Source:** OTF Capital Grant

Waterloo Region Community Foundation (WRCF) - Community Grants

- **Supporting Organization**: Waterloo Region Community Foundation
- **Brief Description**: Provides funding for organizations focused on Affordable Housing and social infrastructure.
- **Amount Available**: Level 1: Up to $10,000; Level 2: $10,001 to $30,000.
- **Application Deadline**: Typically Q1 annually (e.g., April 2, 2024).
- **Application Considerations:** Priority is given to initiatives that include the voices of people with lived experiences in decision-making and delivery.
- **Link to Source**: WRCF Community Grants

Region of Waterloo - The Upstream Fund

- **Supporting Organization**: Region of Waterloo
- **Brief Description**: Supports community projects that address systemic gaps and make social/economic systems work better for everyone.
- **Amount Available**: Varies.
- **Application Deadline**: Rolling intake (Check regional portal).

- **Application Considerations:** Specifically prioritizes grassroots groups and projects that have been historically excluded from traditional funding.
- **Link to Source:** Upstream Fund

Category 2: Operational & Programs

Funding for staffing, clinical recovery programs, and resident support services.

HART Hubs (Homelessness and Addiction Recovery Treatment)

- **Supporting Organization:** Province of Ontario (Ministry of Health)
- **Brief Description:** A new model designed to connect people with complex needs to comprehensive treatment, including primary care, addiction care, and supportive housing.
- **Amount Available:** $6.3M per year per Hub, with $1.3M specifically earmarked for supportive housing operations.
- **Application Deadline:** Rollout ongoing through 2027; focus on operational start by Winter 2025/Spring 2026.
- **Application Considerations:** Does not offer safer supply or supervised consumption; focus must be on treatment, recovery, and transition beds.
- **Link to Source:** Ontario HART Hubs Reference

Emergency Treatment Fund (ETF)

- **Supporting Organization:** Health Canada
- **Brief Description:** Provides rapid response funding for emergent needs related to the toxic drug supply and overdose crisis.
- **Amount Available:** $150 million over 3 years (Budget 2024 allocation).
- **Application Deadline:** Call for proposals for the 2026/27 fiscal year launched October 2025; ongoing review.
- **Application Considerations:** Emphasizes culturally relevant, trauma-informed, and evidence-based treatment and recovery programs.

- **Link to Source:** Emergency Treatment Fund - Health Canada

Ontario Health (Mental Health and Addictions Base Funding)

- **Supporting Organization**: Government of Ontario (Ministry of Health)
- **Brief Description**: Provides stable, annualized funding to community agencies for core addiction services, counselling, and supportive recovery beds.
- **Amount Available**: Negotiated based on service volume and regional need.
- **Application Deadline**: Ongoing; typically managed through regional health integration portfolios.
- **Application Considerations**: Often requires integration into the local health system network (Health Hubs) to ensure a continuum of care.
- **Link to Source**: Ontario Health Funding

Substance Use and Addictions Program (SUAP)

- **Supporting Organization**: Health Canada
- **Brief Description**: Provides time-limited funding for projects that strengthen the health system's response to substance use issues.
- **Amount Available:** Multi-year grants often ranging from $500,000 to over $2 million.
- **Application Deadline**: Periodic calls for proposals (typically every 12–18 months).
- **Application Considerations**: SUAP is highly interested in innovative models that can be scaled or replicated across Canada, aligning perfectly with your Solutions Lab goals.
- **Link to Source**: Health Canada SUAP

Category 3: Hyper-Local & Innovation & Community Investment

Funding for social enterprise, vocational training, and culturally safe pilots.

United Way Community Impact Fund

- **Supporting Organization**: United Way Waterloo Region Communities

- **Brief Description:** Supports programs meeting basic needs, mental health, and reducing social isolation.
- **Amount Available**: Up to $50,000 for general community funds; up to $160,000 for high-impact projects.
- **Application Deadline:** October 12 – 29, 2026 for Mental Health & Addictions focus.
- **Application Considerations:** Beginning January 2026, they will primarily accept applications from organizations that have received funding since April 2023.
- **Link to Source:** United Way Community Impact Fund

Waterloo Region Community Foundation (WRCF) Community Grants

- **Supporting Organization:** Waterloo Region Community Foundation
- **Brief Description:** Helps organizations focused on affordable housing, community resilience, or climate action.
- **Amount Available:** Level 1: Up to $10,000; Level 2: $10,001 to $30,000.
- **Application Deadline:** Seasonal; typically Q1 and Q3 annually.
- **Application Considerations:** Applications are centralized through the WRAPPLY.CA portal.
- **Link to Source:** WRCF Community Grants

Shoppers Foundation for Women's Health

- **Supporting Organization:** Shoppers Drug Mart
- **Brief Description:** Investing $50M by 2026 to improve access to care for women, including housing stabilization and mental health.
- **Amount Available:** Varies by project; often supports high-profile community health facilities.
- **Application Deadline:** Rolling intake through 2026.
- **Application Considerations:** Highly relevant for the proposed specialized recovery home for young mothers or women at Wanner Village.
- **Link to Source:** Shoppers Foundation

Community Investment Grants

- **Supporting Organization:** Lyle S. Hallman Foundation
- **Brief Description:** A major regional funder focusing on children, youth, and families in Waterloo Region, specifically supporting mental health and wellness.
- **Amount Available:** Often provides multi-year operating support or significant capital grants.
- **Application Deadline:** Typically two intake rounds per year (Spring and Fall).
- **Application Considerations:** They prioritize projects that address root causes of crisis in families, making them a prime partner for the "young mothers in recovery" home.
- **Link to Source:** Hallman Foundation Grants

Ontario Trillium Foundation (OTF) - Grow Grant

- **Supporting Organization:** Ontario Trillium Foundation
- **Brief Description:** Supports the expansion of successful programs or the scaling of innovative models to new communities.
- **Amount Available:** Up to $75,000 annually for up to 3 years ($225,000 total).
- **Application Deadline:** Annual cycle (typically Q3).
- **Application Considerations:** Requires evidence of a proven model that is ready to reach more people—ideal for the "Roadmap to Scale" phase of your project.
- **Link to Source:** OTF Grow Grants

RBC Foundation (Mental Health & Youth)

- **Supporting Organization:** RBC Royal Bank
- **Brief Description:** Focuses on "RBC Future Launch," which supports youth wellness and skills development.
- **Amount Available**: Varies; often supports innovative vocational or employment-bridging programs.
- **Application Deadline:** Rolling intake through regional community managers.

- **Application Considerations:** Their focus on youth employment makes this a strong candidate for the "Social Enterprise" and "vocational training" components for younger residents.
- **Link to Source:** RBC Community Investment

Libro Credit Union - Annual Grants Program

- **Supporting Organization:** Libro Credit Union
- **Brief Description:** Funds local projects that strengthen community through financial resilience, employment, and housing.
- **Amount Available:** $5,000 to $20,000.
- **Application Deadline:** Reviews occur four times a year in February, May, August, and November.
- **Application Considerations:** Actively supports agri-business and social enterprises; requires measurable impact alignment with their housing pillar.
- **Link to Source:** Libro Community Grants

Kitchener Conestoga Rotary Club - Community Aid Fund (CAF)

- **Supporting Organization:** Kitchener Conestoga Rotary Club
- **Brief Description:** Distributes donations to local community projects that meet well-being, health, and safety criteria.
- **Amount Available:** Typically $2,000 to $4,000 per project.
- **Application Deadline:** Rolling; typically Jan 15, May 15, and Sept 15 annually.
- **Application Considerations:** Focuses on enhancing the lives of Kitchener-Waterloo residents; has historically supported House of Friendship initiatives.
- **Link to Source:** KCRC Community Aid Fund

Heffner Lexus Toyota - Community Giving

- **Supporting Organization:** Heffner Lexus Toyota
- **Brief Description:** Private sponsorship for local Kitchener-Waterloo organizations, with a specific interest in families in crisis and community well-being.

- **Amount Available:** Varies (Cash and item donations for auctions or project sponsorship).
- **Application Deadline:** Ongoing.
- **Application Considerations:** They welcome sponsorship requests that create a "lasting impact" and bring people together.
- **Link to Source:** Heffner Community Sponsorship

9. Plan to End Chronic Homelessness - People's Purse

- **Supporting Organization:** Plan to End Chronic Homelessness Co-Creator Group
- **Brief Description:** Community-driven funding pool that is focused on reducing the inflow into homelessness and moving individuals out of active homelessness.
- **Amount Available:** Varies, typically between $5000 for $25,000. Identify and apply for funding allocations that match the program needs. Likely not suitable for ongoing funding
- **Application Deadline:** Ongoing.
- **Application Considerations:** Being part of the PECH Co-Creator Group or partnering with an active Co-Creator is required.
- **Link to Source:** https://www.engagewr.ca/end-chronic-homelessness

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