An Updated Plan and Investment Strategy for Homelessness Prevention Program Funding in the Cochrane DSSAB

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Prepared for the Cochrane District Social Services Administration Board

PREPARED BY ORGCODE CONSULTING INC.

LAND ACKNOWLEDGEMENT

We are in the traditional territory of Ojibway, Cree, Oji-Cree, Algonquin and Métis Peoples.

We acknowledge the builders of the first houses on this territory, houses built by the Anishinaabe, Mushkegowuk, and Algonquin. Let us strive to learn from the examples that they set where no one was homeless, and all had a place in community.

We acknowledge that a greater understanding of the land and lessons from the Indigenous caretakers and care-givers would serve us well, to prevent us from repeating the mistakes that are common to those who have destroyed, or ignored, the knowledge of those who came before.

AUTHORSHIP

This report has been prepared by OrgCode Consulting Inc. Errors and omissions are the responsibility of the author.

EXECUTIVE SUMMARY

The Province of Ontario has provided increased Homelessness Prevention Program funding to the Cochrane District Social Services Administration Board (CDSSAB). Prior to the 2023 announcement of increased funding, the CDSSAB received $2,180,500 annually to fund the likes of emergency shelter, housing supports, outreach services and other types of housing assistance. As of the announcement, the CDSSAB receives $6,061,000. This is a substantial increase at a time when homelessness in the area served by the CDSSAB, like much of Ontario and the entire country, has experienced significant changes. More people are experiencing homelessness and it is more visible, especially in Timmins. The depths of need of people experiencing homelessness are quite high. And there is a substantial need for housing that is affordable and has appropriate supports to help people that exit homelessness to stay housed.

The lack of an adequate homelessness response system and lack of appropriate housing that is affordable and has sufficient supports is not a situation that happened overnight. It will not be solved overnight. However, there is an opportunity to make amendments to the homelessness response system, enhance services, and continue to align to best and promising practices in service delivery. It is possible to build upon the extensive work that has been underway in the CDSSAB and broader service provider community over the past few years. There has been enhanced training for service providers, the implementation of a By Name List of all people experiencing homelessness in the District that desire housing, improvements to the database used to track people experiencing homelessness and his/her/their needs, voluntary participation in Built for Zero Canada to better track data and get improvement advice on an ongoing basis, and a stronger staffing complement within the CDSSAB to support the work of preventing and ending homelessness.

The purpose of this plan is to guide the community on how best to invest in services that will have impact and meet under-met or unmet needs. To develop this plan, an extensive community engagement process was used to gather input from service providers (executive leadership and frontline staff), Indigenous organizations, first responders, the health community, businesses, community leaders, and, people with living/lived experience. Collectively it is fair to say that the community wants a responsive system of care that meets the needs of people experiencing homelessness from street outreach to a service hub, from emergency shelter to housing with appropriate supports.

A RESPONSIVE DIRECT SERVICE CONTINUUM TO RESPOND TO HOMELESSNESS

Street Outreach:
Engages people experiencing unsheltered homelessness meets immediate needs, and connects to other services.

Service Hub:
A location where unsheltered, sheltered or people at-risk of losing housing share their service needs and engage in conversations about ending their homelessness. May also provide showers, laundry, meals, health care and social connections.

Shelter:
A safe and appropriate overnight accommodation for people that have no alternative, while connecting to other services.

Housing with Supports:
A permanent place to live, with or without financial subsidy, with supports customised to help the formally homeless household stay housed

With considerable input from a broad swath of the community, and with alignment to best and promising practices in homelessness response and housing supports, the recommendations for how to best use the increased funding in the CDSSAB service area is as follows:

1- Supportive Housing

1a) Allocate $4,439,000 across Years 1 and 2 of HPP implementation[1] to create at least 10 units of Supportive Housing in Timmins through:

1. Acquisition and rehabilitation of an existing motel or multi-unit residential building;
2. Master leasing of existing rental accommodation or motel;
3. Repurposing and dedicating an existing community housing building or part thereof;
4. New modular construction.

1b) Allocate $450,000 starting in Year 3 of HPP implementation for 24/7 staffing and support needs of Supportive Housing residents.

1c) Plan for the creation of an additional 40 units of Supportive Housing within five years of the initial 10 units being created.

2- Service Hub with Food, Hygiene Facilities and Service Navigators

2a) Allocate $750,000 in Year 1 of enhanced HPP implementation to undertake renovations to Living Space or to rent/purchase and renovate an alternate location near downtown Timmins to serve as a Service Hub.

2b) Allocate $400,000 in Year 2 and Year 3 for Service Hub staffing and operations.

3- Housing Loss Prevention

3a) Develop a robust and targeted housing loss prevention program to be implemented across the District.

3b) Allocate $150,000 in Year 1, $200,000 in Year 2 and $225,000 in Year 3 for housing loss prevention workers and flexible funding to help people retain their current housing or be re-housed without entering the homelessness services system in all locations off-Reserve in the District.

[1]The HPP increase was announced in 2023. Year 1 of implementation in the eyes of the Ministry of Municipal Affairs and Housing is 2023-24. This plan assumes Year 1 of implementation in the CDSSAB is 2024-25; Year 2 of implementation in the CDSSAB is 2025-26; and assuming continuation of funding, Year 3 of implementation in the CDSSAB is 2026-27.

3c) Allocate up to $150,000 in Year 1, $200,000 in Year 2 and $223,000 in Year 3 for an Indigenous organization to work with the various First Nations that are interested in having a prevention services worker aid their Nation, to pay for salary, supplies, transportation, and annual operating costs.

4- Paramedicine Integrated with Street Outreach, Shelter and Housing Support Services

4a) Develop and implement a robust paramedicine program to integrate with other service providers in the CDSSAB to better meet the health needs of people experiencing homelessness or who were previously homeless.

4b) Allocate $250,000 for staffing and operational costs annually for the integrated paramedicine program starting in Year 3 of plan implementation.

5- Transitional Housing

5a) Allocate $2,300,000 spread across three years of HPP implementation to create at least 6 units of Transitional Housing in the District through:

1. Acquisition and rehabilitation of an existing motel or multi-unit residential building;
2. Master leasing of existing rental accommodation or motel;
3. Repurposing and dedicating an existing community housing building or part thereof;
4. Purchasing and renovating a cluster of single-family homes within proximity of each other;
5. New construction.

5b) Starting in Year 3 when the Transitional Housing is open, invest a pro-rated amount of $219,500 in operations.

6- Indigenous-led Scattered Site Follow Up Supports and Reunification Services

a) Allocate $361,000 in Year 1, $461,000 in Year 2 and $461,000 in Year 3 to one or more Indigenous-led non-profit organizations in the District to design and provide scattered site follow-up support and reunification services, and cover salaries, honoraria, program supplies, and operating costs

Seeing results in this planned investment is not solely the responsibility of the CDSSAB. It will require a "whole of community" commitment – from non-profit service providers to health care providers; from First Nations and municipalities in the District to faith-based organizations; from businesses to educational institutions. Ending homelessness is not accomplished through finger pointing. It is achieved through collaboration, collective continuous improvement, and an unwavering commitment to keep investing in homelessness and housing support services aligned to the needs of the community. It is hoped that the first three years of investment set the stage for expansion of even more supportive housing and transitional housing, even more enhanced services and further reaching homelessness prevention programs in Year 4 and beyond. But first the community must roll up its sleeves and provide proof of concept by implementing the recommendations outlined in the plan and investment strategy.

INTRODUCTION

Homelessness is one of the most pressing community issues across the Cochrane District Social Services Administration Board (CDSSAB) service area. It is experienced in communities of various sizes in the CDSSAB, though most services to support people experiencing housing instability are anchored in the Timmins community. The level of concern and frustration about homelessness in the District is palpable. Homeless and housed residents alike are looking for improvements to the system of care to help prevent, reduce, and ultimately end homelessness.

As the Service Manager, the CDSSAB is responsible for planning the response to homelessness. The Service Manager is also responsible for allocating provincial funding to service providers to meet the needs of people experiencing homelessness. This funding, known as Homelessness Prevention Program (HPP) funding, is the largest funding source relied upon throughout the CDSSAB to respond to homelessness. Recently, the community allocation for HPP funding has increased from approximately $2 million in annual funding to $6 million in annual funding. The purpose of this document is to examine current state of services and make broad recommendations on the priorities for investment moving forward for the new $4 million in investment. The recommendations are based upon considerable community input from a broad range of interested and affected parties and are aligned to best and promising practices in responding to homelessness.

Ultimately, even with the enhanced HPP funding, to see and sustain considerable reductions in homelessness across the District will require a "whole of community" effort. The DSSAB cannot make homelessness decrease on its own. It needs the efforts of community-based non-profits. It requires other government programs and safety net components like income supports to be aligned. It requires other sectors like Corrections, Health and Education to engage and support the response. It requires support from all the municipalities and First Nations within the District.

Achieving results will require rapid implementation of the recommendations in this report, subject to appropriately demonstrating due diligence in selecting non-profit service providers, hiring and onboarding staff to implement the initiatives, and in the case of some recommendations, identifying and securing a facility for operations of some of the recommendations. Implementing the recommendations will not demonstrate results overnight, but in quite short order as each recommendation is implemented the system of care should start to shift and homelessness, especially in Timmins, will start to decline.

HOMELESSNESS PREVENTION PROGRAM: THE INCREASED FUNDING OPPORTUNITY

What is the Homelessness Prevention Program?

The Homelessness Prevention Program (HPP) is funded by the Province of Ontario and supports all 47 Service Managers across the province to provide affordable housing and support services for people at risk of homelessness or experiencing homelessness. The program has considerable flexibility to ensure that each Service Manager can target funding where the community need is the greatest, and to focus funding investments on the most impactful ways of reducing and preventing homelessness. Local planning determines how each Service Manager's allocation is spent in the community.

The Priorities for HPP as Determined by the Province of Ontario

The province has named four priority areas for use of HPP funding:

1. Emergency Shelter
2. Supportive Housing
3. Community Outreach and Support Services
4. Housing Assistance

In addition to the above-mentioned priorities of HPP, there is also an Indigenous Supportive Housing Program track which is intended to support Indigenous Peoples living off-reserve. Examples of initiatives in this stream of funding include housing allowances, rental supplements and support services to Indigenous Peoples who are homeless or at risk of homelessness.

Increased HPP Funding for the Cochrane DSSAB

In 2023, the Province of Ontario increased the HPP funding amount for several Service Managers throughout the province. The Cochrane DSSAB was one of the Service Managers receiving a substantial increase. Prior to the announcement of increased funding, the DSSAB received $2,180,500 annually. As of the announcement, the DSSAB receives $6,061,000. This represents a 178% increase in funding.

The Relationship Between Provincial Funding for Homelessness and Federal Funding for Homelessness

In addition to HPP funding, the community also receives $944,696 in Federal Funding through the Reaching Home program of Infrastructure Canada. While there are slight differences in how the funding is used and how decisions are made in the use of funds, the two funding sources are complimentary. Treated as a whole, it means that $7,005,696 is being invested in the community by other orders of government specifically to prevent and reduce homelessness.

THE CONSULTATION AND ENGAGEMENT PROCESS

Groups Engaged to Inform the Enhanced HPP Investment

A diverse range of interested and affected parties were engaged in-person and virtually to inform the priorities for investment of the enhanced HPP funding. The groups engaged were:

- Direct service staff and leaders of organizations currently serving people experiencing homelessness
- Indigenous service providers
- The business community
- First responders
- Health partners
- People experiencing homelessness or who have previously experienced homelessness
- Community leaders and elected officials
- Staff of the DSSAB

Questions for the Consultation

While considering the increased HPP funding coming to the community, the current state of homelessness and the response across the DSSAB, participants in the consultations were provided the same questions for small group discussion and then reporting out to the broader group in attendance:

1. What are the immediate needs of people experiencing homelessness that are currently not being fully met where a new service or an expansion of an existing service is necessary to address the gaps?
2. What are the housing and support needs of people experiencing homelessness that are currently not being fully met where a new housing or support program or the expansion of an existing housing and support program is necessary to address the gaps?
3. Are there specific population groups that are not currently well served when a new service or program needs to be created or an existing program expanded to meet the needs of the population group(s)?

4.Are there any other ideas that need to be considered for improving services and programs for people experiencing homelessness in the DSSAB?

Additional Input through an Online Survey

Anyone not participating in the in-person or virtual sessions for engagement had the opportunity to share their input via an online survey on the DSSAB website. In total, there were 21 responses to the online survey.

ROLES AND RESPONSIBILITIES

Based upon the feedback received during the consultations and the current environment and attitudes towards homelessness across various communities in the DSSAB, it is important to delineate who is responsible for what when it comes to responding to homelessness in the DSSAB. As a complex social issue, homelessness is often homogenized, people experiencing homelessness are blamed for a broad range of social issues, and homeless service providers and/or the Service Manager are inappropriately identified as being responsible for resolving aspects of the social issue that are not within the purview, mandate or funding criteria of the service provider or Service Manager.

The Roles and Responsibilities of the Service Manager as it Relates to Housing and Homelessness

In consultation with the broader community, the Service Manager is responsible for planning the response to homelessness in the community. The Service Manager is a responsible steward of financial resources that are allocated to service providers. The Service Manager also collects data on service performance and monitors the performance of each service provider, which is information relayed back to other orders of government. The Service Manager also supports the homelessness response system by convening groups to resolve specific issues in the homelessness response system, as well as creating training and professional development opportunities for service providers. Requirements imposed by funders such as the need to have a By Name List of people experiencing homelessness are also functions that are fulfilled by the Service Manager.

The Chief Administrative Officer (CAO) of the DSSAB reports to the Board. The Board is primarily composed of elected officials in various municipalities within the DSSAB boundaries. Initiatives and investments related to homelessness are reported to the Board and the Board approves the direction of the DSSAB staff.

Housing and homelessness matters are only one component of the work of the DSSAB. Income and employment supports (Ontario Works), paramedic services, and child care and EarlyON services also fall under the DSSAB umbrella of responsibilities.

The Roles and Responsibilities of Contracted Non-Profit Homelessness Service Providers

Non-profit organizations that receive funding through the DSSAB enter contracts to deliver services to people experiencing homelessness or housing instability. The contracts stipulate performance requirements, as well as articulate requirements for the organization to collect and submit data. Non-profits must be in good standing with the Canada Revenue Agency. All non-profits that accept funding for services are monitored in their performance by the DSSAB. Participation in the likes of Coordinated Access and adding people to the By Name List are also requirements so that organizations work as part of a collaborative system of care rather than independent siloed operations.

Non-profits can have rules and requirements for people to access their services on their premises. There are efforts to make services accessible and lower barrier, ensuring the most vulnerable people experiencing homelessness or housing instability can access services. If a person experiencing homelessness cannot adhere to the rules and requirements despite supports and multiple chances, they may be asked to leave the service for a defined period. Those instances are rare.

Contracted non-profit service providers that serve people experiencing homelessness or housing instability aim to help people access housing again and maintain the housing. The service provider often helps connect and navigate access to other resources such as health services or income supports. That said, all services are voluntary. No individual served can be forced to access a resource against their will, consent, or knowledge.

The Roles and Responsibilities of Law Enforcement

Law enforcement predominately has engagement with people experiencing homelessness when they are street involved and there is a cause for concern. Like all Canadians, should a person experiencing homelessness break the law, they are subject to whatever the most appropriate process is for law enforcement relative to the nature of the offence, ranging from warnings or fines to arrest and detainment. Furthermore, some engagement with law enforcement is a result of people experiencing homelessness being victims of crime.

Neither homelessness service providers or the Service Manager are responsible for the behaviours of people experiencing homelessness or housing instability. Each person is responsible for themselves and their own actions. While there can be a community perception that people experiencing homelessness are increasing crime or creating social nuisances, if true, these are law enforcement matters. Supporting and promoting public safety, however, is a shared community responsibility, and well-operated homelessness programs and services can create safe spaces where people experiencing homelessness are less likely to have engagement with law enforcement.

The Roles and Responsibilities of Health

Health services such as the hospital predominately has engagement with people experiencing homelessness when they present at the Emergency Department for a health care need, whether the person brings themselves in or they are transported to the hospital via ambulance. Some health services are also integrated into the service delivery of local non-profits, such as the presence of health professionals at The Living Space shelter for a set number of hours per week.

Concerns about the mental health and/or addictions of people experiencing homelessness in DSSAB programs has been named on several occasions in the consultations. Responding to health needs like mental health and addictions fall under the purview of the Ministry of Health. The homelessness response system is not funded to provide clinical supports to people.

It should also be noted that accessing mental health or addiction services, in most instances in Ontario, is voluntary. While the Mental Health Act does allow for some involuntary detainment for the purpose of assessment and care, there is a high bar to be reached to make the implementation of the Act possible, and there are no guarantees that the person will be kept at hospital for further care and support, especially if they are not deemed a threat to harm themselves or others.

The Roles and Responsibilities of Local Municipalities in the DSSAB

The local municipalities in the DSSAB are not obligated to provide direct funding for homelessness services but can assist in numerous ways to help reduce homelessness. For example, provision of municipal land for affordable housing, amendments to zoning and planning requirements, and convening neighbourhood meetings about new buildings or services can all be advantageous.

Local municipalities also establish by-laws on acceptable activities in public spaces. It is common in Ontario municipalities, historically, for anti-camping by-laws to be put in place. Of importance, earlier in 2023, the Ontario Support Court Justice Valente ruled that Waterloo Region could not evict and dismantle an encampment on public property. Succinctly, the Justice indicated that removing the encampment would be a violation of Charter Rights of the encampment residents. The Justice focused on the residents' rights to life, liberty, and security of the person because of the lack of shelter space. In a nutshell, it was insufficient that there may be a shelter bed available on paper on any given day. The shelter bed had to be operational, available for the specific population group seeking shelter, and accommodating for the individual seeking shelter. The Justice determined shelter spaces must not split couples, must provide supports, must not "impose rules that cannot be followed due to addiction," and must accommodate mental or physical disability.

The implications for municipalities in the DSSAB, and other Ontario jurisdictions, are significant. Removal of encampments from public spaces, regardless of whether there is a by-law that restricts that type of activity on the space, does not seem to be possible without ensuring there is adequate shelter space for the people living in the encampment. Furthermore, the shelter must be sensitive to accommodating couples, must be accommodating of people with disabilities, and must operate in a manner that a person with an addiction can use and be supported by the shelter.

Another area of overlap between homelessness and municipalities is sanitation. Whether homeless or not, there are individuals in every community that leave trash in public spaces. Housed and unhoused people that inject substances may also leave syringes in public spaces. While sanitation, overall, is a municipal responsibility, maintaining a clean community can be improved when multiple parties, from homelessness serving agencies to businesses, public institutions to service clubs also pitch in and help.

Finally, public restrooms are an amenity that can be provided by a municipality. Throughout the consultations the need for public restrooms for people experiencing homelessness as well as housed citizens was raised on numerous occasions. While not a requirement to provide public restrooms, doing so may address many concerns about public urination and defecation that are top of mind for many residents, businesses, and service providers in the various municipalities within the DSSAB.

A COLLABORATIVE, ENGAGED AND COMMITTED COMMUNITY IN RESPONDING TO HOMELESSNESS

While the Service Manager has the lead in planning, policy, allocating funding, and monitoring performance of service providers in the homelessness response system, a community that wants to seriously prevent, reduce and eventually end homelessness needs collaboration across sectors, ongoing engagement at different levels of organizations from executives to direct service staff, and commitment to work together through challenges and engage in collective problem-solving. In short, responding to homelessness may be led by the Service Manager, but requires ongoing dedication and participation by a broad range of interested and affected parties. Collectively, there needs to be a shift in overall thinking from "who's to blame for the state of homelessness?" to "what can my organization contribute to respond effectively to homelessness?" This thinking transcends sectors and systems.

CURRENT CONTEXT

Strengthening the System of Care

The DSSAB, in many instances in partnership with homelessness service providers, have been making efforts to strengthen and improve the system of care for people experiencing homelessness. Some of the highlights of these efforts include:

New Positions in the DSSAB to Support the System of Care
The CDSSAB has dedicated seven new positions to support the System of Care and the efforts in providing services to people experiencing homelessness. The specialized team has the sole responsibility of supporting all the services and systems that interconnect with homelessness, and to work directly with community partners to realize shared aims in preventing, reducing and ending homelessness.

The System of Care Team also provides individualized supports to those experiencing homelessness to help them exit homelessness and successfully maintain housing, as well as collecting data to provide the community service providers with the information required to advocate for the resources needed in the region to end homelessness.

Participation in Built for Zero Canada

There are 41 communities across Canada that participate in the Built for Zero Canada. This voluntary movement, supported through the Canadian Alliance to End Homelessness, provides each participating community with an improvement advisor to help with continuous improvement in homelessness service delivery. The Cochrane DSSAB is one of the 41 communities throughout Canada participating in this movement.

Development of a By Name List of People Experiencing Homelessness that are Interested in Housing

Ontario municipalities receiving HPP funding, as well as any community receiving funds through the Federal Government's Reaching Home program are required to have a By Name List of people experiencing homelessness that are interested in housing. Over the past year, the Cochrane DSSAB has been acknowledged by Built for Zero Canada as having a quality By Name List that meets all the requirements of other orders of government. This means that at any given point in time the Service Manager knows how many people experiencing homelessness are still actively using services in the community and are interested in progressing towards a housing solution. Furthermore, the By Name List helps differentiate the depths of need of households seeking housing which allows for aligning the intensity of supports to help a household access and retain housing to the specific needs of a household. Succinctly, the By Name List helps match a household's needs to the type of housing and supports best designed to meet those needs in a transparent and systematic manner.

Homeless Individuals and Families Information System (HIFIS)
HIFIS is a database created by the Government of Canada to collect data and simplify reporting of activities related to homelessness in any community. After many years of a relatively dysfunctional approach to using HIFIS in the DSSAB, over the past couple of years HIFIS has gone through a radical transformation in the community. Whereas the database used to rest with one community-based organization, it now sits within the DSSAB proper and includes all the data elements from across contracted service providers related to activities of supporting people experiencing homelessness. The robust data can be used to improve planning and investment in homelessness solutions.

Enhanced Training Opportunities for Service Providers
Over the past couple of years, the Service Manager has focused on strengthening the knowledge and capacity of contracted service providers to ensure alignment to the main currents of thought and evidence-informed practice in the response to homelessness. Working to align to best practices, the Service Manager in partnership with community-based organizations have made the conscious effort not just to try hard, but to ensure those efforts are best aligned to what gets the best outcomes when working with people experiencing homelessness – especially in supporting people experiencing chronic homelessness to exit homelessness.

Engagement with Community Stakeholders
The Service Manager stays engaged with community-based organizations that respond to the needs of people experiencing homelessness or housing instability through a variety of tables. Inputs on how better to deliver services and improve outcomes happen on a regular basis. In addition, the Service Manager has engaged with other community leaders, ranging from the business community to higher education; from the health care sector to First Nations within the DSSAB service area to improve dialogue and enhance opportunities for collaboration on matters of shared interest.

Leveraging the Strengths of Ontario Works Case Managers
Within the DSSAB, ensuring Ontario Works staff are involved in preventing, reducing and ending homelessness has been made a priority. Focusing on Life Stabilization strategies can support people exiting homelessness and provide supports to formerly homeless people once they make the transition to housing to help strengthen the tenancies and decrease the likelihood of a return to homelessness in the future.

A Snapshot of Key Homelessness and Housing Stability Indicators

Homelessness is best understood by examining a range of service indicators, data collection initiatives, housing market context, and economic poverty indicators. Collectively, these paint a picture of where things are at in homelessness, where they have been trending, and where the pressure points in the system exist that need to be rectified if the community is to be successful in preventing, reducing and ultimately ending homelessness.

Point in Time Enumeration

The most recent Point in Time Enumeration was conducted in 2021. Over a 24-hour period at least 342 people experienced homelessness across the DSSAB service area. Timmins, Moosonee and the Monteith Jail proportionately had the largest concentrations of people experiencing homelessness. People identifying as male between the ages of 30-39 were the highest represented demographic. More than four out of five people experiencing homelessness on any given day in the DSSAB Region identify as Indigenous. Slightly less than half of all people counted on that day had Child Welfare involvement as children.

Most people experiencing homelessness on any given day in the DSSAB Region use shelter or are provisionally accommodated. Unsheltered homelessness, while the most visible in the community, were the smallest group of people encountered during the Enumeration.

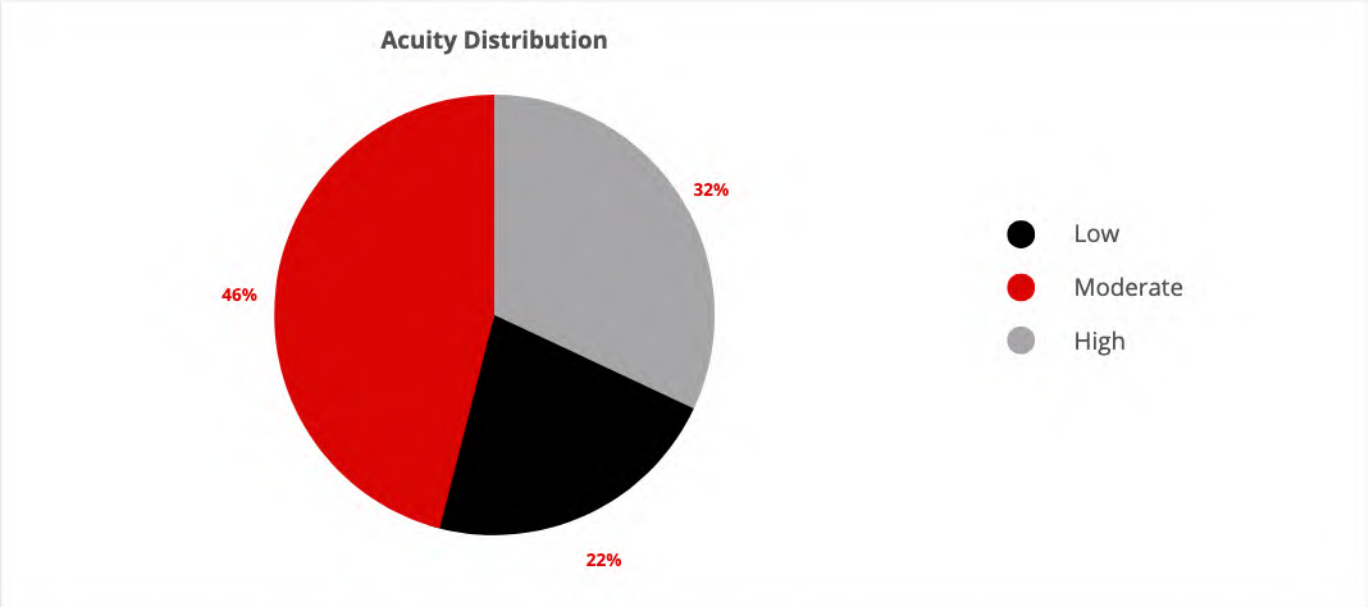
Demonstrating that outflow from homelessness is difficult in the current housing market with insufficient income assistance rates, almost two out of three people encountered during the PIT Enumeration met the Government of Canada's definition of chronic homelessness. Reflecting the long durations of homelessness, it is not surprising that of those engaged during the PIT Enumeration, almost 80% self-reported a substance use issue, slightly more than half self-reported challenges with their mental health, and four out of five people engaged reported multiple health issues.

PIT Enumeration information counters a pervasive myth about the homeless population. The myth is that people experiencing homelessness are pleased with their situation and do not want housing. On the contrary, almost 9 out of 10 people encountered during the 24-hour period of the PIT Enumeration expressed a desire to be housed.

By Name List Data

While Point in Time Enumeration data shows a snapshot from a 24-hour period, the By Name List can be a more accurate understanding of the volume of people experiencing homelessness over a time period that are interested in a housing solution. It's the difference between point prevalence and period prevalence in understanding demands on the homelessness response system and interests in housing. Data since January 2023 demonstrates there are 435 people in 428 households experiencing homelessness that want to have their homelessness resolved.

The depth of need of a household experiencing homelessness informs the type and duration of supports that would be most beneficial. Supporting a household that has experienced homelessness as they transition into housing is not one-size fits all. Different bands of acuity — low, moderate and high — require different approaches and have different policy considerations. The acuity of people on the By Name List is represented as follows:



The majority of households are in the moderate and high acuity range. Moderate acuity households most often benefit from time-limited assistance with rental assistance and case management assistance until they are fully independent. High acuity households can either need permanent or at least longer-term rental assistance and case management assistance to stay housed. High acuity households are most likely to have co-occurring barriers to housing stability.

Amongst people on the By Name List that meet the definition of chronic homelessness, 61% are high acuity, 36% are moderate acuity and only 3% are low acuity. This demonstrates, as other studies have done, that the longer a person experiences homelessness the more complex their needs are, which indicates a higher level of support is required to help the household remain housed once they exit from homelessness. In addition, 76% of the people experiencing chronic homelessness on the By Name List identify as Indigenous, which also speaks to the importance of ensuring supports are culturally appropriate and to a larger extent, that some services are offered specifically by Indigenous organizations to Indigenous Peoples.

The State of the Private Rental Market

Exacerbating the homelessness situation across the DSSAB is the tectonic shifts in the private rental market. Rental apartments are increasingly unaffordable to low-income people in the DSSAB. Consider the following Canada Mortgage and Housing Corporation data on the Timmins rental market, from 2018-2022 (the most recent year data is available):

	2018	2019	% change	2020	% change	2021	% change	2022	% change
Avg Market Rent – One Bedroom Unit in Timmins	$769	$846	10%	$899	6%	$890	-1%	$942	6%

The average market rent for a one-bedroom apartments in Timmins has increased 23% in just five years. As demonstrated in the table below using one-bedroom data for Timmins and Ontario Works and Ontario Disability Support Program rates for a single person without dependents (which resembles the overwhelming majority of people experiencing homelessness in the DSSAB), rental apartments are not affordable to people on Ontario Works, and are only affordable to people that are on the Ontario Disability Support Program if they combine their shelter allowance and basic needs allowance:

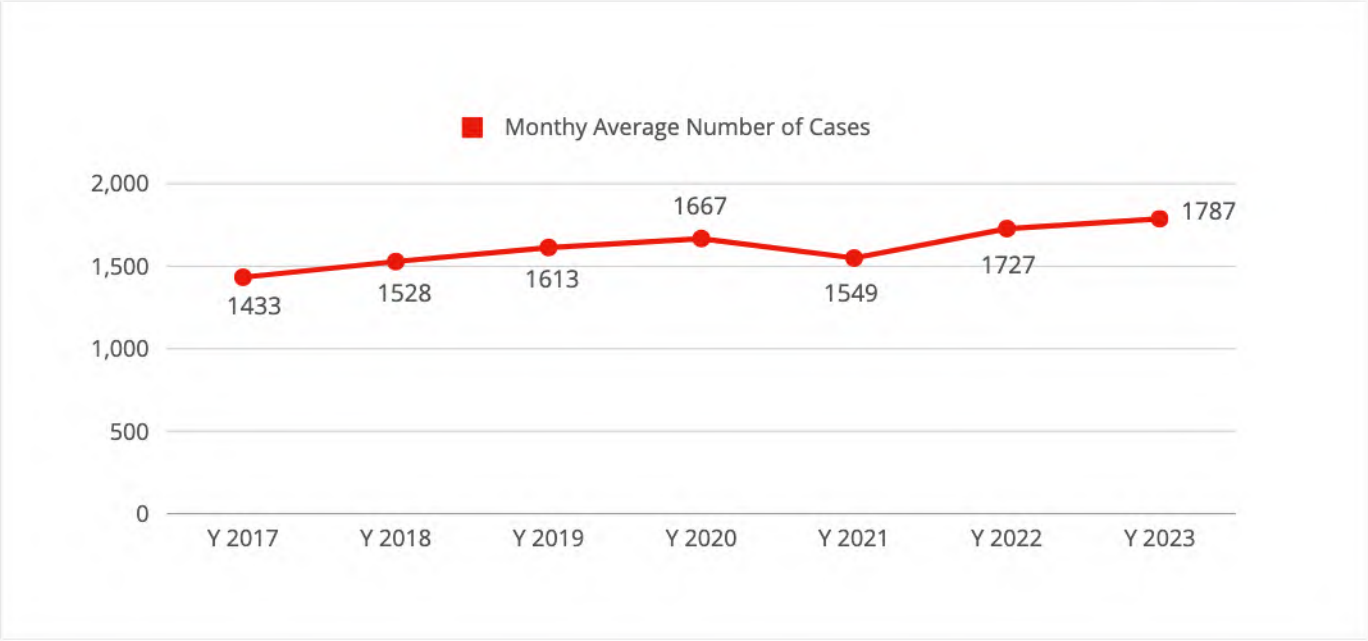
Average Cost One Bedroom Unit in Timmins October 2021	$942
OW Shelter Allowance - Single w/out Dependents	$390
% of Rent Shelter Allowance Covers - One Bedroom	41%
OW Total Monthly Benefit (incl. Shelter Allowance) - Single w/out dependents	$733
% of Rent Total Monthly Benefit Covers - One Bedroom	78%
ODSP Shelter Allowance - Single w/out dependents	$556
% of Rent Shelter Allowance Covers - One Bedroom	59%
ODSP Total Monthly Benefit (incl. Shelter Allowance) - Single w/out dependents	$1,308
% of Rent Total Monthly Benefit Covers - One Bedroom	139%

A few notes to put this rental market and income assistance data into context:

- Average market rent examines current rental apartments. The asking market rate of a vacant one-bedroom unit is likely higher.
- Affordable rental housing stock is lost every time an existing tenant moves out or is evicted, as with each rental turnover the landlord can charge what they think the market will bear.
- People reliant on Ontario Works as their source of income are being squeezed out of the private rental market, placing increased demands on Rent-Geared-to-Income housing and the homelessness response system.
- While the Ontario Disability Support Program offers more financial assistance than Ontario Works, the shortage of doctors and nurse practitioners in the DSSAB makes it difficult to get a person onto ODSP. Even if a person did get on ODSP, they have $366 left after paying average market rent to take care of all food, clothing, transportation, and other bills such as phone every month. With increased inflation the cost of many of those goods is higher and less attainable.

Demands on Income Assistance

Not only is housing increasingly unaffordable to low-income renters, but it also places more households at risk of homelessness which in turn will place more pressure on the homelessness response system. While the truth is that most people on income assistance never experience homelessness, some most certainly do and even a slight increase in the number of income support cases that realize homelessness can put an inordinate amount of pressure on the homelessness response system.



A few other notes on the income assistance caseload data:

- The length of time on assistance is increasing. Consider that in 2017, on average 408 cases monthly had been receiving assistance longer than 24 months. In 2023, that has more than doubled to 850 cases on average receiving assistance longer than 24 months.
- Renters in private market accommodation make up the overwhelming majority of average monthly cases of people receiving assistance. Almost three quarters of cases in 2023 reside in the private rental market.
- The growth of people with No Fixed Address receiving assistance has exploded since 2017. Back in 2017, on average 40 people per month were cases with No Fixed Address. The monthly average in 2023 is 212.

Availability of Rent-Geared-to-Income Housing
Demand for rent-geared-to-income non-senior housing across the DSSAB surpasses the number of units available, resulting in a waitlist that can result in years passing by before a household is offered a rent-geared-to-income unit. For example, there are (155) of one-bedroom, non-senior, rent-geared-to-income units throughout the District, with an increased waiting period due to low vacancy rates and area.

RECOMMENDED PRIORITIES

The consultations with various interested and affected parties identified six areas to focus on with the expanded HPP funding for the community. These recommended priorities do not examine existing services offered through the previous allocation of HPP funding. Those services using the existing $2 Million in HPP allocation should remain untouched at the current time.

It is acknowledged that all the recommended priorities need to be provided through a culturally appropriate lens, especially as it relates to the needs of Indigenous Peoples. Furthermore, it is acknowledged that priorities also need to consider factors such as gender, mobility, health, and age.

1- Supportive Housing

There are two key features to supportive housing: it is affordable; and, there are customized support services to help the household remain housed and improve their overall wellness. People living in supportive housing tend to achieve overall life stability, are more resilient to respond to adverse life events, can focus on recovery, see their health, mental health and substance use improve, and realize personal goals. Supportive housing is sometimes focused on the needs of a specific population group experiencing homelessness such as women, youth, older adults, people living with compromised mental health, people who use substances, or Indigenous Peoples.

Unlike Housing with Supports that use scattered site rental units, Supportive Housing has all the units located in one-building. Also, unlike Housing with Supports that sees a case manager available during business hours five days per week which may allow for one or two visits to the household per week, with Supportive Housing there are staffing supports onsite 24 hours per day, 7 days per week, 365 days per year. Engagement between staff and tenants occurs more frequently, and there is a greater crisis response to tenant needs. Supportive Housing also decreases demands on law enforcement and health services. Also, unlike Housing with Supports, which is time-limited, Supportive Housing is permanent – a tenant selected for Supportive Housing can live there for the rest of his/her/their life subject to payment of rent and following the lease.

Supportive Housing is used exclusively for people with the highest needs (high acuity). The residents of Supportive Housing most often experience chronic homelessness and have multiple co-occurring support needs and barriers to fully independent living. Many residents of Supportive Housing have a history of extensive involvement with First Responders and hospitals.

RECOMMENDATIONS:

1a) Allocate $4,439,000 across Years 1 and 2 of HPP implementation to create at least 10 units of Supportive Housing in Timmins through:

1. Acquisition and rehabilitation of an existing motel or multi-unit residential building;
2. Master leasing of existing rental accommodation or motel;
3. Repurposing and dedicating an existing community housing building or part thereof;
4. New modular construction.

1b) Allocate $450,000 starting in Year 3 of HPP implementation for 24/7 staffing and support needs of Supportive Housing residents.

1c) Plan for the creation of an additional 40 units of Supportive Housing with five years of the initial 10 units being created.

2- Service Hub with Food, Hygiene Facilities and Service Navigators

There is an insufficient number of restrooms, shower facilities and laundry facilities for people experiencing homelessness. As a result, many people experiencing homelessness in the community struggle to take care of all their daily needs. This also erodes dignity.

The Service Hub model may be a stand-alone facility or it may be integrated within a shelter, though not used exclusively by people that use shelter services. It can also meet the needs of people that are unsheltered or at-risk of losing their housing. Unlike traditional drop-in centres, which are generally passive spaces where people can come in without much engagement with staff, the Service Hub model is proactive in engaging with service users on their specific immediate needs as well as longer-term connections to housing and other support services.

A RESPONSIVE DIRECT SERVICE CONTINUUM TO RESPOND TO HOMELESSNESS

Street Outreach:
Engages people experiencing unsheltered homelessness meets immediate needs, and connects to other services.

Service Hub:
A location where unsheltered, sheltered or people at-risk of losing housing share their service needs and engage in conversations about ending their homelessness. May also provide showers, laundry, meals, health care and social connections.

Shelter:
A safe and appropriate overnight accommodation for people that have no alternative, while connecting to other services.

Housing with Supports:
A permanent place to live, with or without financial subsidy, with supports customised to help the formally homeless household stay housed

There are three primary options for the community to implement a Service Hub model:

1. Revamp the existing Living Space shelter to provide more robust day services, more restrooms and showers and sufficient laundry facilities to meet the needs of both sheltered and unsheltered people experiencing homelessness;
2. Repurpose and renovate an existing building in or near downtown Timmins to serve as a Service Hub;
3. Build a new Service Hub in or near downtown Timmins.

Location of the Service Hub matters. It must be within easy walking distance of any other resources such as the shelter, income support office, cultural services or other support services for people experiencing homelessness. While some communities in Canada and the United States have tried to place Service Hubs on the outskirts of the community or far away from the downtown, those Service Hubs tend to be underutilized because of the distance to other resources and transportation issues. Then there is frustration that a Service Hub has been funded but there are still large numbers of people experiencing homelessness in the downtown area. There is no legal mechanism to force anyone experiencing homelessness to use a Service Hub.

Depending on the layout of the Service Hub, another consideration is providing overflow shelter beds. Overflow shelter beds could be accessed when the existing shelters are full, when there is an adverse weather event, and as a place for people to seek shelter in the event of a natural disaster impacting people living outdoors.

Repeatedly through the consultation process, both people that work within the sector and people that work outside the sector indicated it is difficult to know exactly what resources are available, on which days and in which locations, and that it is not always clear how a person can go about accessing a service (drop-in, referral, appointment, etc.). This sense of disconnection from understanding of available resources thwarted the efforts of many parties to advise people experiencing homelessness where to go to get needs met. People with living and lived experience also shared that it is not always clear where to go and what to do to get services.

RECOMMENDATIONS:

2a) Allocate $750,000 in Year 1 of enhanced HPP implementation to undertake renovations to Living Space or to rent/purchase and renovate an alternate location near downtown Timmins to serve as a Service Hub.

2b) Allocate $400,000 in Year 2 and Year 3 for Service Hub staffing and operations.

3- Housing Loss Prevention

Preventing homelessness, whenever safe to do so, is preferable to having a household enter homelessness to receive assistance. Homelessness prevention is preferable for several reasons: it reduces trauma on the household; it saves the system resources that would be needed to serve the household if they were to experience homelessness; it can keep housing more affordable as an in situ tenant almost always is paying less rent monthly than if the unit turns over and the cost of the same rental unit increases; and, it reduces demand on homeless shelters and street outreach. Homelessness prevention is a critical component to the overall system of care.

Housing loss prevention includes eviction prevention but is not limited exclusively to those people that have a legal lease. Prevention services are instrumental to helping some people stay housed with family/friends, or rental situations where they are not the legal leaseholder (for example, living with a roommate but not formally named on the lease).

Research on the matter of prevention has fundamentally changed the way that prevention is understood and what is demonstrably effective.[2] For example, prevention should be targeted to higher-risk households, not lower-risk households. Those households that previously experienced homelessness should be a priority to keep housed. Amongst those people that have not experienced previous homelessness, the priority should be on supporting higher-needs households that have characteristics of the existing chronically homeless population. As the research demonstrates, very few households that were not previously homeless or with lower needs become homeless. Most of those households figure out how to avoid homelessness even when no prevention assistance is provided.

[2] See, for examples:

Burt, Martha R., Carol Pearson, and Ann Elizabeth Montgomery. "Community-Wide Strategies for Preventing Homelessness: Recent Evidence." The Journal of Primary Prevention. 2007; 28(3-4): 213-229.
Evans, William, James Sullivan, and Melanie Wallskog. "The Impact of Homelessness Prevention Programs on Homelessness." Science. 2016; 353(6300): 649-699

Greer, Andrew L., Marybeth Shinn, Jonathan Kwon, and Sara Zuiderveen. "Targeting Services to Individuals Most Likely to Enter Shelter: Evaluating the Efficiency of Homelessness Prevention." Social Service Review. 216; 90: 130-155
Greer, Andrew L. "Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency." 2014. Unpublished dissertation, Vanderbilt University.

Shinn M, Greer AL, Bainbridge J, Kwon J, Zuiderveen S. Efficient targeting of homelessness prevention services for families. Am J Public Health. 2013 Dec;103 Suppl 2(Suppl 2):S324-30. doi: 10.2105/AJPH.2013.301468. Epub 2013 Oct 22. PMID: 24148041; PMCID: PMC3969118.

Prevention, in the context of homelessness services, are activities and supports to help sustain a safe and appropriate place to live when faced with the prospect of no longer being able to live there and becoming homeless. Prevention activities are normally not used as part of an ongoing poverty response. The homelessness response system cannot sustainably bear the burden of supporting all households that experience economic poverty.

Prevention activities should strategically attempt to address inflow into the homelessness response system. Within the CDSSAB context, given the data demonstrates higher rates of homelessness amongst First Nations people off reserve, it would be advantageous to provide resources and staffing to help prevent homelessness on reserve whenever it is safe and appropriate to do so.

RECOMMENDATIONS:

3a) Develop a robust and targeted housing loss prevention program to be implemented across the District.

3b) Allocate $150,000 in Year 1, $200,000 in Year 2 and $225,000 in Year 3 for housing loss prevention workers and flexible funding to help people retain their current housing or be re-housed without entering the homelessness services system in all locations off-Reserve in the District.

3c) Allocate up to $150,000 in Year 1, $200,000 in Year 2 and $223,000 in Year 3 for an Indigenous organization to work with the various First Nations that are interested in having a prevention services worker aid their Nation, to pay for salary, supplies, transportation, and annual operating costs.

4- Paramedicine Integrated with Street Outreach, Shelter, and Housing Support Services

The health needs of people experiencing homelessness in the community are profound, especially amongst those that have high acuity and experience chronic homelessness. In the current environment, those health needs are either being unmet or placing an undue burden on paramedic and hospital services. It is also acknowledged that there is a considerable shortage of nurse practitioners and physicians in the community. An opportunity exists in this current reality to take the lessons learned through other paramedicine efforts in the community and apply them specifically to better meeting the health needs of people experiencing homelessness or housing instability.

A partnership between the CDSSAB, Timmins Area and District Hospital and the Canadian Mental Health Association has resulted in an application for addiction funding through the Health Innovation Fund. If the application is successful it will result in additional resources to supplement the recommended actions contained in this plan, including moving up the implementation of this part of the plan from Year 3 to Year 2.

The deployment of paramedicine to respond to health needs in the context of this plan is five-fold:

1. Have one or more paramedics partner with one or more existing street outreach team to provide street-based paramedicine to people that are unsheltered or street involved;
2. Have one or more paramedics partner with The Living Space to provide dedicated hours of paramedicine to the largest shelter in the community;
3. Have one or more paramedics partner with Canadian Mental Health Association in providing paramedicine supports to formerly homeless individuals that have transitioned into housing;
4. Have one or more paramedics partner with the Supportive Housing to provide paramedicine to those that move into the new housing opportunity;
5. Have one or more paramedics partner with the Service Hub to provide paramedicine in that facility.

None of the deployments noted above are expected to be full time hours in any one facility. Time of the paramedics would be allocated across the various environments based upon operational needs of those programs.

Key to this opportunity is the notion of partnership. This is not about creating a new stand-alone paramedicine program. It is about integrating paramedicine into existing services where needs, as well as trust and rapport, are already established by homelessness services and housing stability support providers.

RECOMMENDATIONS:

4a) Develop and implement a robust paramedicine program to integrate with other service providers in the CDSSAB to better meet the health needs of people experiencing homelessness or who were previously homeless.

4b) Allocate $250,000 for staffing and operational costs annually for the integrated paramedicine program starting in Year 3 of plan implementation.

5- Transitional Housing

Requiring an individual to live in transitional housing first as a condition of progressing towards permanent housing runs contrary to the Housing First approach. However, transitional housing can be an important option for people, so long as it is not a requirement. Furthermore, transitional housing can be invaluable when meeting the accommodation needs of people returning to community from incarceration or residential substance use recovery treatment. Transitional housing can also serve as a bridge between shelter and permanent housing for individuals with more acute needs who want a transitional housing opportunity to get them out of shelter while working on more permanent solutions.

To make transitional housing work most effectively it must allow for customizing support services to each resident rather than a homogenized program approach that requires each resident to go through the same steps to receive supports. For example, one resident of transitional housing may benefit from life skills assistance in learning how to clean; but that doesn't mean every single resident needs to learn life skills associated with cleaning.

Everyone that uses transitional housing does not benefit from it for the same length of time. Efforts should be made to ensure lengths of stay in transitional housing are of as short a duration as necessary for the person to feel stable and move towards permanent housing. While transitional housing legally and technically allows for multiple years of staying in the housing, that doesn't mean a person should be expected to stay the full length of time.

Different models of transitional housing offer different levels of staffing support. Some transitional housing models offer 24/7 staffing, while others offer daytime and evening supports with a resident monitor or security available in the overnight hours. The staffing and support model is informed by the size of the transitional housing building and the depth of need of the residents.

Importantly with transitional housing, supports must be able to follow the person into the community after their transitional housing stay. Transitional housing does not automatically make someone fully ready for independent living without supports. Connections between the supports provided in transitional housing and community-based supports that can continue to work with the person is critical.

RECOMMENDATIONS:

5a) Allocate $2,300,000 spread across three years of HPP implementation to create at least 6 units of Transitional Housing in the District through:

1. Acquisition and rehabilitation of an existing motel or multi-unit residential building;
2. Master leasing of existing rental accommodation or motel;
3. Repurposing and dedicating an existing community housing building or part thereof;
4. Purchasing and renovating a cluster of single-family homes within proximity of each other;
5. New construction.

5b) Starting in Year 3 when the Transitional Housing is open, invest a pro-rated amount of $219,500 in operations.

6- Indigenous-led Scattered Site Follow-up Support and Reunification Services

Acknowledging that four out of five people experiencing homelessness in the District identify as Indigenous, and that many are from First Nations within the service area of the District, there is an opportunity to provide an Indigenous-specific follow-up support and reunification service for Indigenous people experiencing homelessness.

Assisting people in staying housed after they have made the transition from homelessness to scattered site apartments will remain the primary function of the follow-up supports. However, this can be augmented with engagement with Elders, Knowledge Keepers, and Medicine People, as well as land-based teachings, cultural practices, and access to counselling to help work through present day and historical traumas.

The other opportunity through this program is to assist people that have come to urban areas within the District that want to return to their First Nation to reunify. The reunification process can include conversations, mediation, and healing with the home community, as well as practical aspects like transportation back to the First Nation and resettlement expenses if they move back.

RECOMMENDATIONS:

6a) Allocate $361,000 in Year 1, $461,000 in Year 2 and $461,000 in Year 3 to one or more Indigenous-led non-profit organizations in the District to design and provide scattered site follow-up support and reunification services, and cover salaries, honoraria, program supplies, and operating costs

SEQUENCING IMPLEMENTATION OF THE INVESTMENTS IN THE RECOMMENDATIONS

Three of the recommendations (Supportive Housing, Transitional Housing and the Service Hub) have both capital and operating costs that need to be considered when sequencing the implementation of the recommendations. As such, the implementation of various initiatives are recommended to be staggered in implementation over the three year commitment of the enhanced HPP funding.

YEAR ONE

Continuing Existing HPP Investments	$2,180,500
Housing Loss Prevention	$300,000
Indigenous-led Scattered Site Follow-up Supports and Reunification	$361,000
Capital Investment in Service Hub	$750,000
Capital Towards Transitional Housing	$250,000
Capital Towards Supportive Housing	$2,219,500
TOTAL	$6,061,000

YEAR TWO

Continuing Existing HPP Investments	$2,180,500
Housing Loss Prevention	$400,000
Indigenous-led Scattered Site Follow-up Supports and Reunification	$461,000
Service Hub Operating	$400,000
Capital Towards Transitional Housing	$400,000
Capital Towards Supportive Housing	$2,219,500
TOTAL	$6,061,000

YEAR THREE

Continuing Existing HPP Investments	$2,180,500
Housing Loss Prevention	$450,000
Integrated Paramedicine Supportive	$250,000
Housing Operating	$450,000
Indigenous-led Scattered Site Follow-up Supports and Reunification	$461,000
Service Hub Operating	$400,000
Capital for Transitional Housing	$1,650,000
Pro-rated Transitional Housing Operating	$219,500
TOTAL	$6,061,000

ALIGNMENT TO PROMISING AND BEST PRACTICES

The Service Manager and community-based organizations funded to serve and support people experiencing homelessness and people that have recently exited homelessness have been working towards the implementation of various promising and best practices in recent years. This has been occurring through training, policy development and program implementation. Realizing the full benefits of promising and best practices takes time. Implementation of promising and best practices across the system of care to a community-wide scale does not happen overnight.

Voluntary Services Access Through Informed Choice

Services for people experiencing homelessness are voluntary. People are not forced, tricked, bargained with, bribed or cajoled into accepting any service. After a service is robustly explained, service providers seek informed consent for the person to participate

The primary tool that service users deploy for people hesitant to consider change is Motivational Interviewing. This technique relies upon drawing forth an individual's own motivation to change and supporting the individual through both deliberations and actions. This has proven to be more successful than demanding participation or "tough love" approaches to supporting people.

Sharing Relevant Information Across Service Providers Involved in Preventing and Ending Homelessness with Appropriate Releases of Information

To break through silos and to operate as a system of care rather than a collection of individual projects, it is important that the system of care have a shared approach to seeking consent and getting explicit approval from a program participant to share information across service providers. This decreases the potential trauma of a person having to tell their story repeatedly. It also improves communication and sense of shared responsibility across service providers.

Service Orientation

Professional service delivery to people experiencing homelessness adheres to a very specific service orientation. The service orientation, which helps differentiate professional services from voluntary or charitable service, places higher expectations on staff to be trained and provide services in a very specific manner that is empowering, resists re-traumatizing people, and advances the objective of ensuring homelessness service delivery is as short as possible before realizing a permanent solution. Succinctly, the service orientation requires organizations to perform their duties in a manner that is:

Trauma-informed

Progressively engaging

Harm reducing

Strengths-based

Person-centred

Non-judgmental and compassionate

Culturally appropriate and safe

Motivational

Embracing and Practicing Housing First Principles

The approach to ending homelessness that is proven to get the best results and has the strongest evidence base is informed by five core principles:

1- No housing readiness requirements

There are no preconditions for housing such as participation in life skill training or budgeting classes. Participants do not need to be sober, attend treatment of any kind, participate in mental health care, or take medications unless it is their personal choice, but is not a requirement of the program. Participants do not need to be employed or produce financial records of any kind in order to participate in the services (though landlords/non-profit housing providers may require proof of income and different forms of financial records as part of the application process for housing). Participants do not need to complete volunteer hours of any kind in order to qualify for the program. Housing is not used as a reward for favourable behaviour while experiencing homelessness. Participants do not need to demonstrate gratefulness or be nice in order to participate in the program.

2- Empowered personal choice of participants

Decisions are made by program participants. Decisions are not made for program participants. Informed choice is paramount to service design and service delivery. Knowledge may be transferred and framed by supports for consideration by the program participant, but not so as to lead the program participant in any particular direction of their choice. Predictable outcomes or consequences of certain choices may be discussed prior to decisions being made by the program participant. Regardless of the housing market, housing options are offered as a choice rather than program participants being placed into housing. Program participants are not punished or reprimanded nor do they experience reduced or cancelled service as a result of choosing not to select any particular housing unit that is shown to them.

3- Recovery

First and foremost, Housing First is aligned to the philosophy and practice of mental health recovery, and actively promotes whole-person wellness. Recovery may be expanded to encompass things like, but not limited to: supporting people to recover from their homelessness; connecting people to appropriate professional resources to help people recover from trauma; helping people engage in meaningful activities to recover a sense of purpose, capabilities, and self-esteem; assisting people in stabilizing their income and finances to recover economic stability; and, supporting people in their substance use recovery, whether the person chooses Harm Reduction or abstinence and sobriety.

4- Person-centred and participant-driven goals with personalized supports

Goals are not predetermined for program participants. Based upon the unique strengths and support needs of the individual, as defined by the program participant, a unique case plan is created to guide the completion of tasks to realize stated aims. It is unlikely two people receiving services through a Housing First approach would have identical case plans. In addition to housing stability, case planning is focused on whole-person wellness and overall life stability. Supports adapt to meet the needs of the household receiving services rather than expecting the person receiving services to change in order to receive services. Housing First, as an approach, is a completely non-judgmental approach to service delivery. Participants are not threatened, coerced, forced, bargained or bribed to create or realize established goals, nor is there expected compliance with addressing certain goals and support needs in a particular order.

5- Social and community integration

It is referred to as "Housing First", not "Housing Only". The approach requires assisting the household in connecting to other community-based resources, as well as connecting to meaningful daily activities and opportunities to expand one's social network and informal supports. Program participants should not be housed and left in complete isolation. Integrating socially and within their new community is an intentional process. Opportunities can be a combination of social or community opportunities exclusively for formerly homeless people, or can be part of the broader community and open to everyone. Low and no cost services are most often preferred and necessary.

Understanding Homelessness Amongst Indigenous Peoples and a Culturally Appropriate Response

Indigenous Peoples throughout the country have been impacted by many historical policies and practices such as the Sixties Scoop and Residential Schools which has caused trauma, including intergenerational trauma. Indigenous Peoples throughout the country are over-represented in populations of people experiencing homelessness. This is directly related to historical exclusion, policies and practices, as well as present day stigma and discrimination. To better understand how homelessness and housing instability for Indigenous Peoples is different than homelessness and housing instability for other populations, Jesse Thistle's 12 Dimensions of Indigenous Homelessness can be a helpful framing:

Support services provided to Indigenous Peoples must be culturally appropriate and culturally safe. In most instances, it is better for Indigenous Peoples to be served by another Indigenous person, and most ideal is for the person providing support services to have shared culture with the person being served. For example, better that a person who has lineage of the Cree to be served by another person with Cree lineage than, say, the support worker being Metis or Inuit. Cultural connection can be an important part of supports and feelings of safety.

Why Data is Important and How HIFIS Assists the Community

Data drives performance in an effective community response to homelessness. Data is used not just to account for what has happened, but also used to drive what will happen next based upon what is occurring in the system of care or what is happening in particular parts of the system or with particular population groups.

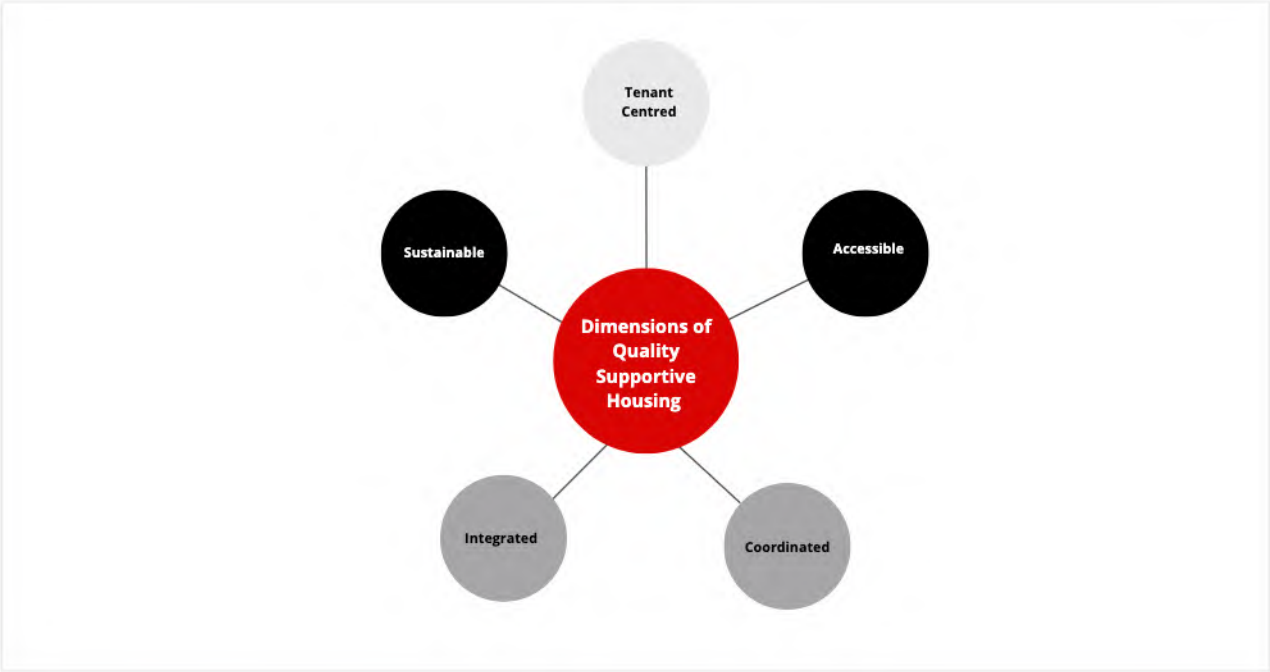
The CDSSAB, like most communities in the country, uses the Homeless Individuals and Families Information System (HIFIS) created and supported by the Government of Canada. Every organization serving people experiencing homelessness or housing instability use the same data system to record their efforts, outputs and outcomes. The Service Manager can pull system-level performance data from the HIFIS system.

Quality Supportive Housing

While the personally anticipated outcome of each tenant in supportive housing can be unique to the person being supported, as a concept supportive housing focuses on five core outcomes:

CORE OUTCOME SOUGHT	DESCRIPTION OF OUTCOME
People do not return to homelessness or housing instability	Supportive Housing goes to great lengths to help ensure the household does not return to homelessness again. Even if the household needs to move, the intention is to have a seamless move from one address to another without a period of homelessness in between. The type, duration, frequency and intensity of support services are provided all share the same purpose: to help the household stays housed.
People believe their overall health improves (physical health, mental health, and/or addiction)	Improvements in overall health can include stabilization of a health condition, access to treatment or supports for a health condition, improved education and strategies for responding to a health condition, and/or lessening harm associated with a health condition. In Supportive Housing, health assistance can be provided "in house" or by connecting households to "mainstream" health and community resources. With a stable roof over one's head and enhanced affordability, it is hoped that people can make informed choices in their health care and reap the benefits of that access to health care.
People are satisfied with the quality of supports	Households receiving support services in housing have an active voice in determining what type(s) of support they want, how often they want to receive those supports, how long the supports will last, and how intense the support assistance will be.
People are satisfied with the quality of supports	Housing provided to households in need of supports must be affordable. Most often the rental amount is relative to the amount of gross monthly income the household receives, usually from social assistance. People should feel the housing is as affordable as possible, and that they dwelling is in good condition with all aspects of the dwelling in good working order.
People are socially connected	Support staff, peer supports workers, and recipients of support services work collaboratively to create meaningful opportunities for socio-recreational engagement. This can include a broad range of activities, from acknowledging birthdays and seasonal holidays to partnering with the local senior's centre or other day services to expand tenant's social connections.

In 2013, the US non-profit Corporation for Supportive Housing (CSH) developed Dimensions of Quality Supportive Housing. Based upon their expertise with supportive housing, they identified five dimensions of quality supportive housing:



When Transitional Housing Makes Sense

Historically, transitional housing was applied primarily to people that were experiencing chronic homelessness as a stepping stone to permanent housing. The thinking was that chronically homeless individuals needed "practice housing" to learn life skills and the responsibilities of being a tenant. While control group studies demonstrated this was not as effective as originally theorized, there are still opportunities to infuse supportive transitional housing within the system of care to meet the needs of specific population groups. Transitional housing can be selectively applied to the needs of the following population groups:

- Youth experiencing homelessness or ageing out of care;
- People exiting incarceration that lost their housing during their incarceration or who were homeless prior to their incarceration;
- People exiting a health care facility that still require some recovery time, but no longer need intensive health supports, who either became homeless during their hospitalization or were homeless prior to their hospitalization; and,
- People who have finished a residential substance use recovery program who were homeless prior to their entry into the substance use recovery program.

Supporting People in Permanent Accommodation

There are three evidence-informed approaches to supporting people that have exited homelessness that get better results than any other approach to supporting people in housing, as proven through control-group studies. The three approaches are Critical Time Intervention; Recovery-oriented, Housing-focused Intensive Case Management; and, Recovery-oriented, Housing focused Assertive Community Treatment.

Understanding Critical Time Intervention (CTI)

CTI is a time-limited case management model designed to aid people exiting homelessness, recognizing that the transition period from homelessness into housing can be difficult. During the transition period, many people with experiences of homelessness struggle to re-establish themselves in stable housing and need extra supports. The CTI model provides both emotional and practical supports during the critical time of transition, and operates through three phases:

PHASE	Transition to Community	Tryout	Transfer of Care
TIMING	Months 1-3	Months 4-7	Months 8 & 9
PURPOSE	Specialized support and implement a transition plan	Facilitate and test the ability of the program participant to solve problems	Wind down transition services with longer-term community-based support services in place
ACTIVITIES	• Home visits • Appointment accompaniment • Meetings with caregivers • Provides support • Mediates conflicts	• CTI worker observes operation of support network • Network of supports modified as necessary	• CTI worker affirms roles of support network • Process of longer-term goal-setting begins • Conducts transfer of care meetings

CTI works very well for households with moderate needs. There is a strong reliance on connecting people that have experienced homelessness to other longer-term community-based supports, like mental health services. The availability of those other services to refer into is critical to the success of CTI. Without other services available in a timely fashion, transferring care to a support network is impossible.

Understanding Recovery-Oriented, Housing-Focused Intensive Case Management (ICM)

ICM is an approach to supporting people with moderate to higher needs. Like CTI, ICM spends considerable focus on helping people through the adjustment phase of moving from homelessness to housing when the investment of time and expertise of the case manager can be critical for stability in housing and longer-term success. The support during the transition is more intensive than what is found in CTI because of the increased complexity of the presenting needs on the part of the program participant.

ICM tends to be a longer engagement between the case manager and the program participant than CTI. Many ICM households receive supports for up to 24 months - and some program participants even longer. While assisting the household in connecting other community-based and mainstream supports, the ultimate goal is that the household stays housed and achieves the greatest amount of independence possible.

PHASE	Housing Stabilization	Support Planning & Action	Self-Awareness & Self-Management	Monitoring & Exit
TIMING	Months 1-3	Months 4-16	Months 17-20	Months 21-24
PURPOSE	Specialized supports for the transition from homelessness to housing	Setting goals, identifying tasks, taking action and building connections to other community and mainstream resources	Reflection on skills development and stability, taking more independent initiative in setting and realizing goals	Wind down services delivered by the case manager while ensuring community and mainstream connections remain intact
ACTIVITIES	• Home visits, often weekly or multiple times per week • Basic needs • Enhancing safety • Crisis planning • Preliminary budgeting • Provides support • Mediates conflicts • Establishing and enforcing boundaries related to visitors	• Home visits, usually once every week or once every two weeks • Goal setting and planning actions to realize goals • Referrals and system navigation • Appointment accompaniment • Enhancing meaningful activities and social occupation • Increasing/ stabilizing social network	• Home visits, often monthly sometimes with contact in between via phone • Skills inventory • Trouble-shooting community connection difficulties • Planning for exit from intensive supports • Setting goals and acting independent of supports	• Update and implement exit plan • Transfer of care meetings and case conferences

The ICM approach can be applied in scattered site housing with supports or in site-specific supportive housing. The ICM case managers can be supplemented with health, mental health and/or addiction workers as part of an integrated team.

Understanding Recovery-Oriented, Housing-Focused Assertive Community Treatment (ACT)

The ACT approach is intended for program participants with the most acute needs. Supports can last indefinitely. Access to supports is available 7 days per week, 24 hours per day. The comprehensive community-based supports help people with the most complex and co-occurring needs stay housed.

ACT teams are multi-disciplinary. Frequently, ACT teams consist of professionals and peer supports. The professions include clinical/medical staff such as psychiatrist, doctor, nurse, nurse practitioner, and addiction specialist. Also on the team are generalist case managers and staff with expertise in housing.

What is novel about the ACT approach is the community-based nature of the service provided. Whereas the traditional approach to receiving most health services is for the patient to go to a clinic, office or hospital, in ACT the disciplines comes to the person. Referrals and connections to other parts of the health system are improved through this approach, as well as improving direct health outcomes for persons receiving services.

ACT is very intense. Not only is the team mobile, meeting program participants in their homes, but the services are available such that a team member can see each program participant once per day. A team member is always available 24 hours per day. Staff to participant ratios are most often 1 ACT team per 10 program participants.

The ACT approach has considerable evidence to support its use. Even with the higher cost of service delivery per person, because the people served tend to be higher service users (hospital visits, EMS engagement, police engagement, court engagement, etc.) prior to their housing and supports, there can be considerable cost savings to the broader community once these interactions decrease when in stable housing with adequate supports.

While site specific supportive housing can have multi-disciplinary supports, it is rare that an actual ACT team is used to provide the ongoing daily supports in site specific supportive housing. Almost all of the work of ACT teams supports people in scattered site housing.

Housing-focused Street Outreach Services

Street outreach is a community-based activity where trained, professional street outreach workers engage with people who are living in unsheltered situations or dwellings not fit for permanent human habitation. Through the engagement, the street outreach worker aims to meet immediate needs while focusing on permanent solutions to the household's homelessness.

Historically many street outreach programs in Canada have focused on rapport building and addressing immediate needs, but have not been as focused on helping the person experiencing unsheltered homelessness find a permanent solution to their homelessness. Furthermore, many street outreach programs have treated street outreach as entry-level positions, when the reality is that street outreach programs are most effective when highly trained, experienced professional staff are necessary to work through a broad range of complex impediments to the person accessing housing, homelessness services like shelter, or other assistance like income supports or health care.

Street outreach is a community's first line of response to homelessness encampments. Since the start of the pandemic, encampments have been on the rise throughout much of Canada. Even smaller communities and suburban communities that have not historically had encampments have seen encampments start, and other communities that have only occasionally seen encampments and they have historically been small have seen more encampments and larger encampments. The CDSSAB is not immune to encampments. Not only does it speak to the need for coordinated, professional street outreach services, it also speaks to the need to ensure shelters are capable of best serving people with higher needs (especially cooccurring mental illness and substance use), and the need for more specialized supportive housing for people to be able to exit encampments for housing with the necessary supports to stay housed.

Housing-focused Shelter Services

Shelters, for many decades, were used as places where people were offered services and programming to get them ready for housing. Shelter was treated as a destination in and of itself rather than the place where stays should be as short as possible as the person, couple or family transitions back to permanent housing quickly. Historically, the thinking was that people needed to overcome whatever issued caused their homelessness prior to moving forward with housing. The thinking was that people's situation needed to be fixed or the person needed to be healed in order to be ready to be housed independently. However, over the past decade there has been a movement towards ensuring shelters are housing-focused and that people are assisted in exiting shelter as rapidly as possible to return to housing. This approach has been endorsed by the National Alliance to End Homelessness (USA), the Canadian Alliance to End Homelessness, and the Canadian Shelter Transformation Network.

Shelters are a very important component of the overall system of care when it comes to meeting immediate needs and assisting people in moving forward out of homelessness. While in shelter, it is important that there is deliberate, intentional contact with shelter guests on a frequent basis to promote exiting homelessness. Whenever possible, people should be assisted in exiting shelter before their duration of homelessness classifies them as chronically homeless.

Active Day Services

Day services include the likes of drop-in centres, meal programs, and clubhouses for people living with Serious Mental Illness. Outside of the shelter environment, a day service can be instrumental in meeting daily needs and providing an opportunity for social connections. Day services tend to be most important in communities with high unsheltered homeless populations, large numbers of people who are housed but street involved, and communities where shelter is only open in the evening and overnight hours, or do not offer meal programs or structured day programming.

Day services present another opportunity for engagement to resolve homelessness for a household. However, staff within the day service need to be actively engaged with service users and have the ability to have intentional conversations about housing and the process of getting housed. Otherwise, day services miss opportunities to assist what is often a captive audience.

CLOSING

The goal throughout the Cochrane DSSAB is to make homelessness rare, and if it does occur, ensure that it is of a short duration and not repeated. Achieving this aim requires strategic investment of enhanced HPP resources to address service gaps, commitment in implementing programs and services aligned to best and promising practices, and continuous improvement. It requires adherence to a shared aim throughout the entire community, with entities across various systems working collaboratively to respond most effectively to homelessness.

While service improvements have been happening incrementally in recent years, the enhanced HPP investment in the community provides the unique opportunity to accelerate change and address service gaps. This plan identifies – based upon input from a broad range of interested and affected parties in the community and people with lived experience – what is needed and the amount of investment required to achieve even better results in responding to homelessness.

Moving forward, the community needs to create more supportive housing. There is the need for housing with 24/7 support services for people with the deepest needs. The community needs a Service Hub to better meet the needs of sheltered and unsheltered people experiencing homelessness, as well as better engage people at-risk of homelessness. The community needs robust, strategic and targeted housing loss prevention services to decrease the volume of households entering homelessness. The community needs integrated community paramedicine services to decrease the impact of homelessness on existing health services, while improving the overall wellness of people experiencing homelessness. The community needs transitional housing to better assist specific population groups. The community needs Indigenous-led scattered site follow-up support services and reunification services. Implementing and bringing these initiatives to scale while continuing to improve existing services like shelter services and housing support services should begin to address the rising rate of homelessness throughout the Cochrane DSSAB. Things will not reverse course immediately, but over the next few years of implementation the state of homelessness across the Cochrane DSSAB should be on a trajectory to realizing the core long-term aim of ending homelessness.