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ORGCODE CONSULTING INC.

A RENEWED HOMELESSNESS AND HOUSING SUPPORT SERVICE SYSTEM FOR THE REGIONAL MUNICIPALITY OF DURHAM



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LAND ACKNOWLEDGEMENT

The land upon which this report pertains is the traditional territory of the Mississaugas of Scugog Island First Nation and is now home to many diverse First Nations, Inuit, and Métis Peoples. The lands are covered under the Williams Treaties and the traditional territory of the Mississauga, a branch of the great Anishinaabeg Nation, including Algonquin, Ojibway, Odawa and Pottawatomi. We acknowledge this land out of respect for the Indigenous nations who have cared for Turtle Island, also called North America, from before the arrival of settler peoples until this day.

AUTHORSHIP

This document was prepared by OrgCode Consulting Inc. Data and information used in the report was provided by a range of sources, including the Region of Durham. All sources of data are noted throughout. Errors in analysis of data, when conducted by OrgCode Consulting Inc., are the responsibility of the author.

INTRODUCTION

Homelessness in the Region of Durham has increased in recent years. The pandemic, coupled with a red hot housing market and insufficient income assistance rates has resulted in more demand on shelter, more people living in unsheltered situations unfit for permanent human habitation, and more people unable to locate housing they can afford. The strain on the system of care is immense. The impact on human life cannot be understated. Without strengthening the response to homelessness and improving supports to people that formerly experienced homelessness to sustain housing, the situation in the Region will become increasingly dire.

OrgCode Consulting Inc. was retained by Durham Region to facilitate the development of a renewed homelessness and housing support service system. Working alongside a systems planning committee comprised of a range of community stakeholders and Regional staff, OrgCode completed a review of available data, reports and documentation, gathered input from over 500 people, and examined current performance and system design. Alignment to main currents of thought and practice, evidence-informed and evidence-based practices, and best and promising practices was explored. The work, culminating in this report, took eight months to complete.

Undoubtedly, attention to homelessness and lack of appropriate housing options has been top of mind for many people, organizations, elected officials, and public servants throughout the Region. The direct impacts have been experienced by first responders, homelessness service providers, businesses, and people using public spaces and public amenities like libraries in the Region. Some people are very compassionate and want to see homelessness prevented, reduced and ultimately ended. Others see homelessness in the Region as a social nuisance where they believe it would be best to sweep the problem to Toronto. It is also clear that street involved activity is being viewed as homelessness exclusively when it is not, which means the perception of the homelessness situation is likely viewed as worse than it is. However, there is no denying that demands for homelessness services and housing that is affordable and supported is surpassing the availability of those resources. Charity is not going to resolve the homelessness situation in the Region. It will require a structured and strategic approach to incrementally make improvements, while taking steps to reduce inflow into homelessness.

This report reviews the methods and approach taken to complete the collective system planning work, outlines the current state of the system of care, identifies the proposed future state, and provides the service and accountability measures that should be taken to realize the desired future. In conclusion, the report makes 24 recommendations for consideration by the Region as well as its funded and non-funded partners going forward.

METHODS AND APPROACH

Completing this assignment included the following:

- A community survey completed by 445 respondents;
- 17 key informant interviews regarding the system of care
- 44 interviews with people experiencing homelessness in the Region
- Working with a 24 member systems planning committee of stakeholders identified by the Region, including direct service agencies funded through the Region as well as other health and social service providers that do not receive funding from the Region
- A review of the following documents and data:
 - Point in Time Enumeration results 2017, 2018 and 2021
 - Data and reports from the Homeless Individual and Family Information System (HIFIS)
 - Data submitted by the Region as part of the Region's participation in Built for Zero Canada
 - Various Council and Commission reports
 - Homelessness committee minutes
 - Shelter Population and Stay Statistics
 - Cumulative Shelter Bed Nights Data
 - Homelessness Portfolio Data Plan

- Previous Expressions of Interest and Requests for Proposals

Each step of preparing this report was vetted through the Systems Planning Committee and the Region. Discussion, debate and input was welcome from all stakeholders.

AN OVERVIEW OF THE CURRENT STATE

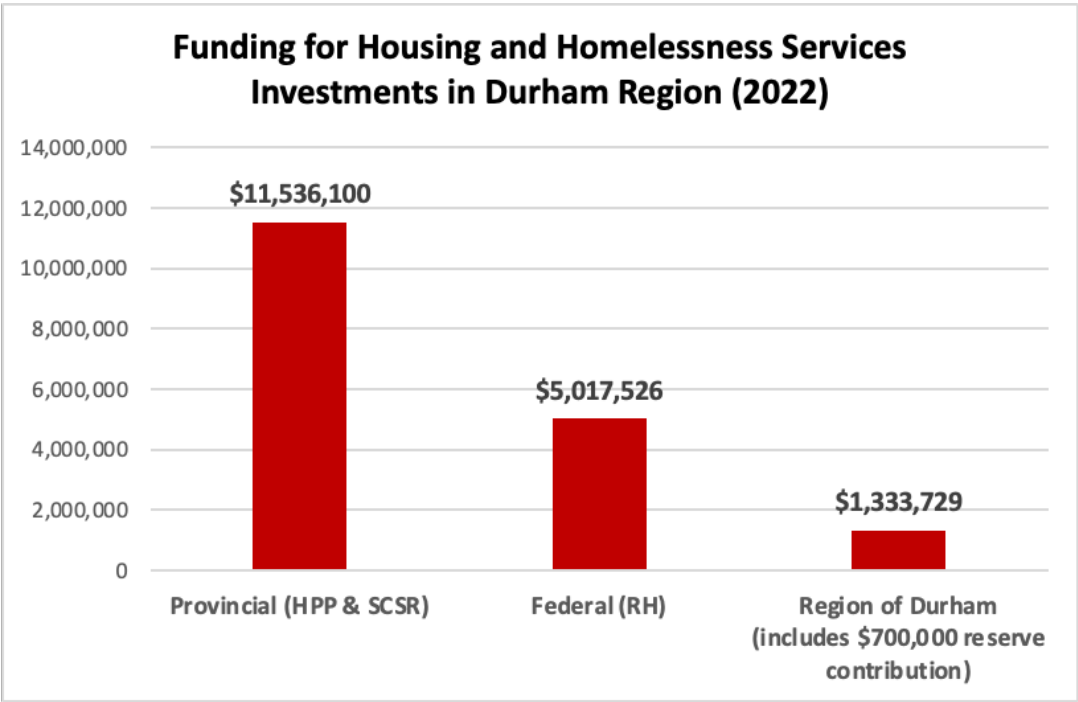
ROLE OF THE SERVICE MANAGER

There are 37 Consolidated Municipal Service Managers (CMSM) comprised of single tier or upper tier (Regional) municipalities, and 10 District Social Services Administration Boards (DSSAB) across Ontario's north. Each CMSM and DSSAB is the service manager for homelessness response in their respective communities. As the service manager, it is the responsibility of the CMSM/DSSAB to plan the homelessness response system in partnership with the community, develop policies related to the homelessness services, and receive and allocate funding from all orders of government to aligned with local strategic objectives and best practices related to preventing and reducing homelessness. The service manager is also responsible for collecting data from service providers and reporting out on that data to appropriate entities, including other orders of government.

The Region is the CMSM. The work on homelessness led by the Region occurs through Social Services. Under the leadership of the CMSM, there are more than 20 non-profit organizations that receive provincial or federal funding throughout the Region to deliver homelessness and housing support services. The Region is responsible for monitoring both the use of funds and the performance of the organization in delivering services.

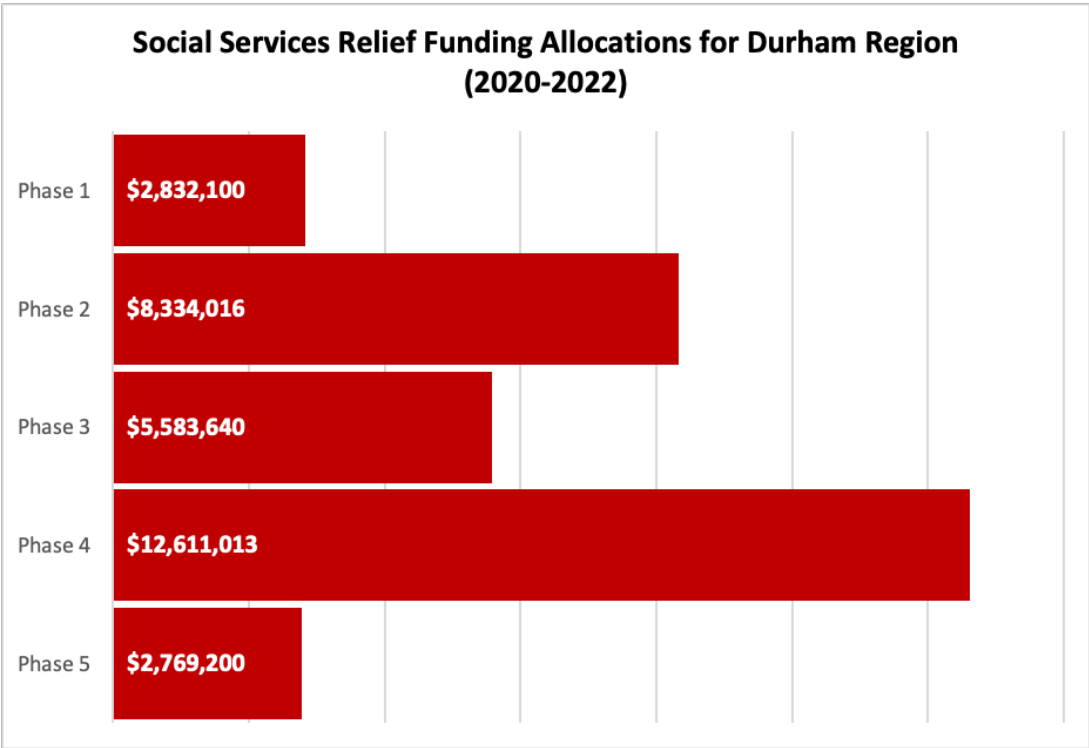
INVESTMENTS IN THE HOMELESSNESS AND HOUSING SUPPORT SYSTEM OF CARE FROM ALL ORDERS OF GOVERNMENT

Both the provincial and federal governments are the primary funders of homelessness services in communities throughout Ontario. To operate programs, the main provincial program is the Homeless Prevention Program, until recently known as the Community Homelessness Prevention Initiative (CHPI). The federal program is Reaching Home. For both the provincial and federal funding there are certain types of programs and services that are eligible, and there are performance data requirements that must be reported back to the respective order of government to help measure outcomes and impacts. For example, with Reaching Home there is an expectation that funded activities will result in decreases in chronic homelessness and a reduction in homelessness amongst Indigenous Peoples in the next few years.

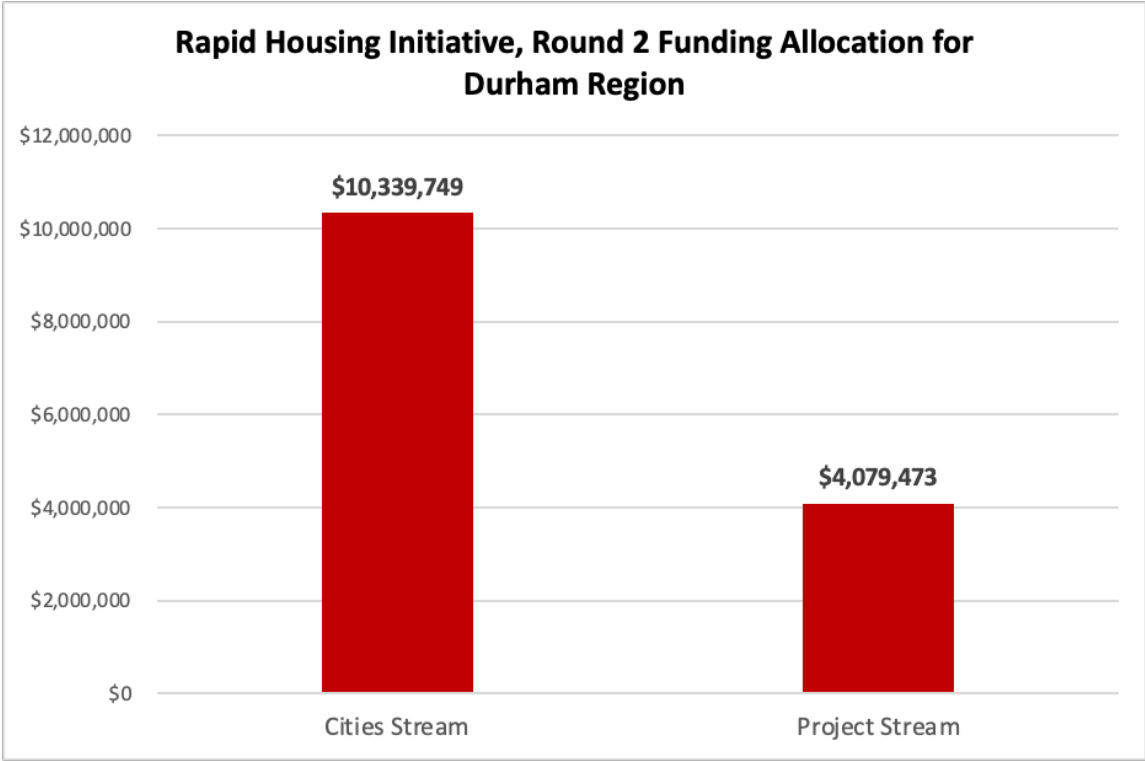


On top of these program related funds, there have been other initiatives launched by other orders of government during the pandemic. One is the Social Services Relief Funding (SSRF) and the other is the Rapid Housing Initiative (RHI).

In response to the impacts of the global pandemic, The Province of Ontario has released, to date, five rounds of Social Services Relief Funding (SSRF). The intention of the funding has been to serve vulnerable populations, including people experiencing homelessness. The funding could be used for personal protective equipment, add to rent banks, build affordable housing, and support plans to prepare for future outbreaks and/or emergencies. The chart below identifies the SSRF allocations dedicated to Durham Region.



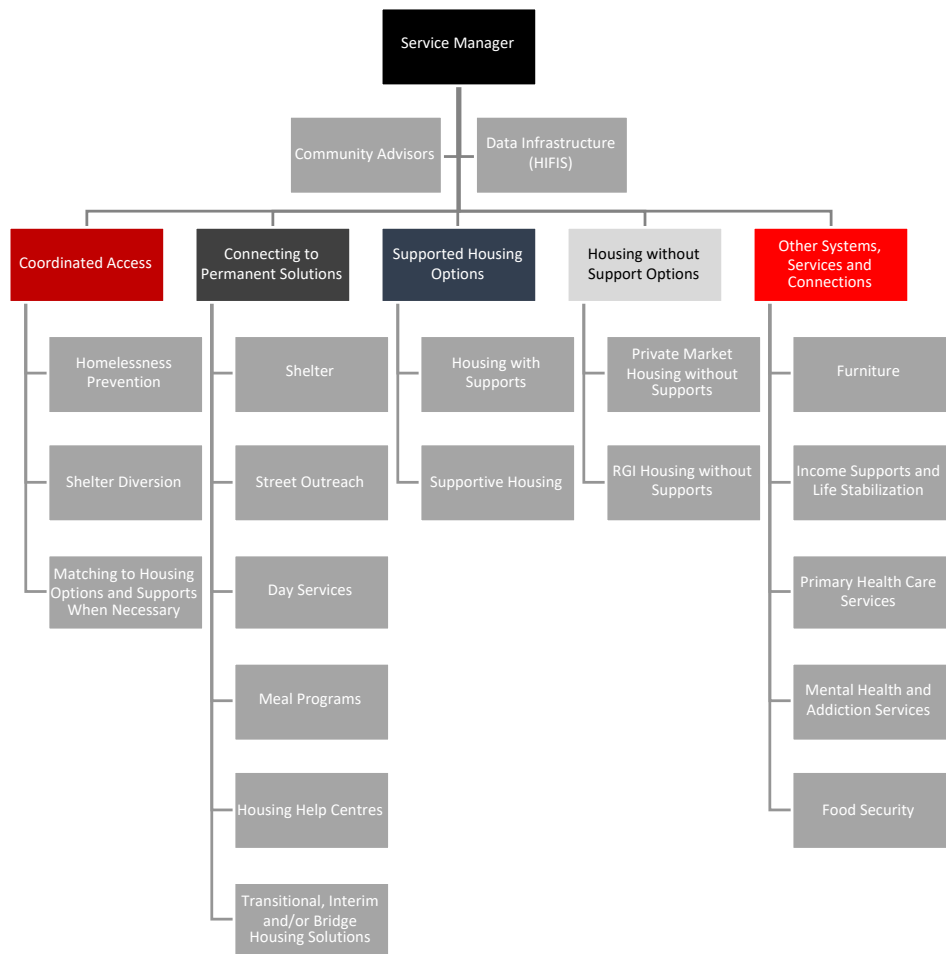
The federal government, through CMHC, has released two rounds of Rapid Housing Initiative (RHI) investments. RHI 1 and 2 provided capital contributions under a “Cities Stream” and a “Projects Stream”. The Region of Durham received funds in Round 2. The purpose was to expedite the delivery of affordable housing. The funding could be used to support the creation of new permanently affordable housing units. As part of the RHI, funds could be used to cover the cost of construction for new builds, acquire land for the purpose of affordable housing, and/or support the conversion/rehabilitation of existing buildings to affordable housing. RHI had a tight timeline (the emphasis on “rapid”) expecting completion of the affordable housing within 12 months.



OUTLINING AN UNDERSTANDING OF A SYSTEM OF CARE IN RESPONDING TO HOMELESSNESS AND HOUSING INSTABILITY

A homelessness response system is how programs and services are organized and funded to meet the objective of preventing and reducing homelessness. The system identifies the roles of the service manager and non-profit community partners, the accountabilities and expected outputs and outcomes for investments made, and the connections to other systems and supports that also support people experiencing homelessness. The Region of Durham is the Service Manager for the homelessness response system.

The homelessness response system should be designed and implemented with the following components:



WHAT PEOPLE EXPERIENCING HOMELESSNESS HAD TO SAY

On December 20, 21, 23, 27 and 28, 2021, people experiencing homelessness at homeless service facilities, near homeless service facilities, and in encampments in public spaces were offered the opportunity to engage in an interview about the state of homelessness response system - what is working, what is not working, their interest in housing, their perceptions of various services, and what they would do differently if they were in charge of the homelessness response system in the Region. Altogether, 44 people agreed to be interviewed (37 men and 7 women - none that identified as transgender, gender fluid or non-binary), and each of the people that agreed were provided a \$10 gift card from Tim

Hortons for their participation. Of the 44 people that agreed to be interviewed, 31 were staying in shelters, 8 were staying unsheltered, 3 did not know where they would be staying the night they were being interviewed, and 2 did not want to share where they would be staying. Three interviews occurred in Whitby, 27 interviews occurred in Oshawa, and 14 interviews occurred in Ajax.

WHAT PEOPLE EXPERIENCING HOMELESSNESS IN THE REGION FEEL IS WORKING WELL

Interviewees had the most praise for staff in non-profit organizations throughout the Region. Staff were described as compassionate. People experiencing homelessness acknowledged that working during the pandemic has not been easy on staff, and it was noted amongst people experiencing homelessness that they have seen more staff turnover during the pandemic.

Interviewees were pleased with the ability of the system of care to meet basic needs. Access to clothing and food were mentioned frequently. A smaller number of people interviewed saw social connection as a basic need and were grateful that there were still opportunities connect during the pandemic.

Amongst those interviewed, it was noted - especially amongst respondents in Ajax - that smaller shelters are working well. Smaller shelters were viewed much more favourably than other larger shelters in the Region (and elsewhere). Of those participating in the interview that stayed in Toronto shelters as well as shelters in Durham Region, the smaller shelters in the Region were viewed much more favourably.

Libraries were seen as a critical resource by almost all people interviewed. Library staff were seen as kind and helpful. Libraries were described as a place to rest, use the bathroom, and catch up on news, sports, entertainment, etc. Libraries were also named as a good location for social interaction with others.

It was also noted by a smaller number of people interviewed that some businesses in the community have been really helpful, especially during the pandemic. When other places were closed, some restaurants, it was noted, allowed people to still use their bathroom. A few people also spoke to accessing food from restaurants, sometimes in return for easy labour like cleaning up outside the establishment.

In February-March 2022, people with lived experience of housing instability in the north of the Region were invited to share their views of services and supports available. Of the 10 people that connected via phone and/or brief email survey, the lack of services and supports available to them in the communities was identified by all respondents. Many felt that the lack of political will and the limited funding available ensured that households in the north are expected to “make do” or move to the larger communities to access supports. In addition to insufficient affordable housing options and no emergency shelter services, respondents identified that the lack of harm reduction, mental health and addictions supports were placing local households at high risk of housing instability, homelessness and compromised wellness.

WHAT PEOPLE EXPERIENCING HOMELESSNESS IN THE REGION FEEL IS NOT WORKING WELL

Not surprisingly, the people interviewed that were experiencing homelessness had more to say about what is not working well in the local system of care.

Housing was the biggest cause for concern. Interviewees noted that waiting lists for housing are too long and they are losing hope that their turn will ever come. It was noted that there is a lack of affordable housing in

“It’s easier to get a tent than it is to get an apartment.”

- unsheltered Oshawa resident

particular for people that rely on Ontario Works for income, and that even rooms for rent are not affordable for people on income supports. Interviewees that had mobility issues were also very concerned about the lack of housing specifically for people that use wheelchairs, scooters or walkers. More than half of the people interviewed had very strong - and at time racist - opinions about immigrants to Canada “taking our housing”. Students renting housing in the Region was also noted by several interviewees as the reason for housing being unavailable and too expensive. A few of the people interviewed indicated they had a place to live if they could just get transportation back to their home community. Lastly, related to housing, several interviewees indicated that a lack of consistency between organizations and housing workers was frustrating and not helpful.

There were mixed thoughts on shelters shared by the people interviewed, but almost all people interviewed indicated that the depth of need of people using shelter has increased. Several people interviewed spoke to the increase in people with severe mental

illness in shelter without supports. COVID impacts on shelter operations were also noted several times, especially as it related to thinning out of shelters for physical distancing, and the ongoing conflicts of trying to get people in shelter to wear a mask. It was also noted that transportation to available shelter space is a huge impediment to accessing shelter services. Lastly, the other big concern regarding shelters that was shared was the impression that rules and expectations are inconsistent, and the punishments for not following rules were too severe and unevenly applied. Related to this, more than a third of people interviewed indicated a standard “threat” by shelter staff is that if the rules are not followed, the person will be sent to Toronto for services.

Across all services, people interviewed spoke of the frustration in being asked the same types of questions, for the same information, retelling their story over and over and over again. “Do they have no way of talking to each other?” one respondent asked, summing up the sentiment of many. Undoubtedly there are risks to re-traumatizing people by having them share their story of homelessness and their service needs repeatedly. Furthermore, participants in the review felt that staff often talked down to them.

“I am sick of being treated like a child everywhere I go.”

- Oshawa shelter guest

When asked generally what is not working in the community, almost unanimously people interviewed mentioned police interactions with people experiencing homelessness. The word “harassment” was used repeatedly. There was considerable frustration that people feel they are being asked to move along frequently, without anywhere to go. Every person living in an encampment shared one or more stories of negative interactions with police, including accusations that tents had been slashed by officers or personal belongings had been searched, strewn over the ground or thrown out by officers.

Many people interviewed indicated they had nothing meaningful to do during the day. While the service hubs were talked about favourably by some, people interviewed felt, by and large, that getting housed was something that would be taken care of for them, not something that they were asked to participate in or encouraged to assist with, in the pursuit of no longer being homeless. People interviewed spoke of “just hanging around” or “going to the library” or “trying to get to a friend’s apartment” as the main ways they spent their days.

Opioids, fentanyl, methamphetamine and alcohol use also came up frequently in the discussions of what is not working. For some people interviewed, it was seeing the impact of substance use on others that they saw as an issue. For others, it was that there was no easily accessed respite centre or detoxification facility that could be accessed when they felt they needed to take a break. Amongst people interviewed that volunteered that they use substances, the need for easily accessed supervised consumption sites was named often as a gap in the system of care currently.

WHAT PEOPLE EXPERIENCING HOMELESSNESS IN THE REGION WOULD DO DIFFERENTLY IF THEY WERE IN CHARGE OF THE SYSTEM OF CARE

Most of the people interviewed spoke frequently about shelter services in the Region when they were asked, “If you were in charge, what would you do differently?” The most commonly identified things that they would do differently in shelter were:

- Have separate shelters for people that use drugs or drink from people that do not use alcohol or other drugs;
- Have separate shelters for people that have active mental health symptoms like talking to oneself;
- Banning people from shelter if they are caught stealing another shelter user’s belongings or money;
- Stop all forced savings programs in shelters that require it;
- Have more shelters, but smaller, and not all of them in the southern part of the Region;
- Have one set of shelter rules that are the same at all shelters, with the same consequences if the rules are not followed;
- Create a safe shelter just for women;
- Create a safe shelter just for seniors;

“Three things to know if you want people to use shelters: 1. Have enough shelter beds. 2. Provide transportation to shelters. 3. Kick people out of shelter if they steal anyone’s stuff.”

- unsheltered Ajax resident

- Give people something meaningful to do during the day other than just hanging around or being told to leave the building for a while;
- Make sure all shelters provide a safe space where people can store their belongings, money and drugs upon entry; and,
- More physical space per person in shelter.

People interviewed also shared their insights on what they would do differently as it relates to housing. Of note:

- Stop having housing workers come and meet, only to share that there is no housing and there is nothing that can be done;
- Make sure social housing is just for people that are homeless, at least for the next few years;
- More inspections of rooming houses to get them up to standard and get rid of the perceived slumlords;
- Only pay housing workers when they get someone housed;
- Stop immigrants and students from “taking all of the affordable housing”; and,
- Build more housing that is affordable for people on Ontario Works or Ontario Disability Support Program or Canada Pension Plan or Old Age Security.

Amongst those people interviewed that were unsheltered, some of their insights and responses to this question were different. This group indicated they wished to see the following differences in the system:

- Give everyone that is a homeless a phone so there is a way for a housing worker to get in contact with them;
- Create a safe space for people to stay outside where no one bugs them, including outreach and police; and,
- Create a safe space for people staying outside to store their stuff.

WHAT PEOPLE EXPERIENCING HOMELESSNESS FELT ABOUT SPECIFIC SERVICES PROVIDED IN THE REGION

The feedback about specific types of services in the system of care shared during the interviews is organized by shelters, hubs, meal programs, outreach, faith-based/volunteer groups, hospitals/health services, income supports, police, and housing.

Shelters: some great staff; inconsistent based upon what staff are working or which shelter is used; need more smaller shelters; need a sobering centre, not just shelters for people to dry out

Hubs: easy to use; lots of services; can be hard to get to; not always much privacy

Meal programs: can be crowded; not a lot of choice for people with dietary restrictions; hard to keep track of over the holidays; very tasty; served with love

Outreach: amazingly patient; persistent; not always consistent; confusing what they want sometimes; great at helping people that inject drugs

Faith-based/Volunteer groups: some are amazing while others just want to get into your business; great food; “focused on the here and now; not the future or housing”

Hospitals/health: assume overdose or drug-seeking behaviour if in the Emergency Room; hard to get help managing chronic disease; need more help storing and managing medications

Income supports: hard to access; workers are disconnected from reality; need help figuring out all programs you are eligible for and applying for them

Police: inconsistent (“some of the nicest people you’ll ever meet and some of the meanest people you’ll ever meet”); more interested in busting up tents than helping people; slow to respond to issues at shelter

Housing: lots of housing workers/advocates but not a lot of housing; inconsistent workers; who is helping influences how fast you’ll get housed; stuck because of lack of affordable housing for people on OW; so many different lists and criteria and no

centralization; need different approach to help people that have jobs access housing; lots of discrimination

INTEREST IN HOUSING AND ASSISTANCE RECEIVED WITH HOUSING:

Of the 44 people experiencing homelessness interviewed, all but two were interested in housing. This means that 95% of people interviewed want to be housed, which further counters the myth that people experiencing homelessness want to remain homeless. The two that did not want housing are long-term shelter users, and indicated they were quite content to keep staying in shelter.

Of the 42 people experiencing homelessness interviewed that want to be housed, 17 (39%) indicated they were currently being assisted with housing. The remaining 25 people (61%) indicated they were receiving no assistance with housing at all. None of the unsheltered people interviewed were receiving assistance with housing, though all expressed interest in being housed. The response to where in the Region they wanted to be housed was quite mixed, from some insisting it would need to be downtown or close to downtown in Oshawa, and others wanting to get as far away from Oshawa, Whitby or Ajax as possible.

While there continues to be an impression that many people experiencing homelessness choose that lifestyle and want to remain homeless, interviews with people experiencing homelessness prove that is by and large not the case. 95% of people experiencing homelessness surveyed want to be housed.

Amongst the 17 people that indicated they were receiving some form of assistance with getting housed, the assistance provided was noted as being inconsistent. Some of the 17 indicated they were receiving intensive and frequent assistance, and felt that the process of moving towards being housed was progressing, whereas others indicated they did not regularly see or have contact with their housing worker, or that their housing worker didn't seem to know how to house them or only met with them to indicate that there was no housing and nothing they could do at this time. Also amongst these 17 people interested in housing and receiving supports to get housed, every single person indicated that they are on more than one list for housing.

Two other points from the part of the interview regarding housing were raised. One, there is a desire to see both dry (sober) housing, as well as housing where people party and use

drugs - but that those two activities should not occur in the same housing. And two, 24 of the people interviewed indicated they would consider a roommate if it meant they could be housed faster.

HIGHLIGHTS FROM THE KEY INFORMANT INTERVIEWS

The Systems Planning Committee created a list of possible key informants to be interviewed throughout the Region, ensuring the inclusion of perspectives of programs funded through the Region, as well as programs that are not funded through the Region. Furthermore, there was a deliberate effort to ensure geographic representation of key informant interviews from both the northern and southern parts of the Region. Some of the suggested stakeholders worked throughout the entire Region. The shortlist of candidates identified by the Systems Planning Committee was then shared with the Region to finalize the list of stakeholders with whom to conduct the key informant interviews. The final list of people invited to participate in key informant interviews is included in Appendix A .

The commentary and input from the key informants is organized by themes below:

SERVICES ARE SCARCE IN THE NORTHERN PART OF THE REGION

While much of the focus on homelessness is in the southern part of the Region, and in particular Oshawa, several key informants were quick to point out that northern parts of the Region can be a “service desert”. Without adequate shelter and housing options in the northern part of the Region, and improvements to transportation, it was felt that homelessness - and in particular unsheltered homelessness - will continue to rise. Investments in shelter options or supports in the northern part of the Region must be enhanced. Expecting people experiencing housing instability or homelessness to leave their natural supports and go to the southern part of the Region to access homelessness responses is not an appropriate approach for residents living in these impacted communities.

DEMAND EXCEEDS AVAILABILITY OF HOUSING, SHELTER AND SUPPORT SERVICES, ESPECIALLY DURING A TIME OF STAFF SHORTAGES

There is an impression amongst most key informants interviewed that there have been substantial increases in all forms of homelessness: literal homelessness that manifests itself on the streets and in other public places; literal homelessness found in shelter

services; and, hidden homelessness amongst people experiencing no place to live other than a friend's couch or floor. This perceived increase is felt acutely by service providers. Without housing opportunities for people, there is a feeling of being resigned to increases in homelessness at least for the next few years. Without adequate shelter or support services, there is a feeling of being resigned to increases in unsheltered homelessness, and an acknowledgement that the visibility of homelessness will likely increase public concern, but more likely, more complaints. Furthermore, several key informants point to staff shortages in the sector. While there are more people experiencing homelessness in search of services and supports, there are challenges in some organizations ensuring they have enough staff to operate a shift.

UNCERTAINTY OVER THE RELATIONSHIP BETWEEN ORGANIZATIONS FUNDED BY THE REGION AND PROGRAMS AND SERVICES OPERATED BY ORGANIZATIONS THAT ARE NOT FUNDED THROUGH THE REGION

Some key informants were from organizations that do not receive any funding through the Region, and provide programs, services or supports to people experiencing homelessness. Some of the key informants questioned whether or not Coordinated Access is appropriate for all services/programs, regardless of funding, and several indicated it should never apply to them and their resources. Some of the key informants interviewed saw their work as professional and clinical, and questioned the effectiveness of services operated by charities in the non-profit sector. Of those key informants that receive funding through the Region who collaborate with organizations or institutions not funded through the Region, they identified a lack of consistency or accountability in the engagement with non-funded organizations or institutions. Some key informants were of a very strong opinion that the Region should plan a system of care exclusively related to the parts of the response it can influence, fund and control, and that efforts to bring other organizations "into the fold" will always be met with resistance. Some interviewees identified that the system will likely never truly be an inclusive, collaborative initiative with shared intentions, mission, principles or practices.

INADEQUATE ADDICTION AND MENTAL HEALTH SERVICES

The interviews identified that there was not consensus on whether the prevalence of addiction and mental health concerns is worsening in people experiencing homelessness or if, as a result of more people experiencing homelessness overall, that there is a larger number of people that have addiction and mental health support needs. Regardless, there remained a sentiment shared amongst many key informants that the availability of

addiction and mental health services in the Region is woefully inadequate for people experiencing homelessness. It was acknowledged that the Region does not control or fund addiction or mental health services, and that the influence the Region may have in expanding these services is likely limited. Ontario Health and local health providers would need to prioritize these services for people experiencing homelessness. It was also noted that homelessness and housing program staff spend a lot of time trying to navigate access to addiction or mental health services without any ability to directly influence the outcome of their advocacy efforts.

THE ROLE AND FUNCTIONS OF POLICE NEED TO BE BETTER DEFINED AND OPERATIONALIZED CONSISTENTLY

Consistent with the perspectives shared in the interviews with people experiencing homelessness, several key informants shared concerns about the role and function of the police when asked about opportunities for improvement. Quick to point out that some police officers have been wonderful, the comments rapidly pivoted to concerns about how police interact with people experiencing homelessness, whether or not police understand how the system of care works, and how police have participated in moving people along and/or destroying encampments. It was suggested that the Region, in partnership with the Police Service, should create specific onboarding curriculum and ongoing education and training materials for members of the police service that interact regularly with people experiencing homelessness. Furthermore, several key informants spoke of a desire to see street outreach workers be the first point of engagement for people that are experiencing unsheltered homelessness rather than police.

COMPLAINTS ABOUT UNSHELTERED HOMELESSNESS SEEM TO ECLIPSE CONCERNS ABOUT UNSHELTERED HOMELESSNESS

Several key informants indicated that there seems to be a shift in public perception about homelessness in the Region. Before the pandemic, and in the early months of the pandemic, people felt there was increased concern about people experiencing homelessness in the Region. However, that concern seems to have eroded as the pandemic continued. Specifically, some key informants noted that the same people and neighbours that used to inquire how they could help or to provide positive words of encouragement, are now the same people that call to complain about how homelessness is ruining their business or neighbourhood. Complaints often come with an assumption that somehow a homelessness service provider has the capacity to leave their facility and go into the community, and/or, that a service provider can force people experiencing

homelessness to comply with demands that they change behaviour or activities when not in a homelessness serving facility.

WHILE ALL TYPES OF AFFORDABLE HOUSING ARE CURRENTLY INSUFFICIENT, THERE IS A GLARING NEED TO INCREASE DEEPLY AFFORDABLE HOUSING OPTIONS FOR PEOPLE ON INCOME ASSISTANCE AND FOR SUPPORTIVE HOUSING

Acknowledging and highlighting the disconnect between the cost of rental accommodation in the Region and the amount of monthly income a person on Ontario Works, Ontario Disability Support Program, Canada Pension Plan or Old Age Security can afford came up in several conversations with key informants. Not all key informants understood that it is the Province that sets rates for OW and ODSP, not the Region. Some key informants saw the affordability gap as something the Region was in a direct position to fix, when that is not the case.

“Maybe once or twice per month my staff can find a room for rent that someone on ODSP can afford. They just can’t find it anymore for people on OW.”

- Key informant

While it was commonly understood that a range of affordable and appropriate housing options were needed in the Region, two types of affordable housing were spoken of the most. The first was the need to construct or acquire housing that is deeply affordable — housing that a person on Ontario Works could afford with the shelter allowance portion of their monthly benefit. As part of this conversation, several key informants were critical of some of the work the Region had done on affordable housing by not explicitly targeting people with the lowest incomes. The second was the need for more supportive housing with staff on-site 24/7. While some key informants acknowledged this is really a mandate of Health, as part of this conversation with key informants there was a sense of both urgency and frustration — that the Region needed to lead and act immediately as it pertains to permanent supportive housing without waiting for Health to come to the table, or with Health dictating the model and approach for supportive housing. In particular, any new supportive housing would have to participate in Coordinated Access and allow matching of tenants to the supportive housing through that process as opposed to a parallel process.

THE ROLES AND FUNCTIONS OF THE REGION AS THE SERVICE MANAGER ARE NOT WELL UNDERSTOOD

Both within organizations that receive funding through the Region, as well as organizations and institutions that do not, there is a lack of understanding of the Region's role as the service manager and what that entails. This sentiment was also shared by some key informants that are not part of organizations that directly serve people experiencing homelessness. There is clearly more work to be done to educate others on what a service manager is, the roles and functions of the service manager, and the responsibilities of the service manager. From the perspective of key informants, it would help immensely in planning and service delivery if the role was better understood, and would add legitimacy to the Region convening meetings or undertaking work such as the renewal of the homelessness and housing support system.

GIMMICKS ABOUND

Several key informants spoke of how time is wasted responding to various gimmicks proposed by uninformed groups, and even some elected officials, within the Region. Some of the concepts and ideas that were shared as sources of frustration for key informants include: tiny homes as the answer to all homelessness; the need to provide sanctioned and staffed encampments; home matching between people experiencing chronic homelessness and seniors living alone that are over-housed; multi-year transitional rehabilitation programs; and, drug testing that demonstrate no substance use in order to access shelter or be offered housing. It was felt by several key informants that the Region needs to take a more active role at identifying the ideas that are not grounded in evidence, and provide counter-evidence of what works in preventing and reducing homelessness, why it works, and what the results have been in the Region when deploying evidence-based and evidence-informed practices.

THERE ARE INCONSISTENCIES BETWEEN ORGANIZATIONS THAT DELIVER THE SAME OR SIMILAR SERVICES, ESPECIALLY SHELTERS

One of the most palpable frustrations shared by some key informants is that there is inconsistency in how two or more organizations delivering the same or similar service can be so different in service delivery. This went beyond differences of mission and mandate of organizations. Key informants were critical that there were not always commonly adhered to standards of service, and were even more critical of inconsistencies in how people were denied services, for what purposes and for how long. Shelters were the main focus of this commentary from key informants. There is a belief shared by several key

informants that there is a lot of work to be done with the shelter system in the Region, and that this work is not simply limited to ensuring there are enough beds for the depth of need.

A RE-THINK OF ACCESS TO AND PRIORITY FOR RENT-GEARED-TO-INCOME HOUSING IS NECESSARY

Acknowledging the reality that it is next to impossible to find safe and appropriate accommodation in the Region for people on Ontario Works or the Ontario Disability Support Program, several key informants suggested or wondered about how changes to who is prioritized for rent-geared-to-income options should be considered and operationalized going forward. It was suggested that the Region should consider examining prioritization for all available rent-geared-to-income housing and place greater emphasis in assisting people experiencing homelessness access housing rapidly.

“There’s a choice to be made on social housing. Either we prioritize homeless people for vacancies in social housing, or we accept that more homeless people will die while waiting for housing.”

- Key informant

VERY MIXED OPINIONS AND PERSPECTIVES ON HARM REDUCTION

In discussions about the impacts of opioids, fentanyl, methamphetamine and toxic drug supply, very diverse opinions and perspectives on harm reduction were shared by some key informants. Support for harm reduction was not universal, at least not how it is practiced currently in the Region. There was a feeling shared by several key informants that organizations are quick to hand out harm reduction supplies, but slower and less responsive to provide harm reduction education. Furthermore - and especially by non-service providers interviewed - there was sentiment shared that the current emphasis on harm reduction seems to ignore other pillars of a community response to substances, namely treatment and prevention.

RACISM AND DISCRIMINATION IS RAMPANT

There is a perception amongst several of the key informants that there have been increases in racism and discrimination in the homelessness response and housing support system of care. It was noted that frontline staff that are members of the BIPOC community are increasingly subject to racist comments by service users, and that there is an ongoing challenge of helping staff feel safe, addressing the behaviour, and all the

while not restricting or denying access to services. Furthermore, it was noted by several key informants that racism and discrimination in housing have seemingly increased as the market has gotten tighter, rents requested of prospective tenants have increased, and landlords and property managers have become more discerning of who they see as an ideal tenant. It was shared that frontline staff often are the ones left to process instances where the clientele shares a story of racism or discrimination experienced when engaging with property renters. Furthermore, as noted in the section of the interviews with people with living experience, there are common sentiments shared by people experiencing homelessness that the reason why there is a lack of affordable housing is that it has been “promised to” or “stolen by” immigrants to Canada.

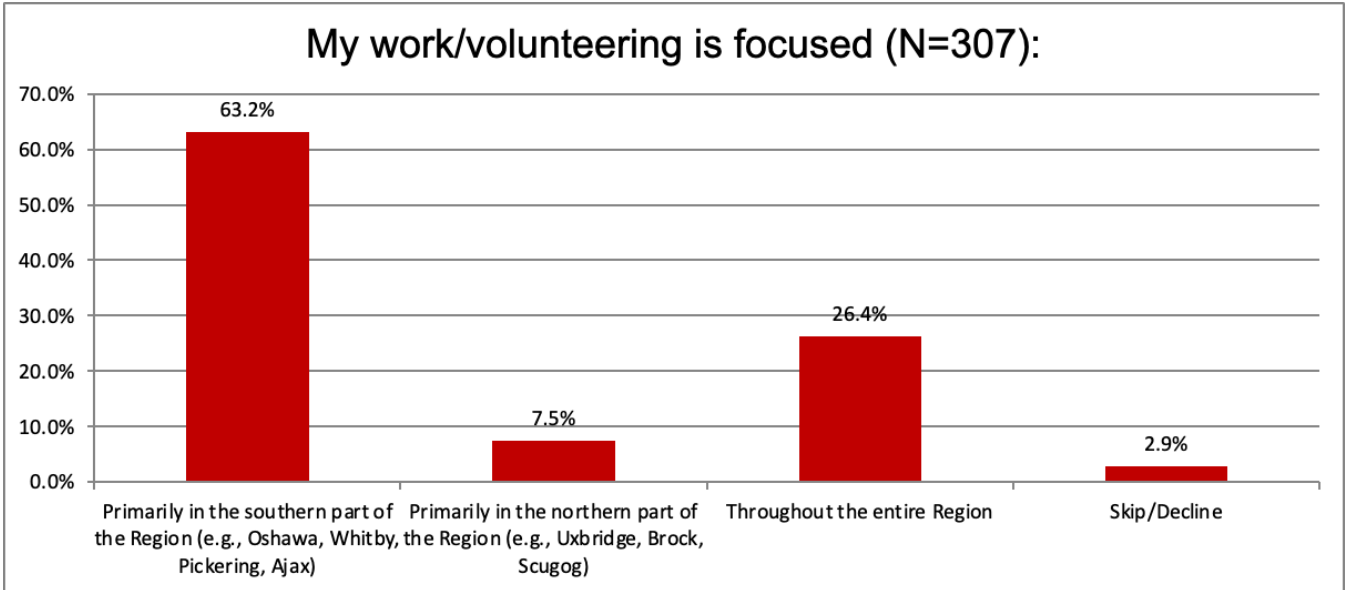
WHAT THE SURVEY RESULTS SHOW

Between February 1 and February 24 2022, 445 service providers and community partners participated in the Durham Region Homelessness System Survey. This survey was designed to gain insights on experiences with, connections to and insights on the current functioning of the homelessness system as well as opportunities for enhancement. Of the 445 respondents, 16% (N=72) identified that they had experienced homelessness or housing crisis personally. The gender identity for the majority of respondents (72% or 320) was identified as female, 24% or 105 identified as male, 2% or 8 respondents identified as transgender, non-binary, gender-fluid or pansexual. Racial identity of respondents was primarily White (83% or 366 respondents) with 5% of respondents (N=24) identifying as Black/Brown, 2% identified as Indigenous, 2% identified as Asian, 2% identified as Mixed Race and 2% as Person of Colour. The remaining respondents declined to respond or skipped this question. When asked if they identify as LGBTQ2S+, 91% or 398 respondents stated “No”, 6% identified “Yes” and the remaining respondents, “declined/skipped” this question.

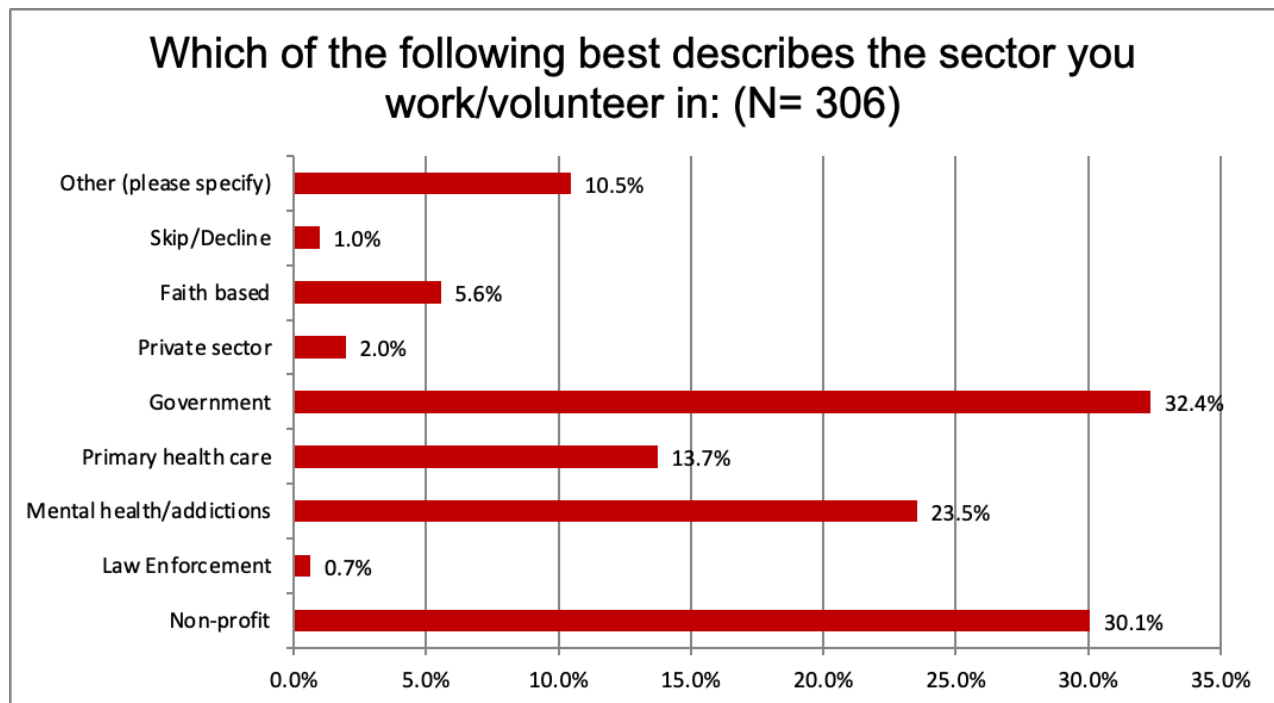
In terms of the connection to Durham Region, 78% of the respondents (N=342) identified that they live and work/volunteer in the Region, 15% or 67 respondents work/volunteer in the Region but live elsewhere, 2% of the respondents live in Durham Region but work/volunteer elsewhere and 3% (N=11) live in Durham Region but do not work/volunteer. In identifying their connection to the Durham homelessness system, 38% of the respondents (N=162) identified that some time was spent working/volunteering in the homelessness system or supporting people that were previously homeless, but it is less than 25% of a typical week; 14% or 59 respondents identified that 25-49% of working/volunteering time is related to homelessness or supporting people that were previously homeless; 20% or 86 respondents identified that 50% or more of

working/volunteering time is related to homelessness or supporting people that were previously homeless. An additional 29% (N=125) identified that none of their working/volunteering time is related to homelessness or supporting people that were previously homeless.

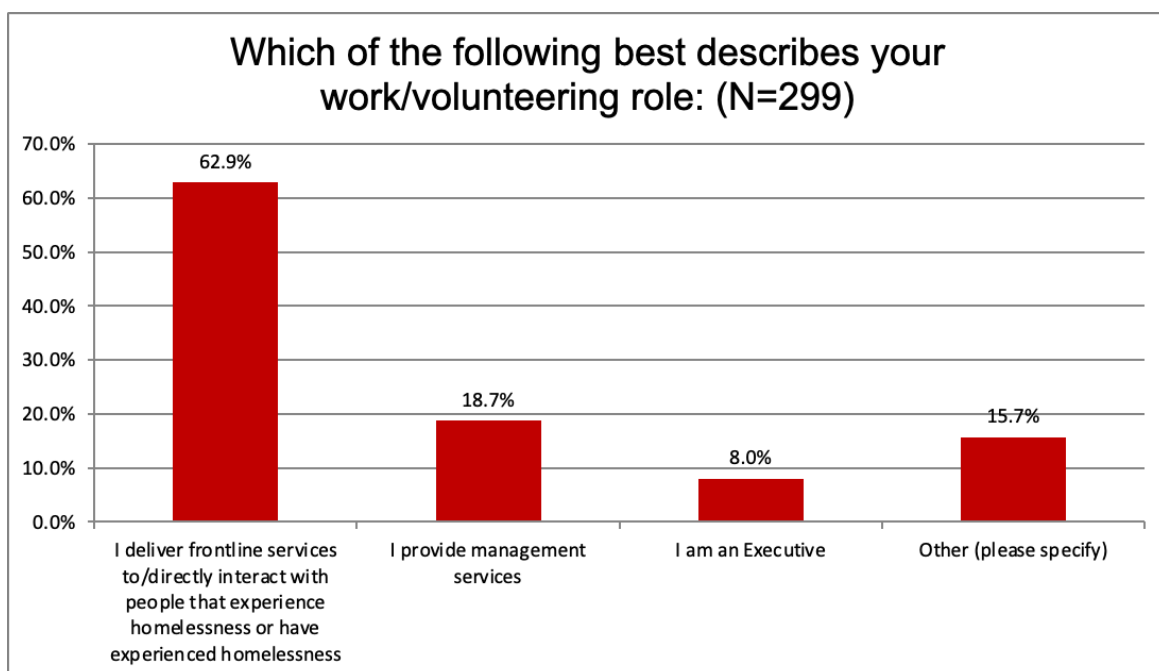
Using survey-based skip logic, those respondents that spent any amount of time working/volunteering in homelessness or supporting people that were previously homeless in Durham Region (N=307) were then asked a series of specific questions about their involvement. As identified in the chart below, 63% of the respondents identified that their work/volunteering is primarily focused in the southern part of the Region (e.g. Oshawa, Whitby, Pickering and Ajax) whereas 26% identified that their work/volunteering takes place throughout the entire Region. Only 7.5% of the respondents work/volunteer in primarily the northern part of the Region (e.g. Uxbridge, Brock or Scugog).



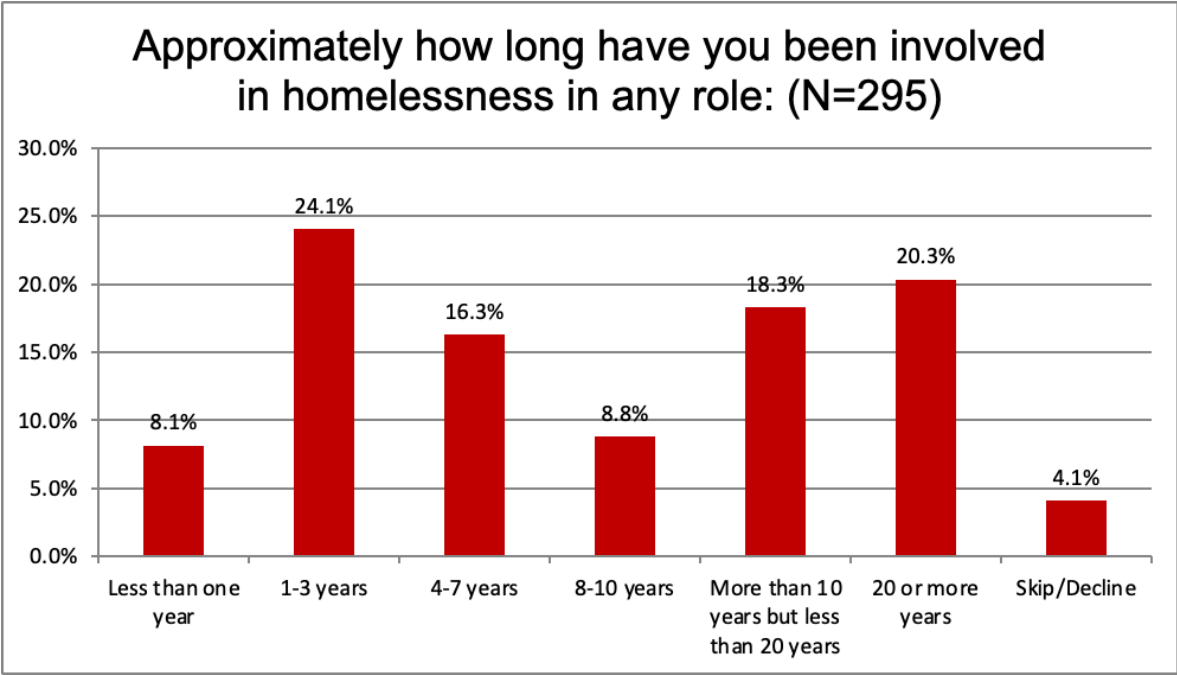
When asked to identify the sector where the respondents worked/volunteered in, 32% of respondents identified that they are connected to government departments, 30% were attached to non-profit organizations, 24% are connected to mental health and/or addictions activities, 14% were delivering primary health care and 6% were connected to faith-based groups. Of the 11% that identified their connection to an “other” sector, responses included working with food trailers, volunteers tied to family members experiencing homelessness, or family services for people with disabilities, etc.



When asked to describe their work/volunteer activities, 63% of the respondents (N=188) identified that they deliver frontline services to or directly interact with people that have experiences of homelessness, 19% provide management services, 8% identified that they are at the Executive level of Management and 16% identified “Other” which included such responses as financial and fundraising activities, training, policy work, committee membership, provide housing for people who were formerly homeless, meal and snack distribution and poverty reduction work in the Region.

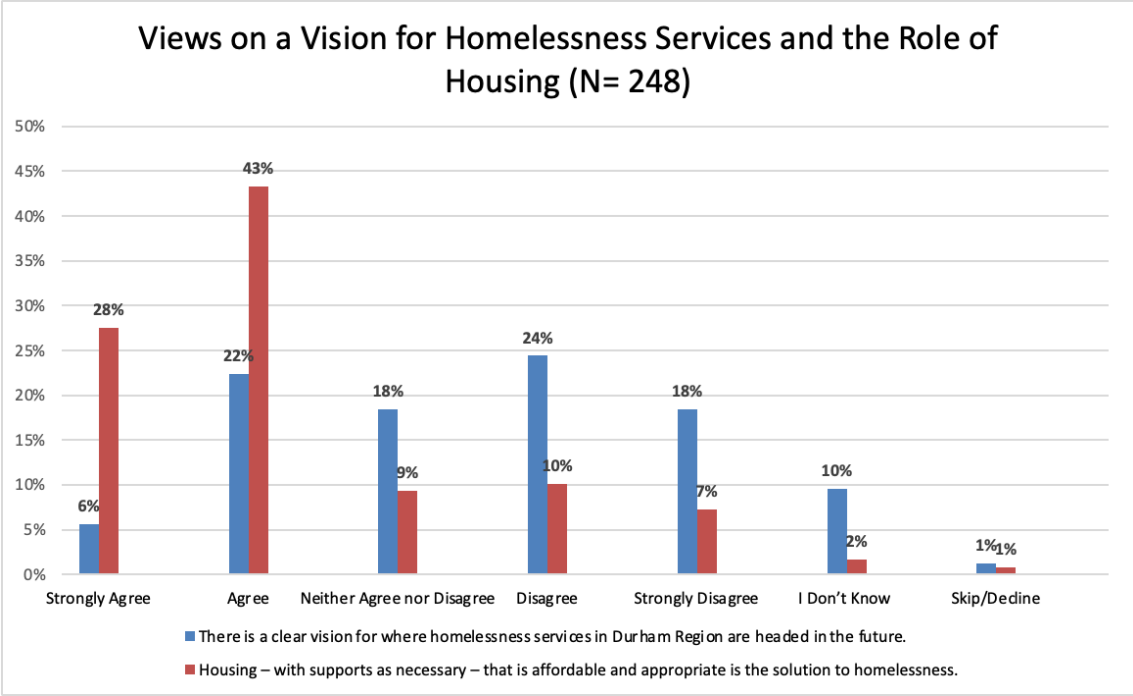


When asked how long the respondents had been connected to the homelessness response system, 24% of the respondents have 1-3 years of experience, 20% had more than 20 years of experience, 18% had more than 10 years but less than 20 years with 25% having between 4-10 years of experience.

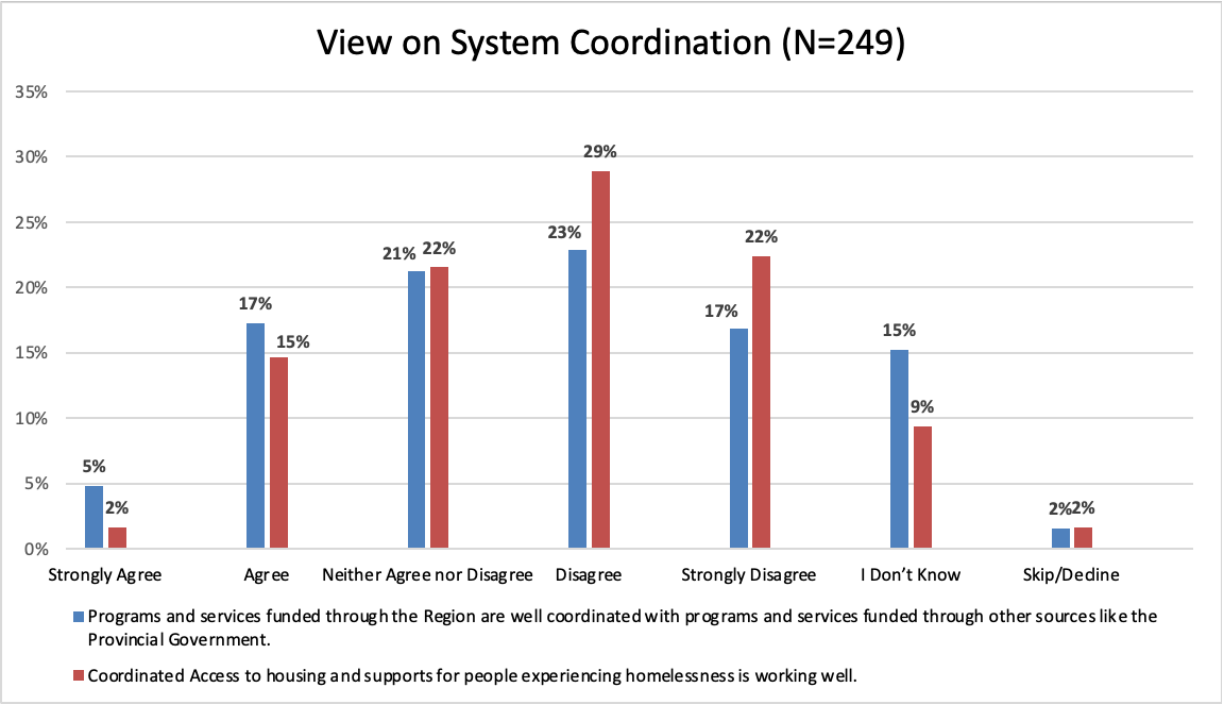


BELIEFS AND PERCEPTIONS ABOUT THE DURHAM HOMELESSNESS AND HOUSING SUPPORT SYSTEM - SERVICE PROVIDERS AND VOLUNTEERS

Housing that is appropriate and affordable - with supports as necessary - is the solution to homelessness according to survey respondents that work and/or volunteer in the Region with 71% stating that they “Strongly Agree” or “Agree” with this statement. The existence of a clear vision of homelessness services in the future was less prominent, however, with only 28% of the respondents identifying “Strongly Agree” or “Agree” that there is a clear vision while 42% either “Disagreed” or “Strongly Disagreed” and an additional 18% stating that they “Neither Agree or Disagree”.



System Coordination: The lack of agreement on clarity of where homelessness services in the Region are headed in the future continued into an exploration of the coordination within the system. When asked to provide their view on whether the programs and services funded through the Region are well coordinated with programs and services funded through other sources like the Provincial Government, only 19% of respondents “Agreed” or “Strongly Agreed” while 40% “Disagreed” or “Strongly Disagreed” and 29% of the respondents either identified “I Don’t Know” or “Neither Agree nor Disagree”.

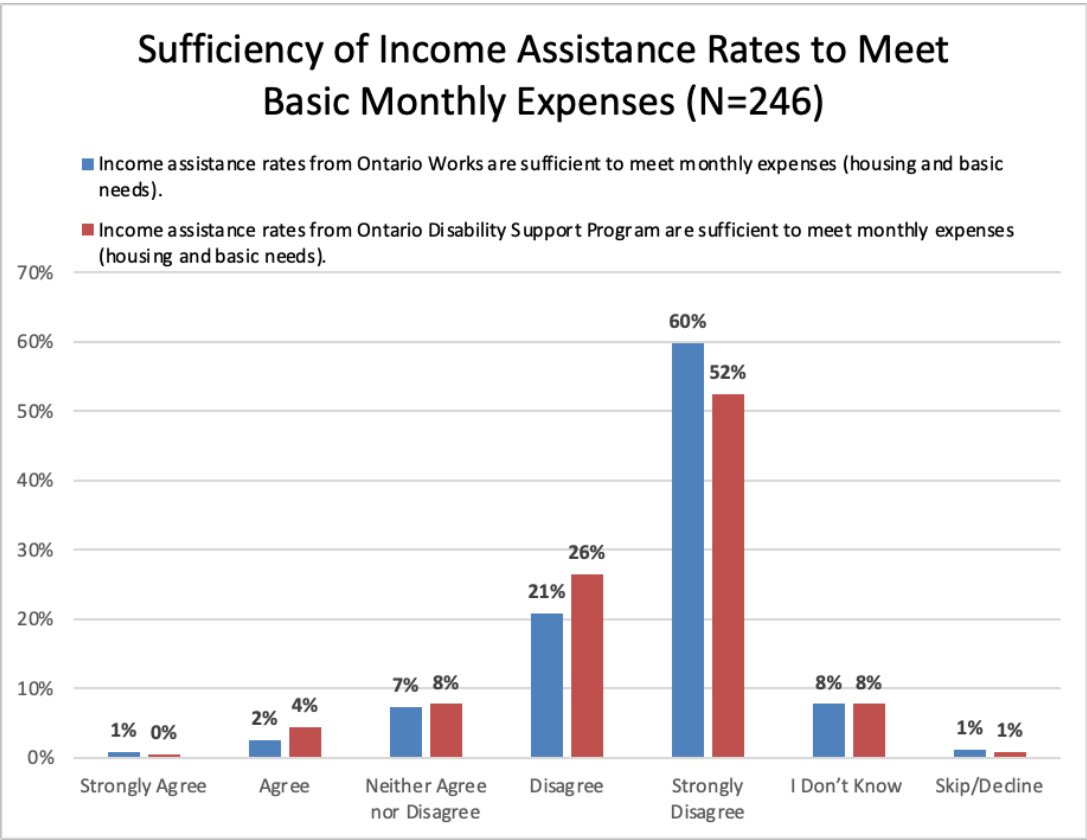


The following table reveals views on the availability of services, supports and professional development opportunities for staff within the Durham Homeless System:

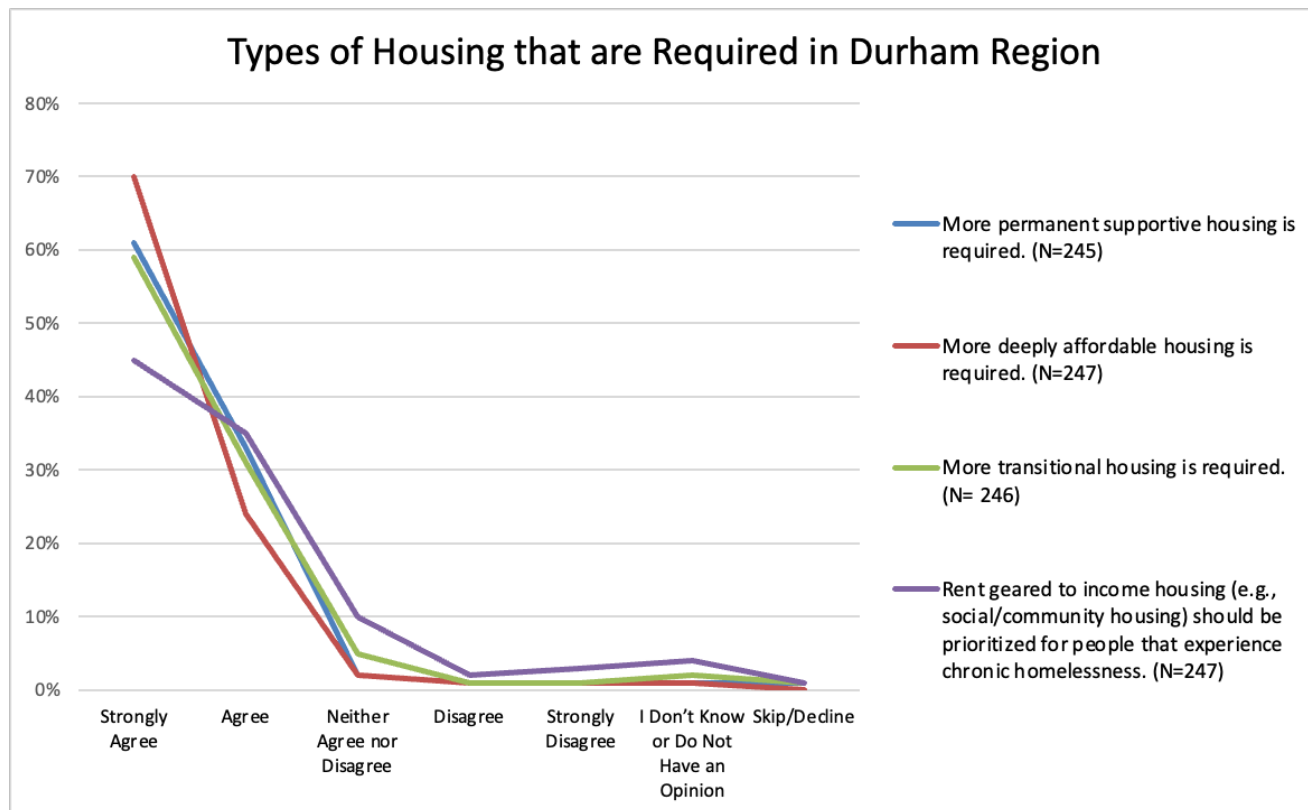
For each of the following statements indicate your level of agreement from strongly agree to strongly disagree.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	I Don't Know or Do Not Have an Opinion	Skip/Decline	Total
The needs of various population groups (e.g., youth, women, Indigenous Peoples, newcomers, non-binary persons, seniors, people of colour, etc.) are met within our current system of care.	1%	7%	16%	39%	28%	7%	2%	244
Durham Region has a sufficient number of shelter beds for people experiencing homelessness.	1%	6%	9%	26%	50%	6%	2%	246
Durham Region has a sufficient number of daytime services (e.g., Hubs; drop-ins) for people experiencing homelessness.	2%	17%	14%	28%	28%	9%	2%	246
There are a sufficient number of street outreach workers.	3%	10%	13%	35%	24%	13%	2%	246
Harm reduction services are readily available.	6%	27%	17%	26%	13%	11%	2%	245
There are enough meal programs to meet the food needs of people experiencing homelessness.	7%	17%	14%	27%	21%	11%	2%	245
There are sufficient professional development and training opportunities for frontline staff and peers that work in the sector.	3%	20%	22%	27%	15%	11%	2%	245
There are sufficient professional development and training opportunities for management and executive leaders that work in the sector.	2%	17%	20%	21%	13%	23%	4%	246

Supports, Services and Training Sessions are Lacking: As can be seen above, only harm reduction services were identified as sufficient by more than 30% of the respondents. All of the other statements received less than a 30% agreement level, with the majority of respondents identifying that service levels for meal programs, shelter bed availability, street outreach resources, and daytime services were all insufficient. The majority of respondents - 67% - also identified that they “Disagreed” or “Strongly Disagreed” with the statement that the needs of various population groups (e.g., youth, women, Indigenous Peoples, newcomers, non-binary persons, seniors, people of colour, etc.) are met within our current system of care. Professional development and training opportunities for front line staff were also identified as lacking with 42% of respondents stating that they “Disagreed” and “Strongly Disagreed” with this statements and an additional 33% stated that they “Neither Agreed nor Disagreed” or they “Didn’t Know”. In examining professional development opportunities for management and executive leaders, only 19% “Agreed” or “Strongly Agreed” that the current opportunities were sufficient.

Income Assistance Rates: In identifying if income assistance rates are sufficient to meet basic monthly expenses, 81% of respondents identified that Ontario Works was insufficient and 78% identified that Ontario Disability Support Program rates were insufficient.



Housing Options Required: In examining the types of housing that are required, 70% of respondents identified “Strongly Agreed” and an additional 24% “Agreed” that more deeply affordable housing are required in Durham Region. 94% of respondents also “Agreed” or “Strongly Agreed” that more permanent supportive housing options are required. 90% of respondents “Agreed” or “Strongly Agreed” that more transitional housing options are required. 90% of respondents “Agreed” or “Strongly Agreed” that more rent geared to income housing options are required and 80% identified that more rent geared to income housing options should be prioritized for people that experience chronic homelessness.



Top Challenges Impeding Efforts to Reduce Homelessness: When asked about the top 5 challenges facing the sector in its goal to prevent and reduce homelessness, survey results identified that the top challenge was increasing housing options for people experiencing homelessness, followed by the challenges of compromised mental wellness and substance use concerns impeding people’s ability to overcome their homelessness. Services to support people in maintaining housing after homelessness was ranked next as a top challenge and the fifth top challenge was identified as preventing people from becoming homeless.



Strengths of the Current System: Although there was a wide array of strengths identified for the Durham homelessness and housing system by service providers and volunteers, the willingness of staff and agencies to ensure that people's basic needs were met was identified by 37% of the respondents. Collaboration with other agencies was identified by 22% of comments followed by 18% of respondents that identified the willingness of agencies to try innovative strategies and approach to improve services and supports. Ten percent identified specific programs in the Region such as Back Door Mission, Women's Shelters and the new primary health care services at the Hub. Unfortunately, an additional 8% of respondents stated that they couldn't identify any strengths.

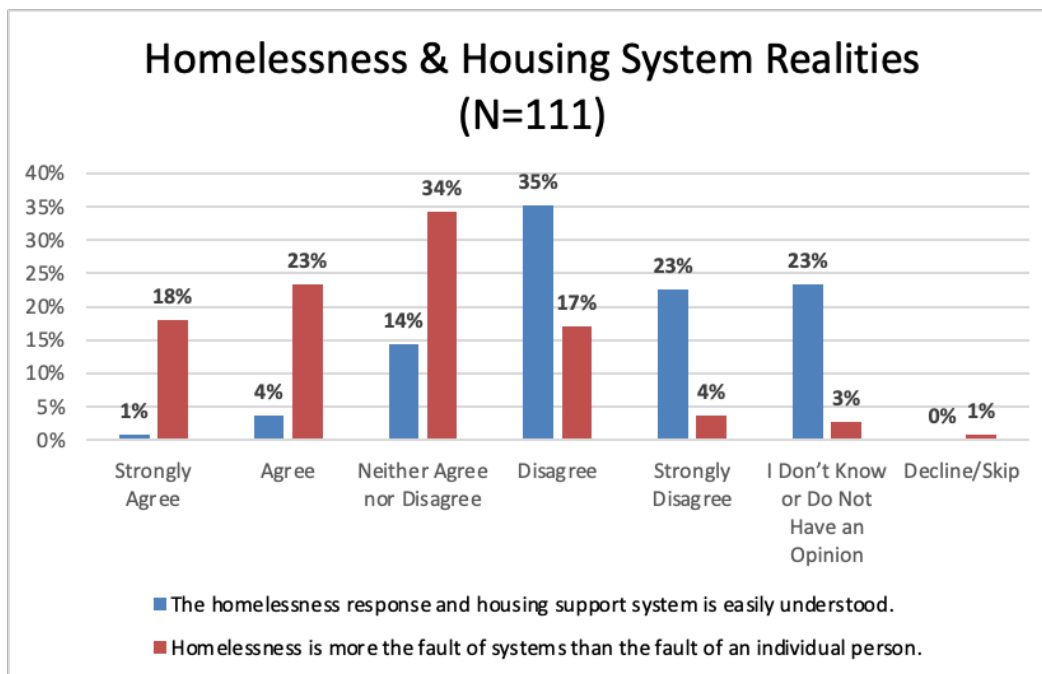
Weaknesses of the Current System: In addition to a lack of safe, affordable housing options available for people experiencing homelessness (42% of respondents) and insufficient resources to meet the housing and support needs of people experiencing housing instability and homelessness (37%), 16% of respondents identified the lack of will, investment and effective strategy to prevent and reduce homelessness throughout the Region. The remaining responses identified concerns about all of the "system of care" only serving the south of the Region with a "service desert" evident in the north, a lack of investment in increasing housing and too much invested in basic support provision, a desire for some agencies to "build empires" while volunteers are not respected.

Different Activities with Same Resources: In reviewing the over 200 responses shared for the question: *“If you were in charge of the entire homelessness response system in Durham Region, with the resources that are currently available and in the current reality of the housing market, what would you do differently?”*, a number of themes were identified. The first theme focused on ensuring that current investments are meeting the performance indicators expected for the funding. Statements regarding enhanced regulation, quality control and quality assurance recommendations with currently funded programs (to improve quality service delivery, reduce duplications and stop funding poorly performing programs) were identified by 28% of the 208 respondents to this question. Spreading out the services and supports beyond the primary locations in the Region - including the improved optimization of non-residential areas and in the north - was identified by 10% of respondents; 7% of respondents identified increasing housing options by optimizing relationships with faith based organizations and community groups as well converting empty buildings, schools and government buildings. Themes of the importance of sobriety, compliance, “tough truths”, etc. in order for people to gain housing was identified by 10% of respondents and that focusing on people committed to following the rules would be a better use of current investments.

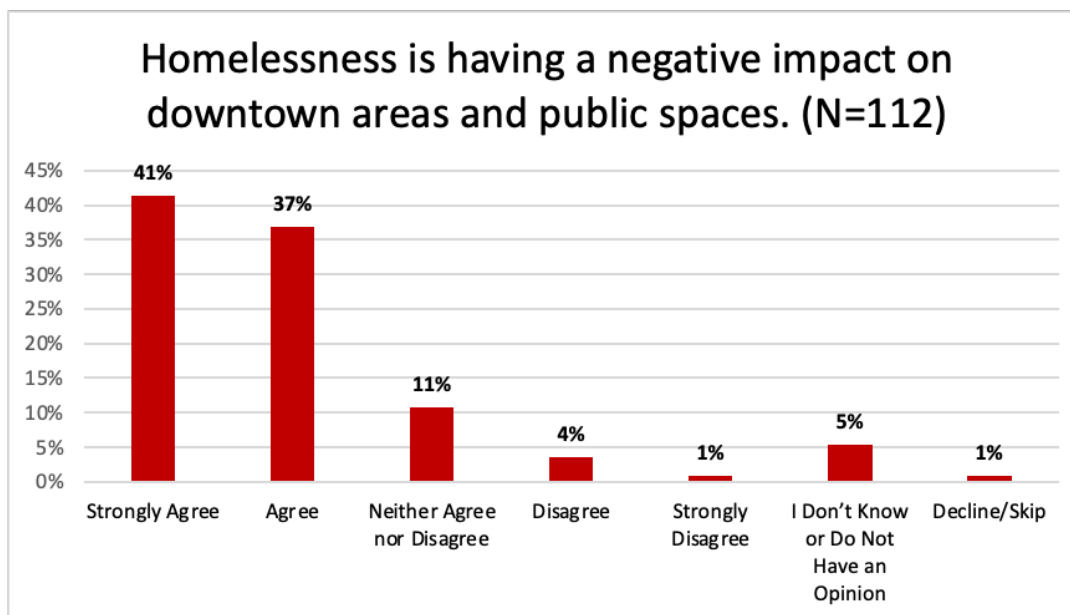
BELIEFS AND PERCEPTIONS ABOUT THE DURHAM HOMELESSNESS AND HOUSING SUPPORT SYSTEM - NON-SERVICE PROVIDERS / VOLUNTEERS

Impact of Global Pandemic: Of the 111 survey respondents that were not working or volunteering in the Durham Region homelessness system, 68% identified that homelessness in the Region had gotten worse since the onset of the pandemic.

Perceived Realities of the Homelessness and Housing System: 58% of survey respondents that did not work or volunteer in the homelessness system “Strongly Disagreed” and “Disagreed” that the homelessness response and housing support system was easily understood, while 37% of respondents identified “Neither Agreed nor Disagreed” or “I don’t know or do not have an opinion”. In contrast, 41% “Agreed” or “Strongly Agreed” that homelessness is more the fault of systems than the fault of an individual person. 37% of respondents identified “Neither Agreed nor Disagreed” or “I don’t know or do not have an opinion” to this statement.

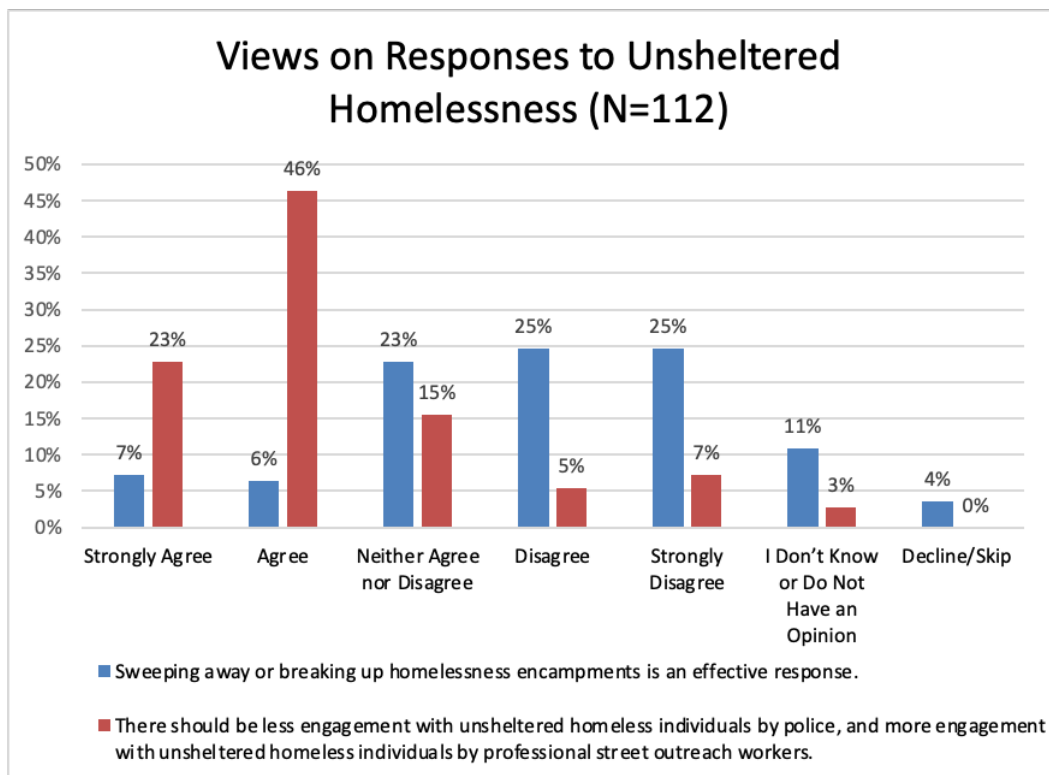


Impact on the Downtown: 78% of respondents that did not work or volunteer in the homelessness system identified that they “Agreed” or “Strongly Agreed” that homelessness was having a negative impact on downtown areas and public spaces.

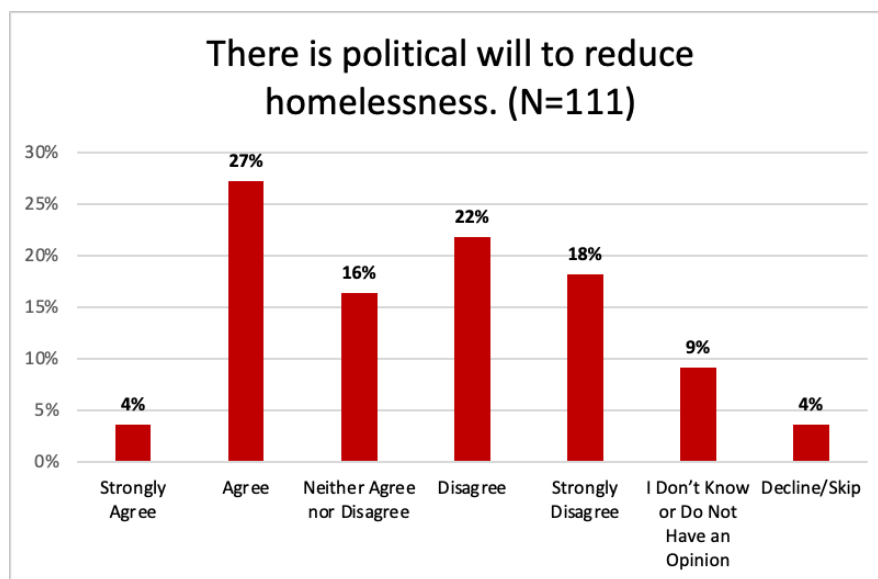


Responses to Unsheltered Homelessness: Of the 112 respondents that did not work/volunteer in the sector, 69% “Agreed” or “Strongly Agreed” that there should be less

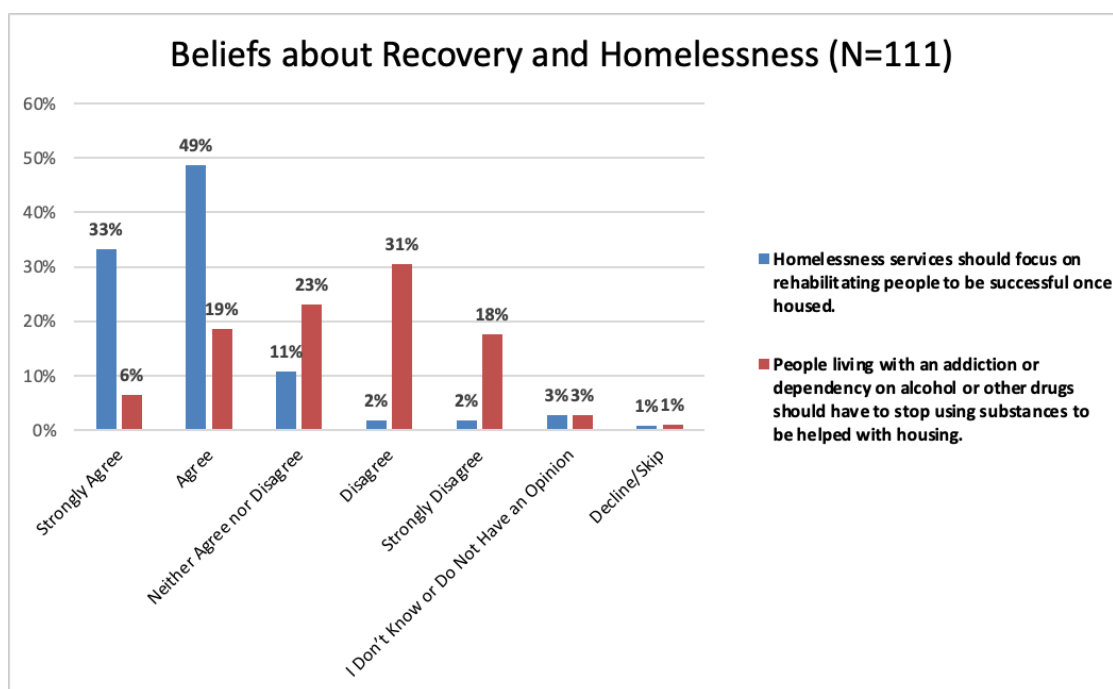
engagement with unsheltered individuals by police and more engagement by professional outreach workers. In alignment with this, 50% of respondents “Disagreed” or “Strongly Disagreed” with the statement that “sweeping away or breaking up encampments is an effective response”.



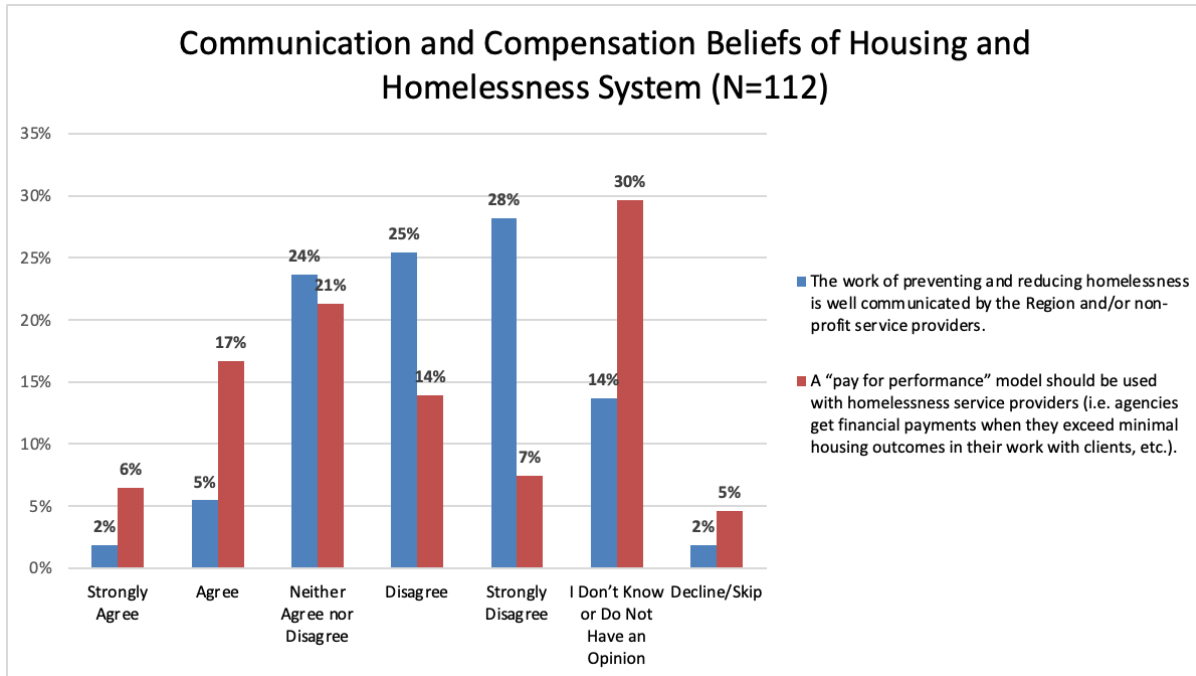
Political Will: Of the 111 respondents, 31% identified that political will exists to reduce homelessness in Durham Region (“Strongly Agree” or “Agree”) while 40% “Disagreed” or “Strongly Disagreed” with this statement.



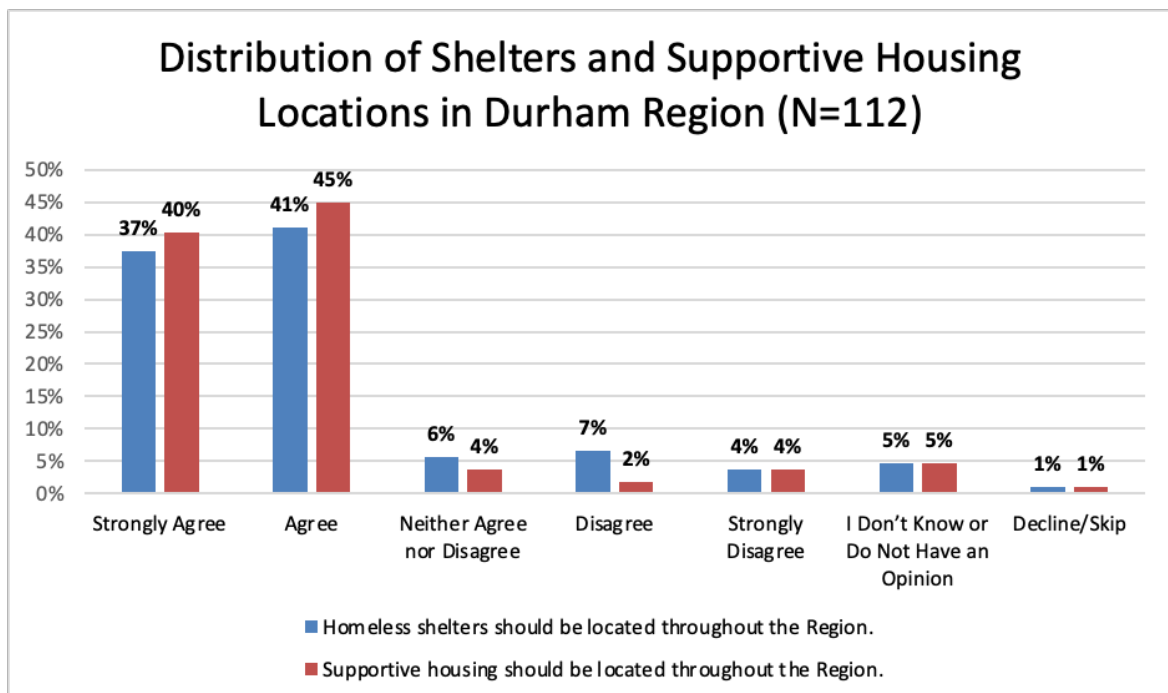
Views on Recovery Expectations: Of the 111 survey respondents that did not work/volunteer in the sector demonstrated a strong focus on “healing and fixing” prior to re-housing with 82% “Agreeing” or “Strongly Agreeing” that homelessness service should focus on rehabilitating people to be successful once housed and 25% “Agreeing” or “Strongly Agreeing” (and an additional 23% identifying “Neither Agree nor Disagree”) that people living with an addiction to substances should have to stop using substances to be helped with housing. 49% of respondents identified that they “Disagreed” or “Strongly Disagreed” with the statement that abstinence should be a requirement for assistance with housing.



Communication and Compensation Beliefs: 53% of the non-service providers/volunteers “Disagreed” or “Strongly Disagreed” with the statement that the work of preventing and reducing homelessness is well communicated by the Region and/or non-profit service providers. 51% of respondents identified “I don’t know” or “Neither Agree or Disagree” regarding the belief that a “pay for performance” model should be used with homelessness service providers.



Shelter and Supportive Housing Locations: Of the 112 respondents, 85% “Agreed” and “Strongly Agreed” that supportive housing should be located throughout the Region. In identifying where homeless shelters are located, 78% “Agreed” and “Strongly Agreed” that they should be located throughout the Region.



CHALLENGES BROUGHT ON BY OR OCCURRING DURING THE PANDEMIC

The pandemic brought with it unique and unprecedented challenges to homelessness service delivery in Durham Region, as well as throughout Ontario and Canada. These pandemic specific demands, coupled with an increase in toxic drug supply and rising costs of rental accommodation, have made the response to homelessness considerably more difficult. Even with increased resources, the demand for services and housing has continued to outstrip supply. Furthermore, there are an untold number of households that remain at risk of housing loss. It is entirely possible that homelessness across the Region will get worse before it gets better.

MEETING PHYSICAL DISTANCING REQUIREMENTS

In order to meet physical distancing requirements, shelters throughout the Region had to increase space between beds, try to keep physical space between shelter guests when not in their beds, alter food services, and in many instances the volume of beds had to be decreased in facilities. Services that people experiencing homelessness were receiving while in shelter experienced disruptions. Some people experiencing homelessness that had been using shelter ended up unsheltered.

To help with the response, the Region supported COVID isolation centres, the thinning out of congregate shelter spaces and the optimization of emergency motel space to ensure that people were safe and supported during the “shelter in place” recommendations by public health entities.

HOMELESSNESS IN LOCATIONS UNFIT FOR PERMANENT HUMAN HABITATION

Anecdotally, unsheltered homelessness has been on the rise throughout the pandemic. Unsheltered homelessness manifests in encampment, individuals sleeping rough and unprepared for the climate, and, people sleeping in vehicles. Non-profit street outreach services, street-based para-medicine and supports, and police all interact with this population of people experiencing homelessness. It seems the physical distancing within shelters, changes in service availability, and changes in the housing market have all contributed to the perception that unsheltered homelessness is on the rise.

The Region does not have an interdepartmental protocol on how to best respond to people experiencing unsheltered homelessness. Service providers and people with living

experience of unsheltered homelessness have been quite critical of the police response and moving people along without a safe and appropriate place to go. Furthermore, it would seem better coordination between by-law, police, the service manager, and social service providers are needed.

TOXIC DRUG SUPPLY: PARAMEDIC RESPONSES, EMERGENCY DEPARTMENT VISITS AND DEATHS

While the rate of opioids related deaths in Durham Region is 13.2 per 100,000 people (this rate is lower than the rate of 16.3 per 100,000 across Ontario), the impacts of opioids in the Region is nonetheless unprecedented. While opioid related deaths are not exclusive to people experiencing homelessness, the rate of opioid related deaths within the population of people experiencing homelessness is likely high. In 2020, across all people living in Durham Region (not just people experiencing homelessness) there were 94 deaths attributed to opioid poisoning, which is a five fold increase from 2013.

Region of Durham Paramedic Services are responding to a considerable number of suspected opioid overdoses. In 2020, Paramedic Services responded to 725 calls related to suspected overdoses. By 2021, that number increased to 998 calls.

Emergency Department (ED) visits for opioid poisonings are also on the rise in the Region. From 2013 to 2020, the rate of ED visits more than tripled to 93.6 visits per 100,000 people which is higher than the overall Ontario rate of 84.5 per 100,000 people for opioid poisonings.

STAFFING CHALLENGES

Staffing has been a challenge for the entire homelessness and housing support sector throughout the country during the pandemic. Durham Region is no different. Wages are generally quite low for what people on the frontlines are asked to do each day. With the added stressors of the pandemic, there are continued staff shortages in some organizations as people have left the sector for employment elsewhere. Recruiting competent and qualified people to fill positions has been a challenge. As a result, a number of programs serving people experiencing homelessness have not been operating at full capacity. Staff fatigue as well as increased risks of vicarious trauma and burnout are realities facing the sector.

COVID ISOLATION FACILITIES & ACTIVITIES

As part of the Province's investment under the Highest Priority Communities Strategy, Durham Region received funds to operate isolation centres to ensure that people in some of the hardest hit neighbourhoods would have a safe place to self-isolate and access services. In addition to testing and medical supports, the isolation facility provided a range of wraparound services including meals, security, transportation and access to both social and health supports.

The In/Out of the Crisis (IOTC) Program at Camp Samac supported physical distancing measures while working to reduce the spread of COVID 19 amongst unsheltered people. The Durham Region Isolation and Recovery Program (DRIP) provided safe and supported space through hotel partnerships for residents experiencing homelessness and needing to self-isolate. Coordinated supports and medical assistance were provided at the DRIP for clients. For many people experiencing homelessness in Durham, support hub models operating through the Ajax Community Centre and the Backdoor Mission ensured that food, clothing, financial assistance, medical services, mental health and social service supports remained available even as many community-based programs shut down.

COST OF RENTAL ACCOMMODATION COMPARED TO INCOME ASSISTANCE RATES

Housing affordability has reached crisis proportions for many low income households, but especially for people experiencing homelessness that rely on Ontario Works (OW) or the Ontario Disability Support Program (ODSP) as their income source. It doesn't matter if rental apartments are sought in the southern, more densely urbanized areas of the Region or the smaller communities in the northern part of the Region, there is absolutely zero accommodation that is affordable for people that rely upon income assistance. This means that people experiencing homelessness - and the services that support them - grinds to a halt in outflow from homelessness without either an increase in the number of rental supplements of sufficient value to make rental accommodation accessible, or for the Province of Ontario to increase income assistance rates for OW and ODSP.

Consider the Township of Brock. With an average market rent of \$888 for a one bedroom apartment, rental accommodation is out of reach for any person on OW, that receives \$733 per month in total (which is supposed to cover the cost of housing and basic needs). A person on ODSP in Brock would need to use 76% of their total monthly income

on rental accommodation, leaving \$281 to meet all other monthly expenses (for example, food, transportation, clothing, phone, utilities).

The situation is worse in Scugog. The average market rent for a one-bedroom is \$959. Like Brock, rental accommodation is out of the question for a person on OW. A person on ODSP would need to use 82% of their total monthly income on rental accommodation. This would leave \$210 to meet all other monthly expenses.

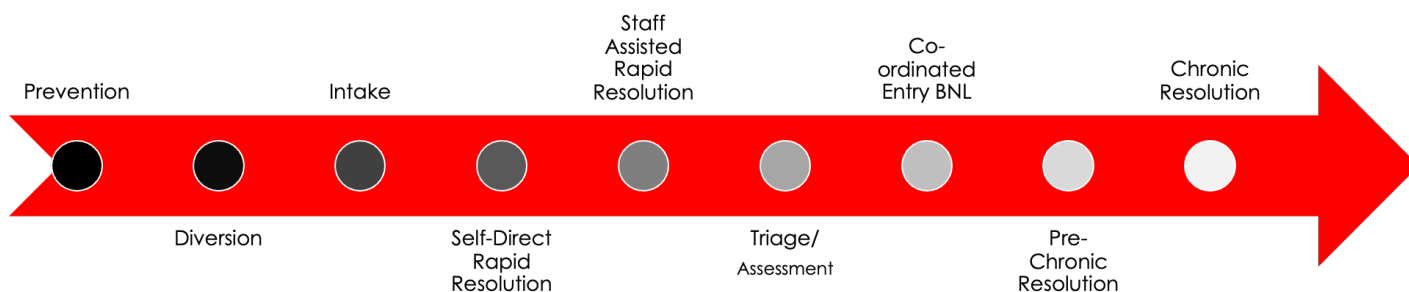
The situation is the worst in Oshawa. A one bedroom apartment is out of reach for people on OW or ODSP. A bachelor apartment, with an average market rent of \$989 consumes of 85% of the total monthly ODSP allocation (shelter and basic needs), leaving \$180 to meet all other monthly expenses.

Income Assistance Rates Relative to the Cost of Bachelor and One Bedroom Rental Apartments in Various Municipalities in Durham Region (Brock, Oshawa, Scugog), 2021	
Shelter Allowance OW	\$390
Basic Needs OW	\$343
Entire OW Allocation (Basic Needs + Shelter Allowance)	\$733
Shelter Allowance ODSP	\$497
Basic Needs ODSP	\$672
Entire ODSP Allocation (Basic Needs + Shelter Allowance)	\$1,169
Average Market Rent for One Bedroom Apartment in Brock	\$888
% of OW Shelter Allowance Required for a One Bedroom Apartment in Brock	228%
% of Entire OW Allocation Required for a One Bedroom Apartment in Brock	121%
% of ODSP Shelter Allowance Required for a One Bedroom Apartment in Brock	179%
% of Entire ODSP Allocation Required for a One Bedroom Apartment in Brock	76%
Average Market Rent for a Bachelor Apartment in Oshawa	\$989
Average Market Rent for One Bedroom Apartment in Oshawa	\$1,268
% of OW Shelter Allowance Required for a Bachelor Apartment in Oshawa	254%
% of Entire OW Allocation Required for a Bachelor Apartment in Oshawa	135%

Income Assistance Rates Relative to the Cost of Bachelor and One Bedroom Rental Apartments in Various Municipalities in Durham Region (Brock, Oshawa, Scugog), 2021	
% of ODSP Shelter Allowance Required for a Bachelor Apartment in Oshawa	199%
% of Entire ODSP Allocation Required for a Bachelor Apartment in Oshawa	85%
% of OW Shelter Allowance Required for a One Bedroom Apartment in Oshawa	325%
% of Entire OW Allocation Required for a One Bedroom Apartment in Oshawa	173%
% of ODSP Shelter Allowance Required for a One Bedroom Apartment in Oshawa	255%
% of Entire ODSP Allocation Required for a One Bedroom Apartment in Oshawa	108%
Average Market Rent for One Bedroom Apartment in Scugog	
% of OW Shelter Allowance Required for a One Bedroom Apartment in Scugog	246%
% of Entire OW Allocation Required for a One Bedroom Apartment in Scugog	131%
% of ODSP Shelter Allowance Required for a One Bedroom Apartment in Scugog	193%
% of Entire ODSP Allocation Required for a One Bedroom Apartment in Scugog	82%

THE BIGGER PICTURE: MAIN CURRENTS OF THOUGHT & PRACTICE IN HOMELESSNESS AND HOUSING SUPPORT SYSTEMS OF CARE

While the needs of each individual, couple or family at risk of homelessness or experiencing homelessness are diverse, the steps in the process and the engagement and service approach for each of those steps are somewhat predictable and formulaic.



The goal of all services in the system of care is to ensure people have a safe and appropriate - and hopefully affordable - place to call home. On the front end of the system of care, the emphasis is on keeping people out of homelessness. This is especially important for households that have previously experienced homelessness, or have common characteristics with the population of people experiencing chronic homelessness in the community. These more vulnerable households are at the greatest risk of entering/re-entering homelessness and therefore must be prioritized for prevention supports.

When it is not possible to keep people out of homelessness, emphasis is placed on providing people the space and time to resolve their own homelessness prior to intensive (and often intrusive) engagement with professional staff for additional support to resolve their episode of homelessness. This frequently leads to a more in-depth understanding of the needs of the household if they cannot self-resolve, and a focus on locating housing and supports through Coordinated Access. When considered relative to the needs of all other people experiencing homelessness in the community, people are placed in prioritized sequence for the dedicated and finite housing and supports services/programs.

The main currents of thought and practice in homelessness and housing support systems of care focuses on ensuring that the following practices and realities exist:

- there is robust homelessness prevention and diversion,
- housing-focused shelters,
- housing-focused street outreach,
- a By-Name List for Coordinated Access into and out of the system of care, and
- an emphasis on housing with appropriate supports customized for the needs of the individual, couple or family that is experiencing homelessness.

PREVENTING HOMELESSNESS AND DIVERTING PEOPLE FROM HOMELESSNESS

Homelessness is most often caused by a confluence of factors, not a single factor. Whenever it is possible to identify those factors and resolve them through problem-solving or additional time-limited resources, it is in the best interest of the person, couple or family, and in the best interest of the system of care. The more that these activities are

targeted to households that have a previous experience of homelessness, or have the characteristics of existing chronically homeless people in the community, the better.

Prevention falls into two different categories of intervention. The first is eviction prevention. This is when the household has received a written, legal notice that their tenancy is being terminated. Provincial legislation provides mechanisms for both landlords and tenants to have rights in a defined process. The sooner households that are presented with an eviction notice are connected to legal services to understand, and where and when appropriate, challenge the eviction notice, the better. The second category of prevention is housing loss prevention. This is when the household had a safe and appropriate place to stay - but no legal tenure to the unit - such as with a friend or family member, but is in a position where conflict or change in circumstances results in the household being asked to leave. In these situations, mediation and problem-solving, along with an exploration of other potential re-housing options are all important activities.

Diversion is the next step in the process, when prevention is not possible or has proven to be ineffective. The goal of diversion is to find a safe and appropriate alternative to entering sheltered or unsheltered homelessness. In other words, if the household can have their needs met through natural supports or community-based resources, that is preferable to having the household enter literal homelessness.

BY-NAME LIST AND COORDINATED ACCESS

Communities across Ontario, as well as all communities throughout the country that receive funds through *Reaching Home*, are required to have a By-Name List as part of a required process known as Coordinated Access. Both are critical to the work of ending homelessness. Both are frequently misunderstood.

Coordinated Access is a way of ensuring that people experiencing homelessness that desire housing with supports are prioritized and matched to the program best able to meet their needs. This fundamentally moves the homelessness response system away from first come, first served approaches to a transparent process of triaging people based upon presenting needs, and assessing which type of housing and support will best be able to meet those needs. Coordinated Access is different from how people apply for rent-geared-to-income housing which is most often done chronologically. Coordinated Access is exclusively for people experiencing homelessness.

The By-Name List is the mechanism by which households experiencing homelessness are known by name, prioritized based upon defensible local criteria, and matched to the most appropriate housing and support solution. The By-Name List has three component parts. The first part is everyone known to be currently experiencing homelessness (on the streets, in shelters, doubled up, or institutional care). The second part is a subset of the first, and is focused on helping people on the By-Name List get “paper ready” for housing (for example, getting a birth certificate or other form of identification; securing income through Ontario Works or Ontario Disability Support Program). The third part is a subset of the second part, and is focused on those households that are paper ready where all that needs to occur is to match the household to an available housing unit and support worker.

Coordinated Access has been operational in the community since July 2019. In May 2022, there were 298 households on the By-Name List who are actively homeless and in need of housing.

THE ROLE OF SHELTERS

Historically, shelters were thought of a place of last resort. Shelters were the “dumping grounds” for other systems, especially hospitals, jails, prisons and the child welfare system when youth aged out of care. All of these have reinforced a narrative that shelters are a charity and a refuge. Instead, shelters should be considered professional engagement spaces to assist households in rapidly existing homelessness for safe and appropriate housing. The individualized supports provided to each person in shelter moves away from warehousing people to intensively and intentionally supporting each person individually to create and implement a housing plan. This idea, increasingly well established in practice in shelters in Canada and the United States, is supported by the likes of the National Alliance to End Homelessness, the Canadian Alliance to End Homelessness, and the Canadian Shelter Transformation Network.

THE ROLE OF STREET OUTREACH

Historically, much of street outreach was focused on finding people, engaging, and meeting immediate needs. The dominant belief was that through relationship-building and the provision of goods like food, water, and survival supplies like tents and sleeping bags, people would choose to enter shelter at some point in the future and get further assistance. Almost 20 years ago the approach started to shift in larger street outreach programs in Canada. This shift focused on housing people directly from their unsheltered

situation or staying in a place unfit for permanent human habitation. Effectiveness in this approach to housing people directly from living outside requires a different approach to engagement and different training and expertise of street outreach staff. While the outputs and outcomes of this approach are favourable, there remains a tension in street outreach work between meeting immediate needs (or solely focusing on those needs), which can result in working with a large group of unsheltered people peripherally, and work to resolve and end homelessness for the person receiving outreach services. On top of this, there are two primary challenges in delivering professional street outreach services. Challenge one is the belief that street outreach can and should be deployed to any instance of concern or complaint about a person living outdoors. Challenge two is the ongoing engagement of untrained, volunteer organizations, often through faith-based organizations or student organizations, with unsheltered people. Confusion over the messaging and disruptions to the service pathway can occur when volunteer organizations are reinforcing - and even perpetuating - street homelessness because it meets the needs of service organization, rather than the needs of people receiving services. An impactful, housing-focused approach to street outreach has been endorsed and advanced by both the National Alliance to End Homelessness and the Canadian Alliance to End Homelessness.

AN EMPHASIS ON HOUSING WITH SUPPORTS AND SUPPORTIVE HOUSING

Housing - with appropriate supports when/if needed - is the only known solution to homelessness. Not addiction treatment. Not budgeting classes. Not life skills classes. Not compliance with medication for a mental illness. This is a fact, proven repeatedly in the peer reviewed published literature. Every single study shows that wellness and life stability improves when housing is provided without precondition and with the most appropriate supports for the individual, couple or family.

Housing with supports is typically a private market unit or an RGI unit secured through an “urgent homelessness” category where supports are provided by a case manager from a funded non-profit organization. Using an Intensive Case Management model, the housing case manager visits the household in their home one or more times per week to work on goal setting, connecting to other resources and preparing for appointments. Supports are not available 24/7.

Supportive housing is usually a site-specific intervention where the entire multi-unit residential building is occupied with people that experienced homelessness (most often chronic homelessness), have co-occurring and chronic needs, and generally have tried other forms of housing, including Housing with Supports, but were unable to sustain a tenancy. Supports in this approach are available on-site 24/7. Supportive housing is permanent. Both the rental unit and the supports last as long as the household needs and wants, which often is until the end of their life or when they need to transfer to more intensive health supports like long-term care.

THE VOLUNTARY NATURE OF SUPPORT SERVICES

All programs and services for people experiencing homelessness are voluntary. All programs and services to support people that formerly experienced homelessness who are now in housing are voluntary. There is no legal mechanism to force people to go to a service, use a service, or stay inside a homelessness serving facility. Even if it were legal, it would be ethically dubious. One of the hallmarks of the work is empowering people experiencing homelessness to make choices and decisions about their own life. While trained professionals in the field know how to make use of assertive outreach and motivational interviewing as techniques in engagement, and even though many in the industry are persistent in problem-solving and charismatic in their engagement, the person that is experiencing homelessness has to make an informed decision to engage services.

There is an exception to this voluntary service, however. If the person experiencing homelessness is a clear danger to themselves or others, the *Mental Health Act* sets out the powers and obligations of psychiatric facilities in Ontario. The Act governs how admissions are done, the categories of admissions, as well as directives around assessment, care and treatment. The Act also outlines the powers of police officers and Justices of the Peace to make orders for an individual - who has to meet certain criteria - to undergo psychiatric examination by an appropriate mental health professional. Patient rights are also referred to, including procedural details such as rights of appeal to the Consent and Capacity Board.

Being homeless is not illegal. Going back to 1994, the Courts have determined elements of vagrancy laws were unconstitutional because they interfered with life, liberty and security of the person. Some of the behaviours exhibited by people experiencing

homelessness or activities required for day to day survival may be subject to other laws or by-laws, but simply being without a permanent place to live does not render a person without Rights, nor does it nullify the *Canadian Charter of Rights and Freedoms*.

A VERY SPECIFIC SERVICE ORIENTATION NEEDED TO BE EFFECTIVE

The homelessness and housing support response system adheres to a specific orientation to how services are delivered. The service orientation is based upon evidence-based and evidence-informed practices. Alignment to the service orientation maximizes results in serving people experiencing homelessness, and is in the best interest of the overall system of care. The service orientation elements are as follows:

TRAUMA INFORMED

Trauma experiences are widespread in the population of people experiencing homelessness. For many, a previous incident or repeated experiences of trauma, have influenced the reason why they experience homelessness currently. Becoming homeless is most often traumatic in and of itself. A trauma-informed approach to service delivery is essential. The six tenets of a trauma-informed approach are:

1. *Safety*: engagement should emphasize both emotional and physical safety;
2. *Transparency and Trustworthiness*: engagement should avoid surprises and be open and honest to increase trust;
3. *Use of Trained Peer Supports*: people with lived experience are important allies in engaging and supporting people experiencing homelessness;
4. *Mutuality and Collaboration*: services emphasize working with people, not doing things for people or to people;
5. *Empowerment and Choice*: engagement should emphasize that people are experts in their own lives and know what is in their best interest;
6. *Sensitivity to Cultural, Historical and Gender Issues*: engagement should see the unique ways trauma impacts people in the present and through generations of trauma.

In essence, trauma-informed care shifts the thinking from “What’s wrong with this person?” to “What happened to this person?”

HARM REDUCING

The homelessness response system should explicitly reject any practice that causes harm to the people that it serves, and work to best support people that are engaged in any self-harming or higher risk activity. Harm reduction can be thought of as equal parts harm reduction supplies (for example, providing a new needle to a person that is an injection substance user) and harm reduction education (for example, helping a person who injects drugs to implement a strategy to start daily use by using less and gradually building up rather than using too much at once). In addition to assisting people that use alcohol or other drugs, harm reduction practices in the homelessness response system often also focus on supporting people experiencing homelessness that are also involved in higher risk and/or exploitive activities including sex work.

PERSON-CENTRED AND STRENGTHS-BASED

The homelessness response system needs to see each person as unique, and work with that person to develop goals and tasks that they feel are appropriate to resolve their situation. The best way to do this is an approach that takes the time to understand both the personal and environmental strengths of the person. Personal strengths are things like skills the person comes with, and environmental strengths include resources they have access to in order to assist their situation. By focusing on strengths rather than deficits it is easier to reinforce and promote self-esteem, take quicker action, and allows for people to be supported in being the best version of themselves rather than being seen as a problem to be assessed, diagnosed and fixed.

NON-JUDGMENTAL AND COMPASSIONATE

Homelessness services work best when it aims to “meet people where they are at”. Establishing a meaningful and supportive relationship with any person that has consented for service needs to accept people for who they are, without a preconceived notion of what a successful candidate for service looks like, or pre-judging who will succeed in housing or not. To be truly compassionate also means that the relationship between helping professionals and people receiving services is not a relationship between healer and wounded; it is a relationship between equals. Power differentials in services need to be acknowledged and addressed whenever possible.

PROGRESSIVELY ENGAGING

Once upon a time, it was assumed that all people experiencing homelessness knew nothing, had no skills, and needed to be rehabilitated and educated to be successful in housing. That is untrue. Through meaningful engagement and proximate assessment, it is possible for the support professional to better understand the skills and resources people already have, and to cater a support plan based upon the specific person. Starting with a “light touch”, people supported by the system of care have the opportunity to demonstrate what they are capable of, rather than workers assuming they are incapable. Only when specific additional support needs are identified are more resources or higher intensity of service provided.

DELIVERED IN THE NATURAL SETTINGS OF THE PEOPLE BEING SERVED

Rather than expecting that every person experiencing homelessness will come to a homelessness serving facility, it is best to take the service to the people. Similarly, once housed, rather than expecting people to leave their apartment to come to an office for case management supports, it is best to take the case management supports to the people in their apartments. The most natural place for a person to be served, should be where services are delivered to participants. Such an approach increases participation in, and satisfaction with, services. It also improves the outcomes and impacts of the service being provided.

IMPRESSIONS AND UNDERSTANDING OF HOUSING FIRST IN THE COMMUNITY

Housing First has been the dominant approach to resolving homelessness for a number of years. Various orders of government, in different ways, have required adherence to the practice or intentions of Housing First for more than a decade. And yet, the philosophy, approach and practice of Housing First continues to elude many systems of care and specific organizations within the system of care. This assignment has demonstrated the diversity of understandings of Housing First within the Region, and that diversity of understandings is likely driving impressions of Housing First, the practice of Housing First, and the acceptance or rejection of the idea of Housing First. Clarity on Housing First will be essential.

HOUSING AS A RIGHT

Housing is a basic human need. Homelessness is not a punishment and housing is not a reward. Compliance-based approaches — ones that expect the individual to transform in order to be ready for housing — are deeply flawed and fly in the face of evidence acquired through multiple control group studies over the past three decades. People do better, and it is significantly less costly, to house an individual, couple or family and then wrap supports around them to succeed rather than trying to get people ready for housing.

The response to homelessness in a community is most effective when housing is viewed as a right instead of a reward.

More than a philosophy or opinion, the Right to Housing is reinforced in the *National Housing Act*. In addition, Canada is a signatory to international documents committing to the right to housing.

FIVE CORE PRINCIPLES THAT TRANSCEND ALL PROGRAMS AND SERVICES IN THE SECTOR

There are five core principles that should inform all activities in the homelessness response system. These well-established principles are aligned to evidence and have proven to get results in practice. They are as follows:

1. No Housing Readiness Requirements

Nobody needs to be compliant, sober, employed or a graduate of a transitional housing program to be deemed ready for housing. In fact, the deeper the needs, the more rapidly a person, couple or family should be housed and supported.

2. Personal Choice

Everybody receiving services is empowered to make decisions on which services and supports they want or do not want. There is a belief that people served are, in fact, experts in their own lives.

3. Recovery Orientation

People can and do recover. The sector needs to support mental health recovery, as well as decrease the impacts of substance use and physical health ailments. People also need to be able to recover from their experience of homelessness.

4. Individualized Supports

No two people are the same, and therefore, no two support structures should ever be the same. The type, duration and frequency of support is determined on a case by case basis. There is not a set program with hoops to jump through or milestones to be realized in order to move forward.

5. Social and Community Integration

While housing is the first step, it is not the only step. People need meaningful ways to spend their days, and supports should assist them in integrating into a broad range of social and community opportunities. People should not be ghettoized because of their previous experience of homelessness.

HOUSING FIRST IN PRACTICE

Many systems of care or individual service providers within a system of care make claims such as “We do Housing First” through to “Housing First doesn’t work”. However, in practice, Housing First is a very specific approach to service delivery that adheres to certain prescribed practice elements undertaken in very specific ways. Undoubtedly, there are some organizations that claim to deliver Housing First, that may align to the core principles, but are not aligned to fidelity of practice. Also, many of the organizations or even entire communities that state that Housing First does not work are not actually practicing Housing First. The peer review published literature, including Canadian studies, demonstrate that there are three ways of delivering Housing First that outperform all other approaches to respond to homelessness. They are as follows:

Critical Time Intervention

Critical Time Intervention (CTI) is a time-limited evidence-based practice. The approach mobilizes support during periods of transition such as moving from homelessness to being housed. CTI facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. CTI is often used through Rapid ReHousing initiatives that focus on supporting households that have experienced homelessness that have lower to moderate needs return to housing.

Recovery-Oriented, Housing-Focused Intensive Case Management

The Intensive Case Management (ICM) approach focuses on supporting people that have experienced homelessness in stabilizing in housing. The goal of the ICM approach is to help people maintain their housing while concurrently optimizing their quality of life. The ICM approach helps support mental health and physical health needs, while supporting people with developing life skills, understanding and practicing the responsibilities of being a tenant, connecting to other community resources, and helping support social and community relations. Most ICM programs are time-limited, usually up to 24 months. Caseloads are usually around 1 case manager to 15 households being supported. Most of the people supported through the ICM approach have moderate to high depth of needs.

Recovery-Oriented, Housing-Focused Assertive Community Treatment

While the Assertive Community Treatment (ACT) approach has been around since the 1970s, this is a very specific adaptation to ACT that emerged in the early 1990s to focus particularly on the needs of higher acuity people experiencing homelessness, especially people living with mental illness and often unsheltered. Through a multi-disciplinary team, tilted heavily towards health, mental health and addiction supports, the ACT approach works well with people that have complex, co-occurring and often chronic needs, usually after longer periods of homelessness. There is a strong emphasis on mental health recovery. Most of these type of ACT programs are clinical in nature or have a strong clinical component and have formalized ties to the health care system. This approach to supporting people can be permanent. Caseloads are usually around 10-12 people to be supported by the entire team. While the most expensive approach to responding to homelessness, there are still considerable cost savings to the community in assisting people in this manner because of decreased engagement with police, courts, paramedics, Emergency Departments, and hospital in-patient services. People served through this form of ACT are high acuity - and quite often are the people determined to have the highest and deepest needs amongst all people experiencing homelessness in the community.

PROPOSED FUTURE STATE

PRINCIPLES

The Systems Planning Committee developed and agreed to the following principles to guide the system of care moving forward:

We believe all people that engage with the system of care should be treated with respect and dignity

We believe in individual choice, self-determination and personal responsibilities for accessing care

We believe services across the Region should be low-barrier and accessible to the people that seek the services.

We believe in prioritizing and centering the perspectives of those with living and lived experience including embracing appropriate peer support roles to journey with others experiencing homelessness.

We believe in the importance of coordinating access into the system of care through community partnerships, coordinating positive exits from the system of care into housing and embracing the collaboration, data and information sharing, integration and cooperation necessary with program participants as well as across organizations and systems for Coordinated Access to succeed.

We believe in evidenced-based and evidence-informed approaches informed by shared data will provide innovative solutions within a system of care.

We believe that the system of care, in all of its component parts, should aim to do no harm and reduce harm where it exists.

We believe communities have an important role in addressing homelessness and as such; support service agencies will prioritize education and awareness about the issues of homelessness and local solutions.

LOGIC MODELS

Each component of the system of care funded to prevent and reduce homelessness benefits from a logic model outlining the strategic focus, intended outcomes and approach to completing the work. Logic models have been created for each of the major system components that operate in the Region.

COORDINATED ACCESS

INTENDED STRATEGIC OUTCOME: The Coordinated Access System efficiently facilitates rapid access to safe and appropriate housing and social supports for people at imminent risk or experiencing homelessness.

EXPECTED RESULTS: People experiencing homelessness can easily access the necessary supportive services and housing resources needed to end their homelessness.

Final outcomes

- The length of time people experience homelessness is significantly reduced.
- Exits to housing are significantly increased.
- Returns to homelessness after a positive exit is rare.

Intermediate outcomes

- Coordinated Access System policies and procedures are in place and reflect local practice.
- The Coordinated Access System is organized and coordinated efficiently to reduce duplication of intake, assessment, and individual service planning and housing navigation among homeless service providers.
- Diversion is a fundamental component of Coordinated Access System.
- The Coordinated Access System is instrumental in maximizing distribution and maintaining full occupancy of all resources dedicated to prevent and end homelessness.
- People with the greatest barriers to housing and most severe service needs quickly receive safe and appropriate housing.
- The Coordinated Access System by-name list management is dynamic, accurate and monitored.

- The actionable housing priority list is 'right-sized' to the actual feasible resources available in Durham Region.
- When people are referred to housing, they are easily located within five business days and document ready.
- People rarely decline housing referrals/offers.
- Housing providers rarely decline housing referrals.
- When people receive rental assistance, they can quickly find rentable units.
- Case Conferencing occurs on a regular basis to address people who facing barriers to exiting housing or requiring transfers to new housing to support housing stability.

Immediate outcomes

- Coordinated Access System policies and procedures are updated.
- Diversion protocols and standards of care are established.
- Coordinated Access System by-name lists are easily produced, analyzable and facilitate appropriate resource distribution and referral decision making.
- Coordinated Access System access points are trained and provide successful triage, assessment, and housing navigation.
- People accessing the Coordinated Access System are known to the homeless-serving system with consistent entry of intake, triage, assessments, and exits in the HIFIS system.
- Housing navigation, resources, rental units, and other critical housing tools are organized, inventoried and navigable by homeless service providers and people seeking housing.
- Coordinated Access System training is developed and regularly offered as part of onboarding curriculum.

Target audiences

- Coordinated Access System staff and participating agencies
- Street Outreach providers
- Day Services providers
- Emergency Shelter providers
- Housing providers
- 211 United Way Durham Region

Outputs

- Accurate, timely and dynamic Coordinated Access System by-name lists of people experiencing unsheltered and emergency sheltered homelessness.
- Data generated on the status, support needs, housing barriers, and trends of people experiencing unsheltered, and emergency sheltered homelessness and seeking assistance through the Coordinated Access System.
- Proposed revisions to the Homeless Prevention / Diversion standards of care and assistance amounts.
- Updated Coordinated Access System training curriculum.
- Proposed revisions to the Coordinated Access System Guide.
- Proposed revisions to the Coordinated Access System to support cultural appropriateness for Indigenous People.
- Proposed revisions staffing and service delivery to Coordinated Access System
- Engagement, reporting and communication protocols to inform decision-makers, service providers on efficiency and effectiveness of the Coordinated Access System

Key activities

- Review the Coordinated Access System Guide.
- Evaluation of assessment tools and prioritization factors in addressing community priorities
- Review Homeless Prevention and Diversion standards of care.
- Evaluate feedback from programs serving Indigenous People.
- Collect and organize housing resource information and procedure for maintaining useful housing search, applications and lease up information.
- Monitor, report, and evaluate Coordinated Access System / HIFIS data.
- Analyze historical and current Coordinated Access System by-name lists (demand) and housing and supports resources (supply).

DAY SERVICES

STRATEGIC OUTCOME: Day Services effectively and efficiently coordinate and rapidly connect people experiencing homelessness throughout the Region to resources and social supports to achieve safe and appropriate housing.

EXPECTED RESULTS: People experiencing homelessness can easily access the necessary supportive services and housing resources needed to end their homelessness.

Final outcome

- The lengths of time people experience homelessness is significantly reduced and successful exits to housing are significantly increased.

Intermediate outcomes

- Day Services are rarely rejected.
- Day Services provide low barrier access and deliver basic needs within a housing-focused purpose.
- Day Services are prepared to respond to the needs of people with low, moderate or high acuity levels of need.
- Day Services are organized and coordinated efficiently to reduce duplication of intake, assessment, and individual service planning and housing navigation with other homeless service providers.
- Day Services are an effective access point and communication vehicle/hub for the Coordinated Access System.

Immediate outcomes

- Day Services standards of care are in place to support housing-focused services, coordination with community-based services.
- Day Services are low barrier providing access to all people experiencing homelessness.
- Day Shelter staff are trained in best practices approaches supporting engagement with people experiencing chronic homelessness, high acuity, and complex housing barriers and support needs.
- Coordinated Access policies and procedures incorporate Day Services as an integral component of creating pathways to safe, appropriate housing and shelter and Diversion resources.
- People accessing Day Services are known to the homeless response

system with consistent entry of engagements, services, assessments,

service plans and exits in the HIFIS system.

Target audiences

- Street Outreach providers
- Day Services providers
- Coordinated Access System
- Other stakeholders, including regional departments, social services providers, housing providers.
- Emergency Shelter providers
- Indigenous organizations
- Primary Care Outreach program

Outputs

- Data generated on the status, support needs, housing barriers, and trends of people experiencing unsheltered and emergency sheltered homelessness and accessing Day Services.
- Standards, policies, procedures and service delivery framework for providing housing-focused Day Services integrated with the Durham homeless response system.
- Proposed revisions of services and staffing within current Day Services providers.
- Proposed revisions to service delivery to support cultural appropriateness for Indigenous People.
- Engagement, reporting and communication protocols to inform decision-makers, service providers on efficiency and effectiveness of Day Services and impacts on exits to housing.

Key activities

- Review Day Services standards of care
- Develop Day Services housing-focused services training modules
- Monitor, report, and evaluate Day Services HIFIS data
- Evaluate feedback from persons with lived experience.
- Evaluate feedback from Indigenous People.
- Develop partnerships, collaborations and resource coordination supporting effective Day Services.

EMERGENCY SHELTER FOR PEOPLE EXPERIENCING HOMELESSNESS

STRATEGIC OUTCOME: Emergency Shelters effectively and rapidly connect people experiencing homelessness throughout the Region to resources and supports to achieve safe and appropriate housing.

EXPECTED RESULTS: People experiencing homelessness can easily access the necessary supportive services and housing resources needed to end their homelessness.

Final outcome

- The length of time people experience homelessness are reduced.
- Successful exits to housing are increase.

Intermediate outcomes

- Diversion operations successfully safe appropriate alternatives to emergency shelter.
- People rarely reject emergency shelter.
- The Emergency Shelter system can respond to the needs of all compositions of households including individuals, families, and youth.
- The Emergency Shelter system is prepared to respond to all levels of housing barriers and supportive service needs.
- Emergency Shelters are equipped and staffed to provide up to date housing resource information, navigation, Coordinated Access System coordination, and exit planning and transition.
- The Emergency Shelter System works collaboratively and is organized and coordinated efficiently to reduce duplication of intake, assessment, and housing navigation with other homeless service providers.
- Emergency Shelters are an essential access point and communication vehicle/hub for the Coordinated Access System.

Immediate outcomes

- Emergency Shelter operations reflect the standards of care and support housing-focused services, coordination with community-based services.

- Emergency Shelters have uniform low barrier guest expectations that assure all people have access to services.
- Additional cold weather Emergency Shelters initiate a housing-focused engagement beyond overnight accommodation.
- Emergency Shelter staff are trained in best practice approaches supporting engagement with people experiencing chronic homelessness, high acuity, and complex housing barriers and support needs.
- Emergency Shelters provide for basic needs and emergency overnight accommodation within a primary housing-focused purpose.
- Coordinated Access System policies and procedures incorporate Emergency Shelter as an integral component of creating pathways to safe, appropriate housing and shelter.
- People seeking and entering Emergency Shelters are known to the homeless-serving system with consistent entry of engagements, services, assessments, service plans and exits in the HIFIS system.

Target audiences

- Emergency Shelters
- Street Outreach providers
- Day Services providers
- Coordinated Access System
- Indigenous organizations

Outputs

- Data generated on the status, support needs, housing barriers, and trends of people / specific populations experiencing emergency sheltered homelessness.
- Data generated from persons seeking cold-weather emergency shelter.
- Proposed revisions to Housing-Focused Emergency Shelter protocols and procedures for intake, engagement and housing navigation services.
- Proposed revisions of services and staffing at Emergency Shelters
- Proposed revisions to Housing-Focused Emergency Shelter protocols and procedures for intake, engagement and housing navigation service to support cultural appropriateness for Indigenous People.

- Engagement, reporting and communication protocols to inform decision-makers, service providers on efficiency and effectiveness of Emergency Shelter and interactions with other stakeholders in the homeless-serving system.

Key activities

- Review Housing-Focused Emergency Shelter standards of care
- Monitor, report, and analyze Emergency Shelter/HIFIS data
- Participate and engage Durham Region stakeholders working with unsheltered homelessness and Emergency Shelters evaluating access, intake, engagement and housing referrals.
- Review collaborations and resource coordination supporting people in emergency shelter.
- Evaluate feedback from persons with lived experience residing in emergency shelter.
- Evaluate feedback from Indigenous People experiencing homelessness.

PERMANENT SUPPORTIVE HOUSING & INTENSIVE CASE MANAGEMENT

STRATEGIC OUTCOME: Supportive Housing services provide a supportive and stabilizing end to homelessness.

EXPECTED RESULTS: The Durham Region homelessness response system efficiently and effectively utilizes Intensive Case Management and Permanent Supportive Housing resources to provide safe and appropriate supportive housing for households with the highest acuity.

Final outcome

- Chronic homelessness is functionally ended.
- Unsheltered homelessness is reduced.
- The lengths of time people experience homelessness is reduced.
- Successful exits to housing are increased.
- Returns to homelessness are rare.

Intermediate outcomes

- Permanent Supportive Housing successfully exits participants into permanent housing.
- Permanent Supportive Housing participants and providers can rapidly find a housing unit to lease.
- Landlords are very satisfied with the PSH and ICM program.
- PSH and ICM program participants who are demonstrating increased supportive housing needs are successfully transferred to another supportive housing program avoiding a return to homelessness – and maintaining a housing first approach.

Immediate outcomes

- Housing-based standards of care are revised and reflect improved practices in housing and supports.
- Rapid Rehousing resources are easily accessed through Coordinated Assessment and quickly provide rental assistance.

Target audiences

- Durham Housing Services
- Street Outreach
- Emergency Shelters
- Coordinated Access System
- Indigenous organizations

Outputs

- Data generated on the status, support needs, housing barriers, and exit of people in Rapid Rehousing.
- All providers throughout the Region are informed and trained on updated standards, policies, procedures, and housing-based case management practices for providing Permanent Supportive Housing and Intensive Case Management.
- Proposed revisions to standards, policies, procedures and housing-based case management practices to support cultural appropriateness for Indigenous People.
- Develop additional landlord and leasing incentives and recruitment strategies to increase housing unit options for PSH and ICM participants.

Key activities

- Develop housing-based case management training modules for PSH and ICM providers throughout the Region.

- Monitor, report, and evaluate PSH and ICM HIFIS data
- Evaluate feedback from Indigenous program participants
- Evaluate current PSH and ICM landlord experiences.
- Feedback from persons with lived experience utilizing PSH and ICM resources.

RAPID REHOUSING INITIATIVES

STRATEGIC OUTCOME: Supportive Housing services provide a supportive and stabilizing end to homelessness.

EXPECTED RESULTS: The Durham Region homeless response system efficiently and effectively utilizes Rapid Rehousing resources to provide safe and appropriate supportive housing to people experiencing homelessness.

Final outcome

- Chronic homelessness is functionally ended.
- The lengths of time people experience homelessness is reduced.
- Successful exits to housing is increased.
- Returns to homelessness are rare.

Intermediate outcomes

- Rapid Rehousing successfully exits participants into permanent housing.
- Rapid Rehousing participants are able to rapidly identify a housing unit to lease.
- Landlords are very satisfied with the Rapid Rehousing rental assistance program.
- Rapid Rehousing participants who are demonstrating increased supportive housing needs are successfully transitioned to permanent supportive housing / intensive case management.

Immediate outcomes

- Rapid Rehousing standards of care are revised and reflect improved practices in housing and supports.
- Rapid Rehousing resources are easily accessed through Coordinated Assessment and quickly provide rental assistance.

Target audiences

- Durham Housing Services
- Emergency Shelters
- Coordinated Access System
- Programs serving Indigenous Peoples

Outputs

- Data generated on the status, support needs, housing barriers, and exit of people in Rapid Rehousing.
- Proposed revisions to standards, policies, procedures and housing-based case management practices for providing rapid rehousing.
- Proposed revisions to standards, policies, procedures and housing based case management practices to support cultural appropriateness for Indigenous People.
- Develop additional landlords and leasing incentives and recruitment strategies to increase housing unit options for Rapid Rehousing participants.

Key activities

- Develop housing-based case management training modules for Rapid Rehousing providers.
- Monitor, report, and evaluate Rapid Rehousing HIFIS data
- Evaluate current Rapid Rehousing landlord experiences.
- Evaluate feedback from Indigenous program participants.
- Evaluate feedback from Rapid Rehousing participants.

STREET OUTREACH

STRATEGIC OUTCOME: People experiencing unsheltered homelessness have direct access to housing and supports.

EXPECTED RESULTS: People experiencing unsheltered homelessness will be provided feasible pathways to safe, appropriate housing and supports through the effective deployment of Street Outreach services throughout Durham Region.

Final outcome

- Unsheltered homelessness will be reduced
- Exits from unsheltered homelessness to shelter and housing will increase.

Intermediate outcomes

- Street Outreach services provide complete coverage of Durham Region.
- Street Outreach services are strategically deployed geographically, days of week and time of day to maximize productive engagements with people experiencing unsheltered homelessness.
- Street Outreach services are an integral access point to the Coordinated Access System for providing assessment, prioritization, shelter and navigating housing resources.
- People experiencing unsheltered homelessness have access to both basic needs and housing-focused supportive services.
- Street Outreach services are part of a multi-agency response to unsheltered homelessness regularly communicating and coordinating with mental health support teams, police, EMS/paramedic, and fire responders.

Immediate outcomes

- Street Outreach practices reflect the standards of care supporting housing-focused services and coordination with community-based services—and supported by first responders and other providers serving or responding to unsheltered homelessness.
- Street Outreach teams are trained in best practice approaches supporting engagement with people experiencing chronic homelessness, high acuity, and complex housing barriers and support needs.
- Coordinated Access System policies and procedures incorporate Street Outreach services as an integral component of creating pathways to safe, appropriate housing and shelter.
- People experiencing unsheltered homelessness are known to the homeless-serving system with consistent entry of engagements, services, assessments, service plans and exits in the HIFIS system.

Target audiences

- Street Outreach providers
- Coordinated Access System
- Emergency Shelters
- Durham Regional Police Service
- Durham Mental Health Crisis Services
- CMHA Durham
- Indigenous organizations and services
- Durham Youth Services
- Primary Care Outreach program

Outputs

- Accurate, timely and dynamic Coordinated Access System by-name lists of people experiencing unsheltered homelessness.
- Data generated on the location, status, support needs, housing barriers, and trends of people experiencing unsheltered homelessness.
- Potential revisions of standards, policies, procedures and service delivery framework for providing housing-focused Street Outreach services integrated with the Durham homeless-serving system.
- Proposed revisions to staffing or establishment of new Street Outreach services.
- Proposed revisions to Street Outreach services to support cultural appropriateness for Indigenous People.
- Engagement, reporting and communication protocols to inform decision-makers, service providers on efficiency and effectiveness of Street Outreach services and operational performance consistent with standards of care.

Key activities

- Review Street Outreach services standards of care.
- Develop Street Outreach housing focused services training modules
- Review Street Outreach coverage map, calendar, shifts, and assignments.
- Monitor, report, and evaluate Coordinated Access System / HIFIS data related to Street Outreach activities.
- Evaluate feedback from Indigenous Peoples experiencing homelessness.
- Participate and engage Durham Region stakeholders impacted by unsheltered homelessness.

DATA COLLECTION AND ANALYSIS FRAMEWORK

HOMELESS INDIVIDUALS AND FAMILIES INFORMATION SYSTEM - THE PURPOSE & FUNCTION OF A HOMELESSNESS MANAGEMENT INFORMATION SYSTEM

Homeless Management Information Systems (HMIS) are commonplace in Canada and the United States of America. The Homeless Individuals and Families Information System (HIFIS) is a type of HMIS, and the first version was released as a desktop application in 1999. Two decades later, HIFIS 4 is now a web-based comprehensive data collection and reporting system that supports the functions of day to day operations of housing and homelessness service providers. Through the use of HIFIS, a community can better understand what is happening in the community, improve cross service provider functions like Coordinated Access, and report out on achievements for funders. Communities like Durham Region that receiving funding through the federal government's *Reaching Home* program use HIFIS.

Data that is collected is stored in HIFIS. All service providers that are funded through the Region are required to enter data into HIFIS. This makes data analysis across funded service providers possible. Organizations that are not funded through the Region are not required to use HIFIS or any HMIS for that matter. Any use of HIFIS by organizations not funded through the Region is completely voluntary. Because organizations not funded through the Region are not obligated to use HIFIS, there can be data gaps in understanding homelessness and the effectiveness of services in the Region.

PERFORMANCE MEASUREMENT AS PART OF OVERALL PERFORMANCE MANAGEMENT

Accountability for performance is important for each service provider and for the overall system of care. Performance measurement is part of overall performance management. In performance measurement, there is monitoring of important aspects of programs and the system as a whole. Key performance measures identify if the system as a whole is achieving intended results in preventing and reducing homelessness.

Across the system of care and within each program area, it is key for the service manager to understand the following:

1. **Are we efficient?** Key to this question is understanding how long people are experiencing homelessness. Examining the mean and median, the overall intention is

to get lengths of homelessness as short as possible, with people exiting for positive destinations.

2. **Are we effective?** Key to this question is understanding how many people are exiting homelessness for positive destinations like housing or reunification with friends or family when it is safe and appropriate to do so. The intention is to help as many households as possible in achieving the aim of exiting homelessness to safe and appropriate housing destination.
3. **Are we enduring?** Key to answering this question, is understanding how many people that exited homelessness stay housed (do not return to homelessness). The intention is to keep as many formerly homeless people housed as possible when the system of care assisted them in exiting homelessness. The higher the percentage of households retaining housing, the better.

To understand the answers to these three key questions, data that is collected and entered into HIFIS can be examined in different ways. Some of the keys to success in doing this across the Region, and in the best interest of performance improvement, is to dissect the answers to the questions by such elements as:

- Performance by individual service providers
- Performance by municipality within the Region or dividing performance examination between the southern portion of the Region compared to the northern portion of the Region
- Performance by household type assisted (individual adults, unaccompanied youth, families, couples without dependents)
- Performance by age range of household served
- Performance by gender of household or head of household
- Performance by acuity of household served
- Performance by whether or not the household served is Indigenous
- Performance by race of household served
- Performance by size of organization delivering services

Data gathering and measuring key performance indicators should improve overall performance management of individual service providers as well as the system of care

overall. In this sense, performance management is a forward-looking process used to set goals and regularly check progress of achieving those goals. In practice, the system of care through the service manager and individual service providers in the Region should set goals, examine the actual data of the performance, and then act on the results to improve the performance towards the goals.

SYSTEM COMPONENTS, PRIMARY INTENDED OUTCOME(S), AND THE KEY PURPOSE OF TRACKING DATA AND PERFORMANCE

System Component	Primary Intended Outcome(s)	Key Purpose of Tracking Data and Performance
Prevention	Whenever it is safe and appropriate to do so, keep people housed where they are at	How successful are service providers in the Region at preventing homelessness?
Diversion	Whenever it is safe and appropriate to do so, generate alternatives to entering shelter	How successful are service providers in the Region at finding safe and appropriate alternative to shelter entry?
Shelter	Keep length of stay as short as possible until safe and appropriate accommodation can be secured	How successful are service providers in the Region at keep lengths of stay short while connecting people to safe and appropriate positive exits?
Street Outreach	Keep people alive and keep length of homelessness as short as possible until safe and appropriate accommodation can be secured	How successful are service providers in the Region at keeping length of unsheltered homelessness as short as possible while connecting people to safe and appropriate alternatives or solutions to unsheltered homelessness?
Day Services	Keep length of stay as short as possible until safe and appropriate accommodation can be secured	How successful are service providers in the Region at keep lengths of stay short while connecting people to safe and appropriate positive exits?
Non-permanent Housing	Keep length of stay as short as possible until safe and appropriate permanent accommodation can be secured	How successful are service providers in the Region at keep lengths of stay short while connecting people to safe and appropriate permanent positive exits?
Supportive Housing	Keep people housed and improve quality of life	How successful are service providers in the Region at keeping people housed?
Housing with Supports	Keep people housed and improve quality of life	How successful are service providers in the Region at keeping people housed?

DATA TO BE COLLECTED AND ANALYZED BY SECTOR COMPONENT

Each measurement and suggested analysis outlined below is recommended to be completed for the following populations: individual adults, unaccompanied youth, families, couples without dependents (with them), and all. Each data element can further be examined by age ranges, gender identity, Indigenous, and/or, other locally relevant data categories. It can also be broken out by individual service providers.

PREVENTION DATA AND ANALYSIS

MEASUREMENT
of unique households served during reporting period
% change to previous quarter
% change to same quarter previous year
of unique people served during the reporting period
% change to previous quarter
% change to same quarter previous year
of unique households receiving assistance with rental arrears
% change to previous quarter
% change to same quarter previous year
of unique households receiving assistance with utility and/or energy arrears
% change to previous quarter
% change to same quarter previous year
of unique households where prevention was attempted this quarter or in the previous three quarters that became homeless this quarter
% change to previous quarter
% change to same quarter previous year

DIVERSION DATA AND ANALYSIS

MEASUREMENT
of unique households served during reporting period
% change to previous quarter
% change to same quarter previous year
of unique people served during the reporting period
% change to previous quarter
% change to same quarter previous year
of unique households receiving assistance with flexible funding
% change to previous quarter
% change to same quarter previous year
of unique households where diversion was attempted where the household still became homeless
% change to previous quarter
% change to same quarter previous year

of unique households where homelessness was resolved within 21 days of the diversion effort
% change to previous quarter
% change to same quarter previous year

SHELTER DATA AND ANALYSIS

MEASUREMENT
of unique households served during reporting period
% change to previous quarter
% change to same quarter previous year
of unique people served during the reporting period
% change to previous quarter
% change to same quarter previous year
of households served during reporting period that meet the definition of chronic homelessness
% of households served during reporting period that meet the definition of chronic homelessness
of households that "aged into" being chronically homeless during the reporting period
of households that "aged into" being chronically homeless during the previous reporting period
of households that "aged into" being chronically homeless during the same quarter of the previous year
of households served during previous reporting period that met the definition of chronic homelessness
% of households served during previous reporting period that met the definition of chronic homelessness
of households served during the same quarter of the previous year that met the definition of chronic homelessness
% of households served during the same quarter of the previous year that met the definition of chronic homelessness
Median length of homelessness
% change to previous quarter
% change to same quarter previous year
Mean length of homelessness
% change to previous quarter
% change to same quarter previous year
% of households encountered for the first time during the reporting period
% of households encountered for the first during the previous reporting period
% of households encountered for the first time during the same reporting period the previous year
% of households that returned to homelessness this quarter

% of households that returned to homelessness the previous quarter
% of households that returned to homelessness the same quarter the previous year
% of households that were served through shelter last quarter that are still served this quarter
of households achieving housing this quarter through Coordinated Access
% change to previous quarter
% change compared to the same quarter the previous year
of households achieving housing this quarter independent of Coordinated Access
% change to previous quarter
% change compared to the same quarter the previous year
% of households that spent 15 or more nights in shelter that are on the By-Name List
% change to previous quarter
% change compared to the same quarter the previous year

STREET OUTREACH DATA AND ANALYSIS

MEASUREMENT
of unique households served during reporting period
% change to previous quarter
% change to same quarter previous year
of unique people served during the reporting period
% change to previous quarter
% change to same quarter previous year
of households served during reporting period that meet the definition of chronic homelessness
% of households served during reporting period that meet the definition of chronic homelessness
of households that "aged into" being chronically homeless during the reporting
of households that "aged into" being chronically homeless during the previous reporting period
of households that "aged into" being chronically homeless during the same quarter of the previous year
of households served during previous reporting period that met the definition of chronic homelessness
% of households served during previous reporting period that met the definition of chronic homelessness
of households served during the same quarter of the previous year that met the definition of chronic homelessness
% of households served during the same quarter of the previous year that met the definition of chronic homelessness
Median length of homelessness
% change to previous quarter

A RENEWED HOMELESSNESS AND HOUSING SUPPORT SERVICE SYSTEM

% change to same quarter previous year
Mean length of homelessness
% change to previous quarter
% change to same quarter previous year
% of households encountered for the first time during the reporting period
% of households encountered for the first during the previous reporting period
% of households encountered for the first time during the same reporting period the previous year
% of households that returned to homelessness this quarter
% of households that returned to homelessness the previous quarter
% of households that returned to homelessness the same quarter the previous year
% of households that were served through street outreach last quarter that are still served this quarter
of households achieving housing this quarter through Coordinated Access
% change to previous quarter
% change compared to the same quarter the previous year
of households achieving housing this quarter independent of Coordinated Access
% change to previous quarter
% change compared to the same quarter the previous year
% of households that spent 15 or more nights unsheltered that are on the By-Name
% change to previous quarter
% change compared to the same quarter the previous year

DAY SERVICES DATA AND ANALYSIS

MEASUREMENT
of unique households served during reporting period
% change to previous quarter
% change to same quarter previous year
of unique people served during the reporting period
% change to previous quarter
% change to same quarter previous year
of households served during reporting period that meet the definition of chronic homelessness
% of households served during reporting period that meet the definition of chronic homelessness
of households that "aged into" being chronically homeless during the reporting period
of households that "aged into" being chronically homeless during the previous reporting period
of households that "aged into" being chronically homeless during the same quarter of the previous year
of households served during previous reporting period that met the definition of chronic homelessness

% of households served during previous reporting period that met the definition of chronic homelessness
of households served during the same quarter of the previous year that met the definition of chronic homelessness
% of households served during the same quarter of the previous year that met the definition of chronic homelessness
Median length of homelessness
% change to previous quarter
% change to same quarter previous year
Mean length of homelessness
% change to previous quarter
% change to same quarter previous year
% of households encountered for the first time during the reporting period
% of households encountered for the first during the previous reporting period
% of households encountered for the first time during the same reporting period the previous year
% of households that returned to homelessness this quarter
% of households that returned to homelessness the previous quarter
% of households that returned to homelessness the same quarter the previous year
% of households that were served through day services last quarter that are still served this quarter
of households achieving housing this quarter through Coordinated Access
% change to previous quarter
% change compared to the same quarter the previous year
of households achieving housing this quarter independent of Coordinated Access
% change to previous quarter
% change compared to the same quarter the previous year

NON-PERMANENT HOUSING DATA AND ANALYSIS

MEASUREMENT
of unique households served during reporting period
% change to previous quarter
% change to same quarter previous year
of unique people served during the reporting period
% change to previous quarter
% change to same quarter previous year
Median length of homelessness at time of move in
% change to previous quarter
% change to same quarter previous year
Mean length of homelessness at time of move in
% change to previous quarter
% change to same quarter previous year

Median length of stay
% change to previous quarter
% change to same quarter previous year
Mean length of stay
% change to previous quarter
% change to same quarter previous year
of unique households served through non-permanent housing that return to shelter or unsheltered homelessness during the quarter
% change to previous quarter
% change to same quarter previous year
of unique households served through non-permanent housing that moved on to permanent housing during the quarter
% change to previous quarter
% change to same quarter previous year

SUPPORTIVE HOUSING DATA AND ANALYSIS

MEASUREMENT
of unique households that previously experienced homelessness in supportive housing during reporting period
% change to previous quarter
% change to same quarter previous year
of unique households that were experiencing homelessness moving into supportive housing during the reporting period
% change to previous quarter
% change to same quarter previous year
of unique households that were meet the definition of chronic homelessness moving into supportive housing during the reporting period
% change to previous quarter
% change to same quarter previous year
Median length of homelessness at time of move in
% change to previous quarter
% change to same quarter previous year
Mean length of homelessness at time of move in
% change to previous quarter
% change to same quarter previous year
Median length of remaining housed in supportive housing amongst people that previously experienced homelessness
% change to previous quarter
% change to same quarter previous year
Mean length of remaining housed in supportive housing amongst people that previously experienced homelessness
% change to previous quarter

% change to same quarter previous year
of unique households served through supportive housing that return to shelter or unsheltered homelessness during the quarter
% change to previous quarter
% change to same quarter previous year
of unique households served through supportive housing that moved out and where location and housing status is unknown
% change to previous quarter
% change to same quarter previous year

HOUSING WITH SUPPORTS DATA AND ANALYSIS

MEASUREMENT
of unique households receiving supports in housing this quarter
% change to previous quarter
% change to same quarter previous year
of unique households moved into housing with supports this quarter
% change to previous quarter
% change to same quarter previous year
Median length of homelessness at time of move in
% change to previous quarter
% change to same quarter previous year
Mean length of homelessness at time of move in
% change to previous quarter
% change to same quarter previous year
of households moving into housing with supports that meet the definition of chronic homelessness
% change to previous quarter
% change to same quarter previous year
of households that "graduated" from needing supports this quarter
% change to previous quarter
% change to same quarter previous year
of unique households served through housing with supports that return to shelter or unsheltered homelessness during the quarter
% change to previous quarter
% change to same quarter previous year
of unique households served through housing with supports that moved out and where location and housing status is unknown
% change to previous quarter
% change to same quarter previous year

SYSTEM WIDE (CROSS SECTOR OF SERVICE) DATA AND ANALYSIS

MEASUREMENT
of unique households experiencing homelessness this quarter
% change to previous quarter
% change to same quarter previous year
of unique households experiencing chronic homelessness this quarter
% change to previous quarter
% change to same quarter previous year
of unique households ageing into chronic homelessness this quarter
% change to previous quarter
% change to same quarter previous year
of households exiting homelessness to a positive destination this quarter
% change to previous quarter
% change to same quarter previous year
of households returning to homelessness this quarter
% change to previous quarter
% change to same quarter previous year
of households on the By-Name List this quarter
% change to previous quarter
% change to same quarter previous year
Mean length of homelessness this quarter
% change to previous quarter
% change to same quarter previous year
Median length of homelessness this quarter
% change to previous quarter
% change to same quarter previous year

PERFORMANCE TARGETS

A performance target is **the specific, planned level of a result to be achieved within an explicit timeframe with a given level of resources, and in a specific context**. With this framing of a performance target, it is possible for the Region to establish and monitor performance within organizations and across sectors of service that receive funding through the Region. Performance targets for non-funded organizations that also deliver programs and services to people experiencing homelessness or previously experienced homelessness either need their own performance targets or a memorandum of understanding with the Region so that the resource level and efforts of the non-funded organization can be understood and placed in the context of service delivery.

The system-wide performance targets, and sector-specific performance targets, are intended to track the ability to reduce lengths of homelessness, increase exits from homelessness to positive destinations, and decrease the number of people that were assisted with housing in returning to homelessness.

Performance Area	Breakdown	Performance Target
Avoiding homelessness	Prevention services	30% of households seeking assistance with prevention resources are prevented from becoming homeless
	Diversion services	20% of households at the precipice of homelessness do not enter the homelessness response system because of safe and appropriate alternatives
Decrease length of homelessness	People experiencing homelessness for the first time	30% of people experiencing homelessness for the first time have their homelessness ended within 90 days
	People experiencing episodic homelessness	20% of people experiencing homelessness have their cumulative experience of homelessness ended within 90 days
	People experience chronic homelessness	10% of people experiencing chronic homelessness have their homelessness ended by the 18 month mark of their homelessness
		20% of people experiencing chronic homelessness have their homelessness ended each year through access to housing

Performance Area	Breakdown	Performance Target
Increase access to housing	Unsheltered homelessness	30% of people encountered as unsheltered have their homelessness resolved without reaching the threshold to be considered chronically homeless each year through access to housing
	Sheltered homelessness	30% of people experiencing chronic homelessness have their homelessness ended each year through access to housing
		30% of people encountered as unsheltered have their homelessness resolved without reaching the threshold to be considered chronically homeless each year through access to housing
		70% of people experiencing homelessness are added to the By-Name List after experiencing homelessness for 15 days and before reaching 30 days of homelessness
	By-Name List and Coordinated Access	90% of matches made through Coordinated Access result in housing within 60 days
Reduce returns to homelessness after being housed	Supportive housing	80% of households that previously experienced homelessness and moved into supportive housing remain housed
	Housing with supports	75% of households that previously experienced homelessness and moved into housing with supports remain housed

RECOMMENDED ACTIVITIES & PRIORITIES

To successfully implement the recommended enhancements and activities below, it is acknowledged that the cooperation of all partners involved in assisting, supporting, sheltering, re-housing, protecting, evaluating and investing in the services and resources needed to address housing and homelessness will be essential. This system planning project once again demonstrated that system challenges and barriers can only be solved with system thinking and system transformation. The experiences of other Canadian communities that are effectively addressing the housing and support needs of highly vulnerable households highlight the potential of a Multidisciplinary System Planning Leadership Committee that governs the action focused and sector based Working Groups to provide oversight for the implementation of the below recommendations. It is recognized that as the designated Service Manager for housing and homelessness, the Region of Durham will coordinate and co-chair each of the Work Groups created to address the thematic recommendations below. Once implemented, these recommended enhancements will provide transformative change and promote the prevention and reduction of chronic homelessness throughout the Regional Municipality of Durham.

SYSTEM INTEGRATION RECOMMENDATIONS: PRIORITY 1 FOR IMPLEMENTATION

1. **Formalized and Multi-disciplinary Collaboration Required to Meet Needs of People Experiencing Housing Crises and Homelessness:** There are many systems that influence the journey into and out of literal homelessness for local residents. Health, Justice and Child Welfare systems often discharge directly into homelessness. Provincial income assistance and disability programs and policy continue to ensure that local residents do not have enough financial resources to cover basic living costs with severe poverty continuing to be a primary driver of homelessness. Insufficient resources dedicated to homelessness prevention, emergency homelessness responses (shelter, outreach and day services) as well as re-housing and support efforts results in lengthy prioritization lists and an inability for the social service and homelessness sector - in isolation - from responding effectively to the rising needs locally. A collaborative table of Provincial, Federal and Community system leaders that have the authority to revise and influence investment and service delivery priorities that promote safe, appropriate housing options as a determinant for improved health, integration, participation, wellness and stability should be developed for the Region.

2. **Clarity on the Role and Function of Durham Region as the Service Manager:** As the provincially designated Consolidated Municipal Service Manager, the Regional Municipality of Durham is the obvious Lead Agency for housing and homelessness service coordination. This designation however, does not mean that the Regional Team has the authority to make all of the enhancements required to prevent and reduce homelessness in Durham Region. Improved clarity on the role of the Service Manager to all parties, and by extension, outline what the homelessness and re-housing system of care looks like in Durham Region, as well as improved clarity on the obvious interconnectedness with other local Provincial and Federal systems of care.
3. **Formalize Cross-Sector Partnerships:** Develop memoranda of understanding across systems (health care, mental health care, addiction recovery, justice, child welfare, etc.) and the homelessness response system on the roles, functions, accountabilities and contributions towards responding to homelessness.
4. **Ensure Equitable Access to Housing Crisis and Homelessness Services throughout the Region:** Striving to ensure that people experiencing housing crises and homelessness in the northern part of the Region must be a priority for system planning efforts. Having to leave natural supports behind in order to access emergency and re-housing supports located in the southern part of the Region is not person-centred, strength-based or trauma-informed. Both shelter and housing options need to be planned for and implemented in northern parts of the Region as well. The Beaverton Supportive Housing project is one initiative that demonstrates alignment with improved equity in service delivery in Durham Region for people recovering from homelessness.
5. **Develop and implement a Persons with Lived Experience (PWLE) Advisory Board:** Nothing for Us, Without Us! Working with community partners, people with lived and living experiences will be invited to participate in a PWLE Advisory Board. The primary mandate of this Board is to review this report and its recommendations, and to serve as advisors on the best ways to address the needs of people experiencing homelessness within the framing of this report. To do this effectively, each Working Group should incorporate people with lived and living experience of homelessness.
6. **Enhance Appreciation for and Retention of Health, Human, Emergency and Social Service Staff:** Hold a staff appreciation and job fair event to acknowledge the work of

the non-profit sector throughout the pandemic, while trying to recruit additional staff to the sector.

7. **Amplify Service Hubs for Local People:** Enhance the currently available hub model in effect in some of the communities in the northern part of the Region. Expand the services available to more closely replicate the other hubs in the Region, including the potential integration of medical services. It is acknowledged that such hub models in the North may be available fewer hours or fewer days per week, while offering transportation assistance to other resources in the Region.
8. **Improve Access to Health Services for People Impacted by Housing Crises and Homelessness:** Continue to infuse health care opportunities in street outreach, shelters and supportive housing with an emphasis on connecting people using the services to maintain health care services rather than creating a parallel health care system. Specific initiatives such as supervised consumption sites, streamlined access to detoxification and treatment options as well as access to community-based medical and harm reduction services will be important for the Region of Durham.
9. **Clarify the Role and Function of Police** and other law enforcement bodies within the homelessness response in the Region of Durham. Working with local law enforcement agencies (including by-law), the System Planning Leadership table will work to clarify opportunities when outreach staff are more appropriate responders to incidents involving people experiencing unsheltered homelessness and/or street involvement. All community based responses to encampments should incorporate service coordination between policing bodies and homelessness response workers - formalized response protocols and governance for responding to encampments would clarify the role and function of police and improve consistency in operations. Members of policing bodies will be invited to participate in training sessions to improve education and awareness on all engagement approaches and core competencies such as trauma informed care, motivational interviewing, harm reduction, etc.
10. **Increase Efficiency and Effectiveness of Meetings:** Streamline the meeting structures for engagement with the broader homelessness-serving community. Optimize sector specific collaborations (as described below) and meetings to ensure action-oriented, solution focused problem solving and implementation of evidence informed practices.

11. **Improve Consistency of Sector Standards of Care, Policies, Procedures and Service Delivery Expectations:** Implement the logic models outlined for each sector of service, then activate and monitor performance targets for all areas of service delivery.
12. **Professionalize the Multi-Disciplinary System of Care** with ongoing training opportunities made available to all frontline staff and management on the following: trauma-informed care; harm reduction; person-centred, strengths-based approach; diversity, equity and inclusivity; progressive engagement; documentation; privacy and confidentiality; de-escalation; and, motivational interviewing. Other training should be specific to the job functions performed (e.g., maintaining a housing focus in shelter would only be made available to staff that work in shelter).
13. **Enhance Access to Training for System Leaders:** Ensure that system leaders and organizational governance boards also have access to professional development opportunities to ensure that evidence informed practices and approaches are incorporated into all aspects of the system of care.

HOMELESSNESS PREVENTION & EMERGENCY RESPONSE ACTIVITIES: PRIORITY 2

14. **Homelessness Prevention and Shelter Diversion:** Increase prevention and diversion services using evidence-based and evidence-informed practices in designing the program and in delivering prevention and diversion services.
15. **Optimize Opportunities to Increase Deeply Affordable Housing Options:** Explore all land use, available unused government properties and other funding opportunities to expand rental accommodations within the Region that would be affordable to an individual that relies upon Ontario Works as their income source, or comparable amount of income.
16. **Advocacy & Enhanced Collaboration with Local Poverty Reduction Initiatives:** Advocate for increases in social assistance rates that reflect the cost of living in the Region.
17. **Formalize Discharge Planning and Community Reintegration Options:** Create and implement interim housing options for people leaving hospital, incarceration or substance use treatment so that they do not need to return to unsheltered situation or shelter while working on permanent housing options.

18. **Right-Size Shelter Options for the Entire Region:** Expand shelter services by at least 200 beds over the next three years, with 70% of the expansion in Oshawa, Whitby, Pickering, and/or Ajax, and the remaining 30% of the expansion in northern parts of the Region. Gaining insights from service providers and the PLWE Advisory Board regarding the size and target populations for local shelters is recommended to ensure that these services meet local needs more effectively.
19. **Enhance Housing Focused Outreach Activities throughout Durham Region:** Continue to improve street outreach services and the coordination of outreach activities throughout the Region, with an emphasis on housing solutions for people that are unsheltered.
20. **Formalize Encampment Responses:** Develop and implement a multi-disciplinary approach across all relevant departments and service providers to respond to encampments with a housing focus rather than enforcement focus.

RE-HOUSING AND SUPPORT ACTIVITIES: PRIORITY 3

21. **Housing Is the Solution:** Continue to place considerable emphasis on identifying and meeting the housing needs of people experiencing chronic homelessness across the Region.
22. **Expand supportive housing opportunities throughout the Region,** with particular emphasis on harm reduction housing in Oshawa and Ajax to better address both unsheltered homelessness and injection substance use and drug poisonings. At least 60 units per year over the next five years is recommended, with at least 70% of those units in the southern part of the Region.
23. **Focus on Stabilization in Bridge Housing Options:** Given the profound mental wellness, physical health and substance use concerns experienced by some people experiencing lengthy homelessness episodes, it is acknowledged that a period of stabilization with on-site staffing supports would be of benefit as permanent solutions through permanent supportive housing are explored concurrently. Create and implement a bridge housing opportunity for those current unsheltered and sheltered persons in the Region that have profound barriers to accessing housing that need to be resolved so that permanent housing options can be secured.

24. **Improve Wellness, Stability and Support Services:** Increase support services to people that have exited homelessness to decrease the possibility of a return to homelessness in the future. Case management models that emphasize a minimum threshold of home visits and activities relative to the depth of need of the household is a necessary quality control mechanism and must be practiced consistently.

CONCLUSION

Municipalities throughout Ontario face comparable challenges: increasing costs of private market rental accommodation; insufficient number of rental units for people living on a low-income; insufficient income assistance rates; changes in the volume of homelessness and the face of homelessness as a result of the pandemic; demands for existing services surpassing supply; staffing shortages; and, increasing street homelessness. Public sentiment related to homelessness remains mixed: from people that want to see people experiencing homelessness, to homelessness being seen as a social nuisance to be swept away. Service Managers, like the Region, are challenged to meet competing demands, and ensure the system is immediately responsive while planning for the future.

Indicators suggest that homelessness is likely to be worse before it gets better. Short term solutions like expanded shelter opportunities are necessary. Furthermore, various types of housing models including interim, bridge, low-income and supportive housing are all needed. While the Region has historically relied primarily on funding from other orders of government to respond to homelessness and housing needs, like other Ontario communities it may be time to look at investment at a new scale from the local tax base. The Region urgently needs more shelter options, as well as a large number of permanent supportive housing options, providing both rent that is affordable and 24/7 supports to meet the housing needs of people with chronic homelessness and co-occurring higher acuity.

While the majority of services and resources are situated in the southern part of the Region, expansion to the northern parts of the Region is necessary. Both shelter and housing options need to be planned for and implemented in northern parts of the Region as well. This will be in the best interest of people experiencing homelessness in the northern part of the Region, as well as providing a support or housing option to people

experiencing homelessness in the southern parts of the Region that may be more conducive to recovery and getting away from day to day habits that are impacting health and wellness.

It is also integral that existing services continue to enhance their professional skills and services. Formal logic models and performance expectations, as laid out in this report, should assist in providing greater consistency in services. It should also positively impact the quality of services provided and improve monitoring of service delivery. Furthermore, requiring training and core competencies of frontline staff delivering the work will improve service excellence and accountability.

The Region, however, cannot respond to homelessness alone. In addition to the numerous non-profit organizations that rely upon the Region for an allocation of funding from the Province or Federal government, internal entities like police need assistance in responding effectively to homelessness rather than sweeping encampments. External partners like landlords require education, incentives and supports. Other systems like health, justice and child welfare need strong memoranda that outlines the relationship between systems, data sharing, service integration, and shared outputs and outcomes to be measured. The approach with other systems is more agency specific than system to system. While there are some one-off effective integrations, it is neither designed nor monitored as a system-to-system interface. This makes effectiveness, targeted application and consistency more difficult.

Homelessness in the Region is not going away anytime soon. Therefore, strengthening the infrastructure and balancing meeting the immediate needs with permanent solutions will be the emphasis of the work of the system for the next 3-5 years. Emphasis should be placed on reducing inflow through prevention and diversion, as well as identifying and assisting chronically homeless households to exit the system of care to housing with the supports necessary to help them sustain housing.

APPENDIX A - KEY INFORMANTS THAT RECEIVED AN INVITATION TO BE INTERVIEWED

Daniel Cullen, Gap Committee

Jai Mills, Ontario Health East

Joan Randell, SVDP - Bowmanville

Stephanie, Skopyk, CMHA NP at Back Door Mission - Oshawa

Morgan Cearns, CFOC - Doors of Compassion

Shylo Steinenger, CFOC - Doors of Compassion

Lisa Peel, VHA Home Health Care

Leah Wahl, Carea Community Health Care Centre

Scott Evans, Community Volunteer

Niki Goulden, Community Development Council - Durham

Chantal Branchaud, Community Living Durham North

Katie Sansom, Oshawa and Ajax Crisis Location, DMHS, Lakeridge Health

Matt King, Hospital to Home, Lakeridge Health

Nicole Dos Santos, Pinewood Program, Lakeridge Health

Sheila Gallagher, Durham Mental Health Services

Councillor Bob Chapman, City of Oshawa

Candice Correa, Durham Youth Services

Rob Brglz, Cornerstone

Clarence Keesman, The Refuge

Theresa Treadwell, Salvation Army

Amanda Hoover, Durham Regional Police