

# County of Northumberland Homelessness Support System Review

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**External Report – Final – May 15, 2023**



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# Executive Summary

The County of Northumberland engaged Vink Consulting to undertake a review of Northumberland County's homelessness support system in late fall 2022 and early 2023. The review focused on:

- Understanding the current state of the homelessness support system, with a particular emphasis on emergency shelter services.
- Comparing the current homelessness support system to best practices and approaches in other municipalities.
- Determining the ideal future state of the homelessness support system, including identifying core services.
- Reviewing current funding in comparison to funding required to achieve the recommended future state of the homelessness support system.
- Recommending implementation steps to get to the ideal recommended future state of the homelessness support system.

The review was informed by:

- An examination of background documents and published information on best practices.
- A scan of practices used in five other comparator communities.
- Interviews with 26 community partners involved in the homelessness service system and 7 County staff.
- Interviews and focus groups with 28 persons with lived experience.
- An analysis of reporting data from funded programs as well as systems level administrative data.

The review provided recommendations on:

- The service delivery levels and model
- Expectations related to effective service delivery
- Performance monitoring for each of the key program areas within the homelessness support service system. This includes:
  - emergency shelter
  - homelessness prevention services
  - street outreach
  - adaptive case management (re-housing supports)
  - Housing First (Intensive Case Management) / supportive housing
  - Access to affordable housing.

The review also provided recommendations on next steps to support implementation of an effective Coordinated Access model.

The review identified six key recommendations related to Emergency Shelter:

- Reduce barriers to access emergency shelter services.
- Fund a dedicated staff person to support diversion of singles.
- Provide funding to support adequate staffing levels and average salaries to deliver shelter service.
- Reduce shelter demand by increasing supportive housing and/or Housing First Intensive Case Management spaces along with rental assistance for people experiencing chronic homelessness with high acuity.
- Look to transition spaces used for emergency shelter to more appropriate space for approximately 25 beds and daytime supports.
- Monitor Transition House's progress in improving its capacity.

The review assessed the diverse housing and supports required to address the needs of Northumberland County residents experiencing homelessness. To continue the County's progress in its work to end chronic homelessness, the review recommended the following enhancements to the level of service of various program areas:

- Homelessness Prevention Services – consider increasing by 1 Full-time Equivalent (FTE)
- Diversion Support – Add diversion support for singles (1 FTE)
- Street Outreach – Increase capacity to approximately 0.5 FTE for rough sleepers and 0.5 FTE for rural communities.
- Adaptive Case Management – Consider modest increases to adaptive case management (<0.5 FTE)
- Supportive Housing / Housing First / Intensive Case Management with Rental Assistance – Add a minimum of 15 program spaces, preferably 30 spaces in 2023, and another 15 spaces by 2025, for a total of 45 spaces.

# 1.0 Introduction

## 1.1 The Review

The County of Northumberland and its partners believe in ending chronic homelessness (achieving functional zero<sup>1</sup>), and ensuring that all Northumberland residents have safe, appropriate, and affordable housing choices.

To support its efforts in achieving functional zero, the County of Northumberland (referred to in this report as “The County”) engaged Vink Consulting to undertake a review of Northumberland County’s homelessness support system. The review focused on:

- Understanding the current state of the homelessness support system.
- Comparing the current homelessness support system to best practices and approaches in other municipalities.
- Determining the ideal future state of the homelessness support system, including identifying core services.
- Reviewing current funding in comparison to funding required to achieve the recommended future state of the homelessness support system.
- Recommending implementation steps to get to the ideal recommended future state of the homelessness support system.

While the review looked at the homelessness support service system, particular emphasis was placed on emergency shelter services.

## 1.2 Key Evaluation Questions

The following six key evaluation questions were used to guide the review.

1. What are the strengths and gaps in the current homelessness support system?
2. For which population groups are there gaps in the current homelessness support system and which groups should be priorities?
3. What is the right size of various services within the homelessness support system and how can service levels/capacity be optimized over time?
4. What funding would support value for money?

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<sup>1</sup> Functional zero is a milestone a community reaches when homelessness is brief, rare, and non-recurring. There will always be a need for homelessness support services, but the goal is to ensure that the support system can resolve homelessness quickly and easily for anyone who experiences it. Every community measures functional zero based on the size of their homeless population. In Northumberland County, the County and its partners will have reached its goal when there are no more than 3 people experiencing chronic homelessness at any one time (sustained for 3 months or more).

5. What model/strategies should be put in place so that all homelessness support services function effectively as part of an integrated homeless service system that ensures:
  - People in housing crisis are quickly placed into the most appropriate service through a system of coordinated access
  - There is easy access to shelter
  - People seeking a place to stay are provided with consistent diversion support, where appropriate
  - People in shelters are connected to appropriate housing support services and supported to re-gain housing as quickly as possible
6. What should the core structure be for homelessness support services, what levels of core service should be provided, and what add on service should be offered?

### **1.3 Data Collection Methods**

The review was informed by County staff, community partners, persons with lived experience, program and systems level data, existing literature, and practices in other communities. This involved:

- Background document review
- Interviews with 7 County staff
- Interviews with 26 community partners involved in the homelessness service system
- Interviews and focus groups with 28 persons with lived experience, including a focus group at Transition House (8 participants), interviews at Salvation Army's Tuesday evening dinner (6 participants), and interviews in the community with individuals engaged in outreach services (14 participants)
- Review of reporting and other administrative data from funded programs as well as systems level data
- Interviews with five comparator Service Managers in Ontario about their service level capacity and funding levels and models
- A review of published information on best practices.

Most of the pieces of literature chosen for the best practices review were key resources identified by prominent Canadian homelessness agencies, such as Built for Zero Canada and the Canadian Observatory on Homelessness. The remaining literature was produced by prominent homelessness agencies in the United States, including the National Alliance to End Homelessness and the United States Interagency Council on Homelessness.

## 1.4 Updates During the Review

Consultations and analysis were conducted in late 2022 and early 2023. However, there have been several changes that have impacted the homelessness supports service system since the review began. These include:

- A change in leadership at Transition House, at both the management staff and board levels.
- County Council approved an additional \$350,000 in the 2023 budget for homelessness services.
- The County received confirmation that it would receive additional funding through the provincial Homelessness Prevention Program for 2023-2024 and each of the two subsequent years.

The contextual impact of these changes should be considered when evaluating and implementing the recommendations outlined in this report.

## 1.5 Policy Context

### Housing Services Act, 2011

As the Service Manager designated by the Province of Ontario, the County of Northumberland is responsible for planning, administering, and delivering a system of coordinated housing and homelessness services that assists households to improve their housing stability and prevent homelessness.

### Ten Year Housing and Homelessness Plan

As required by the province, the County has a Ten-Year Housing and Homelessness Plan. The Plan outlines a long-term vision and strategic plan for affordable housing and homelessness related programs and services and identifies objectives that reflect the unique issues and needs across Northumberland. The Plan has two long-term intended outcomes:

- All Northumberland residents have access to safe, appropriate, and affordable housing choices.
- Functional zero end to homelessness has been achieved.

In addition, the plan is intended to help achieve the following outcomes between 2019 and 2029:

- Increased availability of affordable and market-rate rental housing
- Having a coordinated system of housing and support services
- Increased successful tenancies and decreased evictions
- Increased supportive housing and supports
- More diverse housing choices built
- Lower rate of housing needing major repairs.

The plan identified several strategies and actions aimed at strengthening the homelessness support system. These include:

- Implement Coordinated Access for Housing and Support Services
  - Convene a table of community agencies providing housing and homelessness services to examine current services to determine how each contributes to the housing and homelessness system and identify opportunities to coordinate service delivery.
- Support Housing Stability
  - Provide County-funded housing allowances to individuals and families who are chronically homeless and those who have low acuity scores and only need affordable housing.
- Increase Supportive Housing and Supports
  - Develop supportive housing for people on the By-Name List
  - Advocate for increased funding for supportive housing and supports.

The recommendations in this review are intended to align with the strategies and actions in the Ten-Year Housing and Homelessness Plan.

## Homelessness Service Funding

The County of Northumberland receives Homelessness Prevention Program funding from the Province of Ontario to provide affordable housing and support services for people at risk of or experiencing homelessness. The objective of the program is to prevent, address and reduce homelessness, including chronic homelessness. Service Managers have discretion to allocate funding among different service categories, including supportive housing; community outreach and support services; housing assistance; and emergency shelter solutions. They are encouraged to support a shift away from emergency responses towards prevention and permanent housing and contribute to a reduction in chronic homelessness. The County uses the funds to invest in a range of services in the homelessness support system. Homelessness services are also funded through investments from the local tax levy. In addition, there are homelessness supports provided by local agencies who do not receive funding from the Homelessness Prevention Program or levy investments.

Homelessness services are primarily delivered through service agreements with third party organizations, although some services are directly delivered by the County. The County currently funds the following supports and services delivered by community partners:

- Emergency shelter
- Emergency overflow in motel
- Warming room (seasonal)



- Housing support to low-income households to enable them to maintain their housing
- Diversion support
- Outreach
- Housing-focused case management to support households to obtain and retain housing.

The County also directly delivers outreach services, shelter benefits, and rental subsidies.

Other homelessness related services with funding from other sources include:

- Shelter and supports to attain and retain housing for women and children fleeing violence (Indigenous and mainstream)
- Mental health and addictions supportive housing (rental subsidies with Intensive Case Management)
- Street outreach to provide information and support.

## 1.6 Organization of the Report

The report is organized into nine sections. Section 2.0 Current State of Homelessness in Northumberland County - provides a brief overview of data on the number of households and the support level need (i.e., acuity level) of people experiencing homelessness. Sections 3.0 to 9.0 each review a specific component of the homelessness support service system:

- 1.0 Introduction
- 2.0 Current State of Homelessness in Northumberland County
- 3.0 Emergency Shelter
- 4.0 Homelessness Prevention Services
- 5.0 Street Outreach
- 6.0 Adaptive Case Management (Re-housing Supports)
- 7.0 Housing First / Intensive Case Management / Supportive Housing
- 8.0 Access to Affordable Housing
- 9.0 Coordinated Access System.

These components are based on best practices and align with the common program elements of successful homelessness support systems identified by Dr. Alina Turner in *Beyond Housing First: Essential Elements of a System-Planning Approach to Ending Homelessness*. For each specific components addressed in the sections below, there is a review of best practices, an overview of existing services, a summary of current strengths and gaps, and future recommendations.

## 2.0 Current State of Homelessness in Northumberland County

The following section reviews available data on the number of households and acuity levels of people experiencing homelessness to help inform which solutions and capacities of various services are required for working towards an end to chronic homelessness (functional zero).

### 2.1 Number of Households Experiencing Homelessness

The By-Name List is a real-time list of all known people experiencing homelessness in the community who consent to being on the list. It includes a robust set of data points that can support coordinated access and prioritization at a household level and an understanding of inflow into homelessness, and outflow out of the homelessness support system. The By-Name List can be used to provide an indication of the number of households experiencing homelessness over a period of time.

Based on Northumberland County's By-Name List, 137 people experienced homelessness at some point in 2022. Of these, 98% (134) experienced chronic homelessness.

As of March 31, 2023, there were 76 households on the By-Name List who were experiencing homelessness.

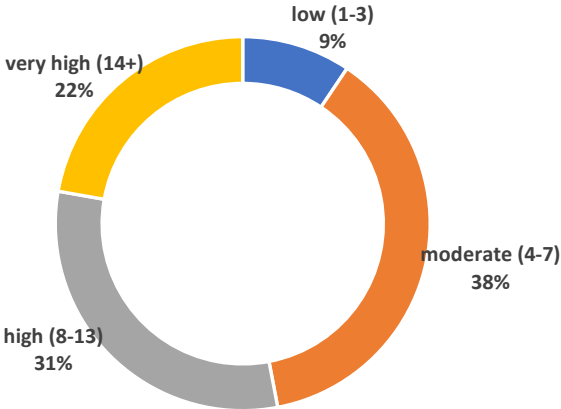
#### Acuity

Acuity refers to an assessment of the level of complexity of a person's experiences that are likely to impact overall housing stability. It is used to determine the appropriate level, intensity and frequency of case managed supports to sustainably end a person's homelessness. The County of Northumberland and its homelessness support system partners have implemented the Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) to determine the level of need. The VI-SPDAT is a brief self-reported survey that breaks down acuities according to the table below. The VI-SPDAT assesses for key areas based on age, history of housing and homelessness, risks, socialization and daily functions, and wellness. Of the 137 households that experienced homelessness in 2022, 124 were scored as singles, 7 as families, and 6 had unknown household status.

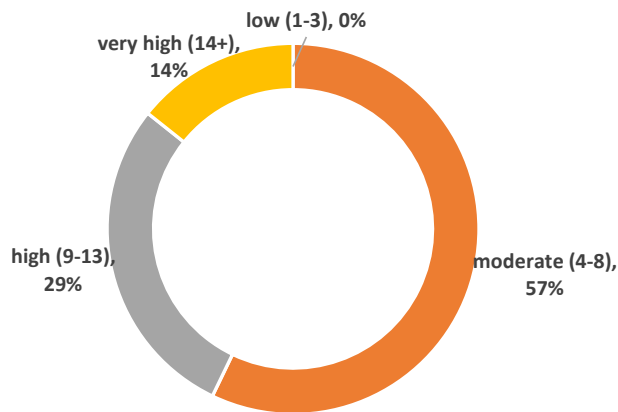
Acuity	Score Singles	Score Singles	2022 Northumberland VI-SPDAT Counts	2022 Northumberland VI-SPDAT Counts	Recommended Intervention
Low	1-3	1-3	11	0	No housing intervention
Moderate	4-7	4-8	44	4	Rapid re- housing
High	8-13	9-13	36	2	Housing First or Permanent Supportive Housing
Very High	14+	14+	26	1	Permanent Supportive Housing
No Score	n/a	n/a	7	0	
<b>Total</b>			<b>124</b>	<b>7</b>	

Of the 117 singles with known VISPDAT scores, over half (53%) had high or very high acuity levels and likely require Housing First or Permanent Supportive Housing to find and maintain housing. Another 38% had moderate acuity and may require time-limited case management and short-term financial supports, but can live independently after receiving subsidies and support services (these services are often referred to as rapid re-housing). The remaining 9% of singles with known VISPDAT scores had low acuity and likely need limited to no housing intervention to end their experience of homelessness. Of all 7 families with known VISPDAT scores, 57% showed moderate acuity and 43% showed high or very high acuity levels. No families had low acuity.

**Acuity of Singles with known VISPDAT scores (117)**



## Acuity of Families with known VISPDAT scores (7)



Source: Northumberland County By-Name List

## 3.0 Emergency Shelter

The following section focuses on emergency shelter services and includes a review of best practices; a comparative analysis; an overview of existing shelter services; an assessment of current strengths, challenges, and gaps; an assessment of the future needs and capacity and funding; and recommendations related to future emergency shelter service delivery.

### 3.1 Best Practices

The literature suggests that effective shelter services take a Housing First approach and include:

- Diversion Supports
- Immediate and Low-Barrier Access
- Practices that Promote Dignity and Respect
- Housing-Focused, Rapid Exit Services
- Data to Measure Performance<sup>2</sup>.

#### Diversion Supports

Every possible effort should be made to avoid unnecessary entry into emergency shelter. Service providers should assist individuals and families to explore other safe and appropriate options before offering shelter. Service providers should provide supports such as problem-solving assistance to help identify barriers and solutions to the household's current situation; housing help (support to find housing, advocacy and

<sup>2</sup> National Alliance to End Homelessness, The Five Keys to Effective Emergency Shelter

coaching through the process of applying for a lease); referrals to eviction prevention (financial support, legal advice, mediation) or re-housing assistance (financial support, housing)<sup>3</sup>.

### **Low-Barrier Access**

Shelters should provide low barrier services, meaning individuals and families should be able to access services without pre-conditions or requirements such as payment for service, sobriety, treatment compliance or any other requirements which may prevent someone from seeking emergency support, like previous non-compliance with a housing plan<sup>4</sup>. Shelters should also take approaches that address reasons why people may be reluctant to access shelter. Rules that restrict access should only be in place when necessary, such as the imminent risk of harm to self or others. If a service user is restricted, they should be referred to another service provider to receive the support services that they can not access from the shelter provider due to the agency-wide service restriction.

### **Practices that Promote Dignity and Respect**

Shelters should have clear policies, eligibility criteria and practices promoting inclusion, cultural safety, dignity, and respect<sup>5</sup>. People of different racial, ethnic, ability, gender identity, and sexual orientations should have equal access to shelter and equitable support to re-gain housing.

Cultural safety practices should involve all staff having a level of cultural competence but could also involve providing clients the option of engaging with culturally specific staff/teams. Having staff that reflect the population of those seeking shelter is a best practice approach to support inclusion and cultural competence.

Shelters should have an orientation towards working with people that may be engaged in higher-risk, exploitive, and/or harmful activities. Shelters should specifically indicate that clients do not need to alter their substance use, etc. to access shelter. They should also be provided with direct access to harm reduction supplies (e.g., needle exchange, distribution and disposal) as well as education regarding how to avoid risky behaviours and engage in safer practices (e.g., overdose prevention). Some shelter models go even further with harm reduction services, to include controlled quantities of alcohol to replace non-beverage/non-palatable alcohol.

Shelters should provide immediate and 24/7 access to services where service users can have their basic needs met, such as accessing food, hygiene, shelter, and storage at all times. Storage should be offered for clients to safely store anything in their

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<sup>3</sup> National Alliance to End Homelessness. (2011). Closing the Front Door: Creating a Successful Diversion Program for Homeless Families

<sup>4</sup> United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System

<sup>5</sup> United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System



possession, and the contents should not be searched by staff, nor should they be punished for the contents.

The built form and layout of an emergency shelter should also promote dignity and reduce conflict. It should be accessible for persons with physical disabilities.

Rules should be clearly communicated to clients and easily accessible for review by clients. Rules should be reasonable, and their enforcement be transparent and proportional. When someone does not meet an expectation, staff should work with the person to help them meet the expectation, rather than creating a conflict for violating a rule or use the power dynamic to threaten dismissal and force compliance. Service restrictions from an overnight shelter program should only be issued as a last resort to address issues such as imminent risk of harm to self or others.

Service users with a service restriction related to overnight shelter should still be able to access other support services at the shelter site unless there is an agency-wide restriction due to the severity of the service user's actions/behaviour.

### **Housing-Focused, Rapid Exit Services**

Emergency shelters should have policies, procedures, and programs that support service users to quickly access permanent housing following the entry to the shelter system<sup>6</sup>. Shelters should provide service users with consistent messaging and program goals of supporting people to return to, or obtain appropriate housing. Shelter service providers should advise service users that they must be actively involved in securing housing while in shelter. Housing supports should take a progressive engagement approach. Within the first couple of days of shelter entry, an initial case plan should be developed, and service users should be offered opportunities to access on-site resources that support self-directed housing searches. New clients (those who have not previously accessed the shelter system) should initially be offered light housing assistance and then progressively asked to complete more in-depth assessments and be offered more intensive assistance if they are unable to secure housing after a set period of time. All shelter clients should be provided/connected with housing navigation services and clients should be engaged in intentional conversations about housing at least daily for the first two weeks. An individual or family's housing plan should be reviewed and discussed with them weekly, at a minimum. After two-weeks each person or family should be assessed using a standardized tool and they should all have an individualized housing plan, which is refined based on the results of the assessment. Clients should also be added to the By-Name List and supported in collecting documentation necessary for determining program eligibility (e.g., Housing First program).

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<sup>6</sup> OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode



## Data to Measure Performance

Shelters should use data to measure performance. This should include establishing targets, regularly reporting on performance measurements, and using the information to evaluate the effectiveness of the shelter system and improve outcomes<sup>7</sup>.

### 3.2 Comparative Models

Interviews were conducted with five other Eastern Ontario Service Managers to get a better understanding of their shelter services.

#### Shelter System Capacity

For the size of its population, Northumberland County provides shelter services at the high end of the spectrum among comparator municipalities. Northumberland County has one bed per 3,885 residents, whereas the comparator communities range from one bed per 3,799 residents to one bed per 45,182 residents.

#### Comparison of Shelter System Capacity and Investments

Community	Shelter Capacity	Funding	Shelter Beds Per Population
<b>Northumberland</b>	<ul style="list-style-type: none"> <li>• 18 shelter beds + 3 overflow motel beds + 2+ motel beds for families</li> <li>• Winter warming room</li> </ul>	<ul style="list-style-type: none"> <li>• \$490,000 for emergency shelter</li> <li>• \$67,500 for emergency overflow in motel,</li> <li>• \$208,000 for warming room</li> </ul>	1:3,885
<b>Renfrew</b>	<ul style="list-style-type: none"> <li>• Motels, number varies, approximately 28 at the time of the interview.</li> <li>• Stay target: 2-3 days</li> </ul>	<ul style="list-style-type: none"> <li>• HPP</li> <li>• OW Budget for staffing.</li> </ul>	1:3,799
<b>Leads &amp; Grenville</b>	<ul style="list-style-type: none"> <li>• 5 'shelter' units (4 private landlords, 1 community housing)</li> <li>• Limited motel use</li> <li>• At capacity</li> <li>• Cooperative Care (Warming) Centre (space for 15)</li> </ul>	<ul style="list-style-type: none"> <li>• SSRF</li> <li>• HPP</li> </ul>	1:20,814

<sup>7</sup> United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System



<b>Community</b>	<b>Shelter Capacity</b>	<b>Funding</b>	<b>Shelter Beds Per Population</b>
<b>Lanark</b>	<ul style="list-style-type: none"> <li>• Partnerships with 4 motels (different operators, different towns), number varies, 1 person staying in motel at the time of the interview.</li> <li>• Use 65 adult supportive housing beds when need to work with someone longer to help find them housing.</li> </ul>	<ul style="list-style-type: none"> <li>• Approximately \$100,000/year to pay for hotels and contract after-hours services</li> </ul>	1:37,880
<b>Lennox &amp; Addington</b>	<ul style="list-style-type: none"> <li>• Was funding Warming Room (will end this year); 10-15 beds Napanee and 5 in PEC</li> <li>• Some motel use (30 ppl/year)</li> </ul>	<ul style="list-style-type: none"> <li>• \$200,000 for Warming Room for winter</li> <li>• \$50,000 for emergency motels</li> <li>• HPP and SSRF (expiring)</li> </ul>	1:45,182 (estimated)
<b>Hastings County</b>	<ul style="list-style-type: none"> <li>• 21 adult shelter, men (15), women (6)</li> <li>• Opening 3 warming centres (Belleville, Quinte West, Bancroft)</li> <li>• 30 day policy, service then disrupted for either 7 or 14 days</li> <li>• Will use hotels as well (after hours line)</li> </ul>	<ul style="list-style-type: none"> <li>• HPP funds shelter (partly funded by County), warming centres, transportation, food (priorities identified through Community Investment Review)</li> </ul>	1:6,940

## Investment

A comparison of investment per resident was only possible with two of the comparator municipalities, based on the information provided. The comparison was based on 2022 budget amounts and includes shelter beds, motel overflow beds, and the warming room. Northumberland County had higher levels of investment in emergency accommodations than the two comparator municipalities. The County invested approximately \$8.57 per resident in emergency accommodations, whereas one municipality invested \$5.53, and another invested \$1.32.



## Funding Arrangements

Comparator municipalities generally just use Homelessness Prevention Program funding to cover homelessness service costs, whereas the County of Northumberland has a current levy of \$261,000 and has approved an additional \$350,000 in the 2023 budget for homelessness services.

## Shelter Service Design

Except for Hastings County, the other comparator municipalities rely more heavily on motels as their primary source of emergency accommodation compared to Northumberland County. They place particular emphasis on supporting people through intensive supports to regain housing as quickly as possible, rather than relying on emergency shelter.

Like Northumberland County, most use a central number to access emergency accommodation. For some, the Service Manager operates the central number during the day. Often, the central access number is different during the day than at night.

Diversion screening and supports are happening in some municipalities, but a structured process is not in place in all municipalities. Northumberland County has diversion screening, but it is relatively informal, although it has more diversion supports for families. Diversion screening should include the use of standardized script along with creative problem solving.

Most municipalities assign individuals experiencing homelessness a support worker to assist in finding and obtaining housing. In some municipalities it is a municipal staff person, while in others it is a worker from a community service provider. Northumberland County has housing supports, families are assigned a worker, and people staying in shelter have support to assist with regaining housing. However, not all individuals experiencing homelessness are assigned a worker.

Four of five comparator municipalities reported having a By-Name List to support referrals to housing (as does Northumberland County).

A chart with further information on each of the comparator communities can be found in Appendix C.

### 3.3 Overview of Existing Services

The County contracts Transition House Emergency Shelter to deliver emergency sheltering services. These include:

- A 18-bed<sup>8</sup> 27/4 low barrier shelter facility for adults.

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<sup>8</sup> Contracted for 22, but the number of beds was reduced as a result of COVID-19 and the additional beds are covered within overflow.

- Five emergency overflow rooms in motels (two doubles, three singles for an additional 7 bed spaces in total).
- Temporary warming room program for winter warmth and designed to provide emergency relief from living unsheltered or in unsafe living conditions for people 16 and over and available between 8pm to 8am as well as limited daytime hours.
- Capacity to support a minimum of 2 families per month in motel with potential for more as part of the Family Diversion program.

Other shelter services in the county include:

- Emergency overflow rooms in motels delivered by Transition Housing and funded by Reaching Home funding.
- Cornerstone Family Violence Prevention Centre’s shelter for women and children fleeing violence with capacity for approximately 20 women and children.
- Alderville Women’s Shelter, a nine-bed emergency shelter for Indigenous and non-Indigenous women and their children who have experienced domestic violence operated by Anishnaabe Kwewage Gamig Inc<sup>9</sup>.

### **3.4 Strengths and Gaps of Emergency Shelter Services in Northumberland County**

The following section outlines the strengths and gaps of emergency shelter services in Northumberland County and how it compares with effective evidence-based practices.

#### **Diversion Supports**

##### *Strengths*

There are several strengths related to diversion supports in the community:

- There is dedicated support for families to avoid shelter stays and other homelessness case management services also provide diversion supports.
- Transition House reported that staff screen for diversion prior to shelter intake, and if funds are needed to support diversion, they are available.
- Cornerstone reported that they have consistently practiced diversion for many years.

##### *Gaps*

There are some challenges with existing diversion services:

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<sup>9</sup> It should be noted that a notice of closure has been issued that the lease agreement with Anishnaabe Kwewage Gamig Inc will not be renewed by Alderville First nation. Residential and non residential programming will conclude by the end of 2023.

- Family diversion program faces challenges in supporting families to move on once in shelter.
- Some service providers noted that diversion is limited.

## Immediate and Low-Barrier Access

### *Strengths*

Northumberland County has a strong base to build upon in providing immediate and low-barrier services:

- Transition House shelter is known in the community, which contributes to easy access to shelter.
- Transition House reported acting as a low barrier shelter.
- Cornerstone reported operating a low barrier shelter, and continuing to move in the direction of lowering barriers.

### *Gaps*

There are, however, some gaps in the community's ability to provide immediate and low-barrier access to shelter:

- Not everyone who needs shelter is accessing it for a variety of reasons, including being restricted or not wanting to access it. The most common reasons individuals with lived experience of homelessness reported not accessing shelter were rules, including curfew and chores, and services restrictions (including restrictions due to missing curfew). Other reasons included:
  - Recovering from an addiction and there is temptation related to use of drugs and alcohol when staying at the shelter.
  - Lack of privacy and personal space.
  - Some perception of inconsistent enforcement of behavioural expectations and favouritism among staff.
  - Sometimes no beds available.
- Because individuals are on the street, sometimes because of service restrictions, there are perceptions that the shelter is full, although staff reported that there are beds available. An analysis of Transition House's service details reports for Q1-Q3 2022 identified 107 unique clients, including 20 whose last date of service involved a service restriction and another 10 who received a service restriction, but later returned to shelter. It should be noted that the service details reports did not note the length of service restriction, so it may have been possible for some others to return following their service restriction.
- There are limited shelter options for seniors, youth, families, couples, people with disabilities, people leaving corrections, and people with pets. Some service providers would like to see short-term emergency accommodation for youth, but there is limited information on need.
- Transition House has a negative image in the community, which can act as a



barrier to access.

- Cornerstone staff reported that it is not large enough to meet demands as clients are staying upwards of a year because they can't get housing. Cornerstone's occupancy rate for 2022 was 88%. There were 96 women and 29 children turned away from shelter in 2022 who met their admission criteria and would have been offered shelter if they had space.

## Practices that Promote Dignity and Respect

### *Strengths*

Shelters in Northumberland County have implemented several practices that are contributing to dignity and respect of those being served:

- Transition House is a 24/7 shelter.
- Transition House staff have been trained in trauma informed care.
- Transition House takes adults regardless of gender expression.
- Cornerstone has a good facility, which has contributed to promoting dignity and respect for those staying in shelter.

### *Gaps*

There are a few existing challenges in promoting dignity and respect within shelters in Northumberland County:

- Although Transition House takes adults regardless of gender expression, it does not always have space to accommodate people in male or female designated rooms based on their preference.
- Shelter services in the community, including the structure of Transition House's building and the bunk beds, are not designed to meet the needs of those who are most vulnerable.
- Transition House's building is not designed to promote dignity and reduce conflict or meet the needs of those who are the most vulnerable. Sleeping spaces and common areas are not designed for personal space and is often crowded.
- Some individuals expressed concern about the perceived lack of transparency regarding rules and regulations (e.g., motel/hotel program and who gets access).
- Transition House has end dates for shelter service provision and individuals often lose shelter before more permanent housing is found.
- There is a perception in the community that there are inconsistencies in how rules are applied at Transition House and a belief service restriction are not put into writing.
- Transition House's building is aging, and staff and board members reported there are significant renovations required over the next five years. It is also a heritage building and meeting AODA requirements could be a challenge and does not make sense as a facility over the medium term. Transition House has received

offers for Transition House to take over a motel but is uncertain of the value of its existing property.

- Transition House staff do not necessarily have the right training.

## **Housing-Focused, Rapid Exit Services**

### *Strengths*

Existing strengths related to housing-focused services include:

- Transition House uses a Housing First approach.
- Transition House tries to have staff work with clients on goals, mainly related to housing. Transition House has a Client Services Manager position that meets with clients within 5 days of shelter admission, develops an individual transition plan, creates a schedule to meet with the client, and takes them to viewings as required. Clients also receive generalized support from other staff such as looking on Kijiji, calling landlords, helping them reach out and monitoring their housing searches.
- Community partners come to the Transition House shelter to support their clients.
- Cornerstone has a Transitional Housing Counsellor that provides Intensive Case Management to women with higher needs in shelter and community to assist in finding housing and wrapping services around them.

### *Gaps*

Gaps and challenges in providing housing-focused services include:

- The Client Service Manager position at Transition House that has lead responsibility for housing supports has been vacant for much of the past year.
- Transition House's shelter does not have space to provide onsite programming during the day.

## **Data to Measure Performance**

### *Strengths*

Strengths related to performance measurement include:

- The shelters track service details and demographics for clients served.

### *Gaps*

There are some gaps related to using data to measure performance:

- Data is not regularly analyzed to measure performance and use the information to evaluate the effectiveness of the shelter and improve outcomes.

## **3.5 Funding Analysis**



One of the intentions of the review was to determine an appropriate cost for shelter services based on the core service levels being recommended for shelter.

A detailed budget, broken down by expense category, for Transition House’s 18-bed shelter facility was not available. However, an estimate of annual costs was prepared based on wage data from the first three quarters of 2022 and other expenses for the third quarter of 2022. The quarter with the highest expenditure on wages was used to estimate the annual costs to try to account for lower expenditures due to staffing vacancies. The estimated annual cost of operating the shelter is \$677,357 (see Appendix D for details). This represents a cost of \$37,631 per bed.

Data was not available to compare the per bed cost of emergency shelter the comparator communities in eastern Ontario. As such, the consultants drew on data from the Municipal Benchmarking Network Canada’s 2021 Emergency Shelter Performance Report to provide a comparison. Among nine comparator communities, the County of Northumberland’s direct costs per emergency shelter bed are towards the mid-range of what is provided in other communities. It should be noted that the costs for the comparator communities are for 2021, whereas the County of Northumberland’s figure is for 2022. Comparator community’s costs for 2021 may be higher than 2022 because of increased costs for the emergency shelter system associated with the pandemic.

**Comparison of Emergency Shelter Funding Per Bed with Other Jurisdictions (2022 Costs for Simcoe 2021 Costs for Comparator Communities)**

<b>Community</b>	<b>Direct Cost of Emergency Shelter Responses Per Bed</b>
York	\$154,059
Halton	\$53,698
Hamilton	\$34,299
Durham	\$33,489
Waterloo	\$31,872
Sudbury	\$30,239
<i>Northumberland</i>	<i>\$26,548</i>
Niagara	\$23,655
Windsor	\$19,070
London	\$11,887

Comparator community calculations derived from Statistics Canada Census, 2021 and MBN Canada Performance Report, Emergency Shelters, 2021. Northumberland data based on budget.

Staffing accounts for the largest cost of emergency shelters. An appropriate staffing level for a shelter with up to 24 beds includes:



- An Executive Director
- 0.5 Admin
- 1 Supervisor
- 1 Diversion and Housing Support Worker
- 2 Front-line client support staff on each shift, except the shift the supervisor is on, in which case only one front-line client support staff is required.

Based on Charity Village's 2022 Canadian Nonprofit Sector Salary & Benefits Report<sup>10</sup>, the average costs for the staffing mix outlined above, but with front-line client support staff wages increased to a living wage, would be \$518,000 (see Appendix D for details). Wages for Transition House are estimated to be \$504,000, approximately \$14,000 below average costs for appropriate staffing levels.

Incorporating an estimate of \$518,000 for staffing costs into the budget, Transition House would require approximately \$693,000 to cover the total costs of emergency shelter. Based on 18 beds, this is an annual cost of approximately \$38,500 per bed.

### **3.6 Current and Future Shelter Needs and Capacity**

Between December 2020 and December 2022, Transition House provided 8,294 bed nights in its shelter. Bed nights refers to the number of beds which were actually used, i.e. occupancy. This means that an average of 11.4 beds were occupied per night. Based on Transition House's current capacity of 18 beds per night, Transition House had a total capacity to provide 13,140 bed nights. This represents a 63% occupancy rate. These numbers cover a period during the pandemic when there were fluctuations in the number of beds being provided.

Transition House also facilitated 6,621 bed nights in overflow motels over the same time period. This works out to an additional 9.1 beds occupied per night in hotel. Again, the reporting period covers times during the pandemic when actions were taken to minimize COVID-19 transmissions in shelter and may have meant fewer people in shelter and more in hotel.

As a result of the challenges looking at a period covering the pandemic, the consultant also analyzed data specifically for the first three quarters of 2022. During this period, Transition House provided shelter services to an average of 17 people per night, an 68% occupancy rate based on 25 total beds (18 in shelter and 7 overflow beds in motels). Based on previous analysis undertaken by Vink Consulting for the City of Greater Sudbury<sup>11</sup>, an 80% occupancy rate is a good target to allow for seasonal

<sup>10</sup> Data chosen as comparator data was for non-profits with a local mandate and non-profits with revenue between \$500,000 and \$1 Million in Ontario, outside of the Greater Toronto Area and Ottawa.

<sup>11</sup> Vink Consulting, Review of the Emergency Shelter System within the City of Greater Sudbury, 2019



fluctuations and sufficient occupancy to avoid turnaways most of the time if there are no overflow spaces.

Between March 2022 and December 2022, Transition House's Family Diversion program facilitated 827 bed nights, or approximately 3.0 beds per night in hotel.

In addition, the Next Steps program facilitated 1,148 bed nights for families between February 2022 and December 2022, or approximately 3.8 beds per night.

Transition House was not able to provide data on daily occupancy by target group (men, women, couples, families) to be able to analyze capacity versus occupancy of men and women designated beds or number of beds used in motels when there was or was not space in shelter.

During the 12-month period from December 2021 and December 2022, Transition House served 108 unique single individuals, 3 couples, and 13 families. Of these, 65.9% were men and 34.1% were women. Indigenous people accounted for 16.9% of Transition House's clients.

Based on data for the first three quarters of 2022, each individual received an average of 41 days of accommodation. This is higher than all the communities that participate in Municipal Benchmarking Network Canada's Emergency Shelter Performance report<sup>12</sup>.

During the first three quarters of 2022, 13 individuals stayed 90 or more nights in shelter. These individuals represent 12% of all individuals who stayed in shelter, although they represent 37% of bed nights used. If additional resources are targeted towards housing individuals and families experiencing chronic homelessness there could be a notable reduction in the demand for emergency shelter. For example, if these 13 individuals were supported in housing, it could have reduced shelter demand from an average of 17 beds per night to 11 beds per night.

Based strictly on average occupancy numbers within shelter for the first three quarters of 2022, it suggests that Northumberland County should have approximately 21 shelter beds for singles over the age of 18 to allow for sufficient availability under the current system design. However, there are also a few individuals living rough who may also seek shelter if there were lower barriers to accessing shelter. The By-Name List showed a minimum of three additional people living unsheltered and four in 'unknown' living situations. Limited data was available on usage of the Warming Room at the time of writing this report.

Data for the Warming Room showed 119 unique visitors spent nighttime hours at the Warming Room from Dec. 12, 2022 to March 31, 2023. The average number of unique visitors per night was 13.9 and ranged from a low of one visitor to a high of 24 visitors (not necessarily using the space concurrently). If we were to add demand from

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<sup>12</sup> Which includes Durham Region, Halton Region, City of Hamilton, City of London, Region of Niagara, City of Sudbury, Region of Waterloo, City of Windsor, and Region of York





individuals living unsheltered to the demand for emergency shelter by people already accessing the shelter, approximately 35 shelter beds may be needed if no additional changes were made to the homelessness support services system. However, if additional Supportive Housing or Housing First Intensive Case Management spaces are added along with rental assistance, this could have a notable impact on the demand for emergency shelter.

As discussed above, if the 13 individuals using the most bed nights were supported to obtain and maintain housing, the number of required beds could be reduced from 35 to 25 beds. The County should prioritize the creation of additional supportive housing and/or Housing First Intensive Case Management spaces along with rental assistance for people experiencing chronic homelessness to reduce the demand for shelter beds. As a rule of thumb, Org Code recommends that for every shelter bed created, six additional housing opportunities should be created.

### **3.7 Recommendations Related to Shelter Services**

The consultants' recommendations for strengthening shelters services in Northumberland County are outlined below.

#### **Adjust Service Delivery to Support Effective Shelter Services**

It is recommended that Northumberland County modify emergency shelter services to more effectively address emergency needs in the community:

##### *Immediate and low-barrier access*

1. In the short term, the County should work with emergency shelter service providers to eliminate real or perceived barriers that may prevent or inhibit client access to shelter services, including limiting service restrictions and unplanned discharges.

The County should either establish County directed service restriction standards or require County approval of a board approved policy related to service restriction.

The County should conduct monitoring of service restrictions.

##### *Diversion supports*

2. The County should require and work with emergency shelter service providers to implement consistent, standardized practices related to diversion screening to determine the most appropriate service and provide diversion supports where appropriate. Diversion screening should use a standardized script, along with problem-solving and advocacy. Short-term case management and follow-up support should be provided where required. To support effective diversion screening and support, it is recommended that the County fund a dedicated staff person to support diversion.

3. The County should consider encouraging emergency shelter service providers to participate in Common Ground to support its efforts to deliver effective diversion and housing focused services.

Common Ground is a collaborative approach led by the RAFT in Niagara Region that provides access to tools and training to get a customized evidence-based prevention process and housing focus up and running. The RAFT also supports service providers in measuring and analyzing their progress and provides strategies to adjust as necessary to achieve better outcomes.

#### *Housing-focused, rapid exit services*

4. The County should require shelter service providers to meet key expectations related to housing-focused services. Recommended key expectations have been provided in a separate document.

#### *Practices that promote dignity and respect*

5. The County should require emergency shelter service providers to have clear policies, eligibility criteria and practices aligned with Housing First principles, promoting inclusion, cultural safety, dignity, and respect.

#### *Data and performance measurement*

6. It is recommended that The County establish targets and develop regular monitoring of key performance measures for emergency shelter service. Suggested output and outcome measures and targets have been provided in a separate document.

### **Funding**

7. It is recommended that the County provide funding to support emergency shelter service providers to have adequate staffing levels (as outlined above) at average salaries for the non-profit sector, and at a minimum, support a living wage for all staff.

As discussed above, it is estimated that Transition House would require approximately \$693,000 to cover the total costs of emergency shelter, including a dedicated diversion and housing support worker. It is reasonable to assume that the shelter would fundraise a portion of the costs, and the remaining be covered by funding from the United Way and the County or other grant proposals.

### **External Supports**

8. In addition to supports provided by shelter staff, it is recommended that adaptive case management (0.5 FTE) be provided to emergency shelter/motel clients as well to support income maximization and life stabilization.

### **Future Emergency Shelter Needs and Facilities**

9. In part to reduce demands for shelter, it is recommended that the County increase supportive housing and/or Housing First Intensive Case Management spaces along



with rental assistance for individuals experiencing chronic homelessness with high acuity. At a minimum 15 spaces (1 FTE) should be added, preferably 30 spaces (2 FTE), with another 15 spaces added within two years (3 FTEs total).

As mentioned above, additional supportive housing/Housing First Intensive Case Management spaces along with rental assistance could have a notable impact on the demand for emergency shelter.

## Future Facilities

10. It is recommended that the County look to transition the current spaces used for emergency shelter to a more appropriate space. The space should be sufficient for approximately 25 beds, should allow opportunities for housing support services to be accessed during the day by both shelter users and other individuals experiencing homelessness, and the space should be appropriate for low barrier services.

It is recommended that the County work collaboratively with shelter service providers to identify alternative space.

If real or perceived barriers related to accessing shelter were reduced, and additional supportive housing and/or Intensive Case Management spaces along with rental assistance are added, it is estimated that approximately 25 shelter beds would be required in the community for adults 18 and over. If additional supportive housing is not added, additional shelter beds will be required. It is not anticipated that there would be sufficient need to warrant a separate warming room if barriers were reduced in shelter and additional supportive housing is added. Warming rooms are an expensive service for what they offer, and people can be better served through emergency shelter. The better the emergency shelter and outreach services the more individuals that will be willing to access services. For individuals unable or unwilling to access shelter services, coordinated case conferencing through Homelessness Coordinated Response Team (HCRT) could be used to try to facilitate access to housing as soon as possible.

## Future Service Delivery Models

11. Given the recent transition in leadership of Transition House in a governance capacity, along with recruitment of a new Executive Director, it is recommended that the County closely monitor the current service agreement in place to ensure Transition House's progress in improving its capacity. There are few alternative service providers in the community who are inclined to assume this responsibility.

# 4.0 Homelessness Prevention Services

The following section reviews best practices and the current state of homelessness prevention services and provides recommendations related to homelessness prevention services. Homelessness prevention services include assistance with housing relocation



and stabilization services for a short or medium term to prevent households from moving into an emergency shelter.

Homelessness prevention is broad. It includes addressing legislation, policy and investments that leave people at risk of homelessness. It also includes fixing policy and procedural barriers and enhancing access to public systems and supports. However, for the purposes of this report we focus on homelessness prevention services delivered by the homelessness support services system.

#### **4.1 Best Practices**

The literature outlines a range of best and emerging practices related to homelessness prevention that are delivered by the homelessness support service system<sup>13</sup>. These include practices that can be categorized as:

- Early Intervention – prevention policies and initiatives aimed at those at imminent risk of homelessness. May include outreach, coordinated assessment, time-limited case management, place-based supports as well as more targeted interventions such as family mediation, school-based early intervention, victims of violence support and diversion support from emergency shelters.
- Evictions Prevention – strategies to reduce the risk that people will lose their housing. Strategies may include landlord mediation, rental assistance, legal support.
- Housing stability – support people to access and retain housing. Supports may include rent supplements and/or income supports, recovery-oriented supports, educational and/or employment supports, life skill supports, and supports for social inclusion.

The literature identified several specific opportunities:

- Short-term financial supports - these typically include:
  - Security deposits.
  - Rental arrears.
  - Ongoing rental supplements.
  - Moving expenses.
  - Deposits to set up utilities.
  - Costs to cover basic furnishings such as mattresses and kitchen items.
- Eviction prevention – this includes such things as legal assistance or landlord mediation services to prevent displacement from rental housing.

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<sup>13</sup> Stephen Gaetz & Erin Dej. (2017). A New Direction: A Framework for Homelessness Prevention. Toronto: Canadian Observatory on Homelessness Press. Found at: <https://www.homelesshub.ca/ANewDirection>



- Comprehensive case management – to connect individuals at risk of homelessness, including those who are being discharged from an institution, with community-based supports and provide follow-up services to help maintain stable housing. Services should be focused on maintaining stable housing over the long-term and support independent living. Support services offered may include:
  - Support to find permanent housing.
  - Counselling.
  - Support to understand and navigate tenancy issues and lease agreements.
  - Arranging for connection of utilities or deposits for utilities.
  - Arranging for payment of arrears.
  - Arranging for moving.
  - Assessment of housing barriers and strategies to reduce barriers.
  - Case planning which includes finding permanent housing.
  - Landlord outreach and mediation.
  - Support with getting “document ready” to apply for rental housing.
  - Credit counselling and money management.
  - Assistance accessing income supports, recovery-oriented supports, educational and/or employment supports, life skill supports.
- Diversion supports – support for individuals and families seeking access to shelter to help them identify immediate alternative housing arrangements and, if necessary, provide them with ongoing services and/or connect them to services and financial assistance to help them return to permanent housing.

### **Diversion support**

The literature identified the following as effective elements of diversion support<sup>14</sup>:

- Remain flexible in the intensity and timing of supports offered.
- Use common, structured, screening tools and process.
- Use positive interviewing to find alternative safe and appropriate accommodations for individuals looking to access shelter beds.
- Support clients to sustain housing or safely move to new housing.
- Collaborate with the person to support family mediation and reunification, reconnect with family and social relationships, and develop supportive social networks to sustain housing or safely move to new housing.
- Support in obtaining financial benefits and/or emergency financial assistance to sustain housing or access alternative accommodations.
- Provide landlord mediation and conflict resolution support to sustain housing and prevent eviction.

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<sup>14</sup> National Alliance to End Homelessness. (2011). Closing the Front Door: Creating a Successful Diversion Program for Homeless Families.



- Support client to achieve rapid rehousing should the former tenancy not be sustained. Offer housing focused supports, navigation, or other supports.
- Build relationships and engage with local landlords to enable the rehousing of clients when former tenancy cannot be maintained.
- Use a person-centred approach to build on the person's strengths and encourage their ability to make choices about their housing by fostering movements towards independence.
- Identify client service goals and broker services to support achievement of client goals and self-sufficiency.

## Youth Homelessness Prevention

The literature identifies a few evidence-based homelessness prevention interventions that are tailored specifically towards youth<sup>15</sup>:

- Services focused on strengthening relationships between vulnerable young people and their families, friends, and meaningful adults in their lives including through reunification, counselling, or mediation.
- School-based early intervention, which seeks to identify young people who are at risk of homelessness, dropping out of school, or other significant negative circumstances, and provide community-based case management offering a range of supports including information, systems navigation, referrals, and housing supports, if necessary.
- Supporting youth to access housing supports that are alternatives to emergency shelters, including both short-term accommodations (host homes) and longer-term permanent solutions.

## Approach to Homelessness Prevention Support

The literature suggests that homelessness prevention efforts by the homelessness support services system should:

- Target people who have the highest risk of becoming homeless and who are likely to remain housed if assisted. For youth, homelessness prevention services should target youth:
- Living with parents or living with caregivers or living independently and emancipated from their parents and need individual and family supports to return home or move into new accommodations in a safe and planned way.
- Youth who have expressed a concern or presented with key warning signs about their housing stability, even if the concern or warning sign is primarily related to other factors that could contribute to housing stability such as conflict/disagreements at home, couch surfing, living at a friend's house,

<sup>15</sup> Gaetz, S., Schwan, K., Redman, M., French, D., & Dej, E. (2018). The Roadmap for the Prevention of Youth Homelessness. A. Buchnea (Ed.). Toronto, ON: Canadian Observatory on Homelessness Press. Found at: [https://www.homelesshub.ca/sites/default/files/YPRfullreport\\_2.pdf](https://www.homelesshub.ca/sites/default/files/YPRfullreport_2.pdf)



transgendered, absenteeism, change in behaviour, change in grades, isolation, self-harm, depression, expresses a concern about safety, abuse.

- Provide the minimum assistance necessary in shortest time possible. Provide just enough assistance to prevent homelessness.
- Make every effort possible to ensure households can maintain permanent housing over the long-term and without ongoing rental assistance.
- Re-assess households on their progress in maintaining housing and working toward self-sufficiency every 30 days with a target of stabilization and service provision for less than six months.

## **4.2 Overview of Existing Services**

The core homelessness prevention services in Northumberland County include three services:

- Housing Support delivered by The Help Centre.
- Outreach services delivered by The County.
- Shelter Benefit administered by The County.
- Family Diversion and Housing Support delivered by Transition House.

## **4.3 Strengths and Gaps of Homelessness Prevention Services in Northumberland County**

### **Strengths**

There are several strengths related to existing homelessness prevention services in Northumberland County. These include:

- Various service providers are engaged in outreach to people not connected with services and provide time-limited case management to prevent housing loss.
- Financial assistance is available to prevent evictions.
- Some landlord mediation services are provided to landlords engaged with the Help Centre's Landlord Engagement service.
- Referrals are made to legal support when necessary.
- The County has an existing housing retention framework and is looking to establish an eviction prevention program from community housing and possibly affordable housing providers, where tenants at risk are referred to the County for supports. The County would use existing staffing for this.

## Challenges and Gaps

There are also several challenges and gaps related to homelessness prevention services:

- There are several service providers involved in prevention (including, but not limited to the Help Centre, Northumberland County Community and Social Services caseworkers, and Northumberland Hills Hospital), but there are opportunities for further coordination and mapping of who is targeting different population groups or geographic areas or providing different services.
- Transition House reported that they are seeing an increase in individuals coming to shelter from housing, suggesting that income is increasingly insufficient to meet expenses, but it may also suggest that there may be opportunities for additional prevention and diversion.
- Individuals do not necessarily know where to go to access prevention services. Particularly in rural communities there are limited services and awareness of available services.

## 4.4 Recommendations Related to Homelessness Prevention Services

The consultants' recommendations related to homelessness prevention services in Northumberland County are outlined below.

### Access to Services

12. It is recommended that the County work with its community partners to increase communication about where to go to access homelessness prevention services.

### Recommended Service Delivery Levels and Model

13. It is recommended that diversion supports for singles be enhanced to provide diversion for singles seeking shelter and supports to singles in hotels. It is anticipated that 1 FTE could deliver this service.

14. The County should consider establishing a dedicated homelessness prevention position for youth.

A model that has proven effective in other communities that Northumberland County should consider is a "Reconnect" style program. Youth Reconnect is a community-based prevention service that enhances school attachment and allows youth to reside in their home community. Reconnect services help youth access resources and increase their self-sufficiency, by assisting them to maintain school attendance, secure housing, and develop a social safety net in their home community. Youth Reconnect provides family reunification, advocacy services, housing and income supports, life skills training, one-on-one mentoring, and emergency hostel access. The services are provided in partnership with school supports and other social service agencies.



The RAFT's Common Ground initiative, discussed above, could assist the County in designing and implementing a Reconnect style service.

### Targeting of Homelessness Prevention Services

15. The County should work with homelessness prevention service providers to ensure services are targeting people at imminent risk of homelessness and monitor the outcomes of the service.

### Monitoring of Performance

16. It is recommended that The County establish targets and develop regular monitoring of key performance measures for prevention services in general and diversion specifically. Suggested output and outcome measures and targets have been provided in a separate document.

## 5.0 Street Outreach

The following section reviews best practices and the current state of street outreach services. It also provides recommendations related to street outreach. Street outreach is focused on getting people off the streets and into housing and get people connected to services.

### 5.1 Best Practices

The literature outlines several best practices related to street outreach<sup>16 17</sup>:

- There should be a deliberate strategy to reach people who are couch-surfing or living without shelter.
- Outreach workers should actively approach clients with the intention of offering supports related to service provision and/or to establish engagement.
- Outreach should take a Housing First approach that prioritizes connecting people with permanent housing.
- Street outreach should use a systemic documented approach. This allows greater participation by community partners and a more efficient response to homelessness. Documents may include maps, schedules, assessments, and other outreach materials.

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<sup>16</sup> Homelessness NSW (N.D). Assertive Outreach Good Practices Guidelines. Found at: <https://www.homelessnessnsw.org.au/sites/homelessnessnsw/files/2017-08/Assertive%20Outreach%20Practice%20Guidelines%201%20%28002%29.pdf>

<sup>17</sup> USICH (2016). The Role of Outreach and Engagement in Ending Homelessness: Lessons learned from SAMHSA's expert panel. Found at: [https://www.usich.gov/resources/uploads/asset\\_library/Outreach\\_and\\_Engagement\\_Fact\\_Sheet\\_SAMHSA\\_USICH.pdf](https://www.usich.gov/resources/uploads/asset_library/Outreach_and_Engagement_Fact_Sheet_SAMHSA_USICH.pdf)



- Outreach workers should connect individuals with multiple agencies across sectors.
- High quality client-centred data should be maintained, with data sharing across the system, to monitor progress and respond to needs.
- Street outreach services should participate in coordinated access processes.
- Street outreach services should target individuals based on vulnerability and high service utilization.

## 5.2 Overview of Current Services

There are several street outreach services in the community. Services delivered by the homelessness support sector include:

- Salvation Army Cobourg and Port Hope's Mobile Outreach Program. This program:
  - Responds to basic needs and provides referrals to other services
  - Provides budgeting supports.
- Green Wood Coalition's Street Level Outreach. Services include:
  - Information and support with system navigation for individuals facing barriers surrounding housing, income, health care and food security.
  - Team based wrap around life planning process for individuals with complex needs.
- Northumberland Hills Hospital's Homelessness Case Manager (referred to as Mental Health Worker in funding agreement) delivers outreach as part of their role along with housing-focused case management support to obtain and retain housing.
- The County's Outreach Services.

Services led by police include:

- MHEART (Mental Health Engagement and Response Team), which is a partnership of Northumberland Hills Hospital, Northumberland OPP, Port Hope Police Service, and Cobourg Police Service. As part of the service:
  - Mental Health Liaison Officers are accompanied by mental health Registered Nurses to jointly provide services with respect to mental health and/or addiction issues.
  - Nursing care is provided to individuals experiencing a mental health crisis, including mental health assessments, consultation in crisis intervention and helping to determine a therapeutic course of action in a crisis, including facilitating a transition to medical facilities.
  - The Team participates in the ongoing assessment of the client and provide follow up consultations and assistance in connecting to available

community resources for basic needs, emergency services, crisis services and other services.

- The aim is to support the longer-term stabilization of a vulnerable population.
- HARP (Homelessness, Addiction Response Project), which is an initiative of the Cobourg Police Service. Officers focus on the downtown area and engage with members of the community with the highest acuity who may be struggling with homelessness, addiction, and mental health.

### **5.3 Strengths and Gaps of Existing Street Outreach Services**

#### **Strengths**

Strengths related to street outreach services include:

- There are several agencies providing outreach services in the community.
- The County's Outreach services are increasingly their provision of services out in the community.

#### **Gaps**

There are some gaps and challenges in street outreach services:

- Several service providers are involved in outreach services (the Help Centre, County's Outreach staff, and Northumberland Hills Hospital), but there is no deliberate strategy and coordination of outreach services to reach people without shelter or who are couch-surfing.
- The County's outreach was not as visible in the community during the COVID-19 pandemic.
- The County may benefit from additional standards for staff or external service providers in delivering street outreach services (see recommendations below).
- Police-led outreach services are the only outreach services available outside of business hours.
- Some community agencies providing outreach services are not taking a Housing First approach and prioritizing connections to permanent housing or acting as an access point or referral point for coordinated access to housing and housing-related supports.

### **5.4 Recommendations Related to Street Outreach Services**

The consultants' recommendations related to street outreach services in Northumberland County are outlined below.

### **Recommended Service Delivery Levels and Model**

17. It is recommended that the County have 1 FTE dedicated to street outreach.
18. If more than one service provider is involved in providing street outreach to individuals living rough, it is recommended that the County work with street outreach service providers to document a systematic approach to street outreach services.

This may include developing maps and schedules to be used by outreach workers as well as assessments, and other outreach materials. Providers must have a clear plan of when and where they will conduct outreach which is convenient and appealing for individuals experiencing homelessness (e.g., in the evenings).

### **Communication with the Public about Outreach**

19. It is recommended that The County prepare communication materials for the public about what they should do in various situations when they see someone sleeping rough. It is also recommended that the County designate and promote the phone number for the County's Outreach services as a number that residents can call if they see someone experiencing homelessness in the community who may need supports.

### **Services Working as Part of a Homelessness System**

20. It is recommended that The County have discussions with Northumberland United Way about opportunities to encourage or require service providers providing outreach and funded through the United Way to align with a Housing First system approach to addressing homelessness.

### **Expectations Related to Effective Service Delivery**

21. The County should outline standards for staff or external service providers in delivering street outreach services. Recommended key expectations have been provided in a separate document.

### **Monitoring of Performance**

22. It is recommended that The County establish targets and develop regular monitoring of key performance measures for street outreach services. Suggested output and outcome measures and targets have been provided in a separate document.

## **6.0 Adaptive Case Management (Re-housing Supports)**

The following section reviews best practices and the current state of adaptive case management services and provides recommendations on adaptive case management services. Adaptive case management services are aimed at moving households experiencing homelessness into permanent housing as soon as possible.

## 6.1 Best Practices

The literature outlines several best practices related to re-housing supports<sup>18</sup>:

- Re-housing supports should take a Housing First approach, with no prerequisites to housing.
- Supports should be focused on helping individuals and families quickly exit homelessness, return to housing, and prevent homelessness in the future.
- Rapid re-housing should target clients with lower acuity levels using case management and financial supports, and clients who can live independently after receiving subsidies and support services.
- Turner estimates the caseload for rapid re-housing at 1:20.<sup>19</sup>
- Rehousing supports should include individualized and flexible assistance, progressive engagement, and the ability to make program modifications when needed.
- Supports should include housing identification – recruitment of landlords, addressing potential barriers to landlord participation, and assisting households find and secure appropriate rental housing.
- Supports should ideally include move-in and rent assistance – help cover move-in costs, deposits needed to allow people to move immediately out of homelessness and to stabilize in permanent housing.
- Case management and services should be provided to help people experiencing homelessness identify and select permanent housing options based on their unique needs, preferences and financial resources.

## 6.2 Overview of Current Services

Existing supports to obtain and retain housing include:

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<sup>18</sup> Alina Turner (2015): Performance Management in a Housing First Context: A Guide for Community Entities. Toronto: The Homeless Hub Press. Found at: <https://www.homelesshub.ca/sites/default/files/attachments/CEGuide-final.pdf>

<sup>19</sup> Alina Turner (2015): Performance Management in a Housing First Context: A Guide for Community Entities. Toronto: The Homeless Hub Press. Found at: <https://www.homelesshub.ca/sites/default/files/attachments/CEGuide-final.pdf>



- Transition House’s Next Step Program (which ended March 2023).
- Northumberland Hills Hospital’s Homelessness Case Manager provides housing-focused case management support to obtain and retain housing as well as outreach.
- Cornerstone Family Violence Prevention Centre’s Transitional Housing Councillor.

### 6.3 Strengths and Gaps of Existing Re-Housing Support Services

#### Strengths

Strengths related to re-housing supports include:

- NHH is doing more drop-ins in smaller communities (one in Brighton and Campbellford).
- The NHH worker is a recognized strength and partners would like to see this service replicated across more communities.

#### Gaps

- The community may benefit from some additional adaptive case management, but the analysis suggests that the primary need is for Intensive Case Management.

### 6.4 Recommendations Related to Adaptive Case Management Supports

The consultants’ recommendations related to adaptive case management supports in Northumberland County are outlined below.

#### Recommended Service Delivery Levels and Model

23. The County should consider modest increases to adaptive case management services (<0.5FTE).
24. The County should consider whether vacancies for adaptive case management services should be filled through Coordinated Access (i.e., the service provider could get referrals from the List). If coordinated access does not prioritize referrals, re-housing providers should have clearly-defined criteria and procedures of how to prioritize applications for re-housing supports.

Clearly-defined criteria and procedures of how to prioritize people to receive re-housing supports is especially important when the number of applicants exceeds program resources. Prioritization criteria must identify households who are least likely to exit homelessness without assistance, not households most likely to succeed in a re-housing program.

## Expectations Related to Effective Service Delivery

25. The County should outline standards for staff or external service providers in delivering adaptive case management services. Recommended key expectations have been provided in a separate document.

## Monitoring of Performance

26. It is recommended that The County establish targets and develop regular monitoring of key performance measures for adaptive case management services. Suggested output and outcome measures and targets have been provided in a separate document.

# 7.0 Housing First / Intensive Case Management / Supportive Housing

Housing First / Intensive Case Management / Supportive Housing targets people experiencing homelessness who experience problematic substance use or mental health issues, significant functional challenges associated with housing, income and physical health, and difficulties accessing mainstream health and social services. The intention of Housing First / Intensive Case Management / supportive housing services is to help people obtain housing quickly, increase self sufficiency, and remain housed.

The following section reviews best practices as well as the current state of Housing First / Intensive Case Management / supportive housing services in Northumberland County. This section also includes a capacity analysis of housing supports, including Intensive Case Management and supportive housing services. Based on the analysis, recommendations on Intensive Case Management and supportive housing services have been provided.

## 7.1 Best Practices

Best practices identified in the literature related to Housing First programs / Intensive Case Management / supportive housing are as follows<sup>20 21</sup>:

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<sup>20</sup> Employment and Social Development Canada (2018). Toolkit for Intensive Case Management in Canada: A resource for those using case management program for the Housing First model. Found at: <https://www.stepstonesforyouth.com/wp-content/uploads/2018/08/Toolkit-for-Intensive-Case-Management-in-Canada-1.pdf>

<sup>21</sup> Infrastructure Canada, Reaching Home: Canada's Homelessness Strategy: Directives



- Access housing without prerequisites (i.e., income, participation in services, substance use), services are voluntary and client-driven, and people are assisted to access permanent housing options as quickly as possible.
- Housing First Intensive case management (ICM) is designed to serve moderate / higher acuity clients who have more complex needs.
- Based on the Toolkit for Intensive Case Management in Canada, the client ratios for case managers should not exceed 1:15, compared to the traditional 1:20 for traditional case management, and more time should be dedicated to clients with an average of 2.5 hours per client per week. Turner, in Performance Management in a Housing First Context estimates, 1:20 as a case manager ratio for ICM.<sup>22</sup>
- Housing First programs use a series of assessment tools to capture information about clients.
- Housing – includes landlord retention, housing retention, and housing support policies and strategies.
- Client has a home with affordable rent, rental assistance if needed, with a standard lease, and a range of voluntary services to promote housing stability and well-being.
- Assertive Community Treatment (ACT) programs provide longer-term case management and housing support to very high acuity homeless clients facing addictions and mental health.
- Turner estimates a caseload ratio of 1:10 for an ACT program.<sup>23</sup>
- ACT programs ultimately aim to move clients toward increasing self-sufficiency.
- Access is equal throughout the geographic area.<sup>24</sup>

## 7.2 Overview of Current Services

Existing Intensive Case Management and supportive housing services include:

- Northumberland Hills Hospital's Homelessness Case Manager provides intensive case management as a portion of this position.
- FourCAST provides housing and intensive supports for people with substance use issues (1:8 case manager to client ratio).
- CMHA provides supportive housing for people with mental health issues.

<sup>22</sup> Employment and Social Development Canada (2018). Toolkit for Intensive Case Management in Canada: A resource for those using case management program for the Housing First model. Found at: <https://www.stepstonesforyouth.com/wp-content/uploads/2018/08/Toolkit-for-Intensive-Case-Management-in-Canada-1.pdf>

<sup>23</sup> Turner, A. (2015): Performance Management in a Housing First Context: A Guide for Community Entities. Toronto: The Homeless Hub Press. Found at: <https://www.homelesshub.ca/sites/default/files/attachments/CEGuide-final.pdf>

<sup>24</sup> Infrastructure Canada, Reaching Home: Canada's Homelessness Strategy: Directives





### 7.3 Strengths and Gaps of Existing Intensive Case Management Services

#### Strengths

Strengths related to Intensive Case Management and supportive housing include:

- Mental health service providers are interested in working with the County to provide supportive housing.
- Some service providers (such as FourCAST) with housing resources with Ministry of Health funding are housing people from the By-Name List.
- The County has purchased a 5-bedroom home in Campbellford with SSRF funding and negotiating with a mental health agency to provide supportive housing to individuals from the BNL.

#### Gaps

Gaps related to related to Intensive Case Management and supportive housing include:

- Northumberland Hill's Hospital's Homelessness Case Manager has targets related to Intensive Case Management Supports (the targets work out to approximately 2 people receiving weekly ICM supports), Nonetheless, this position has additional responsibilities related to diversion and rapid re-housing, which limits its capacity to fully address this role. Furthermore, there is no specified duration for which this position is expected to offer ICM (Intensive Case Management) support to an individual.
- Housing First/Supportive Housing in the community is very limited, and there is no complete inventory of housing and housing-related support resources in the community to match with people on the By-Name List.

### 7.4 Housing Case Management and Supportive Housing Capacity Analysis

The By-Name List is a key source of information to used to estimate the number of Housing First (Intensive Case Management)/Supportive Housing unites/spaces required to achieve functional zero chronic homelessness<sup>25</sup>. This information is paired with information on existing Housing First (Intensive Case Management)/Supportive Housing units/spaces, average length of service in these programs, and percentage able to successfully move through and complete the program and maintain housing following discharge from these programs (sometimes referred to as successful graduations).

There are opportunities for The County to develop a complete inventory of the number of Housing First (Intensive Case Management)/Supportive Housing units/spaces with funding from other sources (such as those delivered by FourCAST and CMHA) that are

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<sup>25</sup> A community is considered to have ended chronic homelessness (functional zero) when the number of people experiencing chronic homelessness is zero, or if not zero, then either 3 or 0.1% of the total number of individuals experiencing homelessness, whichever is greater.

servicing people experiencing homelessness and turnover of those spaces to inform a homelessness support system capacity analysis.

Estimates of the number of households requiring various types of housing and housing-related supports have been prepared based on available data. Estimates were based on data from the By-Name List, including the number of people who experienced homelessness in the past year and their level of acuity, and an estimate of the number of people at high risk of homelessness<sup>26</sup>. Current data suggests the Northumberland County requires the following housing-related supports to be able to functionally end chronic homelessness in the next five years:

- 5 housing units/spaces of permanent supportive housing with high intensity supports (and subsidized rent).
- 55 Intensive Case Management spaces along with rental subsidies.
- 11 diversion/re-housing supports spaces.

Access to affordable housing, either community housing or rent subsidies, is also critical to working towards functional zero.

These estimates should be adjusted moving forward as homelessness support services change and the number of people on the By-Name List changes.

## **7.5 Recommendations Related to Intensive Case Management and Supportive Housing**

The consultants' recommendations related to Intensive Case Management and supportive housing services in Northumberland County are outlined below.

### **Recommended Service Delivery Levels and Model**

27. As discussed above, it is recommended that the County add additional supportive housing/Housing First Intensive Case Management spaces along with rental assistance for individuals experiencing chronic homelessness with high acuity. At a minimum 15 spaces (1 FTE) should be added, preferably 30 spaces (2 FTE). Three FTEs should be added within two years.

28. It is recommended that the County fill vacancies for supportive housing / Housing First Intensive Case Management spaces through Coordinated Access (i.e., get referrals from the List).

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<sup>26</sup> The number of households at high risk of homelessness was estimated based on the number of renter households in the lowest quintile of household incomes spending 50% or more of their income on rent (2016 Census data).

29. The County should advocate for funding and partnerships with the health sector to provide five spaces of intensive supportive housing for people experiencing homelessness with the highest acuties (14+).

### **Expectations Related to Effective Service Delivery**

30. The County should outline standards for supportive housing / Intensive Case Management service delivery. Recommended key expectations have been provided in a separate document.

### **Monitoring of Performance**

31. It is recommended that The County establish targets and develop regular monitoring of key performance measures for Intensive Case Management services. Suggested output and outcome measures and targets have been provided in a separate document.

## **8.0 Access to Affordable Housing**

The following section reviews best practices and the current state of access to affordable housing specifically for people at risk of or experiencing homelessness and delivered by the homelessness support service system, including landlord engagement services to support access to affordable housing. Also included are recommendations to strengthen access to affordable housing.

### **8.1 Best Practices**

Best practices for rapid provision of affordable housing include<sup>27 28 29 30 31</sup>:

- Acquisition of land and construction of modular housing.
- Acquisition of land and existing buildings for the purpose of conversion.
- Acquisition of land and rehabilitation of housing.
- Pairing people experiencing homelessness with homeowners who have empty rooms in exchange for a stipend.

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<sup>27</sup> City of Toronto, Early Lessons Rapid Housing Initiative, Dec. 3, 2020

<sup>28</sup> Face Company, 6 Strategies for Getting Affordable Housing Built, <https://www.fastcompany.com/90800204/6-strategies-for-getting-affordable-housing-built>

<sup>29</sup> CoC Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs, <https://66381bb28b9f956a91e2-e08000a6fb874088c6b1d3b8bebbb337.ssl.cf2.rackcdn.com/file-3aCoC-Plan.pdf>

<sup>30</sup> United States Interagency Council on Homelessness, Aligning Affordable Housing Efforts with Actions to End Homelessness, 2019, accessed at: [https://www.usich.gov/resources/uploads/asset\\_library/Aligning-Affordable-Housing-Efforts-with-Actions-to-End-Homelessness.pdf](https://www.usich.gov/resources/uploads/asset_library/Aligning-Affordable-Housing-Efforts-with-Actions-to-End-Homelessness.pdf)

<sup>31</sup> Employment and Social Development Canada, Landlord Engagement Toolkit, [https://www.homelesshub.ca/sites/default/files/attachments/LANDLORD%20TOOLKIT\\_ENG\\_web.pdf](https://www.homelesshub.ca/sites/default/files/attachments/LANDLORD%20TOOLKIT_ENG_web.pdf)



- Landlord recruitment and ongoing support, including financial assistance to incentivize them (onetime payments for landlords that agree to dedicate the unit for a period of time and a risk mitigation fund to reimburse a landlord for lost rent if a client abandons the unit or does not pay their rent and support for documented unit damages incurred).
- Creating a centralized database or resource hub of all available units.
- Directly connecting mainstream resources to coordinated access.
- Tracking supply of units, and turnover.
- Headleases.
- Establish a housing plan to support housing needs to address homelessness – identifying available land assets, soliciting expressions of interest, providing support to get shovel ready.

## 8.2 Overview of Current Services

Northumberland County has several existing services delivered by the homelessness support services system that support access to affordable housing for people at risk of or experiencing homelessness, including:

- The Help Centre’s Landlord Engagement program.
- Housing benefits and other Rental Assistance<sup>32</sup> delivered by The County.
- Rental subsidies delivered by Northumberland Hills Hospital.
- Shelter benefit delivered by The County.

These services are in addition to broader efforts led by The County to support access to affordable housing for low- and moderate-income residents.

## 8.3 Strengths and Gaps of Existing Services

### Strengths

The County has implemented several practices that are helping to support access to affordable housing:

- The County has allocated a significant investment within the Homelessness Prevention Program to provide rent subsidies for people experiencing homelessness or precariously housed. Households on the BNL will receive priority, but other households will also be considered. It is anticipated that this funding will support at least 30 households depending on the level of subsidy provided. It is anticipated that the program will support low and moderate acuity individuals who are able to resolve their homelessness with limited ongoing supports. The intent is for this program to be flexible in nature, to support

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<sup>32</sup> Includes Canada-Ontario Housing Benefit, Rent Supplements, Housing Allowances



individuals resolve homelessness into permanent housing. Consideration will also be given to households that are permanently housed through intensive case management programs in the community that no longer need the intensive support services but require ongoing affordability supports.

- The County is continuing to aggressively seek land and look for funding they can use to build affordable and attainable housing.
- The County sees opportunities to explore its role in partnering in the delivery of supportive housing models working with the Northumberland County Housing Corporation as a landlord of reasonable market rent housing.
- The community has been able to house people on the By-Name List experiencing homelessness and transition them to stable housing.

## Gaps

Gaps related to access to affordable housing include:

- The community's supply of affordable housing is lower than some other communities as community housing stock is low, and a lot of the rental housing is in the secondary market.
- People with lived experience are finding criminal record checks and credit checks are barriers to housing.
- Partners reported that 2SLGBTQ individuals, especially people who are transgender, face particular barriers to housing.
- There is insufficient tracking of landlord engagement to monitor availability of affordable housing.
- Expectations of outcomes and indicators for landlord engagement have not been clearly outlined.
- There is no clear referral path for units acquired through landlord engagement to match with households on the By-Name List.
- The County had Social Service Relief Funding which provided funding for housing benefits for clients, but this is no longer available.
- The Canada-Ontario Housing Benefit has not targeted people experiencing homelessness because of provincial program design. Participants must be able to receive mail from Service Canada and respond every year. The community cannot replace turnover.

## 8.4 Recommendations Related to Access to Affordable Housing

The consultants' recommendations related to access to affordable housing are outlined below.

## Recommended Service Delivery Levels and Model

32. The County should ensure that landlord engagement services are structured to focus on finding units for households to be housed through the By-Name List, and those with high levels of acuity receiving supportive housing or Housing First Intensive Case Management supports.

33. It is recommended that The County consider opportunities to provide financial assistance to incentivize landlord's participation.

Ideally landlord engagement should include financial assistance to incentivize them (one-time payments for landlords that agree to dedicate the unit for a period and risk mitigation fund to reimburse a landlord for lost rent if a client abandons the unit or does not pay their rent and support for documented unit damages incurred).

## Expectations Related to Effective Service Delivery

34. It is recommended that the County outline standards for landlord engagement service delivery. Recommended key expectations have been provided in a separate document.

## Monitoring of Performance

35. It is recommended that the County actively monitor the implementation of the restructuring of the landlord engagement services to align with updated key expectations; monitor the effectiveness of the restructured services; and adjust as necessary. Suggested output and outcome measures and targets have been provided in a separate document.

36. It is recommended that The County establish targets and develop regular monitoring of key performance measures for rent subsidies for people on the By-Name List. Suggested output and outcome measures and targets have been provided in a separate document.

# 9.0 Coordinated Access System

The following section reviews best practices and the current state of access to affordable housing and provides recommendations for some next steps in the implementation of coordinated access in Northumberland County. The goal of Coordinated Access is to match individuals experiencing or at imminent risk of homelessness with programs and services that will be best suited to serve their needs and ensure their long-term housing stability.

## 9.1 Best Practices

Best practices identified in the literature related to Coordinated Access include <sup>3334</sup>:

- Formalized mechanisms that encourage co-ordination among the various system components within and between organizations, including coordinated access process to assess, prioritize, and match clients with the right service and housing intervention.
- Established and agreed upon access points and intake procedure for the entry of individuals and families into the system.
- Coordinated access process implemented throughout the whole geographic area to avoid persons from having to travel long distances to be served and to support equitable access.
- Coordinated access includes an appropriate governance operating model to exercise leadership for the planning, implementation, and ongoing management of the coordinated access system.
- Policies and procedures that include:
  - Standard assessment procedures, with a common assessment tool and documented set of criteria to support uniform decision-making across access points.
  - List of prioritization factors and assessment procedures (for example, acuity assessment) with which prioritization decisions are made.
  - A priority list based on the prioritization criteria that is used to manager referrals and placements in a housing program.
  - Referral procedures based on prioritization guidelines, including standardized criteria by which a participating service may justify rejecting a referral.; and
  - The use of a Homelessness Management Information System.
- Protocols for obtaining participant consent to retain and share information for purposes of assessing and referring participants.

## 9.2 Existing Coordinated Access System

The Homelessness Leadership Table (HLT) was created to improve on planning for homelessness in Northumberland County by bringing leaders from homelessness support organizations together to create a coordinated approach. Service providers participating in the HLT include a mix of County funded and other organizations.

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<sup>33</sup> Alina Turner (2015): Performance Management in a Housing First Context: A Guide for Community Entities. Toronto: The Homeless Hub Press. Found at: <https://www.homelesshub.ca/sites/default/files/attachments/CEGuide-final.pdf>

<sup>34</sup> Employment and Social Development Canada (ESDC), Government of Canada, Reaching Home Coordinated Access Guide



Service provider participation in the Homelessness Coordinated Response Team (HCRT), which provides coordinated access (triage, assessment, matching and referral) to housing subsidies and supports targeted at people experiencing homelessness, has broader participation. However, there are opportunities for some service providers who attend HCRT meetings to provide more updates on the individuals they are working with to assist with the coordinated access process. There are few service providers filling vacancies through HCRTs Coordinated Access process, meaning that when they have a rent subsidy space and/or housing case management space available on their case load they receive a referral through HCRT to fill the space.

The County has been laying the ground-work to implement a Homelessness Information Management System to support the community with intake, prioritization and referral to housing and housing-related supports. There are plans to begin rolling out Homeless Individuals and Families Information System (HIFIS) in 2023.

### **9.3 Strengths and Gaps of Existing Services**

#### **Strengths**

The County has several strengths related to Coordinated Access:

- The access point for emergency shelter is well known.
- The County has a By-Name List of people experiencing homelessness and an active table, HCRT, that conducts case-conferencing related to individuals on the By-Name List. Partners reported that the Homelessness Coordinated Response Team (HCRT) is helpful in knowing where individuals experiencing homelessness are, what they are requiring, and in supporting case conferencing.
- In addition to County funded service providers, Cornerstone (shelter for survivors of domestic violence) has many shared clients with other homelessness service providers and participates in HCRT and if clients want to be added to the By-Name List.
- There is a collaborative body, the Homelessness Leadership Group, that provides leadership direction for the homelessness support system.
- There is a sense among community partners that collaboration among system partners has increased, although there is room for improvement and to engage/bring-in more partners (i.e., hospital, corrections, police - OPP).
- Funded service providers reported a good relationship with the County.

#### **Gaps**

There are some challenges with, and opportunities to strengthen, the existing Coordinated Access system:



- There are limited access points to support people to access serviced and housing supports outside of Cobourg and Port Hope.
- The access points for homelessness prevention, re-housing services, and specialized housing programs are not well communicated.
- Some service providers will refer people to HCRT/ By-Name List but will not provide any updates on the individuals even though they may continue to be serving them, others may not be referring to the By-Name List.
- Some question how well the By-Name List is capturing people who are chronically couch surfing.
- Some see an opportunity for better communication about the By-Name List to County staff.
- At the time of the research, the By-Name List was primarily being used for being used for case-conferencing and not as actively being used as a tool for matching and referral to housing programs. However, it is now being used more to match with housing programs.
- A future opportunity to build out the community's Coordinated Access model is to develop a list of prioritization factors, or criteria, to make prioritization decisions for referral and placements in housing programs for people on the By-Name List (it is in progress).
- System-wide implementation of an Information management system has not yet occurred. The County hopes to target a phased-in approach of HIFIS beginning April 1, 2023.
- Lack of integrated information management creates barriers to communication between agencies, for example in understanding service restrictions and is challenging to do updates on all clients twice a month.
- There are opportunities to strengthen relationships across the homelessness support system to address perceptions of friction between service providers and with the County. Some partners reported that their perception of the political dynamics do not make it feel inviting to sit at the Homelessness Leadership Table.
- Partners suggested that the role of the Homelessness Leadership Table needs to be further defined and needs to focus on system level thinking rather than detailed planning about specific services such as the warming room.

#### **9.4 Recommendations Related to Coordinated Access**

The consultants' recommendations related to access to affordable housing are outlined below.

## Next Steps to Support Implementation of an Effective Coordinated Access Model

37. It is recommended that the County work with the Homelessness Leadership Table to develop prioritization criteria to determine which order households on the By-Name List should be offered housing resources. Households should then be sorted in order based on how many of the prioritization criteria they meet (priority list). With the implementation of supportive housing / Housing First Intensive Case Management supports, Northumberland County should use the Priority List to match and refer clients to housing and housing-related supports.

Communities typically use one of three main approaches to prioritize:

- Descending acuity,
- Frequent service use (e.g., homelessness service use), or
- A range of factors, which could include acuity, frequent service use and other local factors such as Indigenous identity, youth, etc. (this requires a robust data management system that records detailed client-level information).

38. The County and its partners should increase efforts to ensure households are being added to the By-Name List and updated on the list.

39. It is recommended that the County prepare a complete inventory of housing and housing-related support resources in the community to match with people on the By-Name List.

40. The County should continue to work on building trust in relationships between homelessness service providers and the County.

41. The County should clearly define the role of the Homelessness Leadership Table as the lead for system planning.

42. The County should continue to prioritize the implementation of HIFIS 4 across the homelessness support system.

43. The County should re-establish/continue collaborative homelessness support system training efforts to strengthen the capacity of service providers in delivering effective services.

## Monitoring of Performance

44. In addition to monitoring the performance of individual homelessness support service components, it is recommended that the County monitor the performance of Coordinated Access overall. Suggested output and outcome measures have been provided in a separate document.

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## Appendix A - Comparator Analysis Chart

Interviews were conducted with five other Eastern Ontario Service Managers to get a better understanding of their homelessness support systems. The following chart summarizes the homelessness support systems in each of the comparator communities:

Community	Shelter Capacity	Integration	Access	Diversion	Housing Support	Funding
<b>Renfrew</b>	<ul style="list-style-type: none"> <li>• Motels</li> <li>• Stay target: 2-3 days</li> </ul>	<ul style="list-style-type: none"> <li>• Operated by County</li> <li>• OW, Child Care, Housing</li> <li>• Mental Health</li> <li>• Legal</li> <li>• Built for Zero</li> <li>• By name list (BNL)</li> </ul>	<ul style="list-style-type: none"> <li>• Central number (County)</li> <li>• After hours run by Victim Services</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• Assigned a support worker (County/OW Worker)</li> <li>• After care for those on BNL</li> </ul>	<ul style="list-style-type: none"> <li>• HPP</li> <li>• OW Budget</li> </ul>
<b>Leeds &amp; Grenville</b>	<ul style="list-style-type: none"> <li>• Cooperative Care (Warming) Centre (15)</li> <li>• 5 'shelter' units (4 private landlords, 1 community housing)</li> <li>• Some motel use</li> <li>• At capacity</li> </ul>	<ul style="list-style-type: none"> <li>• BNL</li> <li>• 'stress' among partners</li> </ul>	<ul style="list-style-type: none"> <li>• Cooperative Care Centre (call or in-person)</li> <li>• After hours run by Victim Services – may use motels</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>	<ul style="list-style-type: none"> <li>• Cooperative Care mainly basic needs</li> <li>• Outreach worker for those on BNL</li> </ul>	<ul style="list-style-type: none"> <li>• SSRF</li> <li>• HPP</li> </ul>

Community	Shelter Capacity	Integration	Access	Diversion	Housing Support	Funding
<b>Lanark</b>	<ul style="list-style-type: none"> <li>Partnerships with 4 motels (different operators, different towns)</li> <li>65 adult supportive housing beds (generally full)</li> <li>Cornerstone – transitional youth housing</li> </ul>	<ul style="list-style-type: none"> <li>Each person connected with Homelessness Response Worker</li> <li>Emphasis on partnerships and communication</li> <li>BNL</li> </ul>	<ul style="list-style-type: none"> <li>Central number</li> <li>After hours run by Victim Services</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>Housing Support Program</li> </ul>	<ul style="list-style-type: none"> <li>Homelessness Response Worker will do referrals, housing plans, ensure access to food, health services</li> </ul>	<ul style="list-style-type: none"> <li>HPP (\$1.5m)</li> </ul>
<b>Lennox &amp; Addington</b>	<ul style="list-style-type: none"> <li>Was funding Warming Room (will end this year); 10-15 beds Napanee and 5 in PEC</li> <li>Some motel use (30 ppl/year)</li> </ul>	<ul style="list-style-type: none"> <li>Work with CMHA, jail, some hospital social workers</li> </ul>	<ul style="list-style-type: none"> <li>County number</li> <li>Women's shelter takes after hours calls</li> <li>Must be third party</li> <li>BNL</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>	<ul style="list-style-type: none"> <li>OW Caseworkers will do housing plans, assessments (if BNL)</li> </ul>	<ul style="list-style-type: none"> <li>HPP (\$885,000)</li> <li>Focus in on maintaining housing</li> <li>SSRF (expiring)</li> </ul>
<b>Hastings County</b>	<ul style="list-style-type: none"> <li>21 adult shelter, men (15), women (6)</li> <li>Opening 3 warming centres (Belleville,</li> </ul>	<ul style="list-style-type: none"> <li>County Community Response Team – 7 caseworkers</li> <li>Shelter has Community Navigator</li> </ul>	<ul style="list-style-type: none"> <li>Day – call County, email/call Community Response Team, or go directly to Drop-in</li> </ul>	<ul style="list-style-type: none"> <li>Yes, less structured</li> </ul>	<ul style="list-style-type: none"> <li>Housing Plans done by Community Response Team or at Shelter with Community Navigator</li> </ul>	<ul style="list-style-type: none"> <li>HPP funds shelter (partly funded by County), warming centres, transportation, food (priorities</li> </ul>

Community	Shelter Capacity	Integration	Access	Diversion	Housing Support	Funding
	Quinte West, Bancroft) <ul style="list-style-type: none"> <li>• 30 day policy, service then disrupted for either 7 or 14 days</li> <li>• Will use hotels as well (after hours line)</li> </ul>	<ul style="list-style-type: none"> <li>• Work closely with Drop-in Centre and Shelter</li> <li>• Starting coordinated access (3 partners), launching HIFIS</li> <li>• Have BNL at County</li> </ul>	<ul style="list-style-type: none"> <li>• Often calls from other service providers</li> <li>• After hours line</li> </ul>		<ul style="list-style-type: none"> <li>• County staff will meet people at Drop-in to work on plans</li> <li>• Do case conferences</li> <li>• Will start VISDAT as part of coordinated access</li> </ul>	identified through Community Investment Review)

# Appendix B – Key Themes from the Engagement with Individuals with Lived Experience of Homelessness

The following are key themes from the engagement with individuals with lived experience of homelessness.

## *Shelter Services*

Key themes related to shelter services are as follows:

- The most common reasons individuals with a lived experience of homelessness reported for not accessing shelter were rules, including curfew and chores, and services restrictions (including restrictions due to missing curfew). Other reasons included:
  - Recovering from an addiction and there is temptation related to use of drugs and alcohol when staying at the shelter
  - Lack of privacy and personal space
  - Some perception of inconsistent enforcement of behavioural expectations and favouritism among staff
  - Sometimes no beds available
  - Difficult for children to be around drugs and people experiencing overdoses
- Several people are in and out of shelter, often get banned and are back on the street, then get back into shelter
- People are turned away from shelter because it is full at times
- People would like to see:
  - More shelter beds
  - Longer hours at Warming Room

## *Access to Affordable Housing*

Key themes related to affordable housing are as follows:

- Many people are accessing the Help Centre to identify housing options (put out weekly listings)
- People are looking for affordable (i.e. RGI) rental housing
- The lack of housing options is a significant challenge. There are very few affordable rental options
- Criminal record checks and credit checks are a barrier to housing
- Suggestions include:
  - More affordable rental housing



- Greater understanding of homelessness and right to housing, less stigma

### *Other Themes*

Other key concerns include:

- Lack of access to medical care
- Lack of transportation is a significant barrier in County

Other key suggestions include:

- “Get people talking together”
- Greater awareness of resources, “maybe a community board”
- Access to transportation (i.e. bus passes)
- More access to healthy food