

Addressing Vulnerable Populations in UCLG and Lanark: Issues and Opportunities

Summary Report
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Prepared for:



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Executive summary

Lanark Leeds and Grenville Addictions and Mental Health (LLGAMH) is an established community-based agency providing supports and services to those with mental health and substance abuse needs. The clients they serve are part of a population that is vulnerable and subject to housing and homelessness issues. To identify the housing challenges that vulnerable populations in the service area encounter and to explore the opportunities within the homelessness service system for better addressing these challenges, LLGAMH undertook an assessment of issues and opportunities in partnership with UCLG and Lanark, the two locally designated Service Managers.

The study involved an assessment of existing conditions based on research, literature and consultations with community stakeholders. As a result of this work, a clearer picture of homelessness needs and the service system for responding to these needs was established. From this review, a number of emerging issues and gaps that affect vulnerable population was identified, including:

- Increase in the need for mental health supports
- The chronically homeless require more supports due to the complexity of their needs
- Supports are not available across the entire service area
- Supports are not always offered on a sustained basis
- System can be confusing and difficult to navigate for those in need
- More system and inter-agency coordination is needed to align efforts of service providers

Based on stakeholder engagement and practice scanning, a number of initiatives and opportunities were also identified that could assist in addressing issues and gaps, including:

- The continued pursuit of new initiatives and implementation of new ideas
- Addressing rural level funding for urban-type issues
- Supporting the use of flexible non-shelter approaches
- Broadening current landlord partnerships and exploring new landlord opportunities
- Implementing the by-name list
- Managing multiple stakeholder tables
- Improving system awareness among providers

To help advance community solutions to the homelessness issues identified, it will be beneficial as a next step for LLGAMH, UCLG and Lanark to discuss findings of this report with community stakeholders. As part of this engagement, the following directional strategies should be considered:

- Increasing priority services to better respond to needs and gaps
- Coordinating responses to complex cases (i.e. chronically homeless)
- Improving access and continuity of services
- Having a more transparent and user-friendly system
- Coordinating and collaborating efforts for better outcomes

Some specific approaches and actions to address gaps are also recommended for further discussion with stakeholders, including:

- Implementing the By Name list

- Maintaining/establishing a homelessness solution table
- Having a coordinating resource to help facilitate system functioning and community coordination
- Maintaining a Housing First approach where services and supports are available
- Continuing to support the emergency apartment initiative
- Pursuing additional public-private partnerships

The directional strategies and recommended options in the report provide a helpful framework for LLGAMH, UCLG and Lanark as they advance dialogue on solutions with community stakeholders.

1 Introduction

Lanark Leeds and Grenville Addictions and Mental Health (LLGAMH) is an established community-based agency providing supports and services to those with mental health and substance abuse needs. Their service area spans across a large rural expanse covering the United Counties of Leeds and Grenville (UCLG) and the County of Lanark (Lanark). The clients they serve are part of a population within the service area that is vulnerable and subject to housing and homelessness issues beyond the capacity of supportive housing that LLGAMH provide already. To better understand these vulnerabilities and the role they can play in terms of possible solutions, LLGAMH undertook an assessment of issues and opportunities in partnership with UCLG and Lanark, the two locally designated Service Managers.

1.1 Purpose

The purpose of the study was to identify the housing challenges that vulnerable populations in the service area encounter and to explore the opportunities within the homelessness service system for better addressing these challenges. Specifically, the objectives of the study were:

- To define the needs of vulnerable populations through a housing, homelessness and health lens
- To identify and evaluate options for addressing priority needs and to define potential actions that could be pursued to maximize impacts and improve outcomes
- To consult with stakeholders to validate needs, explore opportunities and consider possible solutions geared to vulnerable populations
- To document findings in a summary report that sets out issues, opportunities and priorities which could foster improved outcomes in the short and medium term

In this regard, the study was intended to advance a common understanding of housing and homelessness issues and to foster further dialogue with stakeholders and the community. By articulating this framework and relevant practices, it is expected that the study will assist LLGAMH, UCLG, Lanark and other community partners to forge a more complete understanding of the local homelessness service system and how to build towards a more collaborative system of services that supports possible solutions.

1.2 Background

Adequate and appropriate housing is the cornerstone of a healthy community and a key determinant of health. Each community has a range of housing needs and preferences based on household incomes and characteristics. Where the local housing market fails to respond to these needs, housing gaps can form and sustained gaps can impact significantly on the overall health of the community. Thinking of housing as a continuum, the choices and abilities of individuals have a profound impact on their housing options (see Figure 1). Those with lower incomes may need assistance or supports to access adequate and appropriate housing (e.g. social or affordable rental housing) whereas those with higher incomes have considerably more choices and are able to access market housing at all points across the continuum up to the right-most side. Those with limited economic means and capacities may be unable to access or maintain traditional housing options and instead may only be able to secure transitional housing or emergency shelter where they exist. Those facing barriers to access accommodation are deemed homeless and fall on the left-most side of the continuum. This end of the continuum is where the

greatest challenges lie in terms of generating supply and is geared to those most vulnerable in the community. It is this side of the spectrum that is the primary focus of this study.

Figure 1 - The Housing Continuum



For those individuals most at risk at the left side of the continuum, homelessness solutions ideally facilitate the transition from homeless or unstable housing to more stable, permanent housing. That said, the housing system relies on having appropriate supports and housing in place in order to achieve this ideal. This is also true in the case of individuals who face barriers to care that impede their ability to sustain housing as it is currently available in today’s system.

For those at greatest risk and considered homeless, having a formal definition is helpful to delineate these individuals from those elsewhere on the continuum. For the purposes of this study, the following definition has been adopted:

“Homelessness is defined as a situation in which an individual or family is without stable, permanent housing, or the immediate prospect, means and ability of acquiring it.”

Source: MMAH - Service Manager Guidelines: By-Name List implementation and homeless enumeration

Figure 2 - Categories of homelessness

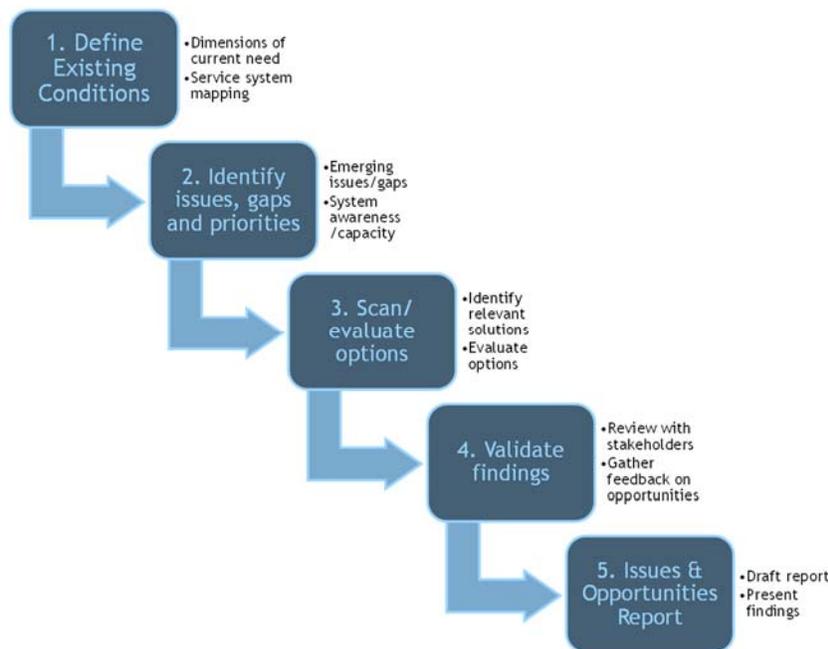
| Unsheltered | Chronic homelessness | Emergency sheltered | Provisionally accommodated | At-risk of homelessness |
|---|---|--|---|--|
| Living on the street or in places not intended for human habitation | Refers to people who are currently homeless and have been homeless for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter, place not fit for human habitation or staying temporarily with others without guarantee of continued residency). | Those staying overnight in shelters for people who are experiencing homelessness, including extreme weather shelters such as Out of the Cold programs and crash beds, and shelters for those impacted by violence. This would include those who have received hotel/motel vouchers where no emergency shelters exist or in overflow situations. | Refers to those who are homeless and whose accommodation is temporary or lacks security of tenure. Provisional accommodations may include: staying with friends/acquaintances, correctional institutions, hospitals, and residential treatment. This does not include emergency shelters, group homes, retirement homes, long-term care homes, and crown ward facilities. | Refers to persons who are not homeless, but whose current economic and/or housing situation is precarious and/or does not meet public health, or safety standards. |

Within the homeless definition, there are further subcategories which are necessary to better understand the types of services and supports required for homeless individuals. These homelessness sub-categories are shown in Figure 2. For those who are deemed homeless, those at-risk represent a large share and encompass those who may be provisionally housed. Solutions for this constituency tend to be more straight-forward and focus on stabilizing or preventing the loss of housing. Those who are provisionally accommodated or resident in emergency shelters do enjoy the benefit of basic accommodation, albeit of a more temporary nature. Solutions here tend to focus on providing most basic needs and some services to ensure adequate shelter. For those deemed chronic or unsheltered, the level of supports needed tends to increase as accommodation facilities diminish. These individuals tend to represent the most complex needs and as a result, solutions tend to rely heavily on more intense services/funding to support them.

1.3 The study process

The study process for identifying issues and opportunities involved 5 main steps ranging from defining existing conditions and identifying gaps to scanning relevant practices and summarizing key findings. The process and related tasks is illustrated in Figure 3.

Figure 3 - Study process



Throughout the study, there was regular engagement with the study working group at key milestones. This group included senior staff from LLGAMH, UCLG and Lanark. As designated Service Managers for local housing and homelessness systems, the sponsorship and involvement of UCLG and Lanark in the study is highly relevant to the Housing and Homelessness Plans that each SM has adopted. Extensive consultation with stakeholders in each service area was also used to help validate findings and explore possible solutions/opportunities.

During the course of the study, the consulting team endeavoured to address the questions tabled at the study outset. These lines of inquiry included:

- What efforts are being made now to help people who are homeless or who are experiencing a housing crisis?
- What housing/homelessness/health needs or gaps exist today that are not being met, especially for those facing mental health and addictions challenges?
- What are best solutions to address these (i.e. other than just income/stability programs)?
- How can the current system best be leveraged to address these needs?
- How can the capacity of community partners be developed/expanded to help support better outcomes for vulnerable populations?
- Can a response across both UCLG/Lanark areas be coordinated? If so, how?
- Who should be responsible for system coordination and what are the accountability provisions for a shared framework?

This report provides a summary of the work undertaken and the results derived from that work. In addition to encapsulating current conditions and identifying issues/gaps, this report also summarizes potential options considered and promising practices gleaned through scanning. Findings and directional observations are also provided to help frame and advance future deliberations with stakeholders and the community. A series of appendices are also provided as part of this report which include reference and related summary material in support of the study findings.

2 Existing conditions

As an initial step in the study process, current conditions were documented with regards to the needs of vulnerable populations in both UCLG and Lanark. Associated supports and services provided by Service Managers and local agencies to address these needs were also documented as part of this process. The informal network that these services together create was also examined to better understand how these support a local homelessness service system. Following is a summary of these findings.

2.1 Vulnerable populations and their needs

People in UCLG and Lanark who are experiencing homelessness come from a wide variety of backgrounds and are homeless for a host of reasons. Some people experience temporary or short term homelessness infrequently while others may only experience homelessness once or twice in their lifetime. This stands in contrast to those who are deemed chronically homeless, those experiencing homelessness on a more frequent and consistent basis due to underlying needs. For these individuals the prospect of homelessness consumes their lives.

Most of the homeless people in UCLG and Lanark are those experiencing short term homelessness. These would be people who are staying in temporary housing (“couch surfing”) or unsheltered for a short time. Homelessness for this group is often caused by actions such as job loss, people losing their homes because they are not able to pay their rent, family issues where one person has to leave a home on short notice or a sudden termination of a romantic relationship. Often people in this category need to find a new place to live and need funds to be able to afford their new home. They may also be in need of other supports like mental health assistance or other counselling services.

Others experiencing homelessness in UCLG and Lanark are considered chronically homeless. The term “chronically homeless” includes people who are frequently homeless or homeless for long periods of time (usually more than 6 months a year) and who often have disabling conditions like physical disabilities, mental health issues and substance abuse problems. The chronically homeless are typically the most visible among those people in community who are homeless. Those deemed chronically homeless also present more substantial challenges than people experiencing short term homelessness described above. As a result of their more complex needs, solutions for these individuals are also more difficult to develop and apply.

In 2018, both UCLG and Lanark undertook a point in time count (PIT) of the homeless populations within their respective communities. The results of these enumerations were as follows:

- UCLG counted 30 homeless people in 2018
 - 22 or 70% were from Brockville (largest centre)
 - People were homeless for an average of 168 days; overall total of 4,202 days
 - Gender-wise, 53% were men and 43% were women
 - 43% receive income from OW or ODSP (social assistance)
 - Most homeless people were under 35 years old
 - 76% had been homeless 1-3 times in the past year; 8% had been homeless 4-6 times and 16% had been homeless 7-10 times

- Lanark counted 27 homeless people in 2018
 - Most homeless people lived in larger centres (Carleton Place, Smiths Falls and Perth)
 - 52% men; 44% women
 - 33% receive income from OW or ODSP
 - People were homeless for an average of 204 days
 - 63% had mental health challenges
 - 26% had substance abuse issues
 - 28.6% were indigenous which is high considering that Lanark County's indigenous population is only 3.88%
 - 56% of homelessness was caused by abuse and trauma

While a PIT count only captures a slice in time and tends to reflect those most visible or readily found in the community, they do help to provide a baseline for gauging homelessness. Interestingly, the number of homeless people in both Lanark and UCLG was fairly similar. In 2015, Lanark undertook a comparable process using a similar methodology and was able to locate 39 homeless people.

Based on the most recent PIT data available (2018), most of the identified homeless people were located in larger centres like Brockville, Smiths Falls, Perth and Carleton Place. Most supports and services to assist homeless people were also located in these same larger centres. During regular work hours, this involved direct services from UCLG, Lanark and community partners. Both UCLG and Lanark contract with Victim Services to provide emergency services to homeless people outside of regular business hours. Regardless of where homeless people are located or when they enter the system, they are frequently presented with the obstacles like a lack of affordable or suitable housing, not enough supports to help them find and maintain housing, limited supports in more rural environments and a lack of transportation.

The impact of COVID-19 has led to a perceived increase in homelessness by those working in the sector and the broader community. During consultations, some people providing emergency services to homeless people estimated that there were up to three times more people experiencing homelessness than prior to the COVID-19 pandemic. The number or duration of homelessness may have increased in actual terms depending on area, but the increased visibility of homelessness has made a clear impression on most stakeholders. This perception, along with actual increases, only serve to underscore the needs of a system that was already facing challenges in meeting the demands of homeless people pre-pandemic.

Based on recent provincial policy requirements, another PIT count is to be undertaken in Service Manager areas to help determine current demand numbers. As a result, both Lanark County and UCLG will be conducting another homeless count in September of this year. This will provide additional data to compare with their 2018 results, helping to gauge how homelessness has changed during that period, not only in terms of raw numbers but also in terms of differences or similarities as to why people are homeless and for how long.

2.2 Supports and services

The number and range of local services and support to help address the needs of those who are homeless are considerable. Currently there are over 50 different community organizations engaged in helping the homeless in UCLG and Lanark. These services are varied in nature and span from local police services to hospitals, municipalities, non-profit organizations and volunteers. Services address a wide range of needs and include financial supports, assistance finding affordable housing, mental health and substance abuse counselling, help securing food and clothing, supporting children, attending to physical health issues, education and legal assistance.

An examination of local supports and services in both UCLG and Lanark found that:

In UCLG

- Most services are provided in large centres
- Funding is provided for staff at social service agencies
- Ontario Works is able to assist provisionally housed and people at-risk of being homeless but more supports are necessary for chronic homeless – challenges exist to identifying the supports needed and to acquire and maintain adequate supports for chronic homeless
- Various homelessness solutions have been assessed - more supports for clients and improved system coordination are often cited as the most pressing needs
- CHPI and SSRF has injected new funding to help address homelessness needs
 - \$1.26M annually in Consolidated Homeless Program Initiative (CHPI)
 - CHPI funding provides assistance primarily to provisionally housed and at risk homeless
 - UCLG has tried many strategies to assist homeless people – for example, they have 5 furnished emergency apartments located in the community
 - SSRF funding is supporting a Homelessness Team partnership at LLGAMH
 - LLGAMH staff are working with police services in both Brockville and Gananoque detachments to support follow-up calls where mental health is noted to be of concern

In Lanark

- Most services are provided in large centres
- Lanark has developed great partnerships with community agencies, although there may be challenges in navigating the system
- Funding has been provided for operations and staff at community agencies and there is funding currently in place for a pilot project with Lanark Mental Health
- Ontario Works is able to assist those who are provisionally housed and people at risk of becoming homeless but more supports are necessary for those who are chronic homeless
- Lanark Mental Health has staff working with the local police to support them on mental health calls
- CHPI and SSRF has injected new funding to help address homelessness needs
 - \$1.28M annually in Consolidated Homeless Program Initiative (CHPI)
 - CHPI funding has been used with great success to assistance those at risk homeless and often these are the primary supports needed
- Lanark County has employed many strategies to improve outcomes for homeless people including development of a suite of services (e.g. Housing Options Program, SSRF Rent Bank)

Community Homelessness Prevention Initiative funding (CHPI) is an important tool used by Service Managers to support the needs of those who are homeless or at risk of becoming homeless. Across the province, CHPI is probably the most frequently applied program and has proven very effective in preventing people from becoming homeless. Locally, CHPI funds are accessed through UCLG and Lanark and are frequently applied to short term financial crises where someone has or is about to lose their housing. CHPI can pay for costs like first and last month's rent but is more often used to support fragile tenancies. CHPI is also used for expenses like paying rent to prevent eviction, paying heat and electricity costs to avoid disconnection and other related homelessness prevention activities. In this way, CHPI tends to be used to support housing stability and those at risk in order to prevent these vulnerable households from becoming homeless in the first place. Funding for services to those with more complex needs is less common.

As designated Service Managers, both UCLG and Lanark are mandated to have and maintain a Housing and Homelessness plan that addresses identified needs of their respective communities. They also deliver social services for vulnerable populations, either directly or through services provided by social service agencies in their communities. UCLG and Lanark have made substantial investments to help homeless people in their respective communities. Both Service Managers have also tried a number of homelessness solutions with varied results, supporting a commitment to be open and dedicated to pursuing solutions that help homeless people. Some of these solutions are still in operation, like the emergency apartments in UCLG. Other programs have experienced a loss of funding and a few tested programs did not provide the hoped-for results. UCLG and Lanark have been proactive and determined in their search to improve outcomes for people experiencing homelessness.

While both Service Managers have a legislated role in managing the homelessness service system and do provide some services directly, they rely heavily on community partners to deliver services to those who are most vulnerable. LLGAMH, UCLG and Lanark have working relationships with many community agencies in support of this mission. For example, both UCLG and Lanark use Victim Services to provide after-hours services to people in crisis. Both Service Managers are also funding strategic staff positions at community social service agencies to support delivery of critical homelessness services. They have created effective partnerships with these agencies and in doing so, have improved services available not only to homeless people but also for community organizations.

As a community-based service agency, LLGAMH provides flexible, individualized support services to those facing mental health and substance use issues. It provides these services across a broad service area that encompasses both UCLG and Lanark. The services provided by LLGAMH are delivered with regard for the aspirations of the Province's Roadmap to Wellness¹. LLGAMH also recognizes the barriers that vulnerable individuals face and how these can contribute to homelessness. They help individuals overcome these barriers by supporting service principles that put people first, support diversity and promote inclusion.

A core part of LLGAMH's service mandate is to provide safe and affordable housing choices for individuals which it does through a residential support program. Under the program, supported housing

¹ "Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions system", Province of Ontario (2020)

is provided that caters to arrange of clients, from those who are more independent or require short term accommodation to those requiring longer term accommodations in a group home environment. It also provides subsidized rental accommodation and supports to independent clients in the community through rent supplement agreements with local landlords.

Over the course of the last 5 years, the residential support program has assisted a number of vulnerable individuals at risk of homelessness and provided much-needed accommodation as noted in the following table:

Table 1 - LLGAMH Residential Support Program Statistics, 2017 to 2021

| | Church St. | Davison Ave. | Edward St. | Murray St. | Independent Living |
|--|------------|--------------|------------|------------|--------------------|
| Admissions & Discharges | 24 | 17 | 3 | 10 | 34 |
| Avg. length of stay (days) | 199 | 190 | 178 | 277 | 300 |
| Range for length of stay (days) | 27-576 | 8-580 | 66-345 | 2-534 | 2-821 |

2.3 The Homelessness service system

The role of Service Managers like UCLG and Lanark in housing and homelessness is designated under legislation. While this function is mandated, SMs also provide discretionary services and supports to help meet the needs of vulnerable populations in their local communities. As noted, they do this in collaboration with the many agencies that directly serve or house vulnerable individuals, including those who are homeless. They also rely on senior government funding to support this work. This network of interconnected relationships represents an informal system that is intended to meet the needs of those who are homelessness. Collectively, the work of those in the system is to generate better outcomes by working together and in that regard, no one entity has the sole responsibility for the overall system. The effectiveness of the system therefore has a direct effect on how well the needs of the individual are served.

So what constitutes the service system when it comes to homelessness? In a broad sense, the main elements of the homelessness system, as illustrated in Figure 4 include:

- **Funders/regulator** – Those entities that create guiding legislation, supporting policy and programs which in this case is the Federal and Provincial governments. They also provide primary funding resources to support services, both directly to service delivery partners and via Service Managers.
- **Service system managers** – These entities have the responsibility for coordinating planning and facilitating delivery of services to meet local homelessness needs. They also distribute senior government funding through locally developed programs and in some cases fund initiatives that address specific local needs. UCLG and Lanark are designated Service Managers that oversee the LLGAMH service area. In addition to this SM function, these municipalities also provide programs and supports – directly or through partners – related to financial assistance, employment supports, health and child care.
- **Service/Support Providers** – These local agencies deliver programs and services designed to support vulnerable populations. Alone or in collaboration, they provide the many health and

social oriented services that are relied upon by those who are homelessness or at risk. They rely on resources from senior government programs, SM initiatives and community funding to deliver these services. In most instances, they provide a suite of services to vulnerable populations which include but which are not solely geared to those experiencing homeless or who are at risk.

- **Housing/Accommodation providers** – These local agencies like LLGAMH and organizations provide housing and accommodations to vulnerable populations. They own and operate ‘brick and mortar’ operations but may also provide services and supports to the clients they house (i.e. supportive housing), either directly or through partnerships. Like service providers, they access government and community funding to support these activities.

Figure 4 - The service system concept



The homelessness system relies on many interconnected relationships among those who fund, administer or coordinate services to clients. Service and accommodation providers make up the largest part of this system, spanning the many sectors that serve homeless and at risk populations. These services and supports include things like:

- Housing and shelter
- Social assistance
- Food security
- Health care
- Addictions and mental health
- Child and youth services
- Employment supports
- Life skills training

- Correctional services

Homelessness and at-risk populations regularly interface with resources like these, some every day. And while certain services are linked directly to priority needs (e.g. housing, food and social assistance), having a spectrum of services to address local needs is highly beneficial. In smaller and more rural communities, a full complement of needed services may not be available which inevitably means travelling or moving to larger population centres or foregoing the services altogether. In these instances, gaps in the local system can place an additional strain on existing resources.

Figure 5 - Sectors with the homelessness service system

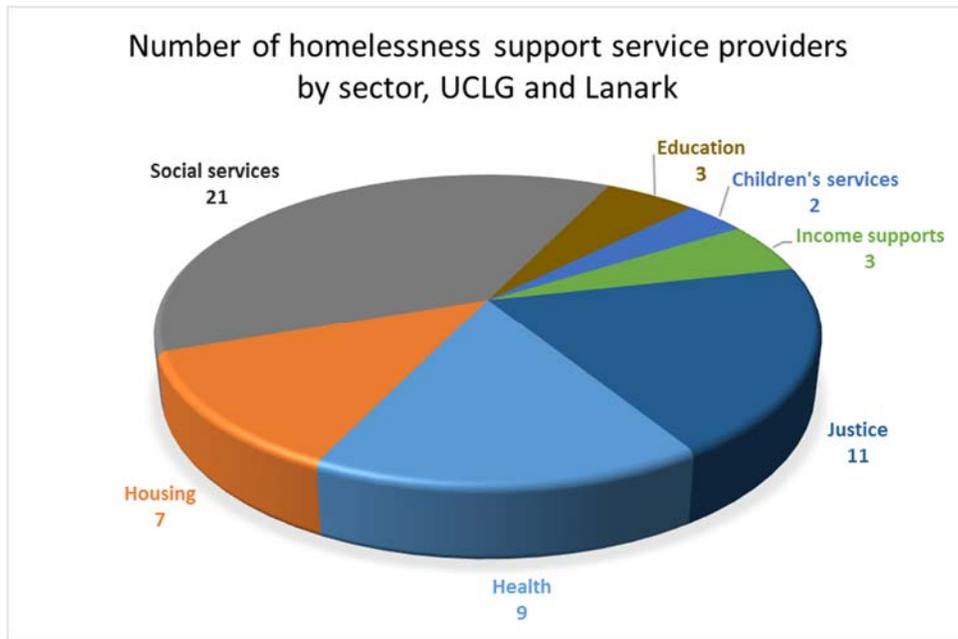


Mapping the local service system is an effective way to determine where gaps and priorities may exist. Typically, this mapping is organized by sector since funding and services tend to be loosely aligned in this fashion. As part of this study, a cursory mapping exercise was undertaken for both UCLG and Lanark to help identify available local resources by sector. The results of this exercise are documented in Appendix A and show that a wide range of services are available in both jurisdictions. That said, some sectors are better served than others based on the number and distribution of service providers. The mapping exercise showed that:

- Both UCLG and Lanark have active partners in most of the sectors including housing, social services, child services, income support and justice
- Lanark has more active partners in the health and education sectors
- LLGAMH interfaces with several organizations in both service areas

Most services tend to be provided in larger centres across the service areas. However, services in Lanark are a little more evenly distributed as they have a number of population centres like Smiths Falls, Lanark, Perth and Carleton Place while most UCLG services or main offices are concentrated in Brockville. Distribution of service organizations by sector across the UCLG and Lanark services areas is as follows:

Figure 6 - Distribution of providers by sector



The mapping exercise also identified those agencies who have accessed funding via Community Homelessness Prevention Initiative (CHPI) and the Social Services Relief Fund (SSRF) programs. Both Lanark and UCLG have received significant funding through the CHPI and SSRF programs and re-directed this funding into the community to address priority homeless needs. Despite challenging provincial timelines, there have been a number of new initiatives for homeless people funded through these two programs. Some programs have been created temporary (e.g. socially distanced shelter) while others have been more permanent. For example, UCLG applied SSRF dollars to make additions within their municipal housing portfolio and Lanark used SSRF to fund a new home with Interval House.

Having more detailed mapping that shows how agencies within the system interface with one another would help to better clarify service gaps and highlight coordination challenges. While Appendix A helps to provide a basic mapping framework, having more detail about the interconnections between sectors and relationships between service providers and funders would be of assistance. This mapping would help to illustrate connections for the benefit of all stakeholders in the system and aid in navigation for those seeking services. A more systemic, collaborative approach to homelessness services would provide clarity for everyone about what resources are available, the most appropriate places to which to make referrals and the best support options.

3 Issues, gaps and priorities

The effectiveness of the homelessness system has a direct impact on outcomes for those it serves. Better understanding the issues, gaps and priorities is critical to improving these outcomes. While system mapping provides a useful framework, the more qualitative aspects of how the system functions are best examined through reviews and assessments.

UCLG has completed reviews of two of their programs to help homeless people. The first review UCLG completed was with their Temporary Social Distancing Shelter (TSDS) Report in August 2020. The TSDS served 20 homeless people of which 8 found housing in the community, 2 were housed with LLGAMH and 2 did not say where they were going. Of the 20 participants, 8 were asked to leave for reasons such as drug trafficking, fighting, drug use, weapons and not following social distancing rules. One of the main recommendations was that more mental health supports were needed. The report noted:

“Many respondents agreed that Leeds Grenville would benefit from more inter-agency collaboration, expanded assistance for mental health and addictions, educating the community and governing leaders about homelessness, the establishment of a permanent shelter and shelter alternatives (e.g. warming houses, hygiene stations, street outreach), and more options for men in crisis”.

The other report was a five-year review of the emergency shelter system in UCLG. This is the program where UCLG has furnished 5 one-bedroom apartments at five different locations. The report also reviewed the use of motels and a key finding was the need for more mental health supports. The balance of the recommendations in the report identified process issues like community agencies being able to directly refer to UCLG and making sure staff are adequately trained.

In the case of both reviews, a clear need was expressed for more mental health supports, either by injecting more funding, by improving system effectiveness or some combination of both. Amid renewed calls for additional funding, some new investments in mental health supports have been made. It remains important to collectively discuss opportunities for improved outcomes for homeless people as new support and funding options may become available.

3.1 Stakeholder consultations

To confirm this prior work and better understand current community conditions in UCLG and Lanark, stakeholder consultations were undertaken as part of this study process. A series of focus group sessions were held with stakeholders from both UCLG and Lanark. Given public health parameters associated with Covid-19, these sessions were conducted via videoconferencing. Two sessions were held among stakeholders from each service area and drew from a wide cross section of disciplines. Invitation lists were developed by UCLG and Lanark which identified key agencies and contacts.

Over 90 individuals were invited to attend and a list of these invitees can be found in Appendix C. In the end, over 40 individuals participated in the 4 focus group sessions, providing ‘on the ground’ insights and perspectives. Focus groups were structured in workable-sized groups of between 7 and 14 people to enable full participation. The breakdown of invites and participants by service area was as follows:

| | UCLG | Lanark | Total |
|----------|------|--------|-------|
| Invited | 31 | 66 | 97 |
| RSVP'd | 18 | 30 | 48 |
| Attended | 15 | 26 | 41 |

At the start of each session, the consulting team provided a brief context overview to help frame the focus group discussion. This was followed by facilitated conversation with the group using five general questions that were provided to attendees in advance. The questions were intended to spur discussion and provided the opportunity to delve into different topics and themes, depending on the will of the group. The questions used to guide the discussion were as follows:

1. What are the most pressing issues or gaps that you see in the homelessness system today?
2. Have local programs/initiatives to help homeless people worked well and why? If not, why not?
3. What opportunities do you see locally that could help improve outcomes for homeless people?
4. Is there sufficient capacity within the local system to adequately address homelessness needs?
5. How could collaboration and coordination within the homelessness system be improved?

A detailed summary of stakeholder feedback received from the session is included in Appendix B. Common themes and issues emerging from the sessions were as follows:

- *Lack of affordable housing options* – Within local markets, there are limited affordable housing options due in large part to limited supply, high rents and a high reliance on informal rental stock. This in turn has meant higher prices for those options that are available.
- *Limited supportive and transitional housing stock* – Housing options geared specifically to those with support and accommodation needs are undersupplied in the market. In the absence of these options, individuals adapt to available alternatives or move to locales where stock is available.
- *Access to housing is also an issue* – Sustained demand and limited supply are limiting access to suitable housing and driving up competition for available accommodation. This access is further impacted by discriminatory landlord practices and conversion/renovation of rental stock (i.e. renovictions).
- *Dramatic increase in number of homelessness in the last few years* – For those most vulnerable in the community, precarious housing situations have led to an increase in homelessness and greater visibility in the community.
- *Concerns about homelessness data & interpretation* – At the same time, there are questions about the adequacy of existing data and whether it provides a clear picture of what the needs in the community really are, both for those who are homeless and at-risk of becoming homeless.
- *Heightened prevalence in areas of mental health, addictions and domestic violence* – Among homeless and at-risk populations, there has been a noticeable increase in certain needs and demand for services to address these needs.

- *High take-up in support programs and gaps in some supports/services* – With greater demand, there has been a sustained draw on existing supports and services locally. This has amplified local gaps that exist, underscoring the need for a more complete range of services.
- *Limited daytime access to sheltered spaces* – For those experiencing absolute homelessness, there are no formal shelters to accommodate emergency needs. Warming/cooling centres that operate are not open during the day and as a result, mean a more visible presence in the public realm where homeless individuals gather informally.
- *Motel rooms are a helpful ‘overflow’ option but are not sustainable* – In lieu of more formal accommodations, use of motels has helped to provide emergency housing on a short term basis. However, this stop-gap option is not sustainable over the longer term and there are challenges serving the needs of individuals in this environment, especially after the initial first day or two.
- *Transportation is a key challenge in a rural setting* – Vulnerable populations tend to be less mobile and for those outside population centres, transportation is an impediment to accessing necessary services. Where certain supports and services are only offered in larger centres outside the service area, this issue is further heightened.
- *Rural access to services* – In UCLG and Lanark, needs span across a large rural geographic area. Mobility issues among vulnerable populations, especially those outside population centres, limit their access to services and options. There are limited options for meeting the needs of people where they are.
- *Current conditions have further impacted options for vulnerable populations* – Recent housing market trends and the onset of Covid-19 have had an impact on all households in local communities. These conditions have only magnified the needs of homelessness and at-risk populations who are more vulnerable to these impacts.

3.2 Emerging issues and identified gaps

Based on stakeholder feedback and local conditions, it is evident that there are priority issues and gaps in the current homelessness service system. These can be characterized as follows:

- *Increase in the need for mental health supports* – A clear and consistent message is the growing demand for mental health services and the need for capacity to respond to these needs. Covid 19 has only served to amplify this need in the community, despite the on-going work of agencies like LLGAMH.
- *The chronically homeless require more supports due to the complexity of their needs* – Those who are chronically homeless tend to have compound needs that require more complex service solutions. Coordinating multiple services to a more transient population creates real service delivery challenges.
- *Supports are not available across the entire service area* – Despite having a robust range of committed service providers, there are gap areas within UCLG and Lanark where services are not as readily accessible or that are underserved.
- *Supports are not always offered on a sustained basis* – In some instances, services that are provided are not offered on a sustained basis due to time-limited funding windows or support program requirements.

- *System can be confusing and difficult to navigate for those in need* – Given the range of local needs, the array of service providers and the differing roles/responsibilities, navigating the homelessness system to access appropriate services can be a challenge, both for stakeholders and especially for vulnerable clients.
- *Voluntary nature of services* – Not all services/supports are provided by agencies and individuals can elect not to seek out available supports. Filling service gaps and spending additional time engaging with those resistant to assistance places additional demands on the system.
- *More system and inter-agency coordination is needed to align efforts of service providers* – Within the local homelessness service system, there appear to be gaps in knowledge about the system and opportunities for greater collaboration among system stakeholders. Having a more coordinated approach to service delivery can better meet the needs of vulnerable clients in an impactful way.

As part of the general review process, some additional observations were noted in regards to issues and gaps:

- There has been a notable increase in substance abuse since the start of the Covid-19 pandemic
- There is a persistent and continuing element of chronic youth homelessness
- While there has been a move more broadly towards ‘housing first’ solutions, traditional shelters are viewed by some locally as the primary solution
- There is not enough ‘slack’ in the local housing system to accommodate needs as they change
- Inevitably, this leads to an inability to move people along the continuum to more appropriate and stable housing options over time
- Persistent housing and support needs in the community require responses that help to break the cycle of homelessness
- Communication and coordination within the service system and especially among service providers is not as effective as it could be
- There are local success stories within the service system but these are not being shared

3.3 Addressing needs

In addition to issues and priorities, stakeholders offered observation about areas of focus and thoughts about possible solutions going forward. These included:

- *High degree of interest in improving outcomes* – Stakeholders expressed a firm and uniform commitment to seeking ways to improve outcomes for vulnerable populations through the services and supports they provide. Building on this commitment through leadership and collaboration can help to generate a more cohesive community response to homelessness needs.
- *Willingness to try new initiatives, implement new ideas* – Likewise, there is demonstrated interest among many stakeholders for using alternative approaches and leading practices that can improve outcomes. Adoption of these practices and shared learnings can help to expand community capacity.

- *Addressing rural level funding for urban-type issues* – Frustration was expressed about current funding levels, particularly given the demands that homelessness is placing on rural jurisdictions. Have more appropriate, sustainable and predictable funding is essential to meet local needs.
- *Support for the use of non-shelter approaches* – Within a rural context, the use of traditional shelter responses can be hard to justify and difficult to sustain. Using more impactful services and alternative housing options can provide flexible solutions that better respond to the rural needs and geography of UCLG and Lanark.
- *Broadening landlord partnerships* – While some partnerships in the community have been forged, expanding on relationships with landlords is seen as an important key way to address rental hesitancy and unfriendly practices. Forging more supported relationships can help to mitigate problem tenancies, especially among those individuals known to have ‘burned bridges’ in the rental sector.
- *Implementation of by-name list* – Recent Provincial policy provisions have obliged implementation of a by-name list for those seeking local homelessness services. Stakeholders are hopeful that this approach may foster the ability to share information and better coordinate services to those who are chronically homeless.
- *Managing multiple stakeholder tables* – Stakeholders identified a number of community tables where homelessness and at-risk issues intersect with other community needs. There was concern noted about duplication of efforts among these tables and how this might impact on the effectiveness of services where agencies have finite capacity/resources.
- *Improving system awareness among providers* – Stakeholders also acknowledged past practice in consistently using go-to contacts to advance delivery of services. However, they also recognized that a more holistic response was possible where service providers and stakeholders have a full working knowledge of the system, roles/responsibilities within the system and how to navigate the system for the benefit of the clients they serve.

4 Options and practices

Through a review of past local experience and having regard for current stakeholder views, local issues, priorities and gaps have been identified as part of this study. Perspectives on possible solution areas to address needs have also been identified. To better understand what possible opportunities may exist to respond to gaps and issues, a scan of relevant practices – past and present – was undertaken. Through this process, ideas and opportunities for addressing local needs were identified and are summarized in the following sections.

4.1 Selected relevant solutions and practices

A scan of UCLG, Lanark and other jurisdictions was undertaken to identify promising practices for addressing local homelessness needs. This helped to provide insights on what is working well locally, what others are doing and how elements from these practices could be applied in a local context. Following is a summary of potential practices/approaches that were reviewed.

By-Name List

A By-Name List is a list of all people in a community who are experiencing homelessness. Distinct information is gathered about each homeless person that improves the understanding of why people are homeless, where they are, and what services and supports they need. The By-Name list supports coordinated access to resources for homeless people. Medicine Hat has declared they have solved homelessness, primarily by applying the tenets of the By-Name List for the last 12 years. Waterloo Region also has implemented a similar strategy through its STEP Home program (Support to End Persistent Homelessness). The program uses a five step program and a suite of services specifically designed to help people experiencing persistent homelessness to transition to housing².

Both UCLG and Lanark have either hired or have plans to hire staff to facilitate the implementation of the By-Name List. Implementation and monitoring of the list over time could help to better understand trending in environmental changes and help to assess outcomes/effectiveness of homelessness services. While this is an important first step, it will take time and dedication to realize the potential benefits of a By-Name List system but, as demonstrated with the Medicine Hat example.

Homelessness Solutions Table

Having an active and dedicated homelessness solutions team comprised of community agencies can help to advance community coordination and awareness. Solutions tables like these are used in many jurisdictions across the province, primarily to triage and coordinate service responses for individuals deemed to be acutely homeless. UCLG already has plans to create a Homelessness Task Force and the solutions table could be part of that task force or a separate entity dedicated to solutions on homelessness. Lanark has an active community Housing Coalition that meets regularly to discuss issues and recommend action. Where existing tables/committees are in place that provide the necessary range of representation, these should be utilized to avoid duplication and maintain focus on homelessness priorities and issues. To be successful, it is critical to ensure that there are clear and terms of reference

² For further details see “Promising Practices: 12 Case Studies in Supportive Housing for People with Mental Health and Addiction Issues”, Addictions and Mental Health Ontario (AMHO), Canadian Mental Health Association (CMHA) Ontario, and the Wellesley Institute (April 2018).

in place to help the group work together effectively and with purpose. Another key resource for implementation is having a dedicated Homelessness Coordinator. This person could assist the solution team and work with local agencies, improving inter-agency coordination, streamlining processes and simplifying the homelessness service system to ease navigation for both service providers and end users.

An alternate approach could see the expansion of current staff roles to help facilitate solutions in a more hands-on fashion. Lanark recently hired a Homelessness Services Coordinator and UCLG has a similar position. These staff are responsible for creating a system to implement the By-Name List and their roles could be broadened to support a homelessness solutions team. The position could help to build community capacity, facilitate a more systems-oriented approach and help coordinate priority activities. The homelessness solutions team could also coordinate with a local college to develop a program where students could acquire placement time locally which could then improve staff recruitment and retention, further enhancing community capacity.

Using a more systemic, collaborative approach to homelessness services would provide clarity for stakeholders and service consumers about what resources are available, the most appropriate places to make referrals and the most suitable support options. This approach also helps to reduce duplication, align community partner efforts, build on successes and increase community capacity.

Housing First

A number of jurisdictions have adopted a ‘Housing First’ approach to addressing homelessness. Under the ‘Housing First’ concept, housing is provided to those in need as a first priority, using the stacking of services and supports to stabilize and address client needs. The underpinnings of this approach is that a person experiencing mental illness, substance abuse issues or other factors contributing to their homelessness is less likely to be successful unless their lack of housing is appropriately addressed as part of their plan of care. Strachan Housing in Toronto is an example of Housing First in action. Opened in 1998, it provides transitional and supportive housing for people who have experienced chronic homelessness using what they term as a low-barrier approach and “assertive tolerance” principles³. It has been successful in helping tenants remain stably housed.

It should be noted that the supports and services component of this approach are critical to its success and rely on substantive resource obligations⁴. When delivered as designed, ‘Housing First’ can improve outcomes for people experiencing homelessness. UCLG and Lanark could expand application of this approach to addressing homelessness. In fact, the emergency apartments operated by UCLG are excellent examples of proving the ‘Housing First’ model and providing adequate supports.

Emergency Apartments

There are no emergency housing shelters in UCLG or Lanark. Several years ago UCLG started adding emergency shelter spaces within their service area. To do this, UCLG dedicated a furnished apartment in

³ For further details see “Promising Practices: 12 Case Studies in Supportive Housing for People with Mental Health and Addiction Issues” (previously cited).

⁴ It should be noted that the supports and services that local Service Managers can provide in a ‘Housing First’ scenario are finite, especially since funding for many of the necessary supports emanates from Provincial government sources. In the absence of these resources, the ‘Housing First’ is not nearly as effective.

one of the apartment buildings that they own and manage in their housing portfolio. In conjunction with rent supplement agreements with local landlords, UCLG now has six furnished apartment-style units throughout the community for people in need of emergency housing. Staff from Ontario Works and other community agencies provide the supports needed to those residing in these units.

Other Service Managers across the province have adopted UCLG’s strategy. Houselink’s ‘Steps to Support’ program in Toronto is one such program. It provides on-site supports to tenants in two social housing buildings that were identified as having many tenants with complex health problems. By providing eviction prevention services, informal counseling, referral services, recreation and community development, housing tenancies are stabilized both for program participants and the building’s residents⁵. Strategies like this have allowed Service Managers to create emergency supported housing without the typical costs associated with building and operating a shelter. UCLG could continue to add more units and Lanark could consider initiating a similar program. It is important to underscore that successful implementation of this approach relies on adequate supports being provided to the people in crisis that are housed within these units.

Public/Private Partnerships

Many existing affordable housing options were created by non-profit corporations. While these valuable community assets provide affordable housing, and non-profit organizations are eager to build, there is simply not enough affordable housing. This is because the creation of housing is dependent on governments creating a grant or grant/loan program to facilitate the creation of additional affordable housing.

Public/private partnerships involve working with the private sector to harness their knowledge and expertise, but also provides access to capital otherwise unavailable. This may be in the form of existing rental housing or working with a private partner to develop new housing. The efforts of the public entity continue after the housing is acquired by providing support to the landlord/private partner and providing or arranging the provision of support services for tenants. In this way private landlords can be viable contributors to Housing First solutions.

Convincing private partners to become involved with helping homeless people can be a challenge. UCLG has been successful in acquiring emergency housing units from private landlords. A team out of Ottawa University has developed a toolkit to assist people working with those in need of affordable housing with private landlords⁶.

4.2 Other opportunities for local consideration

In addition to the relevant solutions and practices discussed, there are additional opportunities that could help support and complement efforts to address local needs within the housing and homelessness realm. Following is a summary of these opportunities.

⁵ For further details see “Promising Practices: 12 Case Studies in Supportive Housing for People with Mental Health and Addiction Issues” (previously cited).

⁶ This toolkit can be sourced at:

https://www.homelesshub.ca/sites/default/files/attachments/LANDLORD%20TOOLKIT_ENG_web.pdf

Community Safety and Well-Being Plans

Both UCLG and Lanark have adopted Community Safety and Well-being plans which are mandated by legislation. There are many recommendations in each plan that are directly or indirectly relevant to homelessness and securing safe, affordable housing.

UCLG plans to create a Task Force with community stakeholders to help advance its plan. As part of plan implementation, they also intend to address other issues like:

- Poverty (Income, Unemployment, Basic Needs and Food Security)
- Transportation (plan to start a pilot program),
- Housing and Homelessness,
- Population-specific Risks (Youth, Seniors, Indigenous Families, Specialized Support)
- Rural Inclusion
- Physical Health
- Mental Health
- Substance Use
- Domestic Violence
- Sexual Assault
- Human Trafficking

An implementation team will initiate the plan and there are plans to hire a Community Developer to enact the plan.

In the case of Lanark, a Committee has also been established and has been tasked with implementing the plan and reporting back on findings. The County is also providing a resource person to help lead the initiative. The identified areas for housing action in their plan are to:

- End homelessness in Lanark County
- Increase supported and/or affordable housing options for hard-to-place individuals (e.g. addictions, offenders, transitional, pregnant teens, disabled individuals)
- Improving access for emergency needs
- Reducing utility costs to increase affordability
- Making landlords more accountable for unsafe, substandard housing

Community Safety and Well-being plans relate to broader issues of community safety that go well beyond housing and homelessness. However, by aligning with recommendations and clarifying roles set out in these plans, UCLG and Lanark can help to augment and coordinate their responses to homelessness. Staff leading the implementation of the plans should be directly connected to the efforts of Service Manager staff in order to improve outcomes for homeless and at-risk individuals.

Beyond Surviving: Identifying How to Support Individuals Living with Mental Illness and/or Substance Use Difficulties to Thrive Following Homelessness in Kingston, Ontario

Researchers, community organizations and people with lived experience collaborated to create this report that was just released in March 2021. The report is insightful and provides many ideas about how to improve outcomes for people experiencing mental illness, substance abuse and homelessness.

The study examined improving the effectiveness of existing services designed to help homeless people, what could be done differently and created 9 recommendations⁷. The community agencies providing services are unique to Kingston but the ideas, principles and recommendations could easily apply to homeless people and services in UCLG and Lanark.

The report notes:

“Shifting systems to support individuals to thrive following homelessness has the potential to drastically improve a person’s life circumstances and may be an important strategy for preventing ongoing homelessness. This report is meant to stimulate discussions in Kingston, Ontario and other municipalities about how we can help individuals to secure more than just housing alone following homelessness. The recommendations that we have developed and described in this report will form the basis for the next stage in our process, which will involve collaborating with a broad range of stakeholders in the Kingston community to co-design solutions.”

The recommendations from the report cover a wide range of actions that may be more/less applicable to UCLG and Lanark and include:

Recommendation 1: Systemic changes are needed to improve the lives of individuals following homelessness

Recommendation 2: Existing services need to reflect a more strengths-based, trauma-informed lens and acknowledge systemic racism experienced by Indigenous persons

Recommendation 3: We need more peer support specialists, and more lived experience expertise at the table

Recommendation 4: We need to design more person-centred, integrated services where people are provided with immediate support irrespective of their perceived degree of ‘complexity’

Recommendation 5: Service providers who are managing a complex group within a complex system need to be provided with adequate emotional support to be healthy and effective within their roles

Recommendation 6: Support for independent living skills following homelessness needs to be more available

Recommendation 7: Increased access to abstinence-based programs in concert with harm reduction support is needed

Recommendation 8: Increase opportunities for meaningful activity as a means of community integration

Recommendation 9: Informal and formal supports should be designed to be continuous and should last as long as people need following homelessness

Rooming house/studio units

This type of housing would involve using rooming houses or small, studio apartments as an affordable solution for homeless people. Developing rooming houses or studio apartments is less costly than developing traditional housing due to their smaller unit footprint. A further benefit is that more housing units can be created in the same space compared to traditional models with larger housing units. Foyer

⁷ The full report can be accessed at: <https://drive.google.com/file/d/1IFD-aLn1m-aohqpatPtVwjGYGplqxPR4/view>

des Cent Abris Rooming Houses in Montreal is an example of such an initiative. They created 24 studio apartments in two buildings to address a shortage of affordable housing⁸. The construction of these buildings was possible due to flexibility in zoning regulations in the City of Montreal. Similar housing forms have been previously built in Ontario and could be developed or acquired to provide affordable housing.

Adaptive Reuse

Modifying unconventional facilities for adaptive reuse to shelter beds and transitional housing could be explored. Application of adaptive reuse may be temporary or permanent. For example, last winter and again this winter Hastings County will be using the former police station in Belleville as a temporary warming centre for people in need of a warm place to be in the evening when it is cold outside. In the case of more permanent uses, the previously profiled Strachan Housing project in Toronto involved the conversion of a three story textile warehouse into supportive housing. Where suitable buildings exist for conversion in UCLG and Lanark, this may provide a suitable alternative for creating housing.

Tiny Homes

Tiny homes are small, self-contained and detached living units. They are usually less than 400 sq. ft. or 37 sq. meters in size. They are considered to be less expensive to build, heat, cool and maintain than typical detached housing. One of the advantages of tiny homes, in an affordable housing context, is that more than one tiny home can be placed on an average city lot. This makes development much more affordable by reducing land and development costs.

Given their clustered nature and small size, they are most successful when geared to a specific target client group. Homes for Heroes is a non-profit organization that has taken affordable tiny homes to the next level. They built an affordable tiny home community exclusively for veterans using a cluster configuration. The community of 15 tiny homes in Calgary opened in November 2019, and Homes for Heroes has similar builds planned in both Edmonton (21 homes) and Kingston (25 homes).

The idea of tiny homes as an affordable rental housing community has been considered for many years. One downside of tiny homes is that it is common for residents to tire of the experience after a few years and want to live in typical housing once again - this experience is primarily from home owners, not renters. Homes for Heroes believes that veterans are accustomed to smaller living environments through their military background during times of training, living in barracks and living in alternative housing settings while deployed. As a result, Homes for Heroes believes that tiny homes will work with the veteran community.

While it is plausible to use clustered tiny homes in a homeless context, this is an untested initiative. Homeless individuals are accustomed to smaller, unconventional housing but the transitional support needs they have may could present service challenges in this type of environment. The development in Kingston could be observed and reviewed as it moves along to see if tiny homes might be part of the solution for homeless people in Lanark County and in UCLG. Ensuring oversight and adequate supports would be a key component where tiny homes were created for homeless people.

⁸ See “PELASS Housing Revitalization Plan”, Re/fact Consulting and SHS Consulting (2018)

5 Directional Strategies

The primary purpose of this study was to advance a common understanding of housing and homelessness issues in UCLG and Lanark and to foster further dialogue on actions with stakeholders and the community. In that regard, it is expected that the directions recommended in this report will assist LLGAMH, UCLG, Lanark and other community partners to build towards a more collaborative system of services and supports that address the homelessness needs of vulnerable populations.

5.1 Emerging challenges & opportunities

Through research, observed findings and stakeholder engagement, a general picture of the current homelessness service system in both UCLG and Lanark has been developed. Based on this review, a number of emerging issues and gaps that affect vulnerable population were identified, including:

- Increase in the need for mental health supports
- The chronically homeless require more supports due to the complexity of their needs
- Supports are not available across the entire service area
- Supports are not always offered on a sustained basis
- System can be confusing and difficult to navigate for those in need
- More system and inter-agency coordination is needed to align efforts of service providers

Based on stakeholder engagement and practice scanning, a number of initiatives and opportunities were also identified that could assist in addressing issues and gaps, including:

- The continued pursuit of new initiatives and implementation of new ideas
- Addressing rural level funding for urban-type issues
- Supporting the use of flexible non-shelter approaches
- Broadening current landlord partnerships and exploring new landlord opportunities
- Implementing the by-name list
- Managing multiple stakeholder tables
- Improving system awareness among providers

5.2 Moving the system forward – Approaches and priorities

The issues and opportunities identified during the study help to inform priority areas where action should be taken to address vulnerable populations and homelessness. The high degree of engagement and participation in homelessness initiatives by stakeholders to date is an encouraging sign and indicates a clear interest in advancing community solutions. That said, there is a need to re-frame the discussion with service providers and the community in light of the findings of this report. There is also a need to acknowledge as part of that framework:

- An understanding/awareness of supports and services that are currently being provided
- Recognition that homeless solutions are more than just housing solutions
- Acknowledgement that Service Managers like UCLG and Lanark are one partner within the broader system and cannot fix all problems
- Ownership of the problem is shared - community problems require community solutions

With that in mind, it is recommended that future service system planning with the community have regard for the following directional strategies:

- Increasing priority services to better respond to needs and gaps
- Coordinating responses to complex cases (i.e. chronically homeless)
- Improving access and continuity of services
- Having a more transparent and user-friendly system
- Coordinating and collaborating efforts for better outcomes

While priorities may vary from community to community, some specific approach and actions are also recommended for further discussion with stakeholders, including:

- Implementing the By name list
- Maintaining/establishing a homelessness solution table⁹
- Having a coordinating resource to help facilitate system functioning and community coordination
- Maintaining a Housing First approach where services and supports are available
- Continuing to support the emergency apartment initiative
- Pursuing additional public-private partnerships

Additional consideration could be given to other opportunities raised including:

- Implementing Community Safety and Well-being Plans
- Pursuing alternative forms of affordable housing (e.g. rooming houses, adaptive reuse of buildings, etc.)

These directional strategies and recommended options provide a framework for advancing dialogue on solutions among community stakeholders. LLGAMH, UCLG and Lanark have an important role in helping to facilitate those discussions.

⁹ There may actually be a benefit to having two recognized tables given the content matter to be addressed; one geared more to housing and development issues, the other geared primarily to homelessness issues. While there is a need to coordinate these efforts, having an annual joint meeting should be sufficient to enable meaningful progress.

Appendices

- Appendix A - Service system mapping by area
- Appendix B - Summary of stakeholder consultations
- Appendix C – Invite list for stakeholders

Homeless Servicing System Mapping

The following is a general systems map related to homelessness in UCLG and Lanark. Services have been categorized into seven different areas. While each area is distinct it is important to remember that people are often involved with more than one area at any given time. The seven different areas, a brief description or definition, and involvement with homelessness services in UCLG and Lanark are listed below. As a general map, this may not include all agencies or organizations active in the local service system.

Health

When referring to Health in this document we refer to a state of complete physical, mental, and social well-being, and not merely the absence of disease or illness. “Social well-being” is an important aspect of this definition when thinking about health. Health can be seen as a positive concept that emphasizes social and personal resources, as well as physical capacities.

| Agency/Group | Lanark | UCLG | LLGAMH | CHPI or SSRF \$ |
|--|--------|------|--------|-----------------|
| Change Health Care (opioid treatment) | X | X | X | |
| Almonte General & Carleton Place Memorial Dist. Hospital | X | | | |
| Community Home Support Lanark County | X | | | |
| Leeds Grenville Lanark District Health Unit | X | X | | |
| Local Health Integration Network-SE-Lanark | X | | | |
| North Lanark Community Health Centre | X | | | |
| Perth and Smiths Falls District Hospital | X | | | |
| Rideau Community Health Services | X | | | |
| Brockville General Hospital | | | X | |

Affordable Housing

The Canadian Mortgage and Housing Corporation (CMHC) defines affordable housing as a broad term and includes housing provided by the private, public and not-for-profit sectors as well as all forms of housing tenure (ie. rental, ownership and cooperative ownership). It also includes temporary as well as permanent housing. The term "affordable housing" can refer to any part of the housing continuum from temporary emergency shelters through transition housing, supportive housing, subsidized housing, market rental housing or market homeownership. Social Housing refers more specifically to housing that is subsidized by a level of government.

| Agency/Group | Lanark | UCLG | LLGAMH | CHPI or SSRF \$ |
|--|--------|------|--------|-----------------|
| Interval House (Leeds and Grenville) | | X | | |
| St. Lawrence Anglican Parish/ Brockville Housing Partnership | | X | | SSRF |
| United Counties of Leeds and Grenville | | X | | X |
| Carebridge (non-profit housing provider) | X | | | |
| Lanark County | X | | | X |
| Lanark County Interval House | X | | | SSRF |
| Tayside Community Options (non-profit housing provider) | X | | | X |
| Carleton Place NPHC | | | | SSRF |

| | | | | |
|-------------------------------------|--|--|--|------|
| Tay Gardens NPHC | | | | SSRF |
| Clayton Seniors NPHC | | | | SSRF |
| Domiciliary Hostels (four in total) | | | | SSRF |

Social Services

Social services are a range of public services intended to provide support and assistance towards particular groups, which commonly include the disadvantaged. They may be provided by individuals, private and independent organizations, or administered by a government agency. Social services are connected with the concept of welfare and the welfare state, as countries with large welfare programs often provide a wide range of social services. Social services are employed to address the wide range of needs of a society. Social services are generally regarded globally as a 'necessary function' of society and a mechanism through which governments may address societal issues (Encyclopedia Britannica).

| Agency/Group | Lanark | UCLG | LLGAMH | CHPI or SSRF \$ | Provide Housing |
|---|--------|------|--------|-----------------|-----------------|
| Connect Youth | | X | | CHPI and SSRF | X |
| Family and Children's Services of Lanark, Leeds and Grenville | X | X | | CHPI | X |
| Salvation Army | X | X | | SSRF | |
| South Grenville Food Bank | | X | | SSRF | |
| Operation Harvest Food Sharing (Brockville Food Bank) | | X | | SSRF | |
| United Counties of Leeds and Grenville | | X | X | X | X |
| United Way of Leeds Grenville | | X | | | |
| Victim Services Leeds and Grenville | | X | X | X | |
| YMCA of Eastern Ontario | | X | | | |
| RNJ Youth Services | X | X | | | |
| Community Settlement Initiative - Algonquin College | X | | | | |
| Connections (Lanark Health and Community Services) | X | | | | |
| Cornerstone Landing Youth Services | X | | | X | |
| Lanark County Dev. Support Services | X | | | | |
| Lanark County Mental Health | X | | | X | |
| Lanark Highlands Youth Centre | X | | | | |
| The Table Community Food Centre | X | | | X | |
| Youthab - Transitional Aged Youth Program | X | | | | |
| United Way Eastern Ontario | X | | | | |
| Victim Services of Lanark County | X | | | X | |
| Loaves and Fishes/Common Ground | | X | | | |

Education

Education is the process of facilitating learning, or the acquisition of knowledge, skills, values, morals, beliefs, and habits. Educational methods include teaching, training, storytelling, discussion and directed research. Access to education must also be considered.

| Agency/Group | Lanark | UCLG | LLGAMH | CHPI or SSRF \$ |
|---|--------|------|--------|-----------------|
| Algonquin College | X | | | |
| Catholic District School Board of Eastern Ontario | X | X | | |
| Upper Canada District School Board | X | X | | |
| St. Lawrence College | | X | | |

Children’s Services

Children’s services aim to meet the care, education and development needs of children. Children’s services are responsible for supporting and protecting vulnerable children. This includes providing children and their families with extra help. Where children are thought to be at risk of harm, children’s services will take steps which aim to make sure they are kept safe.

| Agency/Group | Lanark | UCLG | LLGAMH | CHPI or SSRF \$ |
|---|--------|------|--------|-----------------|
| United Counties of Leeds and Grenville | | X | | X |
| Lanark County Children’s Services | X | | | |
| Family & Children’s Services | X | X | | |
| Children’s Mental Health of Leeds and Grenville | | X | | |

Income Supports

Income Support provides financial help for people who are in need. It can help pay for living expenses, like food and housing, medical costs, and transportation.

| Agency/Group | Lanark | UCLG | LLGAMH | CHPI or SSRF \$ |
|--|--------|------|--------|-----------------|
| United Counties of Leeds and Grenville | | X | | X |
| Lanark County | X | | | X |
| ODSP | X | X | X | |

Justice

Justice may be the most difficult area to define as justice can have different meaning to different people and determinants of justice tend to differ between various cultures and religions. Justice can be sought through “the law” through policing and the criminal justice system where justice is the use of power as appointed by law, honor or standards to support fair treatment and due reward. Considerations must be given to social justice, restorative justice and basic human rights.

| Agency/Group | Lanark | UCLG | LLGAMH | CHPI or SSRF \$ |
|---------------------------------------|--------|------|--------|-----------------|
| Brockville Police | | X | | |
| John Howard Society | | X | | CHPI and SSRF |
| Ontario Provincial Police – Gananoque | | X | | |
| Ontario Provincial Police - Grenville | | X | | |
| Ontario Provincial Police – Leeds | | X | | |
| Adult Probation and Parole | X | | | |

| | | | | |
|---|---|---|---|--|
| Drug Court/Mental Health Court | | | X | |
| Lanark County Community Justice | X | | | |
| OPP - Lanark County | X | | | |
| Smiths Falls Police Service | X | | | |
| Youth Justice Services-MCYS-Lanark County | X | | | |
| Gananoque Police Service | | X | | |
| Direct Accountability Program | | | X | |
| Back on Track Program | | | X | |

LLU Stakeholder feedback sessions – Summary notes

As part of the study process, a series of focus group sessions were held with a cross-section of stakeholders in each service area. The sessions were held on-line via Zoom video conferencing and enabled participation from a wide array of those who provide services or interface with homelessness and at risk populations. Sessions were scheduled as follows:

Lanark Sessions

- June 9th at 1pm
- June 11th at 10am

UCLG sessions

- June 8th at 1pm
- June 10th at 10am

A list of invited and participating organizations can be found in Appendix 3. There was participation from among identified stakeholders in each service area as follows:

| | UCLG | Lanark | Total |
|----------|------|--------|-------|
| Invited | 31 | 66 | 97 |
| RSVP'd | 18 | 30 | 48 |
| Attended | 15 | 26 | 41 |

In the case of a few individuals who were unable to attend, they provided written responses and these perspectives have been reflected in the summary notes.

In advance of the sessions, stakeholders were provided the following series of questions to help prepare for the focus group meeting:

1. What are the most pressing issues or gaps that you see in the homelessness system today?
2. Have local programs/initiatives to help homeless people worked well and why? If not, why not?
3. What opportunities do you see locally that could help improve outcomes for homeless people?
4. Is there sufficient capacity within the local system to adequately address homelessness needs?
5. How could collaboration and coordination within the homelessness system be improved?

At the start of each session, a brief presentation was provided by the consulting team, outlining the study process, findings to date and the purpose for the focus groups. The consulting team then lead a facilitated discussion with participants by using the questions as a guide. This summary reflects the general sentiments expressed by participants in each of their respective service areas.

LANARK COUNTY SESSIONS

1. *What are the most pressing issues or gaps that you see in the homelessness system today?*

Housing stock problems

- Limited affordable housing stock
- Dependence on informal rental stock
- There is no spare space to increase beds even if funding was available – no physical space to accommodate more beds in existing buildings (Covid has only made this worse)
- Little/no supportive or transitional housing
- Overcrowding and limited space in supportive housing means little/no privacy, Covid underscores need for self-contained units but with access to group supports
- Services are generally good but missing the brick and mortar side of this (accommodation)
- Homeless and at risk are stuck without access due to lack of more permanent accommodation
- Insufficient private rental supply
- Limited supply - no emergency or crisis housing available
- Renovictions are happening in the community
- No evictions allowed during pandemic

Affordability issues

- Increase in the cost of living
- Market prices have skyrocketed and social assistance is flat
- New house/services would cost in the order of \$3K to \$4K, need for assistance (can't afford)
- Competition for affordable housing in a time of Covid is challenging
- Expense of housing, peoples ability to afford it are primary concerns

Homelessness issues

- Triple the homelessness number now as compared with 2018
- Police are regularly seeing an increase in numbers on the streets, esp. with Covid
- Big wait list and it's growing
- Large service centres attract visible homelessness
- Youth homelessness is a real concern – issue with OW eligibility, mental health issues within family and not 'in' the social services system (a big gap), not enough providers to serve
- Homelessness numbers - may not be getting accurately counted in terms of intake through current means, need better data in order to effectively plan
- More awareness of counts via non-County programs a key part of this (County counts what it administers)

Funding/resource issues

- Cost to provide services is increasing
- Social services funding for hotel rooms is finite
- Sustained funding is required
- Can't keep relying on volunteers/individuals to sustain the system, need to support agencies/staff to deliver services

Support and service gaps

- Short term support ok but after 2-3 days this does not work well and those in need can get shipped to Ottawa or Kingston where there are shelter facilities
- Small window for assistance – need to meet clients where they are
- Daytime issues referred to social services but after hours referred to victim services, initial calls tend to go to police
- Repeat issues seen at motels by police, temporary housing and stable for a bit but for how long?
- Challenges to access for Interval House during Covid (Victims of Family Violence)
- Folks on the edge are the primary driver of needs – example of churches supporting 1 family in hotel but not sustainable
- Lots of referrals but these are very complex needs – hotel environment limits capacity to navigate the system, expand mobile presence to help address this
- In terms of addictions, withdrawal management services (detox, safe use) are NOT available in the community, have to go outside jurisdiction to get service, therefore people using in unsafe environment – recovery needs to be in client community
- No options for respite care when discharged from hospital (i.e. transitioning back to housing after hospital stay), cannot offer care, this client group not funded for motels
- Limited options for domiciliary hostels - 4 facilities in Lanark, 60 beds total but only 50 beds currently usable (\$56.50 per diem)
- Some evidence of discrimination, private run facilities tend to be more selective about who is housed
- More support services essential – no couch surfing possible in Covid
- Intermediate supported housing required – that which falls between low and high supports
- Caseworker coordination is a soft spot, building capacity here is critical

Client refusal of service/supports

- Refusal by homeless to cooperate/accept services an issue
- Re-referrals of chronic who refuse services - how to break this cycle, ensure follow-up?
- Lack of choices/options are an issue for recipients, support for more 'Housing First' approach – don't pre-judge offerings to client, allow for more of their input
- People aren't always refusing service, just what you are offering them – people want their own unit, not congregate or boarding model

Transportation

- Transportation is a major issue – consider more effort here and meet clients where they are
- No transportation – desire to stay where they are, can create localized issues due to shortfall of services and then police may be involved (call for service) but not a solution

2. Have local programs/initiatives to help homeless people worked well and why? If not, why not?

Programs and supports

- Seniors programs seem to work and are well connected but need supports to keep them housed (i.e. age in place)

- Home care/housekeeping have been important – PSW-type supports
- Greater versatility in services like home maintenance desirable (e.g. SMILE program under S/E LHIN, HOP – Housing Options Program)
- Cornerstone does good work with youth, provides a transition pathway
- Limits to services for Victims of Family Violence, only serve women and children on transitional basis (up to 2 yrs.) – more permanent solution required
- Access to health care supports, especially for those without a designated place to provide care
- Resolve congregate living issues by using individual supports but planning collectively, provide services where they want it
- Rent is too high for OW clients, especially single persons, adjustments to assistance for children and allowances not that helpful (e.g. of intake for 4 clients for separate homeless money)
- Over last year, County SSRF rent bank assisted 89 households, homeowner assistance enabled 4 households to become owners and Canada/Ontario Benefit helped 45 recipients (i.e. rent assistance)
- Health links (Champlain LHIN) helpful but continued issues with placement coming out of hospitals
- Need a go-to resources for referring (e.g. Housing Help in Ottawa)
- Sustained funding is critical to better planning, sustained outcomes (e.g. CHPI disbursed on one year horizon means limits)

Motels and warming centres

- Opportunity to use private hotels and dom hostels more but service standards need to improve
- Lack of housing options means using motels on temporary basis but this is not sustainable
- Overnight stay/supports with hotel ok but can be challenging to sustain contacts/services
- Motel stays only a bandaid solution and creates social issues – need more traction for solutions
- Sustainable responses needed – get away from private sector fixes, more public/alternate roles?
- Shelter and warming centre serves a purpose but only very short term
- Tasking public buildings for cooling, church spaces too (community ministry)

Community outreach and engagement

- Remote areas lack sustained housing
- Service location and transportation is key – need to be local
- Outreach units in mobile van help to address but only a pilot, need this to be sustained
- Some mobile options may be available in S/E LHIN area, need the resources that go with this
- The community is partner in the system and has more capacity to be part of the solution – this needs to be explored further
- Community perspective awareness is heighten, they can do more

Navigating the system

- Good collaboration via situation table, open dialogue and ability to facilitate
- Situation table only deals with most significant clients
- Situation table provides access to multiple services, unclear about effectiveness for individual
- Case management only goes so far, you need a place for people to land/house people

- By-name list has potential, will data be used for any specific purpose? Need for follow-up stats in order to understand full circle analysis (e.g. intake, coordination, follow-up, review, outcome)

3. What opportunities do you see locally that could help improve outcomes for homeless people?

Coordination and collaboration

- Lots of good, interested partners but coordinating pots of funding is critical
- Better collaboration since some groups try to do more than their part – stop duplication
- Having more awareness of what each other is doing would help – communicate & collaborate
- Consultation through Path Table and Carebridge – lots of interest, energy is building
- Collaborative access is being promoted via by-name list and Point in Time (PIT) count initiative later this year (committee meetings upcoming) – need to get a better handle on numbers and track outcomes
- This may help move towards coordinated access across partners and better sector mapping – prioritizing and linking services would help support a cross-sectoral approach

Creating housing and leveraging assets

- Agency coordination has been pretty good but there is a lack of available housing options in order to place people
- Create more supportive housing
- More housing units are required, especially self-contained – also need to be supported (access to case manager onsite, etc.)
- Support shared amenities but maintain individual responsibilities (e.g. of co-housing to move people more towards permanent solutions)
- In a rural context, there is housing and space to develop – we should be able to make this work!
- Need leadership and housing (brick and mortar) to create necessary spaces
- Lots of supports are available, leverage these to be more effective
- Ideas around leveraging community assets/opportunities but action after that is lacking

Planning and innovation

- Having time to plan is key, knowing where to move – DSO is leading on homelessness
- For longer term solutions, need to have a more formal planning and policy approach to encourage housing options – be more proactive instead of reactive
- Pool community support to create vibrant, healthy, mixed communities – foster creative, innovative and coordinated efforts
- Encourage integration not concentrations that can create stigma
- Making municipal regulations more flexible to enable responses
- Youth homelessness collective study by United Way is an important initiative
- Intergenerational housing that includes seniors and youth
- Tiny homes initiative/opportunity in Perth (Kerrilee Telford at Cornerstone)
- Blueprints for modular housing
- Provide access to bathe, shower, laundry, clothing, enable mobile assessment with access to social worker

4. Is there sufficient capacity within the local system to adequately address homelessness needs?

- Believe so but collaboration is key to making things work
- County is doing what it can, more affordable, supportive and transitional housing needed
- Clear shortfall in mental health funding (68% have mental health issues), caseload and funding allocation issues with LHIN (e.g. \$3M for pop'n of 90,000 service area is way too low)
- Severe and persistent mental health needs – more \$s required to support case work here and more out of the box thinking too
- Hotel response will change over time (market demands/availability), more supports and services will be required to counter reduction/loss of this option
- Food security issues are also evident
- Don't ship people to other areas for service, mobile unit is really key to meeting people where they are, especially with disbursed pop'n

5. How could collaboration and coordination within the homelessness system be improved?

Partner connections

- Collaboration has been excellent in light of the crisis that currently exists – agencies are doing what they can
- Need to make better use of the existing system and pull together, connecting and collaborating are key among partners
- Lanark County Housing Coalition is an established network, most representative array of stakeholders – can we build on this?
- Have a community coalition to help align/direct community efforts, support more streamlined client experience (move beyond the situation table focus on imminent risk)
- Links to community safety and well-being plan, County has struck a table to look at this but can duplication be avoided?

Pursuing innovation

- Outside the box thinking to meet daily homelessness needs (e.g. flexible access to showers, community facilities, etc. to provide point of service node)
- Regular business hours at County but homelessness is not regular hours – improvements to oversight and administration?
- Working together and coordinating efforts, using data/GIS tools to assist (e.g. MCERT)
- Sustained funding is key to planning and making a real dent, housing is all connected
- Engage existing landlords in the system, help to coordinate supports
- Provide greater flexibility in approach to using/allocation rent supplements

Coordinating services

- Build on by-name list and PIT work to better understand inflow/outflow, tailor solutions to addressing gaps/deficiencies
- Integrated coordinated access to support awareness and leads, 'no wrong door' philosophy
- Learn from dev. services sector and their 'Passport' initiative – coordinated access to all services but based on client-directed priorities

- Use a coordinator to help navigate individuals work through the system, access necessary resources (have them report to coalition?) – best at municipal level?
- Coordinating case management between service sectors critical
- Need to connect and maintain connection in meaningful way that support a client-centred approach

UCLG SESSIONS

1. *What are the most pressing issues or gaps that you see in the homelessness system today?*

Housing stock problems

- Rental property conversions, renovictions
- People want to stay in their community but limited options
- Seasonal residents, STA impacts perceived but not seen as a major issue
- Most pressing issues are in South Grenville
- Lack of affordable housing and rental trends are concerning
- Larger landlords require a deposit to submit applications (i.e. key money)
- No destination/accommodations for low income people
- Those who have burned bridges with housing providers have limited their housing access/options due to their behaviour
- The market is unattainable
- Issues are most prominent among those with little/no income

Support/service gaps

- Lots of groups are trying to do similar roles, results in overlap and alignment issues
- Tendency towards short term solutions, these are not sustainable
- Hotel stays provide a standalone resource but should not be – caseworkers on-site critical in order to meet people where they are
- Those who are incarcerated and discharged have no options, end up at warming centre and fail to find suitable housing – also issues with court dates in Ottawa/TO
- No real options to direct people to when released from jail, makes them highly vulnerable

Homelessness issues

- Shelter proposal vs housing first debate from 4 years ago, not as much an issue now
- Men's shelters only available in Ottawa/Kingston and most don't want to go there – they stay locally but their needs are not always evident until it's too late
- Police have hotel chits from UCLG to use but on occasion take people to Ottawa/Kingston
- Housing first is important and hotels are a part of this solution but are transitional only (not sustainable)
- In smaller hamlets where resources are limited, at risk people tend to stay in precarious situations because they don't want to go to larger centres where services are (i.e. hotel stay)
- Small landlords provide lots of units but some individual have bad track record, blacklisted due to their past behaviour which makes their pool of options shrink further
- Lots more homelessness on the street than in the past
- Substance abuse and mental health are issues

- Substance abuse and mental health are prevalent
- Mental health/addictions remain a big issue
- Pandemic has only amplified the problems, a continuing issue
- Once back on the streets, individuals will only fail again
- Warming centre options temporarily but nowhere to go
- Brockville counted 58 unique individual alone (warming centre), 2018 stats are outdated
- Warming centre acts like a hub but only has limited hours – no place for these individual to go during the day – just finding a washroom is a challenge during Covid
- E.g. of Tim Horton’s as a hangout but closed during Covid so no places to go, issues of safety for homeless as more visible targets
- High demand on food bank and meal providers – e.g. of Loaves and Fishes who feed 200+ meals per day, people congregate at these areas as informal meeting place, creates other issues

Data concerns

- After hours services delivered by victim services w/ CHPI funding – data collection Dec to March noted 95-115 ‘cases’ of which 77% victims of crime and 23% addictions and mental health
- There are broader requirements than this, domestic abuse is about 40% of this (female driven), concerns that other data is too scoped to mental health and addictions
- Mandate drives what you do – victim services encompasses much more than homelessness, so need to be clear on what this data is really saying (i.e. safety vs. tragedy, etc.)
- Questions raised about how insightful this data is...does this give the full/accurate picture of homelessness? Most are skeptical – desire to have vetting of daytime data and after hours data

Client refusal of supports/services

- Refusal of service by homeless is also a barrier, how to overcome that?
- Need to find a way to engage those who refuse service, encourage them to seek solutions

2. Have local programs/initiatives to help homeless people worked well and why? If not, why not?

- Need to have a supported and sustained model with mechanisms that work
- Uncertainty about how many have been helped, how do we now if we have ‘moved the needle’?
- Warming centre/cooling centre – safe and non-judgmental environment (had about 200 visits in May, avg. of about 15 per night)
- John Howard also has a program that is funded by the County
- Limited County resources to apply to problems, more \$ are required
- Transitional and supportive housing are needed and there is a gap with agencies in serving these needs - who will take this on?
- Warming centre tries to meet these needs, not sustainable
- Brockville Housing Partnership is doing a good job, need more grass roots helps for those with support/health issues
- Warming center is critical locally – deemed ‘essential’
- Hotel stays are marginally effective – provide a location to start a plan but hard to connect with individuals thereafter
- Need to build rapport and trust with individuals

- Issues with unit damage, need more assistance/staffing on weekends (off hours)
- CHPI helps but one time use problematic, leads to cycling within the system
- Hours of operation for warming centre a challenge (opens at 4pm), earlier is essential
- Better coordination required – meet people where they are, connect with youth
- Shortage of transitional/supportive housing
- Evening hours and agency access are critical
- Booth Team example of success (change health care) – use of washrooms, transit, volunteer supports are part of the success
- Brockville Street Friends another resource
- Drug Strategy Committee – no ability to access support groups (e.g. Alanon, etc.) during covid, therefore loss of help in community that can precipitate homelessness
- Some good initiatives in the community but they are overwhelmed
- Responses with greater resources are required
- CHPI helps with last month's rent and arrears to help prevent homelessness
- Access to hotels is ok during pandemic but this will change as market demand for hotels returns after Covid (i.e. limiting access to accommodations)
- Consolidation and recognition of roles would be helpful, how to work together
- Warming centre experience - 15 out of 16 were homeless/had addiction issues
- Isolation centre during Covid an example of providing accommodation with privacy and complete wrap-around service but very expensive to operate – more dignity and respect – possible to grow/improve this system
- UCLG has done a good job on emergency housing response but what happens after the initial 2-3 days – what are the next steps?
- Need to collaborate for longer term solutions
- Need to have a continuum in place, have options to move people along

3. What opportunities do you see locally that could help improve outcomes for homeless people?

- Need to have more 'lived experience' voices at the table to help people find their footing
- Need to engage these individuals, esp. those precariously housed, involve them in solutions
- By-name list may help focus along with Point-in-Time (PIT) count and coordinated access approach (this is a next step evolution), although there may be some barriers/issues to overcome – to launch in Sept in accordance with MMAH guidelines
- Need to have whole-of-community approach (incl. private sector) which engages decision-makers and leverages investment table from community – this can't just be government
- By-name list and PIT count this fall (September), UCLG staff person tasked with this as well as a coordinating committee – tracking individuals may help foster better outcomes
- Landlord partnerships a way to help ensure access to units - purpose built or purchased for those at risk – freeze on evictions and rent increases this year have made this less attractive
- Provide guarantees to landlords in exchange for access to units, provide supports to stabilize tenancies (e.g. of head lease arrangement in Cornwall cited) - having support agencies as sponsors can help facilitate this
- Behaviors of some individuals don't allow them to move to next level (more permanent housing)

- Need to meet them where they are (especially the hardest to house), provide transitional services/supports

4. *Is there sufficient capacity within the local system to adequately address homelessness needs?*

- Need for permanent supports, not ad hoc programs
- Rural locale means you tend to get less funding, critical to work together but this is an on-going issue
- Agencies don't deal with homelessness and case coordination because they are NOT funded to do so
- Rural staffing issues, especially with big geography
- Homelessness is not their core business, need to have more issues addressed, coordination of resources and shared capacity
- Emergency shelter space and a place to hang out are needed, as are appropriate, sustainable services

5. *How could collaboration and coordination within the homelessness system be improved?*

- More meetings/forums for those who provide services
- Agenda coordination among providers is key
- Need to define the root issues first
- Benefit for all by focusing on hot spots
- E.g. of code red neighbourhoods in London, Elgin and Middlesex – flagged to address childhood poverty
- Homelessness is one more issue among many, need to make catalytic investments to sustain solutions
- By-name list could help precipitate coordinated access for individuals, provide a good connection point but some data issues may be encountered and there is a need for other resources too
- 'Built for zero' initiative is also progressive
- Maintaining a current housing and emergency contact list – more useful in identifying priority issues?
- Coordination with County list key – is there a way to have shared access (i.e. on-line)?
- Sharing of info among stakeholders is essential

OVERALL RESULTS (FROM OUR SLIDE DECK PRESENTED AT LLU GROUP)

While there are some differences between Lanark and UCLG, there are a number of common themes that emerge from the stakeholder comments.

- Dramatic increase in number of homelessness in the last few years
- Heightened prevalence in areas of mental health, addictions and domestic violence
- Lack of affordable housing options to move people along (e.g. limited supply, high rents, informal stock)
- Limited supportive and transitional housing stock
- Access to housing also an issue (e.g. high demand, renoventions, landlord practices, etc.)

- Current market trends and Covid-19 have only served to further limit options for vulnerable populations
- High take-up on support programs, no access to some supports/service locally
- Concerns about data & interpretation – do we have a clear picture of what the needs really are, both homeless and at-risk?
- Limited daytime access to sheltered spaces, very visible presence in public realm – heightened by Covid-19
- Motel rooms helpful but not sustainable, short term stop-gap – This is a critical connection point, how to navigate after the initial first day or two?
- Transportation is a key challenge in a rural setting in terms of accessing services
- Geography and mobility – need to meet people where they are, especially outside larger centres

General observations (from our slide deck presented at LLU group)

- Frustration with rural level funding for urban-type issues, need to have sustainable, predictable funding
- High degree of interest in improving outcomes
- Willingness to try new initiatives, some new ideas
- Support the use of non-shelter approaches, need for more impactful services and suitable housing
- More landlord partnerships are required (e.g. known individuals who have ‘burned bridges’)
- Hopeful about possibilities of by-name list, ability to share info to better coordinate services
- Instances of multiple tables, some duplicated efforts
- Provider awareness through local go-to contacts but not necessarily around whole system

Invite List for Stakeholder Sessions

| Contact Name | Agency/Group - UCLG |
|------------------------|--|
| Gary Hull | Ontario Provincial Police - Gananoque |
| Tom Fournier | Brockville Police |
| Greg Francis | Brockville Police |
| Mark Noonan | Brockville Police |
| Dr. Andrew Everett | Change Health Care |
| Robyn Holmes | Connect Youth |
| Cathie Knapp-Fisher | Family and Children's Services |
| Charlene Catchpole | Interval House (Leeds and Grenville) |
| Julie Langan | John Howard Society |
| Erik Bodendorfer | John Howard Society |
| Kerri Gurski | John Howard Society |
| Nancy Graves | Ontario Provincial Police - Grenville |
| Josh Kingsley | Ontario Provincial Police - Leeds |
| Hailee Jack | Operation Harvest Food Sharing (Brockville Food Bank) |
| Pastor Erin Wong | Salvation Army |
| Pastor Calvin Wong | Salvation Army |
| Bonnie Pidgeon Cougler | South Grenville Food Bank |
| Tony Barnes | St. Lawrence Anglican Parish/ Brockville Housing Partnership |
| Shane Melcher | St. Lawrence Anglican Parish/ Brockville Housing Partnership |
| Kimberly Little | United Counties of Leeds and Grenville |
| Chris Morrison | United Counties of Leeds and Grenville |
| Marianne Paddle | United Counties of Leeds and Grenville |
| Cherylann Casselman | United Counties of Leeds and Grenville |
| David Steacy | United Counties of Leeds and Grenville |
| Cheryl Lasalle | United Counties of Leeds and Grenville |
| Tracy Birtch | United Counties of Leeds and Grenville |
| Trish Buote | United Way of Leeds Grenville |
| Sonya Jodoin | Victim Services Leeds and Grenville |
| Rob Adams | YMCA of Eastern Ontario |
| Jennifer Adams | Leeds Grenville Lanark District Health Unit |
| Sue | RNJ Youth Services |
| Kathryn Stewart | Upper Canada District School Board |

LLGAMH – Addressing Vulnerable Populations
Appendix 3 – Invite list for stakeholder

| Contact Name | Agency/Group - Lanark |
|---------------------------|--|
| Dr. Andrew Everett | Change Health Care |
| Cathie Knapp-Fisher | Family and Children's Services |
| Colleen Clark | Algonquin College |
| Hannah Larkin | Almonte General & Carleton Place Memorial Dist. Hospital |
| Robert Eves | Carebridge |
| Pam Dunk | Catholic District School Board of Eastern Ontario |
| Rebecca Bowie | Community Home Support Lanark County |
| Sherri Halladay | Community Justice |
| Robert Letich | Community Transformation Associates |
| Leigh Gibson | Connections |
| Elle Halladay | Cornerstone Landing Youth Services |
| Terrilee Kelford | Cornerstone Landing Youth Services |
| Chris Wright | Cornerstone Landing Youth Services |
| Martha Beach | Developmental Services Ontario |
| Heather Kehoe | Lanark County |
| Wendy Cattral | Lanark County |
| Julie Golding | Lanark County |
| Shawna Stone | Lanark County |
| John Giannitsopoulos | Lanark County Enhanced Crisis Response |
| Christine Lapeer | Lanark County Enhanced Crisis Response |
| Erin Lee | Lanark County Interval House |
| Kim Angell | Lanark County Interval House |
| Mary-Jean Coyles-Mitchell | Lanark County Interval House |
| Rebecca Fromowitz | Lanark County Mental Health |
| Justin Kerr | Lanark County Mental Health |
| Warren McMeekin | Lanark Highlands Youth Centre |
| Kim Leach | Landlord in Lanark County |
| Jennifer Adams | Leeds Grenville Lanark District Health Unit |
| Cathy DeMei | Leeds Grenville Lanark District Health Unit |
| Patty Girard | Leeds Grenville Lanark District Health Unit |
| Juli Heney | Local Health Integration Network-SE-Lanark |
| C. Dolowicz | North Lanark Community Health Centre |
| Kara Symbolic | North Lanark Community Health Centre |
| Martha Duncan | North Lanark Community Health Centre |

| Contact Name | Agency/Group - Lanark |
|-----------------------|---|
| Sarah Byrne | North Lanark Community Health Centre |
| Renée Robertson | Ontario Disability Support Program |
| Leah Haggett | Ontario Disability Support Program |
| Ken Inbar | Open Doors for Lanark Children and Youth |
| Jessica Faris | OPP - Lanark County |
| Lisa Nicholas | OPP - Lanark County |
| Derek McLenaghan | OPP - Lanark County |
| Karuna Padiachi | OPP - Lanark County |
| Laura Anderson | Perth and Smiths Falls District Hospital |
| Maureen McLeod-Frazee | Perth and Smiths Falls District Hospital |
| Cody Noonan | Rideau Community Health Services |
| Kelly Barry | Rideau Community Health Services |
| Laura Robinson | RNJ Youth Services |
| Rachel Burns | RNJ Youth Services |
| Stephanie Gray | Situation Table Lead / Community Safety Plan Lead |
| Aaron Tompkins | Smiths Falls Police Service |
| Rick Labelle | Smiths Falls Police Service |
| Jodi Empey | Smiths Falls Police Service |
| Brian Kauk | St. James Church Carleton Place |
| Noelle Reeve | Tay Valley Township |
| Leslie Ross | Tayside Community Options |
| Ramsey Hart | The Table Community Food Centre |
| Youssef Sawan | The Table Community Food Centre |
| Lillian Gudmundsson | Transitional Aged Youth Program |
| Jane Torrence | United Way |
| Lissa Greenwood | Upper Canada District School Board |
| Kathryn Stewart | Upper Canada District School Board |
| Kelsee | Victim Services of Lanark County |
| Travis Barber | Victim Services of Lanark County |
| Jill Andress | Youth Justice Services-MCYS-Lanark County |
| Jennifer Shillington | Youth Justice Services-MCYS-Lanark County |
| Lisa Carroll | Adult Probation and Parole |
| Brooke Coutts | Lanark County |
| Amanda Hutchings | Lanark County |
| Jacqui Robertson | Lanark County |