



Council Report: C 98/2021

Subject: Home Together: Windsor Essex 10 Year Housing and Homelessness Master Plan and Review of Emergency Services - A Housing Hub Vision - City Wide

Reference:

Date to Council: 7/19/2021
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 Housing and Children's Services
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 Clerk's File #: SS/11710

To: Mayor and Members of City Council

Recommendation:

THAT the report from the Executive Director of Housing and Children's Services exploring the redesign of Emergency Shelter Service delivery and Housing and Homelessness Help Hub evaluation **BE RECEIVED** for information; and further,

THAT City Council **ENDORSE** the recommendation of the Executive Director of Housing and Children's Services to pursue the development of a Housing Hub model that will offer shelter and support services that are flexible and responsive to the needs of residents; and further,

THAT City Council **AUTHORIZE** the Executive Director of Housing and Children's Services to engage any professional services required to identify viable properties and/or land, create a conceptual design, or any other services to draft conceptual plans and other documents required to bring forward a Housing Hub and shelter support proposal for Council's consideration; and further,

THAT the costs of such professional services **BE CHARGED** to the Budget Stabilization Reserve to an upset limit of \$175,000, plus any applicable taxes, if federal or provincial funding to support the cost of such services is unavailable; and further,

THAT the Executive Director of Housing & Children's Services **BE AUTHORIZED** to issue an Expression of Interest to solicit interest for operating elements of the Housing Hub; and further,

THAT the Executive Director of Housing & Children's Services **BE DIRECTED** to engage with the existing shelter service providers, the Housing and Homelessness

Advisory Committee, persons with lived experience, and other key stakeholders as elements of the future state are developed; and further,

THAT the Commissioner, Human and Health Services **BE AUTHORIZED** to execute, sign, amend or terminate agreements and/or other documents with professional services pursuant to the Purchasing By-Law 93-2012 and amendments thereto; satisfactory in form to the City Solicitor, in technical content to the Executive Director of Housing & Children Services, and in financial content to the City Treasurer, where the contribution does not exceed \$175,000, plus any applicable taxes; and further,

THAT the Executive Director of Housing & Children's Services **BE AUTHORIZED** to pursue any funding opportunity to reduce the burden on the municipal tax base to support the capital and/or operating costs of the Housing Hub; and further, should funding be in the form of grants or require an application process; and,

THAT the Chief Administrative Officer and City Clerk **BE AUTHORIZED** to sign any documentation as required to bring effect to these resolutions, such that all documents are satisfactory in technical content to the Commissioner, Human and Health Services and Executive Director of Housing and Children's Services; in legal form and content to the City Solicitor, and in financial content to the City Treasurer; and further,

THAT the Executive Director of Housing and Children's Services **BE DIRECTED** to develop a proposed model for the Housing Hub project and bring back recommendations to City Council for consideration.

Executive Summary:

The world has changed since the approval of the *Home, Together: Windsor Essex Housing and Homelessness Master Plan (HHMP)*, and *Review of Emergency Shelter Services in Windsor Essex*. COVID-19 has impacted the population as a whole, and has presented particular challenges to vulnerable populations, including people experiencing homelessness.

The outbreak of the virus within the population experiencing homelessness and subsequent closure of the city's largest shelter provider keenly identified the inherent risks and gaps within the current shelter system. The Homelessness and Housing Help Hub (H4), initially established to provide persons experiencing homelessness a safe place to go during the day, has evolved into a highly efficient housing focussed collaboration with numerous partners coming together to serve people where they are at – both literally and figuratively.

Emerging best practices in the homelessness sector, transformational service delivery changes from upper levels of government, and recent experiences requiring Administration's emergency response, considered with anticipated funding opportunities from upper levels of government, have led the housing department to reimagine the emergency shelter system and provision of services to persons experiencing homelessness.

A holistic approach that offers emergency accommodations and a pathway to permanent housing, with supports if required, will improve outcomes for people in need of housing and the community as a whole.

Background:

Home, Together: Windsor Essex Housing and Homelessness Master Plan (HHMP), was approved by City Council on December 2, 2019 (CR612/2019). The solution to homelessness is a home. The HHMP identifies goals, strategies, targets and specific actions aimed at meeting the housing and support needs of all residents, and ending **chronic** homelessness. Even prior to the added consideration of COVID-19 and its impact on persons experiencing homelessness, the HHMP had identified a number of challenges within the Housing and Homelessness sector and in particular, the current emergency shelter system. Report C145/2020 presented the details of the Emergency Shelter review to City Council on July 27, 2020. Through CR380/2020 Council directed, in part:

***THAT** the Executive Director of Housing and Children's Services **BE DIRECTED** to bring forward reports to City Council addressing the recommendations for the future state of the emergency shelter system, including implementation plans with associated costs....*

This report, with recommendations to pursue the future state, is presented to City Council for consideration and direction.

Current Shelter Services

Persons experiencing homelessness are served by three main emergency shelter providers in the City of Windsor. The Salvation Army Centre of Hope has 25 emergency shelter beds and is currently being funded by the City for an additional 26 beds, for a total of 51 beds available for single men. While the additional capacity is welcome, the beds have been spaced in one large room, with no additional washroom capacity. This configuration is not ideal as it does not align with public health guidelines to prevent the spread of COVID-19 and other illness.

The Welcome Centre for Women and Families has 12 beds for single women and supports families through a motel model. At in-camera meetings on September 28, 2020 (CR 483/2020) and December 21, 2020 (CR 629/2020), City Council received reports and provided direction to increase the capacity within the emergency shelter system serving families and single women experiencing homelessness. At the end of 2021, the Welcome Centre will be moving all of their operations to a motel recently purchased by the City of Windsor, where their capacity to support women and families will increase. The shelter is centrally located and allows for a more efficient staffing model. This move establishes the first formal family shelter in Windsor, providing a safe place for families experiencing homelessness in alignment with the recommendations of the Emergency Shelter Review. Provincial funding is allocated to both service providers for shelter operations by the City through a purchase of service agreement.

The Downtown Mission is a benevolently funded organization serving single men, single women, families and youth. The Mission previously offered 103 beds, although this number was recently reduced to approximately 80 to adhere to public health guidelines. Since April 2020, the City has provided funding directly to the Mission to support their pandemic response through the COVID-19 funding allocations from upper levels of government.

Recent Experience/Lessons Learned over Past Year

Congregate sleeping arrangements and shared washroom facilities pose a risk for transmission of COVID-19 and other illnesses. While the highest standards recommend private sleeping quarters and washroom facilities, and sufficient space in dining and programming spaces to allow appropriate distancing between guests to mitigate this risk, the physical space at both the Salvation Army and Downtown Mission makes it challenging to even reduce the amount of people in shared spaces.

When the Medical Officer of Health ordered the Downtown Mission to close due to an outbreak of COVID-19, there was insufficient space in the system to serve single men experiencing homelessness. The Commissioner of Human and Health Services led the corporate response to establish a temporary emergency shelter (TESAC) at the Windsor International Aquatic and Training Centre. This experience has provided additional insight into how to meet the needs of persons experiencing homelessness in the community. Guests of TESAC made several comments to staff that the physical space (natural light, open sightlines, etc.) was very welcoming and the respectful, person-centred service delivery contributed to a very positive experience.

Another insightful experience has been the ongoing work at the former Windsor Water World. To assist persons experiencing homelessness who were displaced during the day due to pandemic closures, the City established a day program which began welcoming guests in April 2020. As of July 2021, this program has served over 1100 unique individuals and attracted the support of many community partners. It has since evolved into a Homelessness and Housing Help Hub (H4). In addition to housing search assistance, and in partnership with numerous community partners including but not limited to Housing Information Services, Family Services Windsor-Essex, Canadian Mental Health Association-Windsor Essex County Branch, Can Am Indian Friendship Centre, CommUnity Partnership, and the Windsor Essex Community Health Centre, the H4 provides assistance to secure identification and income support, referrals to healthcare, addiction supports, and other services.

Mr. Iain DeJong of OrgCode Consulting Inc., a leading expert in housing and homelessness issues, evaluated the H4 earlier this year. His evaluation, which captured data as of the end of February 2021, supports the continuance of the H4 work into the future and is attached as Appendix A. Several recommendations have already been implemented. For example:

- Health services should be expanded on-site given the health conditions of the clientele, the desire to help more guests access ODSP, the propensity of people with a brain injury using the site, and the use of emergency department health services amongst guests.

- *The Windsor Essex Community Health Centre (weCHC) Nurse Practitioner will be onsite two half days per week effective July 5, 2021;*
- *Addiction Support Workers through the weCHC STEPs Program will be onsite 1.5 days per week to engage and support persons who identify with substance use disorder effective July 5;*
- *HepC Mobile Outreach is onsite Tuesday afternoons (as of March 2021);*
- *The Brain Injury Association Windsor Essex is planning to host training on Traumatic Brain Injury in Fall 2021;*
- *Clinical pathways are under discussion and development in partnership with other clinical health partners.*
- Indigenous cultural supports should be made available on site given 40% of the guests interviewed identify as Indigenous.
 - *The Can Am Indian Friendship Centre (CAIFC) began offering supports through their Kizhaay Anishinaabe Niin “I am a Kind Man” Program, Indigenous Drug & Alcohol Program, and Indigenous Housing Workers to support persons who identify as Indigenous in Spring 2021. Staff have also begun to hold sharing circles outside at the H4.*
- Income supports (i.e. Ontario Works staff) should be available on site at least two days per week in four hour stretches.
 - *Two Ontario Works Caseworkers are currently onsite five days per week to assist people obtain and maintain income assistance (as of April 2021).*
- Expanding the hours of service, particularly in the morning, should be considered.
 - *Hours of service have increased to 9am – 6pm (7 days per week), effective June 2021;*
 - *Hours of service may change based on resident needs and COVID-19 restrictions.*
- Assistance with identification needs to be better planned and implemented at H4. More than two-thirds of guests interviewed report they do not have identification, and the majority indicate that no one is assisting them to replace their identification.
 - *weCHC will provide their onsite Identification Clinic on Fridays from 10am-1pm, effective July 5;*
 - *Ontario Works caseworkers are able to provide clients a copy of their identification on file to assist in housing search activities.*
- Assistance with housing should be expanded, with consideration given to making H4, or an equivalent program in the future, the true housing hub of the community, allowing housing assistance staff to help people that come to H4, and to provide outreach services to shelters in the future.
 - *Changes to the H4 staffing model have allowed for additional staff to provide housing assistance, connect participants to the By-Names Prioritized List, and assist in completing applications to the Central Housing Registry;*
 - *Housing intervention workers through Housing Information Services, and Homelessness Street Outreach staff through Family Services Windsor-Essex, continue to support people currently accessing shelter to ensure their housing and support needs are met;*

- *Enhancements were made to Windsor Essex Housing Connections in May 2021 to support additional households housed through Integrated Support Teams through long-term wrap around case management.*

Comments made by participants at the H4 echoed those received by partner organizations at TESAC. 98% of service users felt that H4 was a necessary and safe place where they can get help. Guests felt that H4 has the capacity to provide housing assistance in a way that other programs and service providers do not, and that H4 staff were focused on their needs. Many service users feel they have no other safe place to go other than the H4.

Administration and partner agencies at the H4 support a Housing First philosophy. (See Appendix B.) Through contact with residents at the H4 and TESAC, many individuals were identified who had been living in shelter or experiencing homelessness for months and even years, and some who were candidates for long term care. Many of these individuals have been experiencing chronic homelessness due to their complex needs and systemic barriers. Through the efforts of Administration and partner agency staff at both H4 and TESAC, over 70 individuals have secured housing in the last few months. In 2020, there were 418 people experiencing homelessness who found housing through the community's By Name Prioritized List collaborative.

Mr. De Jong does not feel that the current physical structure of Windsor Water World is conducive to the services being provided and offered his opinions on future options to renovate or purpose build space. Administration supports establishing the services of the H4 within a reimagined Housing Hub to meet people's needs as they have requested, incorporate the lessons learned over the past year, reflect emerging best practices in other communities, align with provincial and federal initiatives, and help Windsor-Essex realize the goals articulated in several community plans.

Emerging Best Practices

The solution to homelessness is a home. To assist people through housing crises, the Canadian Alliance to End Homelessness recognizes the role of shelters as the front door to a more permanent solution of housing and social supports. Best practices in emergency shelter operations, as articulated in the Emergency Shelter Review, speak to diversion practices, a focus on housing, low barriers and "no wrong door" to access, among others.

Australia

The Western Australian Council of Social Services (WACOSS) is one of nine councils in Australia representing the human services sector and working to address "difficult issues, systems, behaviours and attitudes that contribute to inequality and exclusion". They also approach homelessness from a Housing First philosophy and advocate for a continuum of support services and system transformation. A review of their homelessness master plan found the approach to be very similar to the Windsor-Essex plan.

Their collaborative approach requires that service providers, not-for-profit organizations, government, the private sector and philanthropic individuals all focus on finding the best

response for each person or family, and that this response is guided by the choice and need of the person experiencing homelessness.

Rhode Island, USA

Administration recently spoke with the leadership of Crossroads in Providence, Rhode Island as suggested by Mr. De Jong. Crossroads employs a continuum of services with a singular goal of finding people sustainable, appropriate housing as quickly as possible. Crossroads engages in diversion strategies at the front door. Clients accessing emergency shelter are provided housing search assistance, education and employment tools, health and other supports to obtain housing. The corporation is also a developer and landlord, offering emergency shelter space and supportive housing units. Crossroads has the capacity to assist those in housing need, whether they require several nights in a temporary shelter unit, a few months in a supportive living environment, or a permanent affordable housing unit.

When Administration asked for their best advice to consider in shelter development, Crossroads advocated for facilities that could be flexible and responsive to the needs of clients in real time.

Alignment with Other Initiatives

Social Assistance Modernization – Province of Ontario

In the fall of 2020, Ontario announced plans to build a modern, responsive, efficient, cost-effective and sustainable social service delivery system that is person-centred and supports integration across programs. A key component of the government's transformation vision is understanding the needs of Ontarians from their perspectives, rather than from the point of view of any one program or benefit. This new vision recognizes that life stabilization is a building block of success. Life stabilization efforts for one person may look different for the next, but could include access to mental health supports, affordable childcare, or employment training services. Life stabilization begins with first finding a person a home, or helping them keep the one they have.

The government is recognizing that integration and coordination between ministries is crucial to modernizing the system, and also supports human services integration for its service managers. The City's own Employment and Social Services division has implemented several modernization projects and anticipates further announcements in the future. Housing department administration has aligned the emergency shelter services being proposed in this report to the Province's vision and other complementary initiatives.

Federal Housing Initiatives

The Federal government is focussing investment in longer-term solutions to homelessness that can be implemented quickly.

In April, the Government of Canada announced that in Budget 2021 they would invest an additional \$1.5 billion in new funding for the Rapid Housing Initiative (RHI) in 2021-2022. At time of writing, the government has not released any application details.

As an example of contracted funding timelines, in 2020 RHI was announced on September 21, and applications were due December 31, 2020. Project funds were to be committed by March 31, 2021 with the purchase, renovations and/or construction and delivery of permanent supportive housing units by March 31, 2022. Administration expects a similarly constrained timeline for 2021-2022 funding.

City Council 20 Year Strategic Vision

City Council has articulated in their strategic vision their desire that Windsor will provide a high quality of life for all. The guiding document specifically notes that the City will continue to support citizens with diverse needs in all stages of life, and create an accessible environment.

The Housing Hub model would better meet the needs of people experiencing homelessness and help Council and the community achieve this vision.

Community Safety and Well-Being Plans

In 2019, the Provincial government amended the Police Services Act to mandate every municipality to prepare and adopt a Community Safety and Well-Being Plan. CSWB planning is an integrated approach to service delivery planning that dedicates the majority of time and resources to developing and/or enhancing social development, prevention and risk intervention strategies to reduce instances that require an emergency response. In the context of homelessness, CSWB principles would suggest a system should focus on upstream activities that prevent homelessness from occurring in the first place, such as diversion from shelter, mediation for families, the RentSmart program, mediation between landlords and tenants, and the services offered at the H4.

Community Emergency Social Service Response

The Commissioner of Human and Health Services has defined responsibilities in the Municipal Emergency Response Plan, and responsibilities for social services support under the *Ontario Works Act* and *Child Care and Early Years Act, 2014*. The implementation of TESAC was an emergency response to assist persons experiencing homelessness. Human and Health Services, and other corporate departments, may also be called upon to support residents in other emergency situations.

At the start of the pandemic in 2020, the region was facing a significant threat with the potential for overland flooding. Had flooding in the spring and summer of 2020 been as severe as initially predicted, municipal resources would have been stretched beyond capacity and the Human and Health Services department would not have had a safe location, nor the staffing, to support the housing and social services needs of Windsor and Essex County residents affected by both flooding and COVID-19. Severe weather, fires, and other natural disasters have the potential to displace residents, including those who are housed and those experiencing homelessness. As well, during extremely cold weather, the capacity at the current shelters frequently reaches its limit.

The experiences of the department responding to the large scale fires at apartment buildings like Westcourt and River Garden also highlight the resource challenges to providing emergency evacuation and/or reception space. These endeavours tend to be very costly and reactionary.

As a result of these experiences, Administration proposes flexible space be included in any future shelter development to respond to civic emergencies such as fires or floods. Having a flexible space that could easily scale to temporarily shelter displaced residents in any emergency would provide an opportunity for purposeful planning that is efficient, responsive and cost effective.

Across Ontario

Housing and homelessness discussions with nine other Ontario municipalities confirm that their experiences in the homelessness sector mirror those in Windsor and Essex County. As City Administration will present in this report to Council, other jurisdictions are also considering bold alternatives to traditional emergency shelter services and preparing to bring reports proposing holistic approaches before their governing bodies.

The Canadian Observatory on Homelessness (COH) is the largest national research institute devoted to homelessness in Canada. The COH is the steward of the Homeless Hub, a web-based research library and information centre. As noted by the Homeless Hub, the pathways into and out of homelessness are neither linear nor uniform. The causes of homelessness reflect an intricate interplay between structural factors, systems failures, and individual circumstances.

There will always be some level of emergency shelter need in communities due to unplanned emergencies, and for people that experience chronic homelessness due to a number of barriers. Ensuring the system is “right sized” and meets the long term needs of the resident and community is key to ensuring a successful model.

Discussion:

The Opportunity – The Housing Hub vision is articulated in the diagram below:



The Housing Hub Vision proposes a person-centred approach that provides clients a choice of services based on their needs at any given time, reduces the stigma associated with seeking supports, and promotes dignity and respect.

Emergency shelter space for single men is proposed as a core service, but the Housing Hub vision considers the flexibility to expand according to the community’s need and evolving partnership opportunities. Existing shelter service providers, persons with lived experience, the Housing and Homelessness Advisory Committee (HHAC), the Community Advisory Board (CAB), and other key stakeholders in the housing and homelessness and health sectors will be engaged in discussions throughout the process. While the physical structure will be owned by the City of Windsor, the operations of the emergency shelter and/or other components are anticipated to be managed by a third party under agreement with the City. Subject to Council’s approval, Administration will issue an Expression of Interest to determine potential operators for these services.

OrgCode Consulting Inc., other industry leaders, and Administration advocate for appropriate physical space in shelter that promotes dignity and respect, such as private sleeping areas and washroom facilities. COVID-19 has been particularly devastating to congregate living facilities and these considerations mitigate against the spread of this virus and other illnesses.

The Shelter Review suggested that up to 60 beds serving single men experiencing homelessness is appropriate, but with fulsome diversion strategies and robust housing research assistance, fewer emergency shelter units may be required. Administration proposes a core number of emergency shelter units be considered within any new facility, with the capacity to increase or reduce units based on need and circumstance.

Administration has witnessed the benefit of co-locating appropriate services with housing search support, and advocates for a system of care. The intent is that the shelter provider will focus on housing, while partner agencies and organizations provide augmented supports. Having services in one place provides seamless access for persons experiencing homelessness.

Administration proposes enhancements that support “upstream” or preventative interventions that mitigate against a required emergency response, which may include shelter space, resources to remain housed, and/or services that prevent interaction with the justice or healthcare systems.

The vision of a holistic accommodation approach reduces stigma as customers may be seeking a number of services at a facility and not immediately labelled as homeless. This person-centred approach provides services as requested, leading to greater acceptance of and engagement with supports. The constraints of Windsor Water World’s future and physical infrastructure have informed Administration’s consideration of appropriate space to continue the H4 program in the proposed hub model.

While the Housing and Homelessness Master Plan, Review of Emergency Shelter Services, H4 evaluation, recent experiences and review of other jurisdictions provide information to support any proposed best practices for service delivery, a key consideration that remains outstanding is from where these services will be delivered.

Administration supports a holistic housing and accommodation services approach to focus on the needs of those requiring services. Iain De Jong also encourages service providers to consider if the physical layout of the facility promotes dignity and decreases conflict. He suggests examining trauma-informed building design recommendations to inform common spaces, lighting, colour choices, etc.

The pandemic has presented new funding opportunities as the provincial and federal levels of government seek out longer-term solutions that help people obtain permanent, affordable housing, and reduce chronic homelessness. The region has benefited from such capital investments and anticipates additional capital funding announcements in 2021-2022.

The assistance of professionals in real estate, architecture, design and construction is required to research and determine the physical space for the Housing Hub. It is expected that the conversion of vacant commercial buildings to residential units will be an eligible expense and favoured approach in anticipated funding programs from upper levels of government. In developing a feasible proposal for City Council, the Housing Hub plan will consider the following:

- The needs of those for whom service is being provided, with particular attention paid to Indigenous persons
- Opportunity to configure space that is culturally appropriate and promotes dignity and respect
- Opportunity to adhere to public health guidelines to prevent illness
- Appropriate food service space
- Program space
- Administrative space for several service providers
- Storage for guest belongings
- Pet friendly
- Proximity to other service providers
- Transportation routes
- Opportunity to flex space as required. Units could be shelter space appropriate to support people in a housing crisis, to transitional housing units for those moving along the continuum of housing toward independent living, supportive units for those who cannot, to space for a community emergency reception or evacuation centre. A key element of the Housing Hub vision is that the space can ebb and flow to meet the needs of individuals and the broader community.
- Zoning, by-law and building codes
- Criteria to access funding from programs offered by upper levels of government
- And the existing neighbourhood

Should Council approve the Hub concept in principle and authorize Administration to engage with professionals to research and evaluate potential spaces, a more detailed proposal including operational plans along a housing continuum in accordance with best practices and recommendations from the HHMP and shelter review, capital and operating costs, as well as potential funding sources, will be developed for City Council's consideration and direction. Both the Housing and Homelessness Master Plan and Review of Emergency Shelter Services speak to the need for shelter providers to increase their cultural competency and this will be considered within the context of service provision and the built form.

The development of such plans will enable the department to respond to announcements of funding opportunities in a timely manner. Such announcements of late have come with constraining timeframes to respond and deliver on proposals.

As brought before City Council at the end of 2020, to respond to the Rapid Housing Initiative Administration investigated over 30 properties. In many instances barriers such as zoning changes that could not be addressed given the expedited timelines, property owners that were unwilling to sell, and/or available land that could not be secured quickly prevented viable opportunities from being put forward.

Windsor and Essex County will be better positioned for success if projects are shovel-ready. A list of potential funding sources available at this time is provided in Appendix C.

As noted in the example from Australia, service providers are engaging with the philanthropic community and exploring ancillary services and activities that assist with the costs of operations and provide opportunities for residents to gain life skills. Administration will endeavour to investigate and incorporate these emerging opportunities as appropriate.

We know there are housing challenges in the community. We know we are challenged to appropriately provide shelter in emergencies – for residents impacted by an emergency situation and for residents experiencing homelessness. The pandemic has made homelessness more visible in Windsor and Essex County. We are addressing the needs of women and families, but there remains progress to be made in the current system serving single men. We also know that upper levels of government believe in funding long term solutions to homelessness. What we don't know is what viable opportunities may exist in the community to serve residents in need and leverage any funding streams.

Administration is seeking authority to undertake due diligence to investigate and vet such opportunities to present a solid business case for Council's consideration. The City as the Service Manager will then be in a position to take full advantage of any funding streams to be announced, and will have a system in place to ensure that homelessness is prevented whenever possible, and that experiences of homelessness are rare, brief, and nonrecurring.

Risk Analysis:

A continuation of the status quo presents the risk of not meeting the stated Housing and Homelessness Master Plan goal to end **chronic** homelessness by 2028, which is also a federal requirement.

Those that are unsheltered and those that are "hidden homeless" are driving unmet service needs that would exist without the H4. Mr. De Jong's evaluation of the H4 states that it is not a duplication of service that already exists, but rather offers something tangibly different than other day service locations (Page 35 of Appendix A). Investment in H4 is not a duplication of investment made elsewhere in the system of care. A continuation of this service mitigates the risk that resident needs will be unmet and there will be increased interaction with the health and judicial systems.

There is a risk that Windsor and Essex County will not be successful in future funding requests without a substantial project framework developed for proposals prior to programs being announced. The recent experience with the Rapid Housing Initiative (RHI), Reaching Home and Social Services Relief Fund programs highlights the strict criteria and timelines to be considered for financial support, and funding was allocated to communities who had projects that were "shovel ready".

Without a project framework the department cannot evaluate the suitability of surplus City properties when offered by the Real Estate department. There is a risk that such properties will be sold without fulsome consideration of these opportunities.

As evidenced by the recent COVID outbreak at the Downtown Mission, the City is expected to respond to any shelter service reduction and/or closure. There is risk to the City being in this vulnerable position as such an emergency response is extremely labour intensive, very expensive, and disrupts existing services to the public and persons experiencing homelessness.

Should a venture such as TESAC be required in the future, there is a significant risk that provincial / federal funding will be unavailable to support cost recovery. If a city owned facility is not available, there maybe significant challenges to securing an available space, as many privately owned facilities are not interested in serving this population, particularly with the added layer of COVID. This risk, as well as the risk to the Corporation if a shelter closes, is mitigated by pursuing a facility, which would be owned by the city.

There is a risk in recommending specific actions to Council regarding any potential new shelter/housing hub as Administration has not had the opportunity to exercise due diligence with regard to available properties, services offered, and potential funding streams.

To mitigate the risk of proposing a project that doesn't serve needs of residents, adhere to prescribed funding guidelines, and is flexible enough to respond to the demands at hand, Administration is seeking time and authority to thoroughly investigate all options. Having a fully vetted plan mitigates risk that projects cannot be completed within timelines prescribed by funding programs, resulting in missed opportunities to leverage funding to benefit residents.

Operating costs related to emergency shelter services are currently funded through the Community Homelessness Prevention Initiative (CHPI) envelope from the province. There is a risk that any changes to the program and/or competing demands for those funds may require a future ask to City Council through the operating budget for additional operating subsidy. To mitigate this risk, Administration will to continue to pursue other operating funding opportunities such as partnerships and in-kind supports from community agencies, and future funding streams from upper levels of government.

Acquisition of property adds to the assets of the municipality. There may be a capital liability that is not considered within the current Asset Management Plan and would require inclusion in the 2023 Asset Management Plan or future plans, along with all other additional assets the City has acquired since 2018, to determine any impacts to the current planned funding level for City assets.

There is a risk to maintaining the current shelter system, as noted in the Review of Emergency Shelter Services. These risks include, but are not limited to, increased costs to the healthcare and judicial systems; losing the momentum of collective action over the past year and a half resulting in people not receiving appropriate supports; potential loss of partnerships to collectively support people experiencing homelessness in real time; and reliance on service providers over which the city has limited influence and control.

Climate Change Risks

Climate Change Mitigation:

N/A

Climate Change Adaptation:

N/A

Financial Matters:

The City of Windsor is the Consolidated Municipal Service Manager (CMSM) for the delivery of Housing and Homelessness programs in Windsor and Essex County. For the 2020/2021 year, the Ministry of Municipal Affairs & Housing allocated \$10,703,752 in funding to the Community Homelessness Prevention Initiative (CHPI), which supports a full range of services that aim to prevent, reduce and address homelessness, including Emergency Shelters and Housing with Support Homes. The operational funding for emergency shelters is embedded in the Community Homelessness Prevention Initiative funding envelope.

The City of Windsor has invested one-time municipal dollars to prevent, reduce and address homelessness, covering emergency shelter operating deficits of approximately \$500,000 in both 2018 and 2019 when provincial CHPI funding was insufficient to meet emergency shelter demand. The municipality also provided an additional \$500,000 in one-time funding in 2019 to offset a loss of CHPI funding when the Province deferred increasing the CHPI allocation from 2020 – 2021. Further, in 2021 the municipality budgeted \$1,388,142 in ongoing funding (City \$939,502; County \$448,640) for CHPI to support the cost of the Housing with Support homes.

With Council's approval to investigate further possibilities for the future state of the emergency shelter system, expenses for the necessary professional services will be charged to the Budget Stabilization Reserve to an upset limit of \$175,000 plus applicable taxes, if federal or provincial funding to support the cost of such services is unavailable, or is not permitted under funding guidelines. Administration has consulted with other departments that have recently undertaken similar work and projects this cost estimate in keeping with recent experience.

At this time, it is difficult to estimate the level of ongoing operating funding that would be required to support any proposed capital investments. Any changes to the CHPI program and/or competing demands for those funds may necessitate a future City operating budget request. Administration will make every effort to stack municipal funding with that from upper levels of government to reduce the burden on the municipal tax base.

In response to COVID-19, the federal and provincial governments have provided funding opportunities, which for the first time in recent memory, allow for capital investment in long term shelter solutions. Details on initiatives underway through these streams have been presented to Council. The Government of Canada, through Reaching Home and the Canada Mortgage and Housing Corporation, has provided funding programs to build housing and there is an expectation that further program announcements are forthcoming.

Consultations:

Crossroads Leadership Team

Linda Higgins, Manager of Intergovernmental Subsidies and Financial Administration

Kate Tracey – Legal Counsel

Conclusion:

Administration proposes adopting a holistic housing hub approach and is seeking authority to investigate opportunities to address the needs of single men experiencing homelessness, enhance the department’s ability to respond in the event of a community emergency, implement lessons learned from past experience, and adopt emerging best practices to craft a system to ensure situational periods of homelessness are brief and non-recurring. This approach is in keeping with the Council approved 10 Year Housing and Homelessness Master Plan and Review of Emergency Shelter Services.

The housing team will investigate models, properties, partnerships and potential funding streams in order to present to City Council projects tailored to support residents of Windsor and Essex County for consideration.

Planning Act Matters:

N/A

Approvals:

Name	Title
Sandra Bradt	Executive Initiatives Coordinator
Kelly Goz	Manager of Homelessness and Housing Support (A)
Jennifer Tanner	Manager of Homelessness and Housing Support
Jennifer Tanner for Debbie Cercone	Acting Executive Director of Housing and Children’s Services
Jelena Payne	Commissioner, Human and Health Services
Shelby Askin Hager	Commissioner, Legal and Legislative Services
Tony Ardovini for Joe Mancina	Commissioner, Corporate Services CFO/City Treasurer
Jason Reynar	Chief Administrative Officer

Notifications:

Name	Organization	Email
Lady Laforet	Welcome Centre Shelter for Women and Families	info@welcomecentreshelter.com
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Appendices:

- 1 Appendix A: H4 Evaluation by OrgCode Consulting Inc.
- 2 Appendix B - Overview of Housing First & Windsor Essex Housing Connections
- 3 Appendix C: List of Federal and Provincial Capital Funding Streams

April
2021

An Evaluation of the Homelessness and Housing Help Hub

ORGCODE CONSULTING, INC. | idejong@orgcode.com



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LAND ACKNOWLEDGEMENT

OrgCode acknowledges the land upon which the Homelessness and Housing Help Hub is located is the traditional territory of the Attawandaron (Neutral), Anishnaabeg, and Haudenosaunee peoples.

OrgCode further acknowledges the land on which this report has been prepared is also the traditional territory of the Haudenosaunee and Anishnaabeg. This territory is covered by the Upper Canada Treaties, and is within the lands protected by the “Dish with one Spoon” wampum agreement.



EXECUTIVE SUMMARY

Since beginning in April 2020, the Homelessness and Housing Help Hub (H4) at Water World has served over 700 unique individuals. 89% of these guests have been homeless at the time of first visit, and the remainder were precariously housed. The 702 unique people have made 8,737 visits since opening in April, as of the end of February. Some of the guests have gone to H4 7 days per week, while others have visited H4 only once.

From the period of April 20 to September 30, 2020, H4 was operated predominately by city staff with a focus on providing a safe place for people experiencing homelessness to be during the pandemic. Starting October 1, 2020, H4 has been operated by community agencies and a strong emphasis has been placed on getting people on the By-Names Prioritized List and providing housing opportunities. Since that time, approximately one guest per week using H4 has had their homelessness ended. This represents 4% of guests that use H4.

Many of the guests involved in H4 are on a more solid pathway to housing and it is expected that housing access rates will increase. However, to take full advantage of working on housing for guests of H4, emphasis needs to be placed on ensuring people are actively assisted with accessing housing. While almost 90% of guests that use H4 want housing, only 45% of guests interviewed indicate someone is actively assisting them with getting housed. To improve this outcome, two additional housing workers are recommended for the service. Furthermore, many of the current guests of H4 rely solely on Ontario Works for income, and some people report having no income. Many of those who are OW report their health conditions as chronic, living with mental illness, and/or living with a substance use disorder. It is quite probable some of these individuals would qualify for ODSP, thereby increasing their monthly income and housing options, if assisted in the process with dedicated housing supports and income supports. As such, enhancement of health services is recommended for the site, as is the presence of an OW caseworker at least two days per week in four hour stretches.

An increase in the volume of people housed will bring with it a need to have more support caseworkers available to assist people in community once they have exited homelessness. There is no current mechanism for ensuring everyone that exits homelessness has adequate supports if needed. H4 should be used as a hub to assist people experiencing homelessness. It should not be a location where people come once housed. Otherwise, the mission of H4 will become diluted and less impactful.

Two sub-groups of guests will benefit from additional assistance: people identifying as female; and people identifying as Indigenous. People identifying as female, according to self-reported interviews, have less income per month than their male counterparts, are less likely to be receiving assistance to get housed, and use H4 slightly less than men. People identifying as Indigenous, according to self-reported interviews, are homeless on average twice as long as non-Indigenous people, are more likely to make use of



emergency services for health purposes and are more likely to report experiencing discrimination when trying to access housing or other services.

There is strong support amongst staff and guests of H4 to see H4 or a comparable program continue post-vaccine. Program participants feel H4 is a safe place that offers reprieve from the streets and other programs. More importantly, perhaps, several guests feel that H4 has the capacity to provide housing assistance in a way that other programs do not. Overall, H4 guests are more inclined to believe the service is necessary if they are a person living with a health condition, including a chronic health issue, mental illness, or substance use disorder. The vulnerability and service costs associated with this group make the focus on housing necessary within H4.

H4 is assisting in meeting the objectives of Built for Zero Canada, which the community participates in. People previously thought to be inactive¹ have been reconnected to the housing list. People not on the housing list have been assessed and added to the list. Since the fall, objectives related to housing access has also been improving.

Staff are well liked by H4 guests. On a scale of 1 to 10 with 1 being terrible and 10 being great, guests of H4 ranked staff almost 9 out of 10. Guests explained in interviews that the staff at H4 are patient, professional and really focused on their needs. Guests find it easier to engage with staff at H4 than other service locations.

Additional key findings of the evaluation are as follows:

- Guests frequently remarked it was a safe place;
- H4 met otherwise unmet service needs during COVID, and continues to meet housing needs through the By-Names Prioritized List and assisting people in accessing housing in ways that are different from the rest of the service system;
- The Water World building has been a “make do” situation and if the service is to continue, alterations to the building should be considered, or a different building be identified;
- Health services should be expanded on-site given the health conditions of the clientele, the desire to help more guests access ODSP, the propensity of people living with a brain injury that use the site, and the use of emergency health services amongst guests;
- Indigenous cultural supports should be made available on site given over 40% of guests interviewed identify as Indigenous;
- Income supports (i.e., Ontario Works Staff) should be available on site at least two days per week in four hour stretches;
- Hours of service should be considered for expansion, with a particular emphasis on morning hours;

¹ “Inactive” as it relates to Coordinated Access for housing in Windsor means the individual has not had contact with homeless service providers for a length of time and their whereabouts and continued interest in housing is unknown.



- Assistance with identification needs to be better planned and implemented at H4 given more than two-thirds of guests interviewed report they do not have identification and the majority indicate no one is assisting them in replacing their identification;
- Assistance with housing should be expanded, with consideration given to making H4 or an equivalent program in the future, the true housing hub of the community, allowing housing assistance staff to help people that come to H4, and also allow outreach services to shelters in the future.



INTRODUCTION

Effectively responding to homelessness during and because of the global pandemic resulted in communities throughout Canada changing aspects of service delivery and propping up new initiatives to better meet the needs of people experience homelessness during a time where physical distancing, masks and hand hygiene became a matter of life or death for some, illness or health for others. Many services and locations in the community where people experiencing homelessness would otherwise go were closed or had very limited capacity. Windsor's response was to open the Homelessness and Housing Help Hub, in the location commonly referred to as Water World in homage to the previous use of the site now operating as a daytime enriched service centre and drop-in.

Name of Program:	Homelessness and Housing Help Hub (H4)
Also Known As:	Windsor Water World
Location:	400 Wyandotte St E, Windsor, ON N9A 3H6
Date H4 Opened:	April 20, 2020
Number of Unique Visitors:	702 as of Feb 27th
Total Number of Visits:	8,737
Number of Unique Visitors that Were Homeless at First Visit:	626
Number of Unique Visitors that were Housed at First Visit:	76
Investment of Federal Funding- <i>Reaching Home</i>:²	\$112,626
Investment of Provincial Funding- SSRF:³	\$48,364
Operating Hours:	10am to 6pm, 7 days per week
Number of Staff on Site Per Shift:	As of Feb 8 th , 9 full time HIS staff M-F, 7 p/t HIS staff Sat-Sun.
Community Partners on Site:	As of October 1, 2020 Housing Information Services Family Services Windsor-Essex Canadian Mental Health Association – Windsor Essex Branch CommUnity Partnerships Windsor Essex Community Health Centre (as of Jan 2021)
Number of Police Calls Since Opening:	April- Aug: approx. 20, Oct – present: 8
Number of Requests for Ambulance Since Opening:	April- Aug: 8, Oct – present: 3
Deaths Onsite Since Opening:	0 at site
Number of People Achieving Housing Since Opening:	27 from April until the end of February, 22 of whom were housed since the start of October

² This is the best cost estimate of actuals, as prepared by the City of Windsor.

³ This is the best cost estimate of actuals, as prepared by the City of Windsor.



THE APPROACH

Multiple methods were used to capture data and complete analysis for this evaluation:

- 44 interviews conducted by OrgCode with service participants at H4 on February 19 and 20, 2021;
- 11 interviews conducted by OrgCode with staff at H4 on February 19 and 20, 2021;
- Service records for people that have used H4 from April 20, 2020, to February 28, 2021;
- Interviews with City staff.

Previous interview results completed by Masters Social Work students was also completed, as were a review of case studies prepared by staff of H4.

OUTLINE OF THE REPORT

This report is divided into three parts:

1. **Evaluation of H4:** an exploration of 10 evaluation questions on the operations and outputs of H4;
2. **Cost Analysis:** an exploration of the costs of operating H4;
3. **Recommendations:** an outline of 13 measures that should be considered to improve the services of H4 or comparable program in the future.



PART ONE: AN EVALUATION OF H4

THE EVALUATION QUESTIONS

OrgCode and the City of Windsor agreed that the evaluation would be framed by the following questions:

- What type of clientele uses the day service and why?
- What need(s) does the day service meet, if any?
- Should the services provided at the day service continue at a day service, or should the same services be delivered in shelter or elsewhere?
- What improvements should be made to H4 or a comparable program moving forward, if the service is to continue?
- What is the relationship between the delivery of the day service and the goals of Built for Zero Canada?
- Is the staffing model for the day service adequate? Is it sustainable? Are the outputs and outcomes of the day service sufficient for the staffing invested at the site?
- What should be the post-vaccine approach to delivering the services currently made available in the day service?
- Is the day service contributing directly to preventing and/or reducing homelessness?
- Do people who use the day service find it to be effective? What do service users find most advantageous about the site/approach? What would they improve?
- What is the most appropriate manner of engaging with other community partners and government entities in the space?

WHAT TYPE OF CLIENTELE USES H4 AND WHY?

The typical H4 service user engages with H4 3.8 times per week and is 43 years old. 82% of service users identify as male and 18% identify as female. Males use the service more on average (5.5 times per week) than females (3.4 times per week), and males are older (45 years old) on average than females (37 years old) that use the services at H4.

The average length of homelessness for people that use H4 is just shy of 3 years (35.9 months). The average length of homelessness for males that use the service is just over 3 years (36.3 months), and the average length of homelessness for females that use the service is just under 3 years (34.1 months).



Housing Matters

The following questions were asked of all people interviewed who indicated that they were currently homeless:

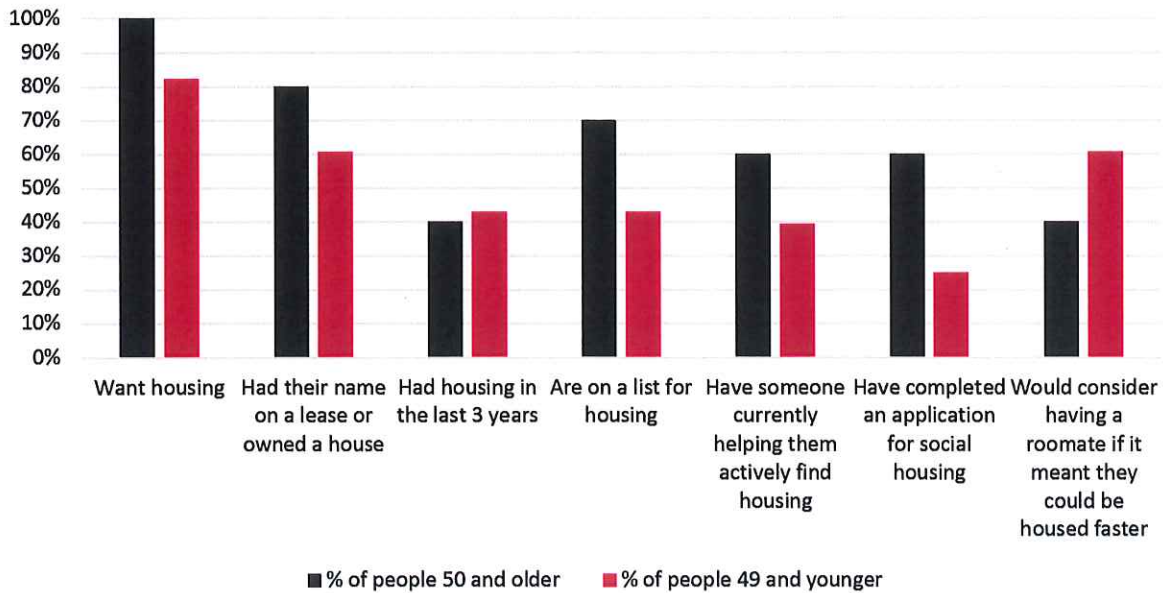
QUESTION	YES	NO
Have you had housing in Windsor at any point in the last 3 years?	42%	58%
Have you ever had a lease in your name or owned a home in your name?	66%	34%
Do you want housing?	87%	13%
Are you currently on a list for housing?	50%	50%
Is anyone actively helping you find housing?	45%	55%
Have you completed an application for social housing?	34%	66%
Would you consider a roommate if it meant you could be housed faster?	61%	39%
Most days are you able to take care of basic needs like getting food, water, getting clothes or cleaning your clothes, accessing a toilet and shower – things like that?	63%	37%
Have you ever experienced discrimination when trying to find or rent housing?	50%	50%

While overwhelmingly people that are homeless that use H4 services want housing (87%) thereby debunking myths that homelessness amongst people in Windsor is a choice or a lifestyle, unfortunately, the majority of people (55%) are not actively receiving support to find housing. There is an even split on whether or not people are on a list for housing, and about two-thirds of people indicate they have not applied for social housing. Interestingly, 3 out of 5 people that are homeless that use H4 would be consider a roommate if it meant they could be housed faster. Under half (42%) of all people interviewed had not had housing in Windsor in the last three years. About a third of people (34%) have never had a lease in their name or owned a house in their name. Half (50%) of all people interviewed reported they had experienced discrimination when trying to find or rent housing.

Analysis of available data and interviews demonstrates there are differences in whether or not people want housing and are pursuing housing based upon age. Those 50 years of age and older that use H4 are more likely to want housing, are more likely to have had a lease in their name or owned a house in their name, are slightly less likely to have had housing in the last three years in Windsor, are more likely to be actively receiving support to get housed, are more likely to be on a list for housing, are more likely to have completed a social housing application, and are considerably less likely to be interested in a roommate if it meant they could be housed faster.



Housing information by age



Those interviewed were asked about their single greatest barrier to housing. This word cloud summarizes those responses:



An obvious barrier to housing is a lack of identification. More than two-thirds (68%) of people interviewed indicated they did not have identification. Of those without identification, less than a quarter (23%) of people interviewed indicated that they were receiving assistance to replace identification.

As previously noted, half of the people interviewed indicated they had experienced discrimination when trying to access housing. Of note, half of the people interviewed indicated they had experienced discrimination when trying to access income

The high rates of discrimination reinforce the importance of support in accessing housing, services, and income.



supports or other services – and these were not all of the same people as those that experienced discrimination when trying to access housing. Three out of five people interviewed (59%) experience discrimination when trying to access housing, income supports and/or other services.

Interview participants that are homeless were asked what they would be doing if H4 was not available. While 14% indicated they would be at a shelter, 37% indicated they would be outside or walking around and 37% indicated they did not know what they would be doing without H4. A small percentage (9%) indicated they had a friend or girlfriend they could visit. A very small percentage (3%) indicated they would be doing drugs.

Health

The following questions were asked of all people interviewed:

QUESTION	YES	NO
Have you been to the emergency room since the end of August ⁴ ?	52%	48%
Have you used an ambulance to get to the hospital since the end of August?	30%	70%
Have you been admitted one or more nights in hospital as an inpatient since the end of August?	25%	75%

Those that had been to the emergency room averaged 6 visits per person over the previous six months. Those that had used an ambulance, over the six-month period, averaged 13 ambulance trips per person. Those that were admitted averaged 11 admissions per person during the preceding six-month period of time.

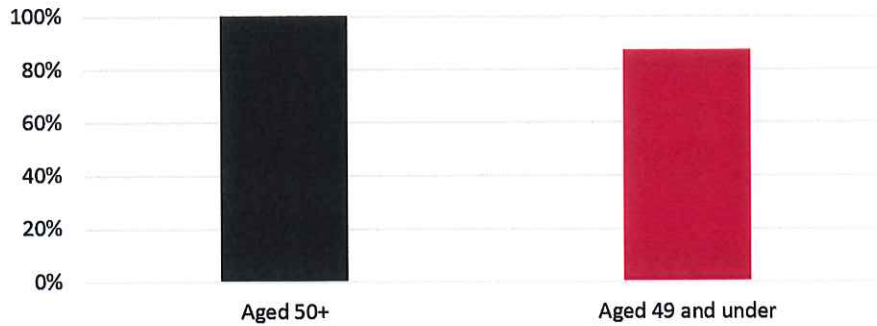
QUESTION	YES	NO
Do you live with any chronic health conditions like diabetes, COPD, kidney disease, liver disease – or anything like that?	32%	68%
Do you live with a mental illness?	64%	36%
Do you live with an addiction or dependency on alcohol or other drugs?	77%	23%
Do you live with a brain injury?	36%	64%
Do you live with any other disabilities?	39%	61%

While all people that use H4 are likely to report having health conditions, those who are 50 years of age and older are more likely to present as having a health condition.

⁴ At the time of the interviews, it was approaching the end of February. This means the timeframe for engagement with emergency rooms, ambulance and/or inpatient care was the preceding 6 month period, approximately.



Percentage of people with health condition based on age

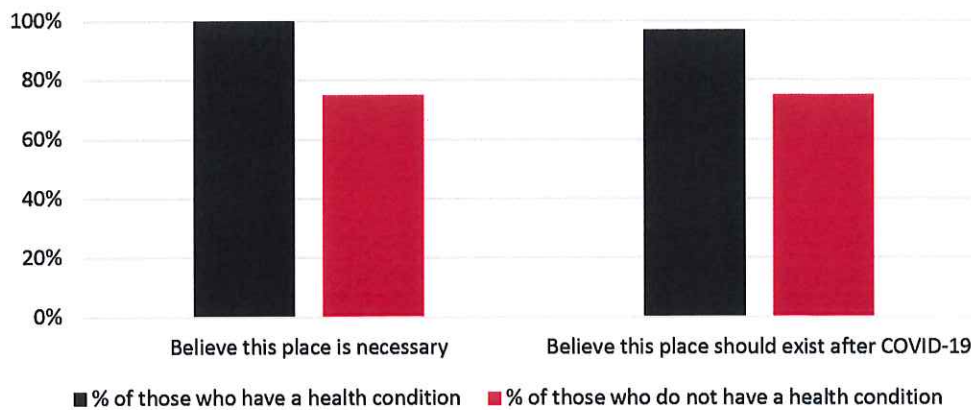


Of the interview participants, one quarter (25%) would likely be considered tri-morbid based upon their self-reported information. That is to say, 25% of respondents indicated they lived with chronic disease, mental illness, and an addiction or dependency. People who are homeless who are tri-morbid are more likely to die. Another 32% of interview participants would be considered to have co-morbidities, which in this context, is two out of three of the following: chronic disease, mental illness, or addiction. This means that over half of those interviewed are co-morbid or tri-morbid.

H4 is clearly serving a population in poor health and at greater risk of death than the general population.

Guests of H4 that live with a health condition are slightly more likely to see H4 as being necessary, both during the pandemic and post-vaccine.

Belief in the necessity of H4

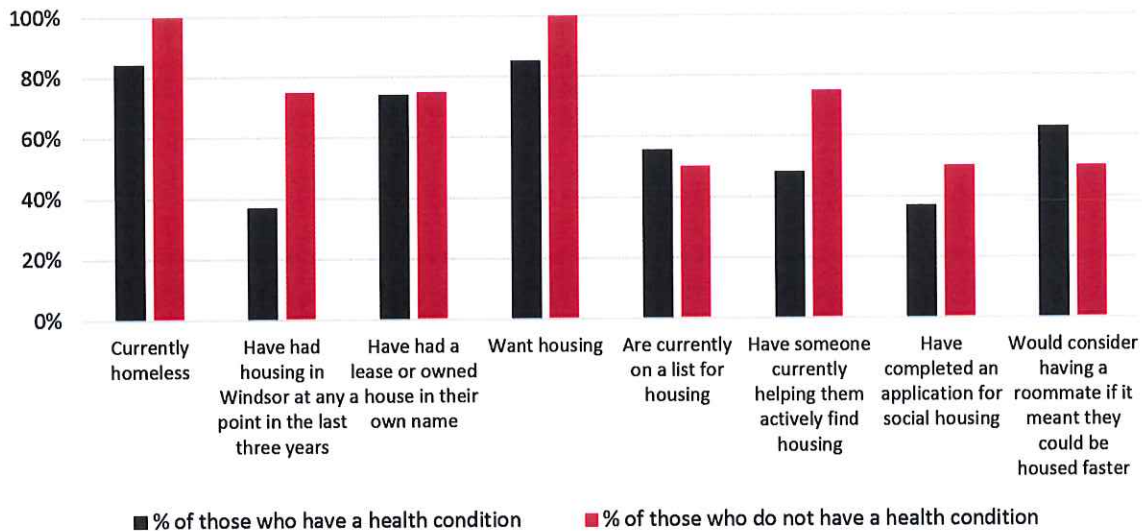


The interviews reveal a population that has higher self-reported mental illness and/or addictions than is generally found in homeless populations.

Self-reported mental illness and/or addiction amongst those that use H4 are high, and are more likely to require intensive support to maintain housing.

Health status seems to be related to housing history and desire for housing. People living with a health condition are less likely to have had housing in Windsor in the last three years, are slightly less likely to want housing, are less likely to be receiving active assistance in getting housed, are less likely to have completed a social housing application and are more likely to indicate they would live with a roommate if it meant they could be housed faster.

Housing Information compared for those who do or do not have a health condition



Homelessness Amongst Indigenous People that Use H4 Services

People that are Indigenous represent 42% of guests interviewed that use H4. This is higher than the percentage of people identifying as Indigenous in the previous Point in Time count enumerations. Consider, also, that Indigenous people make up less than 3% of Windsor’s population as per Statistics Canada Census Data⁵, and it is clear that Indigenous people are over-represented in the population of people experiencing homelessness in Windsor, and over-represented in the population of people that

⁵ See: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/details/page.cfm?Lang=E&Geo1=CSD&Code1=3537039&Data=Count&SearchText=Windsor&SearchType=Beginns&B1=All&GeoLevel=PR&GeoCode=3537039&SEX_ID=1&AGE_ID=1&RESGEO_ID=1

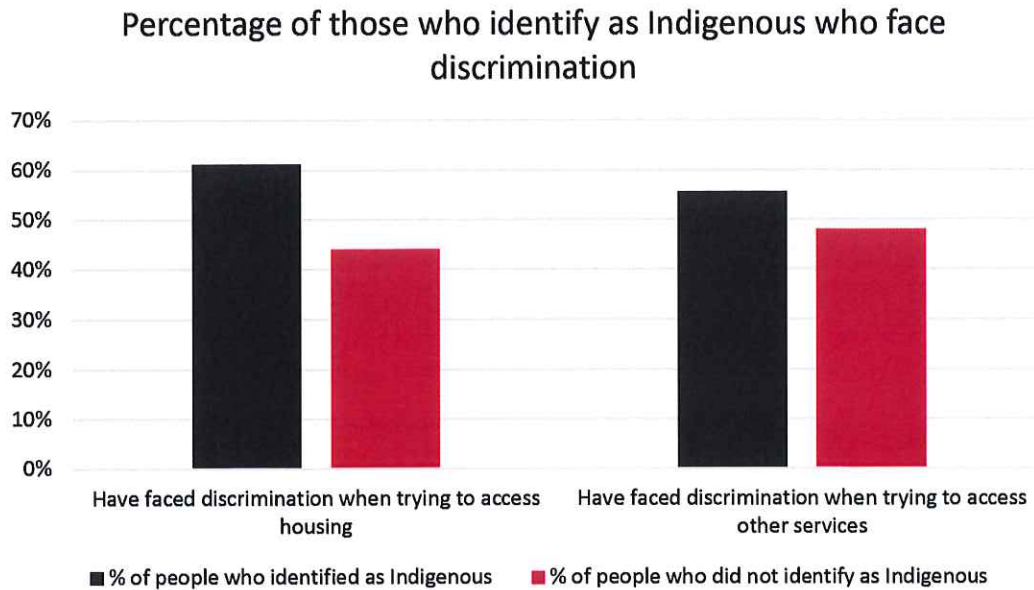


use H4. Also clear is that housing efforts are not actively considering Indigenous status when prioritizing housing access: of the H4 guests housed through the By-Names Prioritized List, only 1 out of the 22 people housed from October through the end of February identify as Indigenous.

The experience of homelessness is also different for people that identify as Indigenous. Consider, for example, that people who are Indigenous and homeless have been homeless about twice as long, on average, as non-Indigenous people that use H4.

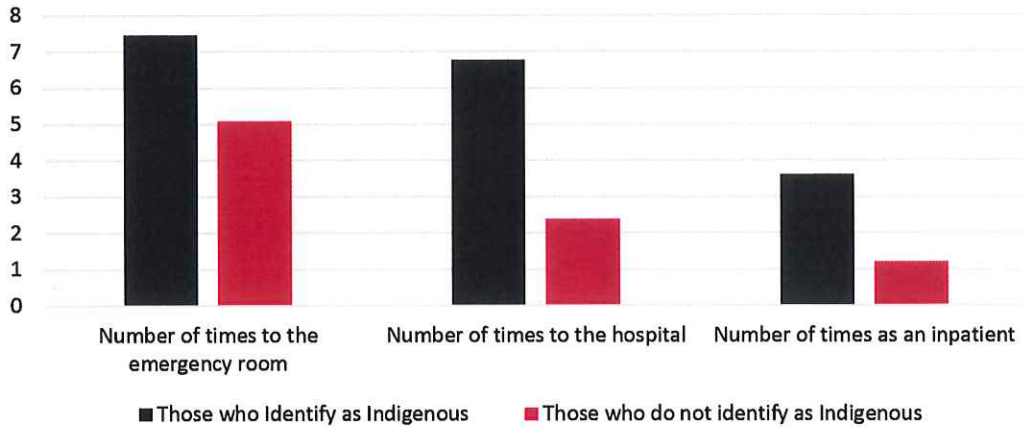


One of the things that may partly explain the experience of homelessness amongst Indigenous people that is longer in duration is the increased likelihood that Indigenous people experience discrimination when trying to access housing or other services.



People who are Indigenous and homeless that use H4 also have a different experience of health service utilization:

Average frequency of healthcare usage over a six month period comparing those who identify as Indigenous or not



On the matter of self-reported health care issues, Indigenous people also presented differently:

Health Concern	% of people that identify as Indigenous with the health issue	% of people that do not identify as Indigenous with the health issue
Chronic health condition	81%	90%
Live with mental illness	56%	71%
Live with an addiction or dependency	13%	62%
Live with a brain injury	44%	52%
Live with disabilities	31%	52%

Given the higher rates of health service utilization, but lower self-reported incidents of particular health concerns, there is reason to believe that Indigenous-focused health and wellness is a gap in the current service delivery of H4.



When it comes to housing matters, 88% of people who use H4 that are Indigenous want housing; however, only 31% of Indigenous people that are using H4 are receiving any assistance to get housed compared to 58% of non-Indigenous people that report they are receiving support to get housed. People who are Indigenous that use H4 were more likely to be on a social housing waiting list (38% Indigenous people vs. 29% non-Indigenous people). People who are Indigenous that use H4 are less likely to consider having a roommate if it means they can be housed faster (50% of Indigenous people vs. 68% of non-Indigenous people).

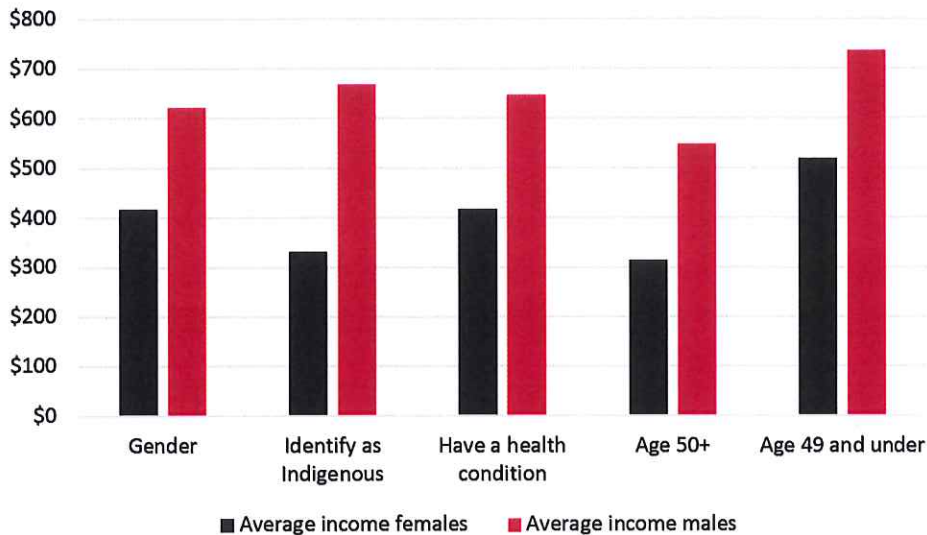
Whether these housing matters reflect systemic racism or a lack of trust amongst Indigenous people to engage with services, the conclusion is the same: Indigenous-specific housing services would be beneficial at H4.

Homelessness Amongst People Who Identify as Female that Use H4 Services

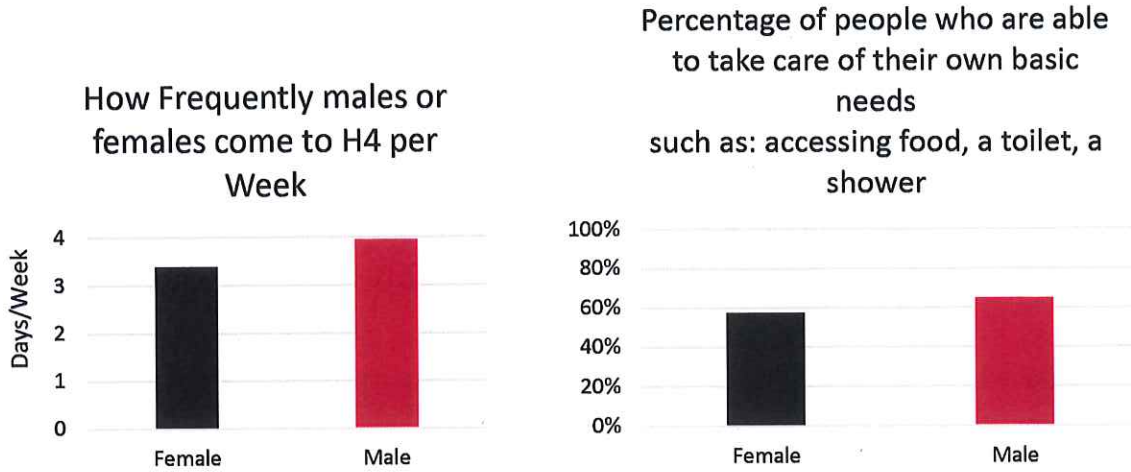
People identifying as female that use H4 have dramatically lower monthly income than their male counterparts. This was true of women who identify as Indigenous, women with a health condition, older women, and younger women.

A dedicated income support caseworker on-site at H4 multiple times per week may help improve access to income and benefits for women.

Average monthly income based on gender

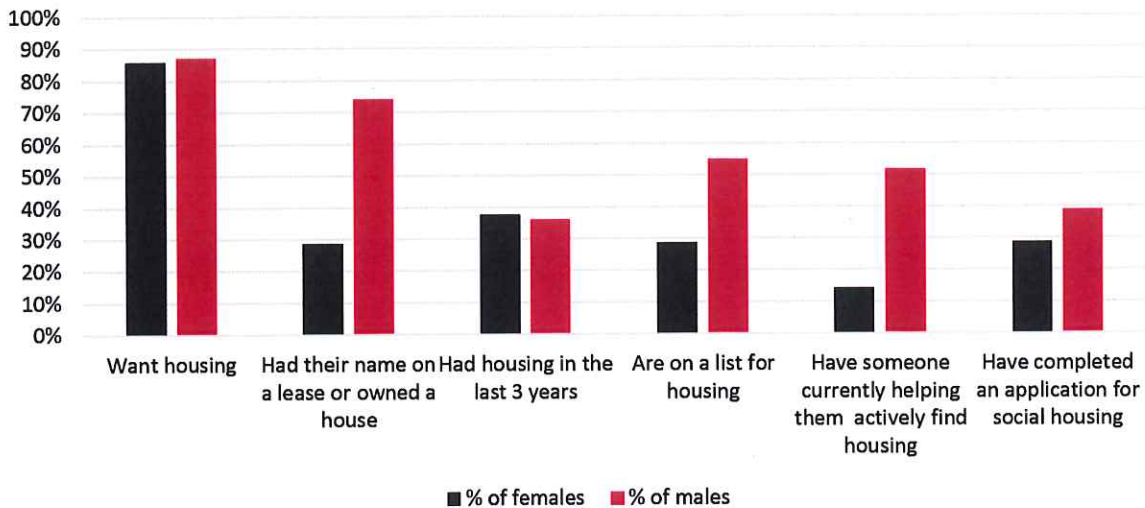


As demonstrated in the two graphs below, people identifying as female that use H4 use the services at H4 slightly less than males, while also reporting being less able to take care of daily basic needs.



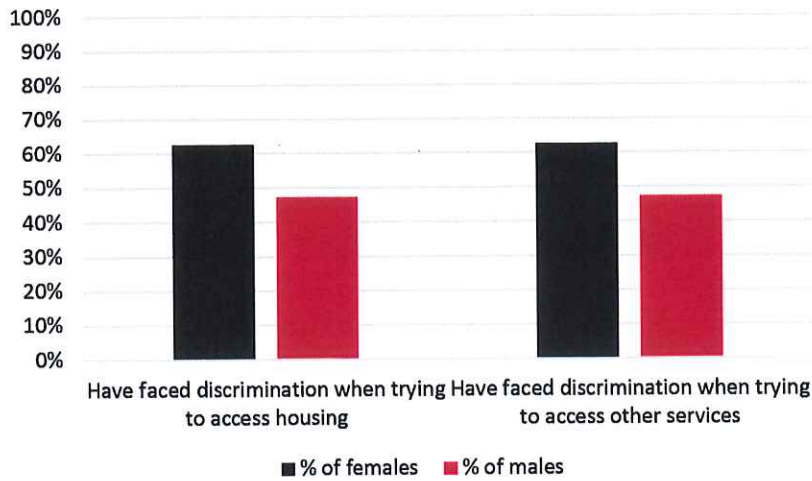
The experience of housing and desire for housing is also quite different for people that identify as female. While almost as likely to want housing as those that identify as male, women are far less likely to have had a lease in their name or owned a house in their name. Females are more likely than males to have had housing in Windsor in the last three years. Of concern, females are less likely to be on a list for housing or have a social housing application completed. Perhaps most concerning, though, is that while the majority of people identifying as male report being actively assisted with housing, less than 15% of females report being assisted to get housed.

Housing information by gender



Partially explaining the different housing experiences of males and females may be the increased frequency with which females report experiencing discrimination when trying to access housing or other services.

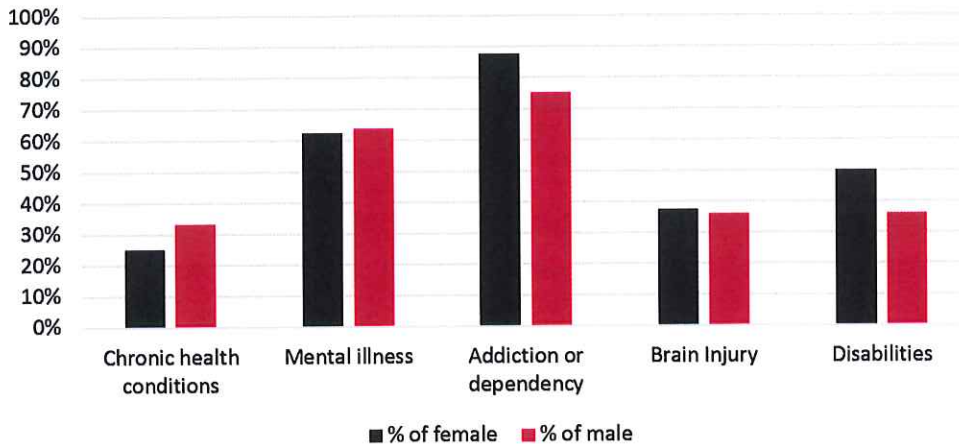
Percentage of those who identify male or female who face discrimination



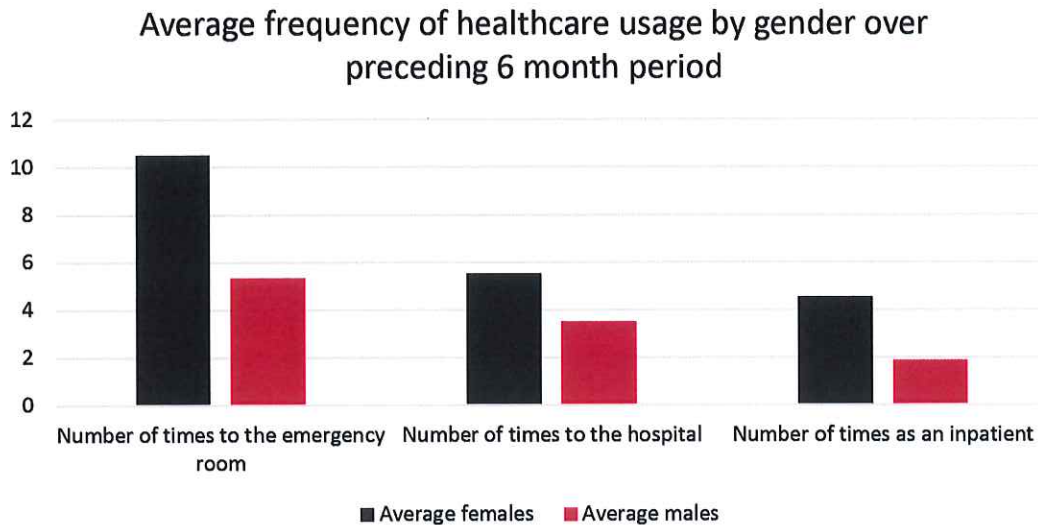
Self-reported health conditions are also different between those that identify as male and female. Those identifying as female that use H4 are more likely to report addiction, brain injury and disabilities than males, and report slightly less proportions of the population experiencing mental illness or chronic health conditions.

It may be prudent to expand health and wellness services at H4, with a particular emphasis on meeting the health needs of people identifying as female.

Health conditions by gender



Meanwhile, H4 interviewees that identify as female report different health service usage than males:



WHAT NEEDS DOES H4 MEET, IF ANY?

The evaluation examined the needs that H4 meets. This was explored through two lenses:

1. Did H4 meet a specific need during the pandemic?
2. Does H4 meet other unmet service, support and basic needs?

Based upon the interviews and an examination of the available data, H4 has been a necessary component of the community response to the pandemic. In the early months of the pandemic, H4 met a very specific need: to provide people that are homeless a safe place to go during the day while other Windsorites were encouraged to stay at home, and while many other locations that people experiencing homelessness would normally go closed or had reduced capacity.

Did H4 provide an opportunity for people experiencing homelessness to be safer than they would have been without it? Several H4 guests acquired or were exposed to COVID, though it is uncertain where COVID was contracted. It is clear, however, that H4 provided another screening opportunity, was able to mobilize testing when required, and was able to activate an isolation response in motels when there were positive test results or exposure. It is accurate to say H4 helped keep people experiencing homelessness *safer* than they would have been without it, but even hospitals could not protect people 100% from contracting the virus, and neither could H4 (nor was that a realistic expectation).

On the matter of whether H4 meets other unmet service, support and basic needs, the short answer is that this has improved the longer H4 has been operating. Guests interviewed as part of the evaluation definitely feel that H4 has met their needs. Staff interviewed as part of the evaluation definitely see how



H4 fills some of the community service gaps. The biggest gaps that H4 seems to meet in the community are as follows:

- Additional symptom screening
- Access to additional supports for housing
- Providing a safe, quiet mat and place to rest
- An alternative social space
- Access to a toilet

As shelters experienced the strain of serving people during the pandemic, H4 provided a “release valve” to decrease the stress experienced by other parts of the system. As H4 became more established, additional services were brought onto the site through multiple non-profit service providers. Services included through these partnerships include Housing Information Services, Family Services Windsor-Essex, Canadian Mental Health Association – Windsor Essex Branch, CommUnity Partnerships, and Windsor Essex Community Health Centre. One of these enhancements once H4 was established was to earnestly start to assist guests of H4 with housing matters, which began in October. As of the end of February, more than 20 people were directly assisted in exiting homelessness into housing.

SHOULD THE SERVICES PROVIDED AT THE DAY SERVICE CONTINUE AS A DAY SERVICE, OR SHOULD THE SAME SERVICES BE DELIVERED IN SHELTER OR ELSEWHERE?

While H4 was a necessary response in reaction to the pandemic, it begs the question: should H4 (or comparable day service) continue once more people are vaccinated, or even post-pandemic? The answer is “yes” for the following reasons:

- H4 has demonstrated the ability to stay connected to very marginalized people experiencing homelessness to keep them active and up to date on the By-Names Prioritized List in a manner that other homeless services providers in the community have been unable to do independently, which will result in fewer people experiencing homelessness;
- Several guests of H4 that were interviewed were quite critical of the lack of support, especially with housing, that they have received from shelters;
- H4 has been able to connect effectively with people experiencing homelessness that do not use shelters but do make use of H4;
- Several guests of H4 that were interviewed indicated that the homelessness situation in the community is so dire, and existing services are so overwhelmed, that additional services like H4 are needed;



- Several guests of H4 that were interviewed indicated that H4 is the only place in the community they feel safe.

WHAT IMPROVEMENTS SHOULD BE MADE TO H4 OR A COMPARABLE PROGRAM MOVING FORWARD, IF THE SERVICE IS TO CONTINUE?

Through the interviews and review of data, it is clear that H4 – or a future comparable program – should consider several improvements. Each of these improvement themes is listed below with a description of the issue and considerations moving forward.

Physical Building

Water World was never designed to be a day service for people experiencing homelessness. While people have done the best they can, it is a classic case of a square peg in a round hole. The current building lacks sufficient space to meet one on one with guests in a safe way. The configuration of the building requires security near the front door, along with staff at a reception desk, staff to monitor the hallway and restroom area, and staff to support people in the gymnasium. The current building lacks a sufficient kitchen for food preparation. Furthermore, while the current building has tried to make use of space such as the pool area for clothing donations, a different building with a different layout would provide a more functional separation of uses within the building which could be achieved through building renovations or an alternate location.

In examining what the service can look like after Water World, it would be advantageous to have a single-story, accessible location within walking distance of the downtown that is either purpose built or renovated specifically with the intention of being a day service.

Health Services at the Site

The review of information gleaned for the evaluation shows that 32% of guests live with a chronic health condition like diabetes, COPD, liver disease, heart disease, or cancer. Over half of H4 guests reported being at the emergency room in the last six months, and those that went to the ER averaged 6 visits per person. In addition, 30% of H4 guests interviewed had taken an ambulance to the hospital over the preceding half year, with an average of 13 ambulance rides per person amongst those that used an ambulance in that six-month period.

The need to enhance health services at the site is three-fold:

1. To help address and manage existing health issues, from disease management assistance to wound care;
2. To decrease costs associated with the use of emergency health services and ambulances;
3. To connect H4 guests to mainstream health resources for continued care and improved health outcomes.



Supports for People with Brain Injuries

More than a third (36%) of guests interviewed at H4 self-reported that they live with a brain injury. Given the volume of clientele living with a brain injury, it would be advantageous to have services that specifically support and provide referrals to people with brain injuries to be onsite at least once per week. Of the people living with a brain injury that use H4, more than two thirds (69%) had been to the emergency room in the last six months, according to their self-reported information, averaging 4 ER visits per person living with a brain injury. Furthermore, improved assistance to people with brain injuries may help with housing outcomes for this population. Of note, people that reported brain injuries are homeless longer on average (62 months per person – over 5 years) than people without brain injuries (26 months).

Indigenous Cultural Supports

As previously outlined, a disproportionate number of H4 guests identify as Indigenous. There are currently no Indigenous cultural supports available at H4. A partnership with an Indigenous organization to be present at the site two days per week and offer culturally appropriate programming would be advantageous, as would having an Indigenous housing worker.

Indigenous cultural supports in the context of H4 should be determined by the Indigenous service provider. There are a wide range of services and supports that may be considered. However, the aim remains the same: to help people who are homeless exit homelessness rapidly and permanently.

Income Supports On Site

Three out of four people who use H4 rely on Ontario Works (OW) or the Ontario Disability Support Program (ODSP) as their source of income. Of the guests interviewed that indicated OW was their source of income, 94% also reported a chronic health condition, addiction, and/or mental illness. While not all of these cases would be successful candidates in applying for and receiving ODSP, it is reasonable to believe that some would. An increase in income would allow for the individual to consider more housing options as the amount of money received monthly would make it possible to afford some accommodation in the private market that they cannot afford on OW.

One out of five people interviewed indicated that the lack of an OW caseworker on site at least once per week was the worst part about H4. It was seen as a missing key ingredient.

The lack of dedicated income support caseworkers at the site was also named in the interviews with staff as a service that was lacking, but necessary at the H4 location. It was felt that housing outcomes would improve if there was direct access to an income support caseworker on site, even if it was one day a week.

Also, of note, 14% of people interviewed reported they currently had no income whatsoever. Some of these individuals indicated they believed they would be eligible for OW or ODSP but did not know how to apply for or receive it or reactivate it if they had OW previously.



Hours of Service

Currently, H4 operates from 10am until 6pm, 7 days per week. Through the interviews with staff and guests, it was identified that increasing hours will meet a service need in community. Ideally, the service would be best operated from 8am until 8pm based upon the inputs received. Through discussions with interviewees, if extending hours on both ends of the day is impossible, starting earlier in the day would be the greatest benefit. Some guests reported hardships with the state of how busy and overwhelming things can be at shelter in the hours before H4 opens. Opening earlier would provide a reprieve. Moreover, an earlier start to the day would increase the ability to provide intensive engagement to work on housing solutions.

Assistance with Housing

A housing-focus to H4 was introduced with earnest in October 2020. Prior to that, the primary emphasis was on keeping people experiencing homelessness safe during the pandemic. Given almost 9 out of 10 (87%) of guests experiencing homelessness want housing, an emphasis on helping people achieve housing is prudent.

Expanding housing assistance at H4 is advised. Considerations should be given to:

- Adding two additional housing assistance staff at H4⁶, including overlap with weekends, with at least one of the additional staff having a focus on connecting with and housing H4 guests that identify as Indigenous
- Adding roommate matching assistance such as “speed dating” like interviews between prospective roommates, explicitly asking people about their interest in a roommate when assisting with housing options, and developing a roommate options program/housing worker focus;
- Developing and disseminating rental leads on a daily basis
- Ensuring each guest that comes to H4 5 or more times is on the By-Names Prioritized List
- Ensuring each guest that comes to H4 10 or more times is offered the opportunity to be assisted in filling out a social housing application
- Providing safe and appropriate accompaniment assistance when H4 guests are going to a unit viewing
- Offering brief messaging about housing and its importance in between movie screenings
- Targeting engagement on housing focused assistance to H4 guests that have been homeless the longest
- Providing more direct assistance with papers and documentation required to move into housing, thereby ensuring H4 guests are “document ready” for housing

⁶ This would be in addition to the 3.5 FTE currently doing this work.



Assistance with Identification

More than two-thirds (68%) of guests interviewed indicated they did not have identification. Of those people, less than a quarter (23%) indicated they were receiving any assistance in getting identification. Lack of identification can be a barrier to housing and receiving other forms of assistance.

It would be in the best interest of those served at H4 to have a staff person dedicated solely to helping people replace their lost or stolen identification. Furthermore, there is an opportunity if a comparable program is made available post-pandemic to add or enhance a safe identification storage opportunity for people experiencing homelessness.

WHAT IS THE RELATIONSHIP BETWEEN THE DELIVERY OF THE DAY SERVICE AND THE GOALS OF BUILT FOR ZERO CANADA?

H4 has supported five of the goals of Built for Zero Canada:

- 1. New people have been added to the By-Names Prioritized List;*
- 2. People previously deemed inactive on the By-Names Prioritized List have been reactivated;*
- 3. People are assisted with getting “paper ready” for housing;*
- 4. Locating people when there is a match to a housing opportunity is made easier because people are more readily found and relayed the information;*
- 5. H4 service users have been, since a late 2020 shift in focus, achieving housing more often and more rapidly.*

One of the central aims of Built for Zero Canada is to know people experiencing homelessness in the community by name and complete an engagement and assessment process to move people along a trajectory towards housing. Having one single consolidated list for people experiencing homelessness helps ensure people are not lost or slip between the cracks, while also ensuring housing opportunities are made available to those that have indicators of vulnerability and housing instability. It is a more transparent, equitable and fair way of allocating precious housing and support resources. H4 is achieving the aim of ensuring people get on the By-Names Prioritized List.

Getting on the By-Names Prioritized List is one step but staying active on the By-Names Prioritized List is equally important. Some people experiencing homelessness in a community get on the By-Names Prioritized List and then do not have service encounters with the homelessness response system for months, which results in being taken off the active list because they have not been seen or heard from. This is especially important for people experiencing homelessness that do not use shelter. H4 has achieved the aim of providing another location to actively engage with service users, check their active status on the By-Names Prioritized List, and reactivate people on the list that were previously considered inactive.

Achieving housing is not always a straightforward process when people are missing important documents that may make them eligible for certain forms of housing that they would not be eligible for moving into



without the necessary paperwork completed. This can include things like identification, proof of income, confirmation of a mental illness, addiction or other type of disabling condition, and even proof of filing taxes. H4 seems partially able to assist its guests with getting “paper ready” for housing. Efforts have been stymied in part because of lack of dedicated staff to spearhead this process, and because of changes in availability of services that can assist in this regard because of the pandemic.

When a person remains active and is “paper ready” they can be prioritized and matched to available housing and supports, the type and intensity of which will be determined by their particular service and support needs, as well as strengths. One of the challenges when working with a population that can be quite mobile in nature is that when there is a match opportunity, the person that could have the housing unit is difficult to locate. This is especially true of people that do not use shelters. By providing a place like H4, which has emphasized the Coordinated Access System as part of service delivery, provides ongoing connection with people that allows for relaying housing opportunity information.

The most important aim of Built for Zero Canada is that people achieve housing. Getting people on a list and working through a process of staying active and getting ready are important, but helping people exit homelessness is the ultimate goal. For the first half a year of operation of H4 there was not an intensive focus on housing. The primary focus in that first half of the year was to provide a safe place for people without a place to live to be during the closures and reductions and amendments in services caused by the pandemic. When the focus shifted to allow for providing a safe place *and* helping people achieve housing, the primary aim of Built for Zero Canada was realized. The housing attainment numbers have shown promise since October 2020, but more can and should be done to increase outflow from homelessness and decrease the length of homelessness that H4 service users experience.

IS THE STAFFING MODEL FOR THE DAY SERVICE ADEQUATE? IS IT SUSTAINABLE? ARE THE OUTPUTS AND OUTCOMES OF THE DAY SERVICE SUFFICIENT FOR THE STAFFING INVESTED AT THE SITE?

The staffing model of H4 is adequate for the services currently being provided within the built form the services are being provided. If there is a desire to improve service outcomes, especially related to housing, then the staffing resources are insufficient.

On the one hand, staffing seems rich for H4 with the volume of staff on site per shift. However, the built form and the need for safety and symptom screening results in inefficiencies in how staff are deployed during the shift. One security guard is required by the front door to act as a concierge function as people arrive. One staff is required at the registration desk for people to sign in. One staff is required to monitor the hallway and bathrooms. One staff is required to maintain cleanliness in the building to decrease the spread of COVID-19. At least one staff – and often more - is required in the gymnasium area. At best two or three, but most often only one staff is actually available to engage per shift in conversations about services, assist with forms and housing applications, capture information for the By-Names Prioritized List, present opportunities for unit viewings, help people get connected to community-based support



assistance for additional services, and troubleshoot parts of the housing acquisition process for others already engaged in moving toward housing. The reality is that most staff at H4 are not directly focused on helping people exit homelessness, and the current built form does not provide opportunity to reconfigure staff to increase the likelihood of more people exiting homelessness for housing. Therefore, the recommended pathway forward is to add at least two more housing specialists to the H4 staff compliment, with one of the workers being from an Indigenous organization and planning to better serve, house and support Indigenous people experiencing homelessness that use H4.

As to whether or not the outputs and outcomes have been sufficient for the staff compliment at the site, the short answer is that it depends on which period of H4 operations are being examined. The first period of operations was a city-run, non-housing focused safe space. Housing outputs and outcomes were insufficient during the period *but also was not the intention of service during that period of time*. The second period of operations has been a multi-service onsite operation, with some housing focus. Outputs and outcomes have improved slightly during this period, however, as previously noted this can be increased. More housing workers are required per shift. In addition, some additional onsite income support assistance and medical support services may also improve stability and housing outcomes.

WHAT SHOULD BE THE POST-VACCINE APPROACH TO DELIVERING THE SERVICES CURRENTLY MADE AVAILABLE IN THE DAY SERVICE?

While H4 was established as part of a COVID response for the community, the value of H4 extends well beyond COVID. What is clear is that service users feel they would have no other safe place to go if it weren't for H4. Also clear from interviews with staff is that they feel they are adding tremendous value to the community.

That said, Water World, in its current state, is not conducive to operate a day service out of, for a whole host of reasons. There are parts of the building that are not usable for the purpose of providing a day service. There are insufficient safe, quiet meeting spaces for workers and guests. The layout requires a security guard at the front door, a reception desk staff, a hallway monitor, and staff for helping with addressing basic needs like food and monitoring what is occurring in the gymnasium. Water World's availability and proximity to other services and downtown no doubt made it an appropriate initial choice during the pandemic, but the real focus of attention at that time was more of "Where is there a space where we can pop up a day service quickly?" not "Which location across the entire City would be most conducive to a day service to operate?" What started as convenience has had consequences on staffing, safety, and intensity of engagement to assist with housing.

A day service that features services available in H4 is required in Windsor post-vaccine. There are several approaches that could be taken to achieve this aim:

1. Operate the current Water World facility as is (remains the same as it has operated during the pandemic);
2. Renovate the current Water World facility to improve functionality as a day service space;



3. Locate a different building in the same general geographic area and renovate to serve as a day service facility;
4. Build a new day service facility.

The type of facility may be informed by the services to operate out of H4 or comparable facility moving forward. Consideration should be given to consolidating or co-locating community housing access and support services in one location. This could result in collapsing some housing services that currently exist into one location. This would remove competition for landlords across various housing programs. This would improve matching functions of Coordinated Access. This would help more people stay active on the By-Names Prioritized List. And it would still be possible to use staff from the Hub to outreach to shelters and other locations if necessary, to provide housing support assistance. There is also the opportunity to have allied professionals like mental health services, addiction support workers and income support caseworkers in one location.

IS THE DAY SERVICE CONTRIBUTING DIRECTLY TO PREVENTING AND/OR REDUCING HOMELESSNESS?

The current H4 service model does not directly contribute to preventing homelessness in a meaningful way. The clientele is, overwhelmingly, already experiencing homelessness.

H4 contributes directly to reducing homelessness and supports the broader, longer-term aim of ending homelessness. Since October when the focus on housing began in earnest at H4, over 20 people have achieved housing⁷, and many more are in the process of becoming housed. In the timeframe of when the focus has been on housing, approximately 4 people have achieved housing per month.

Based upon the interviews with guests and staff, as well as a review of available data, there is reason to believe that H4 is just scratching the surface of what is possible to reduce homelessness through the program. With additional housing workers to help people secure housing, additional support workers to help people stay housed, and if there is greater assistance with identification and income supports, it is reasonable to expect that this number will increase 2-3 fold per month. Projecting a year out, in the current configuration, H4 will house approximately 50 people over a 12-month period. That could increase to 100-150 people over the course of the year if H4 were resourced effectively for this purpose. The rationale behind this suggestion is as follows:

- The overwhelming majority (87%) of guests that use H4 services want to be housed;
- Despite the majority wanting housing, less than half (44%) indicated that someone was actively assisting them in getting housed;
- H4 has resulted in people being added to the By-Names Prioritized List and if they were inactive on the By-Names Prioritized List, made active;

⁷ As of the end of February 2021.



- Approximately two-thirds of people interviewed indicated they would consider a roommate if it meant they could be housed faster;
- 14% of H4 service users report a monthly income of \$1,000 or more, which opens up a number of housing opportunities in the community that would otherwise be unaffordable;
- Several staff interviewed indicated it would be possible to house more people if there was more assistance for the housing process, including accompaniment to rental viewings.

Achieving this aim of increasing housing access must be met with increases in housing support assistance. Otherwise, people with more acute needs will get housed, but then likely return to homelessness. Furthermore, H4 staff, perhaps in partnership with Housing Information Services, need to be able to conduct dedicated landlord recruitment to increase housing options for people. Also, H4 needs to consider signage and simple communication materials that identify the importance of housing and who to connect with at the site if interested in housing. Short housing workshops may also be advantageous.

DO PEOPLE WHO USE THE DAY SERVICE FIND IT TO BE EFFECTIVE? WHAT DO SERVICE USERS FIND MOST ADVANTAGEOUS ABOUT THE SITE/APPROACH? WHAT WOULD THEY IMPROVE?

Those interviewed were asked to rank staff at H4 on a scale of 1 to 10 with 1 being bad and 10 being great. The average score was 8.9/10.

Those interviewed were asked to rank how safe they felt when at H4 on the same 1 to 10 scale. The average score was 8.8/10.

Those interviewed were asked to rank how likely they are to refer other people to H4 on a scale of 1 to 10. The average score was 8.4/10.

The positive assessment of staff emerged through other parts of the interview as well. When asked the open-ended question, "What's the best part of this place (referring to H4)?" 57% of people indicated staff as part or all of their response as to what the best part of H4 is in their opinion.



<i>What's the best part of this place?</i>	
ANSWER	PERCENTAGE OF RESPONDENTS INDICATING THIS AS A REASON⁸
Staff	57%
Food	20%
Friends come here	14%
Clean	14%
A place to lay down/sleep	9%
Help with housing	9%
Help with other services and information	9%
Movies	9%
Quiet	7%
Warm/out of the elements	7%
Safety	7%
Get away from shelter	7%
Nothing	5%

Almost all (98%) of those interviewed thought the H4 service was necessary. When asked the open-ended question “Why is it necessary?”⁹, for those that indicated it was necessary, 12% it was necessary because of COVID, 67% indicated it was necessary because they would have no other safe or warm place to be, 16% indicated it was necessary because they were getting help with housing, and 30% indicated it was necessary because it allowed them to meet basic needs including access to food, clothing and a toilet.

⁸ This was an open-ended question. Answers were organized and coded based upon themes. A respondent could provide more than one answer to the question. All answers are included. The percentage, therefore, is the percentage of all respondents who indicated the same theme as part of the entirety of their answer.

⁹ Respondents to the interview could provide as many answers as they wanted to this question. The percentage responses reflect the number of times themes were mentioned. Because more than one response/theme could be provided to answer the question, the percentages do not equal 100% when added together.



<i>What's the worst part of this place?</i>	
ANSWER	PERCENTAGE OF RESPONDENTS INDICATING THIS AS A REASON¹⁰
Nothing	30%
Other guests	21%
No OW caseworker on site all the time	19%
Hours of service not enough	16%
Physical building	12%
Personal Protective Equipment Staff Wear	7%
Food	2%
Staff	2%
No overnight stays	2%

WHAT IS THE MOST APPROPRIATE MANNER OF ENGAGING WITH OTHER COMMUNITY PARTNERS AND GOVERNMENT ENTITIES IN THE SPACE?

H4 represents an opportunity to pivot the entire system of care in Windsor moving forward. H4 can be the engine that drives reductions in homelessness throughout the entire community and ensures connectivity to Coordinated Access. It can truly operate as a multi-service hub with housing as its primary focus, and supported by community partners with expertise in health, mental health, addictions, securing identification, and assisting with income supports. Together, a multi-disciplinary configuration with a housing orientation is likely to accelerate housing outcomes throughout the entire community.

To organize, manage and operationalize a multi-service hub appropriately and effectively with a housing focus will benefit from the City of Windsor playing a leadership role. It is hard to fathom holding together this level of complex service arrangement without local government having an active role not only in funding and policy development, but onsite coordination and overall facility and program management as well.

¹⁰ This was an open-ended question. Answers were organized and coded based upon themes. A respondent could provide more than one answer to the question. All answers are included. The percentage, therefore, is the percentage of all respondents who indicated the same theme as part of the entirety of their answer.



PART TWO: COST ANALYSIS

The purpose of the cost analysis is to examine whether or not H4 provides value and to better understand how approaches focused on ending homelessness compare to efforts to manage or sustain homelessness. Given the housing focus of H4 is only measurable from October through to the end of February, cost benefits of the housing work at H4 are not meaningful as there is insufficient data at this time.

Costs To Date¹¹

The following tables, provided by Finance staff within the City of Windsor, outlines the actuals, commitments and projections for Provincial SSRF and Federal Reaching Home funding for H4 operations:

Windsor Waterworld Day Program SSRF			Windsor Waterworld Day Program Reaching Home		
Day Program	Total Actuals	\$48,364.30	Day Program	Total Actuals	\$112,626.74
	Total	\$39,517.96		Total	
	Commitments			Commitments	\$227,640.26
	TOTAL YE	\$87,882.26		TOTAL YE	
	Projected			Projected	\$390,267.00

Duplication of Service, Enhanced Investment or Filling a Gap?

To properly examine costs of H4 it is necessary to understand how it fits in with the existing service investments within the community:

1. *Is H4 a duplication of services that already exist?*
2. *Is H4 an enhanced investment in services that already exist but for which demand for the service exceeded supply?*
3. *Does H4 meet a service gap?*

H4 is clearly not a duplication of services that already exist. There was no other day service popped up as a direct result of the impacts of COVID on people experiencing homelessness. Yes, other daytime services exist including within some sheltering facilities, but H4 does not replicate the service array in those other sites; it offers something tangibly different than other day service locations. Investment in H4 is not a duplication of investment made elsewhere in the system of care.

¹¹ These should be interpreted as best estimates at the time of the report.



On the matter of whether or not H4 represents an enhanced investment, this is true to some degree. H4 represents an enhancement to the system of care because of COVID. Furthermore, H4 in recent months has demonstrated that enhancing investment in housing-focused services is a prudent investment.

On the matter of whether or not H4 meets a service gap, during the height of the pandemic the answer is yes. It is a bit more of a nuanced answer moving forward, especially in a post-vaccine reality. As other homeless services have reduced staff and space capacity as a result of COVID, H4 has been able to meet the gap. It must also be noted that H4 effectively serves people that use shelter, as well as those that do not use shelter either because they are unsheltered or because they have temporary accommodation such as a friend's couch. These latter two groups – those that are unsheltered and those that are “hidden homeless” – are the driving unmet service needs that would exist without H4. If every person experiencing homelessness in the community made use of a shelter, it may make sense to explore enhanced investment and services in shelter instead of H4. But because a shelter cannot meet all of the needs of people experiencing homelessness, it must continue.

Operating Costs of H4 Relative to Housing Outcomes

H4 costs \$79,997.53 per month to provide City and community agency staffing. When operated solely by community agency staff, the monthly staffing costs are substantially lower: \$55,249.30. The physical building has been operating in-kind from the City.

The period of April through to October should view H4 solely as a public health response to COVID – providing a safe place for people experiencing homelessness to be during a time when “stay at home” was the community mantra. That period of operations should not be too concerned with housing outputs and outcomes. The value of H4, then, should be seen as the investment necessary to preserve human life during the initial timeframe.

In the five months that H4 has been operating more with a housing focus, 22 people have been housed. Examining just the staff directly involved in housing assistance, this works out to \$1,381.28 per housing intervention. This is reasonable and what would be expected generally from any housing access and support program. Furthermore, as the emphasis on housing is a relatively new focus for H4, this should decrease over time as staff and guests work out processes for ensuring that housing access happens more rapidly.

As noted elsewhere in the report, supplementing the services available at H4 is recommended. This includes two additional housing support workers, with one being focused on homelessness amongst Indigenous people, and the presence of an OW caseworker on site two or three times per week. The intention of the additional investment is to accelerate housing opportunities from H4, especially amongst people who are Indigenous, and amongst those that rely on OW or have no income currently.



Comparing the Costs of Housing to the Costs of Sustaining Homelessness

Resolving homelessness is less expensive than managing homelessness. Consider the following:

Cost per shelter bed per year ¹²	\$23,629 to \$42,355
Cost per visitor to H4 per year ¹³	\$9,471
Cost per rent supplement per year ¹⁴	~\$4,500
Cost per supportive housing unit per year ¹⁵	\$18,250
Cost per Intensive Case Management with rental assistance for a year ¹⁶	\$9,670

The elimination of all shelter beds is a foolish proposition. People will continue to be dislodged from housing and in need of a temporary place to stay while figuring out a permanent solution. Ensuring the shelter system is the right size for level of demand is key. However, further emphasizing H4 as a service hub that can resolve homelessness for people is a less costly option than sheltering and will decrease demand on shelter.

The cost of a shelter bed is realized whether the bed is occupied or not. The cost of using H4 examined just service utilizers in the space, not unused capacity. As such, direct comparisons between shelter costs and H4 should be done cautiously and with caveats. Nonetheless, H4 appears to be a less costly option of helping people exit homelessness than the provision of shelter services.

Decreasing Emergency Service Costs

While police and ambulance calls originating from H4 have cost approximately \$20,000 since opening, H4 experiences considerably less emergency service costs than other services engaged with people experiencing homelessness in Windsor, according to first responders.

Emergency calls from H4 since opening	# of calls
Police calls originating from H4 ¹⁷	28
Ambulance calls originating from H4	11

Emergency services in the city have indicated the calls for service from H4 compared to other homeless serving locations has been “like night and day”. The safety, security and staffing provided at H4 provides a calming environment. The focus on providing structured socio-recreational activities and the focus on

¹² As noted in Vink Consulting’s “Review of Emergency Shelter Services in Windsor Essex”.

¹³ Because the Water World building is provided in-kind, facility costs are not factored into the analysis.

¹⁴ As noted in Vink Consulting’s “Review of Emergency Shelter Services in Windsor Essex”.

¹⁵ As noted in Vink Consulting’s “Review of Emergency Shelter Services in Windsor Essex”.

¹⁶ As noted in Vink Consulting’s “Review of Emergency Shelter Services in Windsor Essex”.

¹⁷ From April 20, 2020 to March 20, 2021 there have been 246 instances where there have been calls for service or service engagement at or near Water World. This includes proactive and reactive engagement. Only 28 calls were made directly by staff at H4 for police assistance.



housing keeps people occupied at the location. The staffing has also been sufficient to engage when issues start to escalate, thereby ensuring very few police calls.

Other emergency and correctional service use is also reduced. Furthermore, the emphasis on housing is important for decreasing future emergency and correctional service use. Consider the following:

Emergency or Correctional Service	Approximate Cost
Ambulance ¹⁸	\$240 per call
Emergency Room Visit ¹⁹	\$1,000 per visit
Hospital Inpatient – Windsor Regional ²⁰	\$4,950 per stay
Psychotic Disorder ²¹	\$12,970 per stay
Federal Adult Prison ²²	\$315 per day
Ontario Adult Jail ²³	\$305 per day

As has been demonstrated in multiple studies^{24,25,26,27,28,29}, emergency service use, police engagement and correction costs all go down once a person transitions from homelessness to housing. As such, the emphasis on housing people that use H4 is also an investment in reductions of publicly funded health, policing and correctional services, thereby decreasing costs borne by the average taxpayer. Ending homelessness through H4 is more prudent from a financial perspective that not putting an emphasis on housing people that use H4.

¹⁸ www.health.gov.on.ca

¹⁹ <https://www.williamoslerhs.ca/en/visiting-us/hospital-rates.aspx>

²⁰ [https://yourhealthsystem.cih.ca/hsp/inbrief#!/indicators/015/cost-of-a-standard-hospital-stay;/mapC1;mapLevel2;trend\(C1,C5001\);trendCity\(9360366952ccff79ae0910ef65f60248c48bbfb1\);/](https://yourhealthsystem.cih.ca/hsp/inbrief#!/indicators/015/cost-of-a-standard-hospital-stay;/mapC1;mapLevel2;trend(C1,C5001);trendCity(9360366952ccff79ae0910ef65f60248c48bbfb1);/)

²¹ <https://www.statista.com/statistics/1042328/mental-health-and-addiction-hospital-stays-cost-canada-by-disorder/>

²² https://www.pbo-dpb.gc.ca/web/default/files/Documents/Reports/2018/Update%20Incarceration%20Costs/Update%20on%20Costs%20of%20Incarceration_EN.pdf

²³ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510001301&pickMembers%5B0%5D=1.8&cubeTimeFrame.startYear=2014+%2F+2015&cubeTimeFrame.endYear=2018+%2F+2019&referencePeriods=20140101%2C20180101>

²⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5102506/>

²⁵ <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>

²⁶ <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000029>

²⁷ <https://www.utpjournals.press/doi/abs/10.3138/cpp.2019-017>

²⁸ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2748596>

²⁹ <https://journals.sagepub.com/doi/abs/10.1177/070674371506001103>



PART THREE: RECOMMENDATIONS

Improving Housing Outputs and Outcomes

It is recommended that:

- 1. Two additional housing workers be added to the site, for a total of 5.5 housing-focused Full Time Equivalent positions, with one worker specifically focused on assisting guests who are Indigenous with accessing housing;*
- 2. Additional housing support resources be made available to support H4 guests in housing once they move;*
- 3. Signage and materials related to housing be prepared and disseminated throughout the building and to guests;*
- 4. Housing workshops be introduced once or twice per week that are very short in duration, and which emphasize the By-Names Prioritized List, self-resolution, and housing expectations amongst guests;*
- 5. An Ontario Works caseworker be present on site no less than two days per week, for at least a four-hour portion of those days, to address OW matters in the field and directly with guests at H4;*

Health Services

It is recommended that:

- 6. Health services be enhanced at H4 for all people and with a deliberate approach of better meeting the health and wellness needs of Indigenous people that use H4, as well as the health and wellness needs of people who identify as female that use H4.*
- 7. Health supports assist with applications for ODSP where it is justifiable to do so based upon health conditions of the individual;*

Post-Vaccine Day Service

It is recommended that:

- 8. A program comparable to H4 continue or be replicated post-vaccine;*
- 9. The program operates in a building more conducive to being a day service, either through renovations to the Water World site or through another location within close proximity;*
- 10. Trained Peers and Volunteers be used to assist with non-clinical and non-case management components of H4 service such as bathroom monitoring;*
- 11. Consideration be given to consolidating housing assistance functions from other locations in the community and placed within the day service, such that it has an actual multi-service hub, but so*



that housing workers can also do outreach to the shelters to assist people experiencing homelessness that do not use H4;

- 12. Consideration be given to anchoring street outreach services out of H4 or comparable program so that outreach workers have a "one stop" service hub that they can direct unsheltered people to in order to have all needs met related to housing;*
- 13. The City play a leadership role in coordinating the complex array of services to be offered at an expanded H4-like service.*



CLOSING

H4 met its initial objective: providing another safe place for people experiencing homelessness to go during the daytime while there is a pandemic.

As H4 has amended its focus to being more housing focused, there is tremendous potential to be even more impactful than the efforts have already been. This is especially true if additional resources are brought to the site. Expanded health services, income support services, Indigenous specific services, and services with a focus on meeting the needs of women are all worthy of consideration to improve housing outcomes.

Moving forward, a different location may be considered, or Water World can be renovated. Water World is not designed to be a day service for people experiencing homelessness. People have made it work during the pandemic, and the location is good, but the layout requires considerable staffing and there are parts of the space that are unused.

Ending homelessness is not cheap. Managing homelessness, however, is more expensive. H4 has had fewer calls for emergency services than other homeless service facilities in the community over the same period of time. Furthermore, efforts on helping people access housing takes them out of homelessness and the costs incurred of supporting people in their homelessness are eliminated.



Appendix B

Overview of Housing First and Windsor Essex Housing Connections (WEHC)

For most people, homelessness is experienced only once and for a short period of time and they will exit homelessness with minimal or no intervention.¹ These households tend to have lower acuity, experience less trauma, are able to access formal and informal supports through family and friends, have held a lease in their name, and overall are more resilient to be able to navigate systems to self-resolve their instance of homelessness.

A small proportion of people experiencing homelessness have complex needs that require additional supports and services to assist in resolving their experience(s) of homelessness. Housing First (HF) involves moving people, particularly those experiencing **chronic** homelessness, rapidly from the street or emergency shelters into stable and long-term housing, with supports.

In 2008, the federal government invested \$110 million for a five-year research demonstration project aimed at generating knowledge about effective approaches for people experiencing serious mental illness and homelessness in Canada. The project, called At Home/Chez Soi, was designed to help identify what works, at what cost, for whom, and in which environments. Data collection began in October 2009 and ended in June 2013. 2,148 individuals were enrolled for two years of follow-up and of those, 1,158 received the HF intervention. Follow-up success rates at 24 months were between 77 and 89 per cent, which were excellent for a vulnerable and highly transient population.²

Principles of Housing First

1. **Rapid housing with supports:** This involves directly helping participants locate and secure permanent housing as rapidly as possible, and assisting them with moving in or rehousing if needed. Housing readiness is not a requirement.
2. **Offering clients choice in housing:** Participants must be given choice in terms of housing options as well as the services they wish to access.
3. **Separating housing provision from other services:** Acceptance of any services, including treatment or sobriety, is not a requirement for accessing or maintaining housing, but clients must be willing to accept regular visits, often weekly. There is also a commitment to rehousing participants as needed.
4. **Providing tenancy rights and responsibilities:** Participants are required to contribute a portion of their income towards rent. The preference is for participants to contribute 30% of their income, while the rest would be provided via rent subsidies. A landlord-tenant relationship must be established. Participants housed have rights consistent with applicable landlord and tenant acts and regulations. Developing strong relationships with landlords in both the private and public sector is key to the Housing First approach.
5. **Integrating housing into the community:** In order to respond to participant choice, minimize stigma and encourage participant social integration, more attention should be given to scattered-site housing in the public or private rental markets. Other housing options such as social housing and supportive housing in congregate settings could be offered where such housing stock exists and may be chosen by some participants.
6. **Strength-based and promoting self-sufficiency:** The goal is to ensure participants are ready and able to access regular supports within a reasonable timeframe, allowing for a successful

¹ Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver (2013): The State of Homelessness in Canada 2013. Toronto: Canadian Homelessness Research Network Press

²https://www.mentalhealthcommission.ca/sites/default/files/At%252520Home%252520Final%252520Report%252520-%252520Exec%252520Summary%252520-%252520ENG_0.pdf

exit from the Housing First program. The focus is on strengthening and building on the skills and abilities of the participant, based on self-determined goals, which could include employment, education, social integration, improvements to health, or other goals that will help to stabilize the client's situation and lead to self-sufficiency.

As a **philosophy**, Housing First can be a guiding principle for an organization or community that prioritizes getting people into permanent housing with supports to follow. Housing First can be considered embedded within a *systems approach* when the foundational philosophy and core principles of Housing First are applied across and infused throughout integrated systems models of service delivery. Housing First can be considered more specifically as a **program** when it is operationalized as a service delivery model or set of activities provided by an agency or government body. Finally, one needs to consider Housing First **teams**, which are designed to meet the needs of specific target populations, defined in terms of either the characteristics of the sub-population (age, ethno-cultural status, for instance), or in terms of the acuity of physical, mental and social challenges that individuals face.³

The City reoriented its service delivery to follow a Housing First philosophy and established the region's only Housing First program in 2015 as a response to a shift in federal policy. The Windsor Essex Housing Connections (WEHC) program is a multi-agency collaborative led by Family Services Windsor-Essex, in partnership with Housing Information Services and South Essex Community Council. In addition, the Can Am Indian Friendship Centre is the community lead to provide Indigenous-led supports to persons who identify as Indigenous.

The Windsor Essex Housing Connections program involves three kinds of supports:

- Housing Supports
- Clinical Supports
- Complementary Supports

The Windsor Essex By-Names Prioritized List (BNPL) prioritizes households experiencing homelessness using a common assessment tool in an effort to appropriately triage households to programs and services that will assist in achieving housing and life stability. Windsor Essex Housing Connection participants are selected from the BNPL based on pre-determined program eligibility which includes but is not limited to: length of time homeless and range from mid to mid-high acuity service needs. These are defined as:

- Mid Acuity: Participants who require some time-limited interventions. These households often present with low / poverty income levels, a history of trauma and mental health concerns or substance misuse, and often have recurring episodes of homelessness that require case management and rapid rehousing supports to assist in resolving their periods of homelessness and housing instability;
- High-acuity: Participants are often the smallest cohort in a community, requiring the largest investment of resources. These households often require Intensive Case Management, Assertive Community Treatment and/or 24 hour supportive housing. These households often present with co-occurring disorders or tri-morbidity (presence of a physical health condition, mental health disorder and substance misuse), are chronically homeless (experienced homelessness at least 6 months concurrently in the previous 12 months) and are often most disengaged with, or restricted from accessing mainstream services.

³ <https://www.canada.ca/en/employment-social-development/programs/homelessness/resources/supports.html>

Households are supported through the WEHC program anywhere from 18-36+ months, depending on the individual's housing and support needs over time. One of the main tenets of a Housing First program is the separation of housing and case management supports. In other words, if a participant's housing is lost, the case management supports continue and conversely, if case management supports end, the participant is able to maintain their housing and subsidy as long as they remain eligible to do so. Since 2015, Housing Services has leveraged rent subsidies through the City of Windsor as the Consolidated Municipal Service Manager (CMSM), leveraging funding from the Province of Ontario's Investment in Affordable Housing (2014 Extension) to increase affordability and the type of housing participants can access within the private rental market.

From May 2015 – March 31, 2021 913 households moved from homelessness to housing through the Windsor Essex Housing Connections program.⁴

Over time, a variety of challenges have presented resulting from continuous data collection improvement, along with the changing landscape in the affordable housing supply throughout Windsor Essex⁵. Some additional challenges include:

- Those with the highest acuity in our community require a higher level of supports than is currently available;
- Lack of affordable housing stock;
- Lack of permanent supportive housing;
- Increasing rents;
- Unsafe supply of housing that is available to those receiving Ontario Works / Ontario Disability Support Program assistance;
- Lack of willingness of landlords to rent to participants with complex needs; and
- Individual barriers such as: language, mental health, addiction, poor credit rating, absence of landlord references, low or no income supports, poor health, low literacy levels, no identification, etc.

Home, Together: Windsor Essex Housing & Homelessness Master Plan lays the foundation for the community to, among other things, expand the affordable housing supply; expand services and supports for people who experience chronic, episodic or high acuity homelessness and who have been identified as having complex needs; implement a continuum of housing options that will address the varying levels of need for support that is people centred and aligns with best practice; expand supports through a variety of partnerships to people at risk of homelessness; while collaboratively working to ensure Windsor Essex is an inclusive community where everyone has a safe, affordable, accessible and quality home, and everyone lives where they can actively participate.

⁴ Figure provided by Family Services Windsor-Essex and includes all streams of Windsor Essex Housing Connections. Number of households are aggregated and not mutually exclusive.

⁵ Home, Together: Windsor Essex Housing & Homelessness Master Plan

Appendix C

Federal and Provincial Capital Funding Streams

1) Federal Funding Streams

a) Canada Mortgage and Housing Corporation Programs

The Canada Mortgage and Housing Corporation is the lead in delivering National Housing Strategy Initiatives over the next 10 years by offering funding opportunities for new construction and repair/renewal to local private and non-profit organizations with the purpose of increasing the housing stock or sustaining the existing affordable housing supply. A highlight of the CMHC program information include:

Rapid Housing Initiative to expedite the delivery of affordable housing units to vulnerable people in severe housing need specifically people at risk of or experiencing homelessness, or living in temporary shelters because of the COVID-19 pandemic.

On September 21, 2020, the Government of Canada announced this new program entitled the Rapid Housing Initiative (RHI), a \$1 billion program to help address urgent housing needs through the rapid construction of affordable housing. In the first round, \$1 billion funding was available through two separate streams 1) Major Cities and 2) Project. Windsor and Essex was eligible under the project stream with access to \$500M, through an application portal open to governments, Indigenous governing bodies and organizations, and non-profit organizations and not open to private developers. Administration is aware of seven local applications that were submitted under this first round of RHI funding, none of which were approved.

In early 2021, a second \$1.5 B RHI round was announced with program criteria under development and expected to be released late summer or in the fall of 2021.

Federal Lands Initiative identifies surplus federal lands and buildings to create affordable, sustainable, accessible and social housing communities;

Solutions Lab provides funding for unique ideas and new building techniques that will reform the affordable housing sector;

Rental Construction Financing offers low-cost loans to encourage the construction of sustainable rental apartment projects;

Seed Funding supports affordable housing through interest-free loans and/or non-repayable contributions. There are two funding streams: one for new

construction/conversions, and one to preserve existing community housing projects;

Housing Supply Challenge invites citizens, stakeholders, and experts to propose solutions to the barriers to new housing supply with selected finalists that will share a pool of additional funding to implement their proposed solutions.

National Housing Co-Investment Fund provides low-cost loans and capital contributions for building new affordable housing shelters, transitional and supportive housing; and

b) Reaching Home: Canada's Homelessness Strategy

Reaching Home: Canada's Homelessness Strategy is a community-based program aimed at preventing and reducing homelessness across Canada. This program provides funding to urban, Indigenous, rural and remote communities to help them address their local homelessness needs.

Reaching Home supports the goals of the National Housing Strategy, in particular, to support the most vulnerable Canadians in maintaining safe, stable and affordable housing.

As part of the Fall Economic Statement (FES) last fall, the Government of Canada announced, an additional investment of \$299.4M for Reaching Home for 2021-2022. It is anticipated that Windsor Essex will receive additional funding for 2021-2022 (subject to approval) in order to help prevent at-risk Canadians from becoming homeless by supporting targeted interventions that enable people to stay housed.

Eligible capital investments are intended to increase the capacity or improve the quality of facilities that address the needs of individuals and families who are homeless or at imminent risk of homelessness, including those that support culturally appropriate programming for Indigenous individuals and families.

Eligible capital activities include but are not limited to the following:

- New construction of transitional or permanent supportive housing, or non-residential facilities (for example, community hubs to include furniture banks, drop-in centres, resource centres, outreach worker spaces, counselling spaces, laundry facilities, food banks), including if applicable tearing down an existing facility to build a new one.
- Purchase of transitional housing, or permanent supportive housing, and non-residential facilities to create new space or units.
- Eligible costs related to professional fees, such as consultants, audit, technical expertise, facilitation, legal, and construction contractors, and capital costs of the purchase of a land or building.

2) Provincial Funding Streams

a) Ontario's Community Housing Renewal Strategy

On April 30, 2018, Ontario and the Canada Mortgage and Housing Corporation (CMHC) signed the CMHC-Ontario Bilateral Agreement under the National Housing Strategy. In April 2019, the Province of Ontario released its Community Housing Renewal Strategy, a multi-year strategy representing three, three-year phased funding periods that leverage the remaining nine-year federal government investments under the National Housing Strategy.

Ontario's Community Housing Renewal Strategy offers two program streams of funding, Canada Ontario Community Housing Initiative (COCHI) and Ontario Priorities Housing Initiative (OPHI). The Bilateral Agreement sets out the following broad uses of funding for COCHI and OPHI.

COCHI was designed is to protect tenants in current programs with expiring operating agreements/mortgages and to begin to stabilize the supply of community housing through repairs, renovations and operating support.

OPHI provides flexible funding to address local priorities in the areas of housing supply including affordability, repair and new construction.

The City of Windsor's 3-year allocation for Windsor and Essex County is \$11,426,024 for Phase I for the fiscal years 2019-20, 2020-21 and 2021-22. The Phase II funding announcement will start April 1, 2022 and is anticipated to be announced in late 2021.

Table 1: Allowable Capital Expenditures under COCHI and OPHI

Capital Expenditures	COCHI	OPHI
New Supply	√ Social Housing	√ <ul style="list-style-type: none"> • Affordable Rental New Construction • Affordable Rental Acquisition and/or Rehabilitation • Affordable Rental Conversion • Social Housing • Affordable Homeownership • <i>Shelters and crisis care facilities are ineligible</i>
Repair	√ Social Housing	√ <ul style="list-style-type: none"> • Affordable Ownership Housing • Affordable Rental Housing • Social Housing

Homeownership Down Payment Assistance	X	√
Operating Expenditures		
Rent Supplements	√	√

b) Social Services Relief Fund (SSRF)

In August 2020, the province announced Phase 2 of the Social Services Relief Fund (SSRF) which encouraged long-term housing-based solutions to homelessness post-pandemic. The City of Windsor allocated approximately \$4.5 million under this stream and utilized the majority of this funding for two capital projects that support the emergency shelter system and increase the number of supportive housing units in our community. More details were provided to Council at an in-camera meeting on December 21, 2020 (CR 629/2020).

At this time, it is not anticipated that the province will be providing additional capital funding under the SSRF program.