

**City of Kawartha Lakes
and County of Haliburton
Homelessness Services
Capacity Assessment
Final Report**

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Background

City of Kawartha Lakes is the designated Service Manager under Ontario legislation and is responsible for delivering and administering a number of housing programs as well as programs to prevent homelessness and help those who are homeless. The City, in its service manager capacity, is also responsible for all housing and homelessness programs in the County of Haliburton. Responsibility includes:

- Financial support and regulation of transferred housing providers;
- Determining eligibility and maintaining a centralized waiting list for financially assisted rental housing;
- Creating and ensuring ongoing compliance of new housing programs and services; and
- Homelessness prevention and support programs.

The City funds these programs using City of Kawartha Lakes and County of Haliburton (CKLH) tax dollars as well as Federal and Provincial government dollars.

In February 2014, as mandated by the Province of Ontario, the City of Kawartha Lakes produced a 10 Year Housing and Homelessness Plan (HHP) addressing both of its service areas (CKLH). The CKLH 10-Year HHP, “Building Strong Communities” outlines a road map to “provide adequate, stable, affordable, well maintained and diverse housing choices with access to a variety of flexible supports, enabling people to meet their housing needs throughout their lifetime.”¹ The CKLH HHP includes several goals specifically related to homelessness that led the City to form the Housing First Working Group in the fall of 2015. This working group has begun to explore a shift in service delivery away from emergency response to focus on collaborative supports to prevent homelessness, address chronic homelessness, and promote success in housing across the County. The Housing First Working Group acknowledged that without a clear understanding of the scope of homelessness in the region, and the existing capacity of the supports system, planning new service responses would be challenging. Consequently, in March of 2016, a report was brought forward to the CKL and County of Haliburton Councils recommending that CKLH sign on as a participating community in the Canadian Alliance to End Homelessness 20,000 Homes Campaign. In addition the Housing First Working Group initiated a community capacity assessment to better understand homeless support systems whether formal or informal in the region.

¹ 10 Year Housing and Homelessness – City of Kawartha Lakes and County of Haliburton

Purpose

This capacity assessment report provides an overview of existing support services and housing opportunities for individuals and families experiencing homelessness in CKLH. The information collected will help to identify gaps in service as well as opportunities for reassessment and reorganization of resources to improve service responses to homelessness.

Methodology

The capacity assessment included three phases of consultation with the community:

- Online and paper surveys sent to 55+ community agencies and stakeholders with service connections to homelessness seeking information on services provided, capacity of programs and funding sources (Appendix A)
- In person interviews with agencies who receive dedicated funding for homelessness supports
- Review of existing local reports and studies related to homelessness
- Engagement of community agencies who did not participate in survey but serve a specific function for the homeless population.

Findings

Twenty-two agencies replied to the survey. Eight of those agencies report receiving formal funding to support homelessness directly and fifteen agencies provide homelessness support services without formal funding. In addition, many agencies who do not receive formal funding report offering services that address homelessness by participating in housing retention, housing search, or housing stability activities like provision of household items, food banks and community integration supports. Funders include the City of Kawartha Lakes, the Central East LHIN (Local Health Integration Network), Community Homelessness Prevention Initiative (CHPI), Federal Social Housing funding, federal Homelessness Prevention Strategy.

Services Directly Funded For Homelessness

Agency	Program
Canadian Mental Health Association – HKPR A Place Called Home	Homelessness Initiative Rent Supplement Units 19 Bed Emergency Shelter Community Integration Services Trustee services
CKLH Housing Help Division	Homelessness Prevention Support Benefits for low income households and those receiving Ontario Disability Support Program (ODSP) benefits Rent Supplement, Housing Allowance and Portable Housing Benefits Rental Search Assistance Kawartha-Haliburton Renovates Program ID Replacement
CKLH Social Services	Ontario Works Benefits Homelessness Prevention Support Benefits for Ontario Works clients Discretionary Benefits for Social Assistance clients (OW & ODSP)
Four Counties Addiction Services Team (Fourcast)	Shelter Outreach Program
Ross Memorial Hospital / Haliburton Highlands Health Services	Rent Supplement and Supportive Housing Housing Retention
John Howard Society of Kawartha Lakes and Haliburton	Youth in Transition Program Transitional Housing Community Re-Integration for Youth

Services Providing Support To Homelessness (Without Dedicated Homelessness Funding)

Agency	Program
The Salvation Army	Set-up packages for people moving into housing from homelessness Clothing and food
Brain Injury Association Peterborough Region	ABI Community Service Coordination and Support ABI Outreach
Boys & Girls Clubs of Kawartha Lakes	Shuttle services to programs Youth Support and Drop in Programs
Heat Bank Haliburton County/Central Food Network	Intake, assessment and support to individuals and families struggling with heat and hydro costs
Women's Resources	Victoria House Shelter Teen Outreach Program Community Support Program Amy's House (8 transitional housing units)

Agencies with direct, formal funding to address homelessness participated in individual interviews to explore in detail programs, capacity and funding sources. The results of those interviews are summarized in the tables below.

Agency	Canadian Mental Health Association – HKPR
Program	Homelessness Initiative Rent Supplement Units
Target Population	Individuals (16+) Serious and persistent mental illness Client Characteristics: <ul style="list-style-type: none"> • Diagnosed Mental illness • Experience of Homelessness
Services Provided	Case Management Intake Housing Retention Rent Supplement Community Support
Source of Funding	Ministry of Health and Long Term Care Central East LHIN
Number of FTE's	Multi-disciplinary teams
Annual Service Volumes	47 Homelessness Initiative Units
Service Capacity	47 units include multi-levels of support based on individual need for support
Average Length of Stay	No maximum LOS
Linkages/Partnerships	Community and Social Services
Position Descriptions	Requirements: <ul style="list-style-type: none"> • Post secondary education, degree, or diploma, in Social Work other Health Sciences discipline • Certifications: WHIMIS, ASIST, NVCI, First Aid, and CPR • Minimum three years recent and relevant experience in the delivery of client centred community-based supports to individuals who have experienced any of the following: homelessness, imminent homelessness, mental illness, dual diagnosis

Agency	A Place Called Home
Program	Emergency Shelter
Target Population	Individuals (16+) and Families Homeless and at risk of being homeless
Services Provided	Nineteen bed Homeless Shelter, Community Integration Services for clients that have moved out but are still struggling Youth Trustee Services for 16&17 year old individuals who require trusteeship to meet OW and ODSP requirements Trustee services for individuals connected to the Housing First pilot
Source of Funding	City of Kawartha Lakes Homelessness Partnering Strategy(HPS)
Number of FTE's	Ten
Annual Service Volumes	2016: 249 unique individuals
Service Capacity	Nineteen bed capacity with some overflow
Average Length of Stay	Thirty to ninety days
Linkages/Partnerships	Fourcast –Intensive Case Manager co-located Ontario Works (in-shelter meetings), ODSP, Canadian Mental Health, John Howard Society (link to transitional housing), Housing Help, Ross Memorial Hospital

Agency	CKLH – Housing Help Division
Program	Housing Help Services
Target Population	Low income households within the City of Kawartha Lakes or the County of Haliburton who are homeless or facing a risk of homelessness
Services Provided	Homelessness Prevention Support benefits for Ontario Disability Support recipients and low income residents such as; rent/mortgage arrears, rent deposits, utility/energy arrears and deposits, moving expenses, bed bug treatments, essential furnishings such as beds, fridges and stoves, and property tax arrears. Rental search assistance - including financially-assisted housing (low income & social assistance recipients). Kawartha-Haliburton Renovates program and Home Ownership program. ID replacement (low income & social assistance recipients).
Source of Funding	Community Homelessness Prevention Initiative, (ON-CHPI) City of Kawartha Lakes
Number of FTE's	Eight
Annual Service Volumes	Homelessness Prevention Support Benefits 2016, 1279 unique households served
Service Capacity	Service provided as needed, within budget constraints
Average Length of Stay	Not applicable

Agency	Four Counties Addiction Services Team
Program	Housing Intensive Case Management
Target Population	Residents of A Place Called Home Assessed at score of 5 plus with the VI-SPDAT
Services Provided	<p>Assess residents with shelter staff input</p> <p>Use of the VI-SPDAT for brief assessment of vulnerability, and full SPDAT assessment to assess client needs and build a care plan to support client to move from homelessness to permanent, affordable housing with appropriate supports</p> <p>Provide clinical consultation to community partners involved with the Homelessness Coordinated Response Team (HCRT)</p> <p>Provide direct service:</p> <ul style="list-style-type: none"> • Assess client depth of need(acuity), stage of change • Engage shelter residents in care planning for stabilization and assist with housing placement and retention • Develop care plan in conjunction with shelter staff and community supports <p>Provide support and addiction treatment while client is in shelter and until 'handed off' to other Fourcast staff (where relevant)</p> <ul style="list-style-type: none"> • Serve as case manager where required to lead implementation of care plan and coordinate support services, income supports and housing stabilization activities • Housing Support function to support transitions from shelter to community and provide on going support for housing stabilization and retention • Referral to other agencies as appropriate
Source of Funding	Homelessness Partnering Strategy (HPS) City of Kawartha Lakes (CHPI)
Number of FTE's	Two Intensive Case Managers Two Housing Support Workers
Annual Service Volumes	Thirty new admissions 2016
Service Capacity	Maximum caseload eighteen to twenty
Average Length of Stay	No average length of stay established
Linkages/Partnerships	A Place Called Home Housing Help Centre

Agency

Four Counties Addiction Services Team

Ross Memorial Hospital Integrated Health Services
CMHA-HKPR
Other community partners where appropriate

Position Descriptions

Requirements:

- BSW or BA in Health and Social Sciences with diploma in addiction counseling (MSW preferred)
- Two years providing addictions treatment or mental health support in a clinical setting
- Demonstrated knowledge and expertise in delivery of addiction treatment
- Commitment to delivering services from a Housing First and harm reduction perspective

Agency	Ross Memorial Hospital / Haliburton Highlands Integrated Health Services (HHS)
Program	Supportive Housing/Rent Subsidy Program through HHHS
Target Population	Individuals sixteen years and older with Mental Health and/or Addiction Issues
Services Provided	Rent subsidy Housing support and retention Mental health and concurrent disorder support
Source of Funding	Central East LHIN
Number of FTE's	Two
Annual Service Volumes	Eight designated units for homeless clients
Service Capacity	Twenty four supportive housing units Eight designated for intensive supports through assessment by the VI-SPDAT and linked to the Homelessness Response Team
Average Length of Stay	Five plus years
Linkages and Partnerships	Ross Memorial Hospital, Hospital to Homes A Place Called Home CMHA-HKPR Fourcast CKLH – Housing Help Division
Position Descriptions	Requirements: <ul style="list-style-type: none"> • BSW or BA (in Health and Social Sciences) or related social services diploma and equivalent experience • Two years providing mental health supports in a community setting • Demonstrated knowledge and expertise in delivery of mental health supportive housing • Commitment to delivering services from a harm reduction perspective

Agency	John Howard Society of Kawartha Lakes and Haliburton
Program	Transitional Housing
Target Population	Men transitioning from homelessness
Services Provided	Transitional housing with supports
Source of Funding	General Fundraising City of Kawartha Lakes
Number of FTE's	Thirty three FTE
Annual Service Volumes	Not applicable
Service Capacity	Five male residents
Average Length of Stay	Six months, maximum stay is two years
Linkages and Partnerships	A Place Called Home Housing Help Fourcast Ross Memorial Hospital City of Kawartha Lakes Police
Position Descriptions	Post secondary education in community criminal justice, behavioural or human sciences; Two years experience working with community based services experience working with community based services

In addition to exploring what programs and services are funded and available in CKLH, funded agencies were asked to indicate what functions their programs offer. The following functions were reported:

	Housing Search	Supports in Housing	Case Management	Emergency Shelter	Domestic Violence Shelter	Family Supports	Addictions Supports	Mental Health Supports	Food and Nutrition	Medical Services	Legal services
Canadian Mental Health Association - HKPR	x	x	x			x		x		x	
A Place Called Home	x			x		x			x		
CKL- Housing Help Division	x	x									
Four Counties Addiction Services Team (Fourcast)	x	x	x			x	x	x			
Ross Memorial Hospital / Haliburton Highlands Health Services	x	x	x					x		x	
John Howard Society of Kawartha Lakes and Haliburton	x	x									

The Current State of Housing in the City of Kawartha Lake and County of Haliburton

Availability of safe, affordable and supported housing is a key component to addressing homelessness.

Types of Housing in the City of Kawartha Lakes and County of Haliburton:

Supportive Independent Living – Rental Apartments

Supportive housing for mental health and addictions refers to subsidized rental housing paired with support dollars. This housing is funded through the Ministry of Health (MOH), with the support money being administered by the CELHIN. Supportive housing allows individuals with mental health and addictions to live independently in the community with supports tailored to the particular needs of the individual and flexible over time. Locally, through a collaboration with the Canadian Mental Health Association (CMHA-HKPR) there are 48 Homelessness Initiative Program units in Kawartha

Lakes and Haliburton County. This means that the CELHIN provides 48 rent supplements and funding for some case management and housing support workers to help clients maintain their housing. The target population for this funding included individuals experiencing homelessness and living with mental illness. These opportunities are filled based on availability, suitability of client for services, and have a very low turnover rate for vacancies.

Group Living – Mental Health and Addictions Agencies

Group living is typically housed in converted single-family dwellings in the community. The clients pay room and board and participate in communal living in order to develop or enhance independent living skills. Clients in these residences typically have private bedrooms and share common areas, kitchen and bath facilities. These homes operate with varying levels of support from mental health trained staff. Tenure in these group living residences may be transitional or time limited. In the Kawartha Lakes area, there are 7 spots for supported group living for individuals identified with serious, persistent mental illness.

Homes for Special Care (HSC)

In the Homes for Special Care Act, HSC is defined as “a home for the care of persons requiring nursing, residential or sheltered care” and was designed to respond to deinstitutionalization of psychiatric hospitals in the 1960’s. HSC’s are intended to provide housing, meals and assistance with daily living to individuals with severe mental illness. A home operator typically lives in the home and provides meals and supports to the residents. PSW’s or cooking staff may also be employed to assist in the residence. These homes are operated on a for profit basis by the operators. Operators are compensated \$45/day per resident for the care by the Ministry of Health. In the CKLH area, there are 3 Homes for Special Care. Management and intake for all HSCs is controlled by Ontario Shores and open based on chronological priority and suitability to all residents of Ontario.

Rooming Houses

A rooming house is defined here as a residence where individual tenants rent a bedroom and have access to shared bath and kitchen facilities. The CMHC does not provide data on rooming houses and rental units that are not considered ‘self-contained’, therefore exact number of units is hard to measure.

Boarding Houses

Tenants in boarding houses typically rent a room, which may or may not be shared with unrelated individuals, and the rental amount includes food and may also include other miscellaneous items (toiletries etc).

Apartment Hotels

For the purpose of this report apartment hotel is defined as a facility with private bedroom units with shared kitchen and bathroom facilities on a scale larger than a rooming or boarding house. Tenants are often short term or transient. Tenants are charged rent for the furnished room. There are no supports or meals included with this type of housing.

Private Rental Accommodations

In the Kawartha Lakes region there are 1,441 private apartment units with an average vacancy rate of 0.3% according to Canada Mortgage & Housing Corporation (CMHC).²

Access to housing in the City of Kawartha Lakes and County of Haliburton is severely limited, where the rental market is characterized by high rents and extremely low vacancy rates³. Thus, housing options are extremely limited, particularly for low-income residents.

Rental Market Costs and Vacancies in Kawartha Lakes⁴

Type of Accommodation	Average Monthly Market Rent	Vacancy Rate overall
Bachelor	\$607	0.0%
1 Bedroom	\$782	0.4%
2 Bedroom	\$975	0.3%
3 Bedroom	\$1,125	0.0%

² *ibid.*

³ Vacancy Rate Definition, what a healthy vacancy rate looks like

⁴ CMHC Rental Market Survey, 2016

Availability of Affordable Housing in CKLH

Access to affordable housing in CKLH is limited. There were 1201 households on the waiting list for Financially Assisted Housing on December 31, 2016. These households include 39% singles/couples, 22% families and 39% seniors.

Wait times in years according to unit size City of Kawartha Lakes and County of Haliburton

Unit Size	Average Number of Years Wait
1 Bedroom Unit	5 Years
2 Bedroom Unit	2-3 Years
3 Bedroom Unit	1-3 Years
4 Bedroom Unit	4 Years

Types of Financially Assisted Housing

Rent Supplement Program

The rent supplement program allows households to live in market rental units while taking advantage of the rent geared to income system. Agreements are made with landlords to make specific units available to households on the centralized waiting list. In return the City supplements the landlord the difference between the agreed upon market rent for that unit and what the household is required to pay according to the rent geared to income calculation. The City calculates the RGI but the tenancy relationship remains between the landlord and the tenant.

Delivering Opportunities for Ontario Renters (DOOR) Housing Allowance

The Housing Allowance program allocates a set amount of rent subsidy to help reduce the market rent in some of the affordable housing program unit

Units of Financially Assisted Housing Benefit

	Rent Geared to Income	Rent Supplement	DOOR Housing Allowance	Affordable Housing	Totals
City	593	142	46	44	825
County	197	16	2	10	225
Totals	790	158	48	54	1050

In addition, the Portable Housing Benefit allocates a set amount of rent subsidy to help reduce the market rent in a private market unit. The benefit is not attached to a specific address, but allocated to an individual to reduce the burden of private market rent.

In CKLH there are a number of Not-For-Profit housing providers who have different operating agreements with the City of Kawartha Lakes to provide affordable housing. In total, there are 1,160 units with a mix of market, below market and majority affordable housing units.

The City of Kawartha Lakes Housing Help Division administrates a Centralized Wait List (CWL) for financially assisted housing where households can apply for housing and are offered RGI housing or housing allowances as they become available, based on the households chronological order on the CWL. Wait times for RGI Housing vary according to location, size and type of unit.

The Current State of Homelessness in the City of Kawartha Lakes and County of Haliburton

Homelessness exists in the CKLH region. Until August 2016, a comprehensive count of homelessness and profile of the unique challenges affecting homeless individuals and families in the area had not been done. Creating a clear understanding of how homelessness affects the region both in rural and small urban centres is imperative to best affect planning for improved service responses.

Measuring Homelessness in the City of Kawartha Lakes and County of Haliburton

In March of 2016, CKLH officially joined the 20,000 Homes Campaign, a national movement to house 20,000 chronically homeless individuals and families. City and County Councils made a commitment as part of the 20,000 Homes Campaign to house twenty-four (24) of the most vulnerable homeless in the area by July 1, 2018. This commitment will be achieved through the implementation of a Housing First model, anticipated resources and initiatives through the Investment in Affordable Housing, CHPI-funded programs and future funding partnerships with the CELHIN.

The Campaign, led by the Canadian Alliance to End Homelessness works with communities across the county to facilitate local homelessness enumeration initiatives that gather person-specific data. The data collected will help communities link those experiencing homeless to the best possible housing interventions based on their depth of need. During the week of August 22nd – 26th 2016, trained volunteers were dispatched across the area to meet with individuals and families experiencing or at risk of homelessness. The CKLH 20,000 Homes Campaign interviewed 110 homeless individuals. The data collected through the 20,000 Homes Campaign reveals that long-term homelessness is a reality for many who experience homelessness in CKLH. On average, individuals across the CKLH area have lived without permanent housing for more than 2 years (average is 28 months). Significantly, 45% of individuals surveyed have been homeless for 6 months or longer and therefore fall under the definition of chronic homelessness.

The data collected through the 20,000 Homes Campaign will be a valuable resource for local decision makers when planning for future development and investment for housing and homelessness.

Shelter Capacity

In CKLH, there are two emergency shelters. One shelter is designated for Victims of Domestic Violence.

Shelter	Location	Target Population	Capacity
A Place Called Home	City of Kawartha Lakes	Men, women, youth and families in need of emergency shelter	19
Victoria Women's Shelter	City of Kawartha Lakes	Individuals and families fleeing domestic violence	18

Each of the shelter programs track individual nights in the shelter (shelter days) as well as track the number of unique users of the shelter. These numbers point to a high population of service users who are using the shelter multiple times per year. Anecdotally, shelter staff report that lack of affordable and available housing is the number one reason for individuals and families staying in emergency shelters longer followed by individuals and families who need many supports to find and maintain housing.

Rural Homelessness

In a 2014 study of 22 Canadian communities exploring rural homelessness, researchers identified some distinct differences between urban and rural homelessness. Some of the key findings include that homelessness in rural areas is often invisible, and affects a diverse population; while coupled with inadequate affordable housing stock and social service supports in rural communities. Many people, from children to seniors, singles to families live in makeshift shelters, temporary seasonal shelter or camping, and couch surf with family or friends.⁵ In CKLH, rural homelessness is extremely hidden, and often not labeled as homelessness, but simply as poverty, where individuals and families live rough or camp for periods of the year and temporarily live with family or friends in the colder months. Availability of housing and support services is limited in more rural parts of the area, creating a challenge for individuals and families to remain in their home communities, and causing a migration affect into more urban parts of CKLH and beyond.

⁵ Waegemaker Schiff, Jeannette; Turner, Alicia. Housing First in Rural Canada: Rural Housing & Housing First Feasibility Across 22 Canadian Communities. (2014)

Housing First in the City of Kawartha Lakes and County of Haliburton

The CKLH 10 Year Housing and Homelessness Strategy outlines that the City of Kawartha Lakes and the County of Haliburton share the vision that affordable, suitable and adequate housing is critical to poverty reduction and homelessness prevention because of its tremendous influence on the health and wellbeing of individuals, children, families and the community. One of the key goals of the Housing and Homelessness plan is to develop and pilot a Housing First Approach with the emergency shelter to provide both housing and support services.

The Housing First model has been identified as a best practice for housing homeless individuals with complex needs. The Mental Health Commission of Canada has studied the model in the “At Home/Chez Soi” research initiative and the success of the model has been demonstrated in the Canadian context. The Canadian Observatory on Homelessness defines Housing First as:

a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed [...] The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed. This is as true for people experiencing homelessness and those with mental health and addictions issues as it is for anyone. Housing is provided first and then supports are provided including physical and mental health, education, employment, substance abuse and community connections.⁶

This approach supports individuals and families to find stability, first in the safety and dignity of one’s own home, and then having supports and resources that meet their needs. It is an evidence-based approach to housing that has been extensively researched and is demonstrated as a best practice for supporting and housing people who are experiencing homelessness.^{7,8}

The core principles of housing first are:

- Immediate access to permanent (affordable) housing with no housing readiness requirements
- Consumer choice of housing and self-determination of supports
- Recovery orientation
- Individualized and client-driven supports
- Social and community integration

⁶ <http://homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>

⁷ At Home/ Chez Soi - <http://www.mentalhealthcommission.ca/English/document/24376/national-homechez-soi-final-report>

⁸ Housing First Toolkit <http://www.housingfirsttoolkit.ca>

Local agencies struggle with availability of affordable housing and access to intensive supports in order to make implementation of the Housing First approach possible. The Housing First model recommends provision of affordable housing with cost as close to 30% of the households income as possible. Many individuals with complex needs including mental health, addictions and physical health issues rely on government assistance and are unable to afford even 30% of market rent cost. Locally available rent supplements, housing allowances and supportive housing units have a very low turnover rate, creating increased challenges for individuals and families with complex needs to find housing and be adequately supported to remain housed.

Housing First Pilot Program

Currently, through investments from the Homelessness Prevention Strategy(HPS) and the city administered Community Homelessness Prevention Initiative (CHPI) there is a small amount of capacity embedded in the emergency shelter system to assess and support some of the most vulnerable residents. The goal of this initiative is to be able to assess individuals and families accessing A Place Called Home, and support them to reduce the barriers that may be preventing them from finding and maintaining permanent, affordable housing.

By Name List for Housing and the Homelessness Coordinated Response Team (HCRT)

The CKLH 20,000 Homes Campaign resulted in a 'By-Name List' of individuals experiencing homelessness and included the results of a short vulnerability assessment to measure what depth of need (or level of acuity) each individual reported. The CKLH 20K Homes Registry Week used the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT (see Appendix 1) is a short, self-reporting assessment tool that measures an individuals health and social needs quickly, to help identify the best type of support and housing intervention needed based on three categories;

- Low score (1-3) – Affordable Housing: Individuals who do not require intensive supports but may still benefit from access to affordable housing.
- Medium Score (4-7) – Rapid Re-Housing: Individuals or families with moderate health, mental health and/or behavioral health issues , but who are likely to be able to achieve housing stability with medium to short term access financial and/or support services.
- High Score (8+) – Permanent Supportive Housing: Individuals or families who needs permanent housing with ongoing access to services and case management to remain stably housed.

The CKLH Housing Help Division manages this 'by name list' and aims to use it as the anchor to a coordinated assessment and housing placement system. The 'By Name List' relies on community partners using the VISPDAT as a common assessment tool to assess depth of need and match individuals and families to the appropriate supports and

housing as they become available. The purpose of this process is prioritize resources to house the most vulnerable first, and support them to remain housed in order to reduce their risk of death.

Based on the person specific data collated in the By-Name-List and a commitment to help and house 24 of the most vulnerable homeless people before July 1st, 2018, community partners in CKLH have been working together to follow up with individuals and begin to connect them to appropriate services, supports and available housing. This group, the Homelessness Coordinated Response Team (HCRT) is creatively working to maximize available local resources and begin to create collaborative care plans with individuals to improve links to permanent, supportive and affordable housing for those most vulnerable who are experiencing homelessness.

Transitioning to Housing First in the City of Kawartha Lakes and County of Haliburton

The current homelessness response system in the City of Kawartha Lakes and County of Haliburton is not fully equipped to house people experiencing homelessness quickly and with adequate supports to stay housed. Results from the 20,000 Homes Campaign demonstrate that for many, homelessness is deeply entrenched. In order for CKLH to move towards a strong Housing First approach, and to begin to build a robust continuum of housing and supports to help individuals and families transition out of homelessness, the following recommendations should be considered:

1. Development of a homelessness support services framework to help define the underlying philosophy of service provision in CKLH and anchor work to prevent and end homelessness.
2. Develop a clear memorandum of understanding to anchor the collaborative work of the Homelessness Coordinated Response Team and the By Name List for Housing to ensure a coordinated assessment and housing placement system.
3. Increase investments in affordable housing for vulnerable individuals and families and those with complex needs such as mental health and addictions.
4. Increase investments for intensive supports for vulnerable individuals and families who are homeless and/or transitioning out of homelessness.
5. Continue to develop collaborative community services to prevent homelessness by supporting people in their homes, to address evolving needs and current service gaps.
6. Cross-sectoral training to improve understanding of homelessness, common assessment tools and best practice service responses to support individuals and families to prevent and/or transition out of homelessness.

Appendix A

CKLH – Capacity Assessment

Original Written Copy on File – Answers Transcribed

Date: _____

Agency/Org: _____

In Attendance: _____

Interviewer: _____

How is your agency providing services for housing & homelessness in the region?

1. Who is the target population that you serve? (demographics)
2. How are your services accessed? In person-office based, phone, electronically, in-home, etc.
3. What services do you provide in housing & homelessness?
4. Do you provide housing to people being discharged from hospital or correctional facility (homeless)?
5. What percentage of people you serve have mental health & or addictions issues? Do you ask? Or is this an estimate?
6. What is your selection criteria for housing and/or housing services? Treatment/medication compliance? Active substance use? Housing first model?
7. Do you have a waitlist for services? For housing?
8. What is your average length of stay in your housing program?
9. Who are your main referral sources?
10. What are the services (additional to housing) your agency is providing and is there consistency/gaps across the sector on those services?
11. Do you use an assessment tool to determine level of need for housing or housing support services? If so, what tools?
12. Who are you funded by? How much funding do you receive for this population (housing & homelessness)? # of moh funded beds/units? How many fte's? # of municipally funded rent supplements

Capacity of Homelessness Sector Assessment

Agency	xxxx
Programs	♦ Specifically programs to serve homeless population
Target Population	♦ mh/a?
Services Provided	♦
Amount and Source of Funding	♦
# of FTEs	♦
Annual Service Volumes	♦
Service Capacity	♦
Average Length of Stay	♦