City of Windsor 2016 Point in Time Count & 20,000 Homes Campaign Registry Week

Final Report

September 2016











Executive Summary

As part of its commitment to the National Canadian Alliance to End Homelessness' 20,000 Homes Campaign and its local goal to end homelessness, the City of Windsor in partnership with the Homeless Coalition of Windsor Essex County, coordinated the first local Point in Time and Registry Week initiative on April 19 and 20, 2016. During this community event, more than 240 trained community volunteers were deployed throughout the city and county to ensure that individuals, families and youth experiencing homelessness received an opportunity to be counted and surveyed. Engagements occurred in shelters, on the streets, and in various facilities that serve people experiencing homelessness. This Point in Time Count event, which included a housing and support needs survey known as the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), provides new, critical information for Windsor to move forward in ending homelessness. This report provides an overview of the insights and findings of the 2016 Point in Time Count and Registry Week in Windsor.

On any given night, 201 people experience homelessness in the Windsor area. Many of these are homeless men in their mid 30's and 40's becoming stuck in a cycle of shelter use and temporary locations such as staying with family and friends for long periods of time such that their homelessness is chronic. Most adults have been homeless 5.5 months out of the past 12 months, and on average it has been almost 2 years (22.46 months) since any survey participant had permanent stable housing. They have to rely on emergency services to have their health and safety needs met. Of those who completed the prescreen survey, 7 out of 10 reported physical health concerns. Another 35% reported having a chronic physical health condition.

During the enumeration and registry initiative, 201 individuals (including 7 families with 10 dependent children) in the City of Windsor and the County of Essex were identified as experiencing homelessness during this 24-hour period. Given the limitations of any isolated point in time investigation, this number should be considered the minimum number of people experiencing homelessness in the City of Windsor and County of Essex.

Seventy-four percent of those surveyed were adults between the ages of 25 and 64, while 21% were youth aged 15-24 and 3% were 65 years of age or older. The youngest unaccompanied single surveyed was 16 and the oldest was 77 years of age. The overall average age of respondents was 37 years of age. As is often the scenario in communities, 76% of the individuals experiencing homelessness were male, 23% were female and the remaining 1% either refusing to answer or indicating otherwise. Interestingly, female respondents were more likely to rely on hidden homeless options such as staying with friends than their male counterparts.

In addition to age and gender demographics, 29% of the people experiencing homelessness self-identified as being of Aboriginal ancestry with 6% of the respondents identifying their veteran status. Although 24% of the respondents identified that they had moved to Windsor in the past year, a small proportion (3%) were of immigrant or refugee status.

While there are many people that are street involved, especially during daylight hours, "staying outdoors" was identified as the most common place to sleep for a very small proportion of people experiencing homelessness (5%). Forty percent of all individuals identified couch surfing as their primary means of shelter in Windsor; therefore, an emphasis on addressing hidden homelessness in Windsor is important for strategic planning. Beyond non-permanent locations where a person has no fixed address like sleeping at a friend's house, homelessness in Windsor is primarily found in shelters. Sixty-four percent of respondents identified that they had stayed in a shelter over the past 12 months and 46% of individuals identified an emergency shelter or transitional housing unit as where they would be sleeping that night.

For many of Windsor's homeless population, cycling through episodes of homelessness is a common experience with 34% having experienced three or more incidences of homelessness in the 12 months prior to the Point in Time event. Additionally, 114 out of the 148 respondents (77%) reported that

they have had to stay temporarily at different friends or family member's places in the last year because they didn't have a place of their own.

A considerable number of adults (48%) and youth (35%) were identified as experiencing chronic homelessness (6 months or more of homelessness in the last 12 months). For these respondents, the average length of time since they lived in permanent, stable housing is 26.46 months. Forty-two percent of individuals experiencing chronic homelessness sleep at the homes of friends and families (couch surfing) most frequently and 33% sleep in shelters most frequently. Frequent users (4 or more uses/interactions with emergency services in the past 6 months) accounted for 48% of emergency room visits and 32% of jail time.

The number of families and unaccompanied youth surveyed and counted during the event are too small to make sweeping generalizations. Single adults are not the only population group getting stuck in homelessness in Windsor Essex. Like their single adult counterparts, families and unaccompanied youth are disproportionately Aboriginal and have spent a considerable length of time since last being permanently housed – approximately 10 months for youth and 13.64 months for families.

Moving forward, the findings of this Point in Time and Registry Week initiative demonstrate that local efforts dedicated to ending homelessness in Windsor one person/family at a time must be the primary focus of all service providers and strategic investments for re-housing. The data shows that more than a third of the individuals experiencing homelessness need some time-limited assistance to get back into housing stably, and an additional 30% need highly intensive supports to stay housed. The remaining need a service delivery system that empowers them to end their own homelessness this includes but is not limited to improved diversion practices and amendments to the approach used to shelter those that are homeless.

Communities have benefited from a by-name registry to enhance local efforts to effectively end homelessness for local individuals and families. Given the prevalence of couch surfing as a shelter option for individuals and families experiencing homelessness, the utilization of a by-name registry will prove to be an essential ingredient for success since shelter use for many, is sporadic. Service providers will need to be effectively trained in identifying, serving, and supporting people with complex, high acuity to access and maintain housing. Since no one agency or leader can successfully end homelessness independently, community partners within Windsor Essex must continue to adopt Housing First approaches that enhance coordinated entry, service prioritization and the matching of services and supports to ensure that the housing stability needs of individuals and families are met.

Table of Contents

| Introduction | 8 |
|--------------|----|
| Results | 14 |
| Discussion | 48 |
| Appendix | 51 |

Tables

| Table 1: Summary of Respondents | 15 |
|---|-----------------|
| Table 2: Connection between Episodes and Duration of Homelessness | 22 |
| Table 3: Single Adults, Mental Health, Physical Health, and Substance Use | 24 |
| Table 4: Chronically Homeless Unaccompanied Singles, Mental Health, Physical Health Substance Use | alth, and 30 |
| Table 5: Episodically Homeless Unaccompanied Singles, Mental Health, Physical He Substance Use | alth, and 36 |
| Table 6: Youth Experiencing Homelessness, Mental Health, Physical Health, and Sub 42 | ostance Use |
| Table 7: Families Experiencina Homelessness, Summary Statistics | 44 |

Figures

| Figure 1: Unaccompanied Singles, Age Breakdown | 16 |
|---|----------------|
| Figure 2: Unaccompanied Singles, Gender Breakdown | 17 |
| Figure 3: Single Adults, Responses to the question "Where are you sleeping tonight?" | 18 |
| Figure 4: Single Adults, Response to the question "Have you stayed in an emergency shelter past year?" | r in the 19 |
| Figure 5: Single Adults, Length of Homelessness in Last 12 Months | 20 |
| Figure 6: Single Adults, Number of Episodes of Homelessness in Last 12 Months | 21 |
| Figure 7: Connection between Episodes and Duration of Homelessness | 22 |
| Figure 8: Single Adults, Causes for Current Homelessness | 23 |
| Figure 9: Chronically Homeless Unaccompanied Singles, Age Breakdown | 26 |
| Figure 10: Chronically Homeless Unaccompanied Singles, Most Frequent Sleeping Place | <i>27</i> |
| Figure 11: Chronically Homeless Unaccompanied Singles, Number of Different Places Staye Past 12 Months | ed in 28 |
| Figure 12: Overlap of Chronically and Episodically Homeless Populations | 29 |
| Figure 13: Chronically Homeless Unaccompanied Singles, Length of Time Homeless in Last Months | 12 29 |

| Figure 14: Chronically Homeless Unaccompanied Singles, Number of Emergency Interactio Last 6 Months | ns in 30 |
|---|-------------|
| Figure 15: Episodically Homeless Unaccompanied Singles, Gender Breakdown | 33 |
| Figure 16: Episodically Homeless Unaccompanied Singles, Age Breakdown | 34 |
| Figure 17: Episodically Homeless Unaccompanied Singles, Most Frequent Sleeping Place | 34 |
| Figure 18: Episodically Homeless Unaccompanied Singles, Number of Different Places Stay Past 12 Months | ed in 35 |
| Figure 19: Youth Experiencing Homelessness, Gender Breakdown | 38 |
| Figure 20: Youth Experiencing Homelessness, Sources of Income | 39 |
| Figure 21: Youth Experiencing Homelessness, Causes of Homelessness | 40 |
| Figure 22: Youth Experiencing Homelessness, Most Frequent Sleeping Place | 40 |
| Figure 23: Youth Experiencing Homelessness, Number of Different Places Stayed in Past 12 Months | 41 |
| Figure 24: Families Experiencing Homelessness, Sources of Income | 44 |
| Figure 25: Families Experiencing Homelessness, Causes of Homelessness | 45 |

Introduction

| Introduction | and Background |
|--------------|----------------|
| Methodolog | y |

Introduction and Background

The City of Windsor and the Homeless Coalition of Windsor Essex County share a vision of having sufficient access to appropriate and safe housing options for all people in Windsor Essex and ensuring that support services are available to end homelessness for those that experience it to ensure that it is rare, infrequent and non-recurring. In its quest to improve the local understanding of homelessness (scope, prevalence and causes) within the region, Windsor Essex joined the 20,000 Homes Campaign, "a national movement of communities to permanently house 20,000 of Canada's most vulnerable homeless people before July 1, 2018." Much work has been accomplished in Windsor Essex in recent years to enhance housing options, and to improve service coordination amongst community based agencies to improve the system of care; identify and assess housing and stability needs of individuals and families and develop programs and services to appropriately address these needs and permanently end homelessness for individuals and families.

Point in Time (PiT) Counts have proven to provide a snapshot of homelessness in communities for decades. In recent years, integrating a needs survey into the count process has improved the value of the process, beyond just counting. An example of a needs assessment tool is the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) which can be used to create a portrait of local homelessness that includes an understanding of not just the number of people, but also their needs. As a committed 20,000 Homes Campaign community, the 2016 Point in Time Count in Windsor Essex, also provided an amazing opportunity to enhance local efforts to have a by-name registry of individuals and families experiencing homelessness and an enhanced "call to action" for housing and support efforts.

In December 2015, the City of Windsor contracted with OrgCode Consulting Inc. to facilitate the development, implementation and analysis of a comprehensive mixed-methods Point in Time Count and 20,000 Homes Campaign Registry Event planned for April 19 and 20, 2016. Collectively, the goal established for this Point in Time Count event was achieved. With amazing volunteer and community partner commitment, this community initiative provides the data and insights required to establish the benchmarks and strategic planning indicators to assist Windsor Essex in allocating future resources, increase the number of households exiting homelessness into housing, and further reduce the time individuals, families and youth experience homelessness and housing instability in the area.

Methodology

The 2016 Point in Time and Registry Week initiative included both street based and location engagements with people to determine their housing status and to complete a survey of housing and support needs with those who self identified as being homeless. Historically, Point in Time Counts were limited to a strict enumeration process and often did not include active and deliberate engagement with local people, it relied on counting people that the enumerator viewed as "homeless" based on visual cues. Such an approach to Point in Time Counts relied on the ability of volunteers to find those experiencing homelessness in public areas, and may miss some individuals who do not appear to be homeless (even though the surveyors are trained to stop everyone and determine their housing status regardless of appearance), may be relying on couch surfing or other hidden homelessness scenarios, who are well hidden, or who actively avoid being counted. For the reasons cited, although a Point in Time Count is a carefully executed social science research project, all Point in Time Count activities, by their inherent limitations, undercount the homeless population. The coordination of a joint Registry Week activity increases the accuracy and usefulness of the information and data gleaned during the enumeration and surveying period within the region.

The City of Windsor, in partnership with the Homeless Coalition of Windsor Essex County, relied on a small planning committee (with support from internal City and Coalition staff) to work with the OrgCode team to coordinate key approaches and methodologies related to volunteer recruitment, survey building, route and location mapping and volunteer training. The City of Windsor staff also

ensured that the coordination of all logistical issues for the event (including the booking of venues; recruitment posters; survey packages; media communications, etc.) were professionally addressed.

The Point in Time Count and Registry Week events occurred over 3 shifts within a 24-hour period between April 19 (3-7 pm and 8-11 pm) and 20 (6-9 am), 2016. The goal of this initiative was to gain information on and create a by-name registry of people experiencing homelessness (sheltered, unsheltered and hidden homelessness). Activities included a street count to engage with unsheltered individuals and families, location based surveying events including but not limited to emergency shelters, transitional housing units, and an Indigenous Magnet Event hosted by Indigenous service providers at St. Paul's Church.

Survey Tool

In addition to the screening questions and mandatory Point in Time questions provided by the Government of Canada, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SP-DAT) prescreen and local questions were included in the survey process. To optimize the impact of this community development initiative, the inclusion of the VI-SPDAT elevated the enumeration process into an opportunity to conduct a needs assessment for the homeless population as a whole. The VI-SPDAT is a short survey, jointly created by Community Solutions and OrgCode Consulting, Inc, which is intended to be used by anyone with basic training on the survey, including service providers or volunteers. Although the VI-SPDAT was first developed to enable service providers to make quick, informed decisions about the prioritization of clients and resources based on individual needs, it also allows for the collection of aggregate data about the prevalence of various risk factors associated with homelessness among the homeless population in Windsor Essex. The survey package can be viewed in Appendix A.

The VI-SPDAT is divided into four domains, and assesses a person's history of housing and homelessness, exposure to risks, level of socialization and ability to function on a day-to-day basis, and level of wellness that includes physical and mental health as well as substance use.

Three separate survey packages were administered during the Windsor Essex event. The outdoor campaign included in the VI-SPDAT survey for Single Adults and the indoor campaign also included the TAY-VI-SPDAT for youth 24 years of age and under as well as the Family VI-SPDAT for households with children.

The survey tools were administered by trained community volunteers over a 24-hour period. Over 240 volunteers participated in the Windsor Essex Point in Time and Registry Week campaign. Volunteer roles included survey team member, survey team lead and command centre support. Volunteer training occurred prior to the first street count shift on April 19th and included such topics as Campaign survey routes, effective engagement strategies, how to stay safe and an overview of completing the survey. Survey team leads had front line experience working with people experiencing homelessness and met separately to prepare for their role and responsibilities. Oaths of confidentiality were signed by all volunteers to ensure that information gleaned during the survey process would not be shared externally.

Survey Locations

The planning committee and their community partners provided guidance on the survey locations to be included during the Campaign. Focus group discussions held in February identified the following indoor locations where survey teams would engage with individuals and families. Every facility that operates as a homeless shelter was included as a site to survey and engage with people that are homeless. Arrangements were made with the shelter provider in advance of the Point in Time Count to expect and accommodate volunteers and surveyors.

- · City of Windsor, Ontario Works Office
- Transit Windsor, Downtown Terminal
- Windsor Public Library, Downtown Branch

- The Welcome Centre Shelter for Women & food bank
- The Salvation Army
- The Downtown Mission
- Street Help
- Housing Information Services
- ACCESS County Community Support Services
- · Windsor Youth Centre
- South Essex Community Council
- St. Leonard's House
- Drouillard Place, Food bank
- Windsor Residence for Young Men
- Family Services Windsor-Essex, Voluntary Income Tax Clinic
- Windsor Waterworld Community Centre

Focus groups also provided insight into the outdoor locations that should be surveyed. There were two general types of areas that were covered outdoors. The first were those areas where existing data indicated it was highly likely that people that are homeless would be encountered. Data for this came from intelligence provided by homeless serving organizations, especially those that do outreach. The second type of outdoor location were those areas that were randomly selected throughout the entire municipal boundaries, after consideration of what may be generally categorized as business, residential and rural in character. This is an important part of the overall methodology – to visit areas where no people that are homeless are expected to be encountered – as it investigates the possibility of bias. Had persons been encountered in these areas where no homelessness was expected it could have been extrapolated across the entire City to consider the same possibility of encountering someone homeless in other un-surveyed areas.

All of the outdoor areas – those locations where people were expected to be found as well as the sampled areas – were observed during all three-survey periods. In other words, there were multiple lines of evidence from multiple encounters that confirmed the presence or absence of people that are homeless in any of those areas.

Each of the areas surveyed included multiple blocks of terrain, with a few exceptions for places like the cemetery, waterfront trail, and other large park space. Every area was designed to be walked and completely covered within a three hour time period, which factored in stops for investigating and surveying possible homelessness. Survey teams were instructed to cover all public space within their study area and avoid trespassing on private property. They were also provided a map with clear instructions of the route to take.

Previous studies conducted across Canada have demonstrated that people who are Aboriginal are disproportionately homeless compared to non-Aboriginal persons. Lead by the Indigenous community partners, the Windsor Essex Point in Time and Registry Week event also included a culturally specific event to encourage people that are Indigenous and homeless to come, engage in cultural activities, foods and celebrations. The Indigenous Magnet Event was held at St. Paul's Church on April 19th. This provided a valuable survey location for the community. Prior to the Point in Time and Registry Week event, flyers were posted throughout the community notifying people of the upcoming events and inviting people experiencing homelessness to participate in the Count/Registry. Survey sites, dates, and times were listed on the posters. In addition, service providers within the housing and homelessness programs were encouraged to let clients know about planned events.

Volunteer Recruitment

The community mapping activities generated a list of survey areas and facilities/locations that would be included in the Point in Time Count and Registry Week events. For 100% coverage of the location and street survey sites, it was determined that approximately 100 volunteers would be required. The higher the number of volunteers, the higher proportion of the region and locations that can get covered; however, attrition occurs in all exercise of this nature where not every volunteer that signs up actually attends the count. At any Point in Time Count all volunteers are welcome, regardless of experience, so long as they are 18 years of age and consent to participate. It is important however, that all volunteers, regardless of their experience, undertake Point in Time Count training.

Volunteer recruitment included the distribution of recruitment posters, ads, social media and a specific Point in Time registration sign-up where community members could register for survey shifts. The City of Windsor and the Homeless Coalition personnel prepared and distributed the recruitment materials and managed volunteer registration. The advanced registration activities generated a number of volunteers that far surpassed the initial proposed estimate with over 240 volunteers participating in this community event.

Engagement and Surveying

Since stereotypical images of homelessness are abundant in social media, it is recognized that such stereotypes are indicative of a very small slice of the overall population experiencing homelessness. There are, no doubt, many people that are street involved that are actually housed. There are people that blend in every day with every other person and no one would ever know that they are a person with no fixed address. As such, surveyors were encouraged to engage with all people encountered to determine her/his housing status. If homeless, they were engaged with the survey portion of the Point in Time Count. Surveyors were trained and encouraged to not trust their stereotypical biases



of what a person that is homeless may look like. Using survey teams of 3-4 people, including one Team Lead, volunteers were trained on how to engage with the public during their street and location-based survey shifts.

Participation in the surveys was voluntary with respondents able to participate, opt out of the process or refuse to answer any particular question at any time. Consent to participate was indeed gathered from respondents and non-identifying information was shared with the Government of Canada. Gift cards (\$10 value) for local grocery stores were provided to individuals and families that completed the survey as a token of appreciation for their time.

Data Entry and Analysis

The City of Windsor and Homeless Coalition staff ensured responsible stewardship of the collected data by entering the data gathered during the Point in Time Count, including outdoor, location specific and Aboriginal Magnet event surveys into a customized database. OrgCode then completed a comprehensive data analysis dedicated to producing evidence-informed insights and actionable findings.

Data was initially entered into the Homeless Individuals and Families Information System (HIFIS) so that the data gained from this initiative could add to the national initiative to increase our understanding of homelessness across the country. These data forms were then exported to OrgCode Consulting, Inc. for data scrubbing and further analysis.

Using the data exports provided from HIFIS for Individuals and the customized database generated for Youth and Family respondents, three data sets were created to start the analysis, putting together the single adult, family and youth data into one analyzable group. Such a set-up provides a platform for examining duplication across population groups – which was the first step of "scrubbing" the data. Since the HIFIS data exports did not provide identifiable information (for example, email address), the extent of data scrubbing to ensure the removal of duplications was limited and as a result, it was not possible to remove any individual that was surveyed and entered into the database more than once.

Next, data was scrubbed by addressing anomalies within the data set. For example, in comparing the length of homelessness data captured and the number of episodes of homelessness experienced, it was possible to isolate data entry errors. By locking in the excel spreadsheet capturing data entered, original data could be preserved while the analysis of duplication occurred. Data scrubbing, essential for data integrity, is a time consuming and complicated procedure.

Community Debrief - Post Point in Time and Registry Week Report

A community debrief was held on June 27th to provide the preliminary results of the Point in Time and Registry Week event. The debrief was well attended and provided a valuable celebration of the volunteers and staff that dedicated their time, expertise and resources to ensure that the scope and issues of homelessness and housing instability impacting their neighbours is better understood.

Results

| Results of the Windsor Essex Point in Time and Registry Week Initiative | 15 |
|---|----|
| Unaccompanied Singles Experiencing Homelessness in Windsor Essex | 16 |
| Unaccompanied Singles Experiencing Chronic Homelessness | 26 |
| Unaccompanied Singles Experiencing Episodic Homelessness | 33 |
| Youth Experiencing Homelessness | 38 |
| Families Experiencing Homelessness | 44 |

Results of the Windsor Essex Point in Time and Registry Week Initiative

Point in Time Count represents the minimum number of people that are homeless in roughly a 24 hour period that could be located while receiving services, as found in public spaces, or at a facility/event. Recognizing that the information gathered during this community event represents just a glimpse into the scope and magnitude of homelessness and housing instability in the region, the findings of this initiative demonstrate that the "face of homelessness" in Windsor Essex is most often male between the ages of 35 and 45 who is currently stuck in homelessness with frequent shelter visits mixed with infrequent stays with friends or family, when possible. He does not self-identify as Indigenous or a veteran but he is likely experiencing a serious medical condition and he avoids getting help even when he is feeling unwell. He is also likely to be experiencing compromised mental wellness and substance use issues, with survival activities consuming most of his days. Violence, trauma and harm are more common to him than it should be for anyone living in Windsor Essex and access to health care is limited primarily to emergency service use.

Here is an overview of homelessness in Windsor Essex as it existed on April 19 and 20, 2016:

| | Singles (without dependents) | Families (at least one head of household and one or more children under 18) | Youth (in a youth service facility) – TAY-VI-SPDAT results |
|--|-------------------------------------|--|--|
| Number | 166, includes 34 youth (aged 16-24) | 7 (with 10 dependent children) | 18 |
| Percentage Chronically Homeless | 48% | 71% | 35% |
| Percentage Episodically Homeless | 34% | 57% | 21% |
| Percentage Aboriginal | 29% | 71% | 53% |
| Average Length of Homelessness (in last 12 months) | 5.5 months | 8.07 months | 5.19 months |
| Percentage Reporting a Mental Health Condition | 34% | 43% | 32% |
| Percentage Reporting a Chronic Health Condition | 35% | 43% | 11% |
| Percentage Attacked or Victims of Violence Since Becoming Homeless | 33% | 29% | 22% |

Table 1: Summary of Respondents

Unaccompanied Singles Experiencing Homelessness in Windsor Essex

Demographics

ost (74%) people experiencing homelessness in Windsor are adults between the ages of 25 and 64, while 20% surveyed during the Count¹ are youths between the ages of 16 to 24. The proportions of homeless adults and youth are roughly on par with other Canadian cities, where the proportion of adults ranges from 57% to 88% and youth from 6% to 31%. Homeless seniors in Windsor, however, reflect a smaller proportion of homeless persons (3%) compared to other Canadian cities, which generally range from 5% to 12%. Recognizing that with age comes increased vulnerability for death if homelessness continues, the 12 individuals between the ages of 60 and 77 must be acknowledged. The average age of respondents is 37 (excluding children under age 15).

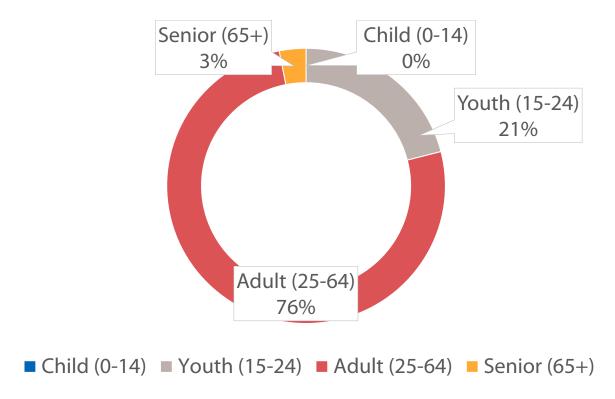


Figure 1: Unaccompanied Singles, Age Breakdown

Many youth-specific programs offered by government and service providers require participants to fit within a particular age range. Of note, the survey shows that 20% of all those engaged were 24 years of age or younger². This rate of youth homelessness aligns with the national average identified in The State of Homelessness in Canada report³.

¹ Since HIFIS did not accommodate PiT data entry for the TAY VI-SPDAT, this percentage does not include the 18 youth surveyed in youth-specific locations. If we investigate the universe of all unaccompanied singles (N=184), the percentage of youth homelessness in Windsor Essex rises to 28% (N= 52). At present, however, we are uncertain if those 18 youth that completed the TAY-VI-SPDAT also completed the VI-SPDAT for Singles so we cannot rule out duplications.

Note above clarification in footnote 2.

The State of Homelessness in Canada 2014. Gaetz, S., Gulliver-Garcia, T. & Richter, T. (2014).

Gender Identification

As is the case in every other jurisdiction, homelessness in Windsor Essex is more likely to be experienced by men than women. The gender distribution of homeless persons in Windsor shows that 76% are males and 23% are female, with the remainder either refusing to answer or indicating otherwise. Very similar ratios between homeless men and women are found in other Canadian cities.

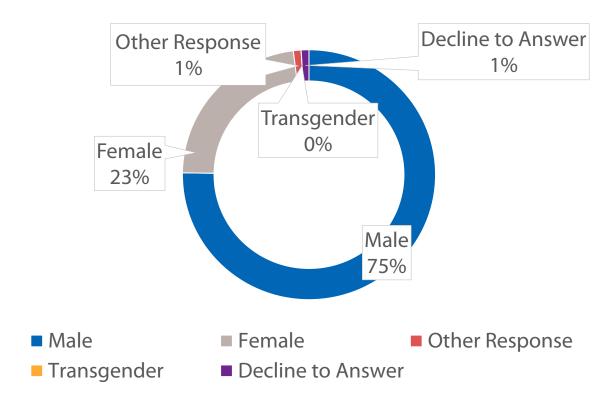


Figure 2: Unaccompanied Singles, Gender Breakdown

In examining the data with a gender lens, more trends can be identified. On average, female respondents are years younger than male respondents. Women are also vastly more likely to self identify as Aboriginal with 42% meeting this criterion compared to 25% of men. Finally, women are more likely to enter homelessness due to domestic abuse or conflict due to a spouse or partner, as well as be evicted for reasons other than rent (though these reasons are not specified further). Meanwhile, men are more likely to enter homelessness due to addiction or substance use issues, or incarceration.

Studies have shown that women may engage in higher risk behaviour such as exchanging sex for a place to reside, therefore may be under-counted during Count and Registry events - due to their hidden homelessness status. An interesting finding which deserves additional investigation is that although males and females experience similar duration and number of episodes of homelessness in Windsor Essex, 36% of females (females composed only 23% of the general population experiencing homelessness) were more likely to indicate that they would be "staying at someone else's place" on the night of the survey compared to their male counterparts. Female respondents were also, on average, age 33, which is 4 years younger than the general population of those surveyed.

Aboriginal Status

Of the 166 unaccompanied singles that participated in this enumeration and survey initiative, 29% (48 people) self identified as being of Aboriginal descent. As was identified in the 2014 Windsor Essex Housing and Homelessness Plan, the Aboriginal population continues to grow and in the 2011 Census it accounted for 2.1% of the population. Unfortunately in Windsor Essex, the Point in Time and Registry Week event again confirmed that Aboriginal peoples are over-represented in the homeless population. As is the case in urban centres across the country, homelessness is disproportionately represented amongst Aboriginal persons (First Nation, Metis, Inuit). The poor living conditions on Reserves across the country, bleak employment prospects, experiences of discrimination

and racism, and rates of trauma and abuse because of the legacies of colonization and Residential Schools have been well documented. It is perhaps no wonder that there are so many Aboriginal people that are homeless across the country. The available information does not provide a detailed housing history of the Aboriginal people surveyed. However, it is highly probably that stable housing has existed at some point in each of their lives, and it is also possible they were stably housed for some period of time in Windsor Essex.

Veteran Status

Veterans comprised 6% of the surveyed population. Similar proportions among homeless populations were found in Toronto (2013), Vancouver (2016), Montréal (2015), and Edmonton (2014). Those with military service were the more popular response (as opposed to service with the RCMP).

Relationship to Windsor Essex

Among the 166 respondents, about 24% had moved to Windsor in the past year. Also among the general population, a small proportion (3%) was of immigrant or refugee status – these 5 individuals had also moved to Windsor in the past year. The duration of homelessness in the past year for all newcomers (N=40) to Windsor is 135 days on average, which is about 43 days shorter than the average of non-newcomers to Windsor. There was no significant difference in episodes of homelessness between newcomers to Windsor and non-newcomers.

Income

The majority of respondents responded their primary source of income is either disability benefit (37%) or income assistance (30%). Only 7% of those surveyed indicated they had some form of formal employment, while 10% engaged in informal employment (e.g. bottle returns, pan-handling). Another 7% reported that they had absolutely no source of income. Respondents could indicate multiple sources of income, however only 14% did so.

Rates of indebtedness are quite high. Almost two out of five respondents (39%) indicated that there is a person, past landlord, business, bookie, dealer or government group like the Canada Revenue Agency (CRA) that thinks they are owed money.

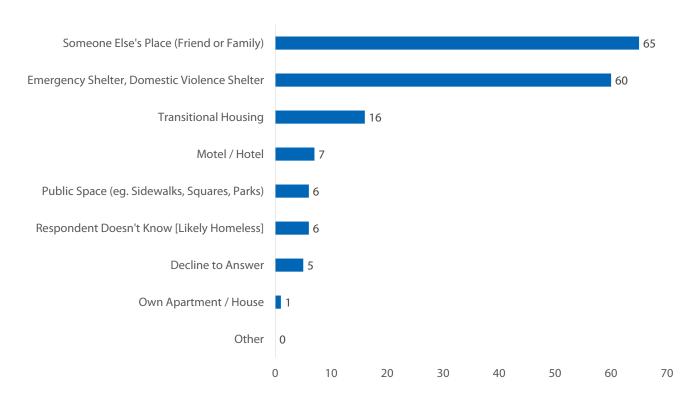


Figure 3: Single Adults, Responses to the question "Where are you sleeping tonight?"

Current Place of Homelessness

Like most urban centres across the country, the City of Windsor has many people that appear to be street-involved; "staying outdoors" was identified as the most common place to sleep for a very small proportion of people experiencing homelessness (5%). The prevalence of hidden homeless resulting from reliance of social supports (i.e. couch surfing) as a popular means of locating shelter is unsurprising since other Canadian cities such as Vancouver (2016), Kingston (2013), Kelowna (2016) and Guelph-Wellington (2016) also report "staying at someone else's place" or with a "friend or family member" as a common occurrence. Almost 40% of all individuals (N=65) identified couch surfing as their primary means of shelter in Windsor ensuring that emphasis on addressing hidden homelessness through housing focused outreach and in-reach services becomes important for strategic planning.

Beyond non-permanent locations where a person has no fixed address like sleeping at a friend's house, homelessness in Windsor Essex is primarily found in shelters. Sixty-four percent of respondents identified that they had stayed in a shelter over the past 12 months and 46% of individuals identified an emergency shelter or transitional housing unit as where they would be sleeping that night. Where shelter stays within the past 12 months were reported in other Canadian homelessness surveys, percentages would range from 74% (Montréal, 2015) to 93% (Kingston, 2013 and Kelowna, 2016). It is worth further investigating how emergency shelters are used by individuals and families experiencing homeless in Windsor Essex to better understand challenges related to shelter access and how the resource is used in the wider context of the community's health care and social systems. Regardless, emergency shelters and social supports continue to be an important resource among those surveyed.

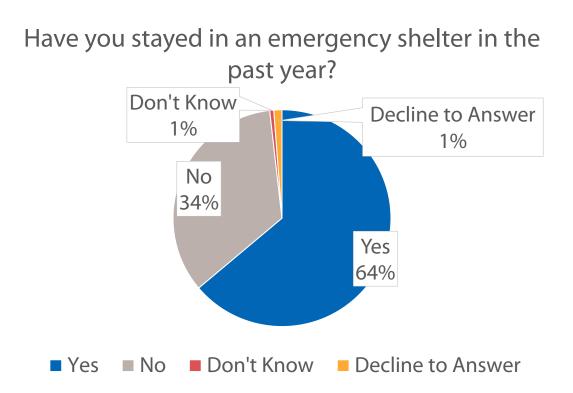


Figure 4: Single Adults, Response to the question "Have you stayed in an emergency shelter in the past year?"

Windsor Essex faces some challenges moving forward to meet the needs of people that are homeless based upon where people are staying. The street homeless population that is visible can be found and a service pathway can be created to help them achieve housing directly from the street. For people that use shelters, it is again possible to create a service pathway to help each shelter user achieve housing. But with half of the homeless population not sharing where they are residing or not as easily found because they may be in motels or doubled up with a friend or family member,

there are barriers to efficiently moving forward. A service provider is reliant upon the person showing up to access services somewhere – at some point during the year – if they are to identify, engage and figure out a housing pathway to move forwards. Since the survey shows 64% of all those encountered have used the shelter system in the last year, this likely presents the best opportunity for engagement.

Length of Time Homeless

When examining Point in Time results, it is expected that there will be a range in the amount of time spent homeless by individuals and families. In the past year, 48% (N=80) indicated they had been homeless for 6 months or more. Meanwhile, 27% (N=33) were homeless for 0-2 months in the past year compared to 20% (N=33) being homeless between 3 to 5 months in the last 12 months.

Length of Time Homeless in Last 12 Months

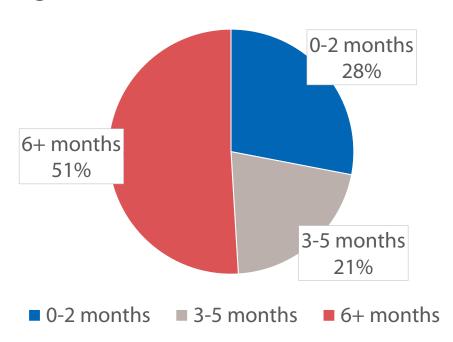


Figure 5: Single Adults, Length of Homelessness in Last 12 Months

To be chronically homeless in Canada, the person would have to be homeless for six or more consecutive months⁴. With almost 50% of respondents meeting the definition of chronic homelessness, Windsor Essex has a large percentage of people that meet the definition of chronic homelessness.

Perhaps more illuminating when exploring the homelessness experience in Windsor Essex is the finding that of the 166 individuals experiencing homelessness, the average length of time since they had experienced stable permanent housing was 22.46 months, just shy of 2 full years of being displaced from a home.

Episodes of Homelessness

In the past year, about 44% of the 126 respondents had dealt with one incident of homelessness (i.e. their current experience with homelessness). Meanwhile, 35% experienced three or more incidences of homelessness, and 19% experienced homelessness twice. To meet the definition of "episodically homeless" in Canada, the person would have to experience 3 or more episodes over the last 12 months⁵.

⁴ Employment and Social Development Canada (ESDC) provides the following definition: Chronically homeless refers to individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance abuse problems), who are currently homeless and have been homeless for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter or place not fit for human habitation).

⁵ ESDC: Episodically homeless refers to individuals, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year (of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation, and after at least 30 days, would be back in the shelter or inhabitable location).

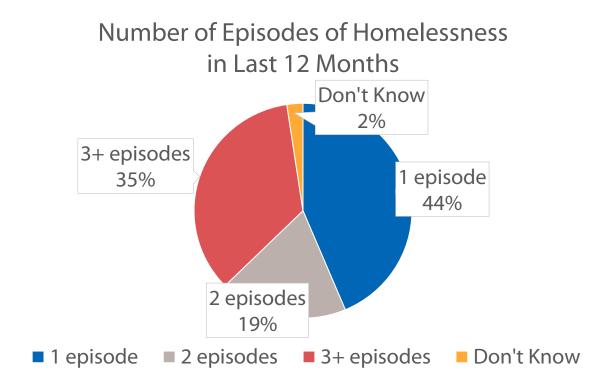


Figure 6: Single Adults, Number of Episodes of Homelessness in Last 12 Months

Once again data demonstrates that homelessness is experienced episodically with many of the Windsor Essex homeless population cycling through periods of homelessness and then housed again. Individuals experiencing 3 or more episodes of homelessness in the past 12 months report that they have not lived in permanent stable housing for 28.89 months. This period of displacement exceeds not just that experience by all individuals surveyed but perhaps more surprisingly, people experiencing episodically homeless have been displaced longer than their peers that have experienced chronic homelessness (6+ months in the past year). Chronic homeless individuals reported an average of 26.46 months since living in permanent stable housing.

Using the definitions currently established for Canadian communities, however, may create a distorted view of actual homeless history and depth of need within regions. On the surface, for example, Windsor Essex would appear to have about two times as much chronic homelessness as is experienced in the largest urban centres across the United States. But to be labeled as chronically homeless in the USA a person must have been homeless for 12 or more months consecutively (twice as long as in Canada), the three or more episodes of homelessness are examined over three years and must equal 12 months or more cumulatively, and, the person must have a diagnosed disability.

Undoubtedly people are staying in a homeless state far too long in Windsor Essex. Within the last 12 months people reported an average of 5.5 months of homelessness. That is capturing those people that have been homeless for all 12 of those months as well as a person that may have become homeless for the first time (or first time this year) on the day they were surveyed.

The Connection between Episodes and Duration of Homelessness in the Windsor Essex Experience

When taken at face value and in isolation, the results from the questions exploring episodes of homelessness and time spent homeless provide insufficient information to meaningfully identify opportunities to better support the surveyed homeless population who are chronically or episodically homeless. Looking at how these responses relate to one another, however, does provide some insight into common experiences of homelessness in Windsor.

Duration of Homelessness

| Episodes | 0-2 months | 3-5 months | 6+ months | Total |
|-------------|------------|------------|-----------|-------|
| 1 episode | 26 | 12 | 30 | 68 |
| 2 episodes | 12 | 7 | 10 | 29 |
| 3+ episodes | 5 | 14 | 37 | 56 |
| Don't know | 1 | 0 | 3 | 4 |
| Total | 44 | 33 | 80 | 157 |

Table 2: Connection between Episodes and Duration of Homelessness

Duration of Homelessness

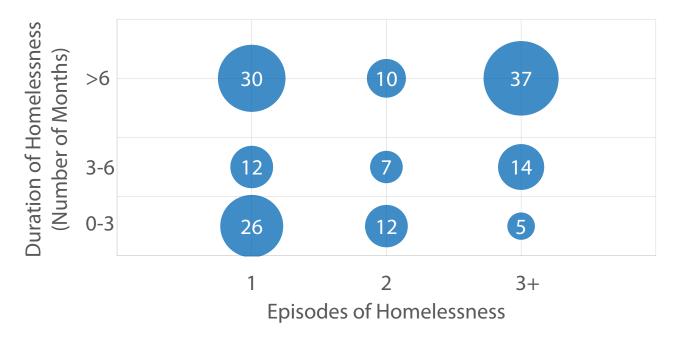


Figure 7: Connection between Episodes and Duration of Homelessness

From the above table and graph, it may be observed that the more episodes of homelessness an individual experiences, the more likely they are to experience longer durations of homelessness. This finding seems intuitive at first glance, but it underscores the importance of homelessness prevention, outreach, and assessment. The fact that, in the past year, individuals experiencing multiple episodes of homelessness are also most likely to endure homelessness the longest may be due to a number of factors. While present data is insufficient to definitively identify specific variables, there are considerations that may inform the homelessness strategy going forward in Windsor Essex.

First, experiencing multiple and elongated episodes of homelessness suggests that the supports and/or housing services that survey respondents access do not lead to stable housing placements. Regardless of the other related variables that cause this housing instability, progressive engagement with individuals and families experiencing homelessness will prove to be essential in Windsor Essex. It is apparent that a strategy, policy or process should be adopted by all housing and homelessness partners to continuously improve the identification of an individual's needs as early as possible when initial housing assistance has not resulted in households permanently resolving their own homelessness. This recommendation is reinforced by the finding that individuals experiencing homelessness for the first time in the past year are almost equally likely to be homeless for less than 3 months or longer than 6 months.

Second, the importance of matching individuals with the appropriate services is a critical opportunity for Windsor Essex as about half of the people experiencing homelessness for the first time in

the past year have been homeless for less than three months. The longer an individual is homeless, the more difficult it is for that individual to find stable housing. Thus, in addition to the first recommendation of having an assessment/triage strategy, Windsor Essex would benefit from having housing focused outreach and shelter strategies that deliberately operate as a connection to permanent re-housing opportunities as soon as engagement begins.

The limitation of this data must be acknowledged, where the time frame of the question was limited to one year. Meaning, those who were experiencing homelessness for the first time in the past year and who were also enduring homelessness for longer than six months may have been homeless for much longer than one year.

Causes for Current Homelessness

Pathways into homelessness are unique for each household but this survey question provided insights into why the respondents had to leave their previous housing.

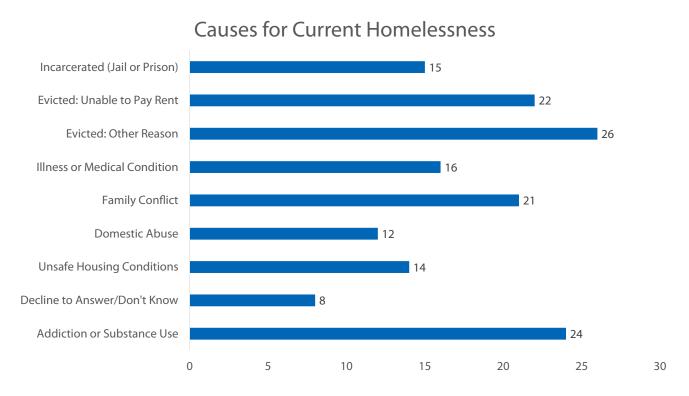


Figure 8: Single Adults, Causes for Current Homelessness

Based on the 120 respondents that answered this question, the top four reasons for losing their recent housing were: eviction for reasons other than rent, including issues with neighbours at 22%, addiction or substance use issues at 20%, unable to pay rent including reasons related to job loss or lost student funding at 18% and family conflict with spouse/partner or parent/guardian accounted for 18%. The next three reasons are unsafe housing conditions, being incarcerated and illness or medical condition. The response rate for this question was 97%. Respondents could provide more than one answer to this question, however only 15% did so. Other less common, though no less important, responses are: domestic abuse by parent/guardian or partner/spouse, hospitalization/treatment, deportation, house fire, moved to community, and denial of refugee status.

Also revealing in the Point in Time and Registry Week data was that 54% of respondents (N=68) identified that their current homelessness was caused by a relationship that broke down, an unhealthy or abusive relationship or because family or friends caused them to become homeless. By comparison, family breakdown/domestic violence was reported as a cause of homelessness by 39% of the individuals experiencing homelessness in Winnipeg in 2015, 23% in the 2015 Montreal Count and 20% in the 2015 Halifax Point in Time Count. With an additional 46% of respondents identifying that their current period of homelessness was caused by an experience of emotional, psychological, physical,

sexual or other type of abuse, or by any other trauma they experienced. Obviously, negative social relations and experiences of trauma are common amongst the individuals experiencing homelessness in Windsor Essex.

Exposure to Violence, Risk and Harm

Thirty-three percent of all survey respondents (N=128) indicated they had been attacked or beaten up since becoming homeless. This level of violence is higher than a housed person's experiences. Also, 28% of survey respondents indicated they had threatened to harm another person or themselves in the past year.

Almost a third (31%) of all respondents voluntarily disclosed that they have been involved in activities that may be considered higher risk such as exchanging sex for money, running drugs, having unprotected sex with someone they don't know, sharing a needle, and other similar behaviours. An additional 18% identified that other people force or trick them to do things that they do not want to do.

As already mentioned, 54% indicated that their current homelessness has been caused by an experience of emotional, physical, psychological, sexual or other type of abuse, or by some other trauma. In addition to this, 35% of the respondents identified that they live in survival mode on a daily basis without any planned activities that bring them happiness and fulfillment. An absence of meaningful daily activity, beyond survival, generates a sense of hopelessness and creates challenges to returning to housing stability.

Health, Mental Wellness & Addiction

Generally, compromised wellness and the propensity for poor health outcomes impact people that are homeless in Windsor Essex. The table below outlines a series of indicators that demonstrate the health issues reported by survey respondents (N=128) in Windsor Essex.

There is a subset of those surveyed that are at greatest risk. Twelve percent (N=5) of all those surveyed are experiencing tri-morbidity. This means they have a physical health issue, a mental health issue, and problematic substance use all co-occurring. Research shows these are the people at extremely elevated risk of death.

| Percentage reporting a mental health, brain injury, or developmental disability condition | 34% |
|---|-----|
| Percentage reporting a chronic health condition | 35% |
| Percentage reporting a substance use condition | 31% |

Table 3: Single Adults, Mental Health, Physical Health, and Substance Use

Sixty-nine percent of people experiencing homelessness in Windsor Essex report having physical health issues that has and/or will impact their ability to find and maintain housing. Thirty-five percent of the respondents to the VI-SPDAT reported having chronic health conditions with their liver, kidneys, stomach, lungs or heart. A review of recent Point in Time Count reports reveal that these findings are similar to the health of other populations experiencing homelessness in Canada. For example, Halifax (2015) identified 42% and Hamilton (2016) identified 39% of their singles experiencing homelessness reported a chronic health condition. Looking backwards, 19% of those surveyed indicated that a physical health condition has been the reason why they have had to leave accommodation of any sort in the past and 15% indicate physical disabilities would limit the type of housing they could move into in the future or would find it hard to live independently because they would need extra help.

Forty-seven percent of all respondents avoid getting help when they are unwell, which may account for the lower than expected use of emergency room visits and ambulance trips identified above. Furthermore, ongoing care and treatment appears to be problematic. For example, 35% of all those

surveyed are not taking a medication prescribed to them by a doctor, and 21% are not taking their medicine the way that it was prescribed.

Women represented less than a quarter of all people surveyed experiencing homelessness, but 8% (3 women) of those women reported being pregnant at the time of the Count. Prenatal care for women that are homeless can be difficult to organize and deliver. For healthy babies, early detection and supports are necessary.

Homeless people utilize...

124 annual visits to the emergency room

96 annual ambulance rides

As identified in the chart above, substance use has proven to be an issue impacting housing for 31% of the survey respondents in Windsor Essex. In our cross-city comparison of recent Point in Time County reports, 38% of homeless Hamiltonians (2016), 25% of Kingston's homeless population (2013) and 32% of homeless singles in Winnipeg (2015) also reported substance use issues. Survey respondents in Windsor Essex readily acknowledged when substance use had been the reason why they had to leave a previous place they were staying; almost a quarter (24%) indicated this was the case. Moving forward, 15% indicate that drinking or drug use will make it difficult to maintain or afford a home. Given that most substance users in society are housed and not homeless, this is entirely plausible.

A history of losing a place to live because of a mental health concern, developmental disability or brain injury accounted for over a third (34%) of all survey respondents. Moving forward, 13% indicate that additional assistance will be required to help them maintain housing because of these concerns.

The Journey Back to Housing Stability – Housing Assistance Required in Windsor Essex

The addition of the VI-SPDAT prescreen into the enumeration and survey campaign in Windsor Essex provided insights into the housing and support needs facing individuals currently experiencing homelessness and highlights the intensity, duration and frequency of supports required to assist individuals in their journey back to housing stability. Data analysis into the 128 respondents that completed the VI-SPDAT reveal that the vast majority of these individuals (85%) will require professionalized support services to permanently end their homelessness. Forty five percent would benefit from time limited, moderate intensity housing stabilization supports, similar to the services provided in a Rapid Re-Housing program model. Forty percent of the respondents will actually benefit from intensive, long term (perhaps permanent) housing stabilization supports. Such intensive programming is often delivered by community based Housing First, Assertive Community Treatment or Permanent Supportive Housing projects. The remaining 15% of the respondents, although still struggling with housing affordability issues, would seem to be in a position to self-resolve their current homelessness, based on a review of their risks and needs.

40% need a Housing First intervention 45% need a Rapid Re-Housing intervention

Unaccompanied Singles Experiencing Chronic Homelessness

During the 2016 Point in Time Count and Registry Week in Windsor Essex, 80 singles (48% of all individuals surveyed) were identified as experiencing chronic homelessness, as defined by the Government of Canada. Beyond a useful way to differentiate the experiences of homelessness within a local context, an examination of the duration and episodic nature of homeless experiences also provides an important policy and funding parameter. For example, the Government of Canada directives under the Homelessness Partnering Strategy suggests that "once a community has housed 90% of its chronic and episodic homeless population, it may focus the Housing First interventions on the group with the next highest needs". Such a directive has implications on the prioritization of individuals to be served first in community's by-name registries. In ensuring that the most vulnerable individuals and families experiencing homelessness in Windsor Essex are prioritized, it will also be important to look beyond the counting of months of homelessness and number of episodes but to also examine the vulnerability and depth of need (acuity) of those on the by-name registry. The inclusion of the VI-SPDAT into this Count and Registry initiative ensures that acuity is an important variable in community efforts to end homelessness by appropriately matching service participants with available programs and services, when such supports are required.

As expected, based on the data analysis for all unaccompanied singles experiencing homelessness, more males (59 of the 80 people or 74%) experienced chronic homelessness than females (20 individuals or 25%). Of the 20 individuals that identified as female, only 1 reported that she was currently pregnant.

The age ranges for the sub-population of singles experiencing homelessness also closely replicates previously seen with 81% being between the ages of 25-64 years of age. However, what was alarming was the finding that 25 younger people between the ages of 16 and 29 are experiencing chronic homelessness in Windsor Essex. Also, recognizing the increased vulnerability experienced by older adults stuck in homelessness, it is also important to note that 7 individuals experiencing chronic homelessness are 60 years of age or older.

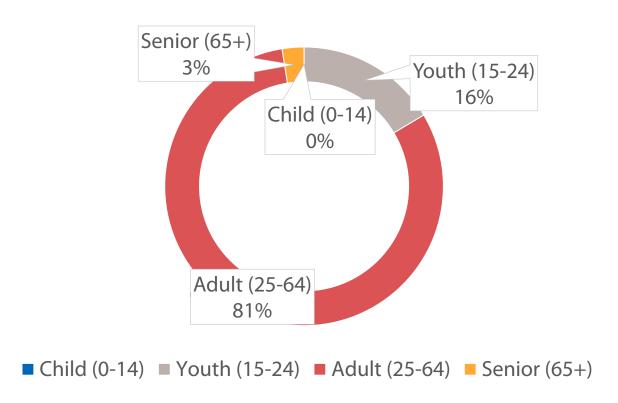


Figure 9: Chronically Homeless Unaccompanied Singles, Age Breakdown

In examining the data for those experiencing chronic homelessness in Windsor Essex, it is clear that individuals that identify as Aboriginal or of Aboriginal descent are over-represented. Although only approximately 2% of the population of Windsor Essex is Aboriginal (2011 Census), 29% of the indi-

viduals experiencing homelessness and 36% of those experiencing chronic homelessness identify as Aboriginal. The demand for culturally competent outreach, re-housing services and supports remains important locally.

In terms of veteran status, 9% (7 people) of the individuals experiencing chronic homelessness identified as having served in the military. Two (3%) of the individuals experiencing chronic homelessness also identified as coming to Canada as an immigrant or a refugee in the past 5 years. The vast majority of individuals (79%) reported having lived in Windsor Essex for longer than a year.

Current Place of Homelessness

Given the chronic nature of the homelessness experience for these individuals, it is expected that the percentage of people sleeping outdoors on a regular basis would be higher. Even for this sub-population of single adults that are experiencing chronic homelessness in Windsor Essex, the majority of people sleep indoors, primarily relying on family or friends to provide them with temporary shelter (33%) and emergency shelter (26%). Five percent of the chronically homeless individuals in Windsor Essex sleep outside regularly. Within this chronically homeless sub-population, 64% of the individuals identified that they had stayed in an emergency shelter within the past year. Shelters will continue to play an important access point for re-housing options and supports so that the individuals experiencing chronic homelessness can permanently return to housing stability.

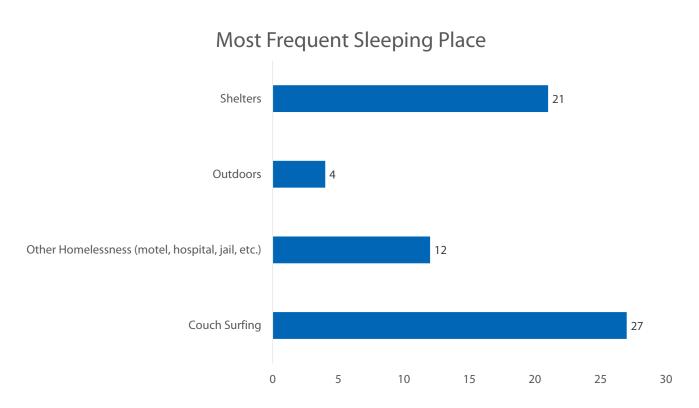


Figure 10: Chronically Homeless Unaccompanied Singles, Most Frequent Sleeping Place

Recognizing that at least 33% of all individuals experiencing chronic homelessness rely on family and friends for temporary places to stay, it is also important to examine how many different places individuals tend to stay each year as they struggle to find safe places to be. Of the survey respondents, a quarter of chronically homeless singles stayed in 4-9 different places and 18% stayed in more than 10 different homes belonging to friends or family members. Not shockingly, 22% of the individuals did not stay in any homes belonging to friends or family over the past 12 months.

Number of Different Places Stayed in Past 12 Months

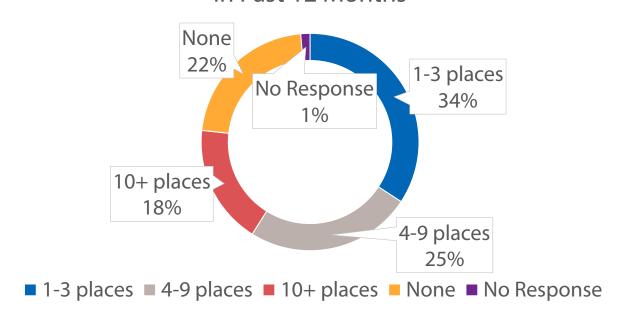


Figure 11: Chronically Homeless Unaccompanied Singles, Number of Different Places Stayed in Past 12

Months

Length of Homelessness for Individuals that are Chronically Homeless

To meet the Government of Canada's definition of chronic homelessness, these unaccompanied homeless singles have experienced a minimum of 6 months of homelessness in the past year. About 57% of the individuals that responded to this questions (N=77) identified that they had been homeless 6 months in the past year, with 13% identifying 7-11 months of homelessness and 30% being homeless for the entire year. Beyond examining their homelessness experience over the last 12 months, when asked how long has it been since they lived in permanent stable housing, the average length of time was 26.46 months with 18 respondents stating that they had been homeless for 12 months, 14 identified that they had been homeless between 2 and 5 years and 3 identified that they had been homeless for longer than 10 years.

Interestingly, 37 of the individuals (46%) experiencing chronic homelessness in Windsor Essex also meet the Government of Canada's definition of episodic homelessness since they have experienced 3+ episodes of homelessness within the past 12 months. In addition to further demonstrating that progressive engagement by re-housing supports has perhaps not been effectively implemented for these individuals, this cross-section of individuals provides an important opportunity to truly investigate the risk and vulnerability factors impacting individuals as well as the support needs and service pathways to ensure a permanent end to their homelessness.

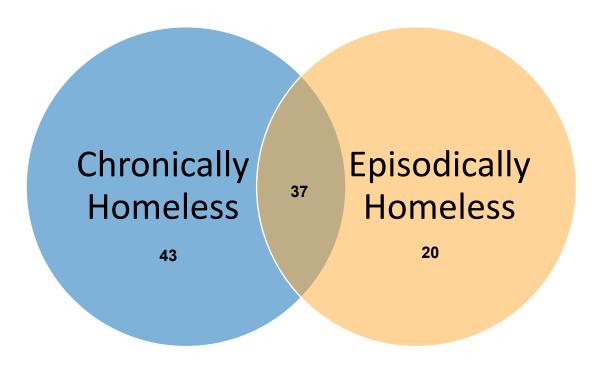


Figure 12: Overlap of Chronically and Episodically Homeless Populations

Length of Time Homeless in the Last 12 Months

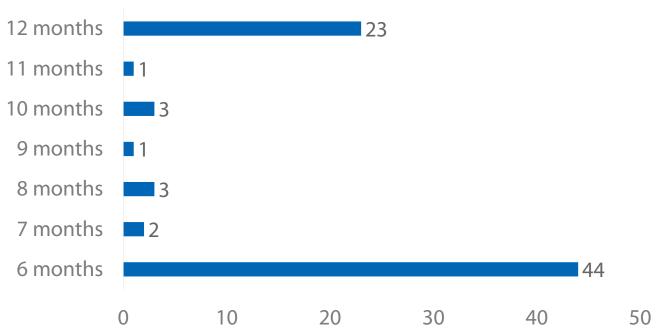


Figure 13: Chronically Homeless Unaccompanied Singles, Length of Time Homeless in Last 12 Months

Health, Trauma & Emergency Service Use

By examining the responses to the VI-SPDAT questions, it is possible to examine the depth of need and risk factors that will impact the individual's ability to independently return to a state of being permanently housed and stable. Of the 80 individuals experiencing chronic homelessness in Windsor Essex, 64 responded to the VI-SPDAT prescreen. Based on the responses, it is clear that the experience of homelessness in Windsor Essex does not contribute to positive health outcomes or safe conditions.

| Percentage reporting a mental health, brain injury, or developmental disability condition | 29% |
|---|-----|
| Percentage reporting a chronic health condition | 28% |
| Percentage reporting a substance use condition | 30% |
| Percentage reporting 4 or more interactions with emergency services in the last 6 months | 38% |

Table 4: Chronically Homeless Unaccompanied Singles, Mental Health, Physical Health, and Substance Use

Fifty six percent of respondents identified that physical health issues have and will impact their ability to stay housed with 28% of the respondents reporting that they have a chronic health condition and 39% of the individuals avoid getting medical attention when they are not feeling well. This higher percent may account for the lower than expected use of emergency services over the past 6 months.

Number of Interactions in Last 6 Months 31 28 26 19 17 12 **ER Visits Ambulance** Inpatient Crisis Service Interactions Incarcerations Admissions with Police Rides Used

Figure 14: Chronically Homeless Unaccompanied Singles, Number of Emergency Interactions in Last 6

Months

Ten percent of the chronically homeless sub-population also identified that they are experiencing tri-morbidity. This means they have a physical health issue, a mental health issue, and problematic substance use all co-occurring. Research shows these are the people at extremely elevated risk of death.

Twenty-four percent of the VI-SPDAT respondents experiencing chronic homelessness voluntarily identified that substance use has caused them to lose housing in the past and will make it difficult

for them to maintain and afford housing in the future. An additional 29% identified that compromised mental wellness would impact that housing stability.

Chronically homeless people utilize...

62 annual visits to the emergency room

54 annual ambulance rides

Sadly, 43% of all chronically homeless individuals reported that their current period of homelessness was caused by caused by an experience of emotional, physical, psychological, sexual or other type of abuse, or by some other trauma. This means almost half of all people can draw the connection between past abuse or trauma and the cause of their current homelessness. While there is no way to go back in time to prevent the traumatic event or abuse, one can start to consider therapeutic engagements and assistance to help people work on housing and life stability moving forward.

Exposure to Risk and Harm

- 45% of the chronically homeless individuals in Windsor Essex have violence and risk as an intrinsic part of their daily experience, with 29% reporting that they have been attacked or beaten up and an additional 28% reported that they have threatened to or harmed themselves or others since becoming homeless.
- 45% identified that their current homelessness was caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused them to become evicted
- 40% are vulnerable to risk and exploitation with 6% stating that they are tricked or forced to do things that they do not want to do and 30% self reporting that they engage in activities that may be considered risky such as exchanging sex for money, running drugs, having unprotected sex with someone they don't know, sharing a needle, and other similar behaviours. The involvement in higher risk behavior and homelessness would seem to go hand in hand for 2 out of 5 people in Windsor Essex that are chronically homeless.
- 35% of respondents identified that they have no meaningful daily activities, beyond survival activities. Undoubtedly many people experiencing chronic homelessness have nothing that provides fulfillment in their life. This has the possibility of impacting hope and quality of life, and may lead to greater use of substances and more negatively impact mental health.

The Journey Back to Housing Stability – Housing Assistance Required for the Sub-Population of Singles Experiencing Chronic Homelessness

By reviewing the scores of the VI-SPDAT prescreens completed by respondents (N=63) that demonstrate chronic homelessness, some interesting insights can be identified that will impact service provision and orientation in the future. Based on acuity scores, 8% of the chronically homeless population demonstrated low acuity and therefore would likely not require intensive case management services to return to a state of being housed and stable. This is, at times, an example that progressive engagement has not occurred within the service provision received by this sub-population. For other communities, it demonstrates that shelters and day programs have ensured that basic needs and safety has been attained without a focus on returning people to housing. Shelters at times become a destination instead of a connection to a permanent housing solution, and whether willful or a by-product of how the service system is designed, some people seem to be using shelter as a destination (place to stay quasi-permanently or permanently) rather than a short-term respite because of a housing emergency.

Beyond this low acuity population, 43% of the chronically homeless would benefit from a time limited Rapid Re-housing intervention. This means they have moderate acuity – a range of medium level needs. The time-limited Rapid Rehousing intervention includes assistance locating and securing housing, financial assistance like a shallow rent subsidy, and case management supports for three to six months in most cases. Emerging data on the practice of Rapid Rehousing from other countries demonstrates that over 80% of program participants can stay housed in this manner at a fraction of the cost of the same person having permanent support.

The remaining 49% of the people experiencing chronic homelessness would benefit from an assessment for Housing First or Permanent Supportive Housing since they are currently demonstrating high acuity (highest depth of need). These sub-populations should receive priority in future efforts to end chronic homelessness in the community over the next year. To address the needs of this population group, the financial assistance is usually much deeper and is most often rent geared to income. In addition, the case management assistance is quite intensive and holistic, anchoring the person firmly in housing and then working on other complex life issues.

49% need a Housing First intervention
43% need a Rapid Re-Housing intervention



Unaccompanied Singles Experiencing Episodic Homelessness

During the 2016 Point in Time Count and Registry Week event in Windsor Essex, 57 single adults were identified as experiencing episodic homelessness, using the definition established by the Government of Canada⁶. As expected, based on the results of the data, more males experienced episodic homelessness than females. One of the women who met the definition of episodically homeless indicated that she was pregnant at the time of the survey.

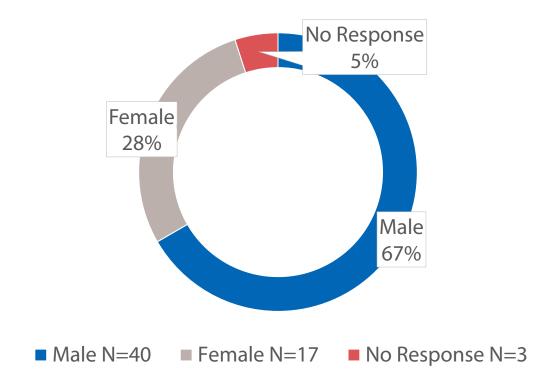


Figure 15: Episodically Homeless Unaccompanied Singles, Gender Breakdown

Again the vast majority of singles (86%) experiencing episodic homelessness were between the ages of 25 and 64 with 7 youth (12%) aged 16-24 years of age also identified in this category. Only 2 people over the age of 60 were identified as experiencing episodic homelessness.

Twenty-three of the 57 respondents (40%) experiencing episodic homelessness self identified as Aboriginal or having Aboriginal descent. Given the higher percentage of Aboriginals experiencing episodic homelessness, additional investigation will prove to be valuable in Windsor Essex in order to further improve culturally competent outreach and support initiatives.

Five singles (9%) experiencing episodic homelessness reported being a veteran and 1 person identified as moving to Canada as an immigrant or refugee in the past 5 years. Seventy four percent (42 singles) identified as living in Windsor Essex longer than a year.

⁶ It must be noted that comparisons of rates of episodic homelessness can only be made within Canada where other Canadian communities are using the same definition. Comparisons in any way on number or proportion of singles matching Canada's "episodic homelessness" definition to communities in the United States are impossible since no such definition is used.

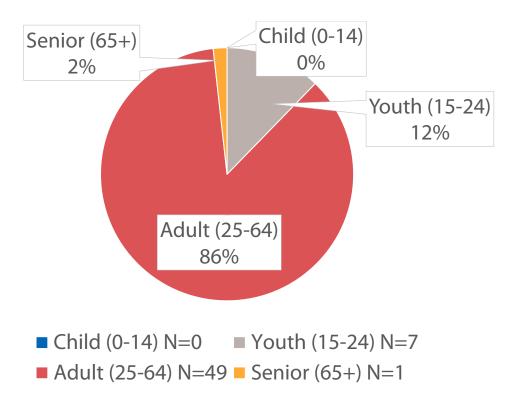


Figure 16: Episodically Homeless Unaccompanied Singles, Age Breakdown

Current Place of Homelessness

For the sub-population of unaccompanied singles that are experiencing episodic homelessness in Windsor Essex, the majority of people sleep indoors, with 37% of singles couch surfing with friends or family most frequently and 19% sleeping in shelter settings most frequently. Interestingly, when asked if they stayed in an emergency shelter in the past year, 75% (N=43) confirmed that they had. The opportunity of connecting with people in a shelter setting is certainly available as a connection to permanent housing and support solutions. Furthermore, it may suggest that many of these episodically homeless individuals are using the shelter when all other options prove impossible or may indicate access limitations on shelter stays/admissions.

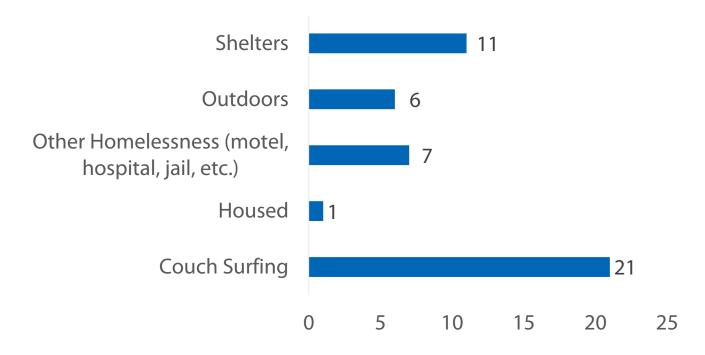


Figure 17: Episodically Homeless Unaccompanied Singles, Most Frequent Sleeping Place

Homelessness Experience

In meeting the definition of "episodic homelessness", the 57 singles described in this section of the report experienced a minimum of 3 separate episodes of homelessness over the past year. However, the actual number of episodes experienced also provides insight into the lifestyles and challenges faced by these singles. Fifteen of the respondents identified that they had experienced 4-9 episodes and 8 people experienced 10 or more episodes of homelessness in the last 12 months. The chart below also adds insight into the precarious shelter/housing options of these singles as we examine how many different friends and family members' places they have temporarily stayed at in the last year. Fourteen percent have stayed in more than 10 different places, 30% have stayed in 4-9 different places and the remaining 35% have stayed in 1-3 different homes. Obviously, cycling from homeless to precarious housing back to homelessness is a normal pattern for their survival and must be addressed through progressive outreach and in-reach activities to identify, assess and prioritize individuals experiencing homelessness so that the journey back to housing stability can begin. In exploring how long it has been since individuals experiencing episodic homelessness lived in stable, permanent housing, respondents reported 28.89 months.

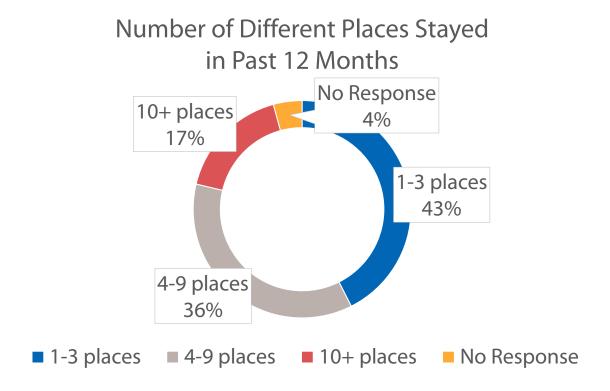


Figure 18: Episodically Homeless Unaccompanied Singles, Number of Different Places Stayed in Past 12

Months

Health, Mental Wellness & Addiction

Similar to the general homeless population, people experiencing episodic homelessness in Windsor Essex are also experiencing health concerns as witnessed in the responses provided to the VI-SPDAT prescreens (N=46). In fact, in examining this data, health concerns are often slightly higher for the episodically homeless singles in Windsor Essex than their chronically homeless counterparts:

| Percentage reporting a mental health, brain injury, or developmental disability condition | 43% |
|---|-----|
| Percentage reporting a chronic health condition | 43% |
| Percentage reporting a substance use condition | 30% |
| Percentage reporting 4 or more interactions with emergency services in the last 6 months | 63% |

Table 5: Episodically Homeless Unaccompanied Singles, Mental Health, Physical Health, and Substance Use

Within the population of people experiencing episodic homelessness, 4 or 9% of all those surveyed are experiencing tri-morbidity. This means they have a physical health issue, a mental health issue, and problematic substance use all co-occurring. Research shows these are the people at extremely elevated risk of death.

Episodically homeless people utilize... 60 annual visits to the emergency room 46 annual ambulance rides

Violence, Risk, Harm and Trauma

When exploring the role of violence, risk and harm in the lives of individuals experiencing episodic homelessness, some of the following results are worthy of attention, with some risks and prevalence of violence being higher for the episodic homeless sub-population than their chronically homeless counterparts. Although definitive reasons for these increased risks are not known, this may be due to the precarious nature of their housing and shelter options, over-crowding and/or vulnerability within hidden homeless scenarios.

- 48% of respondents (N=46) identified that they had been beaten up or attacked since becoming homeless.
- 39% of respondents indicated that they had threatened to or tried to harm themselves or others in the past year. Self-harm and homelessness have a strong relationship.
- 37% of respondents self identified that they engage in activities that may be considered risky such as exchanging sex for money, running drugs, having unprotected sex with someone they don't know, sharing a needle, and other similar behaviours.
- 63% identified that their current homelessness was caused by an experience of emotional, physical, psychological, sexual or other type of abuse, or by some other trauma. This means half of all people can draw the connection between past abuse or trauma and the cause of their current homelessness.
- 54% identified that their current homelessness was caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted

• 50% of respondents identified that they have no meaningful daily activities, beyond survival activities.

The Journey Back to Housing Stability – Housing Assistance Required for the Sub-Population of Singles Experiencing Episodic Homelessness

By reviewing the scores of the VI-SPDAT prescreens completed by respondents that demonstrate episodic homelessness, some interesting insights can be identified that will impact service provision and orientation in the future. Based on VI-SPDAT scores (N=46), 4% of singles experiencing episodic homelessness demonstrates low acuity and therefore would likely not require case management services to return to a state of being housed and stable. This is, at times, an example that progressive engagement has not occurred within the service provision received by this sub-population.

Beyond this low acuity population, 41% of the episodically homeless would benefit from a time limited Rapid Re-housing intervention. The dedication of finite resources to provide a moderate level of case management supported (which incorporates a shallow rental assistance) would be required to ensure that the needs of this population are appropriately addressed.

The remaining 54% of singles would benefit from an assessment for Housing First or Permanent Supportive Housing since they are currently demonstrating high acuity (highest depth of need). These sub-populations should receive priority in future efforts to end homelessness in the community over the next year. To address the needs of this population group, the financial assistance is usually much deeper and is most often rent geared to income. In addition, the case management assistance is quite intensive and holistic, anchoring the person firmly in housing and then working on other complex life issues.

54% need a Housing First intervention 41% need a Rapid Re-Housing intervention

Recognizing that the 2016 Point in Time Count – Registry Week initiative was indeed seen as a "Call to Action", the insights gleaned identify that strategic investment will be required to continue supporting the Housing First program model as well as the need to implement moderate intensity case management programming such as a Rapid Re-Housing program model to effectively meet the needs of local residents.

Youth Experiencing Homelessness

Point in Time and Registry Week event. Youth represented 20% of the total homeless population surveyed during the Count – this percentage aligns with the expected youth homeless population identified in other Canadian communities⁷. Six of the youth were under the age of 17 years. Youth were surveyed during the street count as well as location based survey sites throughout Windsor Essex. Additional surveys were completed at youth specific agencies where youth experiencing homelessness were known to stay/congregate. Those youth that were surveyed in youth specific sites completed TAY-VI-SPDAT. Since the HIFIS database did not accommodate the inclusion of the TAY-VI-SPDAT into the Point in Time Count screens, the 18 youth surveyed with the TAY-VI-SPDAT will be reported on separately when there are relevant differences or findings to report since data scrubbing activities could not be completed across different databases to ensure the elimination of duplicated surveys.

Since the sample size for youth is small, caution must be used to ensure that the findings of these surveys are not generalized to represent the realities of all youth experiencing homelessness in Windsor Essex.

Demographics

Twenty-two of the youth identified as male and 12 identified as female. Fifty-three percent of the youth identified as Aboriginal. Four of the youth reported having been involved in foster care in the past.

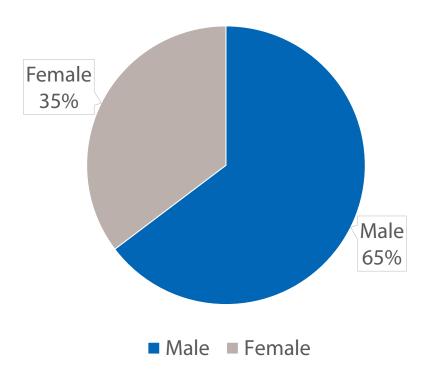


Figure 19: Youth Experiencing Homelessness, Gender Breakdown

Sources of Income

The majority of respondents (N=34) identified that their primary source of income was income support/Ontario Works (38%). Twelve percent of youth also identified disability benefits/Ontario Disability Support Program or money from family or friends. Only 9% of those surveyed indicated they had some form of formal employment, while only 6% engaged in informal employment (e.g. bottle returns, pan-handling). Another 12% reported that they had absolutely no source of income. Respondents could indicate multiple sources of income, however only 14% did so.

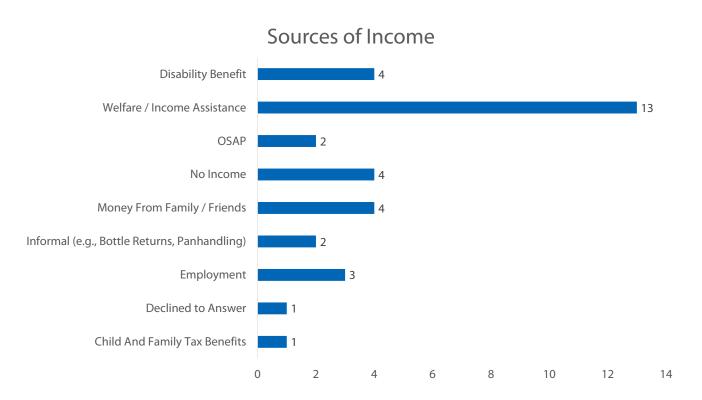


Figure 20: Youth Experiencing Homelessness, Sources of Income

Rates of indebtedness are quite high. Approximately two out of five respondents (42%) indicated that there is a person, past landlord, business, bookie, dealer or government group like the Canada Revenue Agency (CRA) that thinks they are owed money.

Causes of Homelessness

For this review, both the VI-SPDAT and the TAY-VI-SPDAT prescreens were examined and respondents could identify multiple reasons for losing their housing. When asked what caused their current homelessness, the primary reasons identified conflict at home, including unhealthy or abusive environment, violence amongst family members and involvement with substances. Other reasons identified included being evicted for other reasons such as lease violations, as well as involvement in the corrections system.

An additional 47% of youth respondents identifying that their current period of homelessness was caused by an experience of emotional, psychological, physical, sexual or other type of abuse, or by any other trauma they experienced. Obviously, negative social relations and experiences of trauma are common amongst the individuals experiencing homelessness in Windsor Essex.

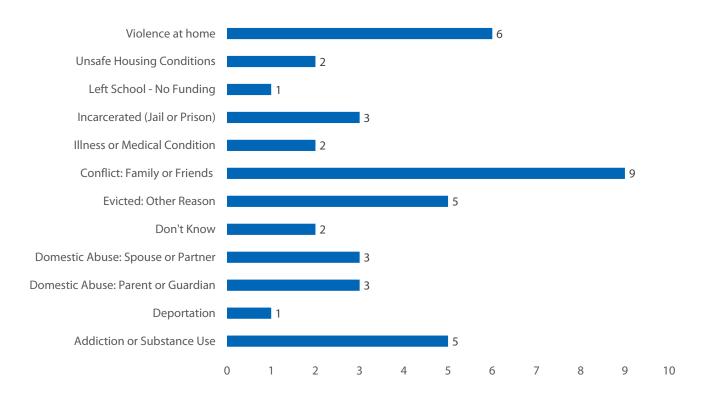


Figure 21: Youth Experiencing Homelessness, Causes of Homelessness

Homelessness Experience for Youth in Windsor Essex

Less than half of the homeless youth (44%) identified that they had stayed in an emergency shelter over the past year. Nineteen respondents reported where they slept most frequently. Forty-two percent relied on couch surfing with family or friends, 26% relied primarily on shelters and an additional 26% stayed in other forms of temporary locations such as motels, jail or hospital.

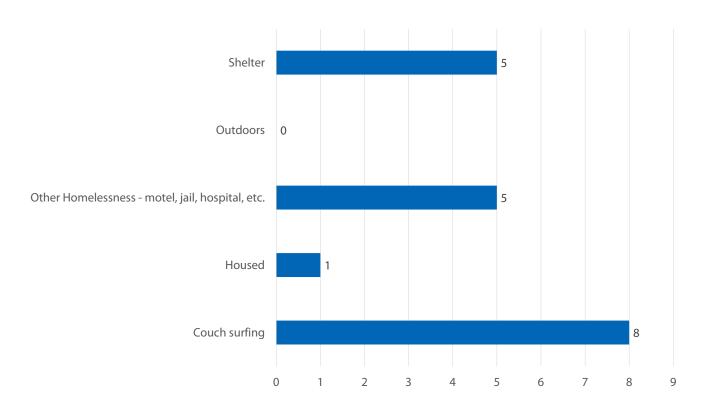


Figure 22: Youth Experiencing Homelessness, Most Frequent Sleeping Place

Without being able to identify how safe youth are when staying with other people, couch surfing cannot always be considered an appropriate location (for example, they may be exploited in return

for having a couch to sleep on). Four of the youth experiencing homelessness identified that over the last 12 months, they had stayed in 10 or more different places with friends and/or family members and an additional 4 stayed in 4-9 different couch surfing locations.

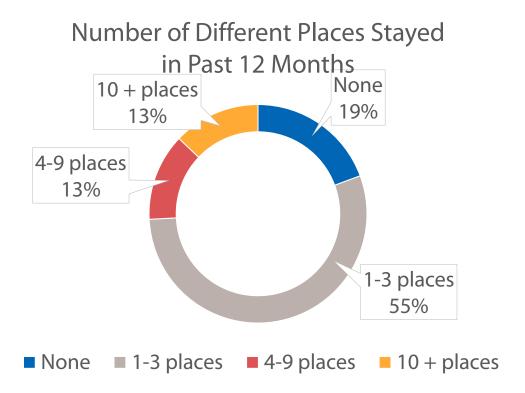


Figure 23: Youth Experiencing Homelessness, Number of Different Places Stayed in Past 12 Months

This pattern of frequent moves was also demonstrated in 7 youth (21%) identifying that they experienced episodes of homelessness 3 or more times in the past year – thereby meeting the criteria for "episodic homelessness". It would seem that youth experience considerable instability in their homelessness rather than being in a location where they can receive consistent services and a focus on housing stability (which may include family reunification when safe and appropriate to do so).

When examining the amount of time spent homeless in the last 12 months, the average length of homelessness is 5.19 months for these youth. When asked how long had it had been since they had lived in stable permanent housing, the average response was 9.47 months. With 8 youth experiencing 6 months of homelessness and 4 experiencing 12 months of homelessness in the last year, 12 of the 34 youth (35%) met the definition for chronic homelessness established by the Canadian government.

Violence, Risk and Harm

Beyond the abuse and/or trauma that preceded the experience of homelessness for these youth (as described above), 8 of these youth have been attacked or beaten up since becoming homeless and 8 youth identified that they had threatened to, or tried to harm themselves or others. Additionally, these youth, as often demonstrated in other statistics related to youth homelessness, 9% of the respondents identified as being at risk of exploitation with 2 youth stating that people trick or force them to do things they do not want to do and 2 youth stating that they do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that. This exposure to violence further complicates the cognitive, emotional and social development of youth.

Health, Mental Wellness & Addiction

Regardless of their young ages, health concerns also impact the youth experiencing homelessness in Windsor Essex. The following information was gleaned from the 19 youth that responded to the VI-SPDAT prescreen and 18 that responded to the TAY-VI-SPDAT.

| # of youth reporting a mental health, brain injury, or developmental disability condition | 32% |
|---|-----|
| Percentage reporting a substance use condition | 32% |
| Number of youth that had 4+ interactions with | 38% |
| emergency services in the last 6 months | |

Table 6: Youth Experiencing Homelessness, Mental Health, Physical Health, and Substance Use

Even amongst the youth respondents in Canadian communities, there is a subset of those surveyed that are, in fact, the sickest and at greatest risk. Four of the 37 youth (11%) surveyed are experiencing tri-morbidity. This means they have a physical health issue, a mental health issue, and problematic substance use all co-occurring. Research shows these are the people at extremely elevated risk of death.

Amongst physical health issues, 4 youth indicated that they are experiencing homelessness in Windsor, reported having a chronic health condition with their liver, kidneys, stomach, lungs or heart. Looking backwards, 2 of those surveyed indicated that a physical health condition has been the reason why they have had to leave accommodation of any sort in the past.

Youth experiencing homelessness people utilize...

20 annual visits to the emergency room

12 annual ambulance rides

Forty-two percent of all respondents (8 of the 19 youth) avoid getting help when they are unwell. In addition to this, 5 of the youth (26%) of all those surveyed are not taking a medication prescribed to them by a doctor, and 11% are not taking their medicine the way that it was prescribed.

Survey respondents readily acknowledged when substance use had been the reason why they had to leave a previous place they were staying. Three youth respondents to the VI-SPDAT and 4 respondents to the TAY-VI-SPDAT indicated this was the case. Six of the TAY-VI-SPDAT respondents indicated that they had used marijuana at age 12 or younger. Moving forward, 21% indicate that drinking or drug use will make it difficult to maintain or afford a home. Given that most substance users in society are housed and not homeless, this is entirely plausible.

A history of losing a place to live because of a mental health concern, developmental disability or brain injury accounted for 6 of the VI-SPDAT respondents and 4 of the TAY-VI-SPDAT. Moving forward, 11% indicate that additional assistance will be required to help them maintain housing because of these concerns.

The TAY-VI-SPDAT also asks youth whether: they are currently pregnant; have you ever been pregnant; or have you ever gotten someone pregnant. For this question, 3 youth indicated "yes" and 1 additional youth refused to answer.

The Journey Back to Housing Stability – Housing Assistance Required for Youth in Windsor Essex

Based on the VI-SPDAT prescreen surveys completed with the 19 youth, 26% of them were identified as demonstrating higher acuity and 48% were demonstrating moderate acuity. Although an additional 5 youth did not score for re-housing stabilization supports, it must be mentioned that these youth completed the VI-SPDAT for Singles during the street count, not the TAY-VI-SPDAT. Based on a review of the survey responses, surveying these youth with the TAY-VI-SPDAT would have ensured moderate or high acuity (depth of need) scores. In the future, the TAY-VI-SPDAT should be completed for all youth aged 24 years and younger at all locations for the Count and Registry Week event.

26% need a Housing First intervention 48% need a Rapid Re-Housing intervention



Families Experiencing Homelessness

s part of the 2016 Registry Week activities, family-specific locations were identified for on-site surveying. During the specified survey times, 7 families were interviewed, including completion of the Family VI-SPDAT prescreen. To be considered a family-household, there was at least one head of household and one or more dependent children under the age of 18 years. Since the number of families surveyed is small and there was no deliberate attempt to ensure they were representative of all families experiencing homelessness in Windsor Essex in that 24 hour period, assuring these results are representative in a generalized manner is not possible.

Of the 7 households surveyed, all of the families had children with them and 5 households identified as being one-parent households. The total number of dependent children identified in the surveys was 10 with a range in ages from 6 months to 18 years.

| | Families (at least one head of household and one or more children under 18) |
|--|---|
| Number | 7 |
| Percentage Chronically Homeless | 71% |
| Percentage Aboriginal | 71% |
| Average Length of Homelessness (in last 12 months) | 8.07 months |
| Number Reporting a Mental Health Condition | 3 |
| Number Reporting a Chronic Health Condition | 3 |
| Number Attacked or Victims of Violence Since Becoming Homeless | 3 |

Table 7: Families Experiencing Homelessness, Summary Statistics

Sources of Income

The sources of income (respondent may have reported more than one source of income) that people identified when surveyed are as follows:

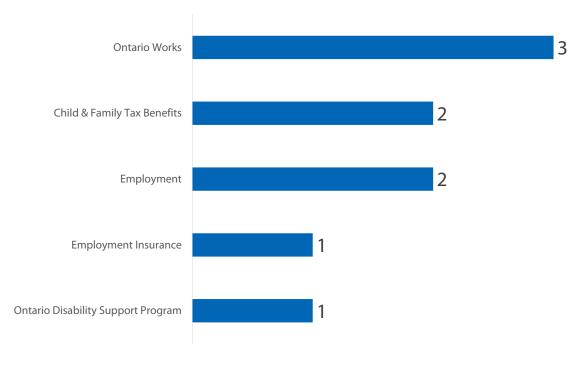


Figure 24: Families Experiencing Homelessness, Sources of Income

Six of the 7 households indicated that there is a person, past landlord, business, bookie, dealer or government group like the CRA that thinks they are owed money. Rate of indebtedness is quite high for these households and may create challenges for re-housing.

Relationship to Windsor Essex

Two of the 7 families identified that they had moved to Windsor Essex in the past year. We have no information on whether or not they were housed at any point after their move to Windsor Essex. We also do not have detailed housing and homelessness history prior to their move. As was described in the Results for Singles section of the report, using homeless services may be a by-product of the first intention for migrating being unsuccessful rather than the primary reason for the move.

Current Place of Homelessness

When identifying where these 7 families stayed while homeless, 3 of the households (43%) identified that they had stayed in a shelter over the past year with 2 families also identifying staying with family/friends from time to time and 5 families identifying other places to sleep, primarily motels. Experiencing homelessness outdoors does not appear to be a common occurrence for families in Windsor Essex. This is consistent with most other jurisdictions, especially those in Canada and northern parts of the United States.

Experience of Homelessness – Duration and Episodes

Based on the Canadian Government's definition, 5 families out of 7 interviewed identified being homeless for 6+ months and 4 families experienced 3+ episodes of homelessness in the past year. The average length of time since they last lived in permanent stable housing was 13.64 months.

Why did They Leave Their Last Residence?

The reasons for leaving previous housing for the 7 households, in descending order (respondent could have provided more than one reason):



Figure 25: Families Experiencing Homelessness, Causes of Homelessness

It should also be noted that 4 of the family respondents (57%) indicated that their homelessness was caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused them to become evicted.

Health, Mental Wellness and Addiction

Three households identified that someone in the household experiences mental health or brain issues that would make it hard for the family to live independently because help would be needed. In contrast, to the question "Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?" 1 of the 7 families responded "yes". Three households also identified that someone in their family had a chronic health issue with the liver, kidneys, stomach, lungs or heart. Two of the households also identified that tri-morbidity was impacting family members. One family identified that they are currently not taking medications that a physician has prescribed and 2 households reported that they are not take medications as they should. Health concerns, obviously, are further complicated with the experience of homelessness. A return to stable housing will assist in addressing these health concerns that are empirically connected to an increased risk of death if homelessness is not addressed.

In terms of interactions with emergency services, a review of the Family VI-SPDAT prescreens identified that there had been 11 visits to the emergency room by 3 households over the past 6 months (3.67 visits per person), 6 inpatient hospitalizations by 2 households and 15 interactions with the police for 2 of the households. The experience of homelessness has certainly increased these families' interactions with emergency services within the region.

Violence, Risk, Harm and Trauma

Families experiencing homelessness in the Windsor area also have exposure to violence, risk and harm. Two households identified being tricked or forced to do things that they do not want to do and 2 households identified that one or more family members had been attacked or beaten up since becoming homeless. However, 5 households identified that their current homelessness was caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma one or more family members experienced. None of the families identified engagement in behaviors that might be considered risky such as sex work, drug running or sleeping outside without proper equipment.

Journey Back to Housing Stability – Recommended Re-Housing Supports for Families Experiencing Homelessness in Windsor Essex

Based on the Family VI-SPDAT prescreens completed, only 1 of the 7 households identified as being in a position to self-resolve their homelessness with housing assistance. Based on depth of need, an additional 2 families would benefit from an assessment for a time limited rental and case management supports through a Rapid Re-Housing intervention. The majority of the households (4) were identified as needing more intensive case management supports (i.e. Housing First intervention) based on the prescreen responses.

57% need a Housing First intervention 29% need a Rapid Re-Housing intervention



Discussion

| Implications for Enhanced System Planning a | and Program |
|---|-------------------------|
| Development | 49 |
| Recommendations for Future Point in Time Co | ounts and Registry Week |
| Events | 49 |
| Concluding Comments | 50 |

Implications for Enhanced System Planning and Program Development

The 2016 Point in Time Count and Registry Week in Windsor Essex will assist community partners to measure their progress in ending homelessness. The creation of a "by name" registry provides a vital tool for the establishment of re-housing and prevention benchmarks for future action and acknowledges that much has already been accomplished in reducing homelessness for local households. Review of the "by-name" registry created after this event and monitoring of the re-housing of additional individuals and families in 2017 and 2018 will create tangible measurements on the efficacy of programs and supports currently funded to end homelessness.

Recognizing that 33% of singles, 43% of the families and 26% of youth respondents are experiencing their first episode of homelessness, there is an opportunity for the local system of care to enhance their diversion and targeted prevention efforts to reduce the number of households that enter the homeless system. The large percentage of individuals and households that rely on temporary locations to sleep, especially couch surfing with friends/family or intermittent motel stays will create a challenge regarding outreach and in-reach activities for the service providers in Windsor Essex. However, since a large proportion of individuals and families have accessed shelter services over the past 12 months and identified it as one of their regular places to sleep, this highlights an opportunity for shelters to enhance their role as connections to permanent re-housing and support solutions with the enhancement of housing assistance and triaging for shelter guests. Communities that are getting the results they need to end homelessness have shelters that optimize their important role in the re-housing process and not view themselves as a destination.

The findings of this report demonstrate the prevalence of people cycling through numerous episodes of homelessness in Windsor Essex but the important and continued role of family and friends in the lives of individuals and families experiencing homelessness provides hope that with support, households can be permanently housed and successfully re-integrated into their communities. Progressive engagement and early identification of needs of individuals and families will prove to be essential if homelessness is to be effectively ended for local people.

Given the insights gleaned during this initiative, it will also be important for Windsor Essex and its community partners to investigate the enhancement of re-housing supports programming that meets the needs of individuals and families experiencing moderate and high intensity acuity. Such an intervention model as Rapid Re-Housing would prove to be an important investment within the city in the future given the re-housing support needs identified through the VI-SPDAT survey responses.

Together with other communities across the country, it is recommended that the City of Windsor encourage the Government of Canada to further refine their homelessness definitions currently used and directives provided for Point in Time Counts. Such a refinement could indeed incorporate both chronicity and acuity variables that impact people's ability to return to a state of housing and stability and provide valuable insight into the best use of local finite investments dedicated to ending homelessness one family/household at a time.

Recommendations for Future Point in Time Counts and Registry Week Events

The 2016 Point in Time and 20,000 Homes Campaign Registry Week successfully provided a valuable enumeration and needs assessment initiative for Windsor Essex and its partners dedicated to preventing and ending homelessness. The insights gleaned from the data analysis will enhance system planning, investments and program development into the future. As Point in Time Counts and Registry Weeks are repeated in the future, the region will be able to measure its continued progress in reducing homelessness and test the effectiveness of currently funded programs dedicated to ending homelessness.

The City of Windsor and the Homeless Coalition of Windsor Essex teams ensured the event ran smoothly and professionally. Engagement with volunteers, community partners and media personnel was strong. As with every initiative however, there is always room for improvement. The following provides a list of suggestions on how future enumeration and needs assessment projects can be enhanced:

Project Management

• The small team of staff from the City of Windsor and the Homeless Coalition did a phenomenal job of coordinating the event, recruiting volunteers and addressing media requests. In the future, it may be helpful to investigate having a larger community-based Point-in-Time Count Coordination Committee that could assist in the event.

Methodology/Survey Development/The Count

- The community is concerned about informed consent and the confidentiality of people's information. It was beneficial to consult the community and hear their concerns in advance of the survey development process. These preliminary discussions should continue in the future.
- The inclusion of public systems (health, corrections, etc.) will be important for future initiatives. Advocacy to the Government of Canada to take the lead on sorting out relationships/agreements with their Provincial counterparts for communities to use their facilities to complete surveying activities within would be helpful.
- In future Counts/Registry Weeks, it is recommended that the TAY-VI-SPDAT prescreens be used for all respondents aged 24 years and younger.

Data Analysis

• Entering Count and Registry Week data for singles into HIFIS created challenges and delays for the local staff and also complicated data scrubbing tasks, primarily due to the de-linking of data files to ensure anonymity. Future events should investigate ways to increase the utility of selected databases for data entry.

Concluding Comments

The Point in Time Count and Registry Week in April 2016 ensured that the goal to shift from managing homelessness to ending it in Windsor Essex gained valuable momentum and a renewed sense of urgency. Given the improvements made in recent years to service pathways, coordinated access, housing stabilization programs and strategic planning; the City of Windsor, the Homeless Coalition of Windsor Essex and its many dedicated partners have proven their commitment to respond to community needs. Although the task at hand may appear daunting, it must be remembered that homelessness in Windsor Essex will be ended one person/household at a time with the assistance of dedicated support professionals dedicated to implementing strategies, approaches and tools that have proven to provide the outcomes and impacts to end chronic homelessness.

To the hundreds of community volunteers and staff that committed their time for this important community event, we thank you. For the service providers that shared your expertise, insight and approach, we acknowledge your commitment to the over 201 individuals (including 10 dependent children) identified as experiencing homelessness in the area, and trust that with your continued dedication to evidence informed strategies, chronic homelessness can indeed be ended. Much hope exists that in the future, shelter diversion strategies will decrease the large number of individuals and families that recently entered homelessness for the first time. Ensuring that those households that have the ability to resolve their own housing challenges are encouraged to do so as quickly as possible will assist in returning emergency services to their original intent – short term and infrequent use. Locally, continuing efforts to strengthen local partnerships and enhance professional practice will foster an environment where all sectors of service are dedicated to a Housing First philosophy. With the continued leadership of the City of Windsor, progress with be made to end chronic and episodic homelessness with future Point in Time Counts demonstrating this success.

Appendix











Participant Information Sheet

Point in Time and 20,000 Homes Registry Week 2016

What's the purpose of the PiT Count and Registry Week survey?

• The survey will help the City of Windsor understand our community's health and housing needs and to plan for housing supports in the future.

Who's involved?

- People conducting the survey are City staff with help from community volunteers
- The PiT Count and 20,000 Homes Registry Week 2016 is being coordinated by the City of Windsor, in partnership with the Homeless Coalition of Windsor Essex County.

People experiencing the greatest need <u>may</u> have their information (including but not limited to: name, age, gender, and survey information and score) shared with funded agencies for referrals to local housing and support services.

What happens next?

- Survey results will be entered into a secure database
- Anonymous results will be shared broadly to communicate what has been learned
- Survey results for participants will be reviewed by City of Windsor staff, Employment and Services Canada, and the local housing agencies to help better understand our community's housing and service needs to help plan housing supports.

For more information, or to remove consent to participate, please contact:

Coordinator, Housing Administration & Development (519) 255-5200, ext. 5362

Thank you for participating in the PiT Count and 20,000 Homes Registry Week 2016 and helping people experiencing homelessness in Windsor area.













Point in Time & 20,000 Homes Registry Week City of Windsor & the Homeless Coalition of Windsor Essex County

April 19 & 20, 2016

Introduction of Volunteer

Hello, my name is ______, and I'm a volunteer for the City of Windsor and the Homeless Coalition of Windsor Essex County. Today we're conducting a survey about your housing needs and history of homelessness to provide better programs and services to people experiencing homelessness. The first part of the survey is a short Point in Time count and it is strictly anonymous.

The second part of the survey is called the VI-SPDAT and it gathers information on housing and support needs. If eligible and you choose to participate in the surveys, we will be sharing some data with the Federal Homelessness Partnering Strategy. The data we will be sharing with them will be anonymous and will not include any personal information.

Completing both surveys will take about 13 minutes of your time. Participation is voluntary.

- You can choose to skip any question or to stop the interview at any time.
- Results will contribute to the understanding of homelessness in our community and across Canada, and will help with research to improve services.
- If you complete the surveys, you will receive a \$10 gift card for your participation.

| POINT IN TIME COUNT SURVEY | Sur | Survey Number: #### | | | |
|----------------------------|------------|---------------------|--|--|--|
| Location: | Time: | AM/PM | | | |
| Interviewer: | Contact #: | <u> </u> | | | |

Hello, my name is XXX, and I'm a volunteer for the (*Community Name*). I'm here tonight to conduct two surveys about your housing needs and history of homelessness to provide better programs and services to people experiencing homelessness.

Participating is voluntary, so you can participate in one or both surveys. If you only do the first survey, your name will not be recorded. If you do both surveys or just the second survey, we will ask for your name, so your responses would not be anonymous.

The first survey takes about 10 minutes to complete.

- You can choose to skip any question or to stop the interview at any time.
- Results will contribute to the understanding of homelessness across Canada, and will help with research to improve your services.

A. Have you answered this survey with a person with this (identifier)?

- a. YES: thank them for their time
- b. NO: go to B

B. Are you willing to participate in the survey?

- a. YES: go to C
- b. NO: thank and introduce the VI-SPDAT and ask if they would like to participate in that survey

C. Do you have a permanent residence that you can return to tonight?

a. YES b. NO c. DON'T KNOW d. DECLINE TO ANSWER

D. Where are you staying tonight? [DO NOT READ CATEGORIES]

| a. b. | DECLINE TO ANSWER OWN APARTMENT/HOUSE | THANK (& TALLY) |
|----------------------------|---|---|
| c. d. e. | SOMEONE ELSE'S PLACE (FRIEND OR FAMILY) MOTEL/HOTEL HOSPITAL, JAIL, PRISON, REMAND CENTRE | HAS a permanent Residence: THANK (& TALLY) NO Permanent Residence: BEGIN SURVEY |
| f. | EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER TRANSITIONAL HOUSING | |
| h. i. j. k. l. | PUBLIC SPACE (E.G., SIDEWALKS, SQUARES, PARKS, FORESTS, BUS SHELTER) VEHICLE (CAR, VAN, RV, TRUCK) MAKESHIFT SHELTER, TENT OR SHACK ABANDONED/VACANT BUILDING OTHER UNSHELTERED LOCATION UNFIT FOR HUMAN HABITATION (SPECIFY) RESPONDENT DOESN'T KNOW [LIKELY | BEGIN SURVEY |

Consent Form City of Windsor & Homeless Coalition of Windsor-Essex Point in Time County & 20,000 Homes Registry Week 2016

I understand:

- I must be at least 16 yrs. of age and currently experiencing homeless to respond.
- Volunteers will ask me questions about my health and housing needs.
- The survey will take about 10 minutes and includes mostly "yes" or "no" answers.
- My survey information will be entered in a secure database to which only those who have signed a confidentiality form will have access.
- Only information that has been combined with others will be shared publicly and with Employment and Services Development Canada.
- City of Windsor staff will have access to my survey results to check eligibility for referrals to local community supports and services.
- Local agencies working in partnership with the City of Windsor may contact or follow-up with me based on service referrals.
- To support service referrals for housing supports, the City of Windsor may share my survey results with locally funded agencies.

I agree to be surveyed understanding that:

- My answers can only be used for the purposes listed above.
- I can choose to refuse any question, to take a break, or to end the survey early without it affecting the services I get now or in the future.
- As a thank you for participating, I will receive a \$10 gift card.
- If I tell you that I'm going to harm myself or someone else, you are required legally to disclose this information, but all other information is private and confidential.
- I can change my mind and have my information removed from the database and survey summaries by contacting:

Coordinator, Housing Administration & Development (519) 255-5200, ext. 5362

Your signature (or mark) below indicates that you have read or been read this form;

| fully understand the information provided in it; and you are voluntarily participating. | | | | | | |
|---|-----------------------|-------------------|--|--|--|--|
| | | | | | | |
| Participant Name (PRINT) | Participant Signature | Date (mm/dd/yyyy) | | | | |

If consent given by mark or verbally:

Witness Name (PRINT) Witness Signature Date (mm/dd/yyyy)













• Thank you for agreeing to participate. Please note that you will receive (item) as a thank you for your participation.

| | | | | | BEGIN | N SU | JRVEY | | | | | | |
|--|--------------------|---------|--------|---|-------------|------|-------------------------|--------|-------|---------|---------------|-------------|-----|
| What family | member | s are | with | you? | [Indicate | su | rvey nu | ımber | rs fo | or adu | lts] | | |
| □ NONE | | | | | <u> </u> | | | | | | rvey #: | | |
| □ PARTNER - Survey #: □ DECLINE TO ANSWER | | | | | | | | | | | | | |
| □ CHILD(I | REN)/DEP | ENDE | NT(S) | lindica | ate age for | chil | ld/denen | ndentl | | | | | |
| (- | 1 | 2 | | 3 | 4 | T | 5 | 6 | | 7 | 8 | 9 | 1 |
| GENDEF | | | | | | | | | | | | | |
| AGE | | | | | | | | | | | | | |
| | I | N TA71- | | | 1. | | 2 FIC . | | 1 | C 1- | | -4-1 | |
| How old are | | _ | | | _ | | _ | | | | | _ | rn |
| o AGE | OR YEA | K BOK | N | | | 0 | DONT | KNO | VV | 0 | DECLINE | TO ANSW | EK |
| What gende | er do you i | identi | fy wi | th? [D | o not rea | ad c | categori | ies] | | | | | |
| o MALE | | | o TF | RANSG | ENDER | | | | | 0 | DON'T KI | WON | |
| o FEMALE | | | 0 0 | ΓHER F | RESPONS | E | | | | 0 | DECLINE | TO ANSW | ER |
| NODON'T KDECLINE | NOW TO ANSWI | ER | | | 0 0 0 | M | NUIT IÉTIS ON-STA | TUS / | ′ HA | VE AB | ORIGINAL | . ANCESTR | Y |
| Have you e v [Military inc | | - | | | | | • | or R | CM | IP? | | | |
| YES, MILYES, RCM | ITARY | 0 | NO | <u>, , , , , , , , , , , , , , , , , , , </u> | , - | 0 | _ | ' KNO' | W | 0 | DECLINE | TO ANSW | ER |
| Did you mo | ve to (<i>con</i> | ımuni | itv na | me) ii | n the pa | st v | ear? | | | | | | |
| o YES | | 0 | NO | | • | 0 | DON" | г кио | W | 0 | DECLINE | E TO ANSW | 'ER |
| Did you con | ne to Cana | nda as | an ir | nmigi | rant or r | 'efu | ıgee wi | thin | the | nast | 5 vears? | | |
| o YES | ic to carr | 0 | NO | ···· | unt of 1 | 0 | DON'I | | | | | E TO ANSW | 'ER |
| 0 1 | | | | C . I | | | | _ | | 0.5 | | . 1 | |
| Over the pa | | | | | | | ou beer | n hon | nelo | ess! [l | Best estin | nate.J | |
| | | _ DAY | rs / W | EEKS , | / MONTH | IS | IF | | 0 | 0-2 M | IONTHS | | |
| o DON'T K | | | | | | | UNSUF | RE: | | | 10NTHS | | |
| o DECLINI | E TO ANSW | ER | | | | | | | 0 | 6-12 | MONTHS | | |
| Over the pa | st voor h | ou, m | inv d | ifforos | nt times | har | יוסע אַע | OVNO | rio | ncod l | nomaloc | enoce? | |
| [Includes thi | | | | | 11 1111163 | 11a | ve you | слре | 1161 | iiceu I | 1011161633 | 511C33; | |
| _ | R OF TIMES | | | | | | IF | | 0 | 1 TIN | 1E [currer | nt episode] | |
| o DON'T K | | | | | | | UNSUF | RE: | 0 | | - | - F-20 mol | |
| | TO ANSW | ED | | | | | | | 0 | | MORE TI | MEC | |

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| | | v e you staye shelter.] | ed in an en | nergency sh | elter in the | e j | past year? [Indic | cate ' | 'yes" if respondent is staying |
|-----|------------|-----------------------------------|-------------|--------------|--------------|-----|-------------------|--------|--------------------------------|
| | 0 | YES | | o NO | • | 0 | DON'T KNOW | 0 | DECLINE TO ANSWER |
| 11. | | | | - | - | | _ | - | P[Do not read the options. |
| | Sele | ect all that ap | oply. "Hous | ing" does no | t include te | m | porary arrangen | nents | s (e.g., couch surfing) or |
| | she | lter stays.] | | | | | | | |
| | | ILLNESS OR | MEDICAL C | ONDITION | | | FAMILY CONFLIC | Γ: SP | OUSE OR PARTNER |
| | | ADDICTION | OR SUBSTA | NCE USE | | | FAMILY CONFLIC | Γ: PA | RENT OR GUARDIAN |
| | | JOB LOSS | | | | | LEFT CARE (CHIL | D PR | OTECTION)/(PROV. TERM) |
| | | EVICTED: U | NABLE TO F | PAY RENT | | | INCARCERATED (| JAIL | OR PRISON) |
| | | EVICTED: O' | THER REAS | ON | | | HOSPITALIZATIO | N OR | TREATMENT PROGRAM |
| | | DOMESTIC A | ABUSE: SPO | USE OR PART | NER □ | | UNSAFE HOUSING | CON | IDITIONS |
| | | DOMESTIC A | ABUSE: PAR | ENT OR GUAF | RDIAN 🗆 | | DON'T KNOW | | |
| | <u>Otl</u> | her reason/N | otes: | | | | DECLINE TO ANSV | NER | |
| 12. | Wh | ere do you | get your m | noney from? | ' [May prov | rid | e examples. Sele | ct all | that apply] |
| | | EMPLOYME | NT | | | | SENIORS BENEFIT | rs (E. | .G., CPP/OAS/GIS) |
| | | _ | | OYMENT (E.C | | | CHILD AND FAMI | - | |
| | | , | | HANDLING) | | | MONEY FROM FA | | |
| | | EMPLOYME | | , | | | OTHER SOURCE _ | | • |
| | | WELFARE/I | NCOME ASS | SISTANCE | | | NO INCOME | | |
| | | DISABILITY | | | | | DECLINE TO ANSV | NER | |





Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen Triage Tool for Single Adults

20,000 HOMES CAMPAIGN - CANADIAN VERSION 2.0

Administration

| Interviewer's Name | Agency | Team Staff Volunteer |
|--------------------------|-------------------|----------------------------|
| Survey Date DD/MM/YYYY// | Survey Time:AM/PM | Survey Location |

Basic Information

| First Name | Nickname | | | Last Name | | | | |
|---|----------|------------------|-----------|------------------------|----|--|--|--|
| In what language do you feel best able to express yourself? | | | | | | | | |
| Date of Birth | Age | Social Number | Insurance | Consent to participate | | | | |
| DD/MM/YYYY// | | | | Yes | No | | | |

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

| 1. Where do you sleep most frequently? (check one) | Outdoors | Couch Surfing Outdoors Other (specify): | | | | |
|--|----------|---|--|--|--|--|
| IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", THEN SCORE 1. | | | | | | |
| | | | | | | |
| 2. How long has it been since you lived in permanent stable housing? | | Refused | | | | |
| 3. In the last year, how many times have you been homeless? | | Refused | | | | |
| IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF | | | | | | |
| HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN | SCORE 1. | | | | | |

B. Risks

| 4. In the past six months, how many times have you | | | | | | | | |
|--|--|---------|--|--|--|--|--|--|
| a. | Received health care at an emergency department/room? | Refused | | | | | | |
| b. | Taken an ambulance to the hospital? | Refused | | | | | | |
| c. | Been hospitalized as an inpatient? | Refused | | | | | | |
| d. | Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? | Refused | | | | | | |
| e. | Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? | Refused | | | | | | |
| f. | Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? | Refused | | | | | | |
| | | | | | | | | |

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

| 5. Have you been attacked or beaten up since you've become homeless? | Y | N | Refused | | | | | | |
|---|---|--------|--------------------|--------|--|--|--|--|--|
| 6. Have you threatened to or tried to harm yourself or anyone else in the last year? | Y | N | Refused | | | | | | |
| IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. | | | | | | | | | |
| | | | | | | | | | |
| 7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? | Y | N | Refused | | | | | | |
| | | | | | | | | | |
| IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. | | | | | | | | | |
| | | | | | | | | | |
| 8. Does anybody force or trick you to do things that you do not want to do? | Y | N | Refused | | | | | | |
| | Y | N N | Refused Refused | | | | | | |
| 9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, | Y | N | | SCORE: | | | | | |

C. Socialization & Daily Functioning

| 10.Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money? | Y | N | Refused | |
|--|-------|-------|---------|--------|
| 11.Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? | Y | N | Refused | |
| IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE | 1 FOI | R MON | EY | SCORE: |
| MANAGEMENT. | | | | |

Page 4

| 12.Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? | Y | N | Refused | |
|--|---|---|---------|--------|
| IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. | | | | SCORE: |
| | | | | |
| 13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? | Y | N | Refused | |
| | | | | |
| IF "NO," THEN SCORE 1 FOR SELF-CARE. | | | | SCORE: |
| IF "NO," THEN SCORE 1 FOR SELF-CARE. 14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? | Y | N | Refused | SCORE: |
| 14.Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or | Y | N | Refused | SCORE: |

D. Wellness

| 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? | Y | N | Refused | |
|---|------|---|-------------------|--------|
| 16.Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? | Y | N | Refused | |
| 17. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? | Y | N | Refused | |
| 18. When you are sick or not feeling well, do you avoid getting help? | Y | N | Refused | |
| 19. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? | Y | N | N/A or Refused | |
| TE "VEC" TO ANY OF THE ABOVE THEN COOK 4 FOR RIVELCAL HE | | | | SCORE: |
| IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HE | ALIH | | | |
| 20. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? | Y | N | Refused | |

| 21. Will drinking or drug use make it difficult for you to stay housed or afford your housing? | Y | N | Refused | | | | | | |
|---|----------|----------|-----------|--------|--|--|--|--|--|
| IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE. | | | | | | | | | |
| 22. Have you ever had trouble maintaining your housing, or been kicker shelter program or other place you were staying, because of: | ed out (| of an ap | oartment, | | | | | | |
| a. A mental health issue or concern? | Y | N | Refused | | | | | | |
| b. A past head injury? | Y | N | Refused | | | | | | |
| c. A learning disability, developmental disability, or other impairment? | Y | N | Refused | | | | | | |
| 23.Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? | Y | N | Refused | | | | | | |
| IE "VES" TO ANY OF THE ADOVE THEN SCODE 1 FOR MENTAL HE | LTH | | | SCORE: | | | | | |
| IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEA | LIN. | | | | | | | | |
| IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR | SUBS' | ГАПСЕ | USE AND 1 | SCORE: | | | | | |
| FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY. | | | | | | | | | |
| 24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? | Y | N | Refused | | | | | | |
| 25. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? | Y | N | Refused | | | | | | |
| IE "VES" TO ANV OF THE ADOVE SCODE 1 FOR MEDICATIONS | | | | SCORE: | | | | | |
| IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. | | | | | | | | | |
| 26. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? | Y | N | Refused | | | | | | |
| IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. | | | | SCORE: | | | | | |

Page 6

Follow-Up Questions

| How many different friends' or family member' places have you temporarily stayed at in the last year because you didn't have a place of your own? | None Number of places: If unsure or say "a few" or "a lot" (ask for estimate by reading these categories) ○ 1-3 places ○ 4-9 places ○ 10 or more places Don't know Declined to answer |
|--|--|
| Are you currently receiving Ontario Works? | ☐ Yes ☐ No ☐ Declined to Answer |
| Are you currently receiving ODSP? | ☐ Yes ☐ No ☐ Declined to Answer |
| Consent for Future Follow-Up | |
| Do you provide consent for the City of Windsor to share your information with local service providers so that they can assist you with your housing needs? | ☐ Yes ☐ No |
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | place: time: : or Morning/Afternoon/Evening/Night |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? | phone: () email: |

Scoring Summary

| DOMAIN | SUBTOTAL | RESULTS |
|------------------------------------|----------|---------------------------------------|
| PRE-SURVEY | /1 | |
| A. HISTORY OF HOUSING & | (0 | Score: Recommendation: |
| HOMELESSNESS | /2 | 0-3: no housing intervention required |
| B. RISKS | /4 | 4-7: assessment for Rapid Re-Housing |
| C. SOCIALIZATION & DAILY FUNCTIONS | /4 | assessment for Kapiu Ke-Housing |
| D WELLNESS | 16 | 8+: assessment for Permanent |
| D. WELLNESS | /6 | Supportive Housing/Housing First |
| GRAND TOTAL: | /17 | |

| 8 | 7 | 6 | 5 | 4 | ယ | 2 | 1 | | | # | | | | |
|---|---|---|---|---|---|---|---|-----|---|--|---|------------------|-----------|-------------|
| | | | | | | | | | | .,, | Inst only outs | Into | Area: | |
| | | | | | | | | | intersection) | <i>Instructions:</i> For those who are <u>NOT</u> surveyed, please fill in the sheet below indicating the reason. For those who DECLINE or are OBSERVED only, but who are clearly homeless, please indicate their gender, approximate age, and the reason you believe they are homeless (e.g. asleep outside with their belongings). | nterviewer: | 24: | | |
| | | | | | | | | | Declined | R | ırveyed, p Pase indic | | | |
| | | | | | | | | p; | Already Responde | Reason NOT Surveyed | please fill ate their | | | |
| | | | | | | | | C D | Scored Out/Not Homeless | OT Surv | in the sh gender, a | | | T/ |
| | | | | | | | | | Opserved | eyed | eet below ind pproximate a | Contac | | TALLY SHEET |
| | | | | | | | | SS | Observed Homele | | licating th 1ge, and th | Contact Phone #: | 7 | ET |
| | | | | | | | | | Observed Gender Male, Female, Unknown | | e reason. 1e reason | # | Time of S | |
| | | | | | | | | (| Approximate Age | Obse | For tho you beli | | of Shift: | |
| | | | | | | | | | Observed Indicators of Homelessness | Observed Homelessness | ison. For those who DECLINE or are OBSERVED ason you believe they are homeless (e.g. asleep | | to | |



WINDSOR ONTARIO, CANADA

HOMELESS COALITION
WINDSOR ESSEX COUNTY

City of Windsor

www.citywindsor.ca