Review of Emergency Shelter Services in Windsor Essex

Final Report – July 14, 2020

VINK CONSULTING

TABLE OF CONTENTS

1.0 Introduction

The City of Windsor engaged Vink Consulting in the fall of 2019 to conduct a review of emergency shelter services in Windsor Essex. The purpose of the review was to make recommendations towards an efficient, effective and supportive shelter system that is nimble and focused on core services to address client needs. The review was focused on shelters serving individuals experiencing homelessness, although it is also recognized that there are additional shelters with varying funding sources that serve survivors of domestic violence, women, men, youth, families, and refugees.

The City was particularly interested in:

- Best practices and funding arrangements in comparable communities
- Stakeholder perspectives
- Service strengths and gaps
- Current and future shelter needs
- Current costs and funding of shelter services
- Services provided by shelters and alternatives to current service access methods
- Service delivery models and roles and responsibilities of City and service providers
- How the emergency shelter system is impacted by other services/systems/institutions
- The alignment of emergency shelter services with municipal, provincial and federal legislation, policies, plans and service agreements.

Shortly after the draft report was prepared the COVID-19 pandemic began. The pandemic required certain immediate shelter service delivery adjustments to address the initial COVID-19 state of emergency and will also require adjustments for the medium and long-term, at least until a vaccine is available. As such, additional research and analysis was conducted and the draft findings and recommendations were updated in June 2020 in response to the new reality of the COVID-19 pandemic.

1.1 Key Evaluation Questions

Nine key evaluation questions were developed based on the key aspects of the review.

1. How does Windsor Essex's emergency shelter services align with municipal, provincial and federal legislation, service agreements and policy statements and the Windsor Essex Housing and Homelessness Master Plan and what changes should be made to better align with these?

2. What are the best practices in emergency shelter services, shelter system design and funding arrangements, and how does Windsor Essex compare to best practices and comparable Ontario municipalities?

3. What are the current service strengths and gaps in emergency shelter services in Windsor Essex?

4. What are the current and future shelter needs (beds, demographics, location(s), staffing, programs, etc.) and capacity in the City of Windsor and in the County of Essex and what should be the future shelter composition?

5. What are the current costs and funding of shelter services and what are future options for funding?

6. What services are provided by shelters and what are the alternatives to current service access methods?

7. What service delivery models should be used and what should be the roles and responsibilities of City of Windsor staff and service providers?

8. How is the emergency shelter system impacted by other services/systems/institutions and how could other services/systems/institutions interact and enhance efficient service delivery?

9. How should shelter services be adjusted amidst the pandemic?

1.2 Data Collection Methods

The initial review involved a range of data collection methods to gather information, including:

- Data and background document review
- Interviews with City staff (5 participants)
- Interviews with shelter service providers (6 interviews with 13 participants)
- Interviews with community Partners that directly impact or interact with the emergency shelter system (13 interviews)
- Focus groups and interviews with shelter users (4 focus groups with 31 participants, 9 interviews)
- Brief “intercept” interviews with non-shelter users (10 participants)
- Survey and interviews with comparator municipalities (7 interviews)
- Questionnaire sent to elected officials in Windsor and Essex
- Review of published information on best practices
- Workshop with City staff, shelter service providers and community partners (36 participants).

To support the analysis of adjustments that were required to the draft findings and recommendations, given the reality of the pandemic, additional data was collected through:

- A data and background document review
- Interviews with City staff
- Interviews with shelter service providers
- Interview with Family Services Windsor-Essex outreach manager and outreach worker
- Interviews with 13 shelter and non-shelter users
- Review of published information on best practices in shelter services in response to COVID-19.

1.3 Key Requirements of Government Agreements, Policy and Plans

Housing Services Act, 2011

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

Housing and Homelessness Master Plan

As part of its responsibilities as Service Manager, the City of Windsor recently (2019) reviewed and updated its Housing and Homelessness Plan (Home Together: Windsor Essex Housing and Homelessness Master Plan). The review and update identified a number of challenges with the current shelter services. These include:

- A significant increase in demand for shelter, and heavy reliance on motel rooms
- 24/7 access to emergency/crisis services is not available to, or appropriate for, all population groups (e.g. youth, Indigenous Peoples) and individuals experiencing homelessness in Essex County must come to Windsor to access shelter
- Low barrier options are not widely available
- People who are seeking shelter were not being consistently screened and provided with diversion supports to help them stay in safe non-shelter alternatives

The Updated Plan identified a number of actions related to emergency shelters:

- One of the actions was to conduct an emergency shelter review. The review would determine opportunities to improve shelter services and recommendations would be implemented to ensure approaches are low barrier, focused on permanent housing outcomes, and meet peoples' needs.
- The Plan also commits the community to implementing diversion practices from shelters. One of the Plan's targets is that: By 2021, people seeking emergency shelter will be assessed to determine if existing and appropriate supports and housing options are available and if so, they will be diverted from entering the homeless-serving system (ie. emergency shelter)
- The Plan also includes an action to implement HIFIS 4.0 in the emergency shelters
- The Plan states that accountability standards, quality standards, and performance measures will be established for emergency shelters
- The Plan also includes an action to increase targeted services for Indigenous people within shelters.

The recommendations within this document align with the actions outlined in the Updated Plan.

Provincial Funding through Community Homelessness Prevention Initiative (CHPI)

The City of Windsor receives Community Homelessness Prevention Initiative (CHPI) funding to provide services that aim to prevent, reduce and address homelessness. A portion of the CHPI funds received by the City of Windsor are used for emergency shelter services. The City of Windsor funds the Salvation Army and the Welcome Centre through CHPI funding, while the Downtown Mission is benevolently funded.

Service providers receiving CHPI funding are required to address one or more of three goals outlined by the Ministry:

- To provide a full range of services that aim to prevent, reduce and address homelessness
- To develop seamless support services programming to connect individuals and families to community resources and assist households at risk of or experiencing homelessness to obtain and retain affordable housing that is linked to supports appropriate to their need
- To promote a culture of policy, planning and service delivery that is focused on an outcome-based and people centred approach, while recognizing the complexity of homelessness and issues related to homelessness.

CHPI has four service categories: emergency shelter solutions, housing with related supports, other services and supports (including services to assist in obtaining housing), and homelessness prevention. Emergency shelter solutions includes services and supports that provide relief or protect households who are homeless or are in imminent risk of homelessness. They are expected to operate from a Housing First and people-centred approach.

Windsor Essex County Health Unit COVID-19: Interim Guidance for Shelters

The Windsor Essex County Health Unit issued guidance on the prevention and management of COVID-19 in shelters. Among the guidance were recommendations that:

- All clients be actively screened for COVID-19
- Anyone who fails the screening be isolated
- Clients and staff practice physical distancing as much as possible, including maintaining a distance of two meters from other clients and staff
- Food or personal items not be shared
- Clients and staff be advised to practice good hand hygiene
- That facilities follow regular cleaning and disinfection protocols
- That appropriate personal protective equipment be used, where required.

COVID-19 Social Services Relief Fund

In April 2020, the City of Windsor received $3.7M from the province's COVID-19 Social Services Relief Fund (SSRF) to help social service providers such as emergency shelters, food banks and supportive housing to deliver critical services, hire additional staff and find ways to promote social distancing and self-isolation. This funding falls under the Community Homelessness and Prevention Initiative (CHPI) program and must follow these guidelines. The funding is for use during the 2020-21 fiscal year.

Reaching Home / Canada's COVID-19 Economic Response Plan

The City of Windsor also received $1.4M for the 2020-21 fiscal year from the federal government to help reduce and mitigate the impacts of a COVID-19 outbreak among people experiencing or at risk of homelessness, through the Government of Canada's COVID-19 Economic Response Plan.

Service Agreements

Prior to the pandemic, the City of Windsor had service agreements with the Salvation Army and the Welcome Centre. Under these service agreements with the City, shelter service providers are expected to:

- Provide board, lodging and personal needs to individuals/households who are homeless on a short term and infrequent basis
- Apply documented, structured, integrated case planning with identified goals to ensure participant interactions have objectives and are outcome oriented
- Make appropriate referrals to support developed case plans
- Apply a collaborative approach to case planning and record-keeping. Collecting and recording demographic information and maintaining case notes, case management and descriptions of involved supports and community services using the integrated data management program (HIFIS)
- Completing VI-SPDAT, VI-TAY-SPDAT or VI-F-SPDAT on all individuals/households, as required
- Referring and updating the By-Names Prioritized List in collaborations with other housing and homelessness stakeholders.

During the pandemic, the City of Windsor provided additional funding to the Salvation Army, Welcome Centre, and entered into a funding agreement with the Downtown Mission to assist with immediate adjustments to their services in response to COVID-19.

The following logic model provides a representation of emergency shelter activities and expected outcomes of City funded shelters based on the expectations for services and reporting that are outlined in the Service Agreements.

Inputs	Activities	Outputs	Outcomes – Short Term (Immediate)
Funding Donations Staff Volunteers Facilities Program Design and Service Orientation Partners and Service Linkages	**Intake** Discuss diversion opportunities to explore all possible housing options to stay safely in the community before accessing emergency housing Complete initial intake form, input mandatory information into HIFIS, obtain documentation **Basic Needs** Provide, lodging, food and personal needs **Re-housing supports** Complete VI-SPDAT on date of admission or next business day	**Intake** Number and percentage of homeless individuals “applying” to shelter Number of clients diverted Number of clients served Average length of household stays Average occupancy rate Number of households that were referred to an overflow shelter to due to capacity	Clients immediate shelter needs met Clients move to permanent housing

Inputs	Activities	Outputs	Outcomes – Short Term (Immediate)
	Develop a Care Plan, which includes discussion and documentation related to priority of a housing search, application to Central Housing Registry – Windsor Essex County (CHR-WEC), assistance with appointments to view rental units, referrals, meeting with OW/ODSP caseworker, etc. Collect and record demographic information, case notes, and descriptions of involved supports in HIFIS Make referrals to support developed Care Plans, including referrals to the By-Names Prioritized List, where appropriate (May) assist in making appointments to view rentals Update Care Plan at least every 5th business day **Discharge** Prepare Final Care Plan upon discharge	Number of households experiencing homelessness that received services that are not related to the provision of accommodation but contribute to a positive change in housing status Number of households that received referrals to community services or income assistance Number of households that received services to assist in obtaining housing Number of households that received education, such as budgeting skills, tenant rights, life skills training Number of households that received practical assistance such as clothing, household supplies, emergency funds for moving or transportation Number of households that received Case Management (CM) level 1 services with low-moderate acuity Number of households that received CM level 2 services with moderate-high acuity Number of households that received CM level 3 services with high acuity	

2.0 Evidence-informed Practices

The following section provides information on evidence-informed practices for shelter services. Some of this information was taken from the *Review of the Emergency Shelter System within the City of Greater Sudbury*, which was written by Vink Consulting in 2019. It was used with permission of the City of Greater Sudbury.

There are six key elements of effective shelters systems[1]:

- A Housing First Approach
- Immediate and Low-Barrier Access
- Diversion Supports
- Practices that Promote Dignity and Respect
- Housing-Focused, Rapid Exit Services
- Data to Measure Performance.

In addition, the following section outlines additional best practices that impact shelters, including:

- Prevention
- Outreach
- Coordinated Access
- Drop-in/ Help Centres

Best-practice modifications in response to COVID-19 are also discussed.

Housing First Approach

According to the National Alliance to End Homelessness (US), in effective shelter systems, the eligibility criteria, policies, and practices in all shelters are aligned with a Housing First approach[2]. Taking a Housing First approach means that anyone experiencing homelessness can access shelter without prerequisites, services are voluntary, and clients are assisted to access permanent housing options as quickly as possible. This "key element" is closely tied with, and encompasses, several of other key elements of effective shelter systems that will be discussed below, including providing immediate and low-barrier access, providing housing-focused services, and promoting dignity and respect.

Immediate and Low-Barrier Access

Immediate and low-barrier access to shelter refers to having no sobriety, income requirements and other policies that make it difficult to enter shelter, stay in shelter, or access housing and income opportunities. Having a low barrier shelter system involves shelters accommodating people regardless of substance use, but also involves accommodating people in a variety of other scenarios[3]. Shelters

[1] National Alliance to End Homelessness, The Five Keys to Effective Emergency Shelter; United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System

[2] National Alliance to End Homelessness, The Five Keys to Effective Emergency Shelter

[3] United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System

must accommodate people regardless of criminal history, or other perceived barriers to entry, like previous non-compliance with a housing plan[4]. It also means taking approaches that address reasons why people may be reluctant to access shelter. This includes providing safe storage for possessions and making safe arrangements for pets within the shelter. In a low barrier model, shelters are expected to promote safety, but not by trying to change or control people or their behaviours. For example, when clients are quite inebriated or under the influence of substances in the common areas of the shelter, staff could ask them to stay in their rooms when in this state. If a client is asked to leave the common areas and stay in their room, staff should make a point of checking on the client periodically, to ensure their physical safety.

In situations of conflict, staff should intervene and encourage those involved to work things out respectfully, offer to mediate, and name abusive behaviour. Clients should still be told to leave the shelter when staff has witnessed the person, or the person has admitted to, being violent or physically intrusive inside the shelter, for example for hitting, kicking, slapping, pushing; throwing objects at someone; any unwanted physical contact; or being verbally abusive repeatedly to the same person.

Immediate access to shelter begins with having shelter options for households of any configuration[5]. This includes couples without children, persons identifying as LGBTQ2S, two-parent households, mothers with teen boys, and self-defined groups or families.

Having immediate and low barrier access to shelter also involves providing predictable and extended access[6]. In addition to being open 24 hours a day, this could include having 24 hour access, or having a reservation system, that allows clients to confirm whether they continue to need their shelter bed or to arrange for late arrivals. This also means not having curfews for those who are working nights.

Providing easy and immediate access to shelter should also involve shelters working closely with outreach teams to intentionally outreach to and engage people who are reluctant to access shelter[7]. Shelters that cannot serve someone should ensure that the people have access to housing and services elsewhere[8].

Diversion Supports

Diversion supports is a type of homelessness early intervention assistance that focuses on helping households avoid a shelter stay by using creative problem-solving, advocacy and flexible assistance to help them identify safe alternatives and supporting them to use their natural supports (ie. family or friends) as well as community resources to address their long-term housing situation.

[4] United States Interagency Council on Homelessness, 2016, Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation
[5] United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System
[6] United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System
[7] United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System
[8] United States Interagency Council on Homelessness, 2016, Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation

Historically, shelters offered beds on a first-come-first served basis as beds were available. Many shelters tried to provide diversion services, but did not necessarily have the appropriate resources or training to do this effectively. Today, we are seeing more communities implementing formal diversion supports to help ensure existing facilities are utilized effectively. We know from diversion services being used in other communities that many people seeking shelter can be effectively supported in maintaining their current accommodations or securing permanent housing while they are living in safe non-shelter alternatives, by providing relatively "light" supports. Light supports may include:

- Problem-solving assistance to help identify barriers and solutions to the household's current situation
- Housing help (support to find housing, advocacy and coaching through the process of applying for a lease)
- Eviction prevention (financial support, legal advice, mediation)
- Re-housing assistance (financial support, housing location).

Diversion services can range from one-time problem-solving, or limited financial assistance, to short-term case management and follow up support. Diversion services can be provided directly by shelters and incorporated into shelter intake procedures or built into coordinated entry processes, where diversion workers are part of the access point team (access points are often shelters but can be a single point of entry or multiple other community agencies).

For diversion supports to be most effective, a standardized script should be used at all access points and there should be dedicated staff whose role it is to help determine whether the household can safely continue to live where they have been living or have a safe non-shelter alternative[9]. Sometimes limited financial assistance is all that is required to help the household avoid shelter while a permanent solution is sought. For example, with grocery vouchers, an individual may be able to secure temporary accommodations with family or friends while they are supported in securing permanent housing. As such, it is a best practice that one of the components of diversion supports be "flex funds" that can be used to offer limited financial assistance to help the household avoid shelter. Referrals should be provided to supports that can help the household secure permanent housing or maintain their current accommodations and short-term case management should also be available to assist households in securing permanent housing as required[10].

Housing-Focused Services

One of the keys to effective emergency shelter identified by the National Alliance to End Homelessness is having services focused on helping clients obtain permanent housing. This includes practices to intentionally link clients to permanent housing resources and re-house clients as quickly as possible.

According to OrgCode Consulting, all messaging to clients from the shelter should be focused on housing[11]. This should begin at entry, when clients should be encouraged to start to focus on a housing plan and staff should meet with the client to identify barriers to tenancy that will be worked through in the housing plan. Responsibility for helping clients re-gain housing should not be limited to one

[9] National Alliance to End Homelessness. (2011). Closing the Front Door: Creating a Successful Diversion Program for Homeless Families.
[10] National Alliance to End Homelessness. (2011). Closing the Front Door: Creating a Successful Diversion Program for Homeless Families.
[11] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode

particular staff position. Rather, all staff should have (and all job descriptions require) an understanding of how to navigate tenancy barriers, knowledge of housing resources in the community, and understanding of client centred/client driven planning. This is important so that every interaction with a client can be focused on a quick move to permanent housing. Emphasis on the goal of connecting clients back to housing should also be done by prominently displaying information in the shelter about how to access housing.

Housing supports should take a progressive engagement approach[12]. Within the first couple days of entry to shelter, all clients should be pre-screened and supported in developing a preliminary individualized housing plan. New clients (those who have not previously accessed the shelter system) should initially be offered light housing assistance and then progressively asked to complete more in-depth assessments and be offered more intensive assistance if they are unable to secure housing after a set period of time. All shelter clients should be provided/connected with housing navigation services and clients should be engaged in intentional conversations about housing at least daily for the first two weeks. An individual or family's housing plan should be reviewed and discussed with them weekly, at a minimum. After two-weeks each person or family should be assessed using a standardized tool and they should all have an individualized housing plan, which is refined based on the results of the assessment. Clients should also be supported in collecting documentation necessary for determining program eligibility (e.g. Housing First program). Shelters should either directly conduct assessments with clients and participate in the process of matching clients with the most appropriate housing and services, or integrate with, and provide on-site access to the coordinated access process.

Participation in services or compliance with service requirements should not be conditions of a stay, aside from the expectation that clients will be working on permanent housing while in shelter[13]. Housing plans that are developed should be highly client-driven, where staff work with the client as a team, building on the client's strengths, to address the housing needs of the client. The services that are provided in shelter should emphasize engagement and problem-solving, rather than therapeutic goals (e.g. mental health recovery goals). When reviewing the services provided in shelter, shelters should consider whether the service could be provided in the community once the client is housed, or whether the service encourages longer stays, or takes time away from the client's housing search.

Promote Dignity and Respect

According to the United States Interagency Council on Homelessness, shelters should have stated values, policies and measurable goals and actions/practices promoting inclusion, cultural competence, dignity and respect[14].

One way inclusion should be promoted is by monitoring the proportion of shelter access and housing success rates across racial, ethnic, ability, gender identity, and sexual orientation differences to determine if there are disparities in who is receiving access to shelter and being supported to re-gain housing[15]. Shelters should have practices to ensure the shelter exhibits cultural competency and

[12] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode
[13] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode
[14] United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System
[15] United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System

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

Shelters should have an orientation towards working with people that may be engaged in higher-risk, exploitive, and/or harmful activities[16]. Shelters should specifically indicate that clients do not need to alter their substance use, etc. to access shelter. They should also be provided with direct access to harm reduction supplies (e.g. needle exchange, distribution and disposal) as well as education regarding how to avoid risky behaviours and engage in safer practices (e.g. overdose prevention). Some shelter models go even further with harm reduction services, to include controlled quantities of alcohol to replace non-beverage/ non-palatable alcohol.

Promoting dignity and respect begins at entry. The intake process should be as unobtrusive as possible regarding the person and their possessions[17]. Information collected should be limited to the bare minimum of what is required to access a bed. Clients should be given the option between meeting in a private closed-door space and a more open-concept space with a private corner. Clients with disabilities should be offered clear opportunities to request reasonable accommodations within applications and screening processes. Amnesty totes should be offered for clients to safely store anything in their possession, and the contents will not be searched by staff, nor will they be punished for the contents.

The built form and layout of an emergency shelter should also promote dignity and reduce conflict[18]. Shelters should be 24-7 spaces clients can access at any time and where they can have all of their basic needs met, including being able to receive food, hygiene, storage, etc. They should also be of a "human scale", meaning that they should be a size that is reasonable for an average person to use and not perceived as a massive institutional facility.

Rules are another crucial area related to the promotion of dignity and respect. Rules should be clearly communicated to clients and easily accessible for review by clients[19]. Rules should be reasonable, and their enforcement be transparent and proportional. When someone does not meet an expectation, staff should work with the person to help them meet the expectation, rather than creating a conflict for violating a rule or use the power dynamic to threaten dismissal and force compliance[20]. Clients should be involved in developing and updating rules and other shelter policies, for example, through a client advisory board or regular "house meetings".

Data to Measure Performance

Using data to measure performance of the shelter system involves establishing targets, regularly reporting on performance measurements, and using the information to evaluate the effectiveness of the shelter system and improve outcomes.

[16] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode
[17] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode
[18] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode
[19] United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System
[20] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode

According to the United States Interagency Council on Homelessness, the community should have strong data on the utilization of shelter services and access to housing[21]. Data could be maintained by each shelter or by the homelessness service system manager. Targets should be established and data on percentage of exists to permanent housing, time spent homeless, and returns to homelessness, should be measured and regularly reported on. This information should be used on an ongoing basis to understand shelter use patterns and detect changes, identify frequent users, reduce length of time spent homeless, and right-size shelter capacity.

Prevention

Beyond diversion when people are seeking shelter, additional prevention efforts can help people who may soon face homelessness preserve their current housing. There is evidence on an international level that homelessness prevention makes sense from social and economic perspectives, and can contribute to reductions of homelessness. A range of prevention interventions have showed success, including evictions prevention, support for survivors of intimate partner violence, and landlord mediation. When a person presents at any of the community's access points they should be assessed for prevention opportunities, such as referring and helping them to access appropriate community services.

Outreach

Outreach is another key component of effective homelessness service systems that should play an interactive role with shelters. Effective outreach includes ensuring people in need know that help is available and how to access it[22]. It involves actively approaching clients with the intention of offering supports related to service provision and/or to establish engagement[23]. A deliberate strategy is required to reach people who are couch-surfing or living without shelter, for example on public lands, such as in parks and ravines. According to the US Interagency Council on Homelessness (USICH), it is a best to take a systemic documented approach to outreach, which could include drawing up maps, schedules, assessments and other outreach materials to inform outreach efforts[24]. Effective outreach should include gradual, warm handoffs to housing and service providers, such as shelters when clients are ready to access shelter.

Coordinated Access

Coordinated access is a community-wide system that streamlines the process for people experiencing

[21] United States Interagency Council on Homelessness, 2017, Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System

[22] Stephen Gaetz & Erin Dej. (2017). A New Direction: A Framework for Homelessness Prevention. Toronto: Canadian Observatory on Homelessness Press. Found at: https://www.homelesshub.ca/sites/default/files/attachments/COHPreventionFramework_1.pdf

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

[24] USICH (2016). The Role of Outreach and Engagement in Ending Homelessness: Lessons learned from SAMHSA's expert panel. Found at: https://www.usich.gov/resources/uploads/asset_library/Outreach_and_Engagement_Fact_Sheet_SAMHSA_USICH.pdf

homelessness to access housing and support services needed to end their homelessness[25]. Effective coordinated access models have designated access points where people in need of assistance connect with service providers and access the coordinated entry process. There should be an after-hours connection point to respond to housing crises and need for shelter in the middle of the night or over the weekend[26]. Effective coordinated access models also involve a standardized assessment process, and shared referral processes to connect individuals to the most appropriate available interventions. In addition, this include a process to collect and share client information. It is best practice for all shelters to participate in the coordinated access system[27].

Drop-in/Help Centres

Drop-in/help centres operated by the homeless service sector should maintain a housing focus, supporting people to access housing and providing homelessness prevention services. A key benefit of the service is to provide streamlined access in one location to prevention and rehousing services. This may include:

- Access to resources, such as computers and housing lists, to support independent housing searches
- Client directed short-term supports to assist those experiencing homelessness to secure housing
- Homelessness prevention services, such as short-term financial assistance and limited case management to prevent housing loss due to a housing crisis
- Shelter diversion and intake services
- Outreach to engage people experiencing homelessness who may be disconnected from shelters and other supports.

Drop-in/help centres may also include services for basic needs such as snacks, showers, laundry, and telephone and internet access as well as opportunities for socialization. All services should be delivered in a trauma-informed manner.

It is essential that there be strong relationships between any drop-in/help centres and shelter services to help avoid the chances of anyone 'slipping through the cracks' and not being adequately supported to obtain housing or unaware of the range of services and supports that are available. Best practices in integration of services both within a drop-in/help centre and with shelters include:

- Centralized information, referral and intake procedures
- Common assessment procedures
- Joint care planning and interdisciplinary teamwork
- Integrated information systems to allow for shared client records
- Common decision support tools, such as service guidelines and protocols.

Drop-in/help centres should be in locations in which people experiencing homelessness can easily access or be in the area where they congregate. They should also be in locations where people experiencing homelessness feel safe and do not feel like outsiders. Drop-in/help centres need to be an integrated

[25] Canadian Alliance to End Homelessness (2018). What is Coordinated Access. Website. Found at: http://caeh.ca/cas/

[26] CAEH, Coordinated Access Guide, Found at: https://bfzcanada.ca/wp-content/uploads/Coordinated-Access-Guide-.pdf

[27] CAEH, Coordinated Access Guide, Found at: https://bfzcanada.ca/wp-content/uploads/Coordinated-Access-Guide-.pdf

part of the community, that the community believes it can absorb and eventually will be a positive addition to the community. Drop-in/help centres should not change the landscape of the community and be large imposing structures. Often it is better to locate a drop-in/help centre in an existing structure. Drop-in/help centres should establish operational protocols that help ensure they are a good neighbour, such as communications protocols, regular meetings with neighbours, monitoring and maintenance of public areas immediately adjacent to the facility, and encouraging clients to take ownership and responsibility for the community.

From a pandemic perspective, any drop-in/help centres need to:

- Configure space to allow for safe physical distancing
- Provide screening and continue to direct people who are unwell to testing
- Support people who are unsheltered that want shelter on how to access shelter space
- Participate in planning to assist unsheltered persons choosing to remain outdoors.

Shelter Modifications Amidst Pandemic Reality

The initial/peak phases of pandemic response should be focused on emergency protective measures and incorporating public health guidelines into services, including:

- Reconfiguring shelters to promote physical distancing, including increasing spacing between beds (two meters if possible), creating barriers between beds, staggering mealtimes, and staggering use of shared spaces and bathing facilities. When establishing new sleeping areas, each person should ideally have 4.6 square metres of space.
- Increasing infection prevention and control measures such as additional personal hygiene, using appropriate personal protective equipment, updating food handling procedures, and increasing cleaning protocols
- Training staff on safety measures
- Establishing screening and testing protocols
- Distributing disease prevention materials to shelter users
- Directing people who are unwell to testing and isolation spaces, and arranging transportation if required
- Establishing new non-congregate shelter options to provide isolation spaces
- Ideally, establishing alternate non-congregate settings for older people, those with pre-existing health conditions, and options for those who would otherwise remain unsheltered
- Updating policies to reduce barriers and avoid service restrictions if at all possible
- Implementing harm reduction activities for shelter users who are isolating

During the post-peak period, changes may be required to existing shelters to address capacity and other facility issues given the need to maintain public health guidelines, at least until a vaccine is available. Some shelters may require lower occupancy and/or a change in configuration of operations and services. For example, changes may be required if there are congregate sleeping arrangements that don't allow for sufficient physical distancing, washrooms shared by numerous shelter users, or shelters that are not financially prudent at a reduced number of beds. Congregate sleeping areas put people at higher risk of COVID-19. Post-peak pandemic, the focus should again shift to reducing entries into homelessness through prevention and diversion and increasing housing-focused supports in shelters.

In the longer term, some of the surge spaces can be closed down. However, there shouldn't be a net loss of beds compared to what was planned before the pandemic unless trends analysis shows that there is a sustained lack of need.

3.0 Current State of Emergency Shelter Services in Windsor Essex

Windsor Essex's Emergency Shelter Services

Windsor Essex's emergency shelter system has spaces for women and men[28] and utilizes motels for families. There are 151 emergency shelter beds offered by the Welcome Centre Shelter for Women & Families, the Salvation Army and the Downtown Mission, which are outlined in the following table. The City of Windsor provides funding through the Community Homelessness Prevention Initiative for emergency shelter services at the Welcome Centre which includes 12 beds for women and 10 motel rooms for families, and to the Salvation Army for 26 beds for men. The Downtown Mission is benevolently funded. It should be noted that although the Salvation Army is contracted for 26 beds, it uses up to the 30 beds that it has available. Also, while 10 motel rooms are core-funded under contract, an average of 24 beds are occupied. In total, the three shelter service providers provide up to 174 beds. It is also recognized that there are additional shelters with varying funding sources that serve survivors of domestic violence, women, men, youth, families, and refugees. There are currently no emergency shelter beds located in the County of Essex. County residents have to access shelter services in Windsor. Transportation may be provided for Essex County residents who are eligible for emergency shelter services.

Emergency Shelter Service Providers Serving Individuals Experiencing Homelessness Pre-Pandemic

Shelter Service Provider	Shelter	Client Group	Beds	Overflow Beds / Crash mats	Total Beds / Crash mats
Salvation Army		Men 18 years and older	26	4	30
Welcome Centre	Shelter for Women	Women 18 years and older	12	5	17
	Motel	-Families with dependants under age 18 -Couples -Overflow of single women when shelter is over capacity	10 rooms	14 rooms provided on average in 2019	24
Downtown Mission		Anyone over the age of 16	103	35	138
		Total	151	58	209

In response to the pandemic, communities had to make adjustments to emergency shelter services to provide appropriate physical distancing and establish locations for people experiencing homelessness to

[28] Individuals can access shelter based on how they identify their gender. Individuals identifying as a non-binary gender can access the shelter they feel most comfortable in, although some do not feel safe accessing existing shelters

self-isolate when they experience COVID symptoms, are awaiting COVID test results or are required quarantine while recovering from the virus. The Welcome Centre increased its number of regular beds by one and its crash mats by two. The Salvation Army maintained is 26 funded beds, but decreased its overflow beds by two. The Downtown Mission established 5 beds that can be used for isolation. The City of Windsor also leased two motel/hotel properties to serve as COVID Isolation and Recovery Centres (IRCs) for people experiencing homelessness. IRC1 began operations on April 1, 2020, offering 29 rooms and is operated by the Welcome Centre, with virtual health supports being provided by the Windsor Essex Community Health Centre (weCHC). IRC2 began operations on May 1, 2020, offering 42 rooms and is jointly operated by the City of Windsor and Welcome Centre, with onsite health supports from Hotel Dieu Grace Healthcare (HDGH). As a result of the very little demand for the 71 rooms offered at the two IRCs, it was determined that only IRC2 would need to continue operations after May 25.

Emergency Shelter Services Amidst Initial Pandemic Phase

Shelter Service Provider	**Shelter**	**Client Group**	**Regular Beds**	**Overflow Beds / Crash mats**	**Total Regular Beds / Crash mats**	**Isolation Rooms**
Salvation Army		Men 18 years and older	26	2	28	
Welcome Centre	Shelter for Women	Women 18 years and older	13	7	20	
	Motel	-Families with dependants under age 18 -Couples -Overflow of single women when shelter is over capacity	10 rooms	14 rooms provided on average in 2019	24	
	Isolation & Recovery Centre 1	-people experiencing homelessness who need to self-isolate due to COVID symptoms, awaiting COVID test results, or quarantining while recovering from the virus				29
Welcome Centre and City of Windsor	Isolation & Recovery Centre 2					42
Downtown Mission		Anyone over the age of 16	103	0	103	5
		Total	152	23	175	76

Usage

The average total occupancy for the emergency shelters in 2018 and 2019 was 137 beds/rooms. The breakdown by shelter service provider is as follows:

Average Shelter Occupancy 2018-2019

Shelter Service Provider		Average Beds/ Rooms Occupied	Occupancy Rate*
Salvation Army		24	92%
Welcome Centre	Shelter for Women	14	116%
	Motel	24	240%
Downtown Mission		75	73%
	Total	137	91%**

**Based on base funded beds, not including overflow beds/mats*
***Calculated based on average beds/rooms occupied (137) out of 151 base funded beds*

The average number of clients served each day by client group is 75 single adult males, 32 single adult females, 12 youth, and 19 families.

Average Number of Current Clients Served per Day by Client Group

Client Group	Current Demand	% of Total
Single Adult Male	75	54%
Single Adult Female	32	23%
Youth	12	9%
Families	19	14%
Total	137	

Note: Numbers may not sum to total due to rounding

Other Services Provided

All of the shelter service providers offer services beyond core shelter services. These are outlined below.

Other Services Offered by Shelter Service Providers

Shelter Service Provider	Other Services Provided
Salvation Army	Shelter clients are given the option to receive chaplaincy supports, computer skills, clothing, counselling and to participate in life skills and wellness programming (which are open to people beyond those staying in the shelter). The Salvation Army also provides a number of services beyond the shelter, including correctional and justice services, church services, community meals and foodbank, Christmas baskets, child care, and supportive housing for individuals with mental health issues and/or a concurrent physical disability.
Welcome Centre	The Welcome Centre also operates a foodbank and a Harm Reduction Program.

Downtown Mission	The Downtown Mission provides a range of additional services, including meals and bagged lunches, Phoenix recovery (substance use treatment program), social activities, health care navigation, assistance with applying for income assistance, ID clinic, income tax clinic, self-administered medication program, Enterprise (work re-entry) program, dental centre, fitness centre, distress centre, text crisis line. They also provide the following for youth at the Windsor Youth Centre: youth drop-in, youth outreach, parenting groups, connections with youth staying at the Southwest Detention Centre, relapse prevention, food program.

Funding and Costs

Pre-Pandemic Funding

The City's 2019 - 2020 "core" funding budget for shelter services at the Welcome Centre and Salvation Army, which includes a total of 36 shelter beds and 10 motel rooms, was approximately $1,400,000. Additional costs for overflow motel rooms and food paid out directly to motel / food vendors was budgeted at approximately $546,000 in 2019 – 2020 but actual expenditures were over $727,000.

The funding provided per bed/room varies by shelter service provider/client group. The Salvation Army received $23,629 per bed/year for its men's shelter beds. The Welcome Centre receives $42,355/bed per year for its women's shelter beds. One of the key reasons for the higher funding per bed is the small bed capacity and therefore a higher operating cost per bed. Another reason is that Welcome Centre receives funding for housing support. Housing supports for clients of the Salvation Army are funded separately. The motels cost approximately $27,475/room per year (average of 3.4 people per room). Food costs for people in motel rooms is budgeted at a cost of $16.50 per day per person at the primary motel which has onsite meal services and $20 per adult and $15 per child at other motels which provide restaurant gift cards to clients.

2019 - 2020 Funding for Salvation Army and Welcome Centre

	Beds	Total	Per Bed/Year
Salvation Army*	26	$614,345	$23,629
Welcome Centre – Women's Shelter	12	$508,258	$42,355
Welcome Centre – for 10 motel* rooms	10	$274,752**	$27,475 room
Total- Core Budget (incl. 10 motel rooms)		***$1,397,355***	
Additional Motel Rooms & Food-Budget*		$545,496***	
Total- Budget		***$1,942,851***	
Additional Motel Rooms & Food beyond Budgeted Amount*		$181,746	
Total		***$2,124,597***	

*Housing Information Services' Housing Worker in Salvation Army and Family Shelter funded separately

**This cost is for rooms only and does not include food

***This includes costs for all of the food in motels, including the 10 motel rooms in the core budget

Pandemic Response Funding

The City has provided additional funding to both the Salvation Army and Welcome Centre and has begun funding the Downtown Mission for their COVID-19 pandemic responses. The amounts below are for the period of April 1 to June 30, although funding at these levels may continue beyond June 30.

- Welcome Centre - $63,000/month (includes funding for enhanced staffing for the shelter for food preparation, cleaning and overnight; funding to operate the Isolation Recovery Centres, and pandemic pay for staff)
- Salvation Army - $-38,000/month (includes funding for cleaning, meal preparation, and pandemic pay for staff)
- Downtown Mission - $95,000/month (includes funding for enhanced staffing to operate the shelter over a larger space, additional cleaning, funding to re-open during the day and have 5 shelter COVID isolation beds available, and pandemic pay for staff).

Pre-Pandemic Costs

Based on the Welcome Centre's 2019 budget, its total expenses were approximately $1,045,000. Its funding from the City represents 75% of its total budget. Other revenues include fundraising/bingos (14%), project grants (7%), and job grants (1%).

Based on the Salvation Army's 2019 budget, its total expenses were approximately $729,000. Its funding from the City represents 84% of its total budget. Other revenues include donations (8%), grants (5%), and occupancy fees (1%)[29].

The Downtown Mission does not receive any funding from the City of Windsor.

Detailed analysis and comparisons of budget allocations to key costs such as staff, food, administration, repair & maintenance & cleaning was not possible due to the different ways each shelter service provider reports their budget.

[29] Salvation Army's shelter and housing had a projected shortfall of $8,800

4.0 Comparative Analysis

Shelter System Regular Capacity

Windsor Essex's emergency shelter system capacity is on the lower end of the spectrum of the jurisdictions reviewed, based on the number of beds per population (lower ratio of beds to population represents a higher capacity). Windsor Essex has more capacity than Halton Region, Kingston, and Northumberland, but less capacity than seven other jurisdictions reviewed. Higher capacities suggest that the system may be better able to meet the demands for shelter. On the flip side, if the number of beds is higher than the demand it can result in underutilization of beds and inefficiencies in use of funding. Windsor Essex's system wide shelter occupancy rate is 91%.

The City of Windsor's investment in shelter services is also towards the lower end of the spectrum of the jurisdictions reviewed. It's investment per resident, at $5.09, is fourth lowest of the 11 jurisdictions reviewed.

Comparison of Shelter System Investments and Capacity with Other Jurisdictions (2018)

Community	Annual Investment	Number of Shelter Beds	Shelter Beds per Population	Investment per Resident
Windsor Essex	$2.1M	151*	1:2,642	$5.33
Greater Sudbury	$1.65M	94	1:1,752	$10.03
Hamilton CMA	$7M	280	1:2,670	$9.36
Waterloo Region	$3.7M	245	1:2,184	$6.91
Halton Region	$1.86M	54	1:10,156	$3.39
Peterborough CMA	$1.4M	80	1:1,484	$11.81
Brantford CMA	$0.85M	55	1:2,464	$6.27
Kingston CMA	$0.83M	48	1:3,324	$5.20
Simcoe County	$0.8M	153	1:1,997	$2.62
Sault Ste. Marie	$0.44M	33	1:2,223	$6.00
Northumberland County	$0.265M	24	1:3,567	$3.15

*This includes both funded and not funded beds

Funding Arrangements

The City of Windsor does not provide municipal funding for emergency shelters, but has covered deficits of approximately $500,000 in both 2018 and 2019 when provincial CHPI funding was insufficient to meet demand. The City provided an additional $500,000 in funding in 2019 to offset CHPI funding that was deferred to 2020 – 2021.

For the most part, the comparator municipalities only provide CHPI funding to emergency shelter providers, and do not allocate municipal dollars to emergency shelter. Ottawa and Peterborough are exceptions. Ottawa used municipal dollars to cover overflow costs (in motels) and Peterborough provides some municipal dollars. All of London's current shelters are funded using CHPI funding, but they are opening a new youth shelter which will be funded by both CHPI and municipal dollars. A couple municipalities reported that service providers use some fundraising to cover a portion of costs, e.g. in

Peterborough, service agreements provide core funding up to about 90% of operational costs, and organizations are expected to fundraise the remaining portion.

Shelter System Design

Interviews were conducted with Ottawa, Hamilton, Sault Ste. Marie, Northumberland, Kingston, Peterborough, and Halton to gather comparative information on their service delivery model, funding - including use of municipal funding, if/how they flex their beds based on demand, whether shelter services are located in rural areas, and whether they have any specific approaches to addressing the shelter needs of refugees/new immigrants.

Windsor Essex's current shelter system is primarily comprised of non-profit shelter service providers who own and operate the shelters. The City has agreements with two of the three non-profit shelter service providers. The City also contracts directly with motels for the overflow motel rooms.

The vast majority of comparator municipalities solely use agreements with third party non-profit service providers to deliver emergency shelter services. One uses a mixed service delivery model. Ottawa has agreements with eight third party non-profit service providers, operates one shelter, and owns the building for another shelter.

The Windsor Essex shelter system has some flexibility to expand at times of higher demand, through overflow beds at the permanent shelters and the use of additional motel rooms when overflow is needed for families. All of the comparator municipalities also have some flexibility within their shelter systems to expand at times of higher demand. Overall the criteria for flexing beds is generally that if a municipality's permanent beds are full they will open up beds (i.e. mats), use motels, or they will have an arrangement for seasonal beds. For seasonal beds there is typically a fixed date that they open and they close. In Ottawa they will use motels for couples (up to 30 days) and will place singles on a case by case (i.e. Trans individual or other needs). All, at least occasionally, use motels for overflow. Motels are regularly used by four of the comparator municipalities, primarily for families. Four of the comparator municipalities have some overflow capacity within the shelters. Less commonly used models include temporary winter responses (Hamilton), warming/cooling centres during extreme temperatures (Halton), and warming room at the local police station (Northumberland). None of the comparator municipalities reported shutting down beds; other than seasonal beds which were shut down based on a date/weather.

Historically, Windsor Essex has seen clients staying in motels took longer to find housing than those staying in emergency shelters. More recently, since the housing worker has been supporting families in motels, lengths of stays in motels have reduced. The comparator municipalities were asked whether clients staying in motels are able to find housing as quickly as they do when staying in emergency shelters. Hamilton reported that they were seeing an increase in the use of motels by families so partnered with a provider to provide support and saw families being housed much faster. In Ottawa each family staying in motels is assigned a case worker.

Windsor Essex's shelter beds are all located within the City of Windsor. Similarly to Windsor, none of the comparator municipalities had formal shelter beds outside of the largest urban core area. One municipality did indicate that the motels they use for families are throughout the municipality.

Comparator municipalities were asked about what they consider shelters' roles to be with immigrants/refugees/refugee claimants. These municipalities generally reported that they serve immigrants/refugees/refugee claimants in their shelters, and in some cases they have seen a substantial increase in shelter use by this population group. Windsor Essex also serves immigrants/refugees/refugee claimants in their shelters, particularly when refugee specific shelters are at capacity. Specific services targeted at this population group in other municipalities were limited. Hamilton acknowledged that this group does need more support with immigration papers. Halton indicated that it has an agreement for 10 beds with the Multicultural Centre for transitional housing for this group, but nothing targeted for emergency shelter. Ottawa will offer repatriation if the household has housing in their 'home' community.

5.0 Strengths and Gaps

The following section outlines the strengths and gaps of Windsor Essex's shelter system, and how it compares with effective evidence-based practices.

Immediate and Low-Barrier Access

Strengths

A number of aspects of Windsor Essex's shelter system support immediate and low-barrier access to shelter:

- There is generally immediate access to shelter when someone presents and beds are available, and there are some opportunities to flex the number of beds available based on demand/ weather both in the shelters and through motels for families
- Substance use in and of itself does not present a barrier to access and is not considered a reason for discharge
- Shelters generally accommodate people regardless of criminal history
- Families of different configurations, such as two-parent households, and mothers with teen boys are able to access shelter together
- Some shelters accommodate clients who are working nights
- Shelters work closely with outreach teams to intentionally outreach to and engage people who are reluctant to access shelter
- Safe storage of possessions is provided at each of the shelters (e.g. one bag)
- There is an informal (although sometimes inconsistent), arrangement with the Humane Society for short term stays for pets offsite
- Service plans not specific to housing are voluntary, and clients are not discharged for not following through.

Gaps

There are some aspects of the current shelter services that can present barriers to access:

- Some shelters have income and asset eligibility limits and require documentation, such as bank statements and eviction notices
- Not all shelters have the capacity to check clients in throughout the day
- In shelters where clients are checked in an out on a daily basis, access for new clients can occasionally be unpredictable when demand is high
- Some shelters no longer place singles in motel rooms, which can present a barrier for those with high vulnerabilities needing their own room

- There are no shelters that have pet-friendly policies to provide safe arrangements for pets on-site (pets may be kept offsite with the Humane Society)
- No shelters have policies related to the safe storage of shopping carts and other large belongings
- At some shelters, missing curfew results in a one-day service restriction
- Service restriction policies are inconsistent across the system and are not commonly known
- Shelters that cannot serve someone attempt to refer to other emergency shelters and services but do not have policies in place to ensure that those individuals or families have access to shelter, housing and services elsewhere
- Although couples who can provide evidence of living together prior to their experience of homelessness are able to access shelter together (in motels), some couples report choosing to sleep rough because they are unable to shelter together

Insufficient training on, or communication of, policies can also present as a barrier to accessing shelter. For example, ID has sometimes presented a barrier to clients accessing shelter, although this is not the shelter's policy.

The environment at the shelters, including interactions with other shelter clients, the built form and layout, and the approach of staff, can also present barriers to access. Some people choose to sleep rough rather than stay in shelter because they don't feel safe, they are not comfortable sleeping in close quarters with many other people, they experience prejudice, bullying or are subject to predatory behaviours by other clients, or their possessions get stolen. As a result of the environment at the shelters, or their perceptions of the environment, a number of specific population groups face barriers to access:

- Many youth do not feel safe in the available shelter options
- Persons identifying as LGBTQ2S are at a higher risk of violence in the shelters, and transgender or non-binary individuals, in particular, do not feel safe and are often discriminated against by other shelter users. Trans men face increased rates of sexual assault. Individuals with non-binary gender identities are not well served by shelters with mandates of specific genders. Someone's ID may not match how they identify or present. Same sex couples may face additional barriers in accessing shelters.
- Many Indigenous people don't feel comfortable in the existing shelter options and see shelter as a last resort
- Couples need to prove they were a couple prior to becoming homeless in order to access shelter together.
- People with severe mental health issues, chronic health issues, and mobility issues are not well served by the current shelter system. Shelters are not resourced appropriately for these individuals.
- Safety, and use/sales of substances, are concerns for some families staying in motels

- There is no emergency shelter in Essex County and transportation between Windsor and the County can present a barrier to shelter use for County residents and can present challenges for those continuing to attend school or work.

Diversion Supports

Strengths

The two shelter service providers receiving funding from the City have incorporated diversion services into their shelter practices. The Welcome Centre began using a standardized script for diversion as part of its intake procedures in March 2019 and the Salvation Army began in July 2019. Based on data recorded on diversions, many women and families are being diverted from shelter who would otherwise have been admitted. Data from the Salvation Army suggests that the tool had not been fully implemented within the shelter as of mid October 2019.

Gaps

There are some gaps in the diversion supports that are being provided in the emergency shelter system. Importantly, not all shelters have implemented diversion practices. Where diversion practices have been implemented, shelter intake staff do not have adequate training on diversion services to provide this service effectively (e.g. interview techniques and engagement in creative problem-solving). There isn't consistency in the diversion services that are being provided by all service providers in the homeless serving system. In addition, insufficient communication and data sharing between helping agencies and shelter or housing agencies sometimes results in duplication of efforts to support clients.

Diversion services are, for the most part, limited to the initial intake process and there aren't any dedicated diversion staff to provide follow-up supports or funds available to provide limited financial assistance to support diversion. For example, there aren't supports to assist individuals who are paying rent but feel they need to access shelter as a result of violence in their home or supports to address conflicts with landlords. There are no direct connections between the diversion services taking place at the shelters and other prevention / re-housing services.

For individuals coming from correctional facilities and hospitals, the discharge planning that takes place is insufficient to support the diversion of these client groups from shelter. The discharge planning that does take place is often not focused on finding housing nor is it done early enough to secure housing. Also, there is one housing navigation staff that support individuals who are hospitalized and experiencing homelessness, but they aren't integrated with the coordinated access process (i.e. the process for people experiencing homelessness to be assessed, prioritized for, and referred to housing and support services).

Practices that Promote Dignity and Respect

Strengths

The several aspects of Windsor Essex's emergency shelter services promote dignity and respect of clients:

- The number of beds at two of the shelters are at a “human scale” and are not perceived to be massive facilities
- At least one shelter has a range of harm reduction practices and is orientated towards working with individuals that may be engaged in higher-risk substance use activities, explicitly indicating that they do not need to alter their substance use, etc. to access shelter. At the other shelters, harm reduction services include education and safe disposal of sharps, and in some cases safe sex supplies
- In at least one of the shelters, several staff have lived experience, which helps staff reflect the population of those seeking shelter
- Shelter staff have training in de-escalation techniques

Gaps

There are, however, some aspects of the shelter services that don’t align with best practices that support dignity and respect:

- There are some challenges with the built forms and layouts in terms of facilitating dignity and reduce conflict, such as lack of private space for intake, dorm rooms, overflow cots, limited common space/use of common space as overflow, and some challenges with maintenance and cleanliness
- Not all shelters are 24-7 where clients can receive shelter, hygiene, storage, food throughout the day
- At some shelters, clients are not able to come and go, which some clients find challenging
- Food/snacks are not always available
- Intake processes that involve lining up and checking in at a certain time or a lengthy intake behind a glass service window do not promote dignity
- Staff training levels vary, and in some cases when a client does not meet an expectation, staff create a power dynamic or conflict for violating a rule
- Not all shelter staff have adequate training in trauma-informed care, mental health, substance use, diversity, and customer service. Starting wages of shelter staff often means it is difficult to attract staff with specialized skills
- Practices are generally not in place to ensure the shelters exhibit cultural competency and provide appropriate protections and services for shelter seekers across demographic differences, including transgender individuals and those with Indigenous identities
- Shelters are not oriented towards working with individuals engaged in high-risk activities such as sex work
- Some individuals with a high severity of illness or injury are staying in regular shelter settings, although these settings are not the most appropriate
- Data is not generally being analyzed to determine if there are disparities in who is receiving access to shelter, or whether there are disparities in housing success rates across racial, ethnic, ability, gender identity, and sexual orientation differences

Housing First Approach / Housing-Focused Services

Strengths

All of Windsor Essex's shelters see their role as meeting immediate shelter needs with a Housing First approach, but not all have a strong housing focus. The key strengths of Windsor Essex's emergency shelters related to their Housing First approach and housing-focused services include:

- Participation in services or compliance with service plans (other than those related to a housing search) are not conditions of a stay
- All shelters generally assist with housing searches and applications, conduct triage assessments (VI-SPDATs) with clients early on in their stay, refer to the By-Name Prioritized List (BNPL), and participate in the process of matching people with the most appropriate housing and services
- Housing Information Services' (HIS) Housing Worker comes into the Salvation Army and family shelter to provide housing support services, which has had substantial impacts on clients' ability to obtain housing and in turn reduced demand for shelter
- At some shelters the housing-focused importance is emphasized in messaging at entry and there is a start to focus on a "housing plan"
- Some shelters develop individualized housing plans with clients, and provide more intensive assistance if warranted
- Some shelters demonstrate an emphasis on the goal of connecting clients back to housing by prominently displaying information about how to access housing
- One shelter is able to offer 6 months follow-up support after clients leave shelter
- There is coordination between the emergency shelter system and the broader homelessness service system for system planning

Gaps

There are some gaps in the alignment of existing shelter services with best practices in a Housing First, housing-focused approach:

- All shelters offer housing search support, but not all shelters have a strong housing-focus or provide progressive engagement to re-gain housing
- Because not all shelters provide 3 meals per day or clients are expected to be out of the shelter during the day, some shelter clients must spend a significant portion of their day trying to get their basic needs met, rather than looking for housing
- Some clients go back and forth between shelters depending on the state they are in, resulting in a lack of continuity of engagement to re-gain housing
- Supports may not be sufficient for some people with intellectual and other disabilities to re-gain housing.

Data to Measure Performance

Strengths

A key strength related to using data to measure performance is that all of the shelters use reporting on key performance measurements to determine opportunities for improvement. Although, some are more robust than others.

The City of Windsor is leading the implementation of the Homeless Individuals and Families Information System (HIFIS 4.0) which will be utilized by emergency shelters starting in 2020 and rolled out to other homelessness serving agencies over the next few years.

Gaps

There are a few gaps in data to measure performance within the Windsor Essex Shelter System, namely:

- The community has not yet implemented a shared homelessness information management system, resulting in a lack of strong community-wide data that can be used to understand shelter use patterns and detect changes, identify frequent users, reduce length of time spent in shelter, and right-size shelter capacity
- Targets have not been established related to time spent homeless, exits to permanent housing, and returns to shelter, and data on averages from other communities has not been shared to help inform targets
- Some shelter staff could benefit from additional training on understanding of data.

Shelter Modifications Amidst Pandemic Reality

Strengths

During the initial/peak phases of pandemic response shelter services were modified to incorporate public health guidelines into services. Modifications included:

- In general, the existing shelters were able to reconfigure their space to promote physical distancing. This included increasing spacing between beds to two meters, staggering mealtimes, and staggering use of shared spaces and bathing facilities. Additional rooms were used for sleeping to allow for greater physical distancing
- All shelters increased their infection prevention and control measures such as promoting additional personal hygiene, using appropriate personal protective equipment, updating food handling procedures, and increasing cleaning protocols, and staff were trained on the new safety measures
- All shelters are participating in screening and testing protocols established by the Health Unit
- People who are unwell are directed to testing and isolation spaces, and transportation is arranged if required

- Isolation & Recovery Centres were established to provide private isolation spaces to people with symptoms, awaiting COVID-19 test results, or recovering from the illness with health care supports provided virtually or on site
- Some harm reduction policies were established for shelter users staying in the Isolation & Recovery Centres, including encouraging proper storage and disposal of paraphernalia, rather than discharge

Gaps

Some challenges remain with the current shelter services amidst the pandemic:

- The shelters have a limited number of washrooms that are shared by several clients, increasing challenges for scheduling the use of common bathrooms and increasing the number of clients that are in contact with each other or the same spaces
- The Salvation Army provides both shelter and housing with supports out of the same facility, and the shared bathrooms on individual floors makes it difficult to provide isolation space within the facility
- Because of the size of the Welcome Centre shelter, it is difficult for clients to physically distance, in particular when they are outside their rooms, but also when they are in their rooms, but not sleeping. Clients are generally asked to stay out of common spaces at the Welcome Centre at this time
- The rooms used to provide additional sleeping spaces in the existing shelters may not be available or financially feasible as long-term solutions
- Some shelters have hired additional staff in response to the pandemic and are paying them a higher wage than pre-pandemic as a result of the provincially funded 'pandemic pay', but this has only been committed by the province on a short-term basis, and some shelters anticipate challenges retaining staff if 'pandemic pay' ends
- People who access the Canada Emergency Response Benefit (CERB) may be ineligible to stay at City funded shelters because they are over the City's asset/income limit and may pay for a hotel/motel to meet their short-term accommodation needs. However, assets can be quickly depleted by staying in a hotel/motel and then cannot be used for first and last month's rent to help them re-gain housing.
- While the City is providing substantial funding to the Downtown Mission to assist with operating the shelter and remain open during the day amidst the pandemic, it does not have an agreement with the Downtown Mission outlining expectations for eligibility, housing supports, etc.
- Shelters may struggle to cover COVID-19 related costs if the City does not receive additional COVID-specific funding allocation from the province or federal government or shelters may struggle with cash flow issues while awaiting the flow of funding
- Families with children staying in motel/hotel rooms have added stressors on their mental wellness when most of the City is closed and children are at the motel/hotel day and night. For some, it also creates additional challenges looking for housing

- Additional outreach, Social Work, and/or peer support as well as health supports are needed in the Isolation & Recovery Centre if a client with higher levels of mental health, substance use or behavioural needs happens to be admitted the IRC
- Clients reported finding it difficult to maintain distance while trying to ensure they got a bed when checking in to one of the shelters that requires clients to check in every evening beginning at a specific time
- Privacy standards are sometimes at odds with shelter providers' desire to ensure safety. For example, if someone staying in a shelter tests positive for COVID, public health shares that information directly with the affected person and not necessarily shelter management, unless required during contact tracing.
- During the pandemic, it has been important for shelters to communicate with each other about clients with COVID symptoms or who have tested positive to ensure that client does not go from one shelter to another. The sharing of this type of information needs to adhere to privacy standards.
- Shelter clients' ability to access other services in the community has been hindered amidst the pandemic as many of these services temporarily stopped or reduced in-person contact. Alternatives such as exchanging emails and voice messages as well as online or phone meetings, often don't work well for shelter clients. Clients reported less timely and accessible housing support services, income support services, addiction recovery services, group supports, laundry, and bathrooms, in particular.
- Amidst the pandemic, given the limited space to provide physical distanced meals, clients can only stay at the Downtown Mission for 15 minutes at a time, two to three times a day, making it difficult to meet clients' other needs such as housing supports, clothing, wound care, medication assistance, etc. at the same time as accessing food. However, the Downtown Mission also provides 75 day time program spaces, which could potentially be used to address other needs.
- There is a concern that the current space available to offer physically distanced meals at the Downtown Mission may not be sufficient to address demand during the Winter.

6.0 Service Access and Service Delivery Model

Service Access

"Access" refers to the method(s) or location(s) for people seeking shelter services to connect with service providers. It can include access in person, by phone, or some other method. Currently, people who are seeking shelter services must contact the shelter provider they are seeking services with to find out if they are eligible and if there is capacity to serve them. Some may have to contact more than one service provider before they reach a service that has space available and able to serve them. Depending on the shelter service provider, they may or may not currently assess whether their housing needs can be addressed without accessing emergency housing. Screening for COVID-19 symptoms and referral procedures have been established to access the Isolation & Recovery Centres. Currently, on average

there are approximately 8.5 new requests for shelter intake per day. The breakdown by shelter service provider is as follows.

Average new requests for intake per day

Service Provider	Number
Salvation Army	2.8
Welcome Centre- singles	1.3
Welcome Centre- families	2.05
Downtown Mission	2.4
Total	8.55

Source: admissions statistics provided by the shelter service providers

There is no "best" access model. Although, the following are important elements of an effective access model:

- All shelter service providers are aligned with the system's overall goals and adhere to shared procedures
- Access points are easy for clients to connect with, they are well-defined and well-publicized, and have the capacity to connect clients both to any services that is offered directly by the access point, as well as other services within the system
- All people have fair and equal access to services regardless of where, when or how they present for services
- Access points should be able to share information between access points, shelter service providers (if different), and ideally, other homelessness services
- Diversion services should be provided consistently, using a standardized approach, to support individuals seeking homelessness assistance to address their housing needs without necessarily having to accessing emergency shelter.

Different approaches may be needed in different communities, depending on factors such as physical geography, the range of programs within the service system, and the capacity of partners in the community. Options include a combination of the following:

- A single physical access point for all shelter services or for a specific client group
- A single "virtual" access point for all shelter services or for a specific client group (typically a single phone line)
- A "no-wrong door" approach in which all shelter service providers function as access points for the entire service system, using a standard process to identify each person or family's needs and connect them to an appropriate service

A single, physical access point is an effective way to integrate all aspects of the intake and referral process, including diversion services and admission to shelter. It also allows for more in-depth face to face interaction between the shelter seeker and the intake/diversion worker, which can help ensure that the individual or family is connected with the most appropriate service. A single physical location is

most suited to communities that have relatively concentrated shelter service providers and/or have good public transportation to ensure that the "access point" is in fact accessible. This approach requires service provider buy-in to change their practices and accept referrals from a separate access point.

A "virtual access point" such as a dedicated phone line can address the limitations of the single physical access point while making it easier to provide oversight and standard training to ensure that all intake staff are using the same processes and providing a consistent level of service. However, a phone-based access process will often need an in-person follow up. It can also present a barrier to service users who are already disengaged from the service system, as well as those who do not have a phone. A phone-based access point may be perceived as less accountable to service users, as the person who initially responds to the call may not be the one who is expected to follow through to deliver or connect them to a service that can help them. A phone-based system can also present a barrier if there is a long delay in answering the call. It is also challenging during a pandemic when access to phones at community agencies that clients would normally use are restricted.

A "no wrong door" approach, in contrast, facilitates access to services by integrating diversion services and intake to all shelter service providers. It makes use of existing facilities and service providers to act as access points for both their own programs and the broader shelter service system. This approach requires service provider buy-in to change their practices to provide diversion and intake for a broader range of services as well as a high level of quality control to maintain consistency between access points.

To support access in Windsor Essex two options are most feasible:

- A physical access point with a phone line for each client group. The access point for the client group would have the capability to admit clients who are homeless and who cannot be diverted to an available emergency shelter bed. This is similar to the current model, but where more than one shelter is serving the same client group there may only be one access point.
- A main access point that assess the needs of people who call or present in person at the access point and connects the individual or family with the most appropriate intervention (eg. diversion supports, emergency shelter, other prevention services such as housing stability funds) as well as access point staff that provide mobile intake/diversion services. The main access point would have the capability to admit clients who are homeless and who cannot be diverted to an available emergency shelter bed. There would be procedures to link clients who initially contact a shelter service provider by phone or in person, with the services offered by the main access point.

Having a main access point would allow for dedicated intake/diversion workers that can help shelter seekers obtain or retain their housing more quickly by providing a greater range of diversion services than someone who is answering phones at an emergency shelter and also has other duties at the shelter. Emergency shelter service providers could then focus their work on helping their clients obtain housing, rather than responding to inquiries about availability. A main access point can help improve service system navigation by clarifying the main access point for services and allowing for the promotion of one phone number and location. A main access point could also avoid the potential incentive for the intake worker who is a staff of the shelter to admit the individual or family to shelter because the more clients the shelter serves the more valuable their shelter is perceived to be. Having a main access point would also provide a consistent process to assess needs and make referrals. However, it can create less continuity for people who are admitted to shelter by first telling their story to an intake/diversion worker that does not also provide services at the shelter and may require individuals or families who go

to a shelter location to travel to the main access point for the intake process before they return to shelter. A mobile intake/diversion team member would help reduce this barrier. A main access point with a unified intake process may also highlight service system gaps and capacity issues that are currently more difficult to quantify. Creating a main access point would require changes in investments and a commitment to work together and support one another, as well as people experiencing homelessness through the change process.

Service Delivery Model

There are a range of both pros and cons of direct service delivery compared to third party service delivery. These are outlined below to help inform decisions on whether to directly delivery shelter services or contract with third parties to deliver services.

Pros and Cons of Direct versus Third Party Service Delivery

Pros of Direct Service Delivery	Cons of Direct Service Delivery
• Greater access to qualified personnel • Greater control over the client experience • Allows the municipality to fully define the service offerings and service delivery model – some third parties may restrict the services they are willing to offer • Allows the municipality to reinvest and retain assets in the public domain for the public good • Operate for the public good, not private gain	• Requires the municipality to take full accountability for negative client experiences • Ability to scale the number of beds is restricted to the spaces and approved staffing levels the municipality has available • Administrative burden of direct delivery could take away focus from other efforts of ending homelessness

Pros of Third Party Service Delivery	Cons of Third Party Service Delivery
• Potential for cost savings • Controlled costs for the municipality • Capital requirements are lower because the municipality does not have to purchase the buildings • Can allow the municipality to leverage benevolent funding and other government grants available to non-profits • Reduced risk for the municipality • Shelter service providers have existing expertise • Greater flexibility in services provided • Potential to serve additional clients because of broader reach due to public awareness of third party service providers	• Municipality has less influence over the service • Less stability in the service delivery • Outsourcing costs - Requires ongoing municipal staff to manage and oversee the service delivery, from data analysis and service provider selection to contracting and procurement • Potential for lower levels of employment and wages and poorer conditions for employees of service providers • Greater potential for communication barriers to develop • Potential for loss of privacy and confidentiality of information

• Private sector organizations may be better able to organize the capital/facilities necessary to provide the service	• Potential for competition for funding/donor dollars among service providers • If contracting with a private sector organization, can increase municipal costs • Private sector organizations are motivated by profit, and may 'cut corners' where there is an opportunity to do so

Both direct delivery and third party service delivery may be feasible, but key drawbacks of direct delivery, including the potential for higher costs and reduced opportunity for the City to leverage the resources and existing expertise of community partners to meet shelter needs, suggest that third party delivery would be the preferred service delivery model.

7.0 Interaction with and Impacts of other Services/Systems/Institutions

Interaction with Other Systems/Institutions

There are limited supportive housing options in the community, which likely has an impact on the number of clients that are being referred to shelters from various systems/institutions.

The Salvation Army received approximately 313 individuals from other systems/institutions over the two-year period from November 2017 to October 2019, not including the 10 admissions to is Children's Aid Society program[30]. The breakdown by system/institution is as follows:

- 187– were discharged from correctional facilities
- 45 – were discharged from medical treatment
- 37 – were discharged from other treatment
- 27 – were discharged from psychiatric treatment
- 12 – were discharged from Brentwood
- 5 – were court ordered out of their address.

These intakes represent approximately 13% of all intakes.

For the fiscal year 2018-2019, the Welcome Centre served 132 clients whose previous accommodation was another system/institution:

- 24 – Correctional facility
- 39 – Hospital – medical and psychiatric
- 32 – Substance use recovery facility
- 13 – Supportive housing
- 24 – Subsidized housing

These clients represent approximately 9% of all intakes.

These statistics suggest an opportunity for the housing and homelessness service system to work upstream with systems partners to develop and implement collaborative protocols to coordinate discharge planning to support transitions to appropriate housing.

Based on interviews with transitional housing providers serving refugees/newcomers, they refer to the emergency shelters when they are at capacity.

As part of the review, transitional housing providers were asked whether they accept people experiencing homelessness who are in need of emergency accommodation, and generally they do not. Therefore, any coordinated access processes that are established for emergency shelter would not need to involve a broader range of shelter and transitional housing providers. Transitional housing providers

[30] Does not include instances where an individual was admitted twice within a 30-day period

indicated that they had positive referral arrangements for them to refer to shelters where required and that shelters referred to them when appropriate.

Interactions with Services for Indigenous Peoples

In terms of connections with Indigenous service providers, the Welcome Centre has a Memorandum of Understanding (MOU) with Can AM Indian Friendship Centre for when they have a mutual client. The MOU allows them to share information and coordinate support. A similar relationship is not in place at the other shelters. Can AM Indian Friendship Centre reported that they have gone to look for people at the Downtown Mission during meals, but they don't have a specific worker to connect with.

Interactions with Service Providers for Pets

The shelters have connections with the Humane Society to provide boarding for pets. Given the limited availability of space, they try to do short-term boarding only. An agreement must be signed with the pet owner if the pet is boarded for more than five nights. They generally only do emergency situations and will not provide boarding for homelessness that was related to an eviction. However, they are flexible if the individual is actively looking for housing and showing an interest in having their pet back.

8.0 Current and Future Shelter Needs and Capacity

In 2018 and 2019, on average, 137 shelter beds were occupied in Windsor Essex on the average night: 75 of these are occupied by single adult males, 32 by single adult females, 12 by youth, and 19 by families. Shelter usage has been decreasing amidst the pandemic, particularly in May and the first half of June (data was available to June 15). An average of 143 households were served per night in April, compared to 105 households in May and 88 households in the first half of June. However, while it is difficult to predict the level of shelter usage after the initial phase of the pandemic, the short term downward trend is not anticipated to continue long term.

Looking to the future, there are opportunities to expand diversion so that it is fully implemented across the system. In particular, fully implementing diversion at the Salvation Army and the Downtown Mission. The estimates below conservatively assume that this could reduce demand for shelter for these shelter service providers by 30%, based on diversion programs in other cities. There are also opportunities to provide additional housing support, where housing support is currently "light", in particular, the Downtown Mission. The estimates below assume that this could further reduce demand for shelter for this service provider by 15%[31]. With these changes in how services are provided, it is estimated that total average demand per night could be reduced to approximately 121 beds. The distribution by client group is 59 single adult males, 31 single adult females, 11 youth, and 20 families. It should be noted, however, that demand from youth is likely to be higher than 11 if a youth specific shelter were established.

It must also be recognized that emergency shelters are not the community's only response to housing crises. Other transitional housing serving specific population groups, such as Matthew House, Angela Rose, and Our Lady of Guadalupe, absorb some of the demand that would otherwise go to emergency shelters. Likewise, emergency shelters serve people from specific population groups, such as refugees, when these other services are full.

Current and Future Shelter Need Based on Current Demand and Potential Impact of Additional Supports

	Current Demand	Estimated Demand with Diversion Across System and Additional Housing Support Where it is Light*	Estimated Bed Need With Recommended 80% Avg. Occupancy
Single Adult Male	75	47	59
Single Adult Female	32	25	31
Youth	12	9**	11**
Families	19	16	20
Total	137	97	121

[31] Based on the consultant's best estimate using information on client length of stay and

*assumes 30% diversion where not currently or fully implemented (ie. Salvation Army, Downtown Mission), and 15% reduction in demand with additional housing support, where housing support is "light" (ie. Downtown Mission)
**demand likely to be higher if a youth shelter existed
***numbers may not sum to total due to rounding

In addition to the demand from clients currently using shelters, based on data from the By-Names Prioritized List, there are some individuals experiencing outdoor homelessness that may access shelters if shelter services better met their needs (youth for example). As of November 21, 2019, there were 83 people/households experiencing outdoor homelessness. This includes 62 single males, 19 single females, and 1 trans-person, 1 family, and 2 youth[32]. 71 of the individuals/households experiencing outdoor homelessness were in Windsor and 12 were in Essex County.

[32] The two youth are included in the breakdown by gender identity

9.0 Funding Analysis

As discussed above, pre-pandemic funding provided to City funded shelters ranged from $23,629 to $42,355 per bed per year. Although, it should be noted that this does not include food for family shelter clients. Likewise, it does not include the additional housing workers that provide services to Salvation Army and motel clients, which are funded separately. Whereas, they are included in the shelter service provider's funding for single women.

If the funding currently provided to shelters to cover additional costs during the pandemic continues, the additional funding would be approximately $16,000 - $17,500 per bed per year at the Welcome Centre and Salvation Army[33]. For the Downtown Mission, funding at that shelter would be approximately $11,000 per bed per year for incremental COVID-19 costs, not including regular operating costs.

Even before the pandemic, shelters were a more expensive option than other responses to homelessness. Amidst the pandemic, shelters are significantly more expensive. In Windsor Essex, a rent subsidy costs approximately $4,500 annually, Housing With Supports Homes cost approximately $18,250, and Housing First Intensive Case Management (Housing Response) with rental assistance costs $9,670[34]. This does include the social and human costs. In addition to being cheaper, putting someone in housing is more humane and reduces their risk of COVID-19. The longer someone remains homeless, the greater likelihood that their physical and mental health will deteriorate and there is an increased chance of an early death. To this end, it is important the City continues to endeavour to increase its investments in prevention and housing and supports rather than emergency responses. That said, given the number of people currently accessing shelters over the course of a year, the City could not meet homelessness needs in the short term by transferring all investments from shelters into prevention and/or housing and supports.

Pre-pandemic, for $23,629 per bed per year (the lowest rate currently provided to the shelters), most shelter providers serving singles should have been able to provide core service levels that align with those being recommended in this report (which include three meals per day). Shelters with fewer than 20 beds, such as the Welcome Centre's current facility, require higher funding levels per bed, as they are not able to benefit from economies of scale. With an average family size is 3.8 people, shelter service providers serving families, and providing three meals per day, require higher average funding per room than for singles.

Some of the additional costs for shelters amidst the pandemic will decrease following the initial/peak period, while others will continue. It is too early to accurately estimate the additional funding that will be required to provide core service levels that align with those being recommended in this report amidst the pandemic. For a given shelter, it depends in part on how closely the existing design of the shelter aligns with public health guidelines amidst the pandemic. Shelters, such as the Salvation Army and Downtown Mission, that have had to switch from congregate sleeping spaces to more sleeping spaces

[33] Calculation not including funding for Welcome Centre to operate IRC
[34] Comparative costs are pre-pandemic

spread over multiple rooms may require higher funding levels per bed, mainly due to increased staffing costs.

Moving forward, if the City were considering making changes to its shelter service delivery models, it should consider the following when assessing whether to continue to use motels versus using dedicated shelter facilities from a financial perspective. Motels may be a more or less expensive option than a dedicated shelter facility, depending on the circumstances. In particular, it depends on:

- Whether a third-party service provider is able to provide an existing facility or the portion of capital costs of a new facility that are covered by other government funding or fundraising
- If the City continues to provide overflow shelter in motels even with a dedicated shelter facility
- How closely the number of beds in a dedicated shelter facility aligns with demand.

Hotels have the advantages of being able to flex to changes in demand and provide a non-congregate shelter option, which may protect people from contracting or spreading viruses, such as COVID-19. However, food costs are likely to be higher when food is not able to be prepared/provided on site, which may, depending on the circumstances discussed above, result a more expensive option for shelter.

10.0 Recommendations

Roles and responsibilities of the City of Windsor staff and service providers

City of Windsor

As the provincially designated Service Manager for Windsor and Essex County, the City is responsible for the planning and management of the housing and homelessness service system and is responsible for ensuring emergency shelter services delivered meet both the expected outcomes of the provincial CHPI funding as well as any future vision for emergency shelter services that is approved by City Council and articulated in the 10 Year Housing and Homelessness Master Plan. The City should continue to administer and ensure contract compliance with Service Agreements between the City and third-party organizations that deliver shelter services. The City should ensure service quality assurance by providing oversite for the implementation of the standards to be established for shelter services. The City should work with service providers to meet the standards, including supporting service providers to build organizational capacity through information sharing, technical assistance, coaching, resource development, and facilitating training. The City should continue to develop standards that improve the shelter system's efficiency and capacity to generate positive outcomes for stakeholders and clients. The City should also continue to organize and facilitate meetings with service providers to enhance communication, service coordination and support best practices.

The City should engage in a number of activities and use a variety of tools to ensure quality of services:

Operational Reviews

The City should conduct service provider reviews of funded shelters to ensure that shelter service providers are in compliance with the Service Agreements and the standards that are developed for shelters. These reviews could include a review of service providers' services, budget and related submissions, financial controls, capital assets, and administrative functions.

Site Reviews

The City should conduct reviews of service provider's sites to ensure their buildings are well-maintained and their infrastructure is in a state of good repair to ensure health and safety of clients, staff, and volunteers. This could be conducted through By-Law, Building or Fire, or in partnership with these departments, as well as in partnerships with Public Health.

Service Delivery Reviews

The City should conduct service delivery reviews in order to ensure high-quality service delivery to clients. These reviews could focus on service models and processes and endure compliance with the shelter standards to be developed for shelters and should include surveys and interviews of clients and non-shelter users.

Reviews of Complaints or Appeals

The City should have a process to review any complaints of clients that have exhausted a shelter service provider's complaints and appeals process.

Analysis of Homeless Individuals and Families Information Management System (HIFIS) Data

HIFIS is a web-based system to collect, store and retrieve client information and can be used to facilitate efficient access to shelter services. The use of HIFIS 4.0 or any subsequent versions should be mandatory for City funded shelters and strongly encouraged for non-city funded and other homelessness-serving agencies. The City should conduct regular analysis of HIFIS information to provide insights for policy development, shelter system planning, and service provider and system reviews.

To ensure that funding is directed to the services the City intends to fund, the City should require an audit or review of shelter service providers' financial statements on an annual basis.

Service Providers

Service providers are responsible for providing direct support to clients experiencing homelessness. They must ensure that the shelter is a welcoming, safe and secure environment for all people staying, volunteering and working in the shelter facility. Shelter providers (that receive funding from the City) work in partnership with the City to provide input into emergency shelter standards and should be required to work in compliance with the shelter standards. To do so, they should create their own policies and procedures that align with City standards. Non-funded shelters should be encouraged to adopt the same standards and practices.

Future shelter needs

The following recommendations on the number of shelter beds required across the shelter system assumes that if diversion supports were fully implemented across the system, 30% of clients seeking homelessness services in locations where diversion has not fully been implemented (ie. Salvation Army and Downtown Mission) could be diverted from shelter and supported to address their long-term housing needs without shelter. The recommendations also assume that if housing-focused supports were increased where they are currently "light" (ie. Downtown Mission), there would be a 15% reduction in the number of clients staying at that location at any given time. The recommended number of beds also assumes an 80% average occupancy to account for periods where demand is above average. The intent is that requests for services when at capacity will occur less than 10% of the time.

The recommendations are based on shelter demand prior to the pandemic, as although shelter demand has decreased in recently amidst the pandemic, it is anticipated to increase again after the moratorium on evictions ends and CERB is no longer available. A sustained lower level of demand would be required before a recommendation could be made to reduce beds.

While the recommendations suggest a specific number of beds, there should be flexibility in the shelter system to accommodate surges in demand, whether they are due to a pandemic, more refugees, changes in the housing market, or other reasons.

Adults

It is recommended that the City work towards a shelter service system with approximately 60 beds for single adult males and 30 beds for single adult females or 90 mixed (co-ed) beds for single adults.

Families

Based on historical data for 2018 and 2019, it is recommended the City work towards approximately 20 beds for families. It should be noted, however, that more recently when housing-focused supports have been increased for the families staying in motels, shelter demand for families has been well below the average of 20 beds. When exploring options for shelter services for families, and number of beds required for families, the City should continue to monitor and take into consideration recent trends in the number of families accessing shelter.

Youth

It is recommended that there be approximately 16 beds for youth ages 16-24. However, the basis for this number is not as strong as for the other population groups, since there is not currently a shelter that specifically serves youth, and they often do not feel safe accessing the existing shelters, resulting in fewer youth showing in the existing numbers than would likely be seen if there were a youth shelter. Demand for youth beds could be even higher than 16, but prevention and early intervention should form a significant part of the homelessness services for youth, reducing overall demand for shelter beds for youth.

Indigenous Peoples

During the consultations to inform the Housing and Homelessness Master Plan some Indigenous stakeholders suggested that they would like to see shelter beds specifically targeted at Indigenous Peoples. However, Indigenous organizations consulted during the shelter review suggested that they would like to see existing shelters tailor their service delivery to better support the inclusion of Indigenous Peoples. This may include trying to make the shelter environment less institutional and more "homey", providing culturally specific services to Indigenous clients, and having Indigenous staff or partners to support Indigenous clients. Recommendations to support inclusion are discussed further below.

People with Severe Injury or Illness

Convalescent care is needed to properly address the needs of individuals experiencing homelessness with a high severity of illness or injury who do not require, or no longer require, care in a hospital, but require the availability of on-site nursing care 24 hours a day, assistance with activities of daily living, or require, at frequent intervals throughout the day, on-site supervision or onsite monitoring to ensure safety or well-being. It is recommended that the City of Windsor engage in discussions with successor of the Erie-St. Clair LHIN about how best to ensure individuals experiencing homelessness in the community have access to convalescent care.

Shelter composition

For safety, and to meet their unique needs, facilities should solely target youth (ages 16-24) and should solely target families. Shelter facilities for adults could be all mixed (co-ed) or there could be a combination of mixed shelters and shelters for males and females. Having at least one co-ed shelter supports better access for people who are transgender. That said, having separate sleeping spaces for males and females is still recommended, as it increases clients' feelings of safety.

There isn't a specific ideal size for a shelter, but shelters with approximately 25 or more beds are able to achieve economies of scale, and shelters with fewer than approximately 40 beds are generally considered to be at a more "human scale". Shelters with 40 or fewer beds are also preferred from the perspective of infection prevention amidst the pandemic. It is recommended that the City try to have shelter facilities with 25-40 beds, where feasible. At least one shelter for each population group should be low-barrier.

Shelter design

As a result of COVID-19, some shelters have had to change their configuration of space. There may be a need for remodelling in the future to allow for long term physical distancing while achieving spatial efficiency, or a need to close certain facilities and redevelop non-congregate shelter facilities. For any new shelter facilities, flexibility in the shelter design will be important to ensure changing needs are met to avoid functional inadequacy, and to minimize costs of change. Layouts, plumbing, and electrical components should be designed to permit amalgamation of two sleeping rooms into one small apartment with a bathroom and kitchenette, and flexible support spaces should be designed to convert/change to different functions over time.

The recommended format for sleeping accommodations is single beds in small rooms. However, multi-bed sleeping accommodation may be required where space is limited. The recommended maximum number of beds per room is four. The four-bed format should be able to be reconfigured as a three-bed layout that includes a shower and toilet, with a separate since in the location of the fourth bed. The three and four-bed configurations should also offer the opportunity for two rooms to be combined into a small apartment. Having some one and two-bedroom configurations can help accommodate individuals who need their own room to self isolate or couples, individuals with disruptive sleeping patterns, or other behavioural issues. Where possible, shelters should also consider providing flexible space for surge periods and extreme weather conditions, that includes the provision of overflow areas for sleeping mats.

Minimum recommended floor areas are:

- Single bed – 3.0 m x 3.9 m (9.8 ft x 12.8 ft), with or without washroom
- Single bed – 3.9 m x 4.0 m (12.8 ft x 13 ft), fully accessible, with or without washroom
- Two-bed – 2.8 m x 4.3 m (9.2 ft x 14.1 ft), without washroom
- Three-bed – 3.5 m x 5.3 m (11.5 ft x 17.4 ft), with washroom
- Four-bed – 3.5 m x 5.3 m (11.5 ft x 17.4 ft), with no washroom

While it can be tempting to incorporate other housing, such as transitional or supportive housing, within the same facility as a shelter. Proximity of a shelter to can be challenging for some residents attempting to move away from the street, and towards permanent housing and independence. Where other housing is provided on the same site, it is recommended that clients not share entrances, elevators, or other facilities, with a shelter.

Service access

It is recommended that a main access point be established for shelter services. The main access point would have a centralized physical location where people can present in person and would also have a dedicated phone number. It is also recommended that at least one access point staff have the ability to provide mobile intake/diversion services. The main access point should operate at a minimum during "business hours" and ideally until approximately 7pm. The City should consider locating the physical location for the main access point downtown, at Housing Information Services or at the future location for the Downtown Mission. An access point should also be considered in Leamington, particularly if there are shelter beds in Leamington. The City should consider using "211" or "311" as possibilities for the phone number that would connect clients to shelter services. However, it should be noted that 311 is not accessible to County residents, who would have to dial a 10-digit number.

The main access point would assess the needs of the individual or family and connect them with the most appropriate intervention (e.g. diversion supports, homelessness prevention services such as housing stability funds, emergency shelter). The main access point should have the capability to admit clients who are homeless and who cannot be diverted to an available emergency shelter bed. The staff person answering the calls to the dedicated phone number should screen the calls. Depending on the capacity of the staff person answering the calls and what other services they are responsible for providing information on, they may complete the diversion assessment, and do intake for all populations during "business hours" or they may transfer the caller to a dedicated diversion worker who would complete the diversion assessment and intake. The diversion worker(s) should have capacity for in-person follow-up meetings onsite at the physical location and in the community.

There should be procedures to link clients who initially contact a shelter service provider by phone or in person, with the services offered by the main access point. For example, if someone presents at shelter before 7pm shelter staff would conduct an initial diversion screen and try to book a same day appointment with a diversion worker. After hours, the calls could be transferred directly to shelter service providers. At that time, shelter staff would conduct screening at the shelter and admit if appropriate and book a meeting with the diversion worker for the following day. Where necessary, the mobile access staff could come to the shelter to meet with the client presenting in person.

Given the current average of 8.5 new households presenting for shelter per day, there should be one access point staff person that is responsible for phone calls and at least one diversion worker that provides in-person services. Two diversion workers providing in-person services may be required if the person responsible for phone calls only conducts the initial parts of the diversion screening. Also, if the diversion worker was also responsible for follow-up supports, where they are required, there should be at least two diversion workers.

Future services

The City and the shelter service providers funded by the City have made significant efforts to modernize their shelter systems and adopt approaches that align with best practices. There has been movement towards ensuring the substance use in and of itself doesn't present as a barrier to service access. Diversion screening has been implemented by the Welcome Centre and more recently is starting to be used at the Salvation Army. However, shelter staff still see diversion as more of an eligibility screening rather than diversion services that are meant to determine the most appropriate service for the client.

Across all three shelter service providers, services include assessment, housing help, and housing case plans. However, the Downtown Mission's current service delivery model of checking in at night and checking out before 7am does not support consistent, standardized housing help and housing care plans for all shelter clients. It is recommended that services across the emergency shelter system (City funded or otherwise) align with best practices for emergency shelter services. Implementation of these best practices are even more important amidst the pandemic:

Diversion Supports
It is recommended that a dedicated diversion worker be established. Ideally the diversion worker would have the initial in person meetings with the client and provide problem-solving, advocacy and limited financial assistance, as well as short-term case management and follow-up support, where required. Feasibility of diversion follow-up support within the City's current budget depends on number of funded beds and resources partners bring to the table. Ideally, a fund to support diversion efforts should also be established that can be used by access/diversion staff in a flexible way to help clients avoid a shelter stay.

Housing-Focused Services
All shelters should have a housing-focused orientation. Each shelter should have daily on-site resources to support a self-directed housing search as well as housing support to develop and implemented individualized care plans and problem solve to address barriers to housing. To support this, shelters would ideally be open 24-7 and provide three meals a day. In addition to benefiting clients, this would benefit Police, Outreach, Housing First and other By-Name Prioritized List partners and help prevent transmission and infections of COVID-19. However, at a minimum, shelters could at least provide service until 9am to allow for onsite housing supports to be initiated/scheduled and the shelters should also provide an opportunity on a daily basis for access to on-site resources and housing supports.

All shelters should follow similar standards for housing supports, including established timelines for completing the VI-SPDAT, developing a care plan, assisting in applying to the Central Housing Registry (CHR), making referrals and providing updates to the By-Names Prioritized List, and updating the care plan.

Services Supporting Inclusion
In addition to all staff having training on topics related to gender identity, sexual orientation, and Indigenous culture, shelters should have practices to ensure the shelter exhibits cultural competency. Shelter service providers should be required to commit to continued self-evaluation and improvement of the services they deliver to diverse population groups, and Indigenous Peoples in particular, based on evidence and leading practices. This may include providing Indigenous clients the option of engaging with culturally specific staff/partners or working towards offering culturally specific services for Indigenous shelter clients.

Income Limits
With more people accessing temporary income supports such as the Canada Emergency Response Benefit, it is recommended that the City review and increase its income and asset limits for eligibility to City funded shelters, so that having some money in their bank account (for example, up to $5,000) does not create a barrier for people to get out of their housing crisis. By requiring someone to spend the money, for example on a motel/hotel, they no longer have money for first and last

month's rent that would allow them to regain housing and set them up for better housing outcomes in the future.

Drop-in/Help Centre

Any drop-in/help centres operated by the homeless service sector that are planned for the longer term should maintain a housing focus, supporting people to access housing and providing homelessness prevention services as well as providing services for basic needs and opportunities for socialization. The City should ensure integration of services between drop-in/help centres and shelters by collaborating with the drop-in/help centres and shelters to establish centralized information, referral and intake procedures, common assessment procedures, joint care planning, common service guidelines and protocols, and use of HIFIS by the drop-in/help centre.

The drop-in/help centre(s) should be located where people experiencing homelessness can easily access or be in the area where they congregate. To help ensure the drop-in/help centre is an integrated part of the community, and the drop-in/help centre should collaborate with the community and demonstrate responsibility for the community, by having strong property maintenance, regular cleaning around the facility, engaging in community service projects, and encouraging clients to take ownership and responsibility for the community.

Service delivery models

It is recommended the City's preferred service delivery model be third-party service delivery with service agreements with non-profit service providers, although this may include private/public partnerships where most feasible and cost effective. Direct delivery has the potential for higher costs and would not allow the City to leverage the resources and existing expertise of community partners to meet shelter needs.

The City should explore opportunities for family shelter beds in a dedicated shelter facility. However, it should be recognized that funds are currently not available to support the initial capital investment for a shelter and this may limit the flexibility in the number of shelter beds available to families. However, it may be possible to re-target one of the existing/planned shelter facilities to families.

The City should explore opportunities for a small number of emergency shelter beds in Leamington. This may include (re-)exploring the use of hotels/motels and exploring the resources that community partners may have available. Diversion services and housing-focused supports should be provided by a service provider that is providing these services for other parts of the emergency shelter system.

For youth, it is recommended that, in the County in particular, the City explore opportunities for host homes as an option for youth[35]. This has worked well in York Region. Host homes can be a cost-effective and successful way of addressing youth homelessness. Youth can stay in their community and maintain existing natural supports.

[35] Host Homes provides a safe, temporary, home-like environment for youth who are experiencing or at-risk of entering homelessness. It is a shelter diversion strategy that is paired with wrap-around, youth-driven services provided by a local service provider

Support services amidst the pandemic

It is recommended that the City explore opportunities to provide outreach, Social Work, and/or peer support as well as health supports at the Isolation & Recovery Centre if a client with higher levels of mental health, substance use or behavioural needs happens is admitted the IRC.

It is recommended that the City collaborate with shelters and housing support providers to work towards improving access to workers providing income and housing support during the pandemic by finding ways to allow more direct contact (e.g. single point of contact, direct phone numbers, text option).

How other services/systems/institutions could interact and enhance efficient service delivery

It is recommended that the City and system partners develop protocols to reduce or eliminate discharging into homelessness from jail, hospital and treatment and create opportunities for early intervention. Where services are already in place (e.g. The Downtown Mission's housing navigation staff that support individuals who are hospitalized and experiencing homelessness), these services should be integrated into the coordinated access process that is established for shelters and for housing supports (i.e. By-Names Prioritized List).

It is recommended that shelter service providers who are unable to accommodate pets onsite establish a MOU with the Humane Society. Alternatively, the City could enter into an MOU with the Humane Society that covers all shelters. The MOU should offer consistent service regardless of why the person is experiencing homelessness or what housing searches they are doing.

Options for funding

The City's budget for shelter services is not sufficient to meet the community's shelter as the sole funder. A substantial investment from other sources are required to meet the community's full shelter needs. Currently, the majority of this investment is being made by the Downtown Mission. Moving forward, the City should (continue to) work with service providers to leverage their investments to meet the community's full shelter needs, while aligning services with the proposed service design and shelter standards.

There is a need to create a more equitable funding model across shelter service providers. Funding levels should be similar across service providers. However, it is recognized that service providers with a small number of beds, may require higher funding levels per bed to address the unique challenges of operating a smaller program. It is also recognized that service providers that previously had congregate shelter spaces and are now spacing clients out over additional rooms/floors may require high levels of funding amidst the pandemic. However, over the longer term, the City may need to consider non-congregate shelters options for infection prevention reasons if a shelter is no longer financially prudent under a modified space or service model, if suitable replacement alternatives are available.

The Welcome Centre currently receives a higher funding level per bed for its shelter for women than the Salvation Army does for men. Besides the challenges with physical distancing at the Welcome Centre's shelter for women, the current agreement with the Welcome Centre is not cost-effective for the City moving forward, given its small number of beds at the shelter for women, and a higher demand for women's shelter beds than the facility is able to accommodate.

The Downtown Mission, which currently only receives funding from the City related to costs amidst the pandemic, may require additional funding from the City on an ongoing basis to align its services with the proposed service design and shelter standards. If funding continues to be provided to the Downtown Mission over the longer term, the City should engage in discussions with the Downtown Mission regarding aligning its services with the City's current expectations for shelters and future shelter standards.

Moving forward, if the City is considering making changes to its number of funded beds, shelter service providers, or overall shelter composition, funding of $23,629 per bed per year (the lowest rate provided to the shelters pre-pandemic), is a funding level that would have allowed most shelters to provide services that align with those being recommended in this report (including three-meals per day). Amidst the pandemic, it is estimated that approximately $6,000 per bed per year (lowest rate provided to shelters during the pandemic) would cover the costs of additional cleaning services for 8 hours a day, additional staffing assistance, local pandemic pay top-up for staff, pandemic related supplies and equipment, as well as additional transportation costs.

Given the number of changes that are required to meet the shelter needs, achieve the proposed shelter composition, and align services with the proposed service design and shelter standards, it is recommended that the City undertake a procurement process to establish a shelter system and funding levels that align with the recommendations in this report.

Performance metrics, outcomes and performance measurement methodologies

It is recommended that the City establish system targets for length of stay, percentage of exits to permanent housing, and returns to homelessness and ensure quarterly reports are prepared for each shelter on these performance measurements. The reports should be regularly reviewed during the meetings with shelter service providers and used to inform changes to the shelter and broader homelessness service system.

Service Agreements should identify expected performance for specified performance indicators (e.g. 10% greater than system average from previous year for time spent homeless, exits to permanent housing, returns to shelter, and client satisfaction).

The use of HIFIS 4.0 should used by all shelter service providers.

HIFIS data should also be used by the City to understand shelter use patterns and detect changes, identify frequent users, and reduce length of time spent in shelter.

Standards and service agreement content

Recommended standards have been provided as a separate document.

Implementation of the recommended service delivery model

Below are some suggested next steps for key activities required to transition the shelter system to align with the recommended service delivery model outlined in this report.

Next Steps:

1. Consult with current shelter service providers to determine a plan for changes to the emergency shelter system

2. In consultation with emergency shelter providers, develop standards for service, targets and performance measures, and updated service agreement content, based on those that have been proposed through the review.

3. Undertake a procurement process to establish a shelter system and funding levels that align with the recommendations in this report. This includes establishing a shelter system with a main access point, diversion services and housing-focused services across the shelter system as well as changes to the number of funded beds for each client group.

4. Transition shelter services to the new service model.

Appendix: Recommended Standards

Refer to separate document with suggested shelter standards.