Review of the Emergency Shelter System within the City of Greater Sudbury

Recommendations Report – Final February 2, 2019

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CONSULTING

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1.0 Introduction

1.1 THE REVIEW

The City of Greater Sudbury engaged Vink Consulting during the second half of 2018 to conduct a review of the emergency shelter system in Greater Sudbury. The purpose of the review was to receive recommendations towards establishing a modernized shelter system with equitable funding models and core service levels that fits well with other community services within a Housing First integrated system approach to addressing homelessness. The review is part of the City's efforts to establish a homelessness system where supports are in place to prevent homelessness first, emergency shelter is provided when required, and clients are connected to permanent, appropriate, stable housing as quickly as possible.
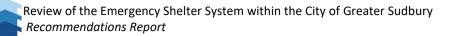
The City identified the following as key areas of interest:
- Ways to improve service and value for money by rightsizing the shelter system capacity
- Shelter system best practices and funding arrangements in other municipalities
- Service gaps and priority populations
- Strategies to ensure people in housing crisis are quickly placed into the most appropriate service through a system of coordinated access
- Recommended levels of core service and suggested core structure
- Opportunities for the provision of preventative/diversion support and housing support services within an integrated system.

1.2 KEY EVALUATION QUESTIONS

Based on the key areas of interest identified by the City, six key evaluation questions were developed to guide the review.

1. What are the strengths and gaps in the current shelter system?

2. For which population groups are there gaps in the current shelter system and which groups should be priorities?

3. What model/strategies should be put in place so that emergency shelters function effectively as part of an integrated homeless service system that ensures:
   - People in housing crisis are quickly placed into the most appropriate service through a system of coordinated access
   - There is easy access to shelter
   - People seeking a place to stay are provided with consistent diversion support, where appropriate
   - People in shelters are connected to appropriate housing support services and supported to re-gain housing as quickly as possible

4. What should the core structure be for shelters, what levels of core service should be provided, and what add on service should be offered?

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5. What is the right size of the shelter system in Sudbury and how can capacity be optimized over time?

6. What funding model would support value for money?

1.3 DATA COLLECTION METHODS

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

- Data and background document review
- Interviews with City staff, shelter operators and other community partners involved in the homelessness service system
- Focus groups with shelter system consumers from each of the shelters
- Review of published information on best practices and interviews with jurisdictions with leading practices
- Interviews with comparator Service Managers about their service level capacity and funding levels and models
- Workshop with shelter operators and community partners to obtain their input on what model and strategies should be put in place so that emergency shelters function effectively as part of an integrated homelessness service system.

1.4 GREATER SUDBURY'S EMERGENCY SHELTER PROGRAM

The City of Greater Sudbury partners with three service providers to operate four emergency shelters in the community. Emergency shelters are facilities with the primary purpose of providing safe and decent temporary accommodations and essential services to persons who are homeless. Shelter providers funded by the City of Greater Sudbury and their client groups are outlined in the following table.

Greater Sudbury Emergency Shelter Providers

Shelter Operator	Shelter	Client Group	Funded Beds
Canadian Mental Health Association Sudbury/Manitoulin	Off The Street	Overnight low barrier co-ed winter shelter	30
Salvation Army	New Life Centre	Men	22
	Cedar Place	Women and Families	26
L'Association des Jeunes de la Rue	Foyer Notre Dame	Youth ages 16-18	16

Based on the service contracts, the three year-round shelter providers are currently required to provide[1]:
- Boarding and lodging in a safe and supportive environment

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[1] The Off The Street shelter does not have all of the same requirements. For example, it does not provide three meals per day or showers.

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- A bed, three nutritious meals per day, and showers
- Eligibility screening of applicants
- Referral to community resources
- Communication with Ontario Works staff to case conference
- Training of staff
- Protocols and practices for service delivery
- Management and maintenance of the facility
- Reporting.

1.5   CONTEXT

As the Service Manager designated by the Province of Ontario, the City of Greater Sudbury 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 shelter system review is part of a number of activities the City of Greater Sudbury is working on to establish a system and programs necessary for a systems approach to addressing homelessness.

As required by the province, the City developed a Ten Year Housing and Homelessness Plan in 2013. As part of the Plan, the City identified the "need to strengthen approaches to preventing homelessness, increase the diversity of emergency shelter options and support individuals with multiple barriers in obtaining and maintaining their housing". Some of the actions related to this priority included:
- Monitor shelter usage, and work over time to gradually retiring some of the capacity of the emergency shelters and re-directing funding to support individuals and families in transitioning to and maintaining permanent housing
- Review eligibility criteria for existing shelters and/or reallocate funding to ensure emergency accommodation meets the diverse range of needs, including emergency accommodation that does not have a zero alcohol tolerance
- Prioritize the most vulnerable for rehousing, case management, and homelessness prevention, particularly those who may be chronically homeless and/or with multiple barriers to housing, including those interacting with health care, Children's Aid Society and addictions treatment.
- Redistributing funding for homelessness services to increase the focus and provide more intensive case management to individuals with multiple barriers to housing
- Develop a structured process that plans for the safe and successful transitioning of individuals from institutions.

The City is currently in the process of conducting a five-year review of the Plan and the findings of the emergency shelter system review will be used to inform an updated Plan.

Another ongoing activity the City has been engaged in is its work with community service partners to develop a coordinated access system to homelessness and housing stability services. Several of the key elements of effective emergency shelter systems, such as access, diversion supports, housing-focused supports, and data are closely related to coordinated access. The emergency shelter review has been both informed by, and will inform, the development of the coordinated access system in Greater Sudbury.

2.0 Effective Shelter Systems

There are six key elements of effective shelters systems[2]:
- 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.

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[3]. 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 and 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[4]. Shelters must accommodate people regardless of criminal history, or other perceived barriers to entry, like previous non-compliance with a housing plan[5]. 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.

Immediate access to shelter begins with having shelter options for households of any configuration[6]. This includes couples without children, persons identifying as LGBTQ2S, two-parent households, mothers with teen boys, and self-defined groups or families.

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[2] 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

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

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

[5] United States Interagency Council on Homelessness, 2016, Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation

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

Having immediate and low barrier access to shelter also involves providing predictable and extended access[7]. 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[8]. Shelters that cannot serve someone should ensure that the people have access to housing and services elsewhere[9].

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.

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 to 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

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

continue to live where they have been living or have a safe non-shelter alternative[10]. 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[11].

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[12]. 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 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[13]. 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.

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[10] National Alliance to End Homelessness. (2011). Closing the Front Door: Creating a Successful Diversion Program for Homeless Families.

[11] National Alliance to End Homelessness. (2011). Closing the Front Door: Creating a Successful Diversion Program for Homeless Families.

[12] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode

[13] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode

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[14]. 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 times 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[15].

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[16]. Shelters should have practices to ensure the shelter exhibits cultural competency and 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[17]. 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[18]. 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

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[14] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode

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

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

[17] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode

[18] OrgCode Consulting, Housing Focused Sheltering: Thoughts from OrgCode

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[19]. 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.

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[20]. 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[21]. 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.

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[22]. 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.

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

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3.0 Shelter System in Sudbury Compared to Other Jurisdictions

The consultants engaged Service Managers in comparable jurisdictions to examine their shelter systems to give Greater Sudbury a barometer on how they are doing. Kingston, Waterloo, Hamilton, London, Simcoe County, and Wellington were chosen as comparators. In addition, the consultants drew from information gathered by OrgCode Consulting for the City of Brantford's review of its homeless shelter and housing with supports system, which also looked at Hamilton, Waterloo Region, Halton Region, Peterborough, Brantford, Kingston, Simcoe County, Sault Ste. Marie and Northumberland County.

Shelter System Capacity

Greater Sudbury's emergency shelter system capacity is among the highest of the jurisdictions reviewed, based on the number of beds per population (lower ratio of beds to population), second only to Peterborough. Higher capacities suggest that the system may be better able to meet the demands for shelter. Some communities we examined (Hamilton, London, Simcoe) are operating very close to or above capacity, suggesting that they may not have enough beds to meet current demands. 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. Greater Sudbury's system wide shelter occupancy rate was 78% for the 12 months from April 1 2017 to March 31 2018. Greater Sudbury is a regional hub for many residents who live in nearby communities, which likely contributes to an increased demand for emergency shelter in comparison to its population as a result of demand from residents leaving nearby communities.

A few jurisdictions have established shelter occupancy standards or targets to help them determine the right size of their shelter system. Kingston has established a 90% occupancy target, but is looking to revise this based on its new coordinated access system and focus on diversion. Wellington's funding model uses 80%, but there is no overall system target. Hamilton aims for 80% occupancy as its standard.

Comparison of Shelter System Investments and Capacity with Other Jurisdictions

Community	Annual Investment	Number of Shelter	Shelter Beds per Population	Investment per Resident
Greater Sudbury	**$1.65M**	**94 (64 annual + 30 seasonal)**	**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

Shelter System Investment

Greater Sudbury's emergency shelter investment could be considered high in comparison to other jurisdictions. Among jurisdictions reviewed, only Greater Sudbury and Peterborough spend greater than $10 per community resident. Most, including Kingston, Sault Ste. Marie, Brantford, Waterloo, and Hamilton, spend in the mid-range from $5 to $10 per resident. Those spending less than $5 per resident tend to be communities that include rural areas and smaller towns. Halton Region is an anomaly.

The average funding provided to shelters in Greater Sudbury per day per bed is $58, although some receive a higher per diem amount under their current funding arrangements. Although it's difficult to make comparison across communities as service models vary, this funding level is higher than all but two comparator municipalities. Notwithstanding that the City of Brantford recently recommended an increase to its funding levels to $65.

Like Greater Sudbury, all other jurisdictions reviewed have moved to a block funding model. Several communities expect service providers to provide housing focused services with the funding provided.

Shelter System Service Models and Implementation of Effective Practices

Many other Service Managers have made significant efforts to modernize their shelter systems and have adopted systems that are well aligned with Housing First approaches. Most other municipalities have established standards for their shelter system that define service standards related to access, promoting dignity and respect, and ensuring a housing focused service model. There has been a movement towards ensuring shelters are low barrier. Most comparator municipalities have implemented formal diversion services. Several communities have implemented service models and standards that extend beyond basic services, and include assessment, housing help, and housing case plans, and several make them mandatory for all shelter clients. Waterloo has developed an Emergency Shelter Program Framework which defines policies for shelters to be housing focused (i.e. purpose of shelter is to find housing, tailor length of stay, develop housing plans, support housing search, have daily intentional housing conversations). In Kingston, housing case managers are attached to sheltering agencies and these staff are responsible for completing assessments and developing housing plans with all clients. Clients are then prioritized for Housing First/Rapid Re-housing which is delivered through a shared Team Lead and Housing Liaison with a shared dynamic waiting list.

Some communities have implemented, or are working on, specific services to support inclusion and cultural competency. Kingston has hired an Indigenous coordinator for the adult shelter. Hamilton has an Indigenous Housing First worker and is working to develop an LGBTQ2 inclusion policy.

Several communities have recognized the need for a shared data system to monitor performance and some are working towards implementation of HIFIS 4.0. Kingston is an example of a community that is already using its data to measure performance. It has developed both funding goals and outcome goals that it monitors its system against.

Greater Sudbury lags behind most of the comparator communities in modernizing its shelter system. Currently, there are no elements of an effective shelter system that are fully implemented in Greater Sudbury.

4.0 Shelter System in Sudbury Compared to Best Practice
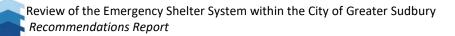
Immediate and Low-Barrier Access

Greater Sudbury has a no-wrong door approach to access to shelter services. The shelters are all located in the downtown core, providing easy access from primary referral points in the City, transportation connectivity from the outer areas of the City, and close proximity to other relevant services. Navigating the service system to shelter is relatively easy; the shelters are well known in the community and people quickly find out where to go. **It is recommended that shelters continue to be the access points for shelter services rather than having a single access point that conducts diversion screening and connects clients with all of the "entry level" homelessness and housing stability services.** Outreach teams work closely with the Off The Street Shelter to intentionally outreach to and engage people who are reluctant to access shelter in winter months. At the year-round shelters intake is done 24-hours a day, while the Off The Street Shelter does intake only in the evening.

There is generally sufficient capacity in the shelter system for all client groups, although Cedar Place periodically reaches capacity, and in non-winter months there are no alternative shelter options. Predictable access to shelter is provided in winter months through the Off The Street shelter, as the number of beds can flex to demand.

The current shelter system has shelter beds aimed at youth, single adult men, single adult women and families led by women. There are also policies to accommodate two parent households in hotels. There are, however, gaps in the current shelter system for certain population groups. There are a number of household configurations that are unable to access and stay in shelter together in formal shelter facilities rather than hotels, including couples and two parent households, families with adult males or teen age sons, and large families. People with mobility issues or other physical accessibility needs are not able to be served in the current shelter system, as shelter facilities are not accessible. People with pets, possessions that are not permitted in shelter, such as substance use supplies (in the year-round shelters), or large amounts of personal possessions for times when they are sleeping rough, cannot be accommodated in shelters, resulting in reluctance of these individuals to access shelter. **Shelters should be asked to investigate possibilities to accommodate pets, either on-site or off-site and to provide amnesty totes and other storage opportunities for personal possessions.** Other recommendations related to specific population groups are discussed below.

Shelters vary in the level of access that is provided to people with substance use, mental health issues, criminal history and other barriers to entry. There are some prerequisites to entering the year-round shelters (not highly intoxicated, not a safety/security risk, do not have mobility issues). Substance use is a reason for discharge at Foyer Notre Dame and may result in ineligibility or be a reason for discharge at Cedar Place. People with serious mental health issues may not be accommodated in the three year-round shelters, as staff do not have adequate training to support these clients. **These point to the need for year-round low-barrier shelter options and staff training on serving people with mental health and substance use issues.**

At Cedar Place, criminal history can be a barrier if perceived as a safety risk to children. Identification is also required to access the year-round shelters. While there are exceptions in some circumstances and

it is rarely applied as a reason for ineligibility, it is perceived as a requirement and is a barrier to people without identification in seeking shelter. In the winter months, there is a low barrier shelter option through the Off The Street Shelter, which accommodates people regardless of substance use, criminal history, or other perceived barriers to entry. Shelters that cannot serve someone provide limited assistance to ensure that those individuals have access to housing and services elsewhere. They will refer to other shelters, the hospital, detox, or shelters in other communities.

Although Off The Street is a low barrier shelter, a few people are still banned due to behaviour. The limited number of shelters for each population group means that people who have been banned are unable to access shelter. People banned from all downtown service locations in the Winter are often presented to 'Rapid Mobilization Table' to move services forward.
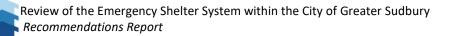
There are a few practices that can make it difficult for some clients to maintain their stay in shelter. For example, there are behavioural expectations beyond safety at Foyer Notre Dame, Cedar Place (as a result of children present) and are at least perceived to be beyond safety at the New Life Centre. Youth unable to follow the substantial expectations and compliance requirements at Foyer Notre Dame are unable to access shelter there and do not have alternatives when the Off The Street shelter is not open. Clients who are unable to follow their housing plan and secure housing on their own, typically those who either do not qualify for the Housing First program or who do not wish to have the supports that are mandatory through the Housing First program, may not be re-admitted to the year-round shelters after several stays because they are seen as not making an effort to obtain housing. Also, shelter clients, particularly at the adult and family shelters, are strongly encouraged to leave the shelter once they have received an offer for social housing, but before move-in day.

Give these current practices, to ensure that shelter clients are consistently treated fairly and with respect, it is recommended that the City develop system-wide shelter standards.

The standards should outline principles for service delivery, shelter access and customer service, client rights and responsibilities, a complaints and appeals process, communication to clients about policies and complaints and appeal process, and process for City to review and approve shelter operators' policies. **As a precursor to the standards, the City should work with its community partners to develop a shared set of principles of what the shelter system is trying to achieve and use these principles to reorient shelter services. Efforts to reorient shelter services could include an internal, peer and City review and update of each shelter's policies and practices based on the shelter system principles.**

Diversion Supports

Greater Sudbury's shelters do try to provide diversion services. This typically involves confirming that the client is experiencing absolute homelessness and asking whether the individual has family or friends they can stay with. Shelter providers, however, are not necessarily screening all clients for diversion. There is no consistent process for diversion screening or diversion services across the system. **It is recommended that formal diversion supports be implemented at each of the shelters, where staff screen all households seeking shelter using a standardized script, and if applicable, provide light touch supports including creative problem-solving, advocacy and flexible assistance to help them stay in safe non-shelter alternatives. Ideally, a diversion team lead position would be established to lead system-wide diversion efforts and support front-line shelter staff providing diversion supports and help ensure that consistent approaches are being used across the system. It is also recommended**

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that a fund be established to support diversion efforts that can be used by shelter staff in a flexible way to help clients avoid a shelter stay.

Diversion is not an appropriate option for some people presenting for shelter. Approximately one third of clients who seek shelter in Greater Sudbury are already absolutely homeless and have moved from another community. However, there are many people who could be effectively serviced with diversion supports. People being discharged from hospital present one opportunity for diversion. Shelters often receive referrals from hospitals, but processes are not always used to try to re-house these individuals prior to being discharged from hospital. There are also a number of people who are housed, but have poor housing conditions, and have been using the Off The Street shelter for social engagement and a place to stay. There is a need for supports at the Off The Street shelter to support these clients in making their current housing better so they can stay there and have opportunities for social engagement without accessing shelter. There are also situations where an individual has been housed, but comes back to shelter. There is currently no flow of information on the status of an individual's housing to shelters. There may be opportunities to support the individual in maintaining their tenancy if shelter staff/diversion workers were aware of their housing status.
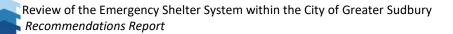
There are a number of existing supports in the community that a diversion support program could refer clients to, including the Emergency Community Fund and Community Homelessness Prevention Initiative (CHPI) funding for arrears or landlord mediation. Two new Housing Navigator positions have also been funded at the Homelessness Network who can support diversion efforts. For example, the Housing Navigators could accept referrals from shelters for housing help services. However, if the two Housing Navigators provide housing help to clients within AND outside of the shelter system, they will not have sufficient capacity to provide the level of diversion supports required to adequately support clients who were seeking shelter find and maintain alternate permanent accommodations.

Homelessness service system policies should not indirectly encourage greater use of shelter services. Currently, to obtain "Urgent" priority status on Greater Sudbury's social housing waiting list an individual or family must be staying in shelter. This policy could undermine some of the potential for diversion services as it encourages people experiencing homelessness to access shelter rather than staying with family or friends. **The City of Greater Sudbury should consider making persons experiencing any form of homelessness, including couch surfing, eligible for the Urgent priority status for social housing.**

Housing-Focused Services

Currently in Greater Sudbury, staff job descriptions and services are not oriented towards helping clients obtain housing. The Off The Street Shelter, in particular, is not housing focused. Clients are not required to engage in a housing search and there are no time limitations to the stay even when a client is not engaged in a housing search. **A housing-focused orientation should be adopted at the Off The Street shelter.** This includes stressing the housing-focused importance in messaging at intake, focusing on a "housing plan", and setting timeframes for conversations about housing and conducting assessments.

The shelters have limited availability of housing supports. Shelters encourage clients to apply for subsidized housing and may support the completion of applications, but individualized housing plans are not fully developed at the shelter. Other than a list of available housing units, there are no resources available at the shelters to support a self-directed housing search and clients are generally expected to

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leave the shelter during the day. All adult shelter clients are required to meet with an OW Risk Work within two days of their admission to shelter. OW Risk Workers encourage clients to apply for subsidized housing, and may support the completion of applications or connections to landlords. Shelter clients are encouraged to receive an assessment to determine eligibility for moderate to high intensity housing and support services, although this is not required. Assessments are conducted on-site at these shelters. Shelter staff check in with clients on a weekly based about progress on their housing plan. OW Risk Workers also conduct weekly housing focused check-ins with clients, but the supports that are provided are limited. Shelters and OW Risk Workers provide referrals for assistance with collecting documentation necessary for submitting applications and determining program eligibility. At the Off The Street Shelter, outreach services are available to support clients who are interested in obtaining housing with completing applications, following up with the City of Greater Sudbury Housing Services, and collecting documentation necessary for submitting applications and determining eligibility for the Housing First program. At Foyer Notre Dame fully individualized housing plans are developed for clients and they will refer to the Homelessness Network if they think the client may qualify for moderate to high intensity housing and supports.

At this time, availability of housing navigation services for those who are not connected with, or eligible for, the Housing First program is limited to the consolidated list of rental listings updated weekly and the housing supports provided to Indigenous clients by N'Swakamok Native Friendship Centre.

Currently, if an individual does not qualify for Housing First case management services, the individual is not progressively engaged if they are unable to secure housing after a set period of time. On the other hand, if they qualify for Housing First, but do not want to accept ongoing housing supports, the individual is not engaged further to support them in re-gaining housing. **The City should develop a system of progressive engagement for the Housing First program (i.e. utilizing the Housing Navigators for those who do not want to participate in the Housing First program).**

There is currently no common information system on clients, decreasing service providers' ability to support clients. For example it can be difficult to reach clients who are being offered a unit through social housing or who recently abandoned their social housing unit. There is, however, strong informal communication between shelters and other service providers in the homelessness service system, which helps support coordination between the different service providers serving shelter clients in absence of a shared information management system. **It is recommended that Greater Sudbury implement HIFIS 4.0 across the system (shelters and homelessness network) to support information sharing.**

It is recommended that all shelters move to a 24-7 shelter model with full services, including three meals a day and opportunities to undertake a housing search during the day. This would better position clients to be able to re-gain housing. It is recommended that the updated shelter model include daily onsite housing supports that are provided by shelter staff and that shelter staff be responsible for developing individualized housing plans. Shelters should be housing focused and accountable for working to reduce length of stay, increasing exits to permanent housing, and reducing returns to homelessness, and therefore they should also have a direct role in helping clients be re-housed. Without responsibility for re-housing, there may be less ownership of working towards the system-wide goal of reducing homelessness. Providing a higher level of housing supports is incorporated into the service and funding model discussed further below.
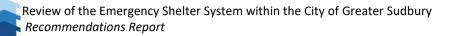
Promote Dignity and Respect

As discussed above, being inclusive of people across racial, ethnic, ability, gender identity, and sexual orientation differences is an important component of promoting dignity and respect. Greater Sudbury's shelter system falls short in a number of aspects related to inclusion.   This includes in the provision of services to Indigenous peoples and transgender individuals. Shelter staff do not necessarily receive cultural sensitivity training nor are there generally any culturally specific services for Indigenous shelter clients. There are, however, Indigenous specific housing supports offered at the Off The Street shelter. Transgender individuals reported that they do not feel they have safe shelter options and there are not many practices in place to ensure appropriate protections for transgender shelter seekers.

There are a number of challenges for persons with disabilities. In addition to lack of accessibility of the shelter facilities, shelter staff do not have the training nor the resources to support clients with disabilities (e.g. dementia, learning disabilities). Clients are required to travel to Ontario Works to meet with OW Risk Workers within two days of entering the shelter and weekly thereafter, but some clients, particularly those with mobility issues, find it difficult to travel for these appointments, and not making the appointment puts them at risk of losing their bed. Further, harm reduction practices are limited or not practiced at the three year-round shelters, making them less inclusive of people with substance use issues.

There are both strengths and weaknesses of the built form and services offered to meet basic needs in Greater Sudbury's shelters. The shelters are generally perceived to be safe places and some of the shelters, namely Cedar Place and Foyer Notre Dame, provide a home-like setting. However, there are some aspects of the built form and layouts of some shelters that do not support dignity and respect and there are no standards to ensure appropriate built forms. The New Life Centre building is old and not designed to facilitate dignity and reduce conflict. At the Off The Street Shelter clients sleep in one room on cots. The layout at the Off The Street shelter is also not conducive to sleeping as the TV is in close proximity to the sleeping area. There are no showers available at the Off The Street shelter. The lack of privacy at both the New Life Centre (for example in the showers) and Off The Street shelter results in trans men feeling like they do not have safe shelter options. The shelter programs are not designed to be available during the day, although the year-round shelters do provide meals throughout the day. However, access to most food, including refrigerated food, is only available at designated meal times. **The City of Greater Sudbury should work with shelter operators to transition the shelters over time to built forms that are accessible and promote dignity.**

Currently, shelters mission, values, policies, rules, intake processes, and expectations of staff are determined by the shelter provider rather than having any system wide standards to ensure shelter clients are treated with dignity and respect. Rules are not currently posted for clients to help ensure that clients have a clear understanding of expectations. Rules and/or behavioural expectations in the year-round shelters are perceived by a notable number of people with lived experience as being unreasonable and consequences disproportional. At each shelter the consultants heard about staff who were very caring and treat clients in a positive and respectful way. However, during the consultations some individuals with a lived experience of homelessness reported that they didn't feel like they were treated with dignity and respect, and in some cases they would avoid shelter as a result. The current service agreements and funding model for shelters do not include requirements or funding for staff training on topics such as trauma-informed care and de-escalation techniques. **Moving forward, the City should establish requirements for shelter staff training in trauma-informed care and de-escalation techniques. As discussed above, it is also recommended that the City develop system-wide**

shelter standards. The City should also establish a process to assess adherence of shelter operators to the shelter standards and collect information about the quality of services provided. This could be done through regular reviews of shelters and/or client surveys.

Data to Measure Performance

Greater Sudbury shelters all use Homeless Individuals and Families Information System (HIFIS) 3.8 to record data on service usage and client outcomes. As discussed, this version of HIFIS does not support sharing of client level data between shelters. However, the shelters do submit data in aggregate to the HIFIS Coordinator. The HIFIS Coordinator prepares quarterly reports on shelter utilization (unique users and bed nights) and is able to pull relatively rich data on client profiles, turnaways, length of stays, returning clients, reason for service, reason for discharge, and referral sources upon request. There are some limitations on the ability to conduct detailed analysis of the HIFIS data because HIFIS reports data in aggregate in the HIFIS Coordinator's database. For example, the Coordinator is not currently able to isolate data on length of stay based on client profiles.

While reports are regularly prepared on shelter utilization, there not regular reporting on performance measurements such as length of stay, percentage of exists to housing, and returns to homelessness, nor have targets been established for the community to measure itself against. **It is recommended the City of Greater Sudbury 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 by the Housing First Steering Committee and used to inform changes to the shelter and broader homelessness service system.**

A shared information management system, such as HIFIS 4.0, would help support regular use of the data to understand shelter use patterns and detect changes, identify frequent users, and reduce length of time spent in shelter.

5.0 Population Groups that Should be Priorities for Action

A number of population groups emerged as priorities for targeted action based on the consultations and analysis of usage of the emergency shelter system. These include Indigenous peoples, people with serious mental illness and substance use issues, transgender individuals, young people age 19-24, and people who are discharged from provincially funded systems.

The over-representation of Indigenous peoples amongst those experiencing homelessness in Greater Sudbury is stark: 39% compared to 9.4% of the population. The impacts of intergenerational trauma, residential schooling, systemic marginalization and racism are key drivers to explain this overrepresentation. While Indigenous peoples account for 39% of the absolute homeless population based on the homeless enumeration, the percentage of Indigenous people served in each of the year-round shelters is notably lower. The percentage is higher in the Off The Street shelter, which presents a concern about whether the policies or practices at the year-round shelters are hindering the ability of Indigenous peoples to access these shelters. Indigenous homelessness is a colonial legacy that requires

intentional action across the homelessness services system. **Action should be taken to ensure access to low-barrier shelter services is available year-round and all shelter staff have cultural competence that enables them to work successfully in a cross-cultural setting. Shelter staff should be required to have cultural sensitivity training and a guide or framework should be developed related to the provision of shelter services for Indigenous peoples. Client-specific services for Indigenous peoples should also be incorporated into the services provided at shelters, where feasible.**

Serious mental illnesses and substance use issues are among the largest causes of homelessness and can greatly disrupt people's ability to find and maintain housing. In shelter settings that are not low barrier negative behaviours associated with the illness or substance use regularly result in these individuals in being denied access to shelter, may receive a service restriction or unplanned discharge. Greater Sudbury's year-round shelter providers acknowledge that people with barriers, such as severe mental health and substance use issues, are not receiving the access to the shelter and supports to re-gain housing that they need. Yet, these are significant risk factors of death while homeless, and therefore these individuals should be a priority for access to shelter and supports. **The City should ensure people with serious mental illnesses and substance use issues have access to appropriate shelter and supports by ensuring low-barrier shelter services are available year-round, outlining standards for access and service restriction/discharge within a set of shelter standards, and requiring appropriate qualifications and training for shelter staff.**

Transgender individuals are particularly impacted by violence and discrimination and are at significant risk of harassment and physical and sexual assault, and they do not feel they have safe shelter options in Greater Sudbury. **The shelter system must acknowledge the vulnerability of transgender individuals and provide a welcoming and inclusive environment. The City should require equal access for transgender individuals and provide a framework and guidance on how to ensure fair and appropriate treatment of transgender individuals. This could be outlined in a shelter standards document or a stand-alone guide/framework for services for transgender individuals.**

Young people age 19-24 are currently served by the adult shelters without any age specific supports. However, research has found youth/young adults in this age group, also have different service needs than their adult counterparts. These may include family reunification support, and opportunities for education and employment, among other things, in addition to housing supports. **The City should ensure that diversion and housing support services provided to this demographic group are tailored to meet their needs.**

The shelter system receives a substantial number of people who are discharged from provincially funded systems such as correctional facilities, medical treatment and mental health or additions treatment. Refer to the following table for the percentage of clients of each of the three year-round shelters in 2017 who identified that one of their reasons for seeking service was because they were transitioning from a correctional facility, medical treatment, or other treatment. These numbers suggest significant opportunity for the homelessness service system to work with system partners to improve discharge planning and reduce discharges into homelessness from these institutions. **The City, along with the shelters, should work with system partners to develop protocols, or where protocols are already in place (e.g. with the hospital) to strengthen their implementation/effectiveness, to reduce or eliminate discharging into homelessness from jail, hospital and treatment and create opportunities for early intervention.**

Self-Identified Reasons for Seeking Service at the Year-Round Shelters (may be multiple reasons), 2017

	New Life Centre	Cedar Place	Foyer Notre Dame
Transition from Correctional Facility	29%[23]	7.5%	28%
Transition from Medical Treatment	13%	9%	0%
Transition from Other Treatment Services (such as mental health or addictions)	13%	6%	4%

Source: HIFIS data provide by the Social Planning Council of Sudbury
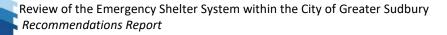
6.0 Funding Model

One of the City's goals of the program review is to receive recommendations towards establishing an equitable funding model. Currently there is significant diversity in the level of funding provided per bed between shelter operators. This is a legacy of past funding models. Historically, shelter beds were funded on a per diem basis for occupied beds. When the City transitioned to block funding, the funding allocation was based on occupancy rates and funding received in the time period leading up to the change to a block funding model. Since that time, the Off The Street Shelter was added and occupancy patterns have changed. The funding level for the Off The Street shelter was determined through a Request For Proposal (RFP) process where proposal respondents submitted a budget request as part of their bid to operate the shelter based on their cost to operate, rather than a funding amount pre-determined by the City.

Current Funding Allocations by Shelter

Shelter	Funded Beds	Maximum Annual Compensation	Funding Per Bed Per Day
Off The Street	30	$356,269 (for 5.5 months)	$71
New Life Centre	22	$253,000	$32
Cedar Place	26	$600,000	$63
Foyer Notre Dame	16	$442,000	$76
Total	94	$1,651,269	$58

To create equity between shelter operators there is a need for similar funding levels across shelter operators, while recognizing that with small programs, there may be challenges with maintaining

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[23] This number may be overstated as it may include people accessing beds at the New Life Centre that are funded through corrections rather than beds that are funded by the City, but the numbers for Cedar Place and Foyer Notre Dame suggest that the numbers are likely still high even without counting people accessing the beds funded through corrections

viability at these funding levels. At the same time, there is a need to work within the existing funding envelope as there is no additional funding that can be allocated to emergency shelter services.

Funding all shelters at a rate of $58 per day per bed, the current average funding level, does not support quality service provision. For $65 per day per bed, most shelter providers should be able to provide core service levels that align with those being recommended in this report. The existing funding envelope could support 70 beds on a year-round basis at $65 per day, or 84 beds in winter months and 57 year-round beds (for example). Further discussion of possible sizes of the shelter system and recommendations on funding levels are discussed below.

Moving forward, any funding model adopted by the City should be:
- Transparent and straightforward,
- Predictable and fixed to support stability and sustainability,
- Equitable, having funding levels similar across emergency shelter providers of similar size, while recognizing that smaller providers may require a higher funding level per bed to address the unique challenges of operating a smaller program, and
- Based on the level of investment required to implement updated core structure and service standards

Shelter operator contracts 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).

7.0 Size of the Shelter System

At most of the shelters in Greater Sudbury occupancy is typically well below capacity, with the exception of the Off The Street Shelter which regularly uses some of its internal overflow beds.

The analysis of required number of beds assumes an 80% average occupancy rate to account for periods where demand is above average. The analysis also assumes that requests for service when at capacity occur no more than 10% of the time.

The analysis also assumes that if diversion supports were implemented, 25% of clients seeking homelessness assistance could be diverted from shelter and supported to address their long-term housing needs without entering shelter. Research suggests that a diversion rate of 30% is an appropriate target for communities to achieve. Even with very limited diversion supports, communities have achieved 20% diversion rates in early months following the launch of diversion supports.

Foyer Notre Dame has an average occupancy of 7 beds, which is not sustainable. However, there is a need for youth focused shelter services in the community. Young adults ages 19-24 are currently served by adult shelters, but could be better served with youth focused services. For these reasons the analysis of required beds by shelter assumes that all youth ages 16-24 would be served at Foyer Notre Dame or another youth shelter.

Analysis of Number of Shelter Beds Required Under Various Scenarios

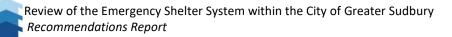| Shelter	Funded Beds	Average Occupancy	Occupancy Rate	Average Occupancy if Youth 16-24 were in Youth Shelter	Beds Required at 80% Avg. Occupancy* if Youth 16-24 were in Youth Shelter	Beds Required at 80% Occupancy* Assuming 25% Diversion if Youth 16-24 were in Youth Shelter
Off The Street	30	35	117%	29	36	27
New Life Centre	22	15	68%	13	16	12
Cedar Place	26	16	62%	13	19*	15
Foyer Notre Dame / Youth Shelter	16	7	44%	18	23	17
Total	94	73	78%	73	94	71

*Beds required at 80% occupancy and requests for service when at capacity occur no more than 10% of the time. Cedar Place is shown with a higher number of beds in comparison to average occupancy to allow for the greater variability in the number of people requesting service.

If youth ages 19-24 were served through a youth shelter and diversion supports were implemented, the number of beds required at the New Life Centre, and even Cedar Place, get to levels that question their viability without additional funding per bed, if no alternative use was made of the empty space.

There are a number of alternatives that could be considered. One alternative is for the New Life Centre and Cedar Place to transform into low-barrier shelters and serve a greater number of clients. Another alternative is to explore the possibility of transitioning some of the space at the New Life Centre into long-term single-room occupancy units linked with supports for men transitioning out of homelessness. Under such a scenario, either the New Life Centre could transition all of its beds into housing with supports and the Off The Street Shelter could absorb these additional beds and operate year-round, or the New Life Centre could maintain a small shelter facility with funding for 12 beds. It should be noted that based on funding levels of $65 per day, the New Life Centre would not receive any less funding for the 12 beds than it currently receives for the 22 beds. Cedar Place would, however, receive less funding for the 15 beds than it currently receives.

The following table shows various scenarios for possible shelter bed allocations based on the core assumptions of an 80% occupancy target, 25% diversion, youth 16-24 served together, and low-barrier shelter services available year-round:

- If the New Life Centre and Cedar Place do not transition into low barrier shelters and the Off The Street Shelter operates year-round
- If the New Life Centre and Cedar Place become low barrier shelters
- If the Off The Street Shelter absorbs the New Life Centre beds and the New Life Centre transitions to another housing form, and Cedar Place becomes a low barrier shelter
- If the Off The Street Shelter absorbs the New Life Centre beds and the New Life Centre transitions to another housing form, and Cedar place does not transition into a low barrier shelter

Possible Shelter Bed Allocation Under Various Scenarios

Shelter	New Life Centre and Cedar Place Do Not Transition Into Low Barrier Shelters	New Life Centre and Cedar Place Become Low Barrier	Off the Street Shelter Absorbs the New Life Centre Beds and Cedar Place Transitions into a Low Barrier Shelter	Off the Street Shelter Absorbs the New Life Centre Beds and the New Life Centre Transitions to Another Housing Form
Off The Street	27 (year-round)	27 (winter months)	31 (year-round)	39 (year-round)
New Life Centre	12	18		
Cedar Place	15	23	23	15
Foyer Notre Dame / Youth Shelter	16*	16	16	16
Total	70	84	70	70

*Reduced from 17 to 16 bed based on current beds at Foyer Notre Dame and not wanting to establish a new youth shelter that will be larger than required when the new service model is fully operational

8.0 Recommended Framework for a Modernized Emergency Shelter System

The consultants' key recommendations for establishing a modernized shelter system with equitable funding and core service levels that align with a Housing First approach to addressing homelessness are outlined below.

Update the Shelter Model to Support Effective Shelter Services

It is recommended that Greater Sudbury shift its emergency shelter model to support people seeking homelessness assistance to address their housing needs without accessing emergency housing shelter services, where appropriate; support short lengths of stay; and help ensure people staying in shelter receive services necessary to help them secure and maintain permanent housing.

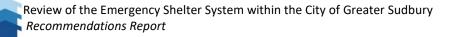Key components of the recommended model are as follows:
- Immediate and Low-Barrier Access
    - Access to shelter services directly through the shelters
    - Low-barrier shelter services for all client groups available year-round
- Diversion Supports
    - Shelters provide people seeking a place to stay with consistent screening to determine the most appropriate service and provide diversion supports where appropriate. Diversion supports may include problem-solving, advocacy, limited financial assistance, short-term case management and follow up support
    - A fund established to support diversion efforts that can be used by shelter staff in a flexible way to help clients avoid a shelter stay

- o 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, or where protocols are already in place (e.g. with the hospital) to strengthen their implementation/effectiveness
  - o Consideration by the City to making persons experiencing all forms of homelessness, including couch surfing, eligible for the Urgent priority status for social housing
- Housing-Focused, Rapid Exit Services
  - o Shelter staff have responsibility for providing on-site resources to support a self-directed housing search and housing support to develop and implement individualized housing plans and problem solve to address barriers to housing
  - o After a two-week period or if determined to be needing more support based on previous shelter stays, shelters refer all clients requiring progressive engagement to the Homelessness Network for assessment and prioritization for moderate to intensive housing and supports
  - o Shelter staff and Homelessness Network staff take a team-based approach to supporting people identified as eligible for intensive housing and supports in accessing housing, with the main support provided by Homelessness Network staff, but with shelter staff conducting follow-ups and support to obtain necessary documentation, etc. for housing
  - o If feasible, this model would include a system-wide diversion and housing support team lead that would support front-line shelter staff with providing diversion and housing support and help ensure that consistent approaches are being used across the system
- Practices that Promote Dignity and Respect
  - o A shared set of principles of what the shelter system is trying to achieve developed, and used to reorient shelter services through a review and update of each shelter's policies and practices
  - o Shelter standards fully define the core services and ensure an environment that supports dignity and respect (see below for further discussion of the core standards).
- Data and Performance Measurement
  - o HIFIS 4.0 implemented across the system (shelters and homelessness network) to support information sharing.
  - o System targets established 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 by the Housing First Steering Committee and used to inform changes to the shelter and broader homelessness service system.
  - o Contracts 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).

Based on this model, it is recommended that the core services at the shelters include:
- Diversion supports and intake, including 24-hour calls, of which at least 8 hours per day is handled by workers with diversion training and skills. Diversion supports should include standardized diversion screening and supports to clients to explore all possible housing options to stay safely in the community before accessing emergency housing, including problem-solving, limited financial assistance, short-term case management and follow up support, as required
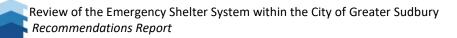- Access to shelter 24-hours a day, seven days a week

- Help people find alternate accommodations when the facility is at capacity or access is not possible
- Initial intake, input of mandatory information into HIFIS, and orientation to new clients
- Provide a welcoming, safe, accessible, and confidential shelter, and basic needs services including beds, three nutritious meals per day, showers, and hygiene supplies
- Supervision
- Re-housing supports. This should include: housing help services (information about housing, housing services and financial assistance for housing); access to on-site resources to support a self-directed housing search; opportunities to undertake a housing search during the day; daily on-site support to develop and implement an individualized housing plan, including identifying next steps, referring to community resources, follow-up through daily intentional housing conversations and weekly housing plan reviews; support to complete community housing applications; referral to Homelessness Network for assessment after two weeks or if needing more support; and assisting clients in moving forward with their housing plan.
- Discharge clients to housing, except in the case of unplanned discharges due to illegal behaviour or behaviours that compromise the health and safety of clients, volunteers and/or staff
- Ensure clients have received appropriate referrals to community services and supports are engaged to enable clients to be supported towards housing retention following discharge

Operating 24-hours a day will provide more opportunities for shelter clients to work with case managers and participate in housing support services during the day. Under this service model the Ontario Works Risk Workers would not provide a housing support role with each shelter client as they do now.

Shelter standards should be developed to fully define the core services and ensure an environment that supports dignity and respect.   The shelter standards should outline:
- Principles for the shelter system
- The roles, rights and responsibilities of the City of Greater Sudbury, shelter providers, and shelter clients
- Facility and space standards, with a focus on ensuring the space facilitates dignity
- Access and customer service standards, including requirements for shelters to work toward eliminating real or perceived barriers that prevent or inhibit client access to shelter services and limit service restrictions and unplanned discharges, and requirements for high-quality service delivery where people are treated with dignity and respect
- Staff qualifications and training, including requirements for shelter staff to have training in trauma-informed care, de-escalation techniques, cultural sensitivity, and service provision to people with mental health and substance use issues
- Quality assurance measures and complaints and appeal process, including a process for the City to review and approve shelter operators' policies, assess adherence to the shelter standards, and collect information about the quality of services provided. This could include regular reviews of shelters and/or client surveys
- Performance measurement
- Data collection and sharing
- Client-specific requirements including transgender and Indigenous clients, to ensure equal access, fair treatment, address disparities, and promote cultural competency.

Right-Size the Shelter System

It is recommended that after a transitional period the City of Greater Sudbury reduce the size of the emergency shelter system to either 57 year-round beds and 27 additional beds in winter months or to 70 year-round beds. This size of the shelter system reflects current bed usage, the anticipated impact of diversion supports, and the level of investment required to fully implement a service model that includes diversion supports and housing-focused services aimed at re-housing clients as quickly as possible.

Re-profile the Shelter System

Two recommended options for re-profiling shelter services are outlined below. In both options presented below, diversion supports would be implemented in all shelters; low barrier shelter services would be available year-round; the youth shelter would serve youth ages 16-24.

Option A – Transform current shelters into low-barrier housing-focused shelters
- Transform Foyer Notre Dame into a low-barrier shelter serving youth ages 16-24
- Transform the New Life Centre into a low-barrier shelter and, following a transition period, provide funding based on 18 beds
- Transform Cedar Place into a low-barrier shelter and, following a transition period, provide funding based on 23 beds
- Transform the Off The Street shelter into a 24-hour housing-focused shelter, rehab the shelter space into a configuration that supports dignity and respect, and continue to operate in Winter months, but funding based on 27 beds.

Option B – Change shelter providers and capacity at various sites to support access to low-barrier shelter services year-round
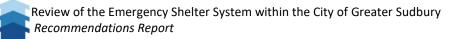- Release a Request For Proposals (RFP) for a low-barrier 16 bed youth shelter to serve youth ages 16-24 and discontinue funding of Foyer Notre Dame once a low-barrier shelter serving youth ages 16-24 is operational
- Transform the Off The Street shelter into a 24-hour housing-focused shelter, rehab the shelter space into a configuration that supports dignity and respect, and fund it for year-round operation of 31 shelter beds and discontinue funding of the New Life Centre once Off The Street shelter has transformed
- Transform Cedar Place into a low-barrier shelter and, following a transition period, provide funding based on 23 beds.

A variation on both of these scenarios would be to not transform Cedar Place into a low-barrier shelter and provide funding based on 15 beds and fund the Off The Street shelter for 39 beds.

The City of Greater Sudbury should work with shelter operators to transition the shelters over time to built forms that are accessible and promote dignity.

Implement an Equitable Funding Model

The City should transition to a funding model that provides similar levels of funding across emergency shelter providers. Providers should be funded for focusing on prevention and rapid rehousing as a

service priority. It is recommended that the City fund shelters at a rate of $65 per bed per day to implement the core structure and updated service standards. Contracts 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).

Transition Plan

The suggested timelines for key activities required to transition to a modernized shelter system are as follows:

Spring 2019	Spring 2020
• Decide on preferred option for re-profiling the shelter system	• Re-profiled shelter system would be operational
• Implement diversion and housing focused services	• Implement HIFIS 4.0
• Develop service standards	
• Develop targets and performance measurements	
• Shelter providers transitioning to low barrier shelters review and update their policies and/or release Request for Proposal RFP for youth shelter services	

Review of the Emergency Shelter System within the City of Greater Sudbury
Recommendations Report