



**City of Kingston
Report to Council
Report Number 21-222**

To: Mayor and Members of Council
From: Lanie Hurdle, Chief Administrative Officer
Resource Staff: Ruth Noordegraaf, Director, Housing and Social Services
Date of Meeting: October 19, 2021
Subject: Homelessness System Review Recommendations and Implementation Plan

Council Strategic Plan Alignment:

Theme: 2. Increase housing affordability

Goal: 2.1 Pursue development of all types of housing city-wide through intensification and land use policies.

Executive Summary:

The City of Kingston is the Service Manager for housing and homelessness programming in the City of Kingston and the County of Frontenac. Under the *Housing Services Act, 2011* (the Act), Service Managers were obligated to develop a 10-Year Municipal Housing and Homelessness Plan. The City established their [plan](#) in 2013 and worked through a [5-year review](#) in 2019.

To support the implementation of the 10-Year Plan and to ensure the homelessness services system is responsive to current needs, a review of the City-funded homelessness services as part of the broader homelessness system in our community was initiated in 2020.

The review process is comprised of multiple components: an environmental scan and qualitative needs assessment, a stakeholder engagement process (including people with lived/living experience), a quantitative review of the system data, resulting in a final system action plan with recommendations and action items.

Over the course of the system review process the Housing and Homelessness Advisory Committee (HHAC) has been informed and engaged on the review process through

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presentations to the committee and through four reports and presentations: [HHC-20-006](#) - Review approach, [HHC-20-001](#) - Review information update, [HHC-21-006](#) - Draft recommendations, [HHC-21-010](#) - Facilitated discussion, and [HHC-21-008](#) - Final recommendations.

The purpose of this report is to provide an overview of work completed, inform Council on the system procurement next steps, and seek Council's endorsement on the system action plan.

Please note that in Report Number 21-260 Homelessness Services System – Winter Response Update during the October 19th meeting staff is providing Council an update on shorter- and medium-term pandemic and winter planning initiatives that are separate from this longer-term system review action plan.

Recommendation:

That City Council endorse the homelessness system review recommendations as presented within the Homelessness System Action Plan, attached as Exhibit C to Report Number 21-222.

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Authorizing Signatures:

ORIGINAL SIGNED BY CHIEF
ADMINISTRATIVE OFFICER

**Lanie Hurdle, Chief
Administrative Officer**

Consultation with the following Members of the Corporate Management Team:

| | |
|---|--------------|
| Paige Agnew, Commissioner, Community Services | Not required |
| Craig Desjardins, Acting Commissioner, Corporate Services | Not required |
| Peter Huigenbos, Commissioner, Business, Environment & Projects | Not required |
| Brad Joyce, Commissioner, Transportation & Public Works | Not required |
| Jim Keech, President & CEO, Utilities Kingston | Not required |
| Desirée Kennedy, Chief Financial Officer & City Treasurer | Not required |

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Options/Discussion:

In this report staff provides Council with an overview of

- The system review objective
- The current municipally funded system and budget
- The system review process
- Results of the qualitative analysis
- Results of the quantitative analysis
- System recommendations
- The proposed procurement process
- Next steps

1-The system review objective

The Housing and Social Services Department in its capacity as Service Manager administers service agreements with a variety of local organizations to provide a full range of homelessness services such as: emergency shelter, the Housing First program, Prevention and Diversion and other homelessness support services. The current service agreements with funded agencies were set to expire in July 2021; however, to allow for a fulsome system review process, the agreements were extended until March 31, 2022.

The approaching end date of existing service agreements and the impacts of the COVID-19 pandemic provided an opportunity to review the homelessness services system.

The system review has included the voices, comments, suggestions, and input from several stakeholders including the following:

- Clients/people with living and lived experience: There is a need to ensure that the individuals using the services and supports have input into the creation and delivery of services. Throughout the process over fifty unique individuals with lived and living experience provided input and suggestions.
- Community Advisory Group: The establishment of a Homelessness System Community Advisory Group (with members of the Housing and Homeless Advisory Committee, Reaching Home Community Advisory Board members and partner agencies) has been integral to the review team and has offered valuable information and insight.
- Service Providers: Service providers from a multitude of different sectors have been included in the review to understand how referrals work, the supports required for their clients to access services, and gaps that need to be filled.
- Funders: Funders, including other Provincial and Federal funders, were encouraged to provide input as well as the greater Kingston community which has served as both an opportunity to educate individuals about homelessness, advocacy, and hopefully reduce the stigma and bias that homeless community members face.

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The outcome of the system review will build upon directions established in the revised 10-Year Housing and Homelessness Plan and assist in the development of an updated homelessness services system aligned to clients' needs. The work has been driven by qualitative and quantitative analyses of the system. The City cannot solve the issue of homelessness alone and relies on community partners and relationships to be part of the solution.

2-The current municipally funded services and budget

As Service Manager, the City is responsible for administering the Community Homelessness Prevention Initiative (CHPI) funding in the City Kingston and the County of Frontenac. CHPI funding is provided to community agencies who work to prevent homelessness, house people who are experiencing homelessness, and provide support services to mitigate impacts of homelessness on households and individuals.

The City continues to receive an annual CHPI contribution of \$4,188,195. In addition, the City contributes \$735,935 of municipal funding to support local homelessness programs. The United Way KFL&A administers Federal Reaching Home funding (approximately \$200,000 annually) and disburses locally raised funding ranging from \$400,000 to \$500,000 annually.

It is important to note that in 2020 and 2021 the City and partners have been able to utilize more funding to support pandemic related initiatives such as: self-isolation, temporary shelter locations, overflow shelter and the Integrated Care Hub (ICH). This funding is not part of the ongoing base funding from the province and federal government.

There are many other essential homelessness services operating in the community that do not receive operating funding through the City such as (but not limited to): Kingston Interval House (a shelter for women fleeing violence with 25 beds and transitional housing at Robin's Hope), Dawn House (transitional housing support for homeless women with 9 units and 7 transitional beds), Ryandale (transitional housing for up to 6 single males who are leaving treatment) and many more essential indirect services in the health, housing, and social services sectors that support homeless community members.

The 10-Year Plan approved by Council in late 2013 identified various priority initiatives to reduce homelessness. A Housing First approach was implemented that reoriented funding to provide for long-term housing solutions and associated housing support services. The current homelessness system was introduced in 2015 and has been funded based on the Housing First focus with complementary emergency housing and support service programs to meet the variety of needs of those experiencing homelessness. The illustration below and subsequent discussion provides an overview of the existing City funded homelessness system program components.

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| | | | |
|--|--------------------|---------------|---|
| Homelessness System Program Components: | | | |
| Prevention & Diversion | Emergency Shelters | Housing First | Homelessness Prevention Fund & Discretionary Residency Benefit |
| Street Outreach Services | Daytime Services | Damage Fund | *Integrated Care Hub (COVID response) |

*Work is ongoing to secure funding beyond December 31, 2021.

Prevention and Diversion Programming

The objective of this program is to prevent and divert people who have other housing options from accessing emergency shelter resources. Available programs include the Homelessness Prevention Fund and the Discretionary Residency Benefit which provides funding to prevent homelessness (e.g., utility and rent arrears). The Extreme Clean Program helps prevent homelessness caused by hoarding behaviour. On average, approximately 100 households are receiving prevention and diversion services at any given time.

Emergency Shelter Program

The Emergency Shelter program works to identify the most appropriate services to meet homeless individuals’ and households’ needs including overnight accommodation requirements, nutrition, hygiene, safety and security. Dedicated emergency shelters are available in Kingston for single adults, families, and youth. Shelter users are offered space in shelter as they work with staff to obtain housing in the community.

Table 1 provides information on the capacity and utilization of the shelter system prior to COVID-19, during COVID-19, and currently. Due to physical distancing restrictions, the number of beds has been reduced during the pandemic period.

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Overflow has traditionally been provided through hotel accommodations and had been up until the end of August 2021; however due to a system wide staffing resource shortage overflow was forced to shut down and City staff and community partners continue to work towards a suitable resolution to this issue as part of the winter planning. Overflow is not captured in Table 1 below as the City's Homeless Individuals and Families Information System (HIFIS) is hard coded to only run reports for the permanent shelters.

Prior to the COVID-19 outbreak the shelter system occupancy rate for adults and youth was 57%. In 2019, there were 550 unique individuals who accessed shelter services (including the family shelter). Of these 550 individuals, 405 were residents of Kingston, 13 were residents of the County, and 132 individuals were from outside of the Kingston-Frontenac service area. It is important to note that the City of Kingston does not receive additional provincial funding to serve clients from outside of the City and the County.

Table 1: Emergency Shelter Capacity and Utilization

| Shelters Funded by the City | Capacity Prior to COVID-19 | Capacity Since COVID-19 | Utilization Rates 2019 | Utilization Rates | Utilization Rates | Utilization Rates |
|-----------------------------------|----------------------------|---|------------------------|--------------------------|---------------------------|-------------------|
| | | | | Apr – Dec 2020 | Jan – Apr 2021 | May – Aug 2021 |
| Kingston Youth Shelter | 15 | 19 | 63% | 46% | 68% | 100% |
| In From The Cold (Adult Services) | 35 | 16 | 55% | 65% | 92% | 100% |
| Lily's Place (Family Shelter) | 19 | Up to 5 families (approx. 12 individuals) | 75% | 69% <i>See Note 1</i> | 115% <i>See Note 2</i> | 132% |
| Total | 69 | 44 | 62% | 59% | 88% | 75% |

Note 1: Utilization in May 2020 was 1% (only 2 bed nights used) which is bringing down the average. Utilization for the remainder year steadily increased from 36% in June to 113% in December

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Note 2: Occupancy calculated based on max capacity of 12 per night. The shelter has the ability to exceed 12 depending on the composition of families currently accessing services.

Although not a formal shelter service in the system, since COVID-19, the ICH has added 25 resting spaces and up to 30 drop-in spaces that are available for overnight service. This is in addition to the 44 beds that are available in the traditional shelter system as detailed in the table above.

Housing First Program

The Housing First Program is intended to assist homeless individuals and families maintain housing through individualized housing case management supports and ongoing rent supplements. This service delivery approach assumes there are no pre-requisites for housing; clients do not need to maintain sobriety or engage in treatment programs prior to receiving housing. Securing housing that is safe, affordable, and appropriate is the primary goal and doing so as quickly as possible is paramount to this program. Once housed, clients work with intensive case management supports to facilitate connections with other support services that help maintain housing stability and avoid returning to homelessness.

There are approximately 150 clients in the community that are receiving Housing First supports. There are ten adult Housing First caseworkers and three youth workers. In 2020, 92 adults and 27 youth were housed through the Housing First program

Homelessness Prevention Fund and Discretionary Residency Benefits

The Homelessness Prevention Fund and Discretionary Residency Benefits programs provide funding to assist eligible individuals and households to stay housed or secure housing (e.g., through rent or utility payment assistance). Funding is in the form of a non-repayable grant that prevents an up-coming eviction or assists homeless individuals or families moving to permanent housing.

Street Outreach Services

Street Outreach is a program designed to identify and engage with individuals sleeping rough in Kingston. Through this program individuals are offered services and supports within the Housing and Homelessness Services System. Street outreach involves moving outside the walls of the agency to engage with people experiencing homelessness that may be disconnected and alienated not only from mainstream services and supports, but also from the services targeting homeless persons as well. Staff engage with clients and ensure they are offered the services and supports they wish to receive without judgment.

Daytime Services

These services include the provision of a warm/cool place to stay or drop-in and some meals for those who are registered with Home Base Housing's Daytime Services program.

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Damage Fund

The damage fund was established by the City to assist landlords who rent to individuals through the Housing First program. The purpose of the damage fund is to ensure that if an individual causes damage to a unit during their tenancy, the landlord can request that the costs of the repair be reimbursed to prevent undue hardship for the landlord. The Housing Liaison worker at Home Base Housing works with landlords through the application process and submits expenses to the City for reimbursement.

Integrated Care Hub

The ICH is the newest initiative to support the hardest to serve homeless individuals run by HIV/AIDS Regional Services (HARS) and Kingston Community Health Centres - Street Health (KCHC). It is a low-barrier, 24/7 drop-in model where individuals can access supports such as addictions and mental health supports, harm reduction supplies, referrals to community partners and resources, a safe space to be part of a peer community, life skills programming, food, overnight rest, and safe injection and consumption services. There are 25 overnight rest pods and capacity for up to 30 individuals in the drop in space.

Although the ICH was established out of the pandemic response, it has been shown to be a valuable part of the bigger housing and health care system and discussions are ongoing with HARS, KCHC, Kingston Health Sciences Centre, the Ministry of Health and other partners for continued funding and future planning of the service.

Funding Allocations (pre-pandemic)

Funding is provided to three organizations to deliver the current services; the three organizations include Home Base Housing, the Kingston Youth Shelter and the Salvation Army. Table 2 provides an overview of the agencies, programs and annual funding amounts based on the 2020 budgets.

Table 2: Homelessness Funding - Community Agencies

| | Funding Source | Home Base Housing | Home Base Housing | Kingston Youth Shelter | Salvation Army | Internal City |
|--------------------------|-----------------------|--------------------------|--------------------------|-------------------------------|-----------------------|----------------------|
| System component: | | Single Adults | Families | Youth | | |
| Emergency Shelter | CHPI | \$510,000 | \$353,000 | \$221,000 | n/a | n/a |

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| | Funding Source | Home Base Housing | Home Base Housing | Kingston Youth Shelter | Salvation Army | Internal City |
|----------------------------------|-------------------------------------|-----------------------|-------------------|------------------------|---|------------------|
| Prevention & Diversion | CHPI | \$621,000 | | \$74,000 | \$73,000 (County) \$167,000 (City) | |
| Housing First | CHPI | \$1,100,000 (City) | | | \$73,000 (County) | |
| Homelessness Prevention Fund | CHPI | | | | \$298,000 (County and City) | |
| Discretionary Residency Benefits | CHPI | | | | | \$787,000 |
| Street Outreach | Municipal | \$ 60,000 | | | | |
| Daytime Services | Municipal | \$159,000 | | | | |
| Damage Fund | Municipal (homelessness reserve) | \$ 30,000 | | | | |
| TOTAL | | \$2,480,000 | \$353,000 | \$295,000 | \$611,000 | \$787,000 |

Other homelessness system funding allocations include:

- 5% administrative funding to support the City administration of CHPI, approximately \$250,000.
- Supportive Rent-Geared-to-Income (RGI) services for Elizabeth Fry and Home Base housing, \$245,340.
- ICH funding (currently funded through the Social Services Relief Funding. Cost of the services are estimated at approximately \$3 million dollars annually).

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3- The system review process

The following table provides an overview of the system review work so far:

Table 3: System Review Work

| | |
|------------------|---|
| September 2020 | Report Number HHC-20-006 to the Housing and Homelessness Committee (HHAC) providing overview of current homelessness system and outline for review processes |
| October 2020 | Initiated qualitative review of system |
| November 2020 | Establishment of the Homelessness System Community Advisory Group (see note 1) (monthly meetings) |
| May to July 2021 | Interim Report Number HHC-21-006 provided by with recommendations based on qualitative review Initiated statistical and quantitative analysis of the current funded system |
| August 2021 | In person engagement sessions with funded service providers, individuals with lived experience and the community Quantitative findings presented to HHAC on August 11 th |
| September 2021 | Report Number HHC-21-008 - Final recommendations presented to HHAC on September 9 th |

Note 1: The Homelessness System Community Advisory Group met regularly and:

- *Participated in meetings to examine the process of the system review and provide recommendations to City staff.*
- *Assisted in identifying strengths and gaps within the system.*
- *Collaborated with other members of the group to find collective impact solutions that will help to improve the well-being of people utilizing the services.*

4- Results of the qualitative analysis

The City of Kingston identified the need to conduct a qualitative review of the current system of service and contracted InCite Consulting to focus on this portion of the system review.

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InCite’s work facilitated conversations and feedback from stakeholders whose opinions and lived experience were critical to survey to build a framework of new expectations and service agreements which align with the City’s strategic homelessness goals.

The main themes revealed a need for more robust relationships, enhanced system communication, and people centered philosophy across the system. All participants indicated that homelessness was a broad and complex issue, however with collective thinking and action, a shift could happen to bring the community together and help to end homelessness. A strength, weaknesses, opportunities and threats (SWOT) analysis also revealed the following:



The final report on the qualitative review is attached to this report as Exhibit A.

5- Results of the quantitative analysis

The quantitative analysis, through OrgCode has been with a focus on conducting a thorough quantitative review of the current system including an analysis of the coordinated access point effectiveness and the By-Name List; as well as a program and sector costing analysis to assist in right-sizing the City’s homelessness and re-housing service levels and investments in comparison to other jurisdictions.

OrgCode will continue to assist in the development of performance-based service agreements and the development of key performance indicators, along with guidance on the development of the City’s Request for Proposal (RFP) process to enhance the delivery of evidence involved

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activities, standards of care, quality assurance and quality control mechanisms to improve performance and impacts for local investments.

Engagement - The City created a public engagement framework that was initiated in June 2021. The communications plan included a [Get Involved Page](#) with frequently asked questions, links to reports and service providers, and a section for individuals to ask questions or voice concerns regarding both the current system and the recommendations coming out of the system review. A survey link for the general public to complete regarding the current homeless system was on the Get Involved webpage from July 22, 2021 until August 13, 2021 which resulted in 78 respondents, including 15% identifying as having lived/living experience of housing precarity and/or homelessness in Kingston-Frontenac.

OrgCode staff conducted onsite, in-person group meetings with individuals experiencing homeless and using the services and supports within the system and with those experiencing homeless who chose not to access the system in order to hear what is working within the system and why some individuals opt not to access support. The information gathered from the engagement has been taken into consideration, where possible, and integrated into the system review and recommendations.

OrgCode also attended the In From The Cold Shelter and the ICH on July 19 and 20, 2021. During these visits staff from varying levels of each organization were briefed regarding the system review and their input on the current recommendations were gathered. Individuals with lived experience were also asked to provide their voices and insight into the system and the recommendations that have been gathered.

The final report on the quantitative review is attached to this report as Exhibit B.

6- System recommendations

The final recommendations for the system review are attached as the Homelessness System Action Plan (Exhibit C) to this report. The draft recommendations were presented to the HHAC on June 10, 2020 and the final draft was presented to HHAC on Sept 9, 2021.

The homelessness system action plan outlines more than 60 recommendations with actions targeted towards the City under its purview as Service Manager and the main administrator of CHPI funds, as well as community and service provider actions addressing and encouraging partnerships to create a more integrated system of care.

A full review of the final Homelessness System Action Plan is attached to this document as Exhibit C and is organized around 1) System wide themes and 2) Program and Population level themes as illustrated below.

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Recommendation Themes



System wide



Program Level

-  Systemic issues
-  Person-centred and trauma-informed service delivery
-  Improve communication & collaboration
-  Funding model
-  Data & Accountability
-  Life stabilization
-  Miscellaneous

-  Rural
-  Day Services
-  Emergency Shelter
-  Youth
-  Integrated Care Hub
-  Women
-  Prevention Diversion
-  Indigenous
-  Housing First
-  Miscellaneous
-  Street Outreach

7- The proposed procurement process

To successfully implement the recommendations within the Service Managers funding control the City has established the need for the following homeless services to be procured at this time:

Emergency Shelter - The Information gathered from both the quantitative and qualitative reviews suggest that the shelter system needs to address challenges such as communication internally and externally with stakeholders from all sectors, leading to the assumption of a siloed effect. The service providers have commented that they wish to have more information exchange with the City and partners. Service restrictions and policies that may not be harm reduction and trauma informed in approach need to be revisited during procurement and the consistency and accuracy of data collection.

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There is an identified need for a family shelter, adult co-ed shelter and independent women's shelter. Proponents for these services will be required to demonstrate their ability and willingness to operate low barrier shelters with the expertise required for each client demographic while ensuring that staff teams work within a trauma informed and harm reduction framework. The need to ensure that individuals with lived experience be a part of staff teams is integral to the work and will be required for proponents to demonstrate their willingness to ensure a good ratio of staff to clients. Proponents will also be encouraged to collaborate with other service providers (City funded and non-City funded providers) to ensure that the work is not siloed, as was reported by all service providers who were engaged in the system review process, and to ensure the appropriate wrap around supports for individuals as they transition to housing solutions. Service providers will also need to ensure that they are capturing all relevant data for reporting and advocacy purposes, and the City will be undertaking regular and consistent quality assurance checks.

Housing First/Rapid Rehousing (City and Rural) - The information gathered from both the quantitative and qualitative reviews identify that the Housing First Program has been successful in securing housing for over 500 individuals since the program began in 2014. The challenges for this program are systemic in nature and require the City to make investments in rental subsidies and the addition of new housing in the form of supportive, transitional, and permanent housing options for clients. The current vacancy rates, low number of rental units and prohibitive rental costs often bottleneck the system and are issues that the City cannot mitigate without the greater community's assistance in problem solving.

Proponents will be required to demonstrate their understanding of and commitment to the housing first model and its objective of housing clients as quickly as possible regardless of their current life situation and provide wrap around supports and care to those individuals until such time as they can maintain tenancy on their own. Damage funding will be a part of this RFP to ensure that landlords who house the most vulnerable are compensated should there be damages to their units/rooms etc.

Prevention Diversion Supports and Homelessness Prevention Fund (City and Rural) - The information gathered from both the quantitative and qualitative reviews identify that the Prevention Diversion Program has been very successful and is perhaps one of the best models in the province.

Proponents will be required to ensure their staff teams are trained on evidence-based prevention and diversion strategies to ensure those who are in immediate need for shelter can access shelter and those with other options can safely find other supports while looking for housing. The proponent will also oversee the Homelessness Prevention Fund to ensure that those who can save their tenancies by accessing these dollars are able to do so in a timely and consistent manner.

Drop-in Services - The system review identified the need for more spaces for individuals to go for basic needs and supports. These services may be offered in part by other agencies in the

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community, but the need for a central location to create a hub where individuals can access a multitude of resources in one place was identified by clients and stakeholders both.

Proponents will be required to demonstrate their ability to provide a space for individuals who are homeless to access basic supports such as washrooms, laundry services, case management supports and referrals, meals and snacks, computers, telephones, etc. These services may grow to include inclement weather supports during summer and winter months and should have the space and staffing capacity to do so.

8- Next steps

Table 4: System Review Work

| | |
|--------------------------------|---|
| <p>October - November 2021</p> | <p>Release of RFPs Evaluation of RFP submissions</p> |
| <p>December 2021</p> | <p>Council Report recommending outcomes of the RFP process</p> |
| <p>January – March 2022</p> | <p>Roll out of updated system, including:</p> <ul style="list-style-type: none"> • Preparation of new service agreements • Communication strategy to the public • Transition and training of service providers |

The City has integrated the system review recommendations into the RFP framework. The RFP’s will be evaluated by a team comprised of staff members who will review all proposals received and score them in relation to the evaluation criteria and points identified within the RFP documents. Council will be provided with a report recommending the awarding of the contracts to the successful proponents. Concurrently staff will work on service agreements and updating existing Homelessness Service Standards to ensure alignment with the new service provision mandates.

Services being offered as part of the RFP process are the following:

- Emergency Shelter for Adults
- Emergency Shelter for Families
- Emergency Shelter for Women
- Housing First Programming (City and Rural)
- Prevention Diversion Programming (City and Rural)
- Drop-In Services Programming

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It is important to note that the United Way and the City will continue to explore options for streamlining youth services within the community and will collaboratively develop the framework and the service procurement approach in 2022 building off the work that the United Way completed in 2021 through their [Report on Youth Homelessness](#).

It is expected that the successful proponents will be notified in December 2021, with a targeted roll out of January 2022.

All homelessness system service providers will be trained on the By Name List, HIFIS, outcome measurement and data collection methods and their program specific Service Standards within the first 6-12 weeks of operation.

Existing Policy/By-Law:

None

Notice Provisions:

None

Accessibility Considerations:

None

Financial Considerations:

All system review expenses were covered through the Housing & Social Services 2020 and 2021 operating budget

Contacts:

Ruth Noordegraaf, Director, Housing & Social Services, 613-546-2695 extension 4916

Other City of Kingston Staff Consulted:

Mitchell Grange, Manager, Housing & Homelessness, Housing & Social Services

Joanne Borris, Housing Programs Administrator, Housing & Social Services

Sara Lagace, Program Integrity Officer, Housing & Social Services

Exhibits Attached:

Exhibit A – Qualitative Report

Exhibit B – Quantitative Report

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Exhibit C – Homelessness System Action Plan

Executive Summary

The City of Kingston identified the need to review its current system of service agreement engagement with agencies in Kingston and Frontenac. This review facilitated conversations and feedback from stakeholders whose opinions and lived experience are critical to survey in order to build a framework of new expectations and service agreements which align with the City of Kingston strategic homelessness goals.

The main themes revealed a need for more robust relationships, enhanced system communication, and people centered philosophy across the system.

All participants indicated that homelessness was a broad and complex issue, however with collective thinking and action, a shift could happen to bring the community together and help to end homelessness

Introduction

Project Lead, Pamela Massaro was engaged by the City of Kingston and Frontenac to facilitate a system review of City funded homelessness services to gain insights from stakeholders in order to develop a new Request for Proposal for homelessness agency service agreements.

Through a series of conversations with the City of Kingston Housing Staff (Director of Housing and Social Services, Manager of Housing, Housing Administrator and Project Integrity Officer) a project scope was established. The Project Lead reviewed internal documents, reports and service agreements to learn how current funding has been allocated and understanding of the current homelessness system.

The project goals for the City of Kingston is to “develop an integrated system of care, with the seamless collaboration and partnerships between housing, health and social services being a key to client success”.

In order to help facilitate recommendations and broad understanding of the community, current service providers, community partners and people with lived experience were asked for input and helped form a SWOT analysis and recommendations on how the City of Kingston as a Service Manager and leader in the community could help community partners meet the needs of people who are experiencing homelessness more effectively.

Over the course of two months (December 2020-January 2021), 30 individual stakeholders engaged in conversations to share information on experience and current City of Kingston programs and services.

A Community Advisory Group was also formed through appointments from the City of Kingston Housing department and the United Way of Kingston and Frontenac. Factors for participation included community partners with knowledge and experience in housing, health and community services.

The goal of the group was to support the system review by lending expertise and providing feedback and recommendations to the Review Project Team.

Group members were identified as bringing local knowledge, experience and extensive networks to this initiative as well as currently not receiving funding from City of Kingston.

The Group included representatives from:

- The City of Kingston Housing & Social Services Department
- City Council
- City of Kingston, Housing and Homelessness Advisory Committee
- United Way of KFL&A
- Addictions and Mental Health Services of Kingston, Frontenac, Lennox & Addington
- Resolve Counselling
- Local housing providers
- County of Frontenac
- Project Lead

Resources

Resources reviewed to help gain knowledge and insights:

Homelessness Hub, Calgary Homelessness Foundation, Montreal Centraide, New Brunswick Housing, YWCA Toronto, City of Toronto, Stanford Social Innovation Review, Niagara Regional Housing Authority, P.E.A.C.H (Palliative Education and Care for the Homeless), Dr. Carrie Marshall (Kingston Transition from Homelessness Study).

Collecting community and service provider perspectives

Gathering experience and expertise was a critical part of the system review. 30 conversations from a diverse perspective and experience enabled Project Lead to gather information that helped form SWOT analysis.

The below table lists those who participated in conversations during this phase of system review.

STAKEHOLDER ENGAGEMENT

City funded Service Providers

Home Base Housing
HIV AIDS Regional Services (HARS)
Salvation Army
Kingston Youth Shelter

Community Agencies

Providence Health
Interval House
Ryandale
Rural Frontenac Community Services
Dawn House
Family and Children's Services of Frontenac, Lennox and Addington

People with lived experience

Belle Park residents
Lily's Place
In from the Cold
Kingston Youth Shelter







Advocates and Other

Community Advisory Group: listed on page 2
Belle Park Advocate

In consultation with the City and Community Advisory Group, a list of questions were formulated to help guide conversations with stakeholders. This list was not static and Project Lead allowed for stakeholders to expand and lead the conversation with the goal to get more detail of their unique experience and expertise.

The below table highlights typically questions used during stakeholder conversations

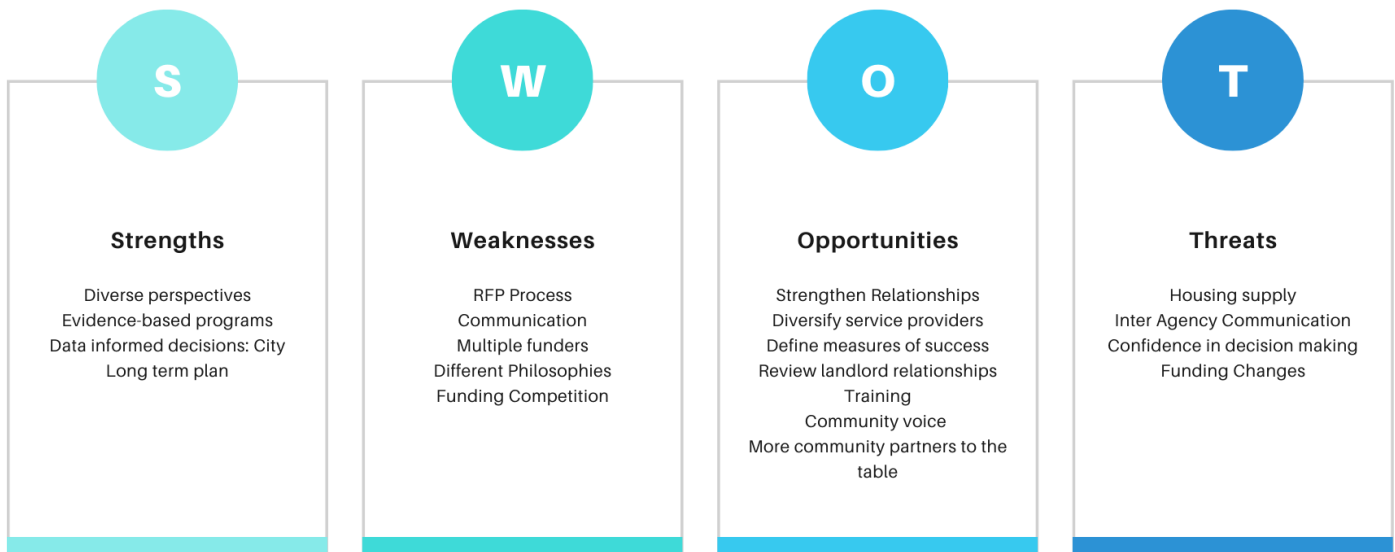
STAKEHOLDER QUESTIONS

| | | |
|---|---|---|
|  | How would you currently define the homelessness system? Do you think there is a unified vision and mission? How do you impact the system? Philosophy, model of care, partnerships? |  |
|  | What impact do other system providers have on your programs, services and people served? Have there been changes that have impacted you programs, model of care, people served? external and internal factors Do you think current metrics/service agreements have clear indicators of success? |  |
|  | What are the opportunities for your organization to positively impact system and goals of 10 year plan? How can the City help you to be (more) successful? What other supports do you need? |  |

The below table represents the main themes highlighted during stakeholder conversations.

SWOT

Homelessness System Review



Themes Explored

1. Relationships

Leadership > Collective Impact > Positive System Change

Overwhelmingly stakeholders have identified the need for stronger relationships to be established.

People with lived experience and advocates voiced concern of their experience of the Belle Park encampment and many feel that their voices have not been heard and current actions are reactive and not getting to the core of what people want and need.

Many stakeholders spoke to the need for collaboration as a means to help strengthen relationships and build a stronger system and see the City as a critical driver of community relationships.

Relationships are dynamic though, and the role of service providers and community can not be overlooked. Many conversations highlighted the need for service providers to work together better and focus on people centred services.

Service Providers need to value the diversity and work accomplished by each other and make a concerted effort to proactively strengthen relationships as a means to end homeless and increase community capacity. A shift from competition will allow all organizations to thrive in the system.

Recommendation

Based on conversations and sector research it would be beneficial to shift to a Collective Impact model of thinking and working, as a way to reset current ways of operating, communicating and funding.

“Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.” Stanford Social Innovation Review, 2014

- Develop Homelessness Collective: community wide initiative to develop shared goals and processes to end homelessness
 - People focused and aligned with community trends and needs
 - People with lived experience should be main part of this initiative and voices heard to help identify real time needs and trends
 - Brings whole community together to solve an issue
 - No one is left out of the conversation and solution
 - Each voice is equal in this model and allows for unique and diverse perspectives to be explored

- Collective Impact framework:
 - Common Philosophy and goals
 - Supportive Infrastructure
 - Shared measurement tools
 - Capacity building
 - and Accountability
- Foundation of collective goals are set through 10 year Housing and Homelessness plan

Important to Kingston moving forward as a community is to have service providers and other partners to value the diversity and work accomplished by each other and make a concerted effort to proactively strengthen relationships as a means to end homeless and increase community capacity. A shift from competition to impact, will allow all organizations to thrive in the system.

Areas that should be included (but not limited to) in Collective: Indigenous, Women, Hospital, Justice, Child Welfare, Schools, Food Security, Developmental Services, Mental Health, Addictions, Transportation.

2.Communication:

An important part of relationships is the way in which we communicate. The City is building on the Housing First model of service delivery and has made significant changes to program delivery and initiatives. These changes and the way organizations have historically implemented change may have unintentionally siloed community partners and other stakeholders.

Feedback from all levels of the system indicated the need to be “brought into the process” and for increased communication. The community is at a turning point and with collective goals and participation, more efficient communication should help facilitate stronger relationships across the system. This is a collective effort and all stakeholders need to engage in positive, solution oriented communications.

Also critical to the communication theme is to highlight the feedback from frontline staff from city funded organizations. Staff indicated that information does not readily move through organizations and attention needs to be focused on staff input into system

change and initiatives. All staff also asked for enhanced system collaboration (internally driven and approved) and felt that the City was building a framework after several years of instability.

Recommendations

- Planning and dissemination of information : effective and appropriate
 - Monthly update from the City (and or Collective) to all stakeholders (not just City funded)
 - Quarterly meetings for service providers to review data and evaluate progress
 - Service providers need to empower staff and organizations to identify issues, look for solutions and communicate (with City) to ensure the best service delivery for community
 - Service providers to review internal communication processes to ensure staff/service users have access to appropriate information
- Community Engagement: everyone is part of the system and change
 - Develop more robust communication tools to engage and help shape mindset of the community
 - Everyone is needed to help end homelessness
 - This is also an important part of Collective Impact Approach
 - Use data as a tool to update community and stakeholders on progress of programs/system

“Each time you tell me to move or go away you are telling me I am not worthy and reminding me of my struggle and mistakes” quote from City of Kingston resident accessing Integrated Care Hub services

2. Request for Proposal and Funding model

Currently City funded service providers are competing for annual funding dollars to help provide services and have expressed the need for changes to the RFP process and additional funds to flow through the system. Also to note is that there are many community agencies connected to ending homelessness and are unable to match programs due to the current RFP model.

Recommendations

After surveying stakeholders, it would be recommended to review the current funding model and develop an investment funding framework that focuses on shared goals and outcomes for service providers.

→A funding model that focuses on shared goals and outcomes vs. pre-determined programs

→Focus on investment of initiatives that aim to end homelessness

→Allow for innovation of services and groups to be part of change

→Provides flexibility for service providers: funding aligned to shared system outcomes

Example:

The Collective has developed a shared goal:

A. Prevention of homelessness through proactive engagement of youth ages 10-16 years of age

Breakfast Clubs of Kingston sees the benefit to partner with Kingston Youth council to develop and engage youth through feeding kids programs in local schools.

Program develop could highlight outcomes such as (for example only):

- X # of youth will be reached through breakfast program
- X youth will be identified as wanting additional resources
- Youth will develop school engagement activities to reinforce messaging
- X youth participated in peer support

City would review this proposal and assess it against other proposals working towards shared goal A.

Breakfast Clubs of Kingston is not a typical candidate in the current funding model for Prevention & Diversion but with a shift in framework the above example shows how project activities can align with shared outcomes, measurable and make progress towards common goals.

- Service Agreements: Quality assurance measures that are attached to funding
 - Measurable improvements in outcomes: for example
 - Fewer people in core-housing need
 - Fewer people on waiting lists
 - Participant increased understanding of community supports
 - Participants increased Life Skill knowledge through A, B, C community programs
 - Participant feedback : % of surveys received
 - X new youth provided with Prevention and Diversion training and material

The above examples are for reference and if the funding model changes to investment model, we would have organizations planning and defining outcomes based on shared goals defined through Homelessness Collective.

- System components critical to effective service
 - Collectively working with community partners and other service providers
 - Data report back dates
 - Client feedback and evaluation
 - Demonstration of people centered, trauma informed, harm reduction and housing first philosophy
- Organizations need to have a plan for sustainability
 - City and other stakeholders could share resources to help build capacity for revenue generation
 - Annual fundraising plan
 - Grants
 - Social Enterprise
 - Help offset cost of focused consulting for organizations

An approach change may help organizations see that the fiscal stability of an organization is not the sole responsibility of the City and change organizational practices to see activities/initiatives through a collective impact lens.

3. Programs

Currently Home Base Housing, The Salvation Army, Kingston Youth Shelter and HARS are service providers of City funded homelessness programs. Each organization has its own mission, values and organizational culture that influence day to day service delivery.

This is a delicate situation and has major impacts on the system when one provider is not aligned with common goals and philosophy, etc. there is a ripple effect throughout the system and community.

Stakeholder feedback focused on wanting to create better outcomes for people served and empowering community partners to engage in positive collaborative initiatives to end homelessness.

Shared recommendations across system:

- People Engagement
 - Exit Survey/ Evaluation mechanism for those in programs
 - Incorporate evaluation into service agreements and use information to help shape and maintain system

- Vulnerable People: Indigenous and Women
 - Training of staff and having representation in each organization that is City funded
 - Safe space for community to access services
 - Providing services that meet people and the community where they are

- Shared Philosophy to be incorporated into service agreements and measured
 - Harm Reduction
 - Trauma Informed
 - Low Barrier
 - People Centered

- **Community Rounds:** Service providers and community partners could take a proactive approach to information sharing and case management through regular community rounds and/or build Risk Watch to include additional partners and scope.

This may seem similar to the By-Name List meeting currently hosted by City, but many frontline staff expressed the want for a more inclusive meeting that discussed interagency supports, how cases are being handled and continuum of care.

Community Rounds or other system meetings should be discussed/planned through Homelessness Collective.

Prevention & Diversion

Conversations surrounding Prevention & Diversion services were light and most stakeholders responded that the focus on PD was decreasing shelter stays but not necessarily helping to end homelessness in Kingston.

Youth: 0.5 FTE is allocated towards PD based at Kingston Youth Shelter and conversations suggested that more time was spent on assessment and other duties than true PD activities.

Adult: Home Base Housing and Salvation Army are providers of PD in County and Kingston.

Additional thoughts would be to ask the larger system how the community and other partners can help with Prevention Diversion and potentially highlight/deter possible entries into the system in new ways.

Shelter

Youth: Kingston Youth Shelter provides Kingston and area the only emergency overnight shelter for youth. The shelter operates from a basic housing first framework and relies on Home Base Housing for HF case management.

Feedback suggested that youth require additional wrap around supports that could be offered through KYS and ensure continuum of care. Also mentioned through people

with lived experience was the use of service restrictions as a “form of punishment” and the need to ensure a safe space with interventions that are trauma informed.

Additional training would be suggested for frontline staff and management to help build strong internal culture, informed by lived experience and other evidence based approaches.

Adult: Home Base Housing current provides the only shelter for adults in Kingston.

Overwhelmingly stakeholders provided feedback relating to current enforcement of service restrictions. Review of current procedures and use of restrictions is needed to ensure services are centered around people and take into account harm reduction, low barrier and trauma-informed.

Staffing Recommendation: Mental health workers as frontline staff and /or training and cross agency skillshare to ensure people have the supports they need.

Currently beds (7) are allocated for women at shelter and this has been highlighted through conversations to be insufficient to meet the needs of homeless women. A separate shelter space is not necessarily the recommendation but thought into how to make current spaces safe and ensure supports are available that are needed.

- Different entrance
- Separate living accommodations from males: different end of building or level
- Staff trained and working from gender based approach
- Opportunity to see the community innovate around model to create safe space for women experiencing homelessness

Family Shelter: Home Base housing provides Family Shelter

Families interviewed overwhelmingly were satisfied with support and experience at the family shelter. Based on conversations the main recommendation would be to educate the community/other community partners on services available for families, especially around financial assistance if shelter beds are not available.

Housing First

Currently there is one provider of Housing First case management and feedback from stakeholders suggested the need for additional organizations to provide case

management. This would allow people a continuum of care and may also decrease wait times with increased internal capacity across the system.

- Housing
 - Supply was at the forefront of all stakeholders conversations.
 - Stakeholders all called for increased supportive and transitional housing
 - Core Housing Need should be part of metrics of program and individual success
 - Commitment to focus and measure adequate housing for individuals

- High Acuity
 - Stabilization of people as a key component of programming and focus
 - Need for permanent supportive housing for those who will need ongoing support. Recognition that this is a system component and part of ending homelessness

- Waitlist
 - Many conversations spoke to the wait times for youth, individuals and families to move into active case management for Housing First.
 - Organizations feel that more staff are needed, but the data reflects a different view.
 - Based on City data waitlist are typical to the national average and an interesting component to consider is how the program has been set up, with one agency being the sole provider of services.

It is recommended that with a change in funding model you will have the opportunity to diversify the opportunities for new agencies to provide HF case management in unique ways. This will help provide community choices as well as cross agency supports for this critical service.

Pilot: Integrated Care Hub (ICH)

HARS has been running the Integrated Care Hub (ICH) since August 2020 in response to communities' need for another option for homeless people. The pilot program established a space for community members focusing around stabilization, harm

reduction and people centered programming. This site is not classified as a traditional shelter and offers “rest” areas for those wishing to spend the night.

Conversations surrounding the ICH touched on the below points:

- No open RFP process
- Communication on ICH
- How does ICH fit into 10 year homelessness plan
- Safety concerns
- Staffing model/ratios were higher than other past models

Mixed thoughts from stakeholders about management of addictions and some voices felt the City should not be funding this type of program as it is mostly a Public Health issue.

People who have accessed site are appreciative and are thankful for a space to go

- Establishing job opportunities within ICH
- Community and sense of belonging
- Collaboration
 - Street Health

Though opinions may be mixed on the ICH approach (low barrier, people centered), most stakeholders and overwhelmingly those with lived experience understand and appreciate the importance of these services. Community as been established at the ICH and is intentionally practiced through giving people opportunities for learning, peer development and paid work.

The ICH model is a model to continue to pilot and support service providers to balance people centered approach with business best practices to ensure the model can sustain into the future.

Rural

The Salvation Army is currently the sole provider of City funded homelessness service outside of Kingston. Stakeholders conversations were limited, though a few themes did emerge

- Rural perspective and presence needed
- Homelessness is different : inadequate housing main concern
 - People would rather not go into Kingston for services
 - No shelter space in rural and limited spots for transitional housing
- No public transportation: Schools and school transportation could play a key role in community engagement and new initiatives
- Geographically very difficult to manage
 - Work with other community service providers to skillshare and crosstrain
 - Develop community rounds
 - VAW, Mental Health, Childcare, Schools, Indigenous, Library, Hydro

Other Considerations

Stakeholder conversations lead to many areas of interest and ideas are listed below for consideration as the Housing & Social Services Department moves forward with engagement and community leadership.

1. Memorial for those who have lost their lives due to homelessness
2. Rethinking the term “Homelessness” and moving towards language that is reflective to “People being deprived of housing”
3. Review of rent supplements
4. Social Housing Registry: people are removed from list and prior placement “reset” if not able to reach
5. Frontline staff: Strong voice and expertise that is critical to utilize in planning
6. Redefine the role of Housing and Homelessness Committee at City level
7. City could explore additional funding streams to ensure sustainability of the system
 - Linkage fee/ impact fee: City establishes a fee for new developments to help fund programs.

- Dedicated revenue from City parking
- 8. Central Intake: process to streamline communication and access to service
 - Seamless System Navigation: lived experience does not understand the internal bureaucracy and how service providers have funds allocated.
 - City provided: Staff would be strong relationship builder, part of the direct service team.
 - Housing staff dedicated to working in multiple locations to help build relationships and meet people where they are
 - Provide support to Homelessness Collective

Closing Thoughts

Kingston and County is a dynamic ecosystem that is showing the will to come together to create lasting change. Homelessness is a complex issue and with intentional focus on communication and relationships there could be a positive shift.

By using the updated 10 year Homelessness Plan, shared goals and philosophies can be established. These goals and philosophies will be the basis of new service agreements, which clearly outline service expectations and reporting criteria for all parties.

As the City moves towards building a framework for funding and new agreements, it is suggested to be transparent with the community and organizations on the approach and length of time needed to establish models that engage the border community and help to end homelessness.

Opportunities to Enhance
System Performance and Leadership
in Kingston-Frontenac

Quantitative Assessment of Outcome-Based Performance of the Housing and
Homelessness Services System

August 24, 2021

Revised September 10, 2021

Prepared by:

OrgCode Consulting, Inc.





Land Acknowledgement

The land on which people in the City of Kingston operate is on the traditional homeland of the Anishinaabe, Haudenosaunee and the Huron-Wendat. The City thanks these nations for their care and stewardship over this shared land. Today, the City is committed to working with Indigenous peoples and all residents to pursue a united path of reconciliation.

Authorship

The report has been authored by OrgCode Consulting Inc. Errors and omissions are those of the authors, not the City of Kingston.





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Executive Summary

Effectively responding to the realities of homelessness demands investments that align with evidence informed practices, active innovation and the commitment to pivot approaches and strategies as local demands for service revise. The onset of the COVID-19 pandemic in March of 2020 resulted in communities throughout Canada changing aspects of service delivery and embarking on new initiatives to better meet the needs of people experiencing homelessness during a time where physical distancing, masks and hand hygiene became a necessity for all, life or death for some. The service landscape available to support people experiencing homelessness changed dramatically with many service points closing or having very limited capacity. For the community partners in Kingston-Frontenac, the demands of the global pandemic provided an opportunity to revise approaches and strategies to better meet the changing needs of local people experiencing homelessness. This period of increased emergency response investments and public health guidelines created an opportunity to ensure services better aligned to the harm reduction approaches and philosophies demonstrating success in the lives of local people actively engaged in substance use and also experiencing lengthy unsheltered homelessness.

As has been witnessed in communities across Canada, decades on inadequate investment in affordable and supportive housing options resulted in the increased visibility of homelessness and the rise of encampments locally. Homelessness is a complex issue requiring multi-system revisions and, at times, creative destruction of legacy approaches and strategies. The deprivation of housing (also referred to as homelessness) must be identified as the result of multiple system failures (primary health, mental health, addictions, child welfare, disability supports, justice, income benefits, housing, etc.) and therefore requires innovative and collaborative solutions. The experience of the Belle Park encampment and its aftermath are being felt in communities throughout the country and continue to highlight the importance of identifying housing and timely access to appropriate professionalized supports as basic human rights for individuals.



As part of the system review of homelessness response and re-housing efforts in Kingston-Frontenac, OrgCode is honoured to provide this report on system performance. This document highlights successes, challenges and recommendations for the post-COVID era to assist in accelerating efforts to prevent and reduce the experience of homelessness for local residents. The following recommendations are outlined to promote service excellence, evidence based and trauma informed solutions to the realities of housing insecurity and homelessness in the region:

System Leadership and Collective Impact Opportunities for the City of Kingston as Service Manager

- Actively and deliberately eliminate the policies and processes that continue to create siloes between Community and Affordable Housing Resources and the Homelessness Response Sector through such initiatives as:
 - Continue work to adopt a Homelessness Priority Status for the Social Housing Registry;
 - Ensure that adequate rent supplement investments are available to support HF/RRH clients;
 - Enhance the number of HHSS clients that are attached to the Social Housing Registry to ensure that program-based rent supplements are transferred to provincial rent supplement portfolios when possible – long term housing stability requires sustainable, long-term rental assistance;
 - Cross reference Social Housing Registry and By Name List clients regularly to increase the service and access for residents that are experiencing homelessness;
- Enhance access to affordable and community housing resources and developments (including rent supplements) for people served by the HHSS;
- Enhance supportive housing options with 24-7 on-site supports for HHSS clients that continue to cycle through homelessness due to housing affordability and permanent support needs (housing, mental wellness and addiction services);

- Convene cross-sector collaborative activities with Primary Health, Mental Health, Addictions, Justice, Employment, Education, Developmental Services and Child Welfare sectors to formalize connections and streamline pathways to client-centred services and supports;
- Continue to increase the inventory of agencies, services and programs – regardless of the funding source – that fill housing and program vacancies directly from the By Name List;
- Eliminate the siloed approach between Housing and Homelessness services throughout Kingston-Frontenac;
- Adopt the Continuous Improvement and Quality Assurance activities originally identified in 2017 and again identified in this performance review

Program and HHSS Performance Enhancement Opportunities:

- Improve the targeting of prevention and diversion resources in Kingston-Frontenac to ensure those households that are most vulnerable to homelessness/a return to homelessness are supported effectively and deeply;
- Enhance the consistency of housing focused Prevention/Diversion activities delivered at all community based agencies and emergency shelters;
- Ensure Street Outreach Services operate as a primary connector to permanent housing solutions for people experiencing unsheltered homelessness and/or those disconnected from the HHSS;
- Continue to enhance low barrier housing focused strategies for all shelter options with a strong harm reducing and trauma informed approach to client engagement;
- Dedicate rent supplement investments to properly optimize Housing First/Rapid Re-Housing case management programming;
- HHSS investments and supports must focus on reducing the “return to homelessness” for formerly homeless households via housing loss prevention efforts;
- Seek funding to jointly develop and test the application of Harm Reduction-Oriented Intensive Case Management using scattered sites units or congregate



setting with up to 15 people who frequently use the Integrated Care Hub, are experiencing chronic homelessness and are on the By Name List.

OrgCode looks forward to witnessing Kingston-Frontenac's future success in its enhanced Housing and Homelessness Services System dedicated to preventing and ending chronic homelessness.





Introduction

In April 2021 – after two additional qualitative assessment projects to identify the experience of people accessing the local Housing and Homelessness Services System (HHSS) – OrgCode was contracted to complete a quantitative and fidelity-based evaluation of the current HHSS and its system leadership structure. This system performance evaluation leaned heavily on the data available through the City of Kingston's Homelessness Individuals and Families Information System (HIFIS), its By-Name List (BNL) metrics as part of its involvement in the Built for Zero-Canada campaign and a fidelity assessment of service practices, pressure points and strategies for prevention and diversion, sheltering, outreach and Housing First programming (rapid rehousing and intensive case management). In addition to these methodologies and where data was readily available, OrgCode also completed a comparative analysis of homelessness and re-housing investments between the Kingston-Frontenac HHSS and other jurisdictions in Ontario.

The goals of this performance evaluation included:

1. Realign system leadership and system performance, while optimizing the qualitative work completed to date to examine local demands for service and the resources/investments available for programming and supports;
2. Provide a catalyst for community action to establish bold, actionable recommendations designed to align service delivery and engagement strategies with evidence informed approaches to prevent and end chronic homelessness;
3. Provide quantitative and fidelity-based assessment of current programs and resources serving people experiencing housing crisis and homelessness in Kingston-Frontenac.





To complete this system performance evaluation, the following activities were completed:

- Review of current service landscape – document and data review
- Analysis of 7 years of data covering 22,000+ records
- Fidelity to practice review for Prevention/Diversion, Shelter, Day Services, Rapid Rehousing and Housing First – remote and in-person
- Interviews held with 63 service providers across 10 project teams in 5 agencies
- Discussions with 42 people with lived and living experience
- Community Survey incorporated 78 responses (85% were housed and 15% had lived/living experience of housing instability and/or homelessness)
- Weekly sessions with City of Kingston team
- Participation in over 8 agency-based meetings/case conferences





Community Views of the Current HHSS

As is often the case when the visibility of homelessness increases, community views and political pressures naturally focus on “what is not working well” and “who’s to blame for the current state of homelessness” in the community and county. Realistically, the responsibility for the current state of homelessness lies in the decades of decisions – political and financial at federal, provincial and municipal levels – to defund or not prioritize investments in affordable housing and the health and support services required to ensure health, housing and income equity for all households. Unintentional consequences of previous policy and investment decisions created today’s picture of homelessness and support needs in Kingston-Frontenac, not a specific agency or program and certainly not the highly vulnerable and highly resilient people that the HHSS serves.

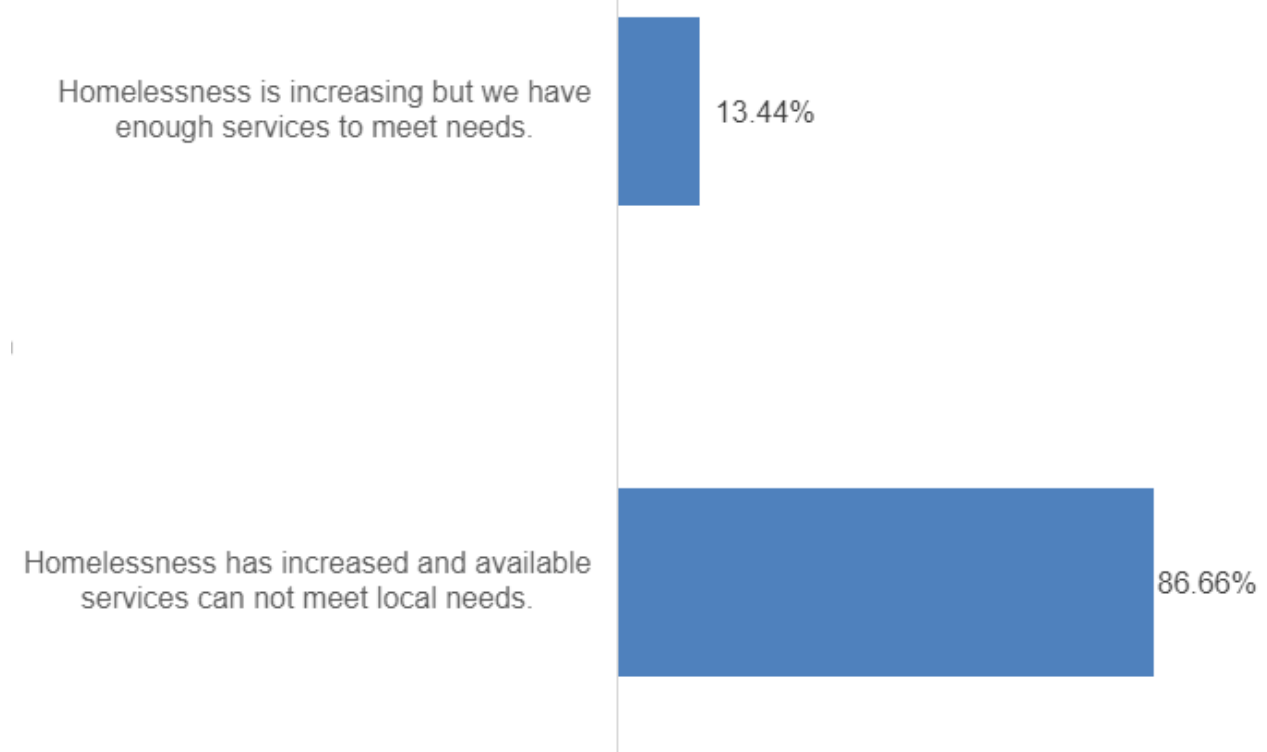
Although OrgCode focused primarily on a quantitative and fidelity-based evaluation of the current HHSS, we also wanted to examine the role of public perceptions in the community regarding homelessness and re-housing efforts – now and in the future. The following section provides some of the insights gleaned from the analysis of community survey responses and the stakeholder interview notes.

The community survey resulted in 78 respondents over a two-week period in August. Of the respondents, 15% identified as having lived/living experience of housing precarity and/or homelessness in Kingston-Frontenac. In identifying their beliefs about the incidence of homelessness locally, 87% identified that homelessness has increased and available resources are unable to meet the local needs.





Thoughts on Homelessness in Kingston-Frontenac

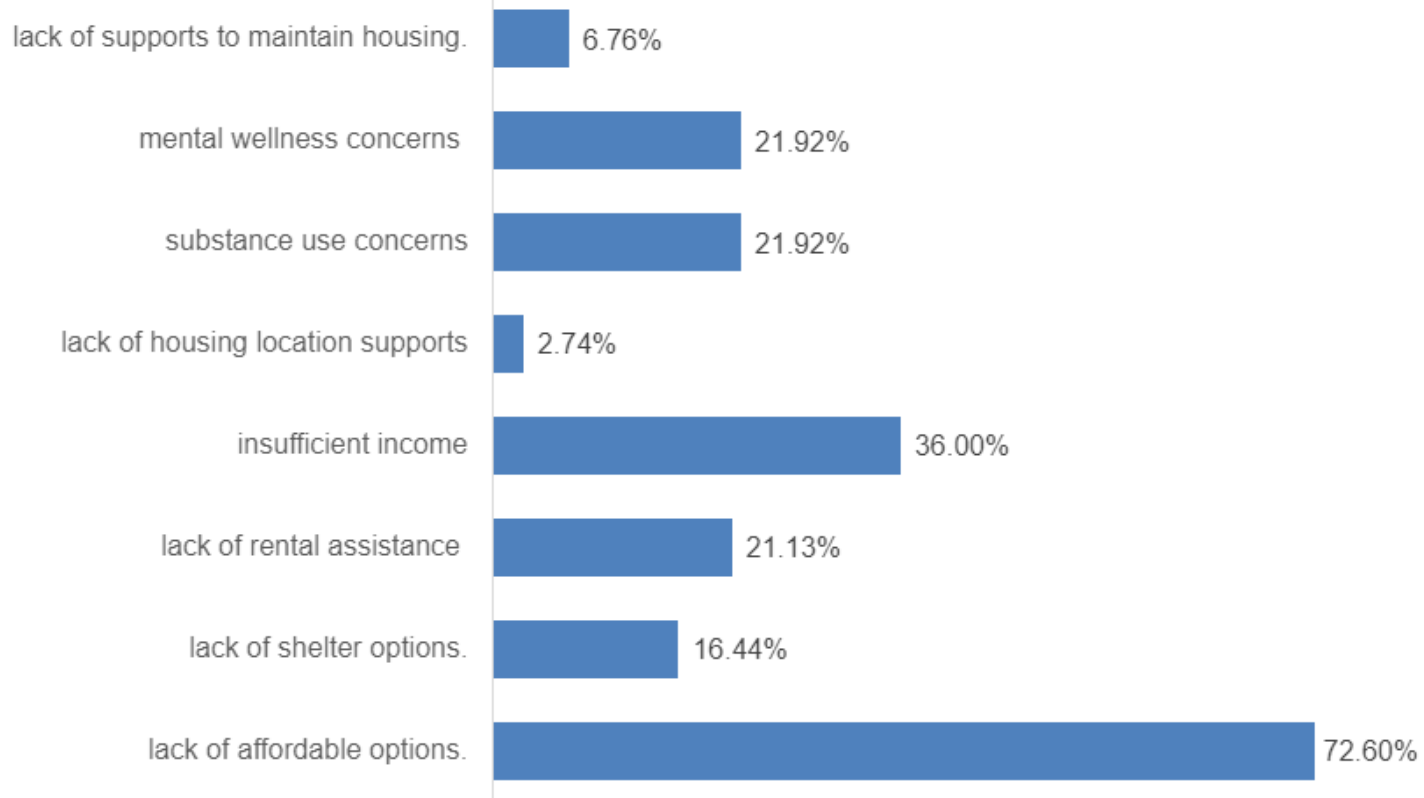


In examining the challenges facing people that are currently experiencing homelessness locally, survey respondents clearly identified the important role of access to affordable and appropriate housing options and economic poverty as the primary drivers of homelessness.





Challenges Facing People Experiencing Homelessness Locally

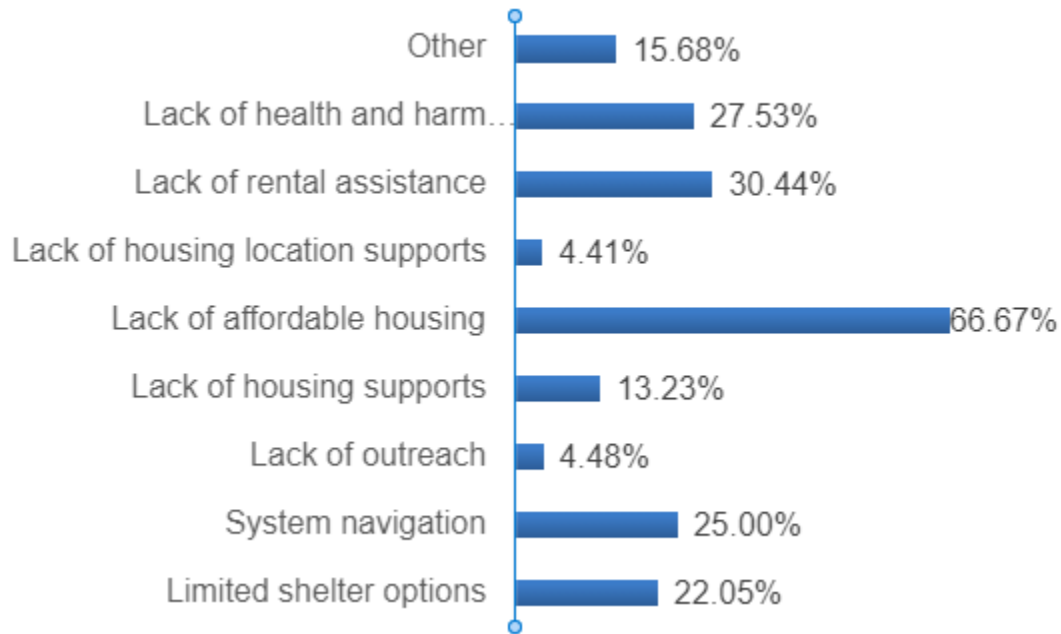


A focus on equity for income and housing access continued when examining the greatest barriers currently facing people experiencing homelessness, as demonstrated in the chart below.





Biggest Barriers in Meeting the Needs of People Experiencing Homelessness

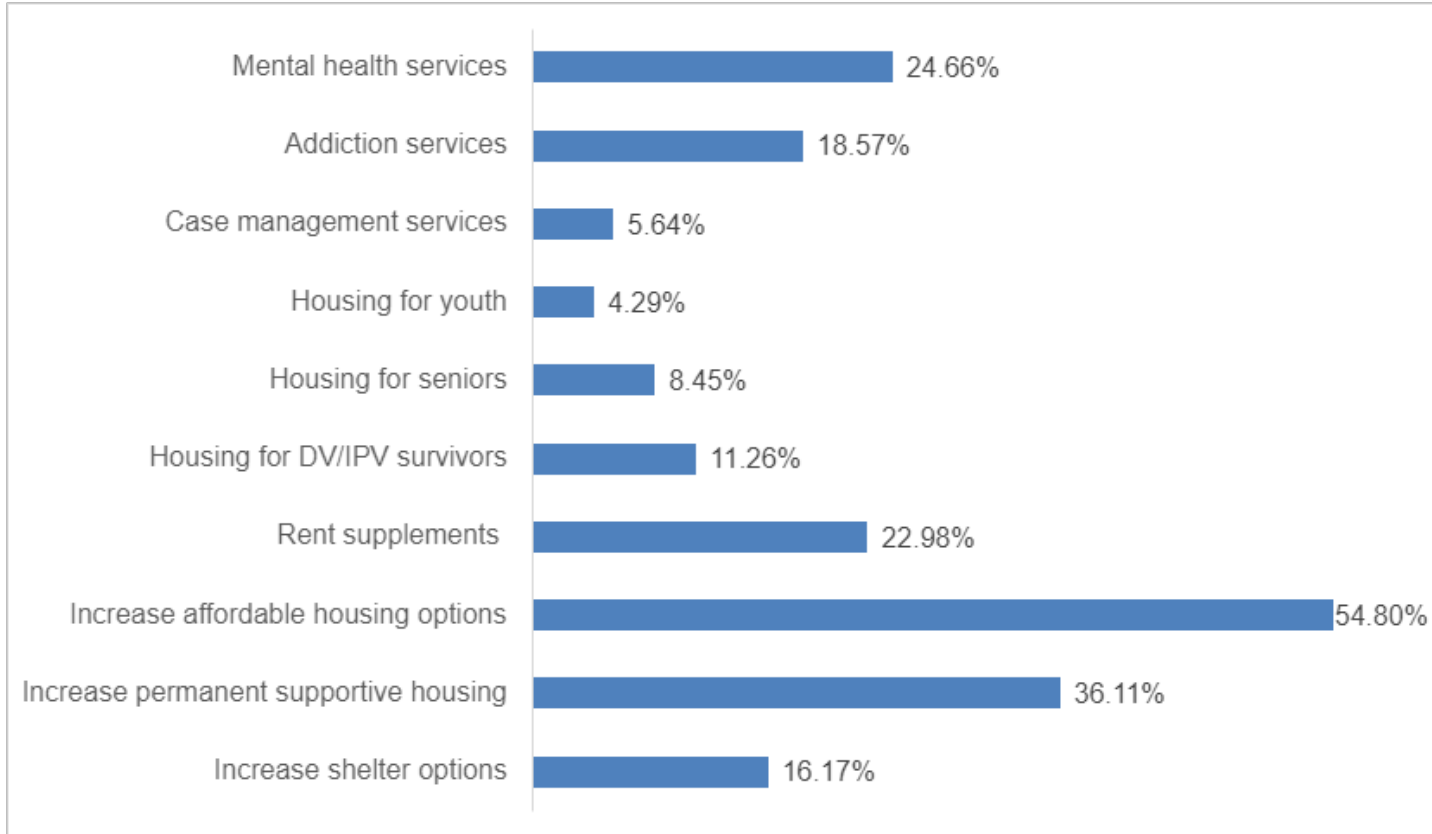


The call for action regarding the top priorities for community and political leaders in preventing and ending homelessness also identified a resounding focus on increasing access to supportive and affordable housing and enhancing access to support services dedicated to improved stability.





Top Priorities for Preventing and Ending Homelessness



The frustration of community members regarding the current homelessness reality in Kingston-Frontenac was not only evident in the perceptions that homelessness was increasing but also in their views of how the HHSS was currently responding to local needs. As seen below, the majority of community survey respondents identified that the current HHSS was “Extremely Unsuccessful” in preventing and ending homelessness. This dissatisfaction was particularly evident in the local inability of the HHSS partners and its leadership to end homelessness for people experiencing unsheltered homelessness.



Identify How Successful the Available Housing and Homelessness Services/Supports are in Kingston-Frontenac...



Stakeholder interviews also reiterated concerns about the lack of success in permanently ending people’s homelessness. In discussions, 73% of partners identifying dissatisfaction with current shelter practices, 98% identifying the lack of affordable and supportive housing options for people and an additional 88% specifically identifying the lack of rent supplements for Housing First and Rapid Re-Housing clients driving the return to homelessness for those clients that were housed in the community. Interestingly, the inclusion of the Integrated Care Hub (ICH) as an overnight respite and drop-in centre for people experiencing unsheltered homelessness (both youth and adults) who could not – or would not – access the remaining emergency shelter beds available in the HHSS

during the pandemic received mixed reviews by community partners. Many stakeholders identified the value of having a low barrier resource for people who are actively engaged in substance use but most stakeholders questioned if this should be a homelessness or a health investment. Although such a discussion on appropriate funding is always warranted, it is believed that the operation of the ICH not only provided an important resource for people not currently accessing the housing focused In From the Cold (IFTC) shelter but also amplified the need of a lower barrier sheltering environment that could not only live a harm reduction mandate of “meeting people where they are” but could also retain the housing focus orientation required to end homelessness.



HHSS Performance Highlights & Enhancements

In examining the effectiveness of current investments and approaches to prevent and end homelessness, it is important to recognize that the HHSS is funded not only by City and County investments but also by the Province of Ontario which flows funds to the City to invest in its role as Service Manager including the Community Homelessness Prevention Initiative (CHPI) and provincial community housing investments including rent supplements; Government of Canada's Reaching Home which provides money to homelessness and housing support programs through the United Way of Kingston, Frontenac, Lennox & Addington as the Community Entity and private philanthropy, which represents an assortment of investments to the non-profit sector.

In this section of the report, OrgCode focused on investigating three metrics regarding the performance of the current HHSS:

1. Is the HHSS effective in preventing and ending homelessness in Kingston-Frontenac?
2. Are HHSS Investments efficient in preventing and ending homelessness?
3. Is the HHSS enduring in preventing a return to homelessness for those households served?

To support the HHSS performance evaluation, OrgCode designed customized reporting analysis that examined de-identified, household-level information across the City of Kingston and County of Frontenac from August 1, 2014 through July 31, 2021. These data elements represent the foundation for the following evaluation to quantify system-level results -- how does our system respond to homelessness, where do we see success and where do we see growth opportunities? -- of the specific interventions we deliver dedicated to preventing and ending homelessness across the City of Kingston.



The Realities of Homelessness in Kingston-Frontenac

Using the 2018 PIT Count reports readily available online, the following analysis demonstrates that Kingston-Frontenac has a higher rate of homelessness per 100,000 residents in the community. The below chart reveals this higher rate ¹.

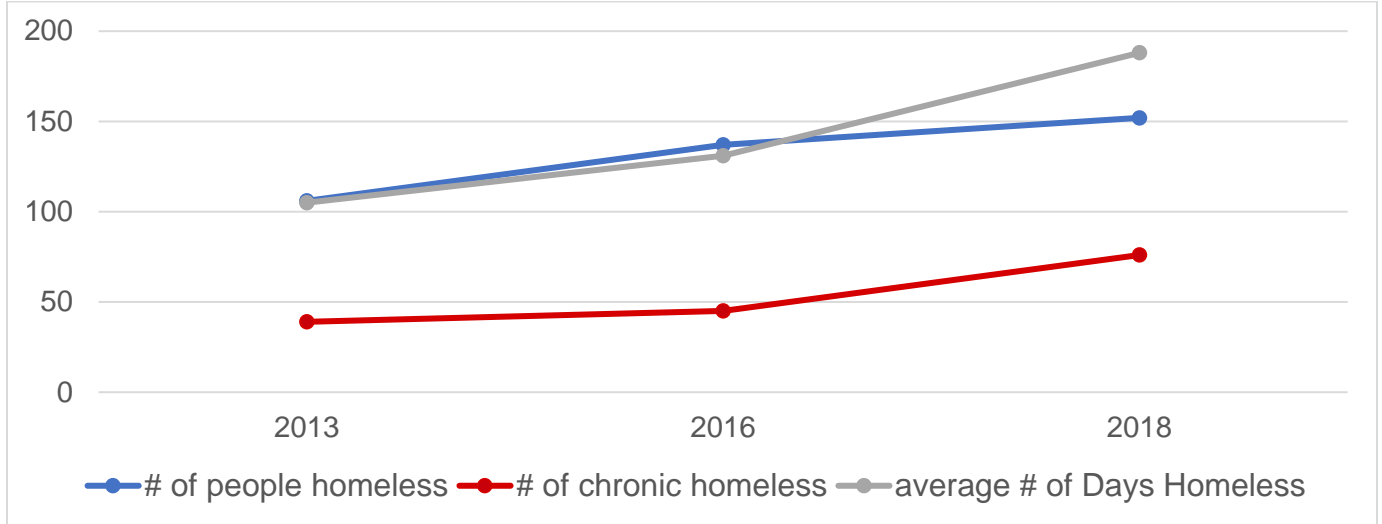
Point in Time Rates of Homelessness, as per Most Recent Point in Time Count (2018)

| Geographic Area | Minimum Number of People Experiencing Homelessness on Day of Point in Time Count | Number of People Experiencing Homelessness on a Particular Day per 100,000 People |
|---------------------------|---|--|
| Brantford | 134 | 100 |
| Kingston-Frontenac | 152 | 94 |
| Guelph-Wellington | 325 | 92 |
| Chatham-Kent | 70 | 69 |
| Peel Region | 922 | 61 |
| Halton Region | 271 | 49 |
| Windsor Essex | 197 | 49 |
| Waterloo Region | 264 | 42 |
| Durham Region | 291 | 42 |
| York Region | 389 | 35 |

It is recognized that Point in Time Count methodologies may differ slightly from community to community so in examining the PIT Count trends for Kingston-Frontenac, the following depicts the number of people counted during each Point in Time event, the number of people experiencing chronic homelessness and the average number of days of homelessness in the year for each of the 2013, 2016 and 2018 Counts. This graph demonstrates that regardless of the investments made to date, year over year increases in the prevalence of homelessness and, in particular, chronic homelessness in Kingston-Frontenac.



Longitudinal Analysis of PIT Counts (2013-2018)



This consistent prevalence of homelessness was also demonstrated in the August 2020- July 2021 analysis of By Name List data, as identified in the **Built for Zero-Canada** dashboard.

Active Homeless Remains Constant





Summary

Most recent data submission: July 2021

Total chronic move-ins reported: 446

Total veteran move-ins reported: 9

| | 12-Month Median | Most Recent | Net Monthly Change |
|----------------------------|-----------------|-------------|--------------------|
| Active homeless | 155 | 155 | 3 |
| Move-Ins | 9 | 7 | -6 |
| Moved to Inactive | 14 | 14 | 5 |
| Newly Identified | 14 | 9 | -2 |
| Aged In | 5 | | 0 |
| Returned - Inactive | 2 | 1 | 1 |
| Returned - Housing | 2 | 0 | 0 |

This higher rate of homelessness is also evident in a comparative analysis of By Name Lists. A By-Name List is used to represent the number of people experiencing homelessness that have consented to be assisted with housing access and support.

By Name List as of July 2021

| Geographic Area | Number of People on By Name List | Number of People on By Name List per 100,000 People |
|------------------------|---|--|
| Kingston-Frontenac | 179 | 111 |
| Peel Region | 412 | 27 |
| Waterloo Region | 344 | 56 |
| Durham Region | 125 | 18 |
| Windsor Essex | 412 | 103 |

The By-Name List should not be interpreted as just some communities experiencing more homelessness than others. Instead, the metric should also be used to gauge the efforts being made to shepherd people experiencing homelessness through the housing acquisition process. Kingston-Frontenac, Waterloo Region and Windsor-Essex are all



examples of more concentrated and disciplined efforts to get people experiencing homelessness on the prioritization list so that they are in the queue for various types of housing assistance (other than social housing). In Kingston-Frontenac, deliberate efforts to get people experiencing homelessness connected to the most appropriate re-housing services locally has been demonstrated from September 2017 to July 2021 when 455 people experiencing chronic homelessness were re-housed via Housing First and Rapid Re-Housing programs. The Coordinated Assessment team has been diligent in enhancing its accessibility for local residents via drop-in hours and mobile assessment services. Such enhancements should continue in the future.

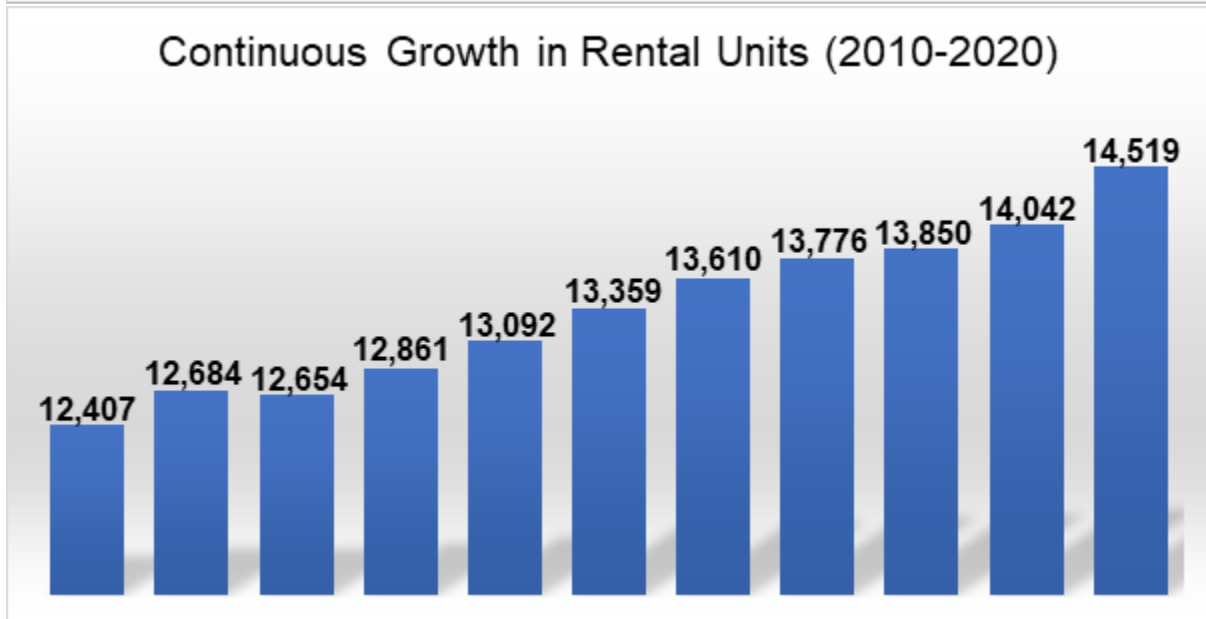
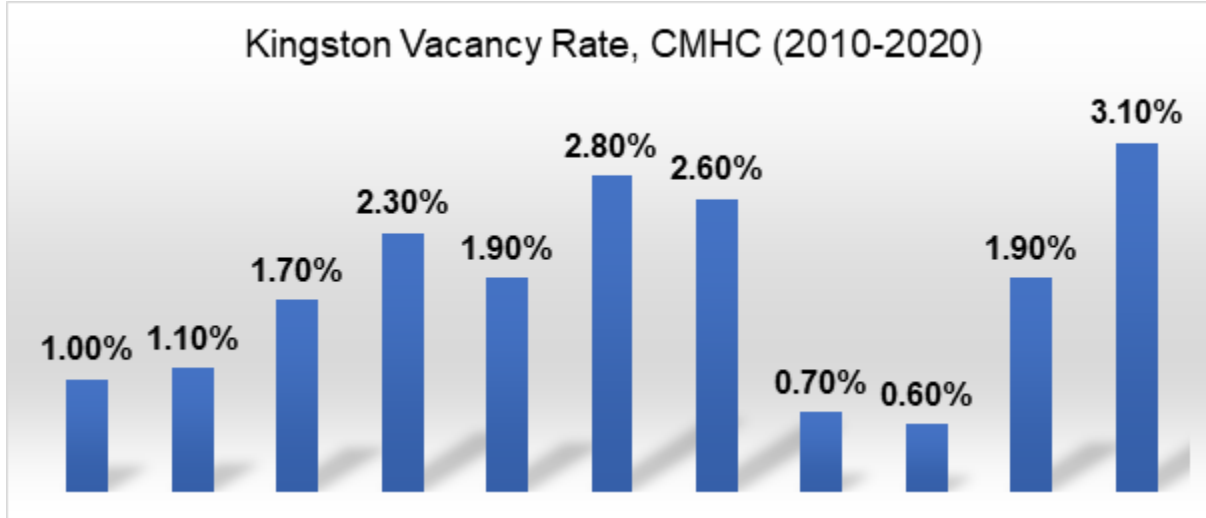
Since September 2017, 455 People Experiencing Chronic Homelessness Have Been Re-Housed

| Move-Ins | Number of Households |
|--|----------------------|
| People Experiencing Chronic Homelessness | 446 |
| Veterans Experiencing Homelessness | 9 |

Source: Kingston BFZ Dashboard

Recognizing that solutions to homelessness rely on access to housing options, a review of the local vacancy rates and rental costs proved essential in understanding the barriers impacting housing loss prevention and re-housing programs. Vacancy rates locally demonstrated fluctuations over the last decade but improvements were witnessed in 2020 with a 3.1% vacancy which is identified as a healthy rate and should improve housing access.

Vacancy Rates in Kingston Have Improved



Source: CMHC, Rental Market Survey, 2010-2020

Landlord relations have remained a priority for the HHSS as is demonstrated with the majority of positive housing destinations experienced by formerly homeless clients being found in the private market without any subsidy.



Housing Outcomes by Permanent Housing Type

Unfortunately, improvements in vacancy rates do not equate to enhancements in affordability or accessibility for housing options. As illustrated above, 71% of all supported clients served in the HHSS are housed in unsubsidized housing options with the most frequent permanent housing destination identified as rental apartments at market rental rates. With the vast majority of HHSS clients receiving income benefits (Ontario Works or Ontario Disability Support Program), high costs of market rent ensure ongoing housing precarity.

| Household Size | OW Shelter Benefit | ODSP Shelter Benefit | Average Rent |
|----------------|--------------------|----------------------|--------------|
| 1 | \$390 | \$497 | \$871 |
| 2 | \$642 | \$781 | \$1145 |
| 3 | \$697 | \$846 | \$1327 |
| 4 | \$756 | \$918 | \$1830 |

Source: CMHC, Rental Market Report, January 2021

Is the HHSS Effective in Preventing and Ending Homelessness in Kingston-Frontenac?

From 2014 to 2021, the 5,446 unique households that experienced homelessness or housing insecurity in Kingston-Frontenac often received services more than once:

| Type of Housing | Count | Percent |
|--------------------------------------|-----------------|---------|
| Subsidized or Supportive Housing | 153 households | 9% |
| Family or Friends | 341 households | 20% |
| Other Unsubsidized Permanent Housing | 1,192 household | 71% |



| Times Served | Stays (Count) | Stays (Percent) | Households (Count) | Households (Percent) |
|--------------|---------------|-----------------|--------------------|----------------------|
| 10-48 times | 7,455 stays | 34% | 489 households | 9% |
| 9 times | 792 stays | 4% | 88 households | 2% |
| 8 times | 1,128 stays | 5% | 141 households | 3% |
| 7 times | 1,162 stays | 5% | 166 households | 3% |
| 6 times | 1,158 stays | 5% | 193 households | 4% |
| 5 times | 1,615 stays | 7% | 323 households | 6% |
| 4 times | 2,064 stays | 9% | 516 households | 9% |
| 3 times | 2,640 stays | 12% | 880 households | 16% |
| 2 times | 3,168 stays | 14% | 1,584 households | 29% |
| 1 time | 1,066 stays | 5% | 1,066 households | 20% |

While 20% of households were served only once across the seven-year reporting period, and approximately half (49%) were served 1-2 times, another 9% of households were served at least 10 times, ranging as high as 48 times. **This signifies that a small percentage of overall households (9%) receive a disproportionate 34% of services.**

The overwhelming majority of destinations at exit -- “where do people go after we serve them?” -- remain blank: 88%. This makes answering the question of “to what extent do we end homelessness?” exceedingly difficult. Of the remaining 12% of households who exited with a destination recorded, these results vary by intervention, sometimes referred to as “pathways,” and by provider¹.

¹ It must be noted that of the organizations identified below, Elizabeth Fry (E Fry), South Frontenac Community Services (SFCS) and Addictions and Mental Health (AMHS) no longer receive homelessness funding from the City of Kingston. The Kingston Youth Shelter is funded by the United Way via Reaching Home.



Housing Outcomes by Household Exit

| | Exits to Housing | Exits to Homelessness | Exits Elsewhere |
|--|-------------------------|------------------------------|------------------------|
| Coordinated Intake | 58% | 33% | 9% |
| Elizabeth Fry (E Fry) | 25% | 63% | 13% |
| HIV AIDS Regional Services (HARS) | 11% | 89% | 0% |
| Home Base Housing (HBH) | 42% | 47% | 11% |
| Kingston Youth Shelter (KYS) | 62% | 26% | 12% |
| Salvation Army (Sal Army) | 93% | 5% | 3% |
| Sal Army – Rural | 88% | 0% | 12% |
| South Frontenac Community Services (SFCS) | 91% | 8% | 2% |
| Street Outreach | 25% | 75% | 0% |
| Home Base Housing (HBH) | 25% | 75% | 0% |
| Emergency Shelter | 56% | 29% | 15% |
| E Fry - Women's Shelter | 76% | 14% | 10% |
| HBH – In From The Cold (IFTC) | 46% | 34% | 21% |
| HBH – Lily's Place | 90% | 8% | 2% |
| KYS – Overflow | 0% | 76% | 24% |
| KYS - Youth Shelter | 66% | 25% | 9% |
| Ryandale - Overflow | 68% | 19% | 13% |
| Non-Shelter/Assessment | 44% | 46% | 10% |
| Addictions & Mental Health Services (AMHS) | 43% | 43% | 14% |
| HBH - Assessment | 36% | 52% | 12% |
| KYS - Assessment | 65% | 32% | 3% |
| Sal Army - Assessment | 100% | 0% | 0% |
| SFCS - Assessment | 73% | 18% | 9% |



| | | | |
|---|------------|------------|------------|
| Homelessness Prevention | 97% | 2% | 1% |
| Sal Army – HPF | 97% | 2% | 1% |
| Sal Army - Rural HPF | 100% | 0% | 0% |
| SFCS – HPF | 100% | 0% | 0% |
| Homelessness Prevention/ Diversion | 75% | 18% | 7% |
| HBH – IFTC | 0% | 67% | 33% |
| HBH | 54% | 34% | 13% |
| HBH - Youth | 68% | 23% | 9% |
| KYS | 73% | 22% | 5% |
| Sal Army | 88% | 9% | 4% |
| Sal Army - Rural | 93% | 0% | 7% |
| SFCS | 95% | 3% | 2% |
| Rapid Re-Housing/Housing First | 60% | 25% | 15% |
| AMHS - RR/HF | 60% | 18% | 22% |
| HBH - RR/HF | 54% | 28% | 18% |
| HBH - Youth RR/HF | 75% | 25% | 0% |
| KYS - Youth RR/HF | 63% | 38% | 0% |
| Sal Army - Rural RR/HF | 80% | 0% | 20% |
| SFCS - RR/HF | 58% | 33% | 9% |

Averages by overall service intervention conceal substantial ranges in program-level outcomes. For example, while 58% of the households exiting “coordinated intake” left to permanent housing overall, two of the seven providers exited 11% and 25% of their households to housing, two providers saw comparable 42% and 62% outcomes, while the three remaining providers housed between 88-93% of their households.



Is the HHSS Efficient in Optimizing Investments in Kingston-Frontenac?

When examining efficiency, how investments are optimized locally must be examined. Comparative analysis with other similar jurisdictions provides some clarity on local investments and opportunities for improved alignment between spending and impact. In preventing and ending homelessness in communities, many Ontario Service Managers have been making the shift to invest more considerably in housing support services like Housing First compared to homelessness response services like shelter and outreach, the City has not made this shift as dramatically as required to ensure that housing based solutions are integral to the work being completed by all invested programs and services within the HHSS. As demonstrated in the table below, the City invests considerably more in shelter on a per capita basis than most of the other jurisdictions examined. Peel Region is the only Service Management area that exceeded Kingston's pre-COVID investments in shelter per capita. Investments in Outreach have been amplified during the global pandemic but meeting the growing concerns related to unsheltered homelessness continues to be a challenge for local teams.





Investment in Homelessness Response Per Capita

| Geographic Area | Shelter | Outreach |
|--------------------------------|---------|----------|
| Kingston-Frontenac (Pre-COVID) | \$9.13 | \$0.19 |
| Kingston-Frontenac (COVID) | \$16.57 | \$0.67 |
| Peel Region (Pre-COVID) | \$13.69 | \$1.26 |
| Waterloo Region (Pre-COVID) | \$7.56 | \$0.67 |
| Durham Region (Pre-COVID) | \$3.57 | \$0.71 |
| Windsor Essex (Pre-COVID) | \$7.83 | \$0.35 |

Superficially, a simple argument can be made: many of these regions are larger and therefore have more people experiencing homelessness per capita. However, such a crude analysis fails to examine the other part of the homelessness response equation: how much is invested per capita to assist people experiencing homelessness in accessing housing and receiving support services to stay housed? **Kingston is currently investing more in the emergency responses to homelessness compared to the rate of investment in solutions to homelessness.** Such an investment strategy will not assist in achieving functional zero.

Investment in Housing Support Services to Help Keep Formerly Homeless People Housed, Per Capita

| Geographic Area | Housing Support Services |
|-----------------|--------------------------|
| Kingston | \$7.29 |
| Waterloo Region | \$7.50 |
| Durham Region | \$4.29 |
| Windsor Essex | \$5.69 |

A shift to solution-based investment is necessary for any jurisdiction aiming to reduce and end homelessness. One necessary shift in the investment strategy became apparent in



the program evaluations and interviews with re-housing teams – the use of rent supplements for clients being supported by re-housing programs. Portable and unit-based rent supplements are an essential strategy used to help formerly homeless people access and maintain housing. Attached to the household (portable) or the unit (place-based), rent supplements can provide a pathway to private market housing, thereby making available private market housing stock more affordable to people of lower incomes, including people experiencing homelessness. Reliance of effective and efficient access to these rent supplements was a common theme in key informant interviews with community partners.

Kingston currently invests less than \$25,000 annually in rent supplement payments to formerly homelessness households supported by Housing First and Rapid Re-Housing programs. This amount is only a fraction of dedicated rent supplements for re-housing programs available in other Ontario jurisdictions and likely accounts for many of the concerning outcome results for these projects, especially within the last 18 months. As the HHSS works with people staying in shelters and places not meant for habitation who require dedicated housing-based supports, projects must seek to minimize the length of time required to secure permanent housing and end their homelessness.

Average Number of Days from Program Entry Until Permanent Housing Exit

| Rapid Re-Housing/Housing First | 197 DAYS |
|---------------------------------------|-----------------|
| AMHS - RR/HF | 338 days |
| HBH - RR/HF | 192 days |
| HBH - Youth RR/HF | 130 days |
| KYS - Youth RR/HF | 1 day |
| Sal Army - Rural RR/HF | no exits |
| SFCS - RR/HF | 23 days |

OrgCode recommends that future investments realign to reduce the investments for homelessness response and increase rental supplements and improved access to other Community Housing options for re-housing clients will not only assist in reducing the

amount of time that local people stay homeless but will also optimize the positive housing stability rates and reduce the return to future homelessness for supported households.

Comparative Analysis of Shelter Investment and Bed Volume

The shelter investment per resident can be classified into three categories: low (less than \$5 per community resident), medium (from \$5.01 to \$10 per community resident) and high (greater than \$10 per community resident). In the low category are such communities as Simcoe County, Northumberland County and Halton Region. In 2018-19, Kingston-Frontenac sat in the medium range for shelter investment. Other communities in the medium category remain Brantford CMA, Hamilton CMA, Waterloo Region and Sault Ste. Marie. Given the increased investment in shelter options during COVID responses, the annual investment has changed dramatically. Currently, Kingston and Peterborough invest more shelter funding per resident than any of its sister Service Management areas.

Shelter Investments

| Community | Annual Investment | Number of Shelter Beds/Pods | Investment per Resident | Shelter Beds per Population |
|--|--------------------------|------------------------------------|--------------------------------|------------------------------------|
| Brantford CMA | \$0.85M | 55 | \$6.27 | 1:2,464 |
| Guelph-Wellington | \$1.2M | 54 | \$3.42 | 1:6,565 |
| Hamilton CMA | \$7M | 280 | \$9.36 | 1:2,670 |
| Waterloo Region | \$3.7M | 245 | \$6.91 | 1:2,184 |
| Halton Region | \$1.86M | 54 | \$3.39 | 1:10,156 |
| Peterborough CMA | \$1.6M | 82 | \$13.14 | 1:1,484 |
| Kingston-Frontenac (2020-21) ⁱⁱ | \$2.7M | 85 | \$16.57 | 1:1,896 |
| Simcoe County | \$0.8M | 153 | \$2.62 | 1:1,997 |
| Sault Ste. Marie | \$0.44M | 33 | \$6.00 | 1:2,223 |

| Community | Annual Investment | Number of Shelter Beds/Pods | Investment per Resident | Shelter Beds per Population |
|-----------------------|-------------------|-----------------------------|-------------------------|-----------------------------|
| Northumberland County | \$0.265M | 24 | \$3.15 | 1:3,567 |

Like spending, the volume of shelter beds available for local residents can also be classified into low (less than 1:2,000), medium (1:2,001 to 1:5,000), and high (greater than 1:5,000); however, unlike spending levels, lower bed volume is preferred over higher. In the medium category there is Hamilton, Waterloo Region, Brantford, Sault Ste. Marie and Northumberland County. Halton Region and Guelph-Wellington is in the high category with a small number of designated shelter beds for the overall population. Kingston-Frontenac currently has a low volume of shelter beds with 1 shelter bed for every 1,1896 people in its Census area. Also in the low category is Peterborough and Simcoe County with Peterborough having the most generous bed volume, above all other Service Management areas.

Is the HHSS Enduring in Preventing and Ending Homelessness in Kingston-Frontenac?

As the third and final question that drives the collective work to prevent and end homelessness, we must ask, to what extent does the work of the HHSS endure, by ensuring that the households serve not only have their homelessness effectively and efficiently ended, but also ended in a way that prevents their future return to homelessness?

Once the work is completed with people staying in shelters and places not meant for habitation to successfully secure permanent housing, the HHSS and its community partners must maximize the supportive services that will ensure minimal returns to homelessness. This requires robust housing, health and social supports from the safety of someone’s home (not merely monthly wellness checks), proactive and creative problem solving (not merely crisis management) and rapid resolution of housing crises as they

occur, including connection to and prioritization within homelessness prevention resources within the community.

Since HIFIS can generate reports that measure “program re-entries from housing type,” the City of Kingston provided information on “returns to homelessness” for the 13 months between July 1, 2020 and July 31, 2021. These re-entries may not represent new or recurring experiences of homelessness, however, as the “unknown housing type” and “long-term” categories demonstrate below:

Program Re-Entries from Housing Programs between July 1, 2020 to July 31, 2021

| | Total Unique Clients | All Re-Entries |
|--|-----------------------------|-----------------------|
| No Housing Specified | 37 | 38 |
| No Housing Specified | 37 | 38 |
| Unknown Housing Type | 1 | 1 |
| Rental at Market Price with Rent Subsidy | 1 | 1 |
| Emergency | 6 | 6 |
| Shelter | 6 | 6 |
| Long-Term | 22 | 23 |
| Living in Family's House / Apartment | 3 | 3 |
| Rental at Market Price | 9 | 9 |
| Room in a House | 6 | 7 |
| Subsidized / Social Housing | 3 | 3 |
| Supported / Supportive Housing | 1 | 1 |
| Transitional | 2 | 2 |
| Transitional Housing | 2 | 2 |
| Unsheltered | 72 | 75 |
| Correctional Facility | 7 | 7 |
| Hospital - Medical | 1 | 1 |

| | | |
|----------------------------------|------------|------------|
| Hotel / Motel | 4 | 5 |
| Makeshift / Street | 27 | 27 |
| Staying with Friends / Relatives | 33 | 35 |
| TOTAL | 129 | 145 |

To build upon the information from the most recent 13 months reflected above, OrgCode manually analyzed all de-identified, household-level information across the City of Kingston from August 1, 2014 through July 31, 2021.

Emergency Shelter/Street Outreach Households Returning to Homelessness:

Of the 302 unique households housed by emergency shelter/street outreach across the City of Kingston over the seven years from August 1, 2014 through July 31, 2021, **55% returned to homelessness**, as measured through a later entry into either emergency shelter or street outreach (166 households).

These households averaged 418 days (14 months) from their exit from homelessness until their return to emergency shelter or street outreach.

Rapid Re-Housing/Housing First Households Later Experiencing Homelessness:

Of the 908 unique households served by rapid re-housing/housing first from August 1, 2014 through July 31, 2021, **44% later experienced homelessness**, as measured through a later entry into either emergency shelter or street outreach (395 households).

These households averaged 562 days (19 months) from their entry into rapid re-housing/housing first and their return to emergency shelter or street outreach.

As mentioned previously in this report, with only 9% of all permanent housing destinations during the seven year reporting period from households experiencing homelessness,

neither subsidized housing nor supportive housing represent the primary exit strategy for the overwhelming majority of people experiencing homelessness.

Homelessness Prevention/Diversion Households Later Experiencing Homelessness:

Of the 3,075 unique households served by homelessness prevention and/or diversion across from August 1, 2014 through July 31, 2021, **13% later experienced homelessness**, as measured through a later entry into either emergency shelter or street outreach (388 households). Another 30 households had less than 24 hours between the interventions (homelessness/prevention and emergency shelter/street outreach) so their minimal records (<1% of those served) were excluded from the analysis.

These households averaged 460 days (15 months) from their exit from homelessness prevention and/or diversion (usually the same day) and arriving at emergency shelter or street outreach.

The Kingston-Frontenac HHSS has the opportunity to further reduce returns to homelessness for formerly supported households. In interviews and discussions, the inability to sustain high rental costs and the lack of access to ongoing mental health and addictions supports required for continued stability were identified as barriers for HHSS clients. In recent years, the City of Kingston has focused on enhancing affordable and supportive housing by capitalizing on federal, provincial and municipal investments. Such initiatives as the Rapid Housing Initiative announced in July 2021 and the 2020 affordable housing developments (i.e. Wright Crescent, Princess Street, etc.) demonstrate a commitment to increasing the local housing infrastructure. By ensuring that these developments also benefit households with the lowest income levels and the greatest levels of vulnerability, affordable and community housing options must also be identified as viable options for HHSS clients.

The need for supportive housing must also be actioned. Traditionally, Local Health Integration Networks (and by extension the Ministry of Health) have been responsible for

investing in supportive housing. The majority of these supportive housing options in Ontario were not for people that have experienced homelessness. Meanwhile, there are some individuals, couples and families that experience homelessness whose day to day service support needs are so profound that only through intensive, place-based supports are they capable of maintaining housing and realizing a rewarding quality of life. The levels of supportive housing available in Kingston-Frontenac are inadequate for people experiencing shelter and unsheltered homelessness who need very intensive, and potentially permanent, supports to stay housed. People served through supportive housing are most often chronically homeless with complex needs and frequent service users.

Results of the Sector-Based Fidelity to Practice Assessment

Homelessness Prevention and Shelter Diversion Activities in Kingston-Frontenac

Proving cause and effect in homelessness prevention can be difficult, and many research studiesⁱⁱⁱ of prevention resource allocation demonstrate that most people that do not receive prevention assistance do not become homeless; however, those that had similar characteristics as those who are already chronically homeless, were a good prevention resource investment. Moreover, some communities have found that it is best to use the majority of prevention resources for individuals, couples and families that have previously experienced homelessness rather than the majority of investment going towards those people that have never been homeless before.

Keeping people in housing is better than the financial and emotional toll of people experiencing homelessness. Investment in prevention and diversion (P/D) activities can and should be part of a local strategy to address homelessness and Kingston-Frontenac has proven to be a leader across the province in prioritizing P/D investments. Currently, 32% of the City of Kingston housing and homelessness budget via Community Homelessness Prevention Initiative (CHPI) is invested in homelessness prevention activities including the homelessness prevention fund (HPF) delivered by 2 separate

agencies – HomeBase Housing and The Salvation Army. Given the delivery of in-shelter prevention and diversion services by HomeBase Housing at the In From The Cold (IFTC) shelter, the activities and focus for that P/D team tend to be more targeted than the community based P/D services delivered by the Salvation Army team in the City and County. The following table identifies the success achieved by the homelessness prevention and diversion activities from 2014-2021.

Housing Outcomes by Household Exit

| | Exits to Housing | Exits to Homelessness | Exits Elsewhere |
|--|-------------------------|------------------------------|------------------------|
| Homelessness Prevention | 97% | 2% | 1% |
| Sal Army - HPF | 97% | 2% | 1% |
| Sal Army - Rural HPF | 100% | 0% | 0% |
| SFCS - HPF | 100% | 0% | 0% |
| Homelessness Prevention/Diversion | 75% | 18% | 7% |
| HBH - IFTC | 0% | 67% | 33% |
| HBH | 54% | 34% | 13% |
| HBH - Youth | 68% | 23% | 9% |
| KYS | 73% | 22% | 5% |
| Sal Army | 88% | 9% | 4% |
| Sal Army - Rural | 93% | 0% | 7% |
| SFCS | 95% | 3% | 2% |

As identified above, the 75% to 97% successful outcomes for P/D services is indeed impressive. It was evident during discussions that homelessness prevention resources are at times used for the agency’s target population groups regardless of the households past experience of homelessness or higher levels of vulnerability. The unexpected success rate demonstrated above however likely confirms that many of the P/D

approaches do not, in fact, target those households that are highly vulnerable and therefore most likely to enter/re-enter homelessness if interventions are not provided. Such a **non-targeted approach is not recommended moving forward**. Ideally, P/D service delivery would be consistently delivered, especially given that all service agreements identify consistent deliverables and service expectations. In interviews with community partners, a lack of consistency in approaches, priorities and implementation criteria was evident – especially for youth - for how the homelessness prevention funds were used, although partners identified that improvements had been witnessed recently.

In Kingston-Frontenac, the interaction and expectations regarding the HPF and the Discretionary Residency Benefit (DRB) delivered by income support staff requires additional investigation and revision. Based on discussions with community partners, it appears that disbursements of the DRB continue to align with the traditional Community Start-Up Benefit philosophy based on eligibility and set financial maximums for households. Such an approach aligns more closely with a poverty reduction approach than a mandate to prevent homelessness. This traditional approach in no way aligns with evidence informed strategies and likely ensures that the most vulnerable households are not adequately served through the DRB and are then deemed ineligible to access the HPF, due to current policy constraints.

Homelessness Prevention efforts must target funds and support services to those households with the greatest likelihood of experiencing homelessness (i.e., have experienced homelessness at least once before or their housing support needs most closely resemble those households being prioritized for dedicated intensive re-housing programs in the community). The lack of a targeted approach to homelessness prevention and inconsistent delivery of these funds does not align with evidence informed approaches.

At the In From the Cold shelter, P/D staff provide shelter diversion and rapid exit activities directly to individuals seeking shelter admission. The P/D staff operating at the IFTC has

strong prevention and diversion emphasis when people are newly seeking services. The IFTC should be commended for their approach to logging inquiries for shelter services to ensure continuity across staff. Having witnessed diversion in progress, it is clear that IFTC P/D team has clear key messages, express empathy, engage in effective problem solving, and respectfully redirect potential guests that have safe and appropriate alternatives. The P/D service delivery provided at the IFTC establishes a prime example of evidence informed approaches and strategies and should be commended for their activities. As identified in the next section on sheltering, the formalized incorporation of these essential services into the Integrated Care Hub service model would be highly beneficial for ICH staff and clients.

Recommendations for Enhanced Prevention and Shelter Diversion Activities

1. Realign the expected deliverables for these investments that reflect a consistent implementation approach dedicated to preventing literal homelessness for highly vulnerable households;
2. Improve the targeting criteria used by P/D teams throughout Kingston-Frontenac to ensure those that most vulnerable to homelessness are supported effectively and deeply, if needed;
3. Further investigate the connection between DRB and HPF to ensure that prevention funds target the most vulnerable households and disbursement aligns with a homelessness prevention – not a traditional poverty reduction- mandate;
4. Formally incorporate P/D activities into the operations of all shelter locations, especially the ICH moving forward, to increase the housing focused service orientation.

Street Outreach Services in Kingston-Frontenac

At the time of this system performance evaluation, the service agreement governing street outreach services provided by HomeBase Housing had already been extended until 2022. Based on interviews, team discussions and the comparative analysis of homelessness

investments, Kingston-Frontenac current has limited housing focused outreach capacity given the local needs and the large geographical area. Although the current team of Outreach Workers has been enhanced and the opening of the Integrated Care Hub has reduced the pressure on available outreach activities to ensure that harm reduction and basic needs were effectively met for people experiencing unsheltered and/or street-based homelessness, it was apparent that the introduction of the City’s encampment protocol was placing constraints on the available outreach capacity. To be truly effective, Street Outreach must operate with a housing focused approach and as a primary connector to housing solutions – either within or outside of the BNL process, depending on the needs of people encountered. As identified below, the role of Street Outreach as a primary connector to housing solutions can be enhanced in Kingston-Frontenac.

Housing Outcomes by Household Exit

| | Exits to Housing | Exits to Homelessness | Exits Elsewhere |
|-----------------|-------------------------|------------------------------|------------------------|
| Street Outreach | 25% | 75% | 0% |
| HBH | 25% | 75% | 0% |

Recommendations for Enhanced Street Outreach Services:

1. The City of Kingston, together with its community partners, to collaborate with community partners to enhance the impactful housing focused outreach available for highly vulnerable people that are experiencing unsheltered homelessness, ensuring that other community based agencies/organizations are addressing harm reduction, basic needs and health related supports within their mandates;
2. With the limited HHSS Street Outreach Services available, these team members must remain laser focused on remaining a connector to permanent housing solutions for people who are experiencing unsheltered homelessness and are currently disconnected from other HHSS access points.



Emergency Shelter Response in Kingston-Frontenac

As the HHSS partners work with people staying in our shelters, they seek to return stayers to housing in community (effectiveness) and minimize the length of time required to secure permanent housing to end their homelessness (efficiency). With the increased investment during the COVID-19 pandemic to ensure that people experiencing unsheltered homelessness had a safe space to rest within the Integrated Care Hub^{iv}, it is essential to explore the HIFIS data regarding exits and the amount of time from admission to positive housing destinations.

Housing Outcomes by Household Exit

| | Exits to Housing | Exits to Homelessness | Exits Elsewhere |
|--------------------------|-------------------------|------------------------------|------------------------|
| Emergency Shelter | 56% | 29% | 15% |
| E-Fry – Women’s Shelter | 76% | 14% | 10% |
| HBH- IFTC | 46% | 34% | 21% |
| HBH- Lily’s Place | 90% | 8% | 2% |
| HARS – ICH | 11% | 89% | 0% |
| KYS – Overflow | 0% | 76% | 24% |
| KYS – Youth Shelter | 66% | 25% | 9% |
| Ryandale – Overflow | 68% | 19% | 13% |

In terms of exits to permanent housing, there is certainly room for improvements for shelters serving youth and single adults. Analysis of efficiency metrics identifies that the average length of time between shelter admission to an exit to permanent housing is within expected timelines





Average Days from Program Entry Until Permanent Housing Exit

| | |
|--------------------------|---------------------|
| Emergency Shelter | 34 days |
| E-Fry – Women’s Shelter | 43 days |
| HBH- IFTC | 26 days |
| HBH- Lily’s Place | 47 days |
| KYS – Overflow | no exits to housing |
| KYS – Youth Shelter | 39 days |
| Ryandale – Overflow | 25 days |

Note: No data available for HARS on this metric.

Given the timelines for this project and the focus on City funded projects, site visits were completed for the In From the Cold (IFTC) shelter operated by HomeBase Housing and the Integrated Care Hub (ICH) operated by HIV Aids Regional Services (HARS). Aligning with COVID-19 public health guidelines, OrgCode shadowed both projects and engaged with staff and clients in July 2021.

Based on insights gathered during key informant interviews, team meetings and shelter-based site visits, it is evident to the OrgCode team that Kingston does not currently have a shelter system. It has a collection of shelter projects that are operating. Each is striving to do their best in isolation. As an example, one is hyper-focused on harm reduction and does not actually consider themselves a shelter. Another is hyper-focused on housing and is striving to align to being housing-focused in all policies and practices. Both are to be commended individually. However, much work remains to create a comprehensive, non-competitive approach to shelter services in the community such that guests shouldn’t feel they are picking sides. Absent is meaningful co-planning and co-delivery of shelter services with a shared common aim. The community needs to get out of the mindset of which approach to sheltering and supports is better or worse, and get into the mindset of how the two different approaches and populations served are complementary.





The following provides insights gleaned during each site assessment.

Integrated Care Hub Cooling Centre

The ICH is highly effective at creating, maintaining and promoting a low barrier environment with little to no judgment that meets guests where they are at. Values of compassion, empathy, harm reduction, solidarity and social justice are strong, transparent and lived throughout the staff team engaged during the site visit. Staff are constructively critical of their own operations and approaches to ensuring safe and effective engagement with guests.

Harm reduction is the DNA of the operation. Harm reduction is not an empty platitude or idealized dream that is never put into practice. As a result, the pursuit of meeting people where they are at to reduce harm is realistic. Also as a result, the conversations with guests are pragmatic, the strategies to support guests are highly functional, and the work is at times raw...entering into relationship with highly vulnerable and highly resilient people. The mattresses with dividers, as a safe resting place, may be adequate but could use physical space improvements. The staff acknowledge the physical space is not ideal. The density of people in the resting place seems at odds with the situation with IFTC.

Guests of the ICH speak glowingly of the acceptance they feel at the space. Furthermore, they are enthusiastic about feelings of safety when onsite. Access to harm reduction supplies, safer injection, resting, and most importantly, access to staff, were all highlighted as positives from those engaged.

Every guest spoken with during the site visit was either housed or desired housing. At the same time, several spoke of their support needs to stay housed. Conversations with ICH staff identified that they were not currently funded to deliver housing access and support services, however, their contract with the City specifically identifies the expectation for



housing assistance and supports. Moving forward, clarity of roles and expected deliverables would be essential.

It should also be noted that staff are apprehensive about promoting housing for guests as a result of the perceived lack of appropriate harm reduction supports in the community once people access housing and pointed to issues with their community accessing motels during the pandemic only to see increases in overdoses and a lack of service users maintaining shelter at the motel. Moving forward, consideration in Kingston must be given to either supportive housing in a congregate setting with onsite 24/7 supports, and/or, scattered site housing first programming with lower case manager to program participant ratios. ICH could be a springboard to that occurring well given their experience and expertise in working with the population and delivering harm reduction services, as well as living the harm reduction principles and philosophy.

In From the Cold (IFTC)

The IFTC has a strong housing focus. The staff see a return to housing as part of the primary aim of their work, and guests that make use of the shelter in its current diminished capacity are all effectively and actively working on housing. Staff positively reinforced the need to focus on housing and brainstorming housing solutions for each guest. The guests encountered were all in various stages of the housing process, with several having viewings on the day of the visit.

The shelter capacity has been impacted by COVID restrictions. It is perplexing that ICH has more people in what feels like a more cramped space than IFTC, though no measurements of space capacity were completed. The combination of the housing focus with reduced capacity would seem to result in what can appear to be creaming – only selecting low acuity guests that want to work on housing. Through discussion, it would seem that demand for housing-focused shelter services currently exceeds capacity and that the IFTC can be more selective in choosing the next guest to fill a shelter space.

Caution and scrutiny should be employed to ensure that moderate and higher needs guests are welcome and included in the housing process made possible through IFTC; however, clear evidence that only lower acuity guests are welcome and served is not entirely accurate. Discussions with guests that currently use the shelter demonstrate a range of financial and life issues in addition to housing needs.

HomeBase does a good job of curating online advertisements for available rental housing. Staff are professional, thoughtful and engaging when contacting prospective landlords for shelter guests. Staff are clear advocates without overstepping boundaries.

The shelter environment is peaceful, likely a result of the combination of lower shelter capacity and current lower to moderate acuity of guests. The shelter environment is also clean and cared for, resulting in a space that is calm and allows for focus on housing and other life issues. Messaging on bulletin boards is clear and uncluttered.

IFTC is clearly an important part of the homelessness response system in Kingston because of both the diversion and housing-focused shelter work. It is possible to see how this work is misunderstood by outsiders. The strong diversion emphasis can be seen as stalling entry or denying entry, when as witnessed, it is delivered with incredible thoughtfulness and thoroughness. The housing interest of guests makes it possible to further be selective because of decreased capacity, but this selection is based upon housing interest not acuity as best as could be understood. Discussions with shelter guests resulted in disclosure of substance use, mental illness, diminished mobility and chronic health conditions. While the presentation of these issues may look different than how they present at ICH, that makes them no less worthy of housing and supports.



Recommendations for an Enhanced Shelter System for Kingston-Frontenac

1. Conduct a joint planning process with shelter management, frontline shelter staff, former shelter users, and the city, co-creating a vision for the shelter system, and shared values across the sector;
2. Since investments for emergency shelter responses to homelessness is not sustainable long term at its current elevated levels for Kingston-Frontenac, future shelter operations must continue to maintain IFTC's housing focus while also ensuring that the low barrier, harm reduction approach demonstrated by ICH is woven into the fabric of client engagements. Focusing on enhancing the harm reducing and lower barrier/trauma responsive approaches – ideally within one housing focused operation - would be ideal for the current needs of people experiencing homelessness in the region;
3. Seek funding to add a minimum of 1 additional worker (but ideally 2) to IFTC to provide Prevention and Diversion work and housing navigation to the ICH as an experienced housing resource, and work in partnership with ICH staff to co-develop strategies for effective engagement and favourable outcomes.

Housing First and Rapid Re-Housing Programming in Kingston-Frontenac

Program evaluation activities for the Housing First and Rapid Re-Housing (HF/RRH) programs included participation in team meetings and discussions, remote shadowing of file reviews and an overview of program operations, including client-staff ratios, alignment with Housing First philosophy and interventions. Currently, HomeBase Housing and Salvation Army operate the re-housing programs in the City of Kingston and the County of Frontenac for single adults, families and youth. Client to staffing ratios and alignment with professional case management and housing first programming continues to be demonstrated. The following insights were gleaned from OrgCode's time with these projects:

- As identified already, private market rentals continue to provide the primary housing options available locally for clients, however, market rent is not sustainable for the majority of people served in HF/RRH programs;
- HF/RRH teams continued to support clients throughout the pandemic but many other agencies/services reduced service interventions resulting in many clients not receiving the dedicated mental health and addiction support services required to enhance wellness. File review discussions, for example, identified the consistent challenge of inconsistent/insufficient supports related to Community Treatment Orders during the pandemic and the resulting lack of wellness and increased eviction concerns for HF/RRH clients;
- As is the situation in communities across North America, the ongoing opioid overdose crisis continues to impact people experiencing housing insecurity and homelessness in Kingston-Frontenac. The introduction of the ICH locally has assisted in ensuring that harm reduction services and a safe space are provided for local residents but as mentioned previously, the active involvement in substance use and the lack of community-based harm reduction resources create concerns within HHSS teams on housing options and the availability of 24-7 supports to ensure safety and wellness for clients. HF/RRH service providers highlighted increasing pressures to ensure that more frequent and highly intensive supports are available for the majority of their new referrals. The lack of supportive housing options with a strong harm reduction approach was identified as a barrier locally;
- Due to the high cost of rent in the private market, the lack of available rent supplements, and the fact that HomeBase Housing is the primary HF/RRH service provider, this non-profit housing provider identified that it currently fills over 80% of its unit vacancies with referrals from the By Name List;
- Unfortunately, the commitment to improve access to appropriate housing options to formerly homeless households has resulted in more than the recommended 15% tenant base (in any one building) currently receiving housing-based case management. Such a saturation of high acuity clients in their buildings would

normally involve as close to 24-7 support staffing but such a program model will not be possible once COVID-specific emergency funds disappear. Without the appropriate support model, increase concerns regarding damages, lack of stability and community complaints are likely;

- HF/RRH referrals are remaining homelessness for longer than expected in Kingston-Frontenac with data analysis demonstrating that on average, people referred remain homeless for an additional 197 days prior to moving into housing. This results in many Case Managers supporting clients that continue to be homeless for months, instead of housing based supports occurring from the safety and dignity of home;
- The lack of supportive and subsidized housing options currently available in Kingston-Frontenac for people leaving homelessness is resulting in higher levels of vulnerability, higher returns to homelessness and inefficient use of qualified Housing Based Case Managers;
- HF/RRH teams identified the need for ongoing professional development opportunities for their agency staff to ensure that evidence informed case management standards were being maintained. In recent years, the HHSS has not received funding for continuous improvement activities.

The inefficiencies apparent in the journey back to housing stability for clients referred to HF/RRH demonstrated the ongoing siloed delivery of Homelessness and Community Housing services in Kingston-Frontenac. The **overwhelming majority of people experiencing homelessness who secure housing do so through resources other than subsidized or supportive housing:**

Housing Outcomes by Permanent Housing Type

| | Count | Percent |
|--------------------------------------|------------------|---------|
| Subsidized or Supportive Housing | 153 households | 9% |
| Family or Friends | 341 households | 20% |
| Other Unsubsidized Permanent Housing | 1,192 households | 71% |



Recommendations for Enhancing HF/RRH Activities

1. Increase the accessibility and sustainability of housing options for HHSS clients in Kingston-Frontenac. Some initiatives that would enhance housing stability outcomes would include:
 - o increased investment in rental subsidies for HF/RRH clients.
 - o strengthening the relationship between HF/RRH providers and all available non-profit housing providers governed by the Housing Services Act in order to diversify the housing options;
2. The City of Kingston must play a convening role with health-funded services such as LHIN funded supportive housing, community based addiction support services and community based mental health services to work on improved service integration without unnecessarily duplicating services. Such cross-sector collaboration would diversify the number of programs attached to the prioritization By Name List processes locally and improve the consistency and effectiveness of supports to highly vulnerable residents;
3. Seek funding for the ICH and IFTC to jointly develop and test the application of Harm Reduction-Oriented Intensive Case Management using scattered site units with up to 15 people who frequently use the ICH, are experiencing chronic homelessness and on the By Name List. It is intended that this function as an inter-agency collaboration and co-delivery; not each organization having their own worker, unique approach and silos;
4. Co-develop a supportive housing model and plan (services, building, size, anticipated capital and operating costs) that would intentionally be for people compulsively, chronically or chaotically using alcohol and/or other drugs that are experiencing chronic homelessness, and which may also serve as a service hub to the substance using community. Seek community, Public Health and City Council endorsement. Send to the appropriate Members of Provincial Parliament, Members of Parliament, and Ministry of Health and Health Canada to advocate for funding;





System Leadership in Kingston-Frontenac

The City of Kingston as the provincially designated Service Manager, together with the United Way as the federally appointed Community Entity, provides leadership for the housing and homelessness services system in Kingston-Frontenac. The staff in the Housing and Social Services Department of the City provide the day to day operational backbone support for the HHSS. Since the beginning of the 2020 system review, the City has invited community members and partner organizations to participate in a transparent assessment that has incorporated both qualitative and quantitative reviews of the current realities of homelessness, people’s experiences and journeys through the HHSS and the impacts of the work completed locally to prevent and end homelessness.

It must be acknowledged that the enhanced representation of diverse voices and perspectives on the work of the local homelessness and re-housing services has ensured that the perspective of people with lived and living experience of housing instability and homelessness are highlighted and that the partners needed to achieve the collective positive impact for all residents are varied. However, the City and specifically the Housing and Social Services Department must never lose sight of its ultimate goal – the prevention and reduction of homelessness in the City and County. The Department and its affiliated committees are encouraged to remain focused on this ultimate goal and to avoid the tendency of “mission creep” when establishing strategic priorities and recommended actions.

The City’s Housing and Social Development team has experienced many staffing changes over the past 3 years. Such revisions provide the opportunity for staff to further enhance its understanding, support and monitoring of the local system of care through housing focused, harm reducing and trauma informed approaches. The following system leadership continuous improvements and quality control recommendations are shared to further enhance the impact of the City as the leader for the homelessness and re-housing system of care.



System Leadership & Collaborative Impact: As the provincially designated Service Manager for Housing and Homelessness investments, policies and programs in Kingston-Frontenac, the need to eliminate the current siloed approach between Community Housing and Homelessness Response demands innovative and collaborative solutions. The only solution to homelessness is housing so all future community and affordable housing initiatives must also benefit households current served by the HHSS. The following initiatives are recommended as the City actively and deliberately eliminates policies and processes that continue to create siloes between Housing and Homelessness Response Sector::

- Continue work to adopt a Homelessness Priority Status for the Social Housing Registry;
- Ensure that adequate rent supplement investments are available to support HF/RRH clients;
- Enhance the number of HHSS clients that are attached to the Social Housing Registry to ensure that program based rent supplements are transferred to provincial rent supplement portfolios when possible – long term housing stability requires sustainable, long-term rental assistance;
- Cross reference Social Housing Registry and By Name List clients regularly to increase the service and access for residents that are experiencing homelessness;
- Investigate with the non-profit housing partners the potential allocation of housing units for the delivery of essential supportive housing options for many of Kingston-Frontenac's most vulnerable households

Continuous Improvement for City, HHSS agencies and Community Partners: Discussions and shadowing with housing and homelessness partners in Kingston-Frontenac revealed human, health and social service practitioners that are highly professional, committed to meeting the varied needs of local participants and hungry for additional training, coaching and support regarding the implementation of evidence based, trauma informed and housing focused service excellence. Much has been learned

about the successful approaches and strategies that support people in ensuring that homelessness is rare, brief and non-recurring. In particular, professional development in supporting individuals experiencing chronic homelessness and complex, co-occurring issues within scattered site and congregate living housing options will prove to be essential moving forward. The following core competencies and minimal training requirements have been identified for the City housing staff, homelessness response and re-housing teams, community leaders and affiliated partners:

- Homelessness 101: Onboarding Essentials
- Trauma Informed Care
- Motivational Interviewing & Assertive Engagement
- Impact of Intimate Partner Violence in Supported Housing
- Impactful Street Outreach
- Harm Reduction Strategies for Housing and Homelessness Programs
- Housing Focused Shelter
- Excellence in Housing Based Case Management
- Delivering Housing First within a Congregate Setting
- Leading and Managing Homelessness & Re-Housing Teams

Quality Control and Assurance Efforts - on a program, agency and system basis – ensures that evidence informed practices, approved policies, practices and standards of care are consistently implemented in the housing and homelessness system. Interviews and discussions with funded partners demonstrated a quest for service excellence and a desire to have ongoing coaching and supports (both clinical and operational). As the Service Manager with purchase of service agreements with funded agencies, the City of Kingston has an opportunity to ensure that consistent, effective and efficient service is delivered to eligible and prioritized households. Regular monitoring of program services and supports, together with improved data collection and analysis will enhance the quality assurance work completed by the City of Kingston and its funded partners within the Housing and Homelessness Services System.



Concluding Comments

It has been an honour to support the City of Kingston as well as its HHSS partners and participants in reviewing its system performance in its quest to prevent and end homelessness through a housing-focused, innovative approach. The housing and homelessness response system in Kingston-Frontenac is demonstrating positive results and with implementation of the recommended enhancements identified in this report, we know that its successes will be amplified. Local commitments to active collaboration and evidence informed approaches will assist residents experiencing housing precarity and homelessness in finding home, stability and wellness. Improved access to affordable, supportive and community housing resources (including rent supplements) will improve the effectiveness, efficiency and enduring impacts of the HHSS so that collaborative housing, health and community building efforts can ensure last housing stability for the people served into the future.

ⁱ Population for Kingston-Frontenac identified via 2016 Census for Kingston CMA (Population of 161,175) via Statistics Canada as sourced at <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CMACA&Code1=521&Geo2=PR&Code2=35&SearchText=Kingston&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=521&TABID=1&type=0>

ⁱⁱ Note: In 2018, the following was true for Kingston-Frontenac:

| | | | | |
|---------------------|---------|----|--------|---------|
| Kingston CMA (2018) | \$0.83M | 48 | \$5.20 | 1:3,324 |
|---------------------|---------|----|--------|---------|

This 2018 data provided by Housing Services includes the CHPI funded shelter beds at IFTC and Lily’s Place.

ⁱⁱⁱ Important research on homelessness prevention includes the following:
 Shinn, M., & Baumohl, J. (1999). Rethinking the prevention of homelessness. Paper presented at the 1998 National Symposium on Homelessness Research, Arlington, Virginia.
 Shinn, M., Baumohl, J., & Hopper, K. (2001). The prevention of homelessness revisited. *Analyses of Social Issues and Public Policy*, 1, 95–127. <https://doi.org/10.1111/1530-2415.00006>.

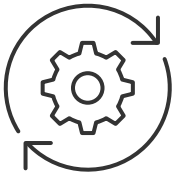


Shinn, M. B., Greer, A. L., Bainbridge, J., Kwon, J., & Zuiderveen, S. (2013). Efficient targeting of homelessness prevention services for families. *American Journal of Public Health*, 103(S2), S324–S330. <https://doi.org/10.2105/AJPH.2013.301468>.

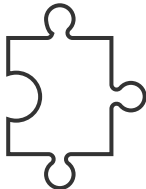
Pankratz, C., & Nelson, G. (2017). An evaluation of rent assistance for individuals experiencing persistent homelessness in Waterloo Region. Waterloo: Wilfrid Laurier University. <https://doi.org/10.1002/jcop.21911>.

^{iv} Although the Integrated Care Hub is funded as a Cooling Centre where people can access rest, meals, harm reduction and referrals, the consistent overnight use of this space by approximately 50 people each night reflects that the ICH is providing overnight shelter for residents.

Recommendation Themes



System wide



Program Level


-  Systemic issues
-  Person-centred and trauma-informed service delivery
-  Improve communication & collaboration
-  Funding model
-  Data & Accountability
-  Life stabilization
-  Miscellaneous

-  Rural
-  Emergency Shelter
-  Integrated Care Hub
-  Prevention Diversion
-  Housing First
-  Street Outreach
-  Day Services
-  Youth
-  Women
-  Indigenous
-  Miscellaneous

Homelessness System Review Recommendations














System Wide

| | | |
|---|--|--|
|  Systemic Issues | <ul style="list-style-type: none"> • Continue to explore options to increase supportive and transitional housing supply. • Address inadequate housing supply – affordability and quality. • Reduce number of households discharged from local healthcare and correctional institutions into homelessness system. | <ul style="list-style-type: none"> • Explore community partnerships to respond to mental health and addictions/drug poisoning crisis issues among homeless population. • Address income inequalities (i.e. insufficient social assistance/shelter allowance rates). • Address stigma associated with experiencing homelessness. |
|  Person-centred and trauma-informed service delivery | <ul style="list-style-type: none"> • Adopt approaches at all levels of the system that are strengths-based and trauma informed. • Address systemic racism within existing services. • Introduce formalized, paid peer positions • Include People With Lived Experiences (PWLE) in decision-making at all levels (Service provider, Service Manager, etc). | <ul style="list-style-type: none"> • Implement exit survey for program participants. • Expand system evaluation efforts to include external partners. • Allocate resources to programs supporting persons with lived experience to allow support to continue as long as participant desires post-securing housing. |
|  Improve communication & collaboration | <ul style="list-style-type: none"> • Develop Homelessness Collective comprised of all organizations serving the homeless and/or vulnerable population in order to define a shared vision and goals for ending homelessness. • Strengthen relationships between all stakeholders (funded agencies, external agencies, program participants, and community at large). • Monthly update to all stakeholders (not limited to funded agencies). • Improve coordinated intake process to improve access to services. • Expand upon existing service provider meetings that occur quarterly. | <ul style="list-style-type: none"> • Establish shared philosophy and values at system level. • Improve access to mental health supports and/or consider staffing homeless providers with mental health professionals. • Improve processes for disseminating information at Service Provider level. • Eliminate the siloed approach between Housing and Homelessness services throughout Kingston-Frontenac. • Community engagement - increase sharing of information and encourage collaborative problem solving. |
|  Funding model | <ul style="list-style-type: none"> • Ensure better collaboration and integration of funding streams and timelines. • Address competition over funding - build quality assurance measures and outcomes into service agreements. • Tie success to programming/outcomes rather than simply funding ongoing services. • Move toward data-driven decision making at provider and system-level. | <ul style="list-style-type: none"> • Housing and Social Services investments and supports must focus on reducing the “return to homelessness” for formerly homeless households via housing loss prevention efforts. • Organizations need to ensure to have a plan for sustainability by exploring alternate funding options (grants, fundraising, etc.). |
|  Data & Accountability | <ul style="list-style-type: none"> • Increase quality assurance measures (e.g. HIFIS reports) and improve monitoring of outcomes and service delivery (e.g. service restrictions). | |
|  Life stabilization | <ul style="list-style-type: none"> • Increase opportunity for life stabilization of people experiencing homelessness. | |
|  Miscellaneous | <ul style="list-style-type: none"> • Provide adequate emotional support to staff responsible for service delivery. • Memorial for people that have lost their lives due to homelessness. • Shift to people-centred language around homelessness - e.g. people deprived of housing. • Improve communication process/options for people experiencing homelessness on the Social Housing Registry. | <ul style="list-style-type: none"> • Redefine role of Housing and Homelessness Advisory Committee. • Consider exploring additional funding/revenue streams. • Explore central intake model to streamline entry into system. Consider staffing with City staff. • Review of Rent Assistance Program/rent supplement availability. |

Homelessness System Review Recommendations



Program Level

| | | |
|--|---|--|
|  Rural | <ul style="list-style-type: none"> Partner with other service providers to cross train and skillshare to aid in serving large geographic area. Explore partnerships with schools to increase transportation options. | <ul style="list-style-type: none"> Develop community rounds. Explore opportunities for services/programs that do not require clients to travel to Kingston (e.g. emergency shelter, transitional housing). |
|  Emergency Shelter | <ul style="list-style-type: none"> Review internal policies/procedures around service restrictions to address barriers to accessing services. Implement trauma-informed practices instead. Revisit 10 Year Plan recommendation to “right-size” shelter system by reviewing recent utilization and demand data. Explore alternatives to shelter for people that choose not to access existing services. | <ul style="list-style-type: none"> Consider hiring staff with backgrounds in mental health and/or addictions or partnering with partner agencies to bring these supports in-house. Increase community awareness of other supports available for families. Additional training on evidence-based approaches (e.g. housing-focused sheltering, diversion, harm reduction, Trauma and Violence Informed Care). |
|  Integrated Care Hub | <ul style="list-style-type: none"> Revisit staffing model to ensure sustainability and safety (e.g. staff to client ratio). Please note: The state of the ICH in its current form is dependent on securing stable funding. | <ul style="list-style-type: none"> Explore how program model supports the goals of the 10 Year Plan. Balance people-centred care with business best practices. |
|  Prevention Diversion | <ul style="list-style-type: none"> Reframe focus from reducing shelter stays to ending homelessness. Expand efforts to include broader community to identify/deter entries into homelessness. | <ul style="list-style-type: none"> Enhance the consistency of housing focused Prevention/Diversion activities delivered at all community based agencies and emergency shelters. |
|  Housing first | <ul style="list-style-type: none"> Focus on stabilization for people with high acuity and/or complex needs. Increase access to life skills support post-securing housing – with fewer barriers and for longer periods of time and increase options for meaningful activity post-housing. | <ul style="list-style-type: none"> Consider additional agencies to deliver Housing First programs to decrease wait times. Ensure that adequate rent supplement investments are available to support Housing First clients. |
|  Street Outreach | <ul style="list-style-type: none"> Expand services to 7 days/week. Shift from basic needs supports to coordinated access point. | <ul style="list-style-type: none"> The City/community partners to collaborate with community-based organizations to enhance housing-focused outreach for highly vulnerable people experiencing unsheltered homelessness and ensuring the organizations are addressing harm reduction, basic needs and health-related supports within their mandates. |
|  Day Services | <ul style="list-style-type: none"> Implement services focused to clients both experiencing homelessness and who have been recently housed - life skills, training, self-advocacy. | |
|  Youth | <ul style="list-style-type: none"> Increase wraparound services at Kingston Youth Shelter (e.g. in-house Housing First supports). | <ul style="list-style-type: none"> Revisit role of Youth Assessment split with Prevention Diversion. Please note: Youth services will be procured in collaboration with the United Way in 2022. |
|  Women | <ul style="list-style-type: none"> Gender-specific services for women/female identifying clients. | |
|  Indigenous | <ul style="list-style-type: none"> Target services to Indigenous population - gap in existing services. | <ul style="list-style-type: none"> Ensure service delivery is administered under Equity, Diversity, Inclusion and Indigeneity lens. |
|  Miscellaneous | <ul style="list-style-type: none"> Co-develop a supportive housing model/plan (services, building, size, anticipated capital and operating costs) for people experiencing chronic homelessness who compulsively, chronically or chaotically use alcohol and/or drugs. May also serve as a service hub to the substance-using community. | <ul style="list-style-type: none"> Increase access to abstinence-based programs at all stages – pre-, during, and post-homelessness. Pandemic/Outbreak Management Response. |

System-Wide Themes

Systemic issues

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions (City or Community Driven): |
|---|---|---|---|
| Continue to explore options to increase supportive and transitional housing supply | <p>1.2 Increase permanent supportive and transitional housing supply</p> <p>1) Work with housing providers to create new supportive housing available to both those transitioning and those requiring permanent supportive housing.</p> <p>2) Conduct a review of supportive and transitional housing demand and supply.</p> <p>3) Work with service providers and upper levels of government to advocate for and secure critical new funding for housing support services.</p> <p>1.3 Strengthen capacity to deliver Housing First</p> <p>1) Ensure appropriate housing options are available to facilitate the Housing First placement and long-term housing stability for clients.</p> | <p>1) City has purchased 805 Ridley Dr - 34 units with anticipated occupancy in 2022.</p> <p>2) City has purchased 113 Lower Union St - 19 units with anticipated occupancy in late 2021/early 2022.</p> <p>3) Province completing Supportive Housing Review (initiated in 2020).</p> <p>4) City facilitates Supportive/Transitional Housing Roundtable meets bi-monthly to allow for all organizations who work with clients in need of supportive housing to come together and discuss the supportive housing landscape, opportunities, challenges etc.</p> | <p>1) City to continue to advocate for additional operating dollars for supportive and transitional housing along with other levels of government.</p> <p>2) Service Providers to continue to explore opportunities for grants, other funding opportunities.</p> <p>3) Explore funding options for supportive and transitional rent supplements for clients on By Name list (BNL)</p> |
| Address inadequate housing supply – affordability and quality | | 1) Continuing to add more affordable housing units in the system. | <p>1) Community partners to increase efforts to provide tenant rights education.</p> <p>2) See notes re: Daytime Services and Life Stabilization.</p> |
| Address income inequalities (i.e. insufficient social assistance/shelter allowance rates) | | Note: Rates are set by the province | 1) City and partners to continue advocacy efforts. |
| Explore community partnerships to respond to mental health and addictions/drug poisoning crisis issues among homeless population. | | <p>1) The City is currently sitting as an active member on the Community Drug Strategy Table</p> <p>2) Community Drug Strategy Table is supportive of decriminalization & safe supply, + Council endorsement (find Council date)</p> <p>3) City staff are part of local Ontario Health Team implementation with mental health identified as a priority</p> | <p>1) City/partners to continue advocacy for additional funding for mental health and addictions support.</p> <p>2) Community partners to build partnerships/programs between existing agencies.</p> <p>3) City and partners to explore all funding options available with support from community partners to continue the Integrated Care Hub (ICH) model beyond Dec. 31, 2021.</p> |
| Reduce number of households discharged from local healthcare and correctional institutions into homelessness system | <p>1.4 Local Institutional Discharge Planning</p> <p>1) Work with health care institutions, correctional facilities and community agencies to develop discharge plans that avoid releasing individuals into homelessness.</p> | <p>1) Healthcare Discharge Committee comprised of Service Provider and City staff meets as needed.</p> <p>2) Human Services and Justice Coordinating Committee meets quarterly to discuss initiatives and issues in the justice sector.</p> | 1) Continue existing efforts |

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions (City or Community Driven): |
|--|-----------------------------|--|--|
| Address stigma associated with experiencing homelessness | | 1) City Podcast (https://www.cityofkingston.ca/city-hall/city-publications/tell-me-more) 2) Path Campaign - Collaborative project between United Way and the City (https://www.pathhomekingston.ca/) 3) City and partner agencies sit at Community Drug Strategy Table | 1) Continue existing efforts |

Need for person-centred and trauma-informed service delivery

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|-----------------------------|--|--|
| Adopt approaches at all levels of the system that are strengths-based and trauma informed. | | 1) Mapping of training needs completed in 2017; implementation ongoing. Identified needs include: Trauma-informed care, EDI/equity lens, cultural safety, harm reduction, progressive engagement. 2) City in process of aligning training plan with other Housing & Social Services initiatives. 3) Continue to enhance low barrier housing focused strategies for all shelter options with a strong harm reducing and trauma informed approach to client engagement | 1) City/Service Providers to further implement training plan per 2017 survey and/or new recommendations that emerge through system review (i.e. Bridges out of Poverty Training or Adverse Childhood Experiences (ACEs) training) 2) City to implement comprehensive and ongoing training requirements in RFP process (mandatory sessions for all staff with sign-offs) 3) Expand training opportunities to agencies outside CHPI funded system 4) City and partners to enhance supportive housing options with 24-7 on-site supports for HHSS clients that continue to cycle through homelessness due to housing affordability and permanent support needs (housing, mental wellness and addiction services) |
| Address systemic racism within existing services. | | 1) In process of exploring appropriateness of existing tools/practices e.g. VI-SPDAT | 1) Implement mandatory training for all existing staff and new hires across all City departments and funded service agencies with support from the City's Equity, Diversity and Inclusion Manager |
| Introduce formalized, paid peer positions | | 1) Some efforts underway at agency level 2) Training on peer support model available through Providence Care. | 1) Paid peer positions will be encouraged in RFP process. 2) Continue training on peer support |
| Include People With Lived/Living Experiences (PWLE) in decision-making all levels (SP, SM, etc). | | 1) Some efforts underway at agency level 2) Discussions between OrgCode and 42 people with lived and living experience 3) Community Survey incorporated 78 responses with 15% having lived or living experience of housing instability or homelessness 4) Working group formed to review current Terms of Reference of Housing and Homelessness Advisory Committee to include, amongst other things, people with lived or living experience | 1) Ensure adequate staff representation by including lived experience staffing requirements in RFP process 2) Providers to ensure inclusion of PWLE on boards, working groups etc. |

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|---|-----------------------------|---|---|
| Implement exit survey for program participants | | | 1) City to introduce client survey to incentivize participation for clients. 2) Establish parameters to create 360 review of Service Manager on annual basis. 3) Work with service providers to ensure destination records are being entered into HIFIS to better understand exits |
| Expand system evaluation efforts to include external partners | | | 1) City to administer annual survey of stakeholders to determine their experiences accessing/interacting with homeless services and programs. |
| Allocate resources to programs supporting persons with lived experience to allow support to continue as long as participant desires post-securing housing | | 1) Daytime services available for individuals experiencing homelessness | 1) City/Service Providers to continue to evaluate effectiveness of daytime services for target population (people experiencing homelessness). 2) City/Service Providers to determine availability of existing daytime services for people that are recently housed and whether existing services are meeting client need. 3) Explore opportunity for community agencies to implement a Meaningful Activity Working Group. |

Improve communication & collaboration

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|---|---|--|
| Develop Homelessness Collective comprised of all organizations serving the homeless and/or vulnerable population in order to define a shared vision and goals for ending homelessness. | 1.1 Service Provider relationships & capacity 1) Continue to build relationships and capacity amongst service providers to achieve collective impact. | 1) Planning in progress. Possibly merge existing System Review Advisory Group into the collective with additional members included who are directly or indirectly supporting the homeless/vulnerable populations including persons with lived experience. 2) Mapping of homelessness services ongoing - continue with regular updates as necessary 3) Align efforts with recommendations from Community Safety & Wellbeing Plan | 1) Collective is intended to be a monthly table to discuss success and challenges in the homelessness sector and find solutions to address gaps as they are identified. 2) Consider modelling after the United Way's Youth Homelessness Steering Committee (collective impact model). 3) Regularly update system map in collaboration with United Way and other partners |
| Strengthen relationships between all stakeholders (funded agencies, external agencies, program participants, and community at large) | | | 1) Aim to strengthen relationships as part of Homelessness Collective mandate |
| Monthly update to all stakeholders (not limited to funded agencies) | | 1) Open Data effort underway - scheduled to launch in Q3 2) Public data available via Built for Zero (https://bfzcanada.ca/community-progress/) | 1) City to launch public newsletter outlining activities and initiatives in the Housing and Homelessness Services System in 2022. |
| Expand upon existing service provider meetings that occur quarterly | | 1) City meets with funded providers quarterly for program and technical updates. 2) By-Name List weekly meetings with providers to review people who still require connections to supports | 1) City to include United Way in existing Service Provider meeting. |

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|---|-----------------------------|--|---|
| Community engagement - increase sharing of information and encourage collaborative problem solving | | 1) Open Data effort underway - scheduled to launch in Q3 2) Public data available via Built for Zero (https://bfzcanada.ca/community-progress/) | 1) City to launch public newsletter outlining activities and initiatives in the Housing and Homelessness Services System 2) Collaborative solutions will be sought from community partners as part of Homelessness Collective mandate. 3) Convene cross-sector collaborative activities with Primary Health, Mental Health, Addictions, Justice, Employment, Education, Developmental Services and Child Welfare sectors to formalize connections and streamline pathways to client-centred services and supports 4) Continue to increase the inventory of agencies, services and programs – regardless of the funding source – that fill housing and program vacancies directly from the By Name List |
| Establish shared philosophy and values at system level | | | 1) Develop Terms of Reference with Homelessness Collective with focus on nature of service delivery (system improvement lens). |
| Eliminate the siloed approach between housing and Homelessness services throughout Kingston-Frontenac | | | 1) Actively and deliberately eliminate the policies and processes that continue to create siloes between Community and Affordable Housing Resources and the Homelessness Response Sector |
| Improve access to mental health services and/or consider staffing homeless providers with mental health professionals | | | 1) City will be seeking mental health (MH) expertise in RFPs - demonstrate plan for collaboration if no staff in agency with MH training. 2) Continue to engage MH providers in BNL process. |
| Improve processes for disseminating information at Service Provider level | | 1) Quarterly meeting occurs between City and Service Providers | 1) Service Providers to ensure there is a mechanism in place to inform frontline staff of pertinent information and/or updates. |
| Improve coordinated intake process to improve access to services. | | 1) Client survey was administered in July 2021 to determine if there is a need for increased awareness of services and/or intake methods (e.g. phone, online). Information gathered confirmed that clients would value as much information as possible with a varied number of intake methods. | 1) Consider options for female-only coordinated access sites - <i>see additional notes under Women</i> . 2) City to increase education on what Coordinated Access entails across the community. 3) City/partners to improve upon existing Coordinated Access System and look at specific populations and needs (eg. Women, Indigenous, LGBTQ, etc.) |

Funding Model

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|-----------------------------|---|---|
| Ensure better collaboration and integration of funding streams and timeliness | | | 1) City to explore collaboration opportunities through a funder table |
| Address competition over funding - build quality assurance measures and outcomes into service agreements | | | 1) Consider model that looks to fund outcomes rather than programs 2) Preference to be given to providers that demonstrate plan for collaboration to improve client outcomes in RFP process. |
| Ensure Extreme Clean Program meet community needs in addressing hoarding challenges | | Hoarding Coalition consisting of City funded Service Providers, Addictions and Mental Health supports and Fire meets monthly to discuss hoarding challenges | Work with the Hoarding Coalition to determine the needs within the community and meet those needs. |

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|-----------------------------|---|---|
| HHSS investments and supports must focus on reducing the “return to homelessness” for formerly homeless households via housing loss prevention efforts | | | 1) Service providers explore the option to jointly develop and test the application of Harm Reduction-Oriented Intensive Case Management using scattered sites units or congregate setting with up to 15 people who frequently use the Integrated Care Hub, are experiencing chronic homelessness and are on the By Name List. It is intended that this function be explored through an inter-agency collaboration and co-delivery; |
| Organizations need to ensure to have a plan for sustainability by exploring alternate funding options (grants, fundraising, etc.) | | 1) City received \$7.4M for Rapid Housing Initiative in July 2021 | 1) Service providers expected to include multiple funding sources to cover a predetermined percentage of operating costs in RFP process. 2) City and Service Providers to continue to advocate for additional funding. |
| Tie success to programming/outcome rather than funding ongoing services. | | 1) Org Code review of current service landscape including documents and data has been completed analyzing 7 years of data and 22,000+ records | 1) Establish clear quality assurance guidelines in RFP process. 2) Shift focus from RFP from funding ongoing programs to outcomes that support ending homelessness. 3) City to support the development of tools for providers to improve internal Quality Assurance (QA) measures, e.g. case manager level HIFIS reports |
| Move toward data-driven decision making at provider and system level. | | 1) In progress via By-Name List | 1) Ensure option to be flexible in funding agreements if data indicates need to shift focus |

Data & Accountability

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|--|---|---|
| Increase quality assurance measures (e.g. HIFIS reports) and improve monitoring of outcomes and service delivery (e.g. service restrictions) | 1.7 Homeless Data Management System 1) Create and maintain data management systems, including a By-Name List, with appropriate privacy controls, to support efficient program delivery. | 1) HIFIS implemented in 2015 and recently upgraded in March 2021 2) Ongoing development and maintenance of HIFIS reports to improve data collection and quality assurance measures 3) By-Name List implemented in 2019 including all City-funded Service Providers; in process of onboarding Reaching Home-funded programs. | 1) City to explore options to increase staffing capacity in department to ensure rigorous quality assurance measures and coordination. 2) Providers to ensure policies around service restrictions are used for safety purposes and not a barrier to services. See <i>additional notes under Emergency Shelter</i> . 3) The City will ensure the Continuous Improvement and Quality Assurance activities originally identified in 2017 and again identified in this performance review are monitored for compliance with all funded service partners. |
| | 1.9 Continuation of homelessness enumeration 1) In partnership with Service Providers and agencies continue to conduct both urban and rural homelessness enumeration every two years to monitor trends and outcomes. | 1) Enumeration conducted every two years by City (Frontenac County) and United Way (Kingston). 2) City to cross reference results of enumeration efforts with By-Name List as quality control measure. | 1) Continue existing efforts |

Life stabilization

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
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| | | |
|---|--|--|
| Increase opportunity for life stabilization of people experiencing homelessness | <ul style="list-style-type: none"> 1) ICH hosts a case conferencing table for clients restricted from services. 2) Risk Watch table meets weekly - City staff participate on behalf of HHSS. | <ul style="list-style-type: none"> 1) Continue existing efforts. 2) <i>See additional notes under Need for Person-Centred and Trauma-Informed Service Delivery (daytime services).</i> 3) Ensure efforts to support stabilization are aligned with principles of Housing First (housing as a first step toward stabilization). 4) Continue to work with the non-profit housing partners the potential allocation of housing units for the delivery of essential supportive housing options for many of Kingston-Frontenac's most vulnerable households |
|---|--|--|

Miscellaneous

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|---|---|--|---|
| Provide adequate emotional support ttaff responsible for service delivery | | <ul style="list-style-type: none"> 1) Service Providers have existing processes in place (e.g. EAP) | <ul style="list-style-type: none"> 1) Service Providers to target efforts to focus on preventing staff burn out and support. City will provide support and guidance. |
| Memorial for people that have lost thei lives due to homelessness | | <ul style="list-style-type: none"> 1) In discussion with Community Drug Strategy table | <ul style="list-style-type: none"> 1) Homelessness Collective to offer assistance with planning. |
| Shift to people-centred language armelessness - e.g. people deprived of housing | | | <ul style="list-style-type: none"> 1) City to revise Service Standards to ensure appropriate terminology being used |
| Review of Rent Assistance Program/r supplement availability | | <ul style="list-style-type: none"> 1) 43 households in receipt of rent assistance through HF program 2) Currently no funding remaining | <ul style="list-style-type: none"> 1) City to explore possible funding sources for future of rent assistance program for households on BNL 2) Enhance access to affordable and community housing resources and developments (including rent supplements) for people served by the HHSS |
| Redefine role of Housing and Homelsness Advisory Committee | | <ul style="list-style-type: none"> 1) In process of redefining Terms of Reference (ToR) and membership. | <ul style="list-style-type: none"> 1) Ensure ToR are agreed upon by all Committee members (Q4 2021) 2) Ensure representation from all marginalized populations |
| Consider exploring additional funding/evenue streams | | <ul style="list-style-type: none"> 1) City administers Community Homelessness Prevention Initiative (CHPI) and Municipal funding annually, totalling approx. \$4M. 2) City invests approximately \$750K annually of municipal funds. 3) other community partners (UW etc) take from report | <ul style="list-style-type: none"> 1) Continue to look for funding opportunities/advocacy for funding from different levels of government 2) City to work with Service Providers to ensure the Homelessness Prevention Fund allocation meets client demand. 3) City to explore options for temporary and long term funding increases to support ongoing service delivery. |
| Explore central intake model to streamline entry into system. Consider staffing with City staff. | | <ul style="list-style-type: none"> 1) Coordinated Access System currently in place to ensure streamlined entry into system. | <ul style="list-style-type: none"> 1) City/Service Providers to redefine role of Street Outreach as a Coordinated Access Site. 2) City to explore additional best practices for intake such as hybrid model (e.g. Coordinated Access plus a central phone intake) |
| Improve communication process/options for people experiencing homelessness on the Social Housing Registry | <p>1.5 Vulnerable households in social housing</p> <ul style="list-style-type: none"> 1) Continue to facilitate and expand housing support service role to assist tenants in social housing to maintain or improve housing stability. | <p>Housing staff in process of improving communication efforts for vulnerable clients:</p> <ul style="list-style-type: none"> 1) Phone/in person meeting following initial application to clarify expectations and make any necessary referrals (e.g. homelessness supports, food bank). 2) Meetings with applications to ensure location preferences are accurate and that applicant understands ramifications of refusing an offer | <ul style="list-style-type: none"> 1) City to explore opportunities for Social Housing Registry staff to connect with clients experiencing homelessness via Service Providers 2) Work on initiating a Homelessness Priority status for the Social Housing Registry 3) Cross reference Social Housing Registry and By Name List clients regularly to increase the service and access for residents that are experiencing homelessness |

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|-------------------------------|-----------------------------|---|-------------------|
| | | 3) Limiting number of letters in favour of email or phone communication | |

Program Level Themes

Rural

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|---|---|---|
| Partner with other service providers to cross train and skill share to aid in serving large geographic area. | 1.8 Service access for rural clients 1) Monitor and increase access to services and targeted prevention for low-income and homeless individuals in rural areas. | 1) Rural Service Provider table meets monthly. | 1) Rural providers to attend existing rural Service Provider meetings. 2) RFP will seek plan to collaborate with other agencies in order to effectively serve the large geographic area. |
| Explore partnerships with schools to increase transportation options. | | 2) In discussion with Community Safety & Wellbeing Plan group. | 1) Collaborate with Community Safety and Wellbeing Plan (CSWB) to explore solutions to transportation. |
| Develop community rounds | | 3) Rural Service Provider table meets monthly. | 1) Rural providers to attend existing rural SP meetings. |
| Explore opportunities for services/programs that do not require clients to travel to Kingston (e.g. emergency shelter, transitional housing) | | 4) Review of previous rural service delivery operational review and recommendations is ongoing. | 1) Collaborate with CSWB table and existing rural providers to explore alternatives to accessing services in Kingston. 2) City/Providers to continue working on implementing recommendations from previous operational review. |

Emergency Shelter

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|-----------------------------|---|---|
| Review internal policies/procedures around service restrictions to address barriers to accessing services. Implement trauma-informed practices inst. | | 1) <i>See notes above under Need for person-centred and trauma-informed service delivery</i> 2) In discussion with Service Providers regarding existing Service Standard re: Service Restrictions. | 1) City to re-evaluate existing Service Restrictions Service Standard 2) Providers to document all Service Restrictions and City to review on quarterly basis. 3) Conduct a joint planning process with shelter management, frontline shelter staff, former shelter users, and the city, co-creating a vision for the shelter system, and shared values across the sector |
| Additional training on evidence-based approaches (e.g. housing-focused sheltering, diversion, harm reduction, TVIC) | | 1) <i>See notes above under Need for person-centred and trauma-informed service delivery</i> | 1) Training options will be provided to service providers beginning January 2022. |
| Consider hiring staff with backgrounds in mental health and/or addictions partnering with partner agencies to bring these supports in-house | | 1) <i>See notes above under Need for person-centred and trauma-informed service delivery</i> | 1) <i>See notes above under Need for person-centred and trauma-informed service delivery</i> |
| Increase community awareness of other supports available for families | | 1) Motels being utilized as overflow for family shelter. | 1) City and partners to increase collaborative efforts with other family-serving agencies to explore and support alternatives to shelter, including transitional housing. |

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|---|-----------------------------|---|---|
| | | | 2) City to continue monitoring family shelter utilization to ensure existing options are able to meet demand. |
| Explore alternatives to shelter for people that choose not to access existing services. | | 1) Integrated Carub opened in 2020. <i>*Note that the state of thH in its current form is dependent on securing stable funding</i> | 1) Focus on strengthening progressive engagement efforts through additional staff training to further engagement and willingness to access existing services. |
| Revisit 10 Year Plan recommendation to "right-size" shelter system by reviewing recent utilization and demand data. | | 1) Review of availle shelter utilization data in order to continue to asss needs and tends. | 1) City to continue monitoring utilization trends and discuss with shelters as appropriate. 2) Service Providers to ensure they have the space and ability to increase or decrease the number of beds, based on community need and client demographics. 3) Since investments for emergency shelter responses to homelessness is not sustainable long term at its current elevated levels for Kingston-Frontenac, future shelter operations must continue to maintain a housing focus while also ensuring that the low barrier, harm reduction approach demonstrated by ICH is woven into the fabric of client engagements. Focusing on enhancing the harm reducing and lower barrier/trauma responsive approaches – ideally within one housing focused operation - would be ideal for the current needs of people experiencing homelessness in the region |

Integrated Care Hub

**Note that the state of the ICH in its current form is dependent on securing stable funding*

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|-----------------------------|---|---|
| Balance people-centred care with busness best practices. | | 1) ICH has hired peer support workers to provide services to clients onsite. 2) Existing services are trauma-informed and focused on harm reduction 3) ICH has hired Community Safety Engagement staff. | 1) Continue efforts to secure long term provincial funding to ensure ongoing operations after December 2021. This requires collaboration and efforts from the community, municipal, health care sectors. 2) Continue efforts to manage relationships with neighbours while balancing client-centred care. 3) City to provide training on housing-focused service delivery and progressive engagement 4) ICH to continue working with homelessness service providers to connect clients to services and housing where applicable. |
| Revisit staffing model to ensure sustnability and safety (e.g. staff to cli ratio) | | 1) Staffing needs assessment underway within ICH 2) Several new positions filled recently (Supervisor, Community Safety Engagement) | 1) Continue to monitor staffing needs. |
| Explore how program model supportshe goals of the 10 Year Plan | | 1) Currently exploring ways to align program with objectives of 10 Year Plan | 1) Consider staffing dedicated to prevention diversion activities or partnering with existing supports. |

Prevention Diversion

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|---|--|--|---|
| Reframe focus from reducing shelter stays to ending homelessness | 1.6 Prevention and Diversion Programs 1) Strengthen and expand capacity of prevention and diversion programs, with a special focus on single person household and rural property owners. 2) Work with other municipalities, Service Managers, and the Province to assist households accessing services in community origin and address the impact of the regional scope of services | | 1) City to provide training on housing-focused service sheltering and progressive engagement. 2) City to monitor shelter utilization to ensure efforts are supporting an end to homelessness. 3) See notes above under Need for person-centred and trauma-informed service delivery specific to client exit surveys to ensure services are meeting client need. |
| Enhance the consistency of housing focused Prevention/Diversion activities delivered at all community-based agencies and emergency shelters | | | 1) Improve the targeting of prevention and diversion resources in Kingston-Frontenac to ensure those households that are most vulnerable to homelessness/a return to homelessness are supported effectively and deeply 2) Investigate the connection between Discretionary Resident Benefit and Homelessness Prevention Fund to ensure that prevention funds target the most vulnerable households and disbursement aligns with a homelessness prevention – not a traditional poverty reduction- mandate |
| Expand efforts to include broader community to identify/deter entries into homelessness. | | 1) Discussions between City/Service Providers ongoing to revisit program eligibility for Prevention diversion. | 1) City/Service Providers to revisit program criteria to allow for earlier intervention from Prevention Diversion program. 2) Invite partner agencies to participate in Homelessness Collective in order to increase awareness of supports available. 3) City/United Way to redevelop and maintain system map. 4) Expand prevention efforts to include John Howard Society, corrections, emergency room and similar services. |

Housing First

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|--|--|---|
| Focus on stabilization for people with high acuity and/or complex needs. | 1.3 Strengthen capacity to deliver Housing First 1) Seek additional funding to cover required support program costs. | 1) See notes under Life Stabilization | 1) City to arrange progressive engagement training for all system staff in order to expedite connections to housing. 2) Service providers to align services with principles of Housing First - housing with no readiness requirements. |
| Consider additional agencies to deliver Housing First programs to decrease wait times. | | 1) Adult HF has recently returned to full staffing complement 2) Ongoing review of program demand (waitlist) 3) Ongoing administration of the Damage Fund and Extreme Clean Programs | 1) Determine through RFP process interest of partner agencies to deliver Housing First supports. 2) City to determine "right-size" for Housing First program based on demand data. |
| Ensure that adequate rent supplement investments are available to support HF/RRH clients | | | City to request funding as part of municipal budget to ensure adequate funding is available to support need. |

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|-------------------------------|-----------------------------|-------------------|--|
| | | | 1) City/service provides to explore need to expand daytime services from basic needs support to life skills, volunteer opportunities, employment readiness, etc. 2) Service Providers to increase efforts to engage clients in meaningful daily activity prior to program discharge. 3) City to consider staffing options to provide longer term support post-securing housing (e.g. peer support, case management, etc.) 4) City to explore option to incentivize participation in Ontario Works employment supports via OW employment support funding 5) Service Providers to enhance the number of HHSS clients that are attached to the Social Housing Registry to ensure that program based rent supplements are transferred to provincial rent supplement portfolios when possible – long term housing stability requires sustainable, long-term rental assistance |

Street Outreach

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|---|-----------------------------|--|---|
| Expand services to 7 days/week | | 1) Services now offered 7 days/week | 1) Continue existing efforts |
| The City of Kingston, together with its community partners, to collaborate with community partners to enhance the impactful housing focused outreach available for highly vulnerable people that are experiencing unsheltered homelessness, ensuring that other community based agencies/organizations are addressing harm reduction, basic needs and health related supports within their mandates | | | 1) Ensure Street Outreach Services operate as a primary connector to permanent housing solutions for people experiencing unsheltered homelessness and/or those disconnected from the HHSS 2) With the limited HHSS Street Outreach Services available, these team members must focus on remaining a connector to permanent housing solutions for people who are experiencing unsheltered homelessness and are currently disconnected from other HHSS access points |
| Shift from basic needs supports to coordinated access point. | | 1) Efforts underway to focus more on connections to services and less on access to basic needs. 2) Encampment Strategy in place to ensure coordinated response between Street Outreach and City Bylaw | 1) City/Service Providers to redefine role of Street Outreach as a Coordinated Access Site. 2) City to research tiny cabins as a type of housing solution. |

Day Services

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|-----------------------------|---|--|
| Implement services focused to clients both experiencing homelessness who have been recently housed - lifekills, training, self -advocacy | | 1) ICH (hub) model opened in 2020 to provide multiple services in one location. | 1) <i>See notes under Housing First.</i> |

Youth

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|--|---|--|
| Increase wraparound services at Kingston Youth Shelter (e.g. in-hous Housing First supports) | 1.11 Youth Homelessness 1) Support Service Providers and related organizations to ensure alignment with United Way's Ending Youth Homelessness Initiative. 2) Support ongoing youth program service delivery including the One Roof Youth Services Hub model at its current or potential future location, as well as options in the County. 3) Support United Way's efforts to reduce youth homelessness in rural communities. | | 1) City to monitor demand for Housing First program to determine whether additional supports required 2) Service Providers to explore partnerships to better integrate existing services across agencies. |
| Revisit role of youth Assessment split with Prevention Diversion. | | 1) In process of reviewing Program level data to determine demand for youth Prevention Diversion services | 1) City and Service Providers to continue to monitor staffing needs |

Women

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|---|--|--|--|
| Gender-specific services for women/female identifying clients | 1.12 Vulnerable Women 1) Review current women's emergency housing suitability and address gaps identified, including implementing coordinated access processes amongst women's specific service providers. | 1) Beds designated female-only at existing co-ed shelter. 2) Service Providers able to accommodate requests for female case manager | 1) Implement mandatory training for all existing staff and new hires 2) In RFP request separate site for services, or separate entrance/space if separate site not available. |

Indigenous

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|--|---|--|--|
| Target services to Indigenous population - gap in existing services. | 1.10 Indigenous Cultural Proficiency 1) Provide housing and homelessness service staff with cultural proficiency training specific to Indigenous Peoples to create safety and improved outcomes for those seeking services. | 1) Cultural competency training has occurred at Service Provider level | 1) Implement mandatory training for all existing staff and new hires with support from the City's EDI Manager. 2) Ensure adequate staff representation by including Indigenous staffing requirements in RFP process |
| Ensure service delivery is administered under EDII lens | | 1) Cultural competency training has occurred at Service Provider level | 1) Implement mandatory training for all existing staff and new hires 2) Ensure adequate staff representation by including Indigenous staffing requirements in RFP process |

Miscellaneous

| System Review Recommendations | 10 Year Plan Recommendation | Existing actions: | Proposed actions: |
|---|-----------------------------|--|---|
| <p>Increase access to abstinence-basograms at all stages and post-homelessness. Pandemic/Outbreak Management Rponse</p> | <p>– pre-, duri</p> | <p>The City and Service Providers have implemented a number of initiatives to ensure client safety within the shelter system consisting of;</p> <ol style="list-style-type: none"> 1) relocation of the youth shelter to Ridley Drive to allow for social distancing with clients having their own room. 2) Decrease in number of beds at the adult shelter from 34 to 14, to allow for social distancing measures 3) the creation of an isolation facility for clients to stay at when awaiting Covid-19 test results or if Covid-19 positive 4) The creation of an overflow shelter solution 5) Bi-Weekly calls with service providers and Public Health to discuss current cases, concerns, testing etc. | <ol style="list-style-type: none"> 1) City to explore multiple locations for different populations - e.g., some that are substance-free 2) Service Providers will be asked through the RFP process to show detailed pandemic/outbreak management plans for their proposed service locations, clients and staff. |