

DNSSAB Homelessness System Review and Feasibility Study

Homelessness Hub Feasibility Study Report

April 10, 2024



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Executive Summary

On behalf of the District of Nipissing Social Service Administration Board (DNSSAB), Vink Consulting conducted a comprehensive study to evaluate the feasibility of establishing a Homelessness Hub in North Bay. The study aimed to review and recommend enhancements for the homelessness system services across the Nipissing District, focusing on the conceptualization, need, and operational model of a potential Homelessness Hub. This initiative seeks to address the growing issue of homelessness, particularly among individuals facing barriers such as mental illness and substance use, by providing a centralized access point for coordinated services and support.

Key Findings:

Needs Assessment: The Nipissing District experiences significant homelessness, with 721 households staying in shelters annually. Data highlights a critical need for services aimed at males, Indigenous peoples, and single adults, who are disproportionately affected by homelessness.

Service Gaps: Current services face challenges, including insufficient shelter capacity and limited access to comprehensive support during daytime hours. Additionally, rural areas suffer from accessibility issues, notably transportation.

Homelessness Hub Concept: A rights-based approach underscores the homelessness hub as a viable short-term mitigation strategy. While long-term solutions focus on models that include housing and supports, a hub can offer immediate support and potentially facilitate quicker transitions to stable housing.

Options for Implementation: Four options were considered that would result in the community having a 24/7 option. Options ranged from an integrated 24/7 hub and shelter to a separate 24/7 hub and overnight shelter. Option A, 24/7 integrated hub and shelter, emerged as the preferred model. This preference is primarily due to the superior service levels and operational efficiencies it offers, coupled with its reliance on currently available financial resources.

Financial Analysis and Risks: The projected operating costs for the recommended hub model are estimated at \$2,675,000 annually. Potential risks include funding sustainability, service demand uncertainties, and the need for inclusive access across the district.

Recommended Business Model: The hub should serve high-need individuals experiencing homelessness, focusing on immediate stabilization and coordinated care planning aimed at rapid housing solutions. A principle-based service provision and comprehensive partner collaboration are essential to the recommended approach.

Conclusion:

The establishment of a 24/7 integrated Homelessness Hub in North Bay is recommended as a strategic response to the pressing need for a 24/7 option for individuals and families experiencing homelessness in the Nipissing District. By offering immediate support and facilitating access to housing and services, the hub aims to significantly mitigate the impacts of homelessness while aligning with long-term objectives of permanent housing.

1.0 Introduction

In response to an increase in the number of individuals and families experiencing homelessness, especially those with additional barriers, including mental illness and substance use, the District of Nipissing Social Service Administration Board (DNSSAB) commissioned this report to assess the feasibility of a homelessness hub in North Bay. This report was prepared by Vink Consulting as part of a study to review and make recommendations for the homelessness system, services and access across Nipissing District, and determine the need for and potential business model for a Homelessness Hub in North Bay. The DNSSAB is interested in a homelessness hub as a mechanism for providing people experiencing absolute homelessness an access point to be added to the By-Name List (BNL) and connected with Coordinated Access Nipissing services and supports, and as a means to mitigate weather related risks for those living rough.

A separate report reviews and makes recommendation for the homelessness system and reviews best practices for homelessness hub service models.

This report discusses the need for a hub, whether a homelessness hub is a reasonable concept, its feasibility, and how it would operate. The report is structured as follows:

- Section 1 – Introduction (this section)
- Section 2 – Needs
- Section 3 – Gaps in Services
- Section 4 – Reasonability of the Concept of a Homelessness Hub
- Section 5 – Options
- Section 6 – Financial Analysis
- Section 7 – Risks
- Section 8 – Recommended Option
- Section 9 – Recommended Business Model
- Appendix 1 – Preliminary Cost Estimate
- Appendix 2 – Glossary of Terms.

2.0 Needs

Homelessness in Nipissing District includes individuals and families staying in shelter, sleeping rough, and experiencing hidden homelessness. Over the course of the year, 721 households stay in shelter¹. At the time of the previous Point-in-Time (PiT) homelessness count and survey conducted in 2021, close to 300 people were identified as experiencing homelessness, including 91 people experiencing absolute homelessness (staying in shelter or living rough), 159 provisionally accommodated, 10 transitionally housed, and 33 dependent children².

As of September 29, 2023, there were 177 individuals in the Homelessness Individuals and Families Information System (HIFIS), over the age of 16 who had consented to share their information and name on the By-Name Prioritization List (BNL). The BNL is intended to identify consenting individuals in the District who are experiencing homelessness³. At that time, 32 individuals were living rough (on the street or in the bush) and receiving Outreach Support across the District, including Mattawa and Sturgeon Falls⁴. A homelessness hub could play a key role in mitigating the experience of homelessness for this group.

Shelter occupancy data for 2022 shows an average of 28 individuals per night accessed a bed at the Low Barrier Shelter, which is designed as an overnight solution only, and does not provide daytime service⁵. Given the absence of a 24/7 shelter, these individuals could also benefit from a homelessness hub.

Data suggests that a potential hub should have consideration for the needs of males, Indigenous people, and single adults, as they are overrepresented among those experiencing homelessness in the District, accounting for 71.2%, 29.9% and 81.9% of individuals on the By-Name List, respectively⁶.

Data suggests many individuals experiencing chronic homelessness are assessed as needing supports to end their experience of homelessness. Of the 104 individuals on the By-Name List with a Homeless Information Assessment (HIA) on file, 40 (38.5%) were experiencing chronic homelessness⁷. Over half (53.8%) of people on the By-Name List were identified as having a medium acuity of need, based on the Coordinated Access Nipissing Priority Assessment. Correspondingly, over half (55.8%), on individuals with a HIA require one or more supports. The majority of these require mental health supports (62%) and/or brain injury supports (56%). Close to 30% require substance use supports (29%) and physical health related supports (28%). One third (33%) requires supports only on a time-limited basis. A hub could potentially support these individuals to access stabilization services and to re-gain housing.

¹ District of Nipissing Social Services Administration Board, 2023, Analysis of Four Elms, Overflow, and Low Barrier Shelter Admissions, September 2022-September 2023

² District of Nipissing Social Services Administration Board, 2021, Nipissing Counts 2021: A Count and Survey of Individuals Experiencing Homelessness in the Nipissing District

³ Coordinated Access Nipissing By-Name List as of September 29, 2023, provided by DNSSAB. Note: Since the HIFIS data reporting in September and the writing of this report, there has been further data transformation and cleaning in the HIFIS database. Thus, the BNL counts stated in these reports may have changed retrospectively.

⁴ Based on correspondence from District of Nipissing Social Services Administration Board, October 6, 2023

⁵ District of Nipissing Social Services Administration Board, 2021, Nipissing Counts 2021: A Count and Survey of Individuals Experiencing Homelessness in the Nipissing District

⁶ Coordinated Access Nipissing By-Name List as of September 29, 2023, provided by DNSSAB

⁷ Coordinated Access Nipissing By-Name List as of September 29, 2023, provided by DNSSAB

It is anticipated that the completion and full rent-up of Northern Pines and Suswin will reduce the number of people experiencing homelessness with additional barriers including mental illness and substance use. However, there still is anticipated to be single individuals seeking shelter or living rough who could potentially benefit from a homelessness hub.

3.0 Gaps in Access to Services

Individuals experiencing homelessness in North Bay face several gaps in access to services. First, there is often insufficient shelter capacity to meet demands. The Crisis Centre reported that on average they turn away four to 10 individuals per day from the Low Barrier Shelter due to capacity constraints. Individuals staying at the Low Barrier Shelter only have access to overnight services and not daytime services. The warming centre does offer a place for individuals experiencing homelessness to sit or rest, access toilets, and have warmth during daytime hours from November to March (or April, weather dependent). Aside from these months, individuals experiencing homelessness may face challenges accessing basic needs, such as daytime access to toilets, showers, warmth, consistent access to three meals a day, and a place to sit or rest that offers safety and dignity. They also face gaps in access to housing supports, as there is no specific location for them to access housing resources and support with housing searches during the day. Not having a specific location for individuals experiencing homelessness to be also reduces service providers' ability to facilitate referrals and connections. Service providers also reported gaps in access to mental health and substance use services and physical health services due to limited availability of services and locations of service.

Individuals experiencing homelessness outside of North Bay face their own barriers to accessing service, with lack of transportation being a key issue. All homelessness and re-housing support providers serve the entire district but walk-in service locations are primarily in North Bay.

4.0 Reasonability of the Concept of a Homelessness Hub

It is important first to consider the reasonability of the concept of a homelessness hub by acknowledging the human right to housing. The *National Housing Strategy Act* recognizes housing as a “fundamental human right” and requires that all governments, including municipalities, implement reasonable policies and programs to ensure that everyone has access to adequate housing by one means or another, as soon as this can be achieved within available resources. A rights-based approach requires that governments provide short-term options for people experiencing homelessness such as investments in an adequate number of shelter spaces, in addition to longer-term investments in affordable housing.

Likewise, the research is clear that to end chronic homelessness there needs to be an emphasis on prevention services, provision of affordable housing, rapid re-housing supports, and Housing First programs, etc., rather than emergency accommodation, day services, and street-based basic needs services. However, there remains a need to mitigate the impact of homelessness and meet human rights to safety and security while longer term solutions are implemented.

From this perspective, homelessness hubs are a reasonable concept for mitigating the impact of homelessness on a short-term basis by providing food, warmth, and shelter. In addition, while a rigorous evidence base for the provision of homelessness hubs does not exist, if implemented with a strong housing focus, there is some evidence that homelessness hubs can help minimize the duration of homelessness by supporting rapid exits of households to affordable housing. There is also some evidence that homelessness hubs can reduce expensive emergency health and criminal justice services.

5.0 Options

Four potential options for a homelessness hub have been considered that would result in a 24/7 option in the community. The options vary in their accessibility, costs, efficiency, and service levels.

Option A – 24/7 Integrated Hub and Shelter - In this option, it is recommended that the DNSSAB incorporate a sufficient number of shelter beds to stop using the existing Low Barrier Shelter facility (if a separate location will be used) and the majority of hotel overflow.

Option B – 24/7 Low Barrier Shelter Separate From 24/7 Homelessness Hub - In this option, a new facility would be required to provide low barrier shelter as the existing facility is configured to only support overnight accommodations. Alternatively, the existing low barrier shelter facility could be expanded, if consideration was given to transportation. Hotel overflow spaces could be limited, for example to extreme weather only.

Option C – 24/7 Low Barrier Shelter Separate From Day-time (12-Hour) Homelessness Hub - A new facility would be required to provide low barrier shelter as the existing facility is configured to only support overnight accommodations. Alternatively, the existing low barrier shelter facility could be expanded, if consideration was given to transportation. The facility would need to have enough beds to accommodate total demand for shelter or the DNSSAB should continue to use hotel overflow spaces.

Option D – Overnight Low Barrier Shelter Separate from 24/7 Homelessness Hub - The existing Low Barrier Shelter could be used to provide overnight low barrier shelter services. A new facility would be required to accommodate the homelessness hub, which would have a limited number of beds. The DNSSAB would continue to use hotel overflow spaces for families.

Each option presents a different set of advantages and disadvantages, which are discussed in Section 8.0.

6.0 Financial Analysis

Costs

The cost of a hub can vary depending on the hours of operation, whether shelter beds are provided, and if so how many, configuration of the space, staffing complement, specific service delivery model, and contributions from partners. Four hub and shelter scenarios have been prepared, with costing estimates for each. Total preliminary annual operating cost estimates range from \$2,675,000 to \$3,585,000 depending on whether the hub and shelter are integrated and the operating hours of each. Further details on the cost estimates have been provided in Appendix 1. The preliminary cost estimate should not be considered a final budget, but rather a guide related to the types of costs and anticipated costing for operating a hub. The following costs assumed leased space and do not include initial capital costs if the building were to be purchased.

Preliminary Estimated Annual Operating Costs for Four Hub and Shelter Options

Options	Hub Costs	Shelter Costs	Total Costs
Option A – 24/7 Integrated Hub and Shelter	\$2,675,000	N/A	\$2,675,000
Option B – 24/7 Low Barrier Shelter Separate From 24/7 Homelessness Hub	\$2,320,000	\$1,265,000	\$3,585,000
Option C – 24/7 Low Barrier Shelter Separate From Day-time (12-Hour) Homelessness Hub	\$2,210,000	\$1,265,000	\$3,475,000
Option D – Overnight Shelter Separate from 24/7 Homelessness Hub	\$2,300,000	\$1,100,000	\$3,400,000

Source: Consultant estimates with input from DNSSAB staff

Existing Revenue Streams

There are some opportunities to transition existing funding to a hub as a hub could replace the need for a warming centre and with Option A, an integrated hub and shelter, could replace a separate emergency shelter for singles and the warming centre. The elimination of a warming centre would free up the \$469,000 that the DNSSAB and Community Advisory Board currently allocates to that service for five months of the year. If the homelessness hub incorporated sufficient shelter beds for singles, the DNSSAB could also reallocate the \$1,098,000 budgeted for the Low Barrier Shelter and the \$510,000 it spends annually on shelter overflow for singles. In total, the reallocation of these expenses could contribute approximately \$2,077,000 to the hub. If DNSSAB decided to renovate the existing Low Barrier Shelter into a hub, leasing costs could be avoided because the building is owned by DNSSAB, resulting in a potential annual operating cost savings of approximately \$100,000. Additional revenue streams would be required to sustain a hub. There are currently \$680,000 of unallocated Homelessness Prevention Program funds for 2024/25, that could be considered by the Board to support the Hub operations.

7.0 Risks

There are a number of risks related to the establishment of a homelessness hub:

- Funding and sustainability – Hubs require substantial and sustained funding. There is a risk that funding could be insufficient or reduced, affecting continuation of the hub or the quality of services.
- Limited or overwhelming service demand – Demand for services could be low if Northern Pines and Suswin are able to reach and remain at capacity and meet the needs of high needs individuals. Demand could also be low if individuals sleeping rough are not willing to access services available through a hub. This would result in low utilization rates and inefficiencies in the use of funding resources. Conversely, high demand could overwhelm a hub, leading to strained resources, long wait times, a potential reduction in the quality of services, and necessitate additional investments in shelter services outside of a hub. Individuals with lived experience consulted about a potential hub thought that a hub was needed, suggesting that they would use a hub.
- Insufficient access to hub services from rural communities – Without specific efforts to make hub services accessible to residents outside of North Bay, there could be increased inequities in access to services across the District.
- Safety and security – Ensuring the safety of both service users and staff can be challenging. There might be an increased risk of conflicts or crime, which requires effective safety measures that do not intimidate or discourage service use. Balancing these needs requires staff well-trained in de-escalation techniques, trauma-informed care, and cultural competency, clear and consistent policies and communication, and thoughtful use of surveillance cameras. Safety measures and policies should be regularly reviewed and adapted based on feedback from staff and service users, as well as incident reviews.
- Accessibility issues due to service restriction policies – If service restriction policies limit access to the hub, it would be unable to fulfill its objectives and will necessitate additional redundant services.
- Approach does not meet the needs of diverse subpopulations – A generalized approach may not meet the specific needs of diverse subpopulations, such as youth, women, Indigenous peoples or some individuals with mental health or substance use challenges. Consideration of the needs of diverse subpopulations that are part of the target population for a hub would be required.
- Dependence and prolonged experience of homelessness – If the service does not remain steadfast in its housing focus there is a risk service users could become dependent on the hub and a risk that a hub would not achieve its objective of reducing the length of time someone spends experiencing homelessness. Likewise, a homelessness hub is not a solution to homelessness in and of itself, it is a means of providing access to services and supports. Without tandem investments in housing solutions, the overall effectiveness of a hub at increasing the speed at which someone is housed may be limited.
- Siloed solution – There is a risk of creating a siloed solution that doesn't integrate with other services. A hub needs to be part of a broader approach that connects people to services both within and outside of a hub.

- Fragmented services – Individuals may have to navigate a confusing array of services in a hub if there is not effective coordination between service providers.
- Gaps in services – If each service provider is only focused on its own mandate, there is a risk that some needs will not be met.
- Duplication of efforts – If service provider roles, access points, and triage protocols are not clearly defined and service providers do not collaborate well, there could be a risk of duplicating services or efforts.
- Neighbourhood opposition – The local neighbourhood may oppose a hub due to fears related to safety, loitering, or property damage. Proactive community engagement would be required to respond to community concerns.

8.0 Recommended Option

It is recommended that the DNSSAB move forward with a homelessness hub as a means of meeting immediate needs and increasing access to housing and supports to individuals experiencing absolute homelessness with high needs. The hub should be housing-focused, and oriented towards decreasing the number of days someone experiences homelessness. It should also be recognized that a homelessness hub is not a solution to homelessness, and municipal, DNSSAB, provincial, and federal investments in affordable housing and supports are required to realize the objective of assisting people experiencing absolute homelessness in getting housed as quickly as possible.

The recommended option is to establish a 24/7 integrated hub and shelter (Option A). In this option, it is recommended that the DNSSAB incorporate a sufficient number of shelter beds to stop using the existing Low Barrier Shelter as a separate shelter facility and the majority of hotel overflow. It is anticipated that the DNSSAB can reallocate budgets to cover the majority of the costs of a hub, and use the unallocated Homelessness Prevention Program funds to cover the remaining costs of this option. This option has a number of advantages and disadvantages:

Advantages:

- 24/7 shelter provides a one-stop shop solution for individuals, offering both shelter and supportive services under one roof, which can enhance accessibility services and aligns with best practices in the provision of emergency shelter. It can also offer a sense of stability and security for individuals experiencing homelessness, reducing the stress of arranging overnight accommodations.
- Integrating services can result in more efficient use of resources, potentially reducing operational costs and improving service delivery.
- This option has an estimated cost of \$2,675,000, which is the lowest of the four options.

Disadvantages:

- The upfront costs of setting up an integrated facility with sufficient capacity can be significant
- Managing a facility that includes both shelter and 24/7 hub services can be complex
- Additional time and data are required to understand demand for emergency shelter once Northern Pines and Suswin have reached full occupancy
- Having one location can increase risk of centralizing conflicts or crime
- Individuals would have no other overnight options if they have a service restriction from the integrated hub and shelter

Advantages and disadvantages of the other options considered are outlined below.

Option B – 24/7 Low Barrier Shelter Separate From 24/7 Homelessness Hub - In this option, a new facility would be required to provide low barrier shelter as the existing facility is configured to only support overnight accommodations. Hotel overflow spaces could be limited, for example to extreme weather only.

Advantages:

- 24/7 shelter aligns with best practices in the provision of emergency shelter. It can offer a sense of stability and security for individuals experiencing homelessness, reducing the stress of arranging overnight accommodations and travelling to access meals, housing supports and other services.
- Separating the shelter and hub allows each facility to specialise and potentially offer service tailored to the needs of its specific users
- Facilities can be located in different areas, which may be easier to comply with zoning regulations or fit within the community

Disadvantages:

- Running two separate facilities on a 24/7 can lead to higher operational costs. Estimated annual operating costs for both facilities are \$3,585,000.
- Individuals may face challenges accessing multiple sites if they are not located close to one another.
- Providing consistent integrated services is more challenging across two separate sites.

Option C – 24/7 Low Barrier Shelter Separate From Day-time (12-Hour) Homelessness Hub - A new facility would be required to provide low barrier shelter as the existing facility is configured to only support overnight accommodations. Alternatively, the existing low barrier shelter facility could be expanded, if consideration was given to transportation. The facility would need to have enough beds to accommodate total demand for shelter or the DNSSAB should continue to use hotel overflow spaces.

Advantages:

- 24/7 shelter aligns with best practices in the provision of emergency shelter. It can offer a sense of stability and security for individuals experiencing homelessness, reducing the stress of arranging overnight accommodations and travelling to access meals, housing supports and other services.

Disadvantages:

- A 12-hour homelessness hub will not meet all the needs of its service users, especially those otherwise sleeping rough that may need access to a place for warm and rest during overnight hours. Without enough accessible shelter spaces for individuals living in encampments a court may not permit a municipality to shut down an encampment.
- Providing consistent integrated services is more challenging across two separate sites.
- Operating a homelessness hub for 12 hours instead of 24 can reduce operating costs, but with a 24/7 shelter, costs are still significantly higher than the integrated option. Estimated annual operating costs for a 12-hour hub and 24/7 shelter are \$3,475,000.

Option D – Overnight Low Barrier Shelter Separate from 24/7 Homelessness Hub - The existing Low Barrier Shelter could be used to provide overnight low barrier shelter services. A new facility would be required to accommodate the homelessness hub, which would have a limited number of beds. The DNSSAB would continue to use hotel overflow spaces for families.

Advantages:

- This option would allow for the use of the existing Low Barrier Shelter facility.

- Having a 24/7 homelessness hub may offer accessible shelter spaces overnight for individuals who are otherwise sleeping rough. Access to shelter spaces may permit a municipality to shut down an encampment if necessary.

Disadvantages:

- Overnight shelter does not align with best practices in the provision of emergency shelter. It requires individuals to spend additional time and effort during the day to meet their basic needs, detracting from time and effort that can be spent on obtaining housing.
- Individuals may have to travel between locations to access different services, which can be particularly challenging for individuals with mobility issues.
- For those staying in shelter, ensuring seamless transitions in services between the shelter and the 24/7 hub can be challenging, potentially leading to fragmented care.
- Managing two separate facilities with different operating hours can complicate staffing, logistics and management.
- Estimated annual operating costs are \$3,400,000, which is significantly higher than the integrated option.

After evaluating the pros and cons of each alternative, Option A, a 24/7 integrated hub and shelter, emerges as the top recommendation. This preference is primarily due to the superior service levels and operational efficiencies it offers, coupled with its reliance on currently available resources.

9.0 Recommended Business Model

The recommended business model for the hub is described below.

Value Proposition

The hub should allow people experiencing absolute homelessness who are underserved to come inside with safety and dignity, have their immediate needs met and be connected to housing and supports, thereby decreasing the number of days they experience homelessness.

Service User Segments

The hub should provide an opportunity for anyone to walk through the door and it should be targeted to people experiencing homelessness with high needs. Service uses will include:

- Individuals looking for basic needs / in the moment stabilization supports only.
- Individuals willing to engage in discussions and support to build a coordinated care plan with the primary goal of housing. This includes individuals seeking shelter as well as individuals seeking other supports and services only.

Once people are housed, they should no longer be served by the hub, as it can detract from the hub's core mandate of getting people housed as quickly as possible.

Relationships with Service Users

Service users should be first engaged with the goal of meeting immediate needs, through services such as food, water, rest, hygiene, wound care, etc. Once immediate needs are met, service users should be engaged in discussions about diversion, intake and building a coordinated care plan with the primary goal of housing. Service users should be able to expect that regardless of which case worker is responding to their needs, they will be supported for the duration of their stay and engagement with the hub to move forward with their coordinated care plan.

Approach to Service Provision

The hub should use a principle-based approach to service provision. Recommended principles include:

- Anti-racism/anti-oppression framework
- Transparent communication
- Community engagement
- Culturally safe
- Empowerment model
- Ensuring choice in care
- Harm reduction approach
- Housing First approach
- Informed by social determinants of health
- Input from people with lived and living experience
- Low-barrier
- Trauma and violence informed
- Shared accountability and engagement

Key Activities

The hub should provide staff that welcome service users at the front door and support the service user in meeting immediate needs and stabilization. At a minimum, these services should include access to food, water, rest, washrooms, showers, clothing, hygiene supplies, and basic wound care. These services are not intended to be their long-term sole source of food or shelter, but rather to support immediate stabilization and as a means to build rapport and relationships to support the development of a coordinated care plan. The hub should also provide access to communication services, such as phones, computers, internet, photocopies, and mail to help support casual interactions that can build rapport and relationships.

The hub should support the development of a single housing-centric coordinated care plan for each individual willing to engage in discussion and supports beyond their immediate basic needs. The hub should provide case worker staff that act as a primary point of contact to support and track any individuals accessing services in moving forward with their coordinated care plan. Plans should include housing access support, acute and primary medical care planning, income support planning, and safety planning as required. Staff should receive referral suggestions from the service user and hub staff and make referrals to internal hub services and external services in a coordinated and involved manner. Staff should advocate with community partners when systemic barriers to care arise. Staff should also explore connection and reconnection with natural supports.

To support service users in moving forward with their coordinated care plan, at a minimum, they should be able to access the following services at the hub:

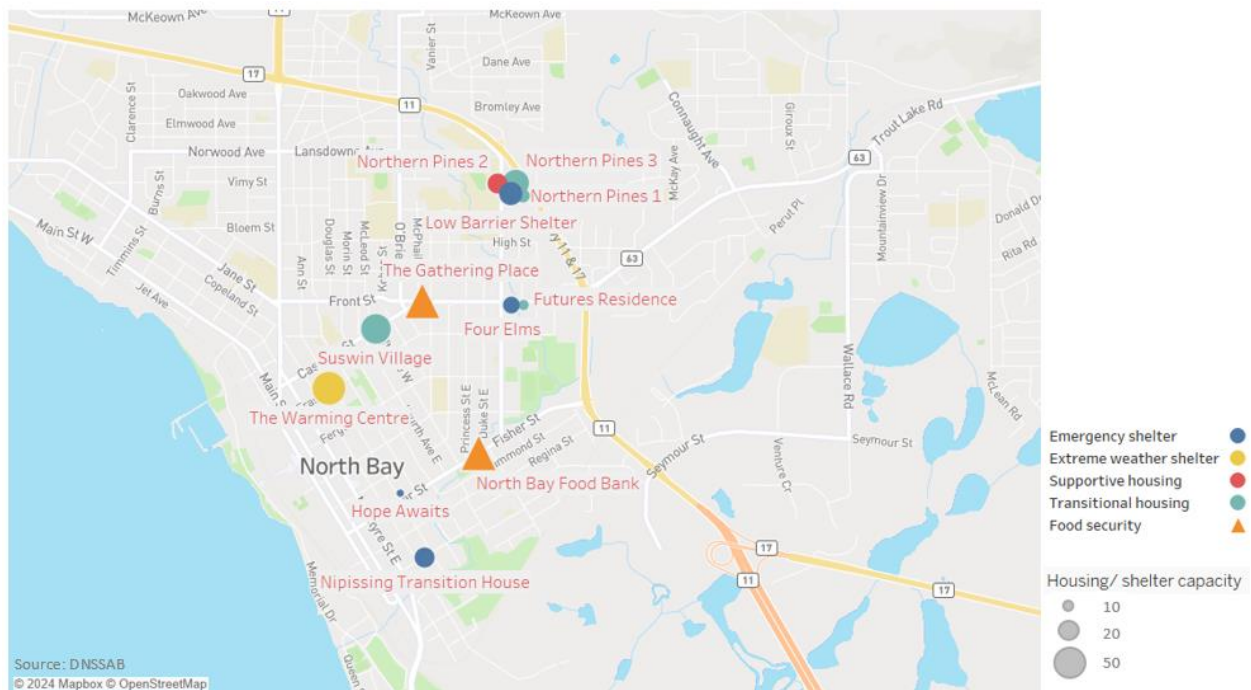
- Housing access support – this should include an assessment of housing history and current housing needs, opportunity to be added to the By-Name List for prioritization for access to dedicated housing resources, support in becoming document ready for housing including accessing identification, support in completing applications for subsidized housing, and support for service user directed searches for private market housing.
- Incomes supports – This should include support for service users with income planning and access to income supports such as Ontario Works and Ontario Disability Support Program, etc., transportation assistance, and financial management in a coordinated manner. This may include external appointment-based services.
- Health services – This may include wound care, food care, management of medications, nursing assessments, primary care, mental health care, which may include access to (on-call) psychiatry care), access or referral to harm reduction services and a continuum of substance use services.
- Shelter beds – low barrier shelter beds should be provided that are aimed at supporting service users to move forward with their housing plan and access permanent housing options as quickly as possible.

Depending on the partnerships available, services could be extended beyond these core services to include complementary services such as spiritual and cultural supports; justice services; legal assistance; counselling; and gender and sexuality services.

Location

The hub should ideally be located in North Bay (given it's the largest urban centre in the District, as well as centrally located within the district), and should be within, or in close proximity to (2 to 3 blocks from), the downtown core area and in close proximity to other social services. It should be located on or near an arterial road where service users can easily access services by walking or bus. Ideally, the hub should not be located directly adjacent to elementary schools (kindergarten to grade six), splash pads and wading pools, licensed child care centres, or within a residential neighbourhood interior. However, consideration could be given to these locations if necessary, depending on the configuration of existing community amenities and the proposed configuration of the site for the hub, such as fenced in areas.

Below is a map of the area within close proximity of the downtown core of North Bay, which is considered the ideal location for a hub. The map shows existing shelters and main food security providers. It should be noted, however, that given the existing amenities in the downtown core, such as elementary schools, licenced shelter care centres, etc., it may be difficult to locate the hub in an ideal location, and a broader area may need to be contemplated, with consideration for accessibility.



Channels

The primary channel for accessing hub services should be walk-in. Outreach services in North Bay should ensure people are aware of the hub and links people, by providing transportation, where necessary. Access to hub services should also be available throughout the District. At a minimum, there should be an online presence to communicate services available through the hub and a specific phone number provided for triage and intake to access hub services throughout the District. The hub should also take a 'hub and spoke model' with travelling staff that provides outreach to communities outside of North Bay and offers case management and navigation and specific linkages to additional hub services where necessary, including transportation assistance. Outreach services outside of North Bay

should take advantage of existing facilities and locations residents already know and use in their communities, such as rural municipal buildings.

Hours

The hub should operate seven days a week. It is recommended that the hub operate on a 24 hour basis.

Space

The hub space should be designed for the community with the community and should have a flexible floor plan to allow for expansion or evolution over time. The hub should include both indoor and outdoor elements. The hub should include an intake area, a space to effectively facilitate informal interactions, eating, spending time/lounging and gathering, resting, hygiene, and receiving more formal services, including meeting and appointment spaces and exam/multi-purpose rooms, and emergency shelter beds. The hub should provide temporary individual secure storage and allow pets.

Key Resources

The hub should rely heavily on existing services. However, it is anticipated that a hub will require some new resources. It is recommended that a 24/7 integrated hub and shelter have six frontline staff for day and afternoon shifts and five for night shifts as well as two management/team lead/supervisory staff positions. Frontline staff are anticipated to include at least one staff that would be involved in access, administrative support (e.g. reception, website updates, appointment scheduling) and meeting immediate needs, and two Case Managers/Navigators. If the operator's service model includes security, one of the frontline staff could be replaced with a security person.

Key Partners

Municipal government, the DNSSAB, Province and Government of Canada could all be key partners in providing support and contribution (e.g. land/buildings and capital grants, forgivable loans, waived property taxes), and facilitate a coordinated process for accessing services and supports. Other financial partners may include United Way, Ontario Trillium Foundation, and private foundations.

The hub should have several service providers to allow the hub to offer a full range of core and complementary services. Suggested service partners include:

- Shelter service providers such as the Crisis Centre of North Bay
- Health service providers such as North Bay Regional Health Centre, AIDS Committee, Canadian Mental Health Association Nipissing, Dr. Dellaquila, Paramedic Services (DNSSAB), North Bay Parry Sound Health Unit, Nurse Practitioner Led Clinic, Rapid Access Addictions Medicine Clinic
- Income supports providers, including Ontario Works (DNSSAB) and Ontario Disability Support Program
- Indigenous organizations such as True Self and/or the North Bay Indigenous Friendship Centre
- Food security service providers such as The Gathering Place and/or the North Bay Foodbank
- Housing access and financial support providers such as Low Income People Involvement of Nipissing, Coordinated Access Nipissing, and DNSSAB's Homelessness Prevention Program

Collaboration among partners is critical and must be intentional. Shared commitments of partners should be documented. A hub should not be simply about co-location.

Partnerships with non-targeted systems and programs, faith-based organizations, and informal partners will be important to support access to hub services in rural areas. Municipal staff, local businesses, local law enforcement partners, affordable housing operators, school staff, behavioural health or other medical service providers, Paramedic staff, hospital discharge planning staff, employment agencies, food banks, faith community, should all be engaged to act as referral sources to the hub/formal access points.

Coordinated Planning and Identification of a Lead Organization

It is recommended that the DNSSAB take on the role of planning and implementing the required infrastructure for the hub, such as getting required permits and approvals, financing, completing required construction, and leading coordination efforts. During the hub's development coordination should occur between various planning bodies (e.g. Community Advisory Board, Ontario Health Team, Ontario Health, and the lead agency). The DNSSAB could choose to do its own curation of partners to support the hub or have a community body, such as a steering committee that includes members of the community or a lead non-profit organization or group of organizations take on this role. A Request For Proposals process should be used to identify a lead agency. As part of the selection process for a lead organization, there should be an assessment of the organization's experience, readiness and capacity to lead a hub. The community should be involved in the selection process. The hub should build on the resources a lead organization has to offer (e.g. availability of land, an existing building, or reserve funds to contribute).

Governance

The DNSSAB should establish a unified governance structure that works for the whole range of services to be delivered at the hub. The governance structure should include representation by all stakeholders on a decision-making group and involvement of the community, including individuals with lived experience. The hub should have unified policies that are agreed upon by all partners and applied to the whole hub.

Community Engagement

Community engagement will be important to balance the interests of the neighbourhood. When establishing the hub, community engagement should include:

- Hand-delivered or mailed informational flyers
- Website
- Online meetings
- Having an information centre to meet about the hub
- Site tours of the facility as construction allows
- Regularly engaging with individual points of feedback (email, phone, etc.).

Cost Structure

As discussed above, the annual operating cost of the recommended option is estimated at \$2,675,000. Further details on the budget have been provided in Appendix 1. The preliminary budget should not be considered a final budget, but rather a guide related to the types of costs and anticipated costing for operating a 24/7 hub.

Revenue Streams

The DNSSAB should seek funding from the federal and provincial and local municipal government to support the hub. However, it should be noted that there are likely limited opportunities for additional federal and provincial funding for this purpose. Depending on the operator, there may be an opportunity to obtain grants/donations from foundations, and local corporations, faith communities, and individuals. It is anticipated, at least in the initial establishment of a hub, that the DNSSAB would need to use existing resources provided through the federal Reaching Home program and the provincial Homelessness Prevention Program or dedicate its own resources to the hub. As discussed above, there are some opportunities to transition existing budgets from the warming centre, Low Barrier Shelter, and overflow spaces to the hub. This would provide approximately \$2,077,000 to the hub. If DNSSAB decided to renovate the existing Low Barrier Shelter into a hub, leasing costs could be avoided because the building is owned by DNSSAB, resulting in a potential annual operating cost savings of approximately \$100,000. There is also currently \$680,000 of unallocated Homelessness Prevention Program funds for 2024/25 that could be allocated to a hub.

Appendix 1 – Preliminary Budget

The cost of a hub can vary depending on the hours of operation, number of shelter beds provided, configuration of the space, staffing complement, specific service delivery model, and contributions from partners. A preliminary budget for a 24/7 integrated hub and shelter has been provided below. The preliminary budget should not be considered a final budget, but rather a guide related to the types of costs and anticipated costing for operating a 24/7 hub.

Expenses	Amount	Comments
Staff Salaries and Benefits		
Frontline Support Workers	\$1,404,000	Fulltime staff plus relief workers at \$25 per hour, 6 frontline staff day, afternoon. 5 night shifts. Includes vacation, public holiday pay and personal/sick days
Management/Team Lead/Supervision	\$130,000	2 FTEs @ \$65,000
Staff Benefits	\$276,120	18% of salaries
Subtotal Staff Salaries and Benefits	\$1,810,120	
Participant Expenses		
Participant Travel	\$10,000	Includes some cab and bus travel not covered through OW
Participant Supplies	\$12,000	Includes hygiene/personal needs items
Subtotal Participant Expenses	\$22,000	
Operating Expenses		
Office supplies, cleaning, food, training, utilities, repairs, IT, insurance, communications and lease	\$718,000	
Subtotal Operating Expenses	\$2,550,120	
Admin (5%)	\$127,506	
Total Expenses	\$2,677,626	

Assumptions for Other Scenarios

Options	Hub Costs	Shelter Costs
Option B – 24/7 Low Barrier Shelter Separate From 24/7 Homelessness Hub	Assumed 6 frontline staff day and half of afternoon, 4 for half of afternoon and night shifts. Participant expenses and operating expenses remain the same as in the integrated hub scenario	Based on existing costs for low barrier shelter plus 4 frontline staff for day and half of afternoon shift plus \$55,000 to account for higher cleaning, food, utilities and repairs
Option C – 24/7 Low Barrier Shelter Separate From Day-time (12-Hour) Homelessness Hub	Assumed 6 frontline staff day and half of afternoon. Operating expenses reduced by \$55,000 to account for lower	Based on existing costs for low barrier shelter plus 4 frontline staff for day and half of afternoon shift plus \$55,000 to

Options	Hub Costs	Shelter Costs
	cleaning, food, utilities and repairs	account for higher cleaning, food, utilities and repairs
Option D – Overnight Shelter Separate from 24/7 Homelessness Hub	Assumed 6 frontline staff day and half of afternoon, 3 for half of afternoon and night shifts. Participant expenses and operating expenses remain the same as in the integrated hub scenario	Based on existing costs for low barrier shelter

Appendix 2 – Glossary of Terms

Accessible: In reference to a type of housing unit, accessible refers to units that are designed to promote accessibility for individuals with disabilities. This sometimes includes physical elements such as low height cupboards or light switches, wide doorways, and adapted bathrooms

Acuity: An assessment of the level of complexity of a person’s experience. Acuity is used to determine the appropriate level, intensity, duration, and frequency of case managed supports to sustainably end a person’s or family’s homelessness.

Adequate Housing: Dwellings not requiring any major repairs, as reported by residents

Affordable Housing: The term ‘affordable housing’ encompasses a broad range of housing, including social housing, private market rental units, and ownership housing. Based on the Provincial Policy Statement’s (PPS) definition of affordable housing: affordable rental housing refers to units rented at or below the average market rent for a specified unit size

Assertive Community Treatment (ACT): An interdisciplinary team of professionals available around the clock to provide treatment, support, and other needed services. The ACT team will typically engage people immediately after they have secured permanent housing and will regularly offer a variety of services to choose from. Services may be delivered in people’s homes or in community offices or clinics. ACT teams might include social workers, physicians, nurses, occupational therapists, psychologists, counsellors, addictions specialists, housing specialists, employment specialists, administrative assistants, and other professionals (Homeless Hub)

At Risk of Homelessness: Refers to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards (Canadian Observatory on Homelessness)

Best Practices: Refers to practices and procedures rooted in evidence-based research

By-Names Prioritization List or By-Name List: Refers to a real-time list of people experiencing homelessness that includes a robust set of data points that support coordinated access and prioritization at a household level and an understanding of homeless inflow and outflow at a system level. The real-time actionable data supports triage to appropriate supports and services, system performance evaluation, and advocacy. (20K Homes Campaign)

Client: A person served by or utilizing the services of a social agency.

Community Advisory Board (CAB): The Community Advisory Board is a catalyst for developing and supporting a local homeless-serving delivery system. The CAB is responsible for being representative of the community; producing the Reaching Home Community Plan; and recommending projects for funding to the Community Entity (DNSSAB). (Homelessness Partnering Strategy)

Coordinated Access: A coordinated access system is the process by which individuals and families who are experiencing homelessness or at-risk of homelessness are directed to community-level access points where trained workers use a common assessment tool to evaluate the individual or family’s depth of

need, prioritize them for housing support services and then help to match them to available housing focused interventions. (Reaching Home Directives)

Chronic Homelessness: Refers to individuals who are currently experiencing homelessness and who meet at least one of the following criteria:

- They have a total of at least six months of homelessness over the past year
- They have recurrent experiences of homelessness over the past three years, with a cumulative duration of at least 18 months. (Reaching Home Directives)

Core Housing Need: A household is in core housing need if its housing does not meet one or more of the adequacy, suitability or affordability standards and it would have to spend 30% or more of its before-tax income to access local housing that meets all three standards. (Canada Mortgage and Housing Corporation)

Diversion: A preventative strategy/initiative to divert individuals from becoming homeless before they access a shelter or immediately expedite their exit from the shelter system. This may include helping people identify immediate alternative housing arrangements and connecting them with services and financial assistance to help them maintain or return to permanent housing.

Evidence-based: The integration of best practice research evidence within clinical expertise and client values. In the context of social programs, services and supports, evidence-based refers to the use of high-quality evidence (e.g. randomized control trials) to develop, test, and modify programs and services so that they are achieving intended outcomes

Families: Households of two or more people and include two adults who are married/living together as well as head(s) of household with a child or children

High Acuity: In the District of Nipissing a person will be considered high acuity for the purposes of resource matching if they score 10+ on the Homelessness Information Assessment.

Homeless Count: provides a snapshot of the population experiencing homelessness at a point in time. Basic demographic information is collected from emergency shelters and short term housing facilities, and a survey is done with those enumerated through a street count. Public systems, including health and corrections, provide numbers of those without fixed address on the night of the count as well.

Homeless Hub: A homeless hub is a centralized facility designed specifically to provide a comprehensive range of services and resources aimed at supporting individuals and families experiencing homelessness. Hubs are designed to be easily accessible to individuals and families experiencing homelessness, removing barriers to service access and providing a safe, welcoming environment for those in need. While providing immediate needs like shelter and food, homeless hubs also focus on longer-term solutions aimed at transitioning individuals out of homelessness.

Homelessness: Describes the situation of an individual, family or community without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it (Canadian Observatory on Homelessness)

Homelessness Information Assessment (HIA): The Homelessness Information Assessment assesses the vulnerability factors of individuals in order to prioritize individuals for resources. The HIA considers

whether the individual is: unsheltered/staying at the low barrier shelter/couch surfing, experiencing chronic homelessness, Indigenous, have mental health issues, have substance use issues, youth (16-24), have a developmental cognitive disability, have a physical disability, have an acute/chronic medical condition, have recently been discharged from an institution, are fleeing violence and/or victimization, are experiencing environmental displacement, and identify as LGBTQ2S+ and assigns a score based on these vulnerability factors.

Housing First: Is a recovery-oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. There are five core principles of Housing First:

1. Immediate access to permanent housing with no housing readiness requirements
2. Consumer choice and self-determination
3. Recover orientation
4. Individuals and client-driven supports, and
5. Social and community integration

Indigenous: A collective name for the Indigenous Peoples of North America and their descendants. The Canadian Constitution recognizes three groups of Aboriginal people: Indians (commonly referred to as First Nations), Métis, and Inuit. (INAC)

Indigenous Homelessness: describes the situation of First Nations, Metis, and Inuit individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. (Canadian Observatory on Homelessness)

Intensive Case Management (ICM): Intensive case management is a team-based approach to support individuals, the goal of which is to help clients maintain their housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing mental and physical health needs, engaging in meaningful activities and building social and community relations. It is designed for clients with lower acuity, but who are identified as needing intensive support for a shorter and time-delineated period.

Low Acuity: In the District of Nipissing a person will be considered high acuity for the purposes of resource matching if they score from 1 to 3 on the Homelessness Information Assessment.

LGBTQ2S+: Refers to Lesbian Gay, Bisexual, Transgender, Queer, Two-Spirit and other gender/sexual identities
Low Acuity: a person will be considered low acuity if they have a VI-SPDAT score of 6 or less as a youth or a single adult, or 3 or less as a family.

Mid Acuity: In the District of Nipissing a person will be considered high acuity for the purposes of resource matching if they score from 4 to 9 on the Homelessness Information Assessment.

Prevention: refers to the activities, interventions and planning that prevents individuals and families from experiencing homelessness.

Rental Assistance: This is a term that generally applies to any form of financial assistance provided by government to lower the rent. This includes rent-gear-to-income assistance in social housing, rent supplements, housing allowances, and housing benefits.

Service Prioritization Decision Assessment Tool (SPDAT): An assessment tool to determine client placement based on the level of need. The SPDAT looks at the following: self care and daily living skills; meaningful daily activity; social relationships and networks; mental health and wellness; physical health and wellness; substance use; medication; personal administration and money management; personal responsibility and motivation; risk of personal harm or harm to others; interaction with emergency services; involvement with high risk and/or exploitative situations; legal; history of homelessness and housing; and managing tenancy.

Shelter: A shelter is a facility designed to provide temporary safe accommodation and basic necessities for individuals and families who are experiencing homelessness. In addition to providing a safe place to sleep, shelters typically offer essential services such as meals, showers, and access to laundry facilities. It is best practice for hub to be housing-focused and assist clients with transitioning out of homelessness. Many shelters also offer or connect individuals with a range of support services.

Sleeping rough: People who are unsheltered, lacking housing and not accessing emergency shelters or accommodation. In most cases, people sleeping rough are staying in places not designed for or fit for human habitation, including: people living in public or private spaces without consent or contract (public space such as sidewalks, squares, parks or forests; and private space and vacant buildings, including squatting), or in places not intended for permanent human habitation (including cars or other vehicles, garages, attics, closets or buildings not designed for habitation, or in makeshift shelters, shacks or tents).

Social Housing: Social housing is subsidized housing that generally was developed under federal and provincial programs during the 1950s – 1990s, where ongoing subsidies enable rents to be paid by residents on a ‘rent-geared-to-income’ (RGI) basis (i.e. 30% of gross household income). Social housing is also called subsidized, RGI, community, or public housing. Additional social housing units are generally no longer being developed due to changes in programs.

Subsidized housing: A type of housing for which government provides financial support or rent assistance

Support Services: Services directed at supporting individuals and families with daily living (e.g. referrals, individual case management, personal identification, transportation, legal/financial assistance, mental health and child care)

Supportive Housing: Refers to a combination of housing assistance and other supports that help people to live as independently as possible. This includes several forms of rent subsidies (e.g. rent-geared-to-income in social housing, rent supplements, housing allowances) and housing types (e.g. dedicated buildings, individual units). Supports also take a variety of forms and vary in intensity based on people’s unique needs (e.g. Occupational Therapy, Physical Therapy, Nursing, social work, etc.)

Youth Homelessness: Describes the situations and experience of youth people between the ages of 16 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire stable, safe or permanent residence. (Canadian Observatory on Homelessness)