



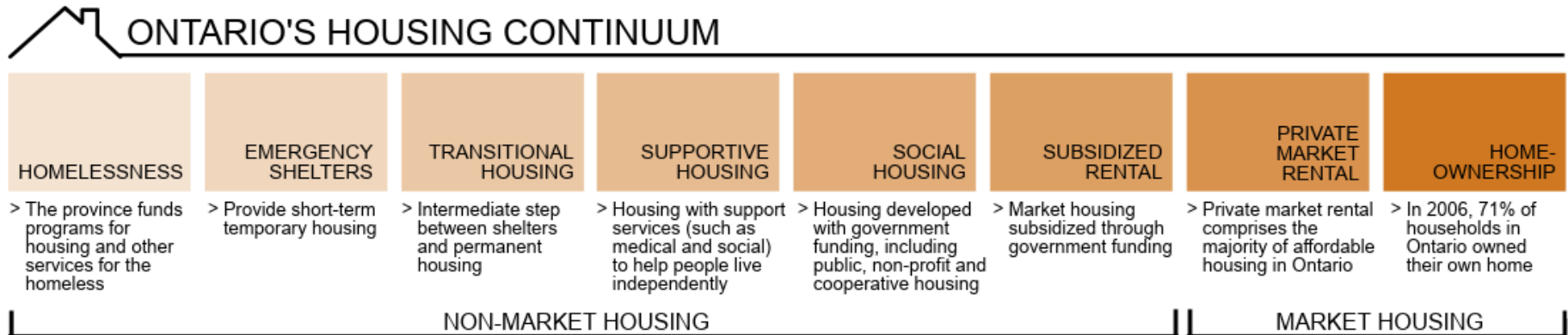
Homelessness in Guelph

County of Wellington and
Guelph & Wellington Task Force for Poverty Elimination

Mayor's Task Force – January 2019



The Housing Crisis



Source: MMAH, Municipal tools for affordable housing, summer 2011

5,985

Guelph Households in Core Housing Need

A household is in core housing need if their dwelling is considered inadequate, unsuitable, or unaffordable, and they cannot afford alternative housing

Source: 2016 Census (2016). Statistics Canada.

1.4%

Guelph Rental Vacancy Rate

3% is considered a health vacancy rate

Source: Rental Market Report (October 2018), Canada Mortgage and Housing Corporation.

41%

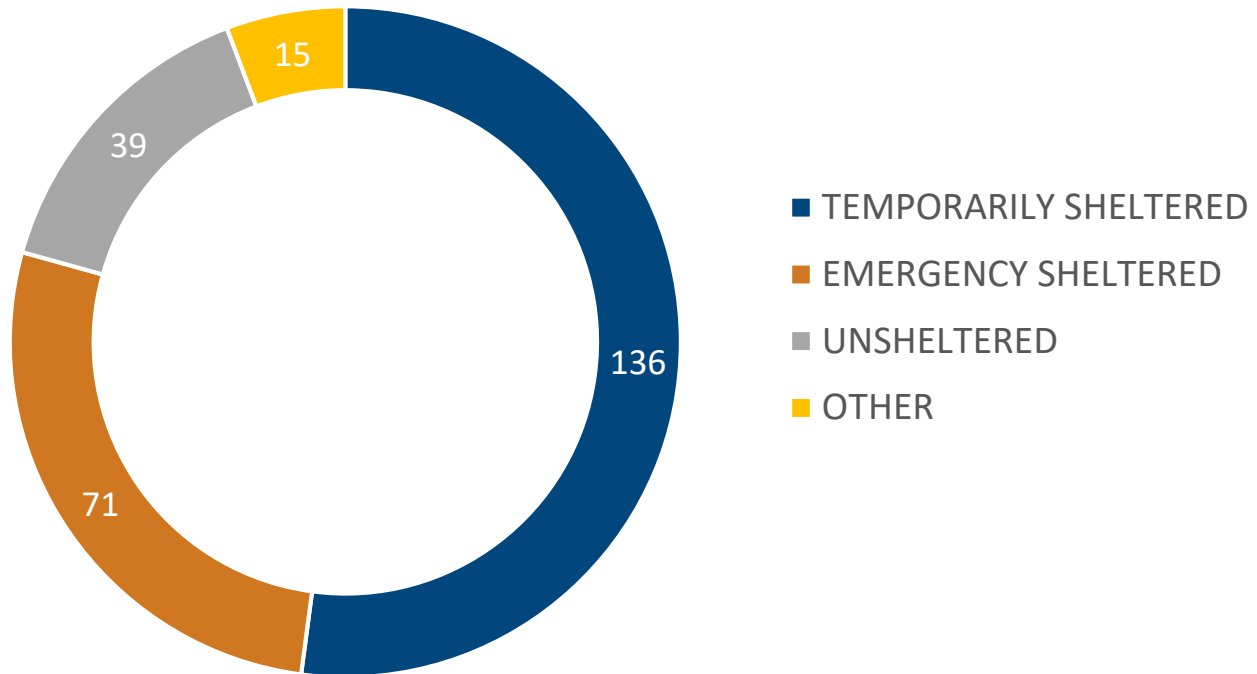
of Tenant Households in Guelph spend 30% or more of household income on shelter.

A household spending more than 30% of before-tax household income on shelter is considered to be in unaffordable housing.

Source: 2016 Census (2016). Statistics Canada.

Everyone Counts - 2018 Point-in-Time Count

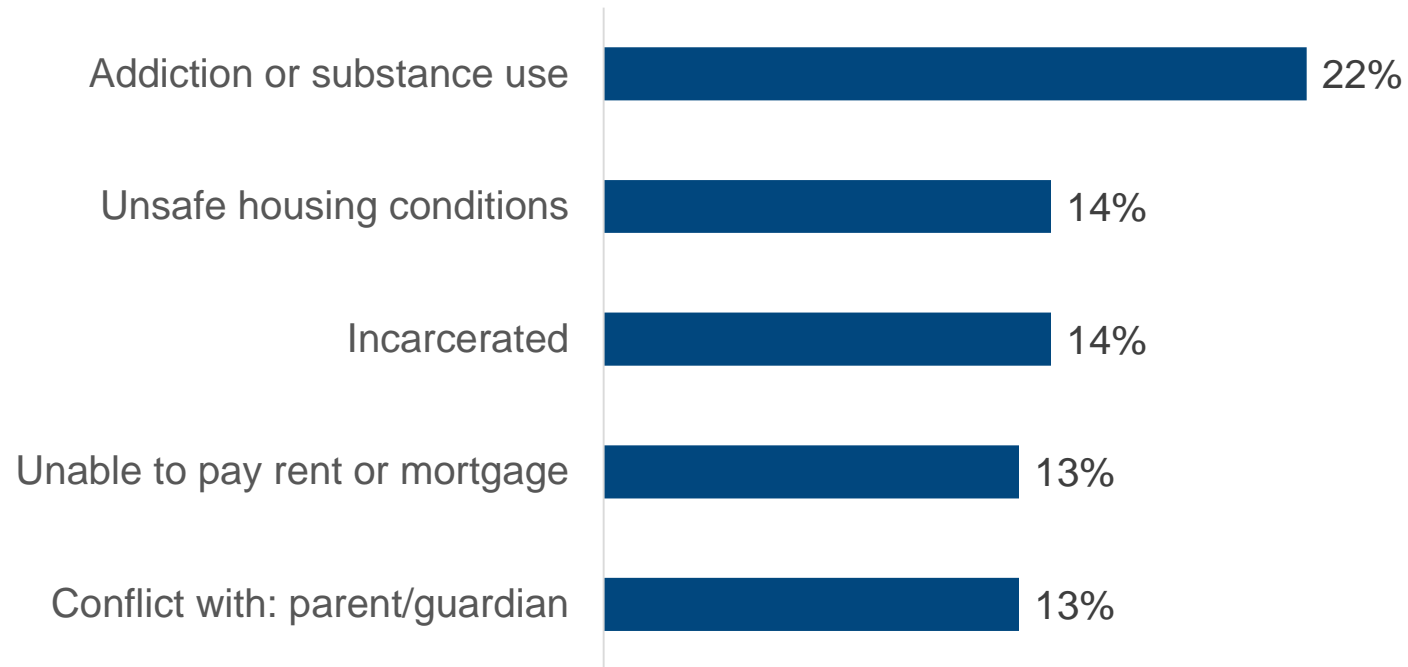
261 Number of Individuals Found to be Experiencing Homelessness in Guelph during the April 2018 Point-in-Time Count



Source: Ellery, Randalin (May 2018). Everyone Counts: 2018 Guelph-Wellington Point in Time Count.

Everyone Counts - 2018 Point-in-Time Count

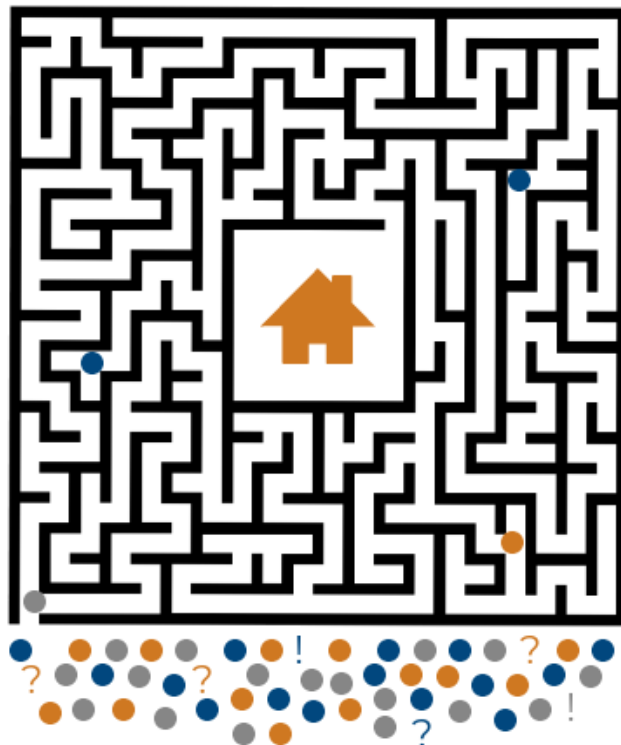
Top Reported Reasons for Losing Housing by Respondents



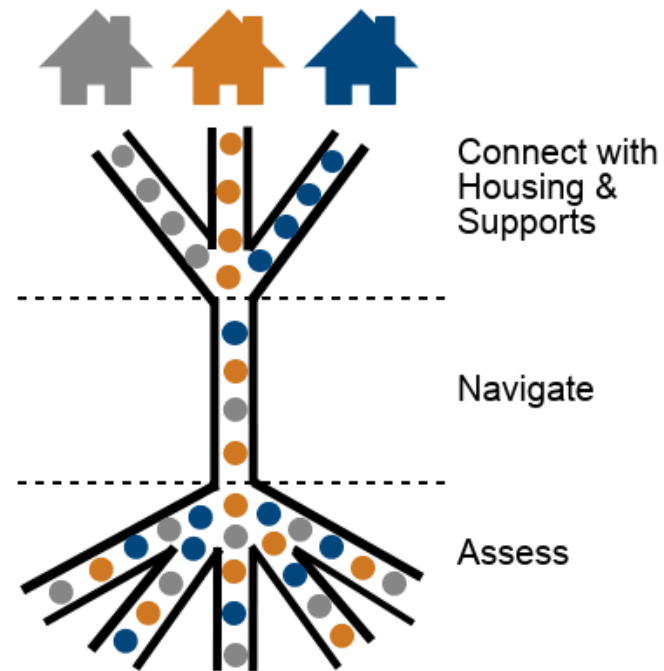
Source: Ellery, Randalin (May 2018). Everyone Counts: 2018 Guelph-Wellington Point in Time Count.

Coordinated Entry System

Without CES

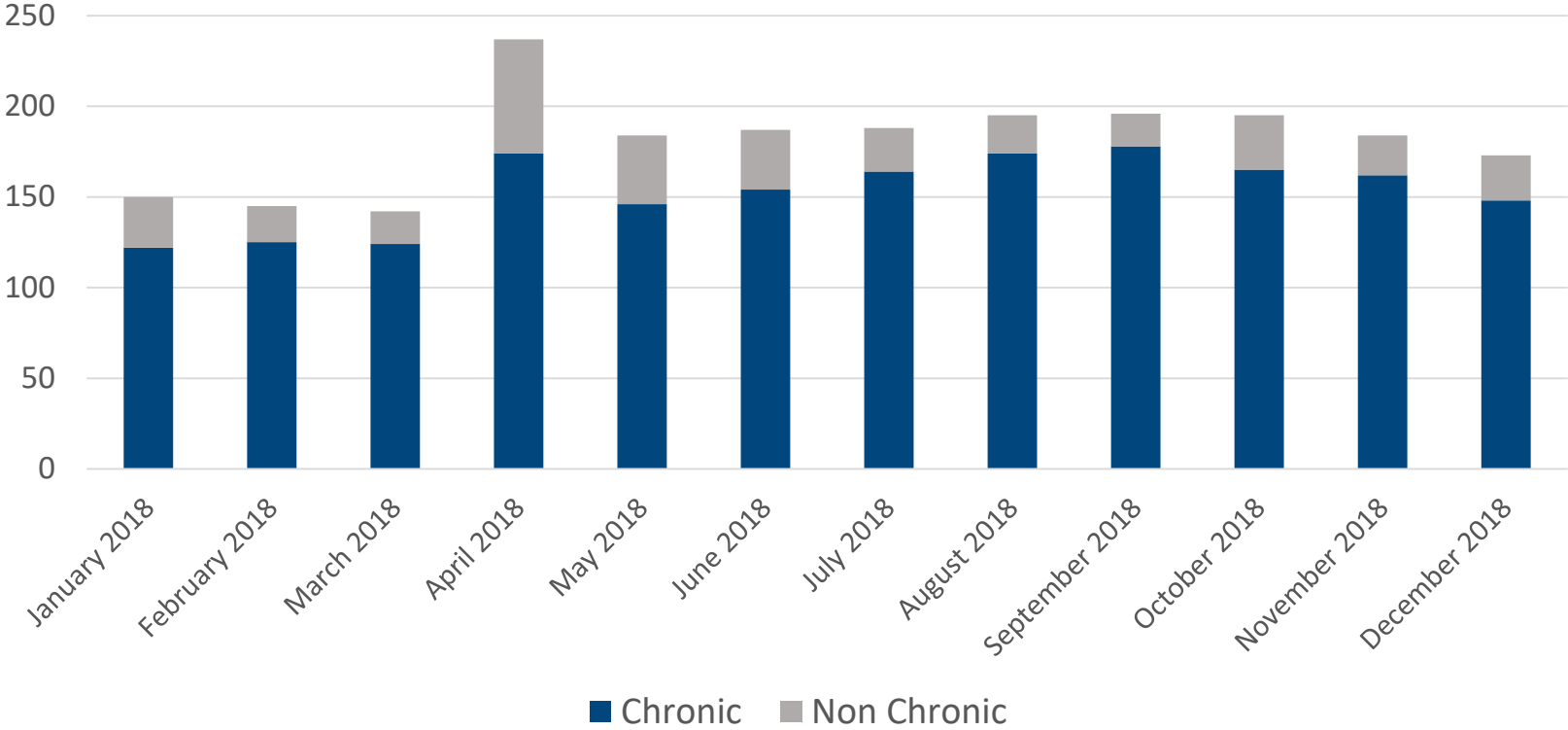


With CES



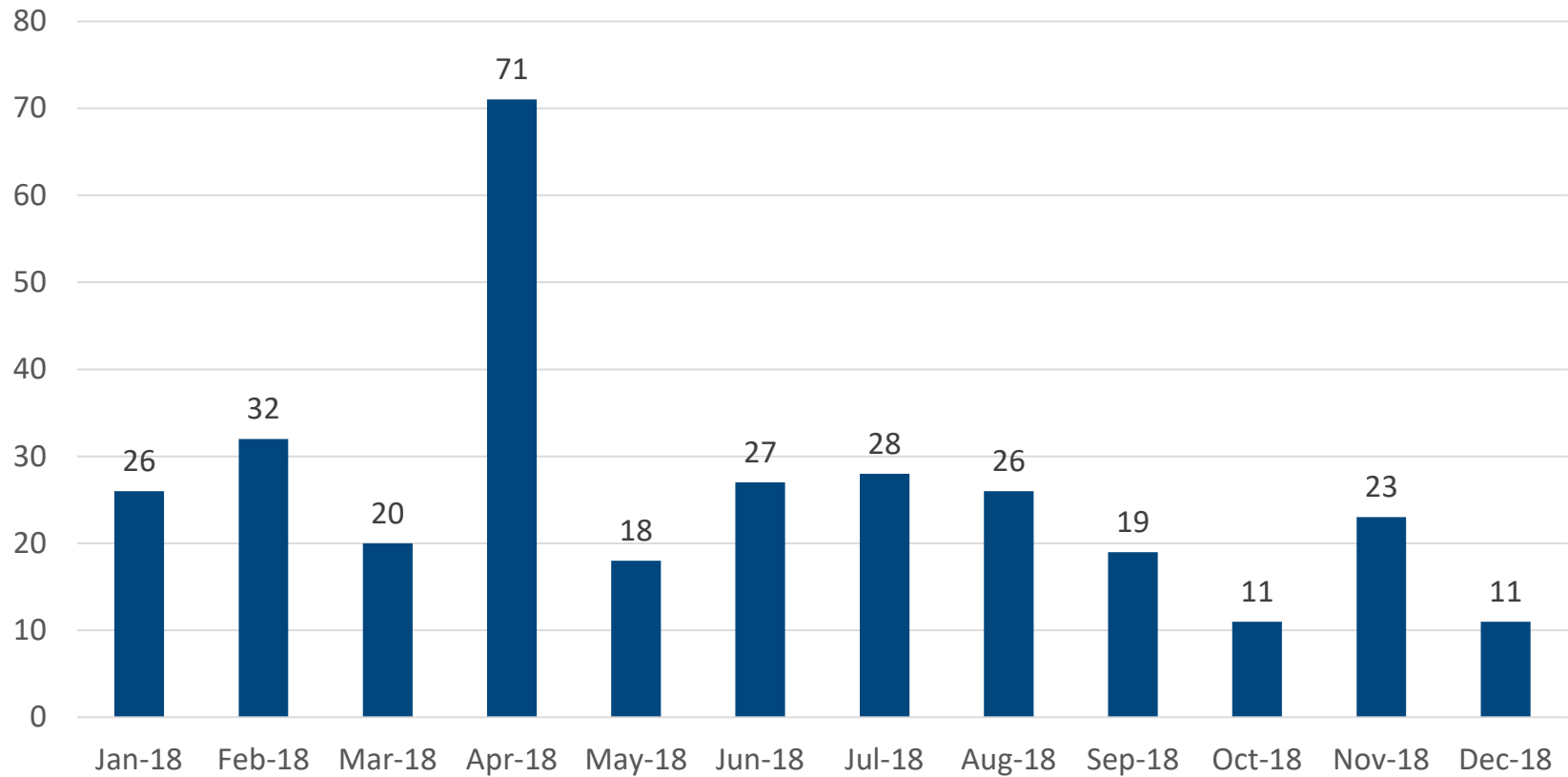
By-Name List

Total BNL (Chronic & Non Chronic)



By-Name List – Chronic Inflow

Total Inflow



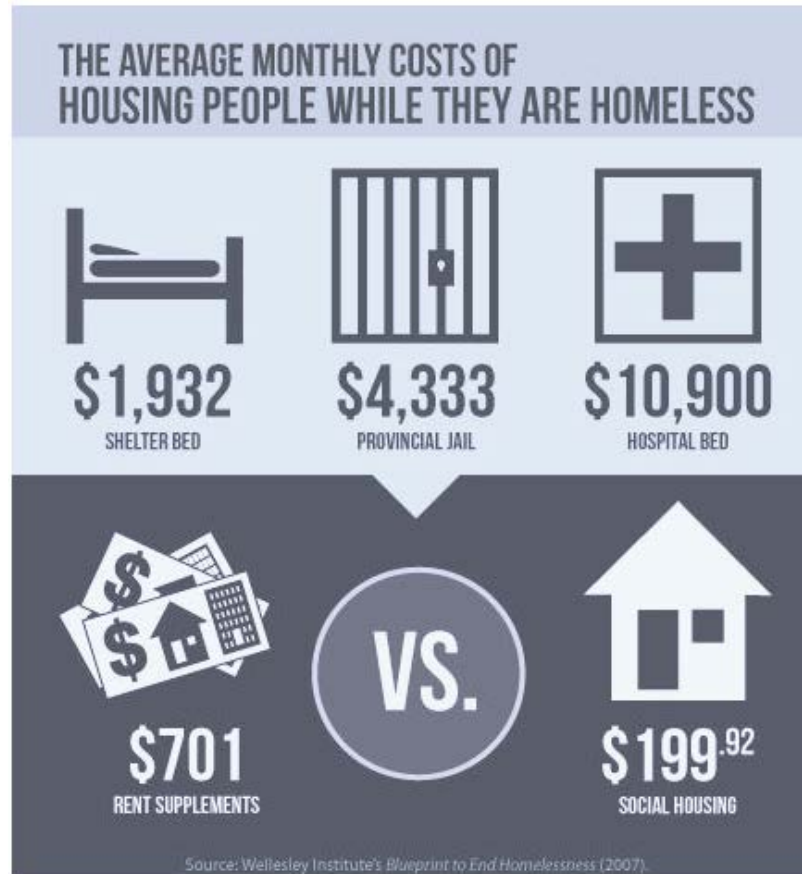
The 15 Most Complex Individuals

- Average age – 30 years old
- 10 males and 5 females
- 11 couch surfing, 3 sleeping rough, 1 other
- Average length of homelessness – 27 months
- 60% attacked or beaten up
- 87% harm themselves or someone else
- 80% engaging in risky behaviour
- 33% chronic health issues
- 87% kicked out for drinking or drug use
- 93% mental health issues or concerns

Guelph Homelessness: What is Being Done

- Held 2 joint Point-in-Time Counts
- Became 4th community in Canada with a Quality By-Name List
- Launched Coordinated Entry System
- Adopted Housing First approach
- Expanded community partnerships
- Added housing focused staff positions
- Implemented system improvements at emergency shelters
- Adjusted internal resources to prioritize ending homelessness
- Developed Home For Good supportive housing proposal
- Joined 20K Homes Collaborative with Guelph-Wellington team
- Recognized as leading community in 20K Homes Campaign

The Cost of Homelessness





Recommendations

- Champion an end to homelessness in Guelph-Wellington
- Work with key players to fund and develop Permanent Supportive Housing
- Commit to an annual investment in the Affordable Housing Reserve
- Build on the strong partnership between the City of Guelph and County of Wellington through ongoing dialogue

Respondents to the 2018 PIT Point-in-Time count and the WDGPH 2018 Safer Substance Use Interviews have told us:

- ❑ **Addiction/substance use is the most frequent cause of their homelessness**

(22% of respondents of PIT count identified this as the reason they are homeless; the lack of safe housing is the biggest barrier identified by respondents to WDGPH survey)

- ❑ **Addiction and mental health are their most problematic health issues**

(64% of respondents to PIT identify mental health issues; 61% - addiction issues)

- ❑ **They fear for their personal safety**

(25% of PIT respondents identified this as the reason they choose not to stay in Emergency Shelter; active substance users interviewed by WDGPH identified a lack of personal safety as their most pressing need, outside of access to a safe drug supply.)



Mayor's Task Force

January, 2019

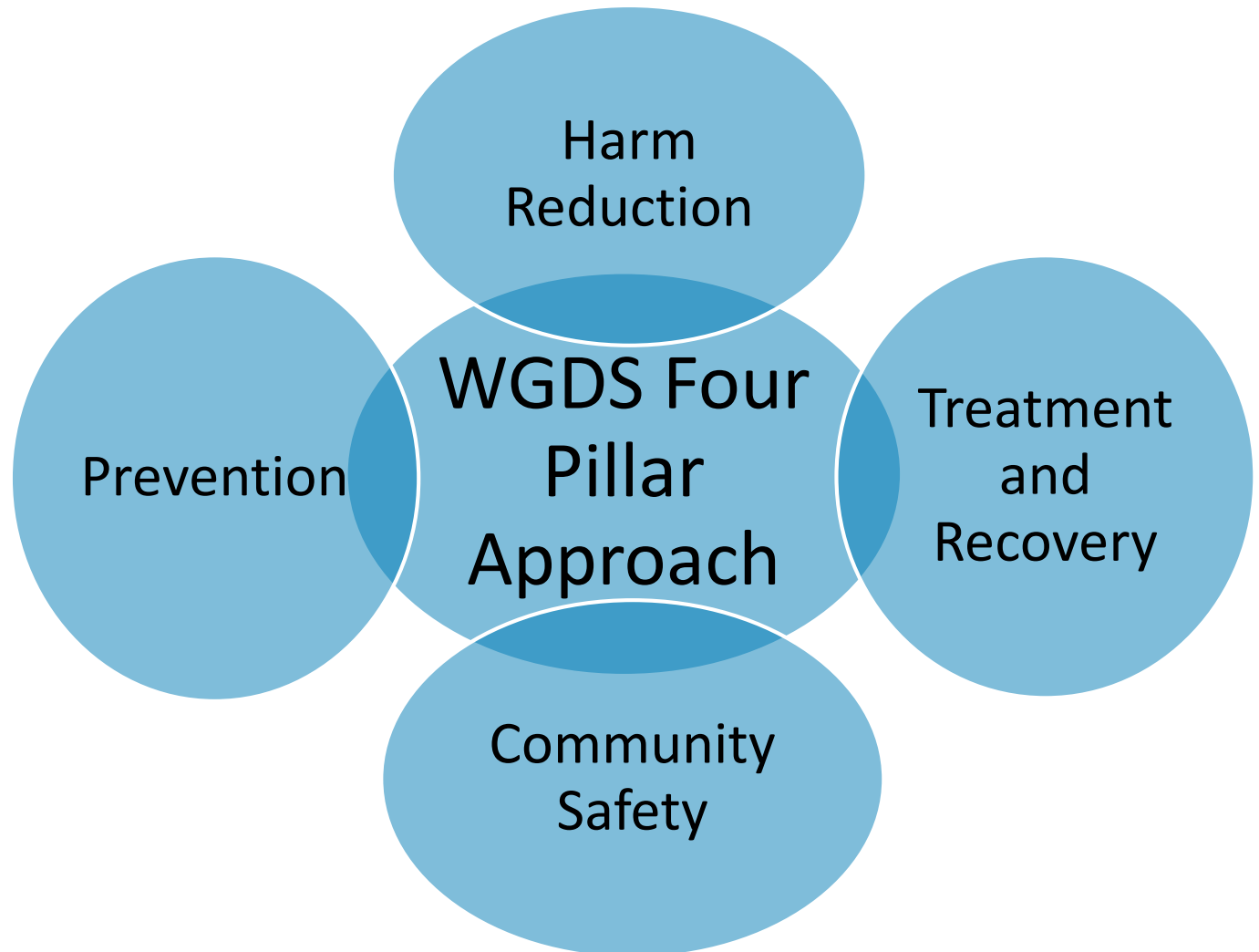
“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

Margaret Mead

- WGDS – who we are; how we work
- What we know about mental health and addiction issues in downtown Guelph - Systemic and Individual Data
- What we know can help:
 - Steps all organizations can take
 - Programs that make a difference

**WGDS
Mission:**

**“We take
action to
prevent and
respond to
local
substance use
and addiction
issues.”**



We have learned a lot about substance use and addiction in Downtown Guelph:

- ***“Safer Substance Use in Guelph”***, WDGPH, report released in Fall, 2018
- ***“Everyone Counts: 2018 Guelph –Wellington Point-in-Time Count”***, Guelph & Wellington Task Force on Poverty Elimination, May 2018
- ***“Supported Recovery Room – Final Evaluation Report”***, GCHC, May 2018
- ***“Addiction Court Support: Evaluation Report”***, Stonehenge Therapeutic Community, Fall, 2017
- ***“Summary Report: What we know about the Need for Crisis Stabilization in Guelph”***, WGDS, PTF, Toward Common Ground, Winter 2017
- ***“Complex Case Service Usage”***, Service Resolution Team, Wellington County, 2013
- ***Guelph Substance Use Incident Report”***, WDGPH, monthly report, ongoing
- ***Data collected by the GCHC for the Ministry of Health regarding utilization of the Overdose Prevention Site***, GCHC, May - December 2018

Respondents to the 2018 PTF Point-in-Time count and the WDGPH 2018 Safer Substance Use Interviews have told us:

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- **Crystal Meth and Opioids are the substances most commonly used in Guelph**
(58% of the 108 participants in the Safe Consumption Practices survey in Guelph, Spring 2018 selected meth as their substance of choice, and 49% selected opioids)
- **Polysubstance use is common amongst active substance users in Guelph**
- **Males 16-40 are the subpopulation most actively engaged in active substance use**
- **The most needed services identified by active substance users:**
 - nursing staff,
 - chill out space,
 - food + safe shelter

- ❑ **Stigma and marginalization are everyday, all-day experiences for this population**

- ❑ **Homeless residents and active substance users in Guelph use**
 - EMS, GGH ER, SOS, OPS for **medical needs**
 - Police, Courts, Maplehurst for **crisis stabilization, detox**
 - Shelters, Couch Surfing, Outreach Services, Charities for **housing, food, social needs**

- ❑ **Guelph does not currently have a non-medical crisis stabilization service**

- ❑ **Many services operate on a Mon-Friday, 9-5 schedule**

- ❑ **Guelph has one shelter for men, one for youth, one acute care hospital, etc.... Clients have limited options to choose from, and there isn't a Plan B**

Housing options for clients with active and complex addiction and mental health needs do not exist in Guelph.

Client	Client 1	Client 2	Client 3
ED Visits	2	12	10
Inpatient Mental Health	204	42	116
# of Days Incarcerated	60	204	32
# of Known Police Contacts*	1	0	0
# of Residential Treatment Programs	2	2	1
# of Community Agencies Supporting Client	5	3	2

*Police contact reflects OPP services; Guelph Police Services were not able to provide information

Source of Data: Service Resolution Team, 2013

What do We Know Can Help?

- Meet the needs of the most complex community members with appropriate addiction and mental health services
- Include end users in the design of all services
- Provide more evening and weekend service options
- Take steps to actively address systemic stigma
- Include Peer Support Staff in services that are designed to meet the needs of clients with addiction and concurrent disorders
- Municipalities can plan for needs of the homeless population as they plan for seniors, preschoolers, etc.
- Act now – its not getting better

What was the SRR?

- LHINN-funded pilot project, Jan-May 2017
- Safe sleep+ short-term recovery/referrals
- 2 beds; up to 72-hour stays
- Referrals from EMS, GGH, outreach teams, shelters, GCHC
- 107 service events; 62 clients
- 63% male clients, median age=25
- Average length of stay =28 hours
- Staff = 1 EMS worker + 1 Addiction Counsellor

Benefits/Value

- Diversion from GGH ER
- Reduced repeat EMS transports/police contacts for same client
- Provided safe, 24/7 environment for short-term recovery from meth use
- Referrals made to a wide variety of other services, including withdrawal management and treatment
- Clients continue to ask for this service
- Mutual learning by staff

New Model of SRR

- ❑ Expand service to include active clients
- ❑ Expand to 5+ beds
- ❑ Staff = nurse + addiction counsellor + peer worker
- ❑ Move admin functions from GCHC to STC, but continue to have partnered staffing process
- ❑ Build in concurrent treatment capacity
- ❑ Continue to have 72 hour max stay

What is required to bring this service back?

- ❑ Requires a building which meets current standards/codes
- ❑ Requires annual operational budget for staffing and daily operations
- ❑ Requires ongoing partnership (i.e. in kind supports)



What was the Addiction Court Support Worker role?

- Pilot project funded by Proceeds of Crime Grant, Oct 2015 – March 2017
- 1-Addiction Counsellor to connect with clients at **bail court** and **prior to release from custody** (key moments of motivation)
- Goals of the program:
 - 1) Increase connection to substance use services and other supports
 - 2) Decrease interactions with police
 - 3) Healthier and safer choices re. substance use

Benefits/Value

- 51% reported this was their **first contact** with addiction/mental health/social services
- 95 referrals made to residential / community treatment services
- 92% of those surveyed reported connecting to support/treatment services offered
- 50% reported connection to housing + income supports
- 92% reported fewer interactions with police
- **Informal diversion** – Highly valued by Justice partners

Renew Addiction Court Support Worker Role

- The role can be re-introduced in the same format that worked successfully during the pilot

What is required to bring this service back?

- Permanent funding for one staff person is required

- ❑ Reopen the SRR
- ❑ Refund the Addiction Court Support Worker
- ❑ Expand evening and weekend service provision
- ❑ Include Peer Support Workers on staffing teams working with homeless and/or active substance users
- ❑ Include end-users in service design processes
- ❑ Municipalities to include homeless/active substance users in their departmental planning processes
- ❑ Actively address systemic stigma

“A lot of stuff is cut with fentanyl and carfentanyl. A lot of things have changed even since last summer on what people are using and what its cut with.”

Survey respondent



Thank you!

Recommendations - Summary

- ❑ Champion an end to homelessness in Guelph-Wellington
- ❑ Work with key players to fund and develop Permanent Supportive Housing
- ❑ Commit to an annual investment in the Affordable Housing Reserve
- ❑ Build on the strong partnership between the City of Guelph and County of Wellington through ongoing dialogue
- ❑ Reopen the SRR
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