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Sault Ste. Marie District
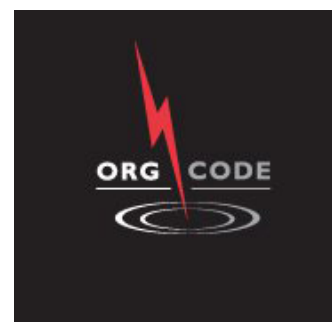
Sault Ste. Marie
Housing and Homelessness Plan Update

July 14, 2014

OrgCode Consulting, Inc.

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Introduction

In the fall of 2013, the District of Sault Ste. Marie Social Services Administration Board (referred to hereafter as the DSSMSSAB or Service Manager) completed a draft *10-Year Housing and Homelessness Plan*, as is required under the provincial *Long-Term Affordable Housing Strategy* and the *Housing Services Act (2011)*. The Service Manager is responsible for the administration of a broad range of provincially legislated affordable housing, social housing and homelessness programs and services. This *10-Year Plan* provides a road map that will guide it, in collaboration with community-based partners, toward the long-term goals of ending homelessness and addressing affordable housing need in the Service Area. The Service Manager will play a leading role, but reaching these long-term goals will require partnerships with all orders of government, the private sector, non-profit sector, and residents.

In the spring of 2014, the DSSMSSAB retained OrgCode Consulting, Inc., to conduct additional research and enhance the *Draft Plan*'s approach to meeting residents' needs for housing and homelessness services over the next 10 years. This report is the result of that additional research. It draws on the community consultations conducted in 2013 to prepare the *Draft Plan* and additional interviews with local stakeholders involved in the provision of housing and homelessness services in the Service Area, as well as analysis of program data supplied by service providers and statistical data from the Canada Mortgage and Housing Corporation (CMHC) and Statistics Canada. It provides additional recommendations and guidance for the DSSMSSAB as it moves forward to address homelessness and housing need in the Service Area, in collaboration with community partners.

Methods

To update the *Draft Plan*, the project team began with an in-depth review of the *Draft Plan* document to identify the key components that merited additional investigation and create a list of recommended changes or additions to the draft. Using this list as a guide, a request for program data was submitted to the Service Manager and the project team obtained Census, National Household Survey and CMHC housing market reports for the Service Area.

In addition, a semi-structured interview guide for local stakeholders was developed and the project team worked with the Service Manager to contact key individuals to obtain more in-depth information about the current array of housing and homelessness services and perceived needs in the community. A total of 17 stakeholders, representing a broad range of service sectors, participated in in-depth interviews that provided a richer understanding of the community's needs, as well as the work that is already being done to address homelessness.

Key Definitions

The starting point for a long-term plan to address "affordable housing" and "homelessness" in any community is a clear definition of each term.

Affordable Housing

According to the CMHC, housing is "affordable" if the cost of shelter and related expenses such as utilities and property taxes does not exceed 30 percent of a household's gross annual income. This definition is most appropriately applied to low- and moderate-income households, as high-income households have greater flexibility to spend more money on their housing costs without compromising other needs. In Ontario, this definition of "affordable housing" is contained in the *Provincial Policy Statement* and is used to set affordable rents for tenants living in Rent-Geared-to-Income (RGI) housing.

A second definition of "affordable housing" is rent that is 80 percent or less of the CMHC-identified Average Market Rent for the community. This definition has been used in recent federal and provincial funding for affordable housing construction.

For the purposes of this report, "affordable housing" is defined as housing costs that do not exceed 30 percent of gross annual household income for low- and moderate-income households.

Homelessness

According to the Canadian Homelessness Research Network, "homelessness" describes the situation of an individual or family "without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it." It includes people who are *unsheltered* (living on the streets or in places not intended for human habitation), *emergency sheltered* (which includes both people in shelters designated for those who are homeless as well as those in shelters for people impacted by domestic violence), *provisionally accommodated* (accommodation that lacks security of tenure or that is temporary, which includes both housing in motels as well as transitional housing), and *at risk of homelessness*, which encompasses those whose current housing situation is precarious or unsafe.[1] Homelessness is a fluid state, and households that experience homelessness frequently move between these categories. "Homelessness" is often hidden, particularly in smaller and mid-sized communities with limited or no emergency shelter options. Individuals and families who are "hidden homeless" fall within the "provisionally accommodated" category; they may be "couch-surfing" or "doubled-up" with friends or family members.

Why It Matters

Individuals and families who are homeless, at risk of homelessness, or simply struggling to afford their housing face multiple barriers and challenges, including greater likelihood of significant health problems and difficulty in full participation in employment and education. For the sub-set of the community that faces issues such as severe and persistent mental illness or substance use, homelessness can exacerbate these issues. Homelessness and unstable housing can also place individuals and families at greater risk of violence. Homelessness thus has a significant impact on the utilization of emergency health care services, the justice system, and social services, at great cost to the community as well as to the individual. For example, individuals with a severe and persistent mental illness who need supportive housing may have no other option but to remain in hospital, even though they do not need this more intensive - and expensive - form of care, if appropriate community-based housing and support programs are not available.[2] Adequate, affordable housing – with supports to maintain housing stability, if required – reduces the need for emergency services for homeless persons and leads to better quality of life. There is thus both a social imperative and an economic argument for communities to work to improve access to affordable housing and housing with supports.

Structure of the Report

This report is intended to provide an in-depth assessment of need in the Service Area, which is followed by a discussion of the current approach to providing affordable housing and homelessness services and a review of emerging best practices that have demonstrated effectiveness in empowering communities to take steps to end homelessness. It concludes with the identification of five strategic directions, each associated with recommended actions, to guide the Service Manager and its community partners over the next ten years, and a framework to monitor performance and progress toward those goals.

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1   Canadian Homelessness Research Network. (2012). *Canadian Definition of Homelessness*.
2   Trainor, J., P. Taillon, & N. Pandalangat. (2013). *Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses*. Report by the Community Support and Research Unit of the Centre for Addiction and Mental Health and the Canadian Council on Social Development. Mental Health Commission of Canada: Ottawa. http://www.mentalhealthcommission.ca/English/node/562

Needs Assessment

Demographic trends, the local housing market, available support services including social housing, and such information as is available about the population that is experiencing homelessness in the Service Area inform our understanding of what is needed in the community, which in turn permits the creation of an evidence-based action plan. This section of the report identifies the key factors that shape housing need in Sault Ste. Marie and the surrounding Service Area.

Geographic Context

The Service Area is comprised of the City of Sault Ste. Marie, the Township of Prince, and the territory without municipal organization that is within the Sault North Planning Area (**Figure 1** on page 10). This spans a large geographic territory, but the population is concentrated in the City of Sault Ste. Marie, as are the available social services. Travel distance and isolation may impose considerable barriers on residents of the northern portion of the Service Area who experience housing crises. As a regional centre, the City of Sault Ste. Marie also draws in residents from some of the surrounding communities that are outside the Service Area and who may be looking for employment opportunities or who wish to be closer to services such as medical facilities.

Given the small and scattered population, it will not be feasible to develop local supportive services or significantly expand the supply of affordable housing in the northern communities, but opportunities to improve access to services in the City of Sault Ste. Marie through phone-based coordinated intake and potentially transportation assistance may be considered.

Demographic Context

A number of demographic factors can affect current and future housing needs. Population growth, either through reproduction or inward migration, creates demand for new housing. Depending on the pace of this growth, demand can slightly or substantially outstrip housing supply, putting upward pressure on prices.

It is also useful to examine factors such as changes in age cohorts, relationship formation, and the number of families with children. Changing age demographics provide an indication of where the population is in the housing lifecycle. A high rate of growth in older cohorts would indicate a need for more seniors' housing, while high rates of growth in younger cohorts might indicate a coming demand for family housing. Further, it is possible to examine trends in relationship and family formation rates. Relationship and family types can influence the space needs and spending power of a household, and are a prime driver in housing demand.

In the case of the Sault Ste. Marie Service Area, there has been a very slight population increase (**Table 1**), with just 596 new residents added between 2001 and 2011. The SSM Draft Official Plan projects that the City of Sault Ste. Marie will grow by 5,820 people between 2006 and 2021, leading to a total population of 80,768.

Table 1: Population Change, 2001-2011

	2001	2006	2011	2001-2011
Sault Ste. Marie	74,566	74,948	75,141	**+0.8%**
Prince Township	1,010	971	1,031	**+2.1%**
DSSAB	75,576	75,919	76,172	**+0.8%**

Figure 1: District of Sault Ste. Marie Service Area
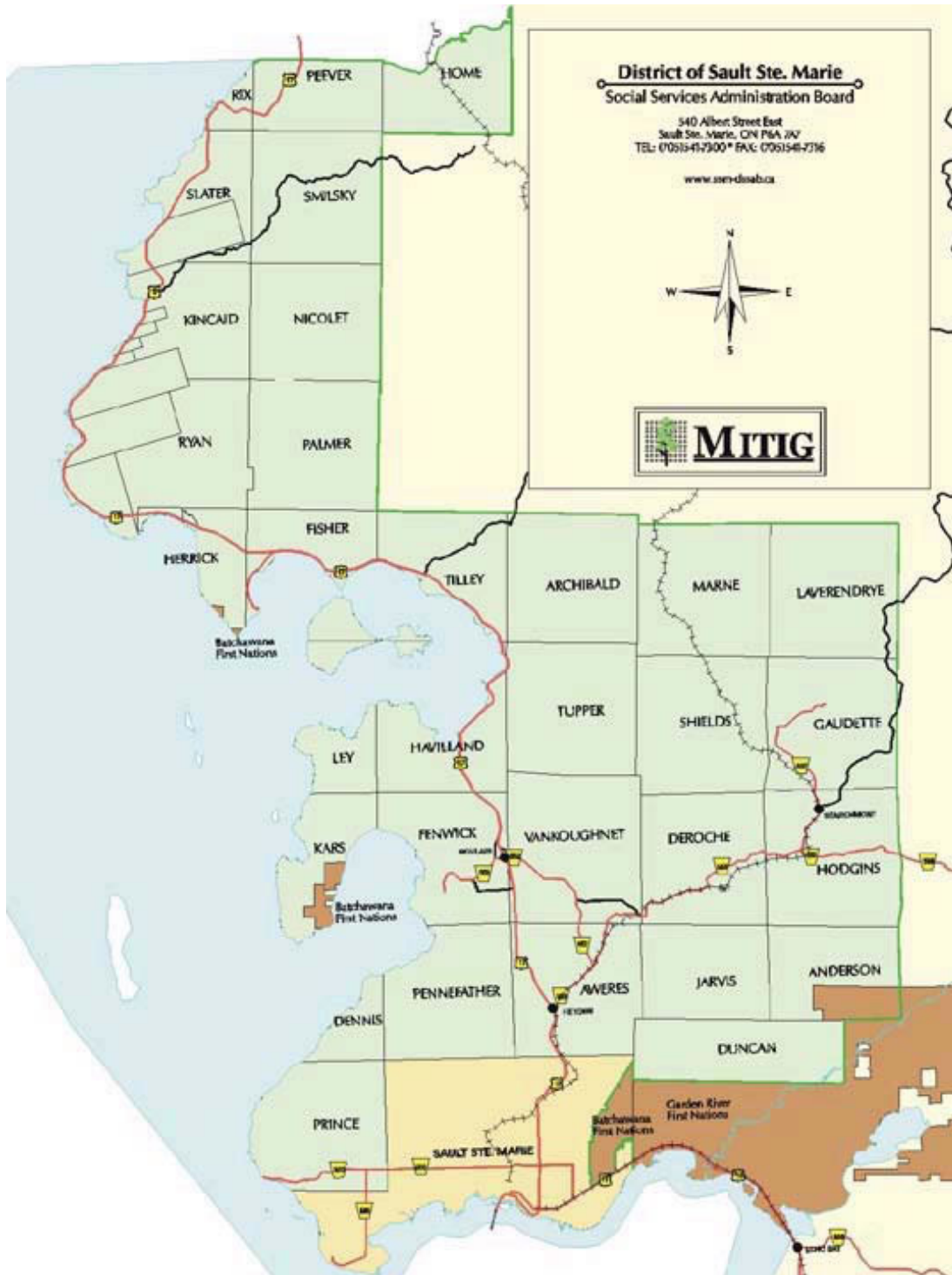
Similar to other Ontario communities, the population of DSSAB area is getting older (**Figure 2**). The fastest growing age cohorts were those residents aged 85 and over, followed by those aged 45 to 54 years old. On the other hand, almost all of the younger cohorts have declined over the same period, with the exception of those aged 20 to 24.

The Ontario Ministry of Finance has provided age cohort projections for Algoma District. The projected rates of growth and decline are also provided in **Figure 2**.

Table 2: Immigration to Sault Ste. Marie by Decade

Another important source of population growth, immigration, had drastically slowed in the twenty years prior to 2000, but has since experienced a rebound. Immigrants make up ten percent of the Sault Ste. Marie population as of 2011[3], and two-thirds of these immigrants arrived before 1971. **Table 2** shows the decade in which immigrants moved to Sault Ste. Marie, demonstrating a particularly steep drop-off in the years between 1981 and 2000. Since the turn of the century, this rate increased substantially. As of 2011, the total number of immigrant residents was 6,700.

Decade	% of Total
Before 1971	67.1%
1971 to 1980	14.0%
1981 to 1990	6.8%
1991 to 2000	3.2%
2001 to 2011	8.9%
2001 to 2005	3.7%
2006 to 2011	5.1%

Figure 2: Age Cohort Change, 2001-2021
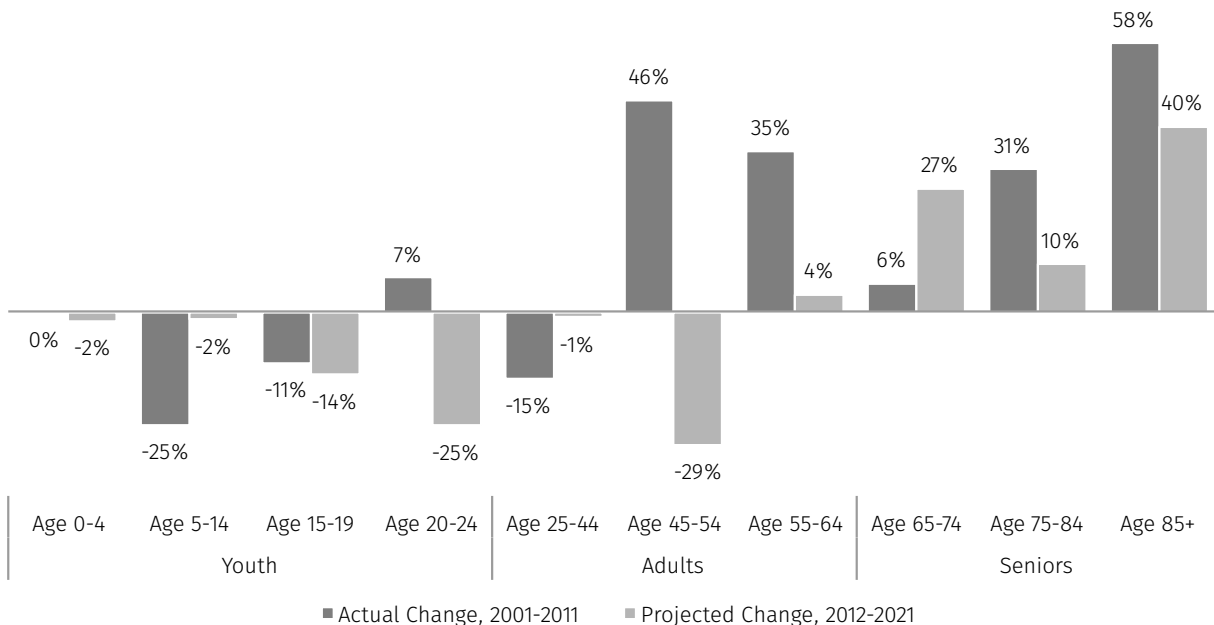
3   These numbers are drawn from the 2011 NHS. Data from the NHS is only available for the City of Sault Ste. Marie.

Figure 3: Relationship Formation, 2001-2011
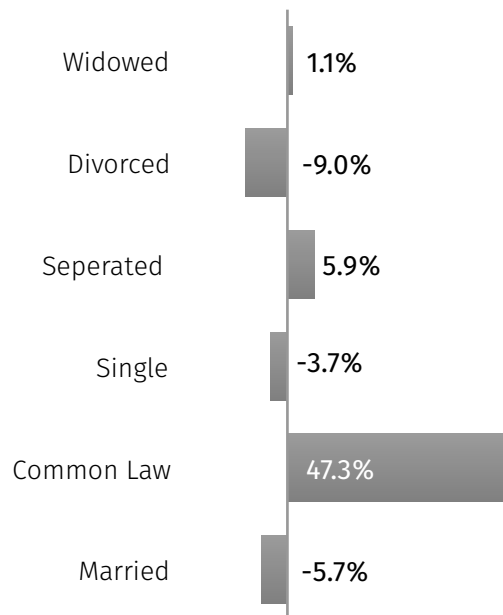
Figure 4: Family Formation, 2001-2011

Widowed	1.1%
Divorced	-9.0%
Seperated	5.9%
Single	-3.7%
Common Law	47.3%
Married	-5.7%

Lone Parent Families	2.1%
Common Law Families	49.2%
Married Couple Families	-4.6%
Total Number of Families	0.1%
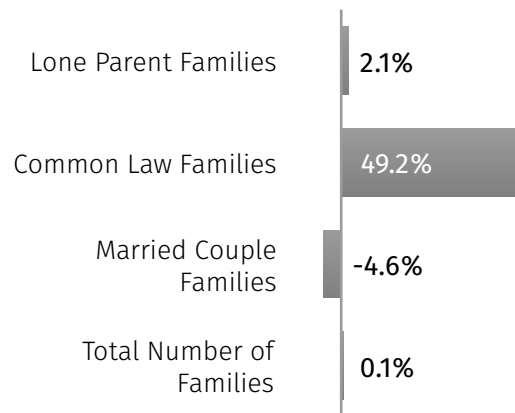
Family formation has grown slightly in the DSSAB area, but this growth has been found in the non-traditional types of common-law and lone-parent families. Married couples and married couple families have actually declined over the 2001 to 2011 period (**Figure 3** and **Figure 4**).

Common-law and married couple families are equally likely to have children, but married couple families are slightly larger (**Table 3**). In total, 27.1% of married couple families had two or more children, compared to 22.6% of common-law couples. Over three-quarters of lone parent families are headed by women, and in all cases lone parent families tend to be small: one child families account for 69.8% of male lone parent households, and 61.6% of female lone parent families. (**Table 4**)

Table 3: Couples with Children

Type of Couple	% of Couples with Any Children	% of Couple Families with…		
		1 Child	2 Children	3+ Children
Married Couples	47.2%	20.0%	20.8%	6.3%
Common Law Couples	46.6%	24.0%	15.5%	7.1%

Table 4: Lone Parent Families with Children

Gender of Parent	% of All Lone Parent Families	% of Lone Parent Families with…		
		1 Child	2 Children	3+ Children
Male Parent	21.3%	69.8%	25.1%	5.0%
Female Parent	78.5%	61.6%	28.8%	9.6%

Income

According to the 2011 National Household Survey, the median before-tax annual household income in Sault Ste. Marie was $56,051; for single-person households, it was $26,910. ***Table 5*** illustrates the number and percentage of private households in each income bracket; 13.7% of the households in Sault Ste. Marie have incomes below $20,000, and an additional 10.2% have incomes below $30,000. These households may find it challenging to secure suitable and affordable housing in the community, as will be discussed in more detail in the Housing section.

10,430 individuals were identified as being in low-income based on after-tax measures, with a prevalence of 14.2% (***Table 6***). This is slightly higher than the provincial prevalence of 13.9%.

Table 5: Annual Before-Tax Income of Private Households, 2011

	Number	% of Total
Under $5,000	545	1.7%
$5,000-$9,999	570	1.7%
$10,000-$14,999	1,580	4.6%
$15,000-$19,999	1,845	5.7%
$20,000-$29,999	3,330	10.2%
$30,000-$39,999	3,355	10.3%
$40,000-$49,999	3,230	9.9%
$50,000-$59,999	2,820	8.7%
$60,000-$79,999	4,390	13.5%
$80,000-$99,999	3,300	10.1%
$100,000-124,999	3,225	9.9%
$125,000-$149,999	1,820	5.6%
$150,000+	2,505	7.7%

Table 6: Prevalence of Low-Income in Sault Ste. Marie and Ontario, 2011

	% in Low Income	Number	Provincial % in Low Income
Less than 18 years old	19.2%	2,645	17.3%
Less than 6 years old	24.3%	965	18.4%
18-64	14.2%	6,620	13.9%
65+	8.6%	1,175	8.3%
Total	**14.2%**	**10,430**	**13.9%**

Table 7: Labour Force Participation

	SSM	Ontario
In the labour force	59.3%	65.5%
Employed	89.5%	91.7%
Unemployed	10.5%	8.3%
Not in the labour force	40.6%	34.5%
Participation rate	59.3%	65.5%
Employment rate	53.1%	60.1%
Unemployment rate	**10.5%**	**8.3%**

Table 8: Labour Force Work Activity

	SSM	Ontario
1 to 13 weeks	5.8%	5.2%
14 to 26 weeks	8.6%	7.8%
27 to 39 weeks	6.0%	6.0%
40 to 48 weeks	14.4%	14.7%
49 to 52 weeks	65.1%	66.3%
Average weeks worked in 2010	**44.2**	**44.8**
Worked full-time in 2010	76.3%	79.8%
Worked part-time in 2010	23.7%	20.2%

Table 9: Labour Force by Industry

Industry	SSM	Ontario
Agriculture; forestry; fishing and hunting	0.5%	1.5%
Mining; quarrying; and oil and gas extraction	0.4%	0.4%
Utilities	1.0%	0.9%
Construction	6.6%	6.3%
Manufacturing	11.9%	10.4%
Wholesale trade	2.0%	4.6%
Retail trade	13.4%	11.2%
Transportation and warehousing	3.4%	4.6%
Information and cultural industries	1.0%	2.7%
Finance and insurance	2.4%	5.5%
Real estate and rental and leasing	1.5%	2.0%
Professional; scientific and technical services	3.4%	7.6%
Management of companies and enterprises	0.0%	0.1%
Administrative and support; waste management and remediation services	6.0%	4.6%
Educational services	7.7%	7.5%
Health care and social assistance	14.6%	10.4%
Arts; entertainment and recreation	3.4%	2.2%
Accommodation and food services	7.3%	6.3%
Other services (except public administration)	4.7%	4.4%
Public administration	8.6%	6.9%

Labour Force Profile

The economy of Sault Ste. Marie has weathered the struggles caused by the declining local steel industry, and has since stabilized. Nevertheless, the community is trailing behind provincial averages in several important respects. According to the 2011 National Household Survey, Sault Ste. Marie has a lower labour participation and employment rate than the province as a whole, and a higher unemployment rate. Moreover, residents of Sault Ste. Marie are slightly more likely to work part time than the provincial average (**Table 7** and **Table 8** on page 14).

A majority of Sault Ste. Marie's labour force in concentrated in the five industries of health care and social assistance, retail trade, manufacturing, public administration, and accommodation and food services (**Table 9** on page 14). Occupationally, more than one quarter of the labour force is employed in sales and service occupations (**Table 10**). **Table 11** provides the provincial average hourly wage for the four largest occupation types in Sault Ste. Marie, for which data is available. The largest occupation group also has the lowest average hourly wage, and this hourly rate appears to be declining.

Table 10: Labour Force by Occupation

Occupation Type	SSM	Ontario
Management occupations	7.8%	11.5%
Business; finance and administration occupations	15.1%	17.0%
Natural and applied sciences and related occupations	5.9%	7.4%
Health occupations	8.1%	5.9%
Occupations in education; law and social; community and government services	12.6%	12.0%
Occupations in art; culture; recreation and sport	1.85%	3.1%
Sales and service occupations	27.5%	23.2%
Trades; transport and equipment operators and related occupations	15.2%	13.0%
Natural resources; agriculture and related production occupations	1.4%	1.6%
Occupations in manufacturing and utilities	4.7%	5.2%

Table 11: Average Wage by Occupation

Occupation	Avg. Hourly Wage, 2013	Avg. Hourly Wage, 2014	% Change
Sales and service occupations	$16.29	$16.05	-1.5%
Trades; transport and equipment operators and related occupations	$22.91	$23.47	2.4%
Business; finance and administration occupations	$23.04	$23.87	3.6%
Health occupations	$29.02	$28.42	-2.1%

Housing

Current Housing Stock

The total number of private dwelling increased by 2.5% between the 2006 and 2011 census, the bulk of which were made up of single-detached houses. As **Table 12** shows, approximately two-thirds of the housing stock in the Service Area is composed of single detached units, followed by small apartment buildings. With the exception of duplex units, ground-related multi-unit housing decreased as a proportion of total housing stock in this period.

Table 12: Composition of DSSMSSAB-Area Housing Stock, and % Change, 2001-2011

	2006	2011	% Change
Single Detached House	64.5	65.7	4.40%
Semi-Detached House	6	5.7	-1.70%
Row House	3.1	2.9	-5.00%
Apartment; duplex	4.2	4.6	13.60%
Apartment; Less than five stories	15.7	14.4	-6.30%
Apartment; Five or more stories	6.2	6.4	5.70%

Housing Development

In addition to existing housing stock, housing starts provide a measure of new housing supply. Overwhelmingly, new housing development in the Sault Ste. Marie service area has emphasized single detached units, accounting for 90% of all starts for three of the last five years (**Figure 5**). Starts in 2013 appear to be somewhat of a break from this trend, as nearly half were made up of row or apartment units. It is too soon to know if this is the beginning of trend towards more diverse housing development, or an anomaly. Similarly, freehold units have dominated starts over the past five years (**Figure 6** on page 17). An increased number of rental units were started in 2013, but the number of rental starts has fluctuated considerably over the past five years. As the community moves forward with the *10-Year Plan*, it should continue to monitor housing development, and municipal planning departments within the Service Area should work to ensure that new development incorporates a mix of housing tenure types and forms.

Figure 5: Housing Starts by Type, 2009-2013
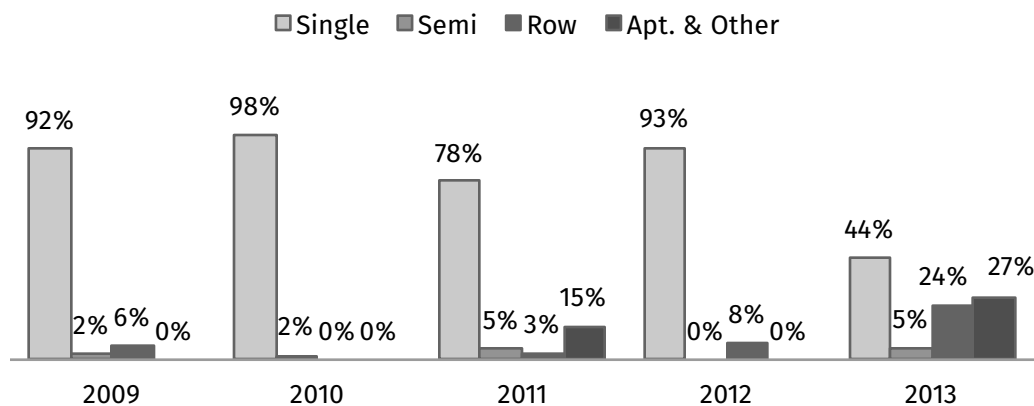
Figure 6: Housing Starts by Intended Market, 2009-2013

■ Freehold □ Condo □ Rental
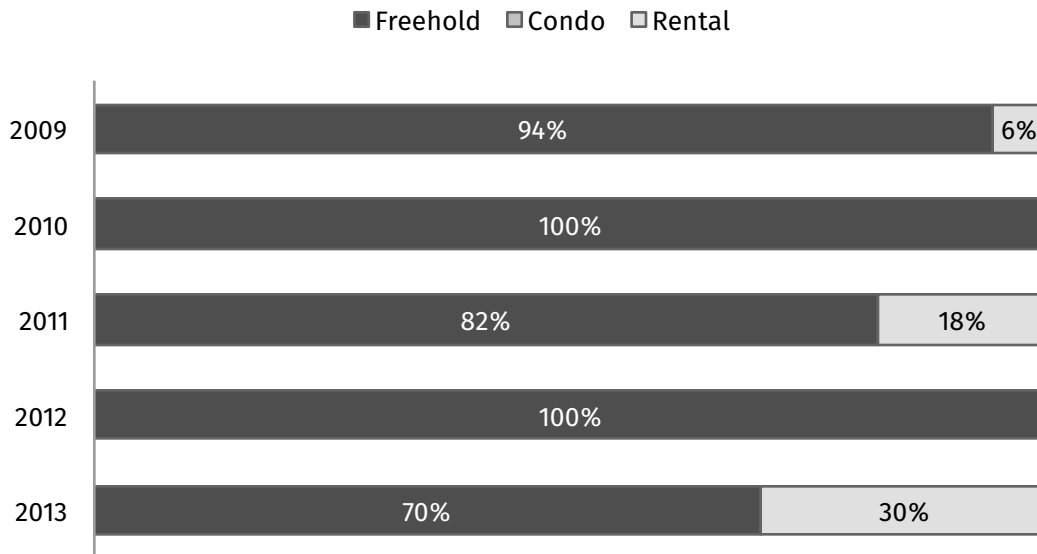
The City of Sault Ste. Marie Draft Official Plan indicates that the city will require 3,745 new dwelling units between 2006 and 2021, and has estimated the 2021 percentage breakdown by unit type (**Table 13**).

Ownership Market

New housing in the Sault Ste. Marie area is growing increasingly expensive, as evidenced by the sale prices of absorbed units over the past five years.[4] In comparison to 2009, no new housing units were sold for $175,000 or less in 2013, and a similar trend in occurring for new housing under $199,999 (**Figure 7**). A total of 25 new units were sold for between $300,000 and $399,999 in 2013, up from 17 in 2009, and six units were sold for $500,000 or more in 2013, up from two in 2009. **Figure 8** on page 18 provides a breakdown of new housing prices in 2013.

Table 13: Projected 2021 Composition of Housing Stock in City of Sault Ste. Marie

Type	Percentage of Stock in 2021
Single Detached	63.9%
Semi-Detached	5.7%
Townhouse	3.2%
Apartment	27.2%

Figure 7: Percent Change in Number of Absorbed Units at Different Price Points, 2009-2013
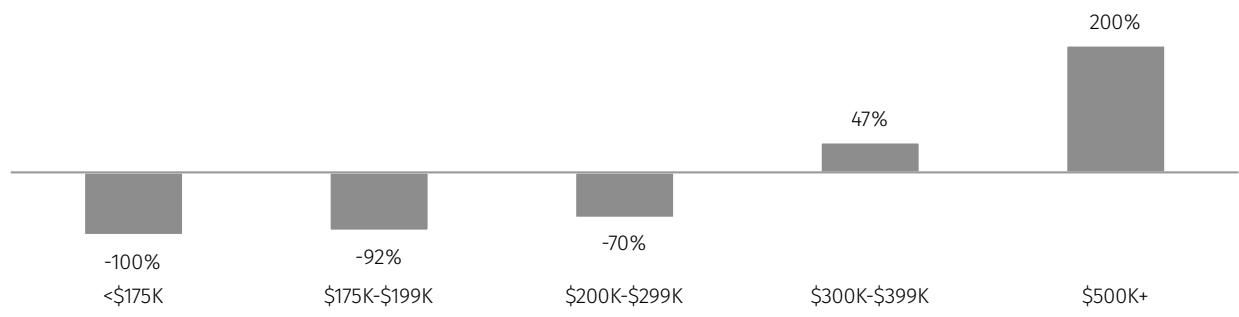
4   CMHC tracks hosing development through the stages of starts, construction, completion and absorption. Absorbed units are newly constructed units that have been purchased.

Figure 8: Price of Absorbed Units in 2013
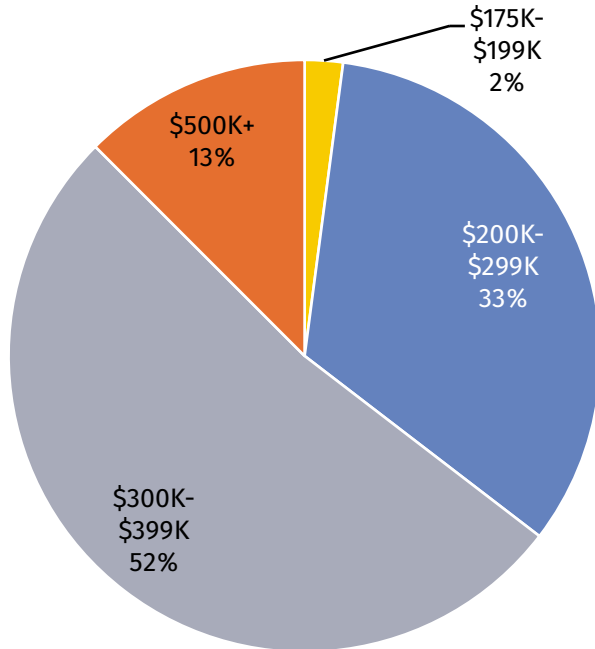
Housing analysis may point to the overall afford-ability of ownership housing in Sault Ste. Marie when the price of housing is compared to other markets in Ontario. However, affordability is rel-ative to the local context. Without overall com-mensurate increases in income levels from the local economy, ownership housing is becoming less affordable for Sault Ste. Marie's residents.

Rental Market

The City of Sault Ste. Marie[5] has a tight rental market, characterized by low vacancy rates. With the exception of bachelor units, no type of rental housing has moved above a 2% vacancy rate at any point in the last five years.[6] A balanced rental market is typically understood to have a vacancy rate of approximately 3%.

Figure 8: Sault Ste. Marie Rental Vacancy Rates, 2009-2013
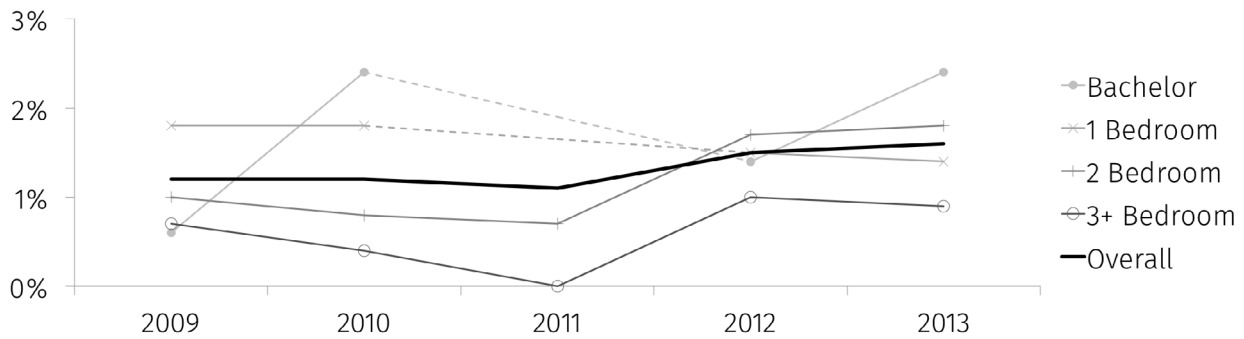
Despite the low vacancy rate, rental housing in the Sault Ste. Marie area is similar in price to other Northern Ontario communities, as shown in **Table 14** on page 19.

Figure 9 on page 19 shows the percent change in rental cost over the last five years, which has been over ten percent for most unit types. Rent in the Sault Ste. Marie area is increasing faster than inflation; Consumer Price Index inflation over this five-year period was approximately nine percent.

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5   Rental market data is drawn from the CMHC's rental market surveys, conducted each spring and fall, and covers the Sault Ste. Marie Census Agglomeration, which includes the City of Sault Ste. Marie, the rural areas, and Prince Township.
6   2011 vacancy rate data is not available for bachelor and 1-bedroom units.

Table 14: Rental Cost in 2013, Sault Ste. Marie and Northern Ontario Average

	SSM Average Rent	Northern Ontario Average Rent	% of Northern Ontario Average
Bachelor	$489	$522	93.7%
1 Bedroom	$671	$681	98.5%
2 Bedroom	$801	$804	99.6%
3+ Bedroom	$801	$880	91.0%

Although there has been a slight increase in the overall number of rental units in the SSM area, there has also been a substantial decline in the number of units with three or more bedrooms (**Figure 10**). These units also have the second highest increase in rental cost over the previous five years, so the removal of these units may not reflect a lack of tenant demand.

Figure 9: Percentage Change in Rental Cost, 2009-2013
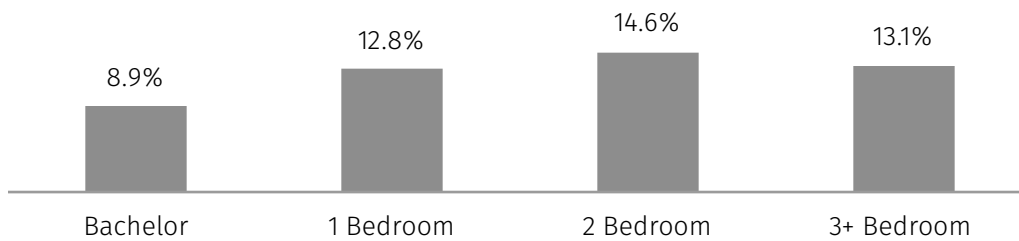
Figure 10: Percentage Change in Apartment Universe, 2009-2013
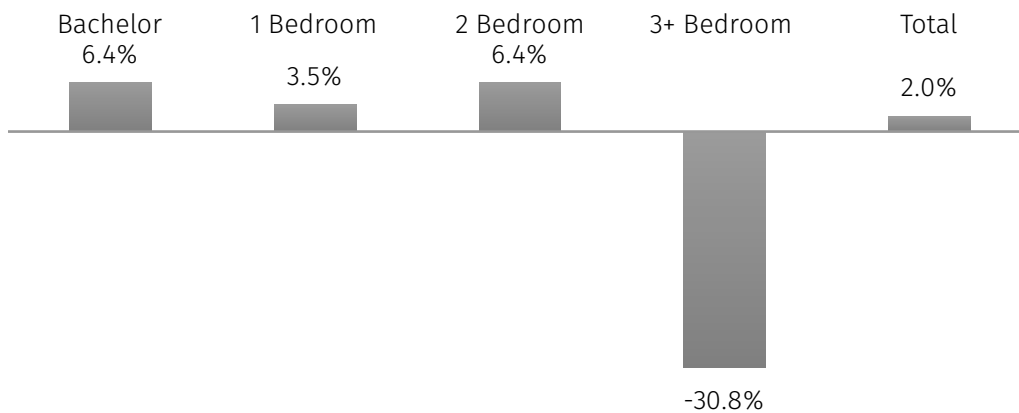
According to the 2011 National Household Survey, in 2010 37.8 percent of tenant households spent more than 30 percent of the total household income on shelter.

Figure 11 shows the income required to afford a rental unit in the SSM, using a threshold of 30% of gross monthly income. Bachelor units are affordable for those making at least $20,000 a year, while a 1 bedroom unit would be affordable for those making an income of slightly over $25,000. A two- or three- bedroom unit would require a yearly income of approximately $33,000. According to the 2011 National Household Survey, there were 4,540 households with an income under $20,000 at the time of the census, another

3,330 with an income between $20,000 and $29,000, and 3,230 with an income between $30,000 and $39,999. This would suggest that there are 4,540 households that cannot affordably rent any type of unit in SSM, and a total of 7,870 households that cannot afford family-sized units.

Figure 11: Affordability Range of Rental Units, 2013
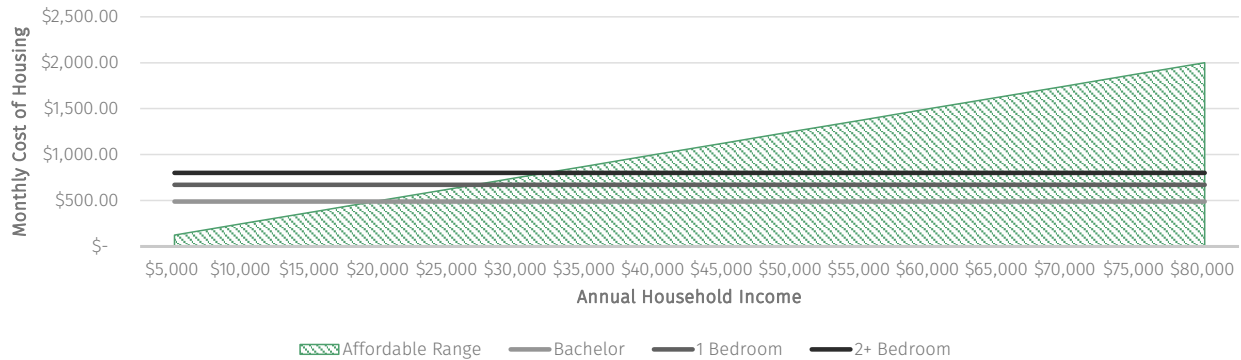
Table 15 and **Table 16** (pages 20-21) further illustrate housing affordability challenges by contrasting the expected monthly income for households under different scenarios with average rents in the Sault Ste. Marie and the percentage of income that each household would be required to spend on rent. For example, a single individual with income through the Ontario Disability Support Program will need to devote 42 percent of that income to afford an average bachelor apartment; for a single individual on Ontario Works, an average-priced bachelor apartment requires 72 percent of their income.

As noted in the commentary on demographics, the population of Sault Ste. Marie is aging. While "aging in place" will be possible for many residents, there is a tendency for some older households to transition from ownership housing to rental accommodation later in life. It is possible for a number of households in Sault Ste. Marie to be "over-housed" (having more bedrooms and living space required for the number of housing occupants) not out of choice, but because of insufficient supply in the rental market to meet demand. With insufficient rental housing this transition to apartments will become more challenging, and demand from both older residents seeking to downsize their housing and younger residents forming new households may exacerbate the issue.

In addition, seniors with fixed incomes may require access to rent-geared-to-income housing or other forms of housing subsidy. Over time there may be more demand for housing units that are accessible, as well as for affordable assisted living options that will help residents age in place and remain independent for as long as possible.

Table 15: Affordability Scenarios, Low Income Individuals and Families

	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
Income Source	Ontario Works			Ontario Disability Support Program	Old Age Security/ Guaranteed Income Supplement	Employment (Minimum Wage, Single Earner)	Employment (Median Ontario Income)
Family Size	One Adult	One Adult, Two Children	Two Adults, Two Children	One Adult	One Adult	Two Adults, Two Children	Two Adults, Two Children
Income from Employment						$1,777.00	$6,792.00
Basic Allowance	$230.00	$350.00	$448.00	$590.00			
Maximum Shelter Allowance	$376.00	$641.00	$695.00	$474.00			
OAS/GIS					$1,286.51		
Child/Family Benefits		$789.24	$789.24			$789.24	
GST/HST Credits	$22.08	$67.33	$67.33	$29.02	$33.47	$67.33	
Ontario Trillium Benefit	$51.18	$103.76	$126.93	$51.18	$56.45	$126.93	
Employment Insurance Paid						($33.40)	($127.68)
Canada Pension Plan Paid						($74.64)	($322.88)
Working Income Tax Benefits						$77.06	
Total Monthly Income	$679.26	$1,951.33	$2,126.50	$1,144.20	$1,376.43	$2,729.52	$6,341.44

Notes: Benefits listed are not entitlements, and this table shows the maximum available amounts; actual benefits may be less. HST credit represents the maximum yearly amount, divided by twelve. Monthly housing cost in this table represents rent only and does not include utilities.

Table 16: Cost of Housing as a Percentage of Monthly Income, by Affordability Scenario

	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
Income Source	Ontario Works			Ontario Disability Support Program	Old Age Security/ Guaranteed Income Supplement	Employment (Minimum Wage, Single Earner)	Employment (Median Ontario Income)
Family Size	One Adult	One Adult, Two Children	Two Adults, Two Children	One Adult	One Adult	Two Adults, Two Children	Two Adults, Two Children
Total Monthly Income	$679.26	$1,951.33	$2,126.50	$1,144.20	$1,376.43	$2,729.52	$6,341.44
Bachelor ($489)	72.0%	25.1%	23.0%	42.7%	35.5%	17.9%	7.7%
1 Bedroom ($671)	98.8%	34.4%	31.6%	58.6%	48.7%	24.6%	10.6%
2 Bedroom ($801)	117.9%	41.0%	37.7%	70.0%	58.2%	29.3%	12.6%
3+ Bedroom ($801)	117.9%	41.0%	37.7%	70.0%	58.2%	29.3%	12.6%

For quick reference, the chart has been colour-coded as follows:

green cells represent scenarios in which a household is paying less than 30% of their income on housing;

yellow cells represent scenarios in which a household is paying 30%-50% of their income on housing;

red cells represent scenarios in which a household is paying 50%-75% of their income on housing; and,

black cells represent scenarios in which a household is paying more than 75% of their income on housing.

Social Housing

"Social housing" is housing that was built with government-provided financial assistance in order to provide affordable homes to low- and moderate-income households; it includes publicly-owned housing, non-profit and cooperative housing, and rent supplements. Rent is typically geared to the income of the tenant.

Social Housing Stock

Social housing in the DSSMDSSAB Service Area is provided by several organizations, including the local housing corporation, co-operatives (provincial), and non-profit providers (provincial and federal). In addition, there are programs that offer rent supplements that enable some low-income households to access private market rental housing. Across the service area, there are a total of 2,430 social housing units, including 1,911 Rent-Geared-to-Income (RGI) units (of which 94 are federally funded rent supplements). 540 units are designated for seniors.

Consultations conducted by the DSSMDSSAB in 2013 identified the long waitlist for social housing as a major barrier in the community, and stakeholders interviewed in May 2014 also reported that the long wait list for social housing is a significant issue for individuals and families who are homeless or struggling to afford housing in the private market.

By size, just over half of the total social housing stock consists of 1-bedroom units, and 24% consists of 2-bedroom units (***Figure 12***).

Figure 12: Composition of Social Housing Stock
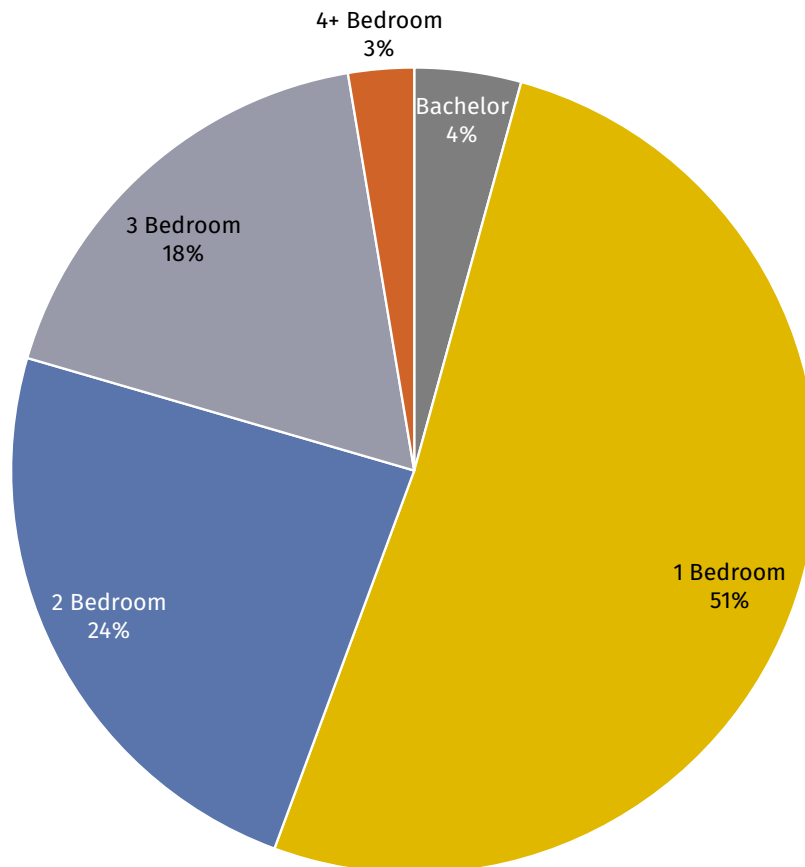
Demand

As of April 2014, there were a total of 1,140 households on the centralized wait list for social housing. The waitlist suggests that there is a shortage of bachelor and 1-bedroom units relative to Sault Ste. Marie's current needs, with a slightly higher number of 3- and 4-bedroom units in the housing stock when compared to the current level of demand (***Figure 13***).

In 2013, for example, on average 63 percent of households on the wait list had applied for a 1-bedroom unit (***Table 17***).

Between 2008 and 2014, although the size of the waitlist for social housing has fluctuated from year to year, the number of households on the wait list increased in most years. Overall, the centralized wait list has grown by an average of 2.58% per year since 2008.[7] The total number of households on the waitlist as of April 2014 represents an increase of 15.97% compared to the size of the wait list in December of 2008 (***Figure 14***, page 25).
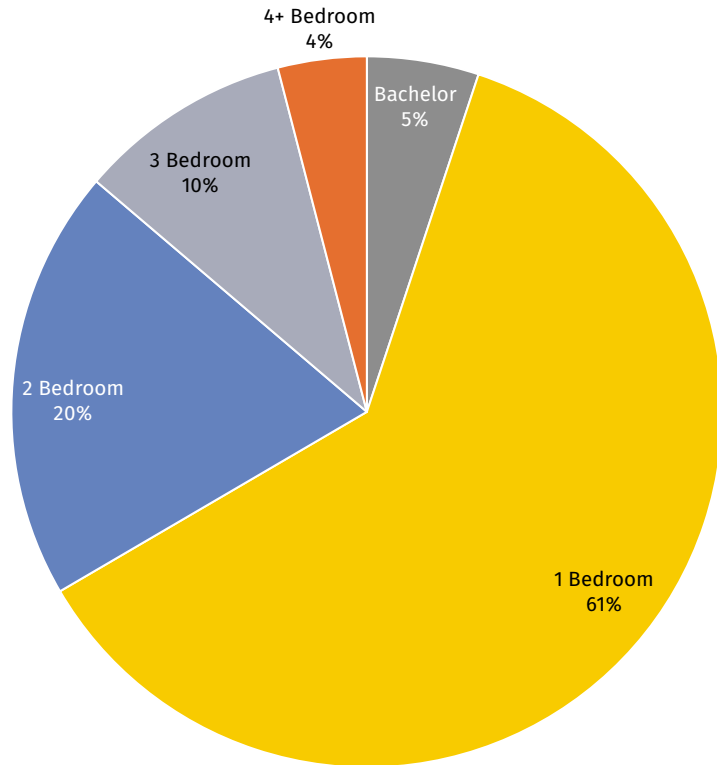
Figure 13: Social Housing Waitlist, by Unit Size Required, April 2014

Table 17: Average Number of Applicants Per Household Type, Per Month, 2013

Unit Type	Number	% of total
Bachelor	62.3	5%
1 Bdrm	720.6	63%
2 Bdrm	204.2	18%
3 Bdrm	121.9	11%
4 Bdrm	26.3	2%
5 Bdrm	8	1%
Total	**1143.3**	**100%**
Special Priority Policy (SPP)	9.5	
Modified Unit	35.5	
Senior	234	

Source: District of Sault Ste. Marie Housing and Homelessness Final Draft Plan, December 2013

When the changes in demand for social housing are broken down by unit type, it is clear that the Sault Ste. Marie Service Area is experiencing significant growth in demand for 1-bedroom units (***Figure 15*** on page 26). Although there have been year-to-year fluctuations, the number of households waiting for a 1-bedroom unit grew by 30 percent between December 2008 and April 2014, and the number of households waiting for bachelor units grew by just under 10 percent. Meanwhile, the number of households waiting for a 2-bedroom unit decreased by approximately 3 percent. Based on the waitlist figures, demand for bachelor and 2-bedroom units has also increased, but demand for units with 3+ bedrooms appears to be slowly decreasing.

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7   Wait list figures for 2008-2013 are drawn from the December totals; the figure for 2014 was drawn from the most recent available data (April).

Figure 14: Annual Percent Change in Centralized Housing Waitlist, 2008-2014
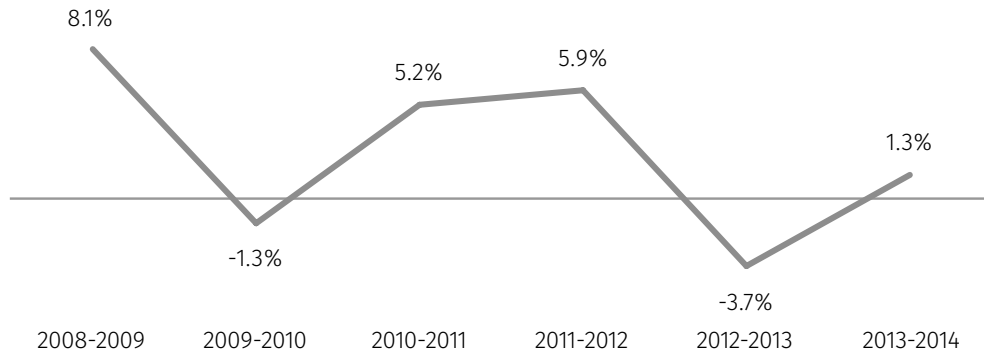
Wait Times

Wait times vary by household. On average, households that qualify for priority access to a social housing unit under the Special Priority Policy (SPP) waited 3 or more months in 2012. For all other groups, wait time for social housing was at least one year. Non-senior households wait an average of 1.5 years for 2- and 3-bedroom units, and an average of 2 years for 4-bedroom units.

With growing demand for social housing and an increasing mismatch between the available unit types and the type of housing that is required, it is clear that there is a need for additional rent-geared-to-income housing for the Sault Ste. Marie service area, with particular need for additional 1-bedroom units.

In the absence of funding required to build additional non-profit housing, a range of strategies to improve the affordability of market-rate rental housing should be considered. In particular, funding for rent supplements and encouraging or facilitating the development of new rental housing or conversion of existing units to rental housing may be helpful.

Figure 15: Social Housing Waitlist by Unit Type, 2008-2014
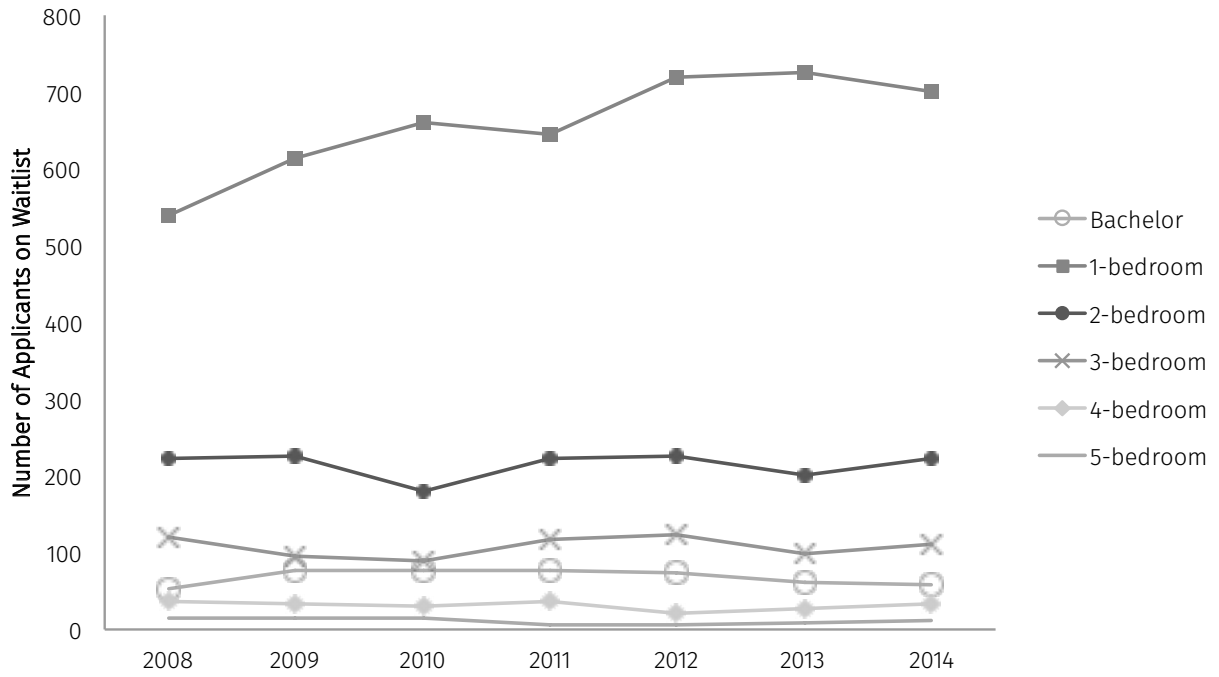
Homelessness

Homelessness is an issue that exists in every community across Canada – in larger, smaller, rural and even remote communities - but it is often challenging to define the scope of the problem. Canada does not have a government-required homeless count, and therefore efforts to understand the scope of the issue comes from examination of other sources of data.

When people think about how to help people who are homeless, emergency shelters are often the first type of assistance that comes to mind. Although they play a vital role in an effective system of support, emergency shelters are only a part of the system.

In Sault Ste. Marie today, people who experience homelessness can access a temporary place to stay at an emergency shelter. There is also a limited supply of transitional housing, which permits a longer stay and may require residents to participate in support programs or fulfill other conditions; this includes some emergency shelter beds that are classified as "transitional". For individuals who have severely compromised mental health or substance abuse issues and require ongoing support to maintain their housing, case management is available from organizations such as Algoma Public Health through its Community Mental Health Program and Addictions Supportive Housing program. People who are homeless or who are at risk of becoming homeless can also access short-term financial assistance that can help them to avoid losing housing or return to housing through several agencies and service providers.

Emergency Shelter and Transitional Housing

Several emergency shelters provide temporary refuge to people experiencing homelessness in the Service Area. These include:

- **Vincent Place:** Shelter for males, 18 years old or over, who may stay for 1-14 days, or longer if extenuating circumstances exist.

- **Pauline's Place:** Shelter for youth aged 16-21 and women 18 and over.

- **Women in Crisis:** Provides emergency shelter for women and their children who are fleeing domestic violence. WIC beds are classified as transitional housing.

In addition, the Service Manager is putting in place new contracts to provide emergency shelter for families and people with disabilities who require accessible accommodation on a per diem basis. Vincent Place and Pauline's Place will remain the first point of contact for these households and will coordinate their access to emergency housing under the pre-arranged contracts.

In total, there are 31 emergency shelter beds available through Vincent Place and Pauline's Place as of July 2014; this will increase to 33 with the changes to the shelter system that are taking place at the time of this writing and will be in place by September 2014. In addition, there are 24 beds available at Women in Crisis. It is important to emphasize that although these shelter beds are here considered together, each shelter does serve specific populations within the community.

Individuals who enter one of the shelters may be referred there from another agency or present at the shelter. The intake process typically involves responding to questions about oneself and one's needs that may include employment status, income, the reason for needing shelter, and whether one has stayed in the shelter before. There is an opportunity to better align the intake and admission practices of the emergency shelters to proven practices from other communities that have been able to help individuals and families who experience homelessness through targeted assistance to address their housing issues; these practices will be described in **Working Toward Change**, beginning on page 39.

To understand the extent of need for emergency shelter in a community, one approach is to contrast the total capacity in the system to provide emergency shelter, in terms of the number of bed-nights across all shelter providers that are available in a given year, with the number of people requiring shelter.

The total number of bed-nights that are available in the emergency shelter system in the Service Area reflects the number of shelter beds multiplied by 365 (**Table 18**). However, it is important to note that two of the shelters, Pauline's Place and Women in Crisis, serve specialized populations; not all shelter beds within the system can be accessed by any individual in need.

Table 18: Emergency Shelter Capacity in Sault Ste. Marie as of December 2013

Shelter	Number of Beds	Total Available Bed-Nights
Algonquin Hotel	40	14,600
Pauline's Place	12	4,380
Vincent Place	24	8,760
Women in Crisis	24	8,760
Total	**100**	**36,500**

Note: Emergency accommodation has historically been available at the Algonquin Hotel. However, at the time of this writing, the use of this for-profit hotel to provide shelter for individuals and families experiencing homelessness is being phased out. Space at the Algonquin Hotel has thus not been included in the discussion of the current emergency shelter capacity, but is included here to illustrate the level of demand for emergency shelter within the Service Area.

The total number of shelter bed-nights used over the course of a year can be determined by multiplying the average length of stay in shelter by the number of clients, as shown in **Table 19**.

Table 19: Shelter Usage, 2013

Shelter	Number of Unique Clients	Estimated Average Length of Stay (Days)	Estimated Bed-Nights of Shelter Provided
Algonquin Hotel	219	14	3,066
Pauline's Place	55	42.3	2,326.5
Vincent Place	134	3.9	522.6
Women in Crisis	269	10.01	2,693.6
Total Bed-Nights:			**8,608.7**

Note: Calculated from program data provided by the emergency shelters. The WIC statistics reflect the fiscal year 2013-2014 and include both adult women (168) and children (101).

On a daily basis, an estimated 23.5% of the available shelter beds in the Service Area are occupied. That means that of the 100 beds that were available across the system in 2013, 23.5 appear to be occupied at any given time; when Women in Crisis and Pauline's Place, where occupancy rates are typically significantly higher, are excluded, the occupancy rate for Vincent Place and the Algonquin Hotel drops to 15.4%. This suggests that there is actually excess emergency shelter capacity in Sault Ste. Marie, although it must be noted that there is some need for emergency shelter for families and for adult women, particularly those who do not fit within WIC's mandate.

The Service Manager is taking steps to address this issue through the development of new shelter guide-lines that will direct households in need of emergency shelter to either Vincent Place, Pauline's Place, or Women In Crisis, as appropriate, to make more efficient use of the emergency shelter beds that are available. In addition, the Service Manager is in the process of developing programs to provide short-term housing for families, as well as for individuals with disabilities who cannot be accommodated at one of the emergency shelters.

Number of Homeless Persons

Between 2007 and 2010, the number of people accessing emergency shelters ranged from a high of 1,120 (2008) to 882 (2010), as shown in **Figure 16**. The individual shelters report significant annual fluctuations in the number of clients (**Figure 17**).

Figure 16: Number of Clients Reported to Be Accessing Emergency Shelter, 2007-2013[8]
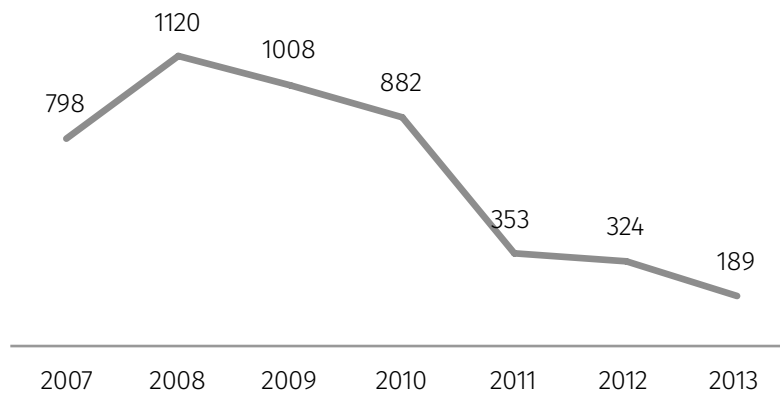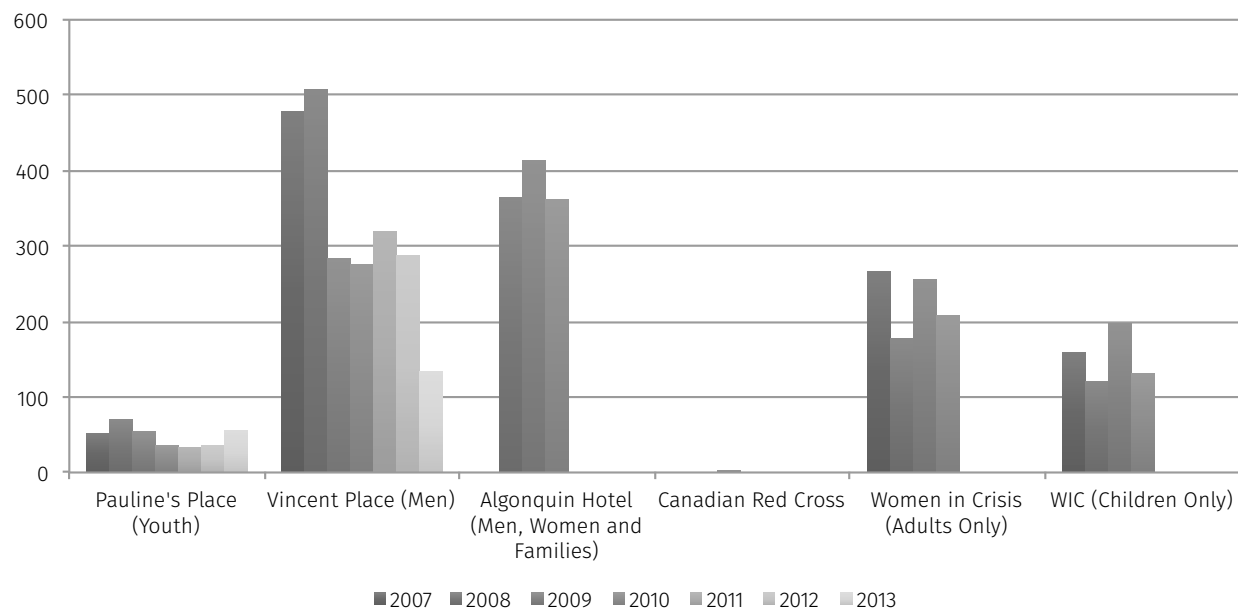

Figure 17: Number of Clients Served At Each Sault Ste. Marie Shelter, 2007-2013[9]

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[8]   The years 2007-2010 include clients staying at the Algonquin Hotel.
[9]   Note that the WIC statistics for 2011, 2012 and 2013 reflect fiscal years rather than calendar years.

When we look at Pauline's Place, Vincent Place and Women in Crisis (the three shelters for which annual data are available for the 2007-2013 period), it is clear that the number of clients accessing Vincent Place and Pauline's Place dropped significantly after 2008, and again in 2013 – however, in 2013, the decrease is entirely due to fewer people accessing Vincent Place. Where Pauline's Place experienced a 52.8% increase in the number of clients served between 2012 and 2013 (going from 36 to 55), Vincent Place experienced a 41.7% drop in the number of clients accessing services. Furthermore, Vincent Place reported that their occupancy rate dropped sharply between 2012 and 2013, going from 30% to 14%. This may be a result of an increase in the number of clients who stayed at the Algonquin Hotel during that time.

The number of women and children staying at Women in Crisis peaked in 2011 and decreased by 45% by 2013. However, clients are reported to be staying in shelter longer; key informant interviews indicate that the reason for this increase is because clients are struggling to find adequate, affordable housing in the Service Area's tight rental market.

Usage statistics from emergency shelters are an important source of information, but do not represent the full picture, as not all individuals or families who experience homelessness will seek out assistance at a shelter; many people who lose their housing may stay with friends or family members ("couch-surfing") or in motels, for example. Some of these households may not define themselves as "homeless" even though they lack secure tenure. Although this "hidden homeless" population cannot be easily counted, one estimate puts the number as high as three and a half times the size of the visible homeless population.[10] Going forward, there may be opportunities to incorporate the use of assessment strategies that identify the housing status of an individual or family seeking assistance from social service agencies such as food banks, to help the Service Manager better understand the needs of this population, as described in the section **Working Toward Change**, beginning on page 39.

Time Spent Homeless

Pauline's Place provided their average length of stay of their clients for the years 2007 to 2013.

These averages show a significant increase in average length of stay in 2010 and 2011 (**Figure 18** on page 31), before falling back in 2012 and 2013. In most years, youth who access emergency shelter at Pauline's Place remain there for approximately 42 days.

In addition, Women In Crisis reported that the average length of stay has increased significantly over the past 8 years.

The perception that length of stay in shelter is increasing was echoed in stakeholder interviews completed for this update and was also identified as an issue in the Community Plan 2011-2014[11]. This suggests that strategies to reduce the length of stay in emergency shelters by providing supports that help homeless individuals and families to return to stable housing, with ongoing supports if necessary, will be needed. The Service Manager is already working on several approaches, including expanding the Tenant Support Worker program to work with shelter clients and establishing a new priority category for access to social housing, but it will be important to ensure that these initiatives continue and are supported by additional efforts to help homeless individuals and families secure housing and assistance.

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10   Eberle, M., Kraus, D., & L. Serge. (2009). *Results of the Pilot Study to Estimate the Size of the Hidden Homeless Population in Metro Vancouver.*
11   Created under the federal Homelessness Partnering Strategy.

Figure 18: Average Length of Stay in Emergency Shelter (Youth), in Days, 2007-2013
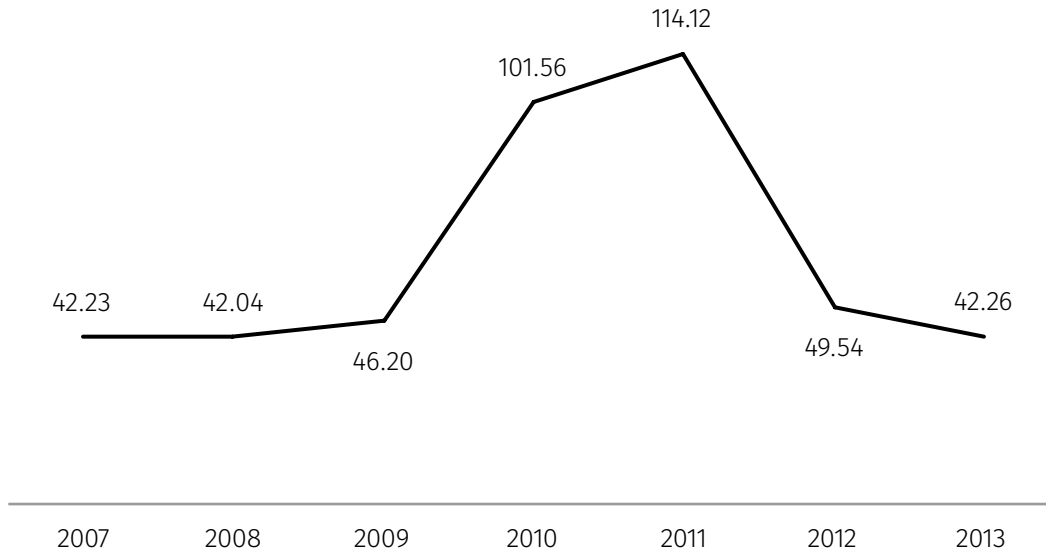
Transitional Housing

Typically, "transitional housing" involves the provision of housing in a shared facility and programming that is intended to prepare participants for independent living when they graduate from the program.

12 beds at Vincent Place are classified as "transitional". The 12 "transitional" beds at Vincent Place are currently available on a room-and-board basis for longer-term stays, and are not associated with mandatory programming. It is expected that this will drop to 7 beds in 2014.

Pauline's Place also operates a more traditional "transitional housing" in a 4-unit facility with on-site staff. Youth staying at this location are expected to participate in programming that is intended to prepare them for independent living.

In general, communities are moving away from this service delivery model because of a growing recognition that support services can be provided to individuals and families in permanent housing, either on a transitional basis or permanently; this issue is discussed further in the section **Working Toward Change**, beginning on page 39. It is thus recommended that the Service Manager focus on the provision of support services – which may be provided on a transitional or long-term basis - and permanent housing options to meet the differing needs within the community.

Supportive Housing

'Supportive housing' models encompass several different approaches to providing housing and support services for individuals or families who experience significant barriers to achieving and maintaining housing stability; they can include "scattered-site" housing and staffed congregate-living facilities.

Algoma Public Health, through the Community Mental Health Program and the Addictions Supportive Housing Program, provides "scattered site" supportive housing for high-needs individuals who have a severe mental illness or substance abuse. Clients receive rent supplements and Intensive Case Management supports. Both of these programs are funded by the Local Health Integration Network and use a harm reduction approach. There are 16 spaces in the ASH program and approximately 100 in the Community Mental Health Program in Sault Ste. Marie.

While these are extremely important forms of support that enable individuals who may face complex barriers to maintain stable housing, there is limited capacity to provide this type of support in the Service Area. During the stakeholder interviews, participants stressed that there is unmet need for additional permanent supportive housing, including both congregate living units with staff on-site and scattered-site units.

In addition, to be eligible for these programs, individuals must be clients of Algoma Public Health. The lack of a coordinated intake process also means that there may be clients who would benefit from this type of support but who are not aware that it is available.

Several community stakeholders who were interviewed for this update indicated that there might be a need for a staffed single-site supportive housing program to address the needs of individuals who struggle to achieve stability in independent housing, even with the support of a case manager.

Homelessness Prevention

There are a number of homelessness prevention programs in the Service Area today. "Homelessness prevention" includes short-term financial assistance that is intended to help a household weather a housing crisis such as an eviction notice or utilities shut-off, as well as interventions that are intended to help the household avoid a housing crisis (e.g. by mediating with landlords).

Community Homelessness Prevention Initiative (CHPI)

In Ontario today, each Consolidated Municipal Service Manager or District Social Services Administration Board receives provincial funding under the Consolidated Homelessness Prevention Initiative (CHPI). These funds can be used for emergency shelter, housing with related supports, other supports and services, and homelessness prevention; Service Managers determine how these funds will be used locally and report to the province on the outcomes.

In the District of Sault Ste. Marie, a total of $664,207.00 in CHPI funding was allocated for the 2014-2015 fiscal year. Of these funds, $390,332.00 has been allocated to Homelessness Prevention, which is distributed by Ontario Works. These funds are used to provide assistance with rent arrears, utilities and home heating for Ontario Works and Ontario Disability Support Program recipients.

To monitor the impact of this funding, the Service Manager is considering outputs such as the number of households that move from homelessness to transitional or long-term housing or emergency shelter to transitional or long-term housing, and the number of households that receive services unrelated to accommodation but that contribute to a positive change in housing status. To monitor the impact of prevention dollars, the Service Manager will track the number of households that move from transitional housing to long-term housing, the number of households that are "stabilized" (through eviction prevention services and assistance with rent and energy arrears) and the number of households that are receiving ongoing subsidy or support to retain their housing at six months.

United Way Community Assistance Trust

The Community Assistance Trust (CAT) is a United Way program that provides short-term financial assistance to households that are experiencing rent or utility arrears, and makes referrals to other agencies for services such as credit counselling, emergency shelter, Ontario Works/Ontario Disability Support Program, etc. The program receives funding from numerous sources, including the United Way and other local service organizations, Ontario Works, and federal programs such as the Homelessness Partnering Strategy. The program also administers provincial funding for this purpose; prior to 2013, the CAT administered funds from programs such as the Rent Bank and Winter Warmth. The Rent Bank and four other provincial funding streams were consolidated into the provincial Community Homelessness Prevention

Initiative (CHPI), as noted previously, and the CAT continues to receive a portion of the funds allocated to the Service Manager through CHPI, under the Housing With Related Supports category, to provide this type of assistance.

Between 2008 and 2012, the Community Assistance Trust provided financial assistance for rent, utilities or home heating to an average of 434 households, peaking in 2012 at 493; the average annual amount of assistance provided was $208,619.98, or approximately $481 per household.

The Challenge of Appropriately Targeting Homelessness Prevention

There are two broad strategies that can be applied to prevent homelessness: short-term assistance that addresses immediate, short-term housing crises, and long-term assistance that is targeted toward people with the deepest needs.[12] Currently, the Service Manager for the District of Sault Ste. Marie has allocated close to two thirds of its available funding to short-term assistance – and of that, a significant portion has been targeted specifically toward households that are receiving income support through Ontario Works or the Ontario Disability Support Program. While recognizing that income support rates in Ontario do not reflect the cost of housing in the Service Area, this approach does not efficiently target the households that are at greatest risk of actually becoming homeless; the majority of low-income households will never experience homelessness despite their economic poverty. It also leaves few resources to help end the homelessness of individuals and families who are staying in shelters or to support long-term housing stability for people who face significant barriers that impact their ability to access and retain housing on their own, such as compromised mental health or substance use.

Furthermore, it is challenging to monitor the outcomes of homelessness prevention – particularly short-term assistance such as payment of rent or utility arrears – because many households that experience a housing crisis do not become homeless, and the majority of households that do lose their housing are able to resolve their housing issue without assistance. It is important to note that this does not mean that the household's other issues, such as economic poverty, are resolved – but the goal and mandate of the CHPI funding stream is to end and prevent *homelessness*. It is not a poverty reduction initiative. The two key goals of the province's *Community Homelessness Prevention Initiative* are to ensure that people who experience homelessness obtain and retain housing, and to ensure that people who are at risk of homelessness retain their housing.

Given these challenges, to ensure that the limited prevention dollars that are available are used as efficiently as possible, households that receive short-term financial assistance to stabilize their housing situation should be those that are at the greatest risk of becoming homeless without such help. The available research suggests that criteria such as an eviction notice, the presence of rent or utility arrears, and low income or unemployment are not sufficient to predict homelessness.

The most effective and efficient approaches to homelessness prevention focus on interventions that promote rapid exit from shelter and provide ongoing supports to ensure that households remain stably housed, and targeting people who are leaving institutional settings such as in-patient psychiatric care or correctional facilities to find and remain in stable housing. Crucially, cash assistance to prevent housing loss is seen as having the lowest impact on homelessness because it is the least targeted intervention, although it does create other benefits for households that receive it.[13]

At the same time that the available provincial funding to address homelessness in the Service Area is directed to a relatively un-targeted form of short-term assistance, service providers in the community

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12   Burt, M. (2005). *Strategies for Preventing Homelessness*. Report prepared for the Office of Policy Development and Research, U.S. Department of Housing and Urban Development. Washington, D.C.: Urban Land Institute. http://www.urban.org/UploadedPDF/1000874_preventing_homelessness.pdf p. xx.
13   Ibid.

report that there is limited access to long-term supports for individuals with complex needs who require ongoing assistance to remain housed, at least in part because of insufficient capacity.

The Service Manager's recent decision to use a portion of its CHPI funding allocation to hire a Tenant Support Worker who is tasked with helping people who are staying in emergency shelter to connect with housing and supports is a significant step in the right direction. Going forward, the Service Manager should work to allocate a greater proportion of the CHPI funding for the Service Area to provide ongoing case management support for individuals and families who are identified as mid- or high-acuity. Following proven practices and effective service models put in place in other jurisdictions across Canada and the United States, it will also be important for the Tenant Support Worker to be effectively trained on practices that work, and to be assigned a small group of higher-acuity households to work with intensely rather than having a larger group of households that they work with peripherally. Furthermore, they must be fully ensconced in a case management role, not a crisis management role, or else the effectiveness of the approach will be limited.

To make the most effective use of the available CHPI funds in the District of Sault Ste. Marie, it is recommended that a portion of the funding currently used for short-term assistance with rent and utility arrears be gradually re-allocated to provide long-term housing or rent assistance and case management support for people who experience chronic homelessness, in addition to short-term case management and rent assistance lasting 3-6 months for homeless families. Although this will impact the amount of CHPI funding that is allocated to provide short-term financial support for low-income households in the Service Area, including those who receive assistance through Ontario Works or the Ontario Disability Support Program, greater access to ongoing supports will also help prevent housing crises. In addition, the best practices described in the section **Working Toward Change**, beginning on page 39, will also help the Service Manager and community-based service provider agencies to coordinate and target assistance, which will allow for more efficient use of the portion of CHPI funding that continues to be dedicated to short-term financial assistance with rent and utility arrears.

Service Matrix

Table 20: Service Matrix depicts a number of different – albeit often overlapping – population groups in Sault Ste. Marie and the various types of housing and support services that are available to each. This analysis is based on a search of the 211 website and a review of the support services identified in documents such as the Community Plan and the Housing Help Kit distributed by the John Howard Society, and it is intended to help highlight gaps and areas of unmet need.

There is an overall shortage of subsidized housing and low-cost rental housing in the Service Area, according to the program data reviewed for this report and community feedback. In addition, the following populations were identified as in need of more specialized supports or housing:

- Urban Aboriginal households

- Persons with disabilities

- Domestic violence survivors

- Persons with addictions

- Persons with severe and persistent mental illness

Table 20: Service Matrix

	Low Income Households	Homeless Persons (No VDV)		Victims of Domestic Violence	
		Male	Female	Male	Female
Affordable Housing	• DSSMSSAB Social Housing • Phoenix Rising (women only)	• DSSMSSAB Social Housing		• DSSMSSAB Social Housing	
Prevention	• United Way Community Assistance Trust • St. Vincent de Paul Society Food Bank • The Salvation Army Food Bank				
Emergency Shelter	• Algonquin Hotel • Vincent Place (single men only) • DSSMSSAB HPS	• Algonquin Hotel • DSSMSSAB HPS • Vincent Place			
Permanent Housing with Supports					
Transitional/Interim Housing		• Vincent Place			• Women in Crisis • Batchewana Family Crisis Centre • Nimkii Naabakawaga
Seniors Housing					
Assisted Living					
Home Care					
Long Term Care					
Drop-in & Case Management					

	Persons with Severe Mental Illness	Persons with Addictions	Persons with Physical Disabilities	Persons with Developmental Disabilities
Affordable Housing	• DSSMSSAB Social Housing	• DSSMSSAB Social Housing	• DSSMSSAB Social Housing (modified units available)	• DSSMSSAB Social Housing
Prevention				
Emergency Shelter				
Permanent Housing with Supports	• Algoma Public Health Community Mental Health Program • Phoenix Rising (women only)	• Algoma Public Health Addictions Supportive Housing	• Phoenix Rising (women only)	• Community Living Algoma
Transitional/Interim Housing	• Beginnings Transition House	• Ken Brown Recovery Home • Breton House		
Seniors Housing				
Assisted Living				
Home Care				
Long Term Care				
Drop-in & Case Management	• Algoma Public Health Community Mental Health Program	• Algoma Public Health		

	Seniors		Aboriginal People Living Off-reserve	Youth
	Without Medical Condition	**With Medical Condition**		
Affordable Housing	• DSSMSSAB Social Housing		• DSSMSSAB Social Housing • Neech-ke-Wen Homes Inc.	
Prevention			• Indian Friendship Centre Homelessness Program	
Emergency Shelter				• Pauline's Place
Permanent Housing with Supports				
Transitional/Interim Housing				• Pauline's Place Gore Street Apartments
Seniors Housing	• DSSMSSAB Social Housing			
Assisted Living	• Great Northern Retirement Home			
	• Pathways Retirement Residence			
Home Care	• Northeast Community Care Access Centre			
Long Term Care		• Northeast Community Care Access Centre • Extendicare Maple View and Van Daele Manor • FJ Davey Home • Great Northern Nursing Centre • Ontario Finnish Rest Home		
Drop-in & Case Management			• Indian Friendship Centre Homelessness Program	

Working Toward Change

In recent years, communities across North America have begun to embrace the belief that it is possible to *end* homelessness, and a growing body of evidence has led to the emergence of new tools and interventions to support them in that work. The province of Ontario and the federal government are both committed to implementing a Housing First approach in the projects that they fund and support, which is aligned with the goal of ending homelessness.

The Canadian Alliance to End Homelessness calls on communities to shift their focus from *managing* homelessness, with services that provide short-term shelter and basic necessities to individuals and families in crisis, to a system-wide emphasis on *ending* homelessness.[14] "Ending homelessness", in this context, means that although individuals and families will experience housing crises or lose their housing, they will not be without a home for an extended period of time. *Ending homelessness* requires that homelessness service systems emphasize targeted prevention and focus on enabling households that become homeless to return to permanent housing swiftly, rather than on the creation of emergency services or temporary accommodations. The Housing First approach stresses, quite simply, that *housing* is the only solution to *homelessness*. This does not mean that housing is the only need of a person who is homeless, but other needs can be met through community-based support services.

Implementing a Housing First approach and developing a cohesive system of support for people who are homeless or at risk that aims to help them return to and remain in housing requires a number of changes in practice and tools.

Coordinated Access to Services

Establishing a coordinated "system of care" requires a single point of accountability; a process for organizing, planning and coordinating services; a process to monitor the effectiveness of the services; and a plan to adapt to environmental changes and emerging best practices.[15] In an effectively coordinated system of homelessness services, different agencies and programs will have clear roles and will work together as providers for the same clients.[16]

Coordinated access to services is an important component of an integrated system of homeless services: in a coordinated access system, no matter which point of access individuals or families use to seek out services when they become homeless or experience a housing crisis, the household will be assessed using the same tool and can be referred to the most appropriate services based upon their needs.

Coordinated access can also reduce duplication of effort and streamline access to services, as households do not need to be re-assessed by multiple agencies. Coordinated intake can be decentralized (multiple sites for assessment and intake) or centralized (a single physical location for assessment and intake, or telephone-based intake), depending on the specific local context and requirements.[17]

Although coordinated intake is not yet in widespread use in Canada, larger communities such as London, Edmonton and Calgary are beginning to implement it, and it has recently become mandatory for federal homelessness funding in the United States. This means that coordinated access is being implemented from large metropolis regions such as Los Angeles to more rural environments like Hart, Michigan.

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14   Canadian Alliance to End Homelessness. (2012) *A Plan, Not A Dream: How to End Homelessness in Ten Years.*
15   Ibid.
16   Gaetz, S. (2012). Ending Youth Homelessness in Canada is Possible: The Role of Prevention. In Gaetz, S., B. O'Grady, K. Buccieri, J. Karbanow, & A. Marsolais (Eds.), *Youth Homelessness in Canada: Implications for Policy and Practice*. Toronto: Canadian Homelessness Research Network.
17   National Alliance to End Homelessness. (2011). *One Way In: The Advantages of Introducing System-Wide Coordinated Entry for Homeless Families.*

Diversion Strategies

Coordinated access to services also creates an opportunity to attempt to divert individuals and families from homelessness services such as emergency shelter to other community-based resources when appropriate.

Diversion strategies involve screening households seeking emergency accommodation, using a pre-defined questionnaire, to identify alternative temporary housing options in the community and the barriers to accessing those alternatives. If it is possible and safe to do so, the household will be diverted from emergency shelter to such an alternative and will receive follow-up assistance to secure permanent housing.

Screening and diversion requires more staff time when the household facing a housing crisis first engages with the service provider, but there are reduced costs associated with paying for accommodations for the household.

Common diversion strategies include:

- Family reunification/accessing assistance from family
- Landlord mediation and conflict resolution
- Access to housing listings
- Access to phone and computer
- Assistance accessing other services and supports
- Navigating other systems and supports
- Very short term case management/problem solving
- Very shallow assistance (e.g., grocery gift cards or very limited financial support)

In this approach, shelter beds are used only when there is no alternative that is safe for the household; diversion is not appropriate for households that do not have a safe alternative, which would include households leaving domestic violence.[18] [19]

Diversion strategies are most effective if they are coordinated across all providers of emergency accommodations and use a reliable screening tool that is designed to assess a wide range of potential options and potential barriers.[20] In the Sault Ste. Marie Service Area, while the many of the agencies that offer emergency shelter and preventative services do screen clients and divert them to other options where possible, the system is not currently coordinated.

Evidence from US communities that have adopted a coordinated diversion strategy suggest that between 25 percent and 40 percent of families seeking emergency shelter can be diverted to an alternative temporary housing arrangement at lower cost.[21] These households may be offered various forms of assistance that help to avoid the need to enter emergency shelter. Similar Canadian data are not currently available, but communities such as the Region of Waterloo are beginning to adopt coordinated screening and diversion tools.

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18   National Alliance to End Homelessness. (2011). *One Way In: The Advantages of Introducing System-Wide Coordinated Entry for Homeless Families.*
19   Social Planning and Policy Administration. (2013). *What is Diversion? An Overview of Emergency Shelter Diversion as a Practice and the Local Context in Waterloo Region.* Waterloo, ON: Regional Municipality of Waterloo.
20   Ibid.
21   National Alliance to End Homelessness. (2011). *Creating a Successful Diversion Program for Homeless Families.*

Although neither coordinated intake nor coordinated diversion are currently practiced in the Service Area, the community is exploring assessment and prioritization, as described in the following section. Adopting a coordinated intake process will facilitate their implementation, in addition to streamlining access to appropriate support services.

Assessment and prioritization

To make the most effective use of available resources, it is important to direct the right level of assistance to individuals and families based on their needs. From a service delivery perspective, it is useful to divide homeless populations into three categories based on their acuity, or level of need:

- **Lower acuity:** These individuals are not coping with complex health or behavioral issues, and do not require a substantial investment of resources. They may require assistance in finding housing, or securing income supports.

- **Mid-range acuity:** These individuals may have a few areas of their life where they are coping with complex issues. They may require assistance in finding housing and income, but will also require some ongoing supports for a few months. The individuals will benefit from case management services and an individualized planning process that links them to community resources.

- **High acuity:** High acuity individuals have multiple areas of complex needs and are likely to make up the chronically homeless population. These individuals will need ongoing case management support for at least 12 months, and often longer.

To better understand the needs of these different groups within the larger population of homeless households, many communities are now adopting 'Common Assessment and Triage' tools. These are standard assessment questionnaires that identify different dimensions of need and allow the assessor to rate the acuity of the individual or family along each dimension. A number of these tools have been tested in many different jurisdictions to ensure high inter-rater reliability and validity; the use of a validated tool helps the assessor identify the appropriate resources for the individual or family and prioritize them for supports of different intensity. There are also some "pre-screening" tools that can be used to quickly determine whether an individual or household should be referred for a full assessment of their acuity.

At a minimum, it is necessary to assess very quickly the level of assistance required by an individual seeking assistance, so that funds can be stretched for maximum effect and focused on those with the highest needs. The highest acuity clients will be the smallest in number, at around 16 percent of homeless individuals.[22] Assessment data compiled from a number of communities indicates that mid-acuity individuals will make up 25-35 percent of the homeless population, while low acuity clients will comprise 60 percent.[23] Homeless families are more likely to have lower acuity when compared to homeless individuals, but may face more significant challenges in locating suitable housing that they can afford.[24]

Households whose primary barrier to maintaining stable housing is income or the lack of affordable housing may not need extensive support services geared toward budgeting or building their tenancy skills; their assessment will indicate this, and these types of supports can be directed to those who need them more.

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22   National Alliance to End Homelessness. (n.d.) *Snapshot of Homelessness.* http://www.endhomelessness.org/pages/snapshot_of_homelessness

23   OrgCode has derived these estimates based on its analysis of Service Prioritization Decision Assistance Tool (SPDAT) assessment scores.

24   Macy-Hurley, R., & T., Tull. (2009). *Alternative Shelter Models to Address Rising Family Homelessness: Preliminary Investigation in to the Social and Economic Benefits of Master Leasing Scattered-Site Apartments as Emergency Shelter.* Los Angeles: Beyond Shelter.

Currently, there is no common assessment tool or prioritization process in use by all service providers in the District of Sault Ste. Marie, but the community is taking steps to adopt this best practice. In conjunction with the expansion of the Tenant Support Worker program to provide housing assistance in the community's emergency shelters, the Service Manager has begun to consider options for an assessment tool and will implement a new priority category for the social housing wait list to enable homeless persons with complex needs to get priority access to subsidized housing. Common assessment, in conjunction with coordinated intake and the use of diversion strategies and targeting intensive services to those with the highest needs, are key elements of a Housing First-oriented system focused on ending homelessness.

Focusing Emergency Shelters on Ending Homelessness

In a system that is oriented to the goal of ending homelessness, the primary role of emergency shelters is to provide temporary accommodation until permanent housing is located. Individuals and families who are homeless may require additional support services to remain housed, which may be short-term or long-term depending on the acuity of the household, but these supports do not need to be associated with the shelter provider.

Instead, shelter providers should focus on progressively engaging with each household to ensure that they are connected with the resources that they need to secure housing. Progressive engagement means that each household is first encouraged to use their own resources to locate housing and thereafter will be supported with "the lightest touch possible", so that the most intensive supports are directed toward those who do not have the capacity to end their own homelessness.

Two promising steps are now being taken to focus the emergency shelters in Sault Ste. Marie on helping individuals and families in the Service Area to end their homelessness, although there is an opportunity to build progressive engagement into these processes.

Tenant Support Worker Program

In 2014, the Service Manager expanded the Tenant Support Worker program, which already helps social housing tenants who face challenges in maintaining their housing and may be at risk of eviction to connect with community-based support services, to offer housing assistance to individuals residing in emergency shelter. The role of the Tenant Support Worker is to actively work with individuals who are residing in an emergency shelter to secure housing, including assisting with an application for social housing.

This expansion of the Tenant Support Worker program represents a significant step in the right direction in that it will provide individuals and families who are residing in emergency shelters with housing-focused assistance. However, given the significant time that is required to provide such assistance, as well as the need for long-term, intensive support for the subset of the homeless population with the highest acuity, a single Tenant Support Worker may not be sufficient. It will be important to monitor the need for this type of assistance in the emergency shelters and review the program after the first year to ensure that there is sufficient capacity.

Developing Shelter Guidelines

The Service Manager is in the process of developing new Emergency Shelter Guidelines, in collaboration with local service providers. These guidelines will help ensure that shelter staff have consistent approaches to service and consistent training, and will allow the community to direct individuals and families to shelter in a more coordinated way.

Finalizing these guidelines, in addition to developing an intake process that includes diversion prior to admission to shelter and engaging in professional development with shelter staff to equip them with more tools to help shelter residents secure housing and connect with any supports needed to maintain

their housing, will help align Sault Ste. Marie's shelter providers with the goals of a system focused on ending homelessness.

Housing With Supports

Ensuring that mid- and high-acuity individuals and families are able to access housing as well as support services that can help them to achieve and maintain housing stability in the long-term is sometimes described as "tertiary" homelessness prevention.

Currently, there is limited capacity to provide permanent housing with supports in the Service Area, although this type of assistance is available to an extent. As the community moves forward to address homelessness and housing need, it will be important to build on the existing programs.

The types of support services required, as well as the intensity of support, will vary from person to person; however, supports may include:

- Life skills for maintaining housing, establishing and maintaining relationships and engaging in meaningful activities;

- Income support;

- Vocational assistance (e.g., for enrolling in school, finding employment, or volunteering);

- Managing addictions;

- Community engagement.[25]

In Sault Ste. Marie today, there are many community-based organizations that provide support services in line with those described above. The focus of this plan is on what actions need to be taken in the community to improve access to affordable housing and to create a coordinated homelessness services system that helps households connect with appropriate community resources, based on their specific needs. However, the organizations that provide these types of support services are important partners who must be engaged in the work of creating such a coordinated system, monitoring the impacts of support services, and developing programs that reflect and respond to emerging needs in the Sault Ste. Marie Service Area.

Although low-acuity households are typically able to resolve their housing crises on their own or with minimal, short-term assistance, mid- and high-acuity households may need continuing support services and financial assistance to return to and remain in permanent housing. Two models have emerged to help these households: Housing First interventions and Rapid Re-Housing.

Housing First Interventions for High-Acuity Individuals With Complex Needs

'Housing First' interventions have been in use in the United States since at least 1992, and over the past decade Canadian communities have begun to establish Housing First programs as well. Both the federal government and the province of Ontario support a Housing First orientation for service delivery.[26]

The key principles of 'Housing First' interventions include:

- No conditions on 'housing readiness'

25   Polvere, L., MacLeod, T., Macnaughton, E., Caplan, R., Piat, M., Nelson, G., & Goering, P. (2014). Canadian Housing First Toolkit: The At Home/Chez Soi Experience. Calgary and Toronto: Mental Health Commission of Canada and the Homeless Hub. Retrieved from http://www.housingfirsttoolkit.ca/
26   Ontario Housing Policy Statement; Homelessness Partnering Strategy

- Clients are offered choice in housing (e.g., the neighbourhood and type of housing)

- Support services are individualized and voluntary, and are portable (not tied to where the client lives)

- Harm reduction

- Social and community integration is encouraged

- Program participants pay up to 30 percent of their income for housing and receive a supplement for the remainder

Support services are typically provided through either Intensive Case Management (ICM) or Assertive Community Treatment (ACT) Teams. ICM involves outreach to clients and service coordination and brokering, while ACT teams consist of specialists in several areas, including a psychiatrist or psychologist, social worker, and addiction treatment worker, and the team works collaboratively to support the client. Typically, an ICM intervention assigns 15-20 clients to each frontline staff, while the staff to client ratio is 1 to 10 in an ACT intervention. At a minimum, each client receives a weekly visit from the service team.[27] Collaborative case planning is also an important element of Housing First programs, and 24-hour access to on-call supports may be appropriate.[28]

Housing First interventions designed for chronically homeless individuals are being explored across Canada and the first long-term, cross-country study showed promising results. Although Housing First services are more expensive when compared to short-term forms of homelessness assistance, the costs are offset by significant reductions in the use of other shelter, health and justice services.[29]

On average, the cost to provide Housing First services was $22,257 per person per year for participants supported with Assertive Community Treatment and $14,177 per person per year for participants supported through Intensive Case Management. Research indicates that every $10 spent on Housing First services resulted in average savings of between $3.42 (moderate needs participants) and $9.60 (high needs participants) to health, housing, and criminal justice systems. For the 10 percent of participants who were using the most significant amount of resources at the beginning of the study, every $10 resulted in average savings of $21.72.[30] Equally important, the Housing First intervention has been successful in helping individuals remain housed. For example, the At Home/Chez Soi study found that Housing First participants spent 72 percent of their time in stable housing over the course of the study's two-year period, compared to 30-33 percent of the 'treatment as usual' group.[31]

Algoma Public Health provides services in line with the Housing First model in the Service Area, through the Community Mental Health Program and Addictions Supportive Housing program. However, as previously described, there is still unmet demand for this type of housing assistance and additional capacity is needed. In addition, the existing programs may benefit from being more closely linked to a coordinated intake and assessment process that would help ensure that the individuals with the greatest need are directed toward them. It will also be important for service providers to ensure that Housing First workers are appropriately trained and maintain fidelity to the key principles of the intervention.

27   Ibid.
28   Pearson, C.L. G. Locke, A.E. Montgomery, & L. Buron. (2007). *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness*. Report Prepared for the US Department of Housing and Urban Development Office of Policy Development and Research.
29   Mental Health Commission of Canada. (2012) *At Home/Chez Soi Interim Report*.
30   Goering, P., et al. (2014). *National Final Report: Cross-Site At Home/Chez Soi Project*. Calgary, AB: Mental Health Commission of Canada.
31   Ibid.

Rapid Re-Housing for Mid-Acuity Households

Rapid Re-Housing is an intervention that is intended to assist households with mid-range acuity to move from emergency accommodation into permanent housing as swiftly as possible, typically with a temporary rent supplement or housing allowance and short-term case management services that help link the household with community-based resources and employment to maintain housing stability in the future. These households generally will have two or three life areas where additional supports will help them to maintain housing stability. Depending on the program and the needs of the household, case management supports may continue for 6-12 months; the household may continue to receive rental assistance after this period.

Currently, a rapid re-housing style intervention is not available in the Service Area. However, it may be possible to develop the capacity to provide such supports by re-allocating some of the funding that is currently dedicated to short-term financial assistance to hire case management staff and provide a temporary rent subsidy if required.

Data and Planning

Reliable data is a key tool in the work to end homelessness; an effective strategy to collect local homelessness data and information on the system of services and supports empowers service providers to apply common assessment tools to match clients with the right services, coordinate and monitor assistance provided by multiple agencies, and find opportunities to improve the system.[32]

Gathering consistent local data builds the capacity for research into local homeless-serving systems.[33] Information can help communities identify new strategies to address homelessness within their local context. It also permits them to evaluate outcomes and refine their activities, fostering a practice of continuous improvement in service delivery.

Many communities in Canada and the United States are now using Homeless Management Information Systems (HMIS). These tools are locally administered web-based systems to collect and store client-level information on the characteristics and service needs of individuals and families who are homeless or at risk of homelessness. HMIS platforms also assist agencies in coordinating and monitoring the services that they provide to individuals, as well as the identification of opportunities for system-wide improvements.[34]

Currently, Pauline's Place and Vincent Place use HIFIS (Homeless Individuals and Families Information System), the National Homeless Information System created for the Government of Canada; Women in Crisis is in the process of implementing the system. HIFIS permits agencies to collect and share program-level and client-level data, creating a robust picture of local needs as well as supporting the provision of seamless supports to people in need.

HIFIS data can be an effective tool in ongoing performance monitoring to ensure that the DSSMSSAB is meeting its targets related to ending homelessness. Over the next ten years, it will also be important to strengthen the capacity of community-based agencies in the Service Area to gather and share data in order to engage in long-term planning.

32   Canadian Alliance to End Homelessness. (2014). *Ten Essentials.* http://www.caeh.ca/a-plan-not-a-dream/ten-essentials/
33   Canadian Alliance to End Homelessness. (2012). *A Plan, Not A Dream: How to End Homelessness in Ten Years.*
34   Ibid.

Recommendations

Five primary strategic directions have been identified to help the Service Manager and its community partners address the intertwined issues of homelessness and affordable housing need in the Service Area over the next ten years.

The Service Manager will play a leading role in the implementation of the Housing and Homelessness Plan. However, a strong commitment from all partners is required.

The primary strategic directions are intended to lay the foundations for a cohesive approach to meeting housing needs in the Service Area. Each is associated with several objectives and one or more recommended actions that will establish a policy context that will support affordable housing in the Service Area. In addition, these recommendations set out a roadmap to help strengthen the existing network of housing and homelessness service providers and align their work with the goal of ending homelessness and Housing First principles. Finally, the recommendations describe how the community can work together to monitor the impact of its actions and plan for the future.

The five strategic directions are:

1. **Expand access to affordable housing in the Service Area.**
2. **Foster the development of an integrated system of housing and homelessness services.**
3. **Enhance support services for homeless individuals and families.**
4. **Develop solutions to prevent homelessness.**
5. **Engage in ongoing planning.**

Strategic Direction 1: **Expand Access to Affordable Housing in the Service Area**

There is a clear need for additional affordable housing, including subsidized housing, low-cost market rental housing, and affordable ownership housing in the Service Area. Although it is recognized that the creation of new subsidized housing will require funding from the senior orders of government, there are many actions that the Service Manager, working with its community partners and the municipal governments, can take to support private sector and non-profit developers and housing providers.

Objective 1.1: Continue to encourage and facilitate the addition of new rental housing and affordable ownership housing to reduce pressure on the social housing stock.

Action Item 1.1.1: Encourage the City of Sault Ste. Marie to approve the new affordable housing policies recommended in the Sault Ste. Marie Draft Official Plan.

Action Item 1.1.2: Recommend that the City of Sault Ste. Marie designate affordable housing as an eligible community benefit in the Sault Ste. Marie Community Improvement Policy.

Action Item 1.1.3: Recommend that the City of Sault Ste. Marie designate a "point person" in the Planning Department to provide guidance and assistance for proponents that incorporate affordable or non-profit housing.

Action Item 1.1.4: Collaborate with the Sault North Planning Board and Prince Township to monitor the need for affordable and rental housing in the northern communities and identify opportunities to promote rental housing options in any new residential development that occurs.

Action Item 1.1.5: Consider offering limited financial assistance to help homeowners add secondary suites in Sault Ste. Marie, Prince Township and the Sault North Planning Area[35], with preference given to those that incorporate accessibility features.

Action Item 1.1.6: Evaluate the feasibility of establishing a local fund, such as a Reserve fund or Revolving Fund to match provincial and federal affordable housing dollars to build additional affordable rental housing and affordable ownership housing.

Action Item 1.1.7: Explore opportunities to partner with non-profit organizations to build affordable ownership housing for low- and moderate-income families.

Objective 1.2: Existing rental housing in the community is preserved and maintained.

Action Item 1.2.1: With the City of Sault Ste. Marie, consider the need to enact a bylaw to limit the conversion or demolition of rental housing stock.

Action Item 1.2.2: In the long term, evaluate the feasibility of providing limited financial assistance to private-sector landlords to make repairs and/or add accessibility features to their units, potentially on a low-interest loan basis or with an agreement to maintain affordable rent for a pre-defined period of time.

Objective 1.3: Develop a long-term financial plan, including new social housing stock, preventative maintenance and capital reserve on existing social housing stock.

Action Item 1.3.1: Target available funding for new affordable housing stock to one-bedroom units.

Action Item 1.3.2: Work with the Accessibility Advisory Committee to ensure that new affordable housing units are "barrier free" to address the needs of people with disabilities and support aging in place for older residents.

Action Item 1.3.3: Dedicate additional funds to provide rent supplements to help single-adult households on the wait list access units in the private market as appropriate.

Action Item 1.3.4: Develop a regeneration plan for the current social housing properties based on current and future demographic needs.

Action Item 1.3.5: Identify potential for shared service integration among all housing providers to generate economies of scale and reduce operating costs, i.e., bulk purchasing.

Action Item 1.3.6: Partner with local agencies, social housing providers, private landlords, provincial ministries, colleges and universities, etc. to identify ways to reduce eviction and unit turnover costs.

Action Item 1.3.7: Partner with different organizations such as Housing Services Corporation, Ontario Non-Profit Housing Association (ONPHA) and Co-operative Housing Federation of Canada (CHF) to provide access to improved technical services.

Action Item 1.3.8: Explore mortgage options with the CMHC.

Objective 1.4: Support Environmental Sustainability and Energy Conservation.

Action Item 1.4.1: Incorporate energy efficiency features in new affordable housing and renovations to existing housing as they are made.

Action Item 1.4.2: Prioritize available funding for renovations for energy efficiency and heat conservation.

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35   In the Sault North Planning Area and Prince Township, it will be necessary to ensure that adequate water and sewage services are in place to support secondary units.

Action Item 1.4.3: Partner with local utility companies, MMAH and Canada Mortgage and Housing Corporation (CMHC), etc. to produce products that provide up-to-date information regarding energy conservation programs and financial assistance.

Action Item 1.4.4: Partner with municipal waste management staff, non-profits, co-ops, local non-for-profit green sector and private green sector distribution recyclers to develop plans around waste conservation, recycling management and buying green products.

Action Item 1.4.5: Partner with Housing Services Corporation (HSC) and local utilities to perform energy audits.

Strategic Direction 2: **Foster the Development of an Integrated System of Housing and Homelessness Services.**

A coordinated and integrated system of housing support services is crucial to ending homelessness. The following objectives are intended to establish a streamlined support system, staffed with trained professionals, as well as a planning and oversight system that will bring together community stakeholders to coordinate the work that is being done in the community to address existing and emerging needs related to housing and homelessness.

Objective 2.1: Access to homelessness support services is streamlined.

Action Item 2.1.1: Implement a coordinated intake process, which will include a diversion component, to assess and pre-screen all individuals and families that are seeking housing assistance – including short-term financial support to prevent housing loss and emergency shelter - and refer them to the most appropriate services for their needs.

Action Item 2.1.2: Research and select a common assessment tool that will be used, in conjunction with HIFIS, to conduct the pre-screening and assessment.

Action Item 2.1.3: Implement the use of a common assessment tool to identify client needs and make referrals to appropriate services and supports.

Action Item 2.1.4: Examine the feasibility of data sharing across service providers and develop a data-sharing consent and protocol to support existing, informal collaborations between providers.

Action Item 2.1.5: Develop a consistent case conferencing process and accountability framework for homeless households staying in emergency shelter that are assessed as mid- or high-acuity, in collaboration with community-based service providers.

Action Item 2.1.6: Encourage service provider agencies to share office space in geographic areas that are identified as high-need to streamline client access and improve service provider collaboration.

Action Item 2.1.7: Collaborate with Algoma Public Health, the Sault Ste. Marie Hospital, Children's Services and the Algoma Treatment and Remand Facility to develop discharge planning processes for people exiting institutional care, based on a shared commitment that no one will be discharged to homelessness.

Action Item 2.1.8: Identify opportunities to build partnerships between "mainstream" and Aboriginal-focused agencies to ensure that homelessness service providers and housing service providers are able to offer culturally appropriate supports to Aboriginal people living in the Service Area who require assistance.

Objective 2.2: All homeless services staff and ancillary service staff participate in joint professional development to ensure alignment with best practices.

Action Item 2.2.1: Develop a shared professional development plan among the housing and homelessness service providers focused on implementing the principles of Housing First.

Action Item 2.2.2: Coordinate training between agencies to maximize available funds for professional development and ensure greater dissemination of best practices among local service providers.

Action Item 2.2.3: Ensure that within a year all front-line shelter workers receive training in the new Shelter Guidelines and foundational training in assessment and housing assistance.

Action Item 2.2.4: Partner with the Community Housing Support Committee to educate agencies and the broader community about the processes and protocols of the available housing services and homelessness services.

Objective 2.3: All community partners are engaged in ongoing homelessness service system planning.

Action Item 2.3.1: Create a housing and homelessness service planning committee that will bring together the many organizations and groups that are currently addressing these issues in different ways, for the purpose of coordinating their work and creating a united voice for advocacy.

Action Item 2.3.2: Ensure there is representation from people with lived experience of homelessness.

Action Item 2.3.3: Establish working groups composed of frontline workers in different sectors or with different populations (e.g., addictions, mental health, emergency shelter, youth services, Aboriginal services) to share best practices and develop protocols for collaboration and coordination of services.

Strategic Direction 3: Enhance Housing Support Services for Homeless Individuals and Families

Housing with supports and a strengthened focus on helping emergency shelter clients to return to permanent housing will be key to addressing homelessness in the Service Area. Some of the action items can be undertaken relatively quickly, or reflect a process that is already underway; others will take place over a longer horizon.

Objective 3.1: Survivors of domestic violence are able to access safe, affordable housing and support services.

Action Item 3.1.1: Continue to provide people leaving a domestic violence situation with priority access to social housing.

Action Item 3.1.2: Continue to monitor the length of time required to access housing under the Special Priority Policy.

Action Item 3.1.3: Work with the provincially funded Domestic Violence shelters to identify opportunities to provide ongoing supports through partnerships.

Objective 3.2: Provide access to Housing With Supports for individuals and families with mid and high-acuity.

Action Item 3.2.1: Identify key community partners and seek out funding and resources to provide housing and supports to homeless households that are assessed as mid- or high-acuity.

Action Item 3.2.2: Over the next 3 years, develop, pilot and evaluate a "Housing First" intervention to provide long-term case management support and rent supplements for up to 20 individuals who are assessed as high-acuity, targeted at long-term, repeat users of the emergency shelters.

Action Item 3.2.3: Over the next 3 years, develop, pilot and evaluate a Rapid Re-Housing program for mid-acuity homeless households that will provide 3-6 months of financial assistance and case management for up to 30 households.

Action Item 3.2.4: In the long term, evaluate the feasibility of establishing a single-site permanent supportive housing program for very high-acuity individuals who need 24-hour support.

Objective 3.3: All emergency shelters are focused on helping clients return swiftly to housing.

Action Item 3.3.1: Incorporate progressive engagement into the emergency shelter guidelines.

Action Item 3.3.2: Continue to work with the emergency shelters to adopt a common assessment tool to identify individuals and families who are mid- or high- acuity to refer them for more intensive supports to return to housing and remain stable in their housing.

Action Item 3.3.3: Work with the shelter providers to develop resources and staff capacity to assist individuals and families to locate and secure housing

Action Item 3.3.4: Monitor the impact of expanding the Tenant Support Worker program to include outreach to shelters and the creation of a new priority policy for homelessness.

Action Item 3.3.5: Continue to provide block funding for the provision of emergency shelter at Vincent Place and Pauline's Place to ensure that the stability of their operations is not dependent on occupancy rates at any given time.

Strategic Direction 4: **Re-focus Solutions to Prevent Homelessness**

Over the next 2-3 years, the community must work to ensure that short-term financial assistance to help people avoid losing their housing is appropriately targeted to those at greatest risk and that homelessness prevention efforts also help people in need to connect with longer-term assistance to maintain housing stability.

Objective 4.1: The impact of short-term financial assistance to cover rent deposits and rent and utility arrears is maximized by targeting the most at-risk households.

Action Item 4.1.1: Develop and implement a diversion checklist that will help households seeking short-term financial assistance to identify their own resources to address housing issues such as rent or utility arrears.

Action Item 4.1.2: Refine eligibility criteria for short-term financial assistance by identifying local factors that distinguish individuals or families who are at the most imminent risk of homelessness, using HIFIS data and other demographic data collected by the emergency shelters.

Action Item 4.1.3: Incorporate the use of the common pre-screening and assessment tools to identify mid- and high-acuity households seeking financial assistance with utilities or rent arrears and work with these households to connect them with ongoing support services to maintain their housing stability.

Action Item 4.1.4: Consolidate the CHPI funding for short-term financial assistance for rent and utility arrears and rent deposits into a single program.

Objective 4.2: Increase access to support services to prevent evictions

Action Item 4.2.1: Engage with landlords and tenants to increase their awareness of opportunities to request mediation before initiating eviction processes (e.g. from the Community Liaison Worker).

Action Item 4.2.2: Implement a process to identify social housing tenants who are struggling to maintain their housing and connect them with the Tenant Support Worker, who will then work through the common assessment and help identify community-based support services to help maintain housing stability.

Action Item 4.2.3: Establish a working group with landlords in the community to study the factors that cause housing crises and develop collaborative solutions to prevent evictions.

Action Item 4.2.4: Encourage community members to access mediation through the Algoma Community Legal Clinic before providing financial assistance for rent arrears.

Action Item 4.2.5: Educate Ontario Works and ODSP recipients about the possibility of having the shelter portion of their benefits paid directly to the landlord and support clients who choose this option.

Objective 4.3: Engage in additional outreach to vulnerable households to help prevent crises that result in housing loss.

Action Item 4.3.1: In collaboration with community-based service providers, work to identify and assess at-risk individuals and families and offer referrals to appropriate support services. .

Action Item 4.3.2: Partner with local utilities and service providers to educate households about how to prevent issues such as frozen pipes.

Strategic Direction 5: **Build Capacity for Data Use and Planning**

A robust data collection effort and regular monitoring of the impact of affordable housing and homelessness-related initiatives in the Service Area will provide the foundation to address these issues in the long term. The planning and oversight committee described in Strategic Direction II will be an essential partner in achieving these objectives.

Objective 5.1: Improve data collection strategies.

Action Item 5.1.1: Adopt a common system of data collection to be adopted by all service providers that receive funding from the DSSMSSAB.

Action Item 5.1.2: Conduct annual training with agency staff to ensure high quality data gathering

Action Item 5.1.3: Identify opportunities for service providers to cooperate in gathering and sharing outcome data for mutual clients.

Objective 5.2: Implement an annual performance monitoring process.

Action Item 5.2.1: The DSSMSSAB will be responsible to collect information and data from each service provider on a regular basis, assemble the data, and develop an annual report card based on the performance-monitoring framework.

Action Item 5.2.2: The DSSMSSAB will monitor service usage and allocate funding to reflect year over year changes in demand in collaboration with its community partners.

Action Item 5.2.3: Support service providers in gathering program outcome data through training.

Action Item 5.2.4: Incorporate the data points that are set out in the Performance Measurement Framework, including outcome metrics, into the annual report.

Action Item 5.2.5: The DSSMSSAB should conduct an annual analysis of how funding is allocated between prevention services, emergency shelter, and housing with related supports.

Two-Year Action Plan

Strategic Direction	Action	Timeline	Responsibility
Strategic Direction II: Foster the Development of an Integrated System of Homelessness Services	**Convene Planning Group, develop Terms of Reference, and establish working groups**	Q1, 2015	DSSMSSAB, Social Development Council, HPS Community Advisory Board, service provider organizations
Strategic Direction V: Build Capacity for Data Use and Planning	**Adopt a common data collection system, based on the metrics in the Performance Measurement Framework**	Q1, 2015	DSSMSSAB
Strategic Direction IV: Refocus Solutions to Prevent Homelessness	**Develop and implement a common diversion checklist**	Q1, 2015	DSSMSSAB
Strategic Direction II: Foster the Development of an Integrated System of Homelessness Services	**Research and select a common assessment tool and develop a coordinated intake process for shelter access**	Q1, 2015	DSSMSSAB, Planning Group, shelter providers
Strategic Direction II: Foster the Development of an Integrated System of Homelessness Services	**Develop a joint professional development plan, focusing first on coordinated intake and assessment and data collection**	Q1, 2015	Planning Group
Strategic Direction I: Expand Access to Affordable Housing	**Develop long-term financial plan for social housing**	Q1-Q2, 2015	DSSMSSAB
Strategic Direction II: Foster the Development of an Integrated System of Homelessness Services	**Begin implementation of coordinated intake and common assessment**	By the end of Q2, 2015	DSSMSSAB, Planning Group, shelter providers
Strategic Direction IV: Refocus Solutions to Prevent Homelessness	**Begin assessing households seeking short-term financial assistance for rent or utility arrears using the common assessment tool**	By the end of Q2, 2015	DSSMSSAB and homelessness prevention providers

Strategic Direction	Action	Timeline	Responsibility
Strategic Direction V: Build Capacity for Data Use and Planning	**Conduct joint training to ensure all staff at participating agencies are familiar with data collection processes**	Q2, 2015	Planning Group, DSSMSSAB
Strategic Direction II: Foster the Development of an Integrated System of Homelessness Services	**Facilitate regular training activities in keeping with the professional development plan**	Q2, 2015 – Q4, 2016	Planning Group
Strategic Direction IV: Refocus Solutions to Prevent Homelessness	**Implement a process to identify social housing tenants in need of assistance and connect them with the Tenant Support Worker**	Q3, 2015	DSSMSSAB
Strategic Direction I: Expand Access to Affordable Housing	**Engage with the City of Sault Ste. Marie and the townships to identify municipal actions to improve access to affordable housing and/or facilitate affordable housing development**	Q3-Q4, 2015	DSSMSSAB
Strategic Direction IV: Refocus Solutions to Prevent Homelessness	**Establish a working group with landlords to develop collaborative solutions to prevent evictions**	Q3 & Q4, 2015	Planning Group
Strategic Direction V: Build Capacity for Data Use and Planning	**All agencies that receive DSSMSSAB funding for homelessness services begin collecting and reporting their data, consistent with the metrics and framework set out by the DSSMSSAB.**	Q3, 2015 – end of Q2, 2016	Service providers
Strategic Direction V: Build Capacity for Data Use and Planning	**Assemble and release first annual report**	Q4, 2015	DSSMSSAB
Strategic Direction II: Foster the Development of an Integrated System of Homelessness Services	**Review the first 6 months of coordinated intake, including impacts and challenges, to identify opportunities for improvement**	Q1, 2016	DSSMSSAB, Planning Group, shelter providers
Strategic Direction IV: Refocus Solutions to Prevent Homelessness	**Refine eligibility criteria**	Q1, 2016	DSSMSSAB

Strategic Direction	Action	Timeline	Responsibility
Strategic Direction IV: Re-focus Solutions to Prevent Homelessness	**Consolidate CHPI funding for homelessness prevention**	Q1, 2016	DSSMSSAB
Strategic Direction III: Enhance Housing Support Services for Individuals and Families	**Develop a plan to pilot a Housing First intervention for up to 20 chronic shelter users, beginning in Q1 of 2017, including identification of a funding source for a case manager and housing assistance (which should include consideration of a re-allocation of a portion of the CHPI funds currently allocated for Homelessness Prevention)**	Q1-Q4, 2016	DSSMSSAB, Planning Group
Strategic Direction III: Enhance Housing Support Services for Individuals and Families	**Develop a plan to pilot a Rapid Re-Housing intervention for up to 30 mid-acuity households, beginning in Q1 of 2017, including identification of a funding source for a case manager and housing assistance**	Q1-Q4, 2016	DSSMSSAB, Planning Group
Strategic Direction V: Build Capacity for Data Use and Planning	**Assemble and release second annual report**	Q4, 2016	DSSMSSAB

Performance Measurement Framework

Service providers in a housing and homelessness system should be able to reliably answer three core questions: *Who* are we serving? *How* are we helping them? *What* happens to them? The measurements used should allow service providers to understand the characteristics of their clients and why they are seeking services, as this information is essential for adjusting programs to meet emerging or underserved needs. These can be thought of *Input Measures*, as they track the clients as they enter the system. Measurements should also track the type and amount of services provided by the service provider, if any. These are the *Output Measures* that show how an organization is helping its clients. Finally, it is important to measure the success of the output by reporting on *Outcome Measures*.

These following measures will enable the DSSMSSAB, with its community partners, to monitor local needs, the services that are delivered to clients, and the outcomes of those services on an annual basis. It will be necessary for each provider to collect and share information in a consistent manner. Most likely, many service providers already collect this information, or information very similar to it. The measures proposed below do not replace the reporting obligations that providers have to their funding sources. Instead, the objective is to create a set of common measures that apply to the entire housing and home-lessness system.

Input Measures		
Measure	**Metric**	**Collection**
Demographic characteristics of clients.	Age, sex, family status, income sources, Aboriginal status, etc.	At time of intake and assessment.
Source of housing instability	Metric would include possible reasons for housing instability, such as: Facing eviction, housing unsafe, housing unsuitable, domestic violence, etc. Would also record individuals or families experiencing homelessness for the first time, and the length of time they have been homeless.	At time of intake and assessment.
Urgency of housing risk	Number of days until eviction or other loss of housing.	At time of intake and assessment.
Client acuity	Measures the client's severity of need.	At time of assessment.

Output Measures		
Measures	**Metric**	**Collection**
Turnaways	Number of clients who have been denied service, and why. Includes: ineligible, lack of funds, etc.	At time of intake and assessment.

Output Measures		
Measures	**Metric**	**Collection**
Type of assistance received	Metric would include the programs available from the service provider, such as: rent arrears, utility arrears, emergency shelter, food assistance, etc.	At time of initial service provision.
Amount of service received	Dollar value of the services provided.	At time of initial service provision.
Duration of service received	Measured from the time the clients file is opened until the client file is closed.	At time of initial service provision; at time of client file closing.
Referrals	Name of other service provider or government agency that client is referred to during service provision.	At time of initial service offering; throughout time that client is accessing services.

Outcome Measures		
Measures	**Metric**	**Collection**
Service outcome	Number of clients who remain stably housed after service provision.	One month after service/beginning of service; six months after service/beginning of service; twelve months after service/beginning of service.
Housing type	Type of housing client is residing in, such as: private market, transitional housing, supportive housing, assisted living, long-term care, etc.	One month after service/beginning of service; six months after service/beginning of service; twelve months after service/beginning of service.
Client returns	Number of clients who apply for the service more than once in a year, regardless of if they receive service or not.	At time of intake and assessment
Services accessed	Types of services accessed by client	One month after service/beginning of service; six months after service/beginning of service; twelve months after service/beginning of service.

Special Population Metrics		
Measures	**Metric**	**Collection**
Availability of accessible housing.	Ratio of accessible housing units to individuals on caseload and waiting list for accessibility services.	On a biennial basis, request caseload numbers from service providers who work with persons with disabilities. On a biennial basis, compile a list of known accessible units in the DSSAB, non-profit, and private market housing stock.
Housing outcomes for victims of domestic violence.	Number of clients who achieve housing stability after experiencing a housing crisis due to domestic violence.	Six months after seeking services; twelve months after seeking services.

On an annual basis, selected data should be collated into an annual report card.

Annual Report Card and Performance Measurement	
Measures	**Metric**
Number and characteristics of people in housing need	Number of people accessing emergency shelter each year
	Number of people accessing prevention services each year
	Number of people on the wait list for social housing
	Demographic characteristics of people who access emergency shelter each year
	Demographic characteristics of people who access homelessness prevention programs on an annual basis
Expansion of Housing Options	Number of new rental housing unit
	Number of new low-cost market rental units approved or completed
	Number of supportive housing units (including those created through the use of rent supplements and case management) and any change in the total number
	Number of rent supplements
	Number of accessibility modifications to social housing units
	Number of known accessibility modifications to privately owned rental housing units

Annual Report Card and Performance Measurement	
Measures	**Metric**
Improvement in Housing Outcomes	Number of people from the wait list who are housed each year
	Number and percent of clients who enter emergency shelter who secure and maintain permanent housing for at least 6 months
	Number and percent of people who spend fewer than 7 days, 7-14 days, 14-30 days, and 30+ days in emergency shelter
	Number and percent of people who access emergency shelter whose outcomes are unknown
	Number and percent of people who access homelessness prevention whose outcomes are unknown
Enhanced system coordination	Agencies that are participating in data sharing activities
	Agencies that are participating in coordinated intake and common assessment
	Training activities that have been conducted

Core Elements of a Housing First Implementation Strategy

A Housing First approach requires multiple, interconnect pieces. Although there may be some local variation in how these pieces are implemented, the core elements will remain consistent regardless of where Housing First is undertaken. The toolkit presented below is a summary of a document prepared by the Mental Health Commission of Canada and the Homeless Hub.[36] A total of 10 key components to consider when implementing a Housing First approach to support chronically homeless individuals are identified, with a description of why they matter and how the *10-Year Housing and Homelessness Plan* speaks to each.

Convening A Stakeholder Coalition & Setting Up A Planning Group

Why it matters: Forming linkages with key stakeholders is essential if a Housing First-based system is to be sustainable. The membership of this coalition should be as diverse as the services that work in the housing and homelessness field, and could include service providers, local health authorities, local police authorities, leaders and advocates, representatives from the education sector, representatives from the private sector, community members, and individuals with lived experience of homelessness. A planning group can be formed from this coalition to map out a strategy for implementing Housing First and generating support.

Implementing this component in SSM: The working group established under the *10-Year Plan* will have the capacity to take on this role, and community planning functions will derive from that group.

Mobilizing Readiness By Developing A Social Marketing Strategy

Why it matters: It is important to communicate the benefits and positive outcomes that result from Housing First. It is also important to address community concerns and skepticism with reliable and accurate information. As benefits of Housing First are advertised, the coalition of key stakeholders will widen.

Implementing this component in SSM: The housing and homelessness working group, in conjunction with the DSSMSSAB, will have a role to play in advocacy and community engagement. Additionally, the *10-Year Plan* will be an important tool to communicate current and future needs, as well as the rationale for a Housing First pilot intervention.

Developing A Program Model

Why it matters: The program model will be shaped by the current alignment of gaps and resources in the community, as well as the most severe local needs. It may the case that many existing resources are already very similar to Housing First in their operation, while others are not.

Implementing this component in SSM: A Housing First program will build off of the major system features built into the more general housing and homelessness system through the *10-Year Plan*. This will include integrating coordinated assessment and housing with supports with long term evaluation.

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36   www.housingfirsttoolkit.ca

Choosing A Host Agency

Why it matters: A host agency is responsible for coordinating housing and clinical/support services. This may be accomplished through one agency or several, but the key point is to select an agency/agencies that are familiar and comfortable with the Housing First philosophy, and are prepared to support clients with complex needs.

Implementing this component in SSM: The selection of a host agency/agencies will most likely rest with the housing and homelessness working group.

Securing Funding

Why it matters: Housing First requires stable, long term funding to provide both housing and case management support. It is often necessary to combine federal, provincial, and local funding sources and allocate them in a way that supports fidelity to Housing First.

Implementing this component in SSM: Sault Ste. Marie should examine the possibility of redistributing a portion of the funds currently spent on prevention-based activities towards housing with supports.

Hiring Staff

Why it matters: For a system to remain consistent with the principles and practices of Housing First, front line workers must understand, and believe in, its core components and values.

Implementing this component in SSM: The community can undertake joint professional development that can prepare staff for Housing First-type programs, and example job descriptions can be found in the Housing First Toolkit.

Developing Housing Protocols

Why it matters: It is important to establish policies and procedures that guide program aspects such as how housing will be secured, or how discharges will be handled. Clear housing protocols ensure that the activities undertaken as part of the Housing First program are consistent and timely, and enhance accountability.

Implementing this component in SSM: In addition to seeking guidance from the existing supportive housing programs that are active in Sault Ste. Marie, a Housing First program targeted at chronically homeless individuals may build on the features that are being built into the proposed housing and homelessness system. The *10-Year Plan* recommends that a common assessment tool be used in SSM, and that the results of this tool are used to guide housing decisions. The Plan also recommends that the a discharge protocol be established with the Algoma Treatment and Remand Facility, the Sault Ste. Marie Hospital, Children's Services, and Algoma Public Health for individuals exiting institutional care.

Involving People With Lived Experience

Why it matters: The Housing First model is a consumer-focused intervention that is built on the understanding that clients should have a say in their own service provision. Involving individuals with lived experience also means including them in the planning processes.

Implementing this component in SSM: As the pilot program moves from planning to implementation, the housing and homelessness working group can be used to solicit input from individuals with lived experience.

Connecting With Landlords

Why it matters: A Housing First intervention requires access to housing, and this housing is often found in the private rental sector. Positive engagement with landlords means building good relationships, identifying concerns, and involving them in the planning process so they understand how Housing First works.

Implementing this component in SSM: The *10-Year Plan* includes a recommendation to engage more intensively with landlords. A Housing First program will build on this effort, most likely involving a narrower range of landlords who understand the benefits of the initiative.

Developing An Evaluation Plan

Why it matters: Information gathered through the implementation of Housing First is critical to determining what types of clients are being served, and how effective the services are in ensuring housing stability. Shared data collection and system-wide metrics are necessary for continuous improvement.

Implementing this component in SSM: The *10-Year Plan* includes a performance measurement framework that includes 13 metrics, all of which can be used in the planning and evaluation of a Housing First program.

Glossary

Acuity: The depth or acuteness of the needs of an individual or family. Households experiencing homelessness can be assessed for acuity using standardized tools that are designed to identify their specific needs, which in turn facilitates the targeting and prioritization of supports.

Affordable Housing: According to the Canada Mortgage and Housing Corporation, housing is "affordable" if the cost of shelter and related expenses (utilities, property taxes) require no more than 30% of a household's gross annual income. For the purposes of this report, "affordable housing" is defined as housing that does not require more than 30% of the gross annual household income for low- and moderate-income households.

Common Assessment and Triage: A process by which individuals' needs are assessed, using a standardized questionnaire or tool, and scored based on the acuity of their needs. Households with the deepest needs or highest acuity are then prioritized for assistance and more intensive services are directed to them.

District of Sault Ste. Marie Social Services Administration Board: The planning body that administers social services, including Ontario Works, the Ontario Disability Support Program, and social housing for the City of Sault Ste. Marie, Prince Township and the Sault North Planning Area. Referred to as the DSSMSSAB or the Service Manager in this report.

Diversion: A process by which households experiencing a housing crisis may be "diverted" from emergency shelter. In a housing-focused homelessness service system, when a household presents as homeless or experiencing a housing crisis, *diversion* strategies attempt to secure safe, alternative accommodation – which may be temporary – prior to admitting the household to an emergency shelter. Diversion requires problem solving with the household to determine whether there is an alternative to shelter, and may involve direct assistance such as very limited financial support or mediation with a landlord. A household that is diverted from emergency shelter will also be provided with referrals to appropriate assistance to secure long-term housing.

Emergency Shelter: Temporary accommodation for individuals and families who are experiencing homelessness. In a housing-focused homelessness service system that is consistent with the "Housing First approach", emergency shelter is a last resort and all services provided by the shelter are focused on helping the household to secure housing, with ongoing support services if required.

Homelessness: The state of being without permanent, stable, appropriate housing or the immediate prospect of attaining it. Both individuals and families may experience homelessness. Individuals and families may also be at risk of becoming homeless.

Housing First approach: An approach to the delivery of homelessness services that emphasizes that ending homelessness is possible by supporting individuals to return to permanent housing rather than directing resources primarily toward the provision of emergency shelter and basic needs. The Housing First philosophy shares roots with 'Housing First' interventions but is more broadly focused.

Housing First intervention: An approach to providing supported housing individuals who have experienced chronic homelessness and who have serious mental illnesses and/or addictions; the intervention targets clients with the deepest needs and prioritizes them for support. Clients receive housing, often in scattered-site units in the community, with a rent supplement and a regular tenancy agreement, and agree to at least a weekly visit with a support worker. There is no time limit on the length of stay in the housing unit and if the individual loses their housing, they will receive immediate assistance to be re-housed. Support services are provided through an Assertive Community Treatment Team or an Intensive Case Management worker, but engagement with support services is separated from the provision of housing and there are no pre-conditions for treatment. 'Housing First' interventions are rooted in the principles of harm reduction and consumer choice. Support services typically continue for at least 12-18 months and may be longer, depending on the needs of the individual.

Permanent Supportive Housing: A model of housing with supports. Permanent supportive housing often involves a congregate building with on-site staff. Tenants have their own rooms or apartment units.

Rapid Re-Housing: A form of housing assistance that provides individuals and families with mid-range acuity who have experienced long-term precarious housing or episodic homelessness. These households receive financial support, often a rent supplement, to live in scattered-site housing in the community, as well as case management supports to help them connect with additional community-based resources for ongoing support to enable them to work toward a greater degree of independence.

Rent Supplement: A form of housing assistance that subsidizes the difference between what a household can afford to pay in rent (typically, 30 percent of before-tax income) and the market rent. Rent supplements take advantage of existing housing stock by making it affordable to low-income households.

Service Area: The geographical territory that falls within the jurisdiction of the DSSMSSAB. It includes the City of Sault Ste. Marie, Prince Township, and the Sault North Planning Area.

Tenant Support Worker: A program of the District of Sault Ste. Marie Social Services Administration Board. The Tenant Support Workers help connect social housing tenants with support services to maintain their housing stability based upon their needs, and the program is now expanding to assist shelter clients to secure housing.

Transitional Housing: Time-limited housing with a pre-defined length of stay in a dedicated building, ranging from a few months to up to one year. Transitional housing typically combines housing with a requirement to participate in programs and services designed to prepare clients to live independently afterward, and clients are required to comply with conditions such as sobriety or treatment; the specific requirements depend on the program and the population it serves.