



## **The Regional Municipality of Durham**

### **Health & Social Services Committee Agenda**

Council Chambers  
Regional Headquarters Building  
605 Rossland Road East, Whitby

**Thursday, December 3, 2020**

**9:30 AM**

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Please note: In an effort to help mitigate the spread of COVID-19, and to generally comply with the directions from the Government of Ontario, it is requested in the strongest terms that Members participate in the meeting electronically. Regional Headquarters is closed to the public, all members of the public may [view the Committee meeting](#) via live streaming, instead of attending the meeting in person. If you wish to register as a delegate regarding an agenda item, you may register in advance of the meeting by noon on the day prior to the meeting by emailing [delegations@durham.ca](mailto:delegations@durham.ca) and will be provided with the details to delegate electronically.

**1. Roll Call**

**2. Declarations of Interest**

**3. Adoption of Minutes**

- A) Health & Social Services Committee meeting –  
November 5, 2020

Pages 4 - 11

**4. Statutory Public Meetings**

There are no statutory public meetings

**5. Delegations**

- 5.1 Lorraine Closs, Professor and Researcher, Durham College and Nora Landry, Policy Advisor, Social Services Department re: Results and Key Findings of a Research Study Partnership between Durham College and the Region of Durham Social Services Department related to trusted youth and youth homelessness in the Region

- 5.2 Nathan Gardner, Team Lead – Community Development, Community Development Council Durham (CDCD) re: the Chalmers Durham Application
- 5.3 David J. Douglas, Guelph Resident, re: Supportive Housing in Beaverton

## **6. Presentations**

- 6.1 Jonathan Dixon, Manager, Budgets and Finance re: Community Social Investment Framework
- 6.2 Iain De Jong, President and CEO, Orgcode Consulting Inc. re: Suitability Study - 133 Main Street, Beaverton, Ontario

## **7. Health**

- 7.1 Correspondence
- 7.2 Reports  
There are no Health Reports to consider

## **8. Social Services**

- 8.1 Correspondence
  - A) Information Report #2020-INFO-103 of the Commissioner of Social Services re: Beaverton Supportive Housing - Update 12 - 58  
**Pulled from October 30, 2020 Council Information Package by Councillor Chapman**  
Recommendation: Receive for Information
- 8.2 Reports
  - A) Community Social Investment Framework (CSIF) (2020-SS-16) 59 - 65
  - B) Federal Rapid Housing Initiative (RHI) (2020-SS-17) 66 - 78

## **9. Advisory Committee Resolutions**

There are no advisory committee resolutions to be considered

## **10. Confidential Matters**

There are no confidential matters to be considered

**11. Other Business**

**12. Date of Next Meeting**

Thursday, January 7, 2021 at 9:30 AM

**13. Adjournment**

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Written information (either paper or electronic) that you send to Durham Regional Council or Committees, including home address, phone numbers and email addresses, will become part of the public record. This also includes oral submissions at meetings. If you have any questions about the collection of information, please contact the Regional Clerk/Director of Legislative Services.

**The Regional Municipality of Durham**

**MINUTES**

**HEALTH & SOCIAL SERVICES COMMITTEE**

**Thursday, November 5, 2020**

A regular meeting of the Health & Social Services Committee was held on Thursday, November 5, 2020 in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario at 9:30 AM. Electronic participation was offered for this meeting.

**1. Roll Call**

Present: Councillor Chapman, Chair  
Councillor Pickles, Vice-Chair  
Councillor Anderson  
Councillor Carter left the meeting at 9:55 AM  
Councillor Dies  
Councillor Roy  
Councillor Wotten  
Regional Chair Henry  
**\*all members of the Committee except Councillor Chapman and Regional Chair Henry participated electronically**

Also

Present: Councillor Highet  
Councillor Smith

Staff

Present: E. Baxter-Trahair, Chief Administrative Officer  
S. Danos-Papaconstantinou, Commissioner of Social Services  
R. Inacio, Systems Support Specialist, Corporate Services – IT  
R.J. Kyle, Commissioner and Medical Officer of Health  
M. Laschuk, Director, Family Services  
L. McIntosh, Director, Children's Services  
J. Riches, Assistant Director and Deputy Chief, Paramedic Services  
A. Robins, Director, Housing Services  
T. Fraser, Committee Clerk, Corporate Services – Legislative Services  
N. Prasad, Committee Clerk, Corporate Services – Legislative Services

**2. Declarations of Interest**

There were no declarations of interest.

**3. Adoption of Minutes**

Moved by Councillor Anderson, Seconded by Councillor Roy,  
(39) That the minutes of the regular Health & Social Services Committee  
meeting held on Thursday, October 8, 2020, be adopted.  
CARRIED

**4. Statutory Public Meetings**

There were no statutory public meetings.

**5. Delegations**

5.1 Michele Watson, Partnerships and Outreach Coordinator, 211 Central Region, re:  
Access to Community Information through Durham.211central.ca

Michele Watson, Partnerships and Outreach Coordinator, 211 Central Region,  
provided a PowerPoint Presentation with regards to Durham 211.

Highlights of the presentation included:

- 211 in Durham Region
- 211 the Big Picture
- COVID Response
- 211 Data
- How Durham Region can champion 211 in Durham Region
- Connecting with 211
- Contact Durham 211

M. Watson stated that 211 Central is a free confidential information referral service which is available 24 hours a day, 7 days a week and offered in more than 150 languages. She stated that people can connect by phone, text, chat, email and online and can be connected to programs and services such as food banks, meal programs, housing assistance, income support, disability support programs, mental health support and more.

M. Watson stated that 211 Central includes Durham, Peel, Toronto and York Regions and is part of an integrated system of service navigation and data collection. She advised that call volume increased by 50% in the 3<sup>rd</sup> week of March due to the COVID-19 pandemic.

M. Watson further stated that 211 Central inquiries are tracked and recorded for quality assurance and reporting purposes so call data becomes sources of data. She requested that committee members be champions by informing regional and municipal staff about 211 Central.

M. Watson responded to questions of the committee.

## **6. Presentations**

### **6.1 Alan Robins, Director, Housing Services re: Update on the Portable Housing Benefits (2020-SS-15) [Item 8.2 A)]**

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Alan Robins, Director, Housing Services provided a PowerPoint presentation with regards to the Update on the Portable Housing Benefit. A copy of the presentation was provided to committee members prior to the meeting via email.

Highlights of the presentation included:

- Portable Housing Benefits
- PHB vs Rent-Geared-To-Income
- Average Market Rent
- Durham PHB Pilot
  - July 2019
  - Findings
  - Feedback
  - Outcomes
- Canada-Ontario Housing Benefit (COHB)

A. Robins stated that in September 2017, the province introduced new provisions under the Housing Services Act to allow service managers to offer a portable housing benefit (PHB) as an alternative to rent geared to income (RGI) assistance. He stated that PHB is a direct benefit paid to eligible low-income households to bridge the gap between income and affordable rent and is tied to the household and not a physical unit.

A. Robins advised that Regional Council approved a PHB Pilot in 2019 that included 70 Durham PHBs. He provided an overview of the PHB pilot findings with regards to costs, affordability, and stability, and on the feedback and outcomes with regards to the PHB.

With regards to the Canada-Ontario Housing Benefit (COHB), A. Robins stated that it is a federal-provincial portable housing benefit that allows clients to use the benefit anywhere in Ontario.

A. Robins stated that the 2020-2021 planning allocation has now been fully committed and the uncommitted COHB funding will be redistributed to other service areas. He stated that along with the Durham PHB, COHB offers flexibility as an alternative form of housing assistance to RGI.

A. Robins responded to questions with regards to funding for the Portable Housing Benefit and the Canada-Ontario Housing Benefit.

6.2 Marusia Laschuk, Director, Family Services and John Riches, Assistant Director and Deputy Chief, Paramedic Services re: Non-Police-Led Mental Health Mobile Crisis Response in Durham Region

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Marusia Laschuk, Director, Family Services and John Riches, Assistant Director and Deputy Chief, Paramedic Services provided a PowerPoint Presentation with regards to Non-Police-Led Mental Health Mobile Crisis Response in Durham Region.

Highlights of the presentation included:

- Motion to Investigate Non-Police-Led Crisis Response Team in the Durham Region
- DRPS – Oshawa Downtown Report – June 2020
- Mental Health 911 calls in Durham Region
- DRPS Mental Health Support Unit
- Non-Police-Led Mobile Crisis Response Models
- PAM: Non-Police-Led Crisis Response Model (Primary Response)
- CAHOOTS: Non-Police-Led Crisis Response Model (Primary Response)
- STAR: Non-Police-Led Crisis Response Model (Primary Response)
- CHP: Non-Police-Led Crisis Response Model (Primary Response)
- Next Steps – Planning/Priorities

J. Riches provided an overview of statistics with regards to mental health 911 calls in Durham Region. He stated that Council recently approved the funding for the hiring of 3 additional Lakeridge Health Mental Health Nurses to support the expansion of the DRPS Mental Health Support Unit (MHSU) which will allow DRPS to expand the hours of operation for the MHSU.

M. Laschuk provided an overview of the following features of successful Non-Police-Led Mobile Crisis Response Models and why these features are important:

- teams of two, often with paramedic and trained social worker/crisis responder/mental health nurse;
- visually and operationally distinct from police;
- trained 911 operators or dispatch services to identify non-violent or mental health incidents and dispatch non-police led teams is key;
- collaboration with police, paramedics, hospitals, community stakeholders;
- culturally and linguistically appropriate services;
- services that grow to fit community needs and added strategies such as proactive outreach.

J. Riches and M. Laschuk provided an overview of the following models:

- The PAM Model, a Psychiatric Emergency Response Team Model;
- The CAHOOTS Model, Crisis Assistance Helping Out on the Streets;
- The STAR Model, Support Team Assisted Response; and
- The CHP Model, Community Health Paramedics Teams.

J. Riches stated that a holistic multi-disciplinary coordinated approach is needed to properly meet the needs for Mental Health Response. He stated that multiple stakeholders and partners need to be engaged, and that staff will need work with police and community providers to develop a proposal for mobile crisis response teams that empower mental health professionals to lead non-violent crisis intervention response, protocols and training.

J. Riches responded to questions with regards to the advantages of having a pilot program in Durham Region; and the capacity to have follow up care.

6.3 Lisa McIntosh, Director, Children's Services, re: Update on the Children's Services Division

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Lisa McIntosh, Director, Children's Services provided a PowerPoint and video Presentation with regards to an Update on the Children's Services Division.

Highlights of the presentation included:

- The role of Children's Services Division
- Appreciation for the early learning sector
- The ELCC Service System Plan Priorities 2018-2022
- COVID-19 Response
- Emergency Child Care
- CSD as a support
- CSD embracing teamwork
- Continued collaboration
- Maximize financial support available to licenced child care
- System funding for service providers
- How ELCC Operators are affected
- Current state
- Develop and implement a strategy to support children with special needs from birth to age 12
- Special Needs Resourcing
- Rebuilding the Village
- What we achieved
- Increase, attract and retain high quality RECEs
- Partnership with Durham College
- Fostering professional learning



- Support and expand the licenced home child care sector
- Reduce the waitlist for fee subsidy
- Supporting families through EarlyON Child and Family Centres
- EarlyON Child and Family Centres
- The Tree of Giving

L. McIntosh provided an overview of the core roles and responsibilities of the Children's Services Division. She also reviewed the ELCC Service System Plan Priorities for 2018 to 2022.

L. McIntosh reviewed the various measures taken with regards to childcare throughout the COVID-19 pandemic and noted that ELCC operators have been affected by mandatory closures; new operational guidelines; enhanced IPAC requirements; adaptations to programming; new, uncharted procedures; low enrollment; high demand for educators; cohort requirements; and responsive care to meet needs.

L. McIntosh stated that 95% of child care sites in Durham Region have now reopened. She stated that CSD provides system management and funding to five special needs resourcing agencies in Durham and these agencies continued to offer services virtually to families, home child care providers and Emergency Child Care during the pandemic.

L. McIntosh stated that CSD successfully lead the Rebuilding the Village project which allowed staff to look at identifying the needs in the community, resulting in three achievements. She also stated that CSD has partnered with Durham College to offer 95 students in the ECE program, virtual training using the Kognito software in place of an in-person field placement. She further stated that the CSD also has responsibility for professional learning and provided a brief overview of the GROW newsletter.

L. McIntosh advised that in 2020, CSD implemented a Fee Subsidy Waitlist Review to update the process which improves forecasting of spending and better service to families. She also advised that EarlyON and Family Centres have offered virtual and outdoor programming throughout the pandemic closure period. She also explained the Tree of Giving outdoor program that was offered during the pandemic closure period.

### Questions to Health

R.J. Kyle responded to questions from Councillor Anderson regarding whether flu vaccines are available to residents of Wilmot Creek and when the supply of vaccines will be made available.

R.J. Kyle also responded to questions with regards to people attending places of worship and the wearing of masks.

**7. Health**

**7.1 Correspondence**

There were no communications to consider.

**7.2 Reports**

There were no Health Reports to consider.

**8. Social Services**

**8.1 Correspondence**

There were no communications to consider.

**8.2 Reports**

**A) Portable Housing Benefits (2020-SS-15)**

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Report #2020-SS-15 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Regional Chair Henry, Seconded by Councillor Pickles,  
(36) That Report #2020-SS-15 of the Commissioner of Social Services be received for information.

CARRIED

**Questions to Social Services**

S. Danos-Papaconstantinou and A. Robins responded to questions from Councillor Smith with regards to the Beaverton Housing Development and whether residents will have to sign a participation agreement to participate in programs as well as whether residents of the Township of Brock will qualify for tenancy if they require services.

S. Danos-Papaconstantinou responded to a question from Councillor Anderson regarding a small breakout at a Long-Term Care Home in Beaverton. Councillor Anderson was advised that the outbreak was declared over.

**9. Advisory Committee Resolutions**

There were no advisory committee resolutions to be considered.

**10. Confidential Matters**

There were no confidential matters to be considered.

**11. Other Business**

There was no other business to consider.

**12. Date of Next Meeting**

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, December 3, 2020 at 9:30 AM in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

**13. Adjournment**

Moved by Councillor Anderson, Seconded by Regional Chair Henry,  
(38) That the meeting be adjourned.

CARRIED

The meeting adjourned at 11:11 AM

Respectfully submitted,

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B. Chapman, Chair

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N. Prasad, Committee Clerk



# The Regional Municipality of Durham Information Report

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From: Commissioner of Social Services  
Report: #2020-INFO-103  
Date: October 30, 2020

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**Subject:**

Beaverton Supportive Housing - Update

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**Recommendation:**

Receive for information

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**Report:**

**1. Purpose**

- 1.1 The purpose of this report is to provide an update on the Expedited Supportive Housing development at 133 Main St., Beaverton specifically as it relates to;
  - a. The Suitability Study provided by OrgCode Consulting Inc., and
  - b. Additional Provincial funding announced for this project through the provincial Social Services Relief Fund-Phase 2.

**2. Background**

- 2.1 In July 2020, Regional Council approved the expedited development of a supportive housing project consisting of approximately 50 residential units and an approximate 5,000 square foot ancillary structure (Refer #2020-SS-9) on Regionally owned land located at 133 Main Street, Beaverton.
- 2.2 The estimated cost of this project is \$13.5 million and is being funded from regional reserves (\$7.9 million) and federal/provincial funding under the Ontario Priorities Housing Initiative (OPHI) (\$5.6 million). Staff was directed to pursue all available and eligible funding from senior levels of government related to this project.
- 2.3 The development raised many concerns and questions from local residents which resulted in the circulation of a petition opposed to the project and calls for more research to be conducted.

### **3. Suitability Study**

- 3.1 To address resident concerns the Region hired OrgCode Consulting Inc., an internationally recognized consulting firm specializing in housing and homelessness issues to conduct a Suitability Study for this project. The scope of work included;
- Specific concerns raised in the resident petition
  - Size of project (50 residents)
  - Recommend optimal mix of clients (mix of need requirements)
  - Suitability of intake process (By-Name List)
  - Confirmation of need for supportive housing and support services in Beaverton and North Durham
  - Potential risks and risk mitigation solutions related to the establishment of the supportive housing building within this community
  - Review of Q&A's located on the Regions website ([www.durham.ca](http://www.durham.ca)) to identify gaps in planned services, supports and operational plans
  - Review of on-line posts from residents to be considered in analysis; and
  - Identify and advise on other considerations based on expertise
- 3.2 The Suitability Study has been completed (Attachment 1) and in the opinion of OrgCode Consulting, Inc. the supportive housing project is suitable for Beaverton so long as the support services operator is effective. Neither the location nor volume of units in the building are likely to result in project or program failure. However, insufficient or ineffective support services might. If support services are of excellent quality, then Beaverton is an excellent opportunity for 50 people with histories of homelessness and housing instability to have a new community to call home.

### **4. Social Services Relief Funding-Phase 2**

- 4.1 In order to respond to increased demands for services and supports as a result of COVID-19, the Province introduced the Social Services Relief Fund (SSRF) for 2020-2021.
- 4.2 The Region's initial SSRF allocation (Phase 1) was \$2,832,100 and, based on input from the Durham Advisory Committee on Homelessness (DACH) was used to;
- Support physical distancing in our shelters by utilizing motel spaces and Camp Samac.
  - Provide COVID-19 isolation and recovery space.
  - Adding new Housing First programs to house more unsheltered, high acuity homeless residents.
  - Support two local hubs for unsheltered and chronically homeless residents to access supports and participate in surveillance testing for COVID-19.
  - Redesign the Housing Stability Program to be more responsive to needs due to COVID-19.

- 4.3 On August 12, 2020 the Region received notification from the Ministry of Municipal Affairs and Housing (MMAH) that under the second phase of the Social Services Relief Fund (SSRF-Phase 2) the Region would be eligible to receive an additional planning allocation of \$3,634,016 in 2020-2021.
- 4.4 A business case, informed by DACH, was submitted to MMAH which included \$2 million to be directed to the Beaverton Supportive Housing project. This project is aligned with the SSRF-Phase 2 objective that encourages longer-term housing solutions to homelessness post COVID-19 with modular housing being specifically noted in the program guidelines as an expedited means to complete construction by the program deadline of December 31, 2021.
- 4.5 On October 26, 2020 the Region received notification that the SSRF-Phase 2 Service Manager Business Case was approved (Attachment 2) and on October 27, 2020 MMAH issued a media release announcing that the Government of Ontario is providing the Region of Durham with \$3,634,016 as Phase 2 of the Social Services Relief Fund (SSRF) to help build modular supportive units, provide funding for rent relief and expand shelter operations.

## **5. Previous Reports and Decisions**

- 5.1 Report #2020-SS-9 granting pre-budget approval for the development of a modular supportive housing project of approximately 50 units and the construction of an approximate 5,000 square foot ancillary structure on Regional land located at 133 Main St., Beaverton.

## **6. Relationship to Strategic Plan**

- 6.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:
- a. Revitalize existing neighbourhoods and build complete communities that are walkable, well-connected, and have a mix of attainable housing
  - b. Enhance community safety and well-being
  - c. Influence the social determinants of health to improve outcomes for vulnerable populations
  - d. Support a high quality of life for all through human services delivery
  - e. Build a healthy, inclusive, age friendly community where everyone feels a sense of belonging
  - f. Build awareness and community capacity to address poverty
  - g. Expand access to existing life stabilization programs
  - h. Optimize resources and partnerships to deliver exceptional quality services and value

## **7. Conclusion**

- 7.1 The suitability study prepared by OrgCode Consulting Inc., to address resident concerns over the development of a 50 units supportive housing building at 133

Main St., Beaverton has been completed and is available for the public to review. The report concluded that with the provision of sufficient and effective on-site support services, 133 Main Street, Beaverton is a suitable location for 50 units of supportive housing.

- 7.2 Regional staff has secured \$2 million through the provincial SSRF-Phase 2 program towards the expedited supportive housing development at 133 Main St., Beaverton. This project is aligned with the SSRF-Phase 2 objective that encourages expedited construction methods to create longer-term housing solutions to homelessness post COVID-19.
- 7.3 For additional information, contact: Alan Robins. Director, Housing Services, at 905-668-7711, extension 2500.

## **8. Attachments**

Attachment #1: 133 Main Street Beaverton Supportive Housing Suitability Study

Attachment #2: MMAH letter dated October 26, 2020 Re: Social Services Relief Fund (SSRF) Phase 2 Service Manager Business Case Approval

Respectfully submitted,

Original signed by

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Stella Danos-Papaconstantinou  
Commissioner of Social Services



# 133 MAIN STREET BEAVERTON SUPPORTIVE HOUSING SUITABILITY STUDY



**ORGCODECONSULTING, INC.**





# Preamble

This report was prepared for the Region of Durham. Errors and omissions, as well as opinions and evidence shared herein, are the responsibility of OrgCode Consulting, Inc.

## **ABOUT ORGCODE CONSULTING, INC.**

OrgCode Consulting, Inc. is a Canadian-based international consulting firm specializing in reducing and ending homelessness through housing-focused shelters, impactful outreach, and evidence-informed supportive housing programs. The firm is known for its training and commitment to professionalizing the homelessness and housing services system, leadership development in the sector, homeless and housing system evaluations and redesign, design of tools to be used in supporting and assessing people's strengths and needs, data analysis, and thought leadership in effective, efficient and enduring responses to homelessness.

## **ABOUT THE AUTHOR**

Iain De Jong is the President & CEO of OrgCode Consulting, Inc. and the author of *The Book on Ending Homelessness*, an advisor to various funders and philanthropic organizations, the founder of the Leadership Academy on Ending Homelessness, a coach to CEOs, Executive Directors, and Managers in homelessness and housing services, an advisor to *Pulse for Good*, the past leader of street outreach services, and a past part-time faculty member in the Graduate Planning Program at York University for 10 years, instructing Community Planning and Housing. His work on ending homelessness has brought him throughout North America and Australia. He has provided policy and operational advice on supportive housing to various orders of government in the United States and Canada. He has also been an expert witness on homelessness in US Federal Court. He is a frequent keynote speaker and media commentator (*Globe and Mail*, *The LA Times*, *The Atlantic*, *Global News*, *CBC Radio*, etc.) on matters of homelessness and housing. He has completed numerous studies on various aspects of supportive housing and trains supportive housing service providers on fidelity to best practices.

# EXECUTIVE SUMMARY

Supportive housing is an evidence-informed, professional housing intervention that has proven successful at stabilizing and providing a place to call home for people with moderate to high support needs who have experienced homelessness and housing instability. It can effectively be provided in large metropolitan cities and small towns. Residents of supportive housing make an informed choice in where they want to live. The type of building the supportive housing is offered within (e.g., high rise, mid-rise, low-rise, dwelling in a single family home, etc.), the location of the building (particular neighbourhood or a community at large), and the type and intensity of supports all factor into the decision made by prospective residents of supportive housing to live in any particular building, location or program.

Essential to the success of supportive housing is the effectiveness of the supports. Using an approach that is anchored in Housing First, people with histories of mental illness, addiction, trauma, chronic disease, other disabilities, and homelessness are specifically invited to live in supportive housing. Using a trauma-informed, person-centred, strength based approach, while practicing harm reduction, professional support staff meet immediate needs, organize and encourage meaningful daily activities, and help supportive housing residents achieve longer-term goals.

The Region of Durham needs additional supportive housing throughout the Region. While some housing with support services have been added, until recent funding opportunities were available, and until the urgency to house homeless persons was reinforced by the unsafe realities for people who are homeless during COVID-19, the Region has been incapable of realizing more supportive housing. Even with the addition of 50 units of supportive housing in Beaverton, the Region will only be at 11% of its 10 year supportive housing development target - and that is just to maintain the status quo in meeting the housing needs of higher acuity individuals who are homeless or unstably housed in the Region. Without more supportive housing, there will be volumes of higher acuity people who are homeless that need housing and supports at such a rate that it will overwhelm the homelessness response system.

As is common with new developments of this nature, there are concerns from existing housed residents of Beaverton. The site is appropriately zoned for the development. It is important to note that zoning is intended to focus on appropriate use for a site, not appropriate people for a site. Furthermore, the impacts on the broader community are likely to be minimal. Few of the supportive housing residents will have vehicles, meals will be provided on site, income supports will be available on the property, and residents of supportive housing will primarily have their health care needs met through telemedicine. Research evaluating supportive housing demonstrates that people's health improves, addictions improve, and use of emergency health services all decline when in supportive housing. This doesn't mean there will be no instances that require police services or ambulances, but there will unlikely be profound negative impacts on the broader housed community of Beaverton.

With developments of this nature, often unspoken, is the concern of adding more people with mental illness and/or addiction to the community. It is false to assume that every resident of the new supportive housing will have one or both of these life issues. Assuming that two-thirds of new residents will, this brings approximately a 1% increase in people living with mental illness or mental health problems in the community, and a 1% increase in people living with addiction in the community.

The addition of 50 rental units in Beaverton supplements the existing rental housing stock in the community. It will not disrupt the balance between ownership and rental accommodation, and is on par with other communities of similar size in Ontario. Furthermore, there are examples of other smaller Ontario communities having multi-unit residential buildings of similar size. Beaverton will still be below the Ontario average in terms of rental accommodation even after the new supportive housing is built and fully occupied.

Upcoming residents of the supportive housing will be selected from the Region's By-Name List. As a community receiving federal funding through *Reaching Home*, coordinated access is a requirement. This requires transparent and fair criteria used to prioritize people for housing based upon common assessment. It is possible to prioritize people from the north part of the Region, where data to date this year shows approximately 100 requests for homelessness assistance, with approximately 70 requests for case management assistance to maintain housing. However, it is incorrect to assume

that all of the people from the northern part of the Region requesting services will need or benefit from supportive housing.

The report outlines a proposal for how to select supportive housing residents based upon acuity, and focuses on ensuring the support service provider is appropriately selected and has the training and expertise to deliver the supportive housing intervention with fidelity to best practice. Appropriate staff to resident ratios will be critical, as will phasing-in new residents to the supportive housing over time. The Region would be well served to establish key performance indicators prior to opening the operation, and to ensure there is appropriate contract monitoring once the supportive housing is open.

To address ongoing concerns and help ensure the supportive housing development achieves the intended benefits, education with existing Beaverton residents should be ongoing between now and throughout the first year of operations of the new supportive housing. Questions and answers on the Region's website can be supplemented with new information and more robust responses. Furthermore, a grievance process for residents of the supportive housing, staff, and neighbours should be well-established and ready to be operationalized prior to opening.

It is the expert opinion of OrgCode Consulting, Inc. that the supportive housing is suitable for Beaverton so long as the support services operator is effective. Neither the location nor volume of units in the building are likely to result in project or program failure. However, insufficient or ineffective support services might. If support services are of excellent quality, then Beaverton is an excellent opportunity for 50 people with histories of homelessness and housing instability to have a new community to call home.

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**OrgCode Consulting, Inc.**

**OCTOBER 2020**

# **133 MAIN STREET BEAVERTON SUPPORTIVE HOUSING SUITABILITY STUDY**

## **S**COPE OF SUITABILITY STUDY

OrgCode Consulting, Inc. (“OrgCode”) was retained by the Region of Durham to provide an objective and independent suitability study of the proposed 133 Main Street Supportive Housing development in Beaverton, Ontario, located in the north end of the Region of Durham. Specifically, OrgCode was asked to:

- Address each of the resident concerns as identified in the petition;
- Review the proposed size of the development;
- Recommend optimal mix of future residents;
- Examine the suitability of the intake process through the By Name List;
- Examine the need for housing and support services in Beaverton/North Durham;
- Identify potential risks and propose mitigation;
- Reviews Q&A on Durham website and identify gaps in services, supports or plans;
- Advise on other considerations based upon expertise.

# UNDERSTANDING SUPPORTIVE HOUSING

Supportive housing, for the purpose of this report, is understood as a housing intervention for people that live with histories of trauma, addiction, and/or mental illness - as well as other potential issues - and histories of homelessness and housing instability. The goal is to provide affordable housing along with intensive supports provided by highly trained professional staff that allows residents to feel at home and decrease the likelihood of a return to homelessness.

## CORE PRINCIPLES OF SUPPORTIVE HOUSING

Supportive housing adheres to a set of core principles:

- **Housing First is the foundation:** the five core elements of Housing First are implemented within supportive housing. These are:
  - **No housing readiness requirements** - people with long histories of homelessness, mental illness, addiction, economic poverty, trauma, brain injuries, etc. are welcome without having to jump through hoops or prove they are worthy.
- **Individual choice is key** - people make an informed decision of whether or not they want to live in any particular community or building within the community. Residents make informed decisions on the supports they want to receive and intensity of those services.
- **Recovery orientation** - a strong emphasis is placed on mental health recovery, recovery from homelessness, and reducing harm associated with higher risk behaviour to decrease or cease participation in higher risk behaviours.
- **Individualized service planning** - no two residents have the same support plan; it is based upon the unique strengths and barriers each resident faces.
- **Social and community integration** - people are encouraged and supported in finding meaningful daily activities within the housing, and are further



encouraged to engage with the broader community like civic events and use of amenities like parks and natural spaces.

- **Services are assertive, but remain voluntary:** staff engage and check in on residents regularly, whether the resident has requested the assistance or not, to ensure everyone has their needs met and to work on longer-term goals. Residents have the right to refuse services, but that does not stop the services from being offered frequently.
- **Integration with existing communities:** supportive housing is integrated into existing communities of diverse characteristics and sizes - both urban and rural. The form of supportive housing can take many forms from stand-alone multi-unit residential buildings to scattered site apartments to single-family homes.
- **Services are linked to housing:** the aim is to ensure the residents stay housed. Mechanisms are put in place to help people pay their rent, and understand their responsibilities of being a program participant and resident. Rights and responsibilities are made transparent to residents, and they are supported in exercising the rights and responsibilities they are afforded.
- **Services are diverse:** directly and through partnerships, support services look at the whole person, and assist with mental health, chronic physical health conditions, substance use, access to income and/or employment, and, access to meaningful daily activities and socio-recreational opportunities within and/or outside of the dwelling.

## SUPPORTIVE HOUSING HAS PROVEN TO BE EFFECTIVE

When the support services are delivered with fidelity to best practice, empirical research on supportive housing continues to demonstrate it is effective from a resident-outcome perspective, as well as being cost effective. Some of the highlights of that research<sup>1</sup> indicate:

- Residents of supportive housing are more likely to stay housed than return to homelessness;

- People with substance use disorders, mental illness, chronic illness, other types of disabilities, and long-term chronic homelessness are, overall, more successful in supportive housing;
- People with a history of incarceration are less likely to re-offend when living in supportive housing;
- Supportive housing reduces use of costly health and emergency services, and reduces use of costly homelessness services amongst the most chronically homeless persons housed.

## **SUPPORTIVE HOUSING IS NOT INSTITUTIONAL CARE OR INCARCERATION**

Supportive housing is a place for people to call home. Supports are available on-site 24/7, but that does not mean staff can enter into a person's dwelling without consent or advanced warning. It is voluntary. Similarly, services that are available are voluntary. There is no coercion, force, legal and/or tenancy requirements for residents to use the services. This is why the assertive nature of the services is so important. Finally, residents within supportive housing can come and go from the building as they please, just like any other tenant in any other multi-unit residential rental property anywhere else in Ontario.

# **U** **NDERSTANDING HOMELESSNESS AND THE RELATIONSHIP TO SUPPORTIVE HOUSING**

Supportive housing for people that have experienced homelessness requires an understanding of what types of homeless persons supportive housing is more effective for, and understanding different types of homelessness. Homelessness is not one universal, homogenous experience, but rather, is a very diverse and personalized experience.

## **AN EFFORT TO ADDRESS CHRONIC HOMELESSNESS**

In Canada, chronic homelessness is defined by how long an individual or family remains homeless (6 or more months in the last 12 months), or multiple episodes of homelessness within a predetermined period of time (546 cumulative days homeless in the past 18 months)<sup>2</sup>. People who experience chronic homelessness are more likely to have a disability, experience mental illness, live with a substance use disorder, be impacted by trauma, and use a range of higher-cost emergency and homelessness services. Many of the people who are chronically homeless are, or are eligible for, the Ontario Disability Support Program. A subset of people who are chronically homeless are considered to be “harder to house” because of multiple barriers to accessing housing or maintaining housing independently. Chronically homeless persons are found in a range of settings: homeless shelters; and, living outdoors, living in vehicles, or living in other places not meant for permanent human habitation. Many of these individuals also have experience of stays in institutions like hospitals, rehabilitation centres, and/or, incarceration. The majority of supportive housing intentionally targets chronically homeless people to be residents.

At time of writing, there are 63 chronically homeless persons in the Region of Durham, and 40 (63.5%) of these persons are higher acuity<sup>3</sup>. While some, if not many, of these individuals would be a good fit for supportive housing, not all would choose to live in Beaverton or would not choose to live in supportive housing.

## SOME OPPORTUNITIES TO ADDRESS NON-CHRONIC HOMELESSNESS

Supportive housing can help meet the needs of three other groups of people that are not chronically homeless:

- **People who are moderately acute and homeless:** There are some people in the Region who may still have co-occurring issues (e.g., mental illness and addiction) who do not have higher support needs in other life areas who would benefit from the intensity of supports and affordability of supportive housing, even though they have not been homeless very long.
- **People who are “hidden homeless”:** There are some people in the Region who have high to very high housing support needs, and do not have a permanent address, but are neither in shelters nor living outdoors. They are often doubled up, sometimes in precarious housing situations. The people they double up with may or may not be able to provide the level of support that is needed. Supportive housing can help address this issue.
- **People who are precariously housed with higher acuity and would benefit from more intensive supports:** In part because of the scarcity of supportive housing across the Region, some previously homeless people have been housed within market rate apartments, and may or may not be receiving supports of any kind to maintain that housing. Some of these individuals would benefit from a more intensive, structured, on-site, 24/7 support. Supportive housing provides an opportunity to relocate some of these tenants.

None of the aforementioned three groups should dominate any supportive housing building. They should be a low to moderate volume of the entire supportive housing resident base. There is a tendency on the part of some supportive housing providers to ensure some residents are easier to serve than others, which is a waste of a supportive housing opportunity. Whether moderate or higher acuity, there must be a demonstrated need for a person to even be offered supportive housing beyond just matters of affordability.

# **T**HE NEED FOR SUPPORTIVE HOUSING IN BEAVERTON/NORTH DURHAM

## **ONTARIO AND REGION OF DURHAM CONTEXT**

There are less than 25,000 units of supportive housing throughout the province specifically for people who have experienced chronic homelessness, and/or live with mental illness and/or substance use addiction<sup>4</sup>. About a third of these have been developed over the last 20 years. Meanwhile, demand and waitlists for supportive housing have increased considerably<sup>5</sup>. The Central East Local Health Integration Network funds less than 30 supportive housing projects for people with addictions or mental illness - which represents slightly less than 10% of all LHIN funded supportive housing in the province<sup>6</sup>. The Region of Durham with a population in the neighbourhood of 700,000 residents<sup>7</sup>, and at least 290 people experiencing homelessness every night according to Point in Time Count data<sup>8</sup>, needs more supportive housing.

As more and more communities throughout the province focus on reducing and ending homelessness, supportive housing is a critical part of the strategy to succeed, especially as it pertains to chronically homeless individuals with a variety of complex and often co-occurring issues that would benefit from intensive supports being available onsite. The Region's By-Name List of people experiencing homelessness in need of housing with intensive supports because of their assessed acuity level is 77 people - which is almost half of all people experiencing homelessness on the By-Name List<sup>9</sup>.

## **DEMAND FOR HOMELESSNESS SERVICES FROM NORTH DURHAM**

North Durham is not immune to homelessness. This year, more than 100 people from North Durham have reached out to Durham's homelessness support system for homelessness and housing support this year<sup>10</sup>. Year to date, almost 70 households have reached out for case management supports in North Durham for assistance in maintaining their housing situation<sup>11</sup>. While not all of these households require supportive housing, some will most likely benefit from this type of housing. On top of this, there is demand for supportive housing elsewhere in the Region, and people may intentionally choose to live in Beaverton for many of the same reasons that other housed residents of Beaverton who are from elsewhere may have selected the community as the place to live.

## SUPPORTIVE HOUSING NEEDED IN THE REGION

OrgCode completed housing demand forecasts for the Region in 2014. At that time - pre-pandemic - the estimated need for supportive housing for single adults over a 10 year period was as follows<sup>12</sup>:

*Table 1: Region of Durham Progress in Meeting Supportive Housing Targets*

	<b>Maintaining the Status Quo</b>	<b>Moderate Improvements</b>	<b>Meeting All Housing Needs</b>
<b>Bachelor Units</b>	230	352	711
<b>One Bedroom Units</b>	223	345	676
<b>Total Supportive Housing Units Needed for Single Adults</b>	<b>453</b>	<b>697</b>	<b>1,387</b>
<b>Supportive Housing Already Developed</b>	0		
<b>Progress in Meeting Targets</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
<b>Progress in Meeting Targets If Beaverton Development is Included</b>	<b>11%</b>	<b>7%</b>	<b>4%</b>

Even with the Beaverton supportive housing, the Region is behind where it should be in adding supportive housing for single adults. This has been a result of only recently available funding opportunities, and the urgency to take action that has been put under a microscope by the pandemic. The Region is already feeling the impacts of a lack of supportive housing. For example, there are currently 155 people who are homeless throughout the Region that need some form of housing with supports, with about half most likely to benefit from supportive housing with intensive services<sup>13</sup>. Until supportive housing is available, many of these people will languish in homelessness, or become housed but find themselves unsuccessful in that endeavour because the need for intensive supports surpasses what is currently available to them, and return to homelessness.

One of the core assumptions of the forecast was that all different types of housing - supportive housing, rent geared to income housing, and affordable market-rate housing - would be distributed throughout the Region. The 50 unit supportive housing development in Beaverton is aligned with the assumptions of the housing forecast, and assists in meeting targets for additional supportive housing for single adults.

## **PROMOTING SOCIAL INCLUSION IN SMALLER COMMUNITY**

Supportive housing is not reserved for large urban environments. The *Ontario Supportive Housing Best Practice Guide (March 2017)*<sup>14</sup>, for example, promotes that supportive housing occur in both urban and rural environments. The Mental Health Commission of Canada<sup>15</sup> also promotes that supportive housing be available within locations other than large urban areas, as does the Canadian Mental Health Association<sup>16</sup>.

# P

## ROPOSED DEVELOPMENT SIZE

### SIZE OF THE DEVELOPMENT RELATIVE TO VOLUME OF RENTAL ACCOMMODATION

Statistics Canada data<sup>17</sup> from 2016 shows there are 150 apartment units already in Beaverton, with 135 of those in buildings with fewer than five storeys. Data shows that of the 1,205 households in Beaverton, 260 are rental households - which means 22% of all households dwell in rental accommodation. This is well below the Ontario average, which is slightly above 30%. The addition of 50 units of rental accommodation, and the 50 households within them, will bring Beaverton up to 25% of households in rental accommodation, which is still below the Ontario average, and more on par with other Ontario municipalities of almost identical size.

*Table 2: Rental Households in Beaverton and Ontario Communities of Comparable Size*

	<b>Beaverton, Ontario</b>	<b>Frankford, Ontario</b>	<b>Capreol, Ontario</b>
Population (2016)	2,822	2,825	2,815
Total Private Households	1,205	1,205	1,180
Total Rental Households	260	310	275
Renter Households as a Percentage of All Private Households	21.6%	25.7%	23.3%

### SIZE OF THE DEVELOPMENT AS A STAND ALONE BUILDING

The proposed site can accommodate the number of units being put upon it. From purely a development perspective, there are no foreseen issues with a 50 unit building.

Impacts on local roads and services will be minimal. Few, if any, of the residents will have personal vehicles. Transportation impacts will be negligible. Meals will primarily be available on-site, decreasing demand on local grocery stores or logistics challenges of getting to a grocery store. The residents are single individuals, and as such there will be no demands on local schools or daycare. There will likely be some calls for police and



ambulance from the supportive housing, but this is unlikely to be an everyday occurrence or with such frequency that it negatively impacts the ability of other Beaverton residents to access those same services if needed. That said, calls for police and ambulance will likely be higher in the early days of the supportive housing development, as residents may need time to adjust to their new surroundings and become more stabilized.

There are Ontario examples of larger supportive housing buildings that have proven successful. These include: YWCA Toronto Elm Centre with 85 units of housing for women living with mental health and concurrent mental health and substance use needs,, the HOMES Program supporting 65 units of supportive housing in one building in Hamilton, and the East End-Danforth operated by Mainstay Housing with 136 units - amongst others. As such, the size of a building operating effectively as supportive housing is not in question. There are multiple proof points that it can be done well. Staffing ratios must be appropriate to achieve the aim of quality supportive housing in larger buildings.

The next question is whether or not smaller Ontario communities have successful multi-unit residential buildings of approximately the same number of units as is projected for the Beaverton supportive housing. Azilda; Acton; Haileybury; Elora - and many more - have multi-unit residential buildings of approximately 50 units or more, though it is acknowledged these communities are larger than Beaverton.

Can a community the size of Beaverton support 50 people that are previously homeless? There are no legitimate reasons to believe it cannot, so long as the support services are of high quality. Larger supportive housing initiatives elsewhere have proven effective and larger multi-unit residential housing has been successful in other smaller Ontario communities. Here are some reasons why the Beaverton project is likely to be successful with 50 units:

- There are 24/7 supports available on-site;
- There are meals provided on-site;
- There are socio-recreational activities on-site;
- There is access to telemedicine on-site;

- There is access to income supports on-site.

While residents of the Main Street Supportive Housing can leave the property whenever they wish (like any tenant), there will be few reasons for residents to ever leave the property in such a manner that will unduly disrupt existing Beaverton residents. It is anticipated that residents may make use of public spaces like parks. They may also make use of the library. Occasionally, some residents may engage in some shopping (primarily for things like snacks or cigarettes). Furthermore the site that the building is on, with a long-term care home on one side, train tracks on the other, and across the street from a curling club and arena, are unlikely to have immediate impacts on surrounding neighbours when residents use the outdoor space surrounding the building while remaining on the property.

## SIZE OF THE DEVELOPMENT RELATIVE TO THE STATE OF INCOME IN THE COMMUNITY

Implicit in the concerns raised by some of the residents is whether or not 50 economically poor people can be accommodated in the community. The short answer is yes. Again, look at comparisons to other Ontario communities of almost identical size:

*Table 3: State of Income of Beaverton and Ontario Communities of Comparable Size*

	<b>Beaverton, Ontario</b>	<b>Frankford, Ontario</b>	<b>Capreol, Ontario</b>
Population (2016)	2,822	2,825	2,815
Percentage of tenants spending 30% or more on shelter costs	57.7%	41.9%	41.8%
Unemployment rate	7.7%	7.2%	10.6%
Average after tax income	\$34,102	\$33,708	\$37,007

Accommodation in the supportive housing in Beaverton will be highly affordable. For residents on income assistance (e.g., Ontario Works, Ontario Disability Support Program), the rent amount will be equivalent to the shelter allowance portion of their income assistance. For people on Ontario Works, that is \$390 per month<sup>18</sup>, and for people on

Ontario Disability Support Program that is \$497 per month<sup>19</sup>. Other residents who are working will pay an affordable percentage of their gross income towards rent, which should be 30% in most, if not all, instances.

## **SIZE OF THE DEVELOPMENT RELATIVE TO EXISTING ADDICTIONS AND MENTAL ILLNESS IN THE COMMUNITY**

Unspoken, but implied in some concerns, is that the supportive housing development will increase the volume of people with addictions and/or mental illness into the community. Not every person that will move into the Beaverton supportive housing will have an addiction and/or a mental illness, though it is safe to assume that many will. Based upon Statistics Canada data that examines rates of addiction within the overall Canadian population<sup>20</sup>, it is safe to assume that approximately 610 existing housed residents of Beaverton have had an addiction at some point in their life, and approximately 282 have an addiction at the present time. The supportive housing will add more people with addiction to the community; however, the community already has people living successfully within it who live with an addiction.

Using estimated rates of mental health problems or illness in the Canadian population from the Canadian Mental Health Association<sup>21</sup>, it is safe to assume that 564 existing housed people in Beaverton each year will personally experience a mental health problem or illness. The supportive housing will add more people with a mental health problem or illness to the community; however, the community already has people living successfully within it who live with a mental health problem or illness.

If it is assumed that two-thirds of the supportive housing residents live with an addiction, this represents an 1% increase in the volume of people living with an addiction in the community. If it is assumed that two-thirds of the supportive housing residents live with a mental health problem or issue, this represents a 1% increase in the volume of people living with a mental health problem or issue in the community. Neither of these rates pose a considerable increased saturation of people with addiction or mental illness in the community. Furthermore, discriminating on the grounds of either would likely be very problematic from a legal perspective.

# SUITABILITY OF THE INTAKE PROCESS THROUGH THE BY-NAME LIST

Coordinated Access is a requirement of all communities that receive federal funding through *Reaching Home*. The By-Name List is part of that process. Housing access comes through one consolidated list of all people experiencing homelessness. This is fair and transparent.

In creating a process for matching people who are homeless to available housing, the community establishes prioritization criteria for different types of housing, including supportive housing. People with the highest needs, meeting most or all of the priority criteria, are offered supportive housing first. Filtering can be done based upon factors like location of housing, acuity of prospective residents, or presence of specific strengths or barriers to housing stability of the individual. The point is this: the By-Name List allows a community to match the right person to the right housing and support intervention in the right order based upon the best available information.

*Table 4: Proposed Breakdown of Supportive Housing Units*

Unit Volume	Description
10 highest intensity units	10 individuals with complex and co-occurring issues with higher acuity that would benefit from very intensive supports
20 high intensity units	20 individuals with complex and co-occurring issues, usually one or two issues related to mental health, chronic physical health, and/or substance use disorder. Still require intensive supports, but able to manage independent living in their own bachelor suite.
10 moderately high intensity units	10 individuals in the higher end of the moderate acuity range, usually with one high intensity life issue (e.g., mental health, chronic physical health condition or substance use disorder) and moderate or no issues in other life domains

Unit Volume	Description
10 units proportionately allocated to people with higher acuity	10 individuals from different subpopulations (e.g., youth, older adults, Indigenous persons, LGBTQ2S+, unsheltered) should specifically be targeted and invited to live in the building, if they are amongst the higher acuity individuals within their subpopulation group and not adequately represented in the other unit categories

The intentional mix must be layered against: a) a preference for people from North Durham; b) meaningful choice on the part of the individual being offered the unit that they desire to live in a smaller community in the northern part of the Region.

# POTENTIAL RISKS AND PROPOSED MITIGATION

## QUALITY OF SUPPORT SERVICES

The future success of the Beaverton supportive housing hinges on the quality of the support services provided. The operator must be top-notch professionals who are appropriately trained on how to deliver high quality supportive housing, meeting the needs of residents with complex and co-occurring issues. Consideration may be given to bringing in external expertise to assist with writing the Request for Proposals for the operator, selecting the preferred applicant, and/or providing training, coaching and monitoring of service for the first 12 months of operations. In addition, the Region may go a step further and fully articulate the exact services it wants and how, and then have service providers bid in a manner more aligned with a Purchased Service process than a Request for Proposals.

## TOO MANY PEOPLE ALL AT ONCE: STAGGER THE MOVE-IN

If 50 people move in all at once, it is difficult to attend to everyone's needs during their period of adjusting to the new housing, and makes it difficult for staff to help create a culture of belonging and safety in the building. The following is offered for consideration in managing the move-in process:

*Table 5: Proposed Staggered Move-in of Supportive Housing Tenants*

	First Cohort	2-4 Weeks After First Cohort	4-8 Weeks After First Cohort	8-12 Weeks After First Cohort	TOTAL
10 highest intensity units	3	3	3	1	10
20 high intensity units	5	5	5	5	20
10 moderately high intensity units	0	3	3	4	10
10 units proportionately allocated to people with higher acuity	2	2	3	3	10
<b>TOTAL</b>	<b>10</b>	<b>13</b>	<b>14</b>	<b>13</b>	<b>50</b>

## SERVICE ORIENTATION OF SUPPORT SERVICES

The service orientation for the support services has to align to best practice in supportive housing. Amongst these:

*Table 6: Core Service Orientation for Supportive Housing*

<b>Key Feature of the Service Orientation</b>	<b>Commentary</b>
Trauma-informed	The service provider must embrace that trauma is widespread within the population being served, and as such orient all engagements toward a trauma-informed orientation.
Harm Reduction	Many of the residents will engage in the use of alcohol or other drugs, or participate in other higher risk behaviours. A harm reduction orientation is necessary to improve safety, reduce immediate harms to the person, other building residents and the community at large, and build rapport that is necessary to assist people in exploring treatment options if they so desire.
Strength-based	With the population to be served, it will be easy to see deficits; it will be critical to see and build off strengths to help people achieve residential stability and integrate into the new building and community. Supports must be person-centred and case support plans must be individualized for each person.
Mental Health Recovery-orientation	Given that many of the residents will live with mental illness, a service provider that understands what mental health recovery is, how to support it and integrate it within day to day practice will be essential.

## COMMUNITY INTEGRATION

While the development is designed to allow for considerable services in-house, including meals and a range of socio-recreational activities and supports, the residents are not prisoners. They should be welcome to explore and engage with the broader community. If there is a sense of “otherness” and supportive housing residents are ostracized from the

start, integration with community will be difficult. Intentional engagement strategies like having supportive housing residents participate in already scheduled community events may be helpful. Furthermore, inviting the broader community to make use of amenities on the site will also help existing residents of Beaverton see the Main Street development as an asset to the broader community. Any efforts at community integration will, of course, have to function in accordance with protocols to mitigate spread of COVID-19.

## **INFORMED CHOICE TO LIVE IN THE COMMUNITY**

Choice is one of the critical foundations of Housing First. This includes choice in where a person wants to live. The Beaverton setting is aligned to known promising practices in supportive housing - ensuring supportive housing is available in smaller communities and more rural settings. It can be a great opportunity for supportive housing residents to heal and recover in a quieter, community-focused environment. But, this type of situation won't be for everyone. It is recommended that prospective residents be well informed of where they are living, the resources and amenities that are available and are not available, and even tour the community before making an informed choice to live in Beaverton.

## **SUPPORTIVE HOUSING RESIDENT INVOLVEMENT IN COMMUNITY-BUILDING**

Creating a culture of acceptance, and appropriate social interaction within the building, is an intentional process. Consideration should be given to creating a Resident Advisory Board of supportive housing residents immediately upon the building being fully occupied. This should be a feedback loop for the support service provider and for funders. Furthermore, the Resident Advisory Board can help plan socio-recreational events for supportive housing residents, and help plan events that may be of interest to the broader community.

## **SAMPLE SIZES OF ONE**

There will be one or more issues of a supportive housing resident within the broader Beaverton community. This will be put under a microscope and used as an example of the failure of the entire supportive housing development. It is, therefore, critical that data be maintained on the wellness and success of residencies in the building, improvements in quality of life, decreased acuity, and positive community connections. Summary (aggregate, non-identifying) statistics may be published monthly on a publicly accessible



website or available upon request. In addition, as discussed later, it will be important to have a well-established, transparent grievance policy if there are concerns that need to be addressed.

## **COMMUNITY CONFLICT**

Some housed residents of the existing Beaverton community have already expressed concerns with regards to the supportive housing building slated for Main Street. While it is hoped that through education and time these concerns dissipate, that is not guaranteed. The social support provider should aim to be responsive to concerns from the broader community as a good neighbour, but should not alter who is invited and selected for supportive housing, or negatively impact the services offered to supportive housing residents.

# **R**EVIEW OF QUESTIONS & ANSWERS ON THE REGION OF DURHAM WEBSITE

## EXISTING QUESTIONS AND ANSWERS<sup>22</sup>

There are a few areas where it is recommended that answers be further clarified:

1. On the matter of success rate, it is recommended that the existing response be supplemented with the following:

Success is measured on a person by person basis. Success for one person may look quite different from success for another person. For example, for one person paying their rent on time and in full three months in a row may be a huge achievement, while for another person, success is no visits to the emergency room for three months.

When success is measured across the entire building, then it is common to examine the percentage of people that maintain housing over any 12 month period, and specifically tracking residents of supportive housing that return to homelessness. When examining data from other supportive housing studies, it is appropriate that a target of 75% of all residents not returning to homelessness in any 12 month period be sought. This measure of success is a result of efforts on the part of the individual resident, as well as the quality of support services that are provided.

2. On the matter of issues people may have heard about in temporary homeless shelters, it is recommended that the existing response be supplemented with the following:

Statistically speaking, there is a strong likelihood that some existing housed residents of Beaverton also live with mental illness and/or addiction, and have demonstrated it is possible to stay housed and live with profound life issues such as these. Furthermore, residents of supportive housing are able to access intensive support, which should reduce the impact of these types of issues on the broader community.

3. On the matter of police/security, it is recommended that the existing response be supplemented with the following:

The supportive housing will be home to the new residents. It is not institutional care or incarceration. Residents of supportive housing are able to come and go as they please. Individual residents of supportive housing are responsible for their own actions and are not immune to the law.

4. On the matter of access to medical care and doctors, it is recommended that the existing response be supplemented with the following:

It is likely that some of the residents will already have health care supports in place, and as such each individual case will be examined to determine if those supports can continue or if new connections need to be made. For example, if a supportive housing resident comes from North Durham and already has a health care provider in North Durham efforts would be made to sustain that existing connection.

## OTHER INFORMATION TO CONSIDER PROVIDING

Consideration may be given to adding the following questions and answers:

- *How does the cost of supportive housing compare to the cost of supporting the same person in homelessness?*

Ontario estimates indicate supportive housing costs approximately \$72 per person per day to operate<sup>23</sup>. The same person using shelter services in Durham Region would cost upwards of \$100 per day depending on what type of emergency accommodation they are provided (hotel stays are most costly than shelter stays, but both make up the contingent of available emergency accommodation options currently).

- *How much rent will people in the supportive housing pay?*

The income sources amongst the supportive housing residents will vary. For example, some will have Ontario Works as their income, others will be on the Ontario Disability Support Program, and others still will have pension or other

sources of income such as employment income. Those on Ontario Works or the Ontario Disability Support Program will pay the shelter portion of their social assistance on rent each month - \$390 and \$497 respectively. For people with other sources of income, rent will generally be 30% of gross monthly income.

- *Is the housing transitional?*

No. This is permanent housing. Some residents of the supportive housing will likely live in the building until they are no longer able to care for themselves or pass away. Others may voluntarily relocate at any point in time, but are not required to leave or transition within a predetermined period of time.

- *Will supportive housing residents be required to stay on the supportive housing property?*

No. Residents can come and go as they please. It is their home. Just like any Beaverton resident can come and go from their home as they please.

- *How will the quality of the services be monitored by the Region?*

The Region undertakes monitoring of all homelessness and housing support programs that it funds to ensure ongoing prudent use of public funds and excellence in service delivery. In the event there are any issues with services detected through monitoring, a remediation plan is put into effect to assist the service provider in meeting contractual service expectations. In extreme cases, consideration can be given to contracting with an alternative service operator.

- *Can supportive housing residents have guests over?*

Yes. As part of the support services, residents will be supported in having an appropriate number of guests only, and working to ensure that guests do not negatively impact other residents.

# C

## ONCERNS RAISED BY EXISTING HOUSED BEAVERTON RESIDENTS

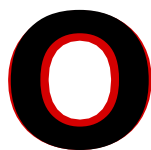
Concerns have been raised by housed residents of Beaverton. These types of concerns are not uncommon when there is a new housing development that is affordable, let alone specifically targeted to people that have an experience of homelessness and co-occurring life issues that benefit from additional supports. In the following table, each of the concerns is named and responded to in order to further educate and make clear what supportive housing is and is not.

*Table 7: Resident Concerns and Response*

Concern	Comments
Lack of public consultation prior to Regional approval	The site appears to be appropriately zoned for the intended use. There are no amendments or adjustments necessary. As such, no public consultation is required by law, regulation or statute. Zoning specifically addresses the type of use (e.g., residential) not the type of people (the residents). If the residents of Beaverton were seeking consultation with regard to who is going to live in the supportive housing, or the fact that it is supportive housing at all, this is discrimination. If the consultation is about knowing more about what the project is, what it will look like, and how it works, the Region did not need to undertake this consultation prior to approval and is appropriately engaged in that process now, with engagement of all interested parties happening in late October.

Concern	Comments
Lack of research for the proposed location	Regional staff, when presented the opportunity to develop the housing, seem to have completed due diligence throughout the entire Region. The site appears to be well suited to modular development. North Durham does not have a disproportionate amount of supportive housing or services to people experiencing homelessness. In fact, the development will result in more resources available to this part of the Region (e.g., access to Ontario Works at the ancillary building) which better meets the needs of the broader community.
Lack of studies demonstrating need in this area	OrgCode completed a previous housing need study for the Region. The study considered the Region as a whole. As Beaverton is within the Region, it is in keeping with the needs identified in the study.
Lack of tender for the design, delivery and installation of the 50 housing units	This study has found no evidence of the Region running afoul of its own purchasing and procurement policies. In fact, the study has found that cost savings were likely found through the approach the Region participated in, piggybacking with Toronto on the order for modular housing.
Lack of priority for North Durham residents	More than 100 people from North Durham have tried to access homelessness support programs this year. The Region has been clear that people from North Durham will be considered in prioritization for access to the supportive housing.

Concern	Comments
<p>Lack of access to necessary community services (as outline in the <i>Ontario Supportive Housing BestPractices Guide, March 2017</i>)</p>	<p>The residents further include a listing of the following, as presumably in the <i>Guide</i>: addiction/treatment facilities; medical services; emergency services; transportation; shopping; recreation; employment; and, social networks. Almost none of these types of services are named in the <i>Best Practices Guide</i>. For example, the <i>Best Practices Guide</i> makes zero mentions of addiction/treatment facilities, medical services or emergency services. Where transportation is concerned, the <i>Guide</i> includes assistance with transportation as one of the elements a supportive housing provider can arrange to help people connect to community events. There is no mention of public transportation anywhere in the <i>Guide</i>. Beaverton has some shopping, recreation, employment, and social network opportunities. In fact, the proposed supportive housing development in Beaverton meets or exceeds the recommendations of the <i>Best Practices Guide</i> including elements omitted in the residents' concerns such as ensuring supportive housing is available in a range of settings, both rural and urban environments.</p>



## OTHER CONSIDERATIONS BASED UPON EXPERTISE

Based upon OrgCode's work on other supportive housing projects, the following is offered for consideration:

### ESTABLISH MEASURES FOR SUPPORTIVE HOUSING RESIDENT OUTCOMES IN ADVANCE OF THE OPENING

Measurement will be key to adjusting management and supports within the building. It is important to have predetermined measures that are tracked, as opposed to waiting for residents to move in and then trying to figure out which measures to track and which data to collect. At a minimum, there should be agreement to measure and make adjustments based upon the following: retention; changes in quality of life; changes in health outcomes; and, social connectedness. Satisfaction with the Beaverton community may also be measured.

### PREDETERMINED APPROACH TO GAINING SUPPORTIVE HOUSING RESIDENT FEEDBACK

Neither the support services provider nor the Region of Durham should have to guess or rely on anecdotes to understand how supportive housing residents feel about the building, services and/or community. Establishing feedback loops prior to residents moving in will be important. This can include a quarterly or annual feedback survey, focus groups with supportive housing residents, or the use of technology like electronic feedback kiosks.

### ENSURE APPROPRIATE STAFF TO RESIDENT RATIOS IN SUPPORTIVE HOUSING

Insufficient staffing is a common problem in buildings of this size for the population of residents to be supported. Consideration may be given to the following where support staff are concerned:



*Table 8: Proposed Shift Breakdown of Support Services*

	<b>Number of Staff</b>	<b>Shift Coverage</b>	<b>Days of the Week</b>
<b>Resident Assistant Day Shift</b>	2	1 @ 6am-2pm; 1 @ 7am-3pm	Sunday through Saturday
<b>Resident Assistant Afternoon Shift</b>	2	1 @ 1pm-9pm; 1 @ 2pm-10pm	Sunday through Saturday
<b>Resident Assistant Night Shift</b>	2	1 @ 10pm-6am; 1 @ 11pm-7am	Sunday through Saturday
<b>Team Leader</b>	2	1 @ 7am-3pm; 1 @ 3pm-11pm	Monday through Friday
<b>Case Manager</b>	2	1 @ 8am-4pm; 1 @ 10am-6pm	Monday through Friday

The above model ensures sufficient shift overlap for information exchange, 24 hour coverage and allows for distinguishing between assistance and case management. An overnight and weekend Team Leader on call function is recommended as well. If there is an onsite manager, they can take the place of one of the Team Leader positions noted in the table above.

Food services, property maintenance and ancillary supports would be in addition to the support staff position laid out for consideration.

## **BUILDING AND COMMUNITY ORIENTATION**

Not only will it be a new building at the start, it will be a new place to live and a new community to live in for many of the supportive housing residents. Thoughtful planning and engagement can help promote pride of the asset from the beginning, the creation of home, and help people integrate into the Beaverton community.

Internal to the building, property maintenance staff should consider preparing an “Intro to Your Unit” program that runs through the basics of how everything operates in the

building and who to contact and when in the event of damage or an emergency. Other staff should orient new residents to the fire safety plan, COVID considerations in the building, social events, and practical things like where to do laundry and when, how the dining hall works, where to get mail, and where guests with vehicles should park.

Outside of the building, a walking tour to downtown Beaverton is recommended to familiarize new residents with various shops (e.g., where to get cigarettes), and natural features of interest within walking distance of the new building (e.g., park space).

## **TRANSPARENT RESIDENT SELECTION CRITERIA THAT IS ALIGNED TO BOTH HOUSING FIRST AND BY-NAME LIST**

The Region has already messaged the alignment to Housing First, the intention to use the By-Name List of Coordinated Access, and prioritization for North Durham people experiencing homelessness as important for filling the 50 units within the new development. Being transparent of what exactly this means and how it will be operationalized will be important for prospective residents, homelessness serving organizations that may think they have prospective residents, and the broader Beaverton community that wants to ensure preference is given to North Durham people.

## **SAFE, PLANNED SOCIO-RECREATIONAL GATHERINGS WITHIN THE BUILDING FROM THE BEGINNING**

Socio-recreational gatherings are a form of meaningful activity that helps build community. It can assist with getting supportive housing residents out of their unit and engaged with other residents. Supportive housing tends to struggle with trying to implement these sorts of events with good turnout after a building is already established. Consideration should be given to at least one activity every two weeks. Examples could include physically distant movie projected in the parking lot (drive-in style but with portable chairs), games night, BBQ, art projects, etc. This may also be an opportunity to invite the broader Beaverton community to participate, or have trained volunteers organize and operate the events. Measures to prevent the spread of COVID-19 will be important in the implementation of these types of activities.

## **MIX WITHIN THE BUILDING**

With the exception of the 10 units for the most acute people living in the supportive housing, it is strongly encouraged that the remaining 40 supportive housing residents be mixed throughout the building instead of “ghettoizing” pockets of people based upon their support needs. The more mix there is, the greater the potential for community development and appropriate social integration throughout the building.

The Region may also wish to reconsider having any shared space for the 10 individuals with the most acute needs. Independent bathrooms, for example, will decrease conflict and in other supportive housing evaluations, have proven to be the least desirable aspect of living in supportive housing. Furthermore, having 40 residents with high degrees of independence and 10 with less will make those 10 perhaps feel and be treated as less than by other residents, or even staff. In addition, so long as the pandemic continues, sharing spaces in this way will create a considerable health and safety burden on building residents and staff to maintain physical distancing and cleanliness.

## **AUTOMATIC PAYMENT OF RENT ENCOURAGED**

Collection of rent is a normal part of the rental relationship. It can also be a huge burden on staff time and can create conflicts when people are late. In rare instances, in supportive housing it can lead to eviction. To help mitigate this, it is strongly encouraged that direct payment of rent occur through income supports whenever possible, or that there be automatic withdrawal of rent payments on “cheque day” for people on assistance. For people with other sources of income, arranging for automatic withdrawal from a bank account is also encouraged whenever possible. This can be normalized as part of the offer to live in the building, and the orientation of business functions within the building.

## **COVID CONSIDERATIONS**

So long as Canadian society is impacted by COVID, measures will need to be taken to protect the safety of staff and residents in the building. As previously noted, consideration may need to be given to adjusting the 10 units for highly acute people that were intended to share bathroom facilities. Furthermore, as the building is providing food services on site, consideration will need to be given to how people access food while remaining physically distant, and how they are to safely eat in a shared dining space when physical distancing is in effect.

## **GUEST MANAGEMENT**

Some supportive housing has struggled with guests in the building. The Region and/or the support services operator will need to develop policy related to visiting hours, the number of visitors a person can have at a time, whether or not overnight guests are allowed, and whether or not the supportive housing resident has to accompany their guest at all times while in the building. It is strongly recommended that all guests must engage with a staff person upon entry to sign in, and that the same person has to sign out upon exit.

## **GRIEVANCE POLICY**

Supportive housing residents and their families, staff, and community residents and neighbours benefit from having a well-defined, operational grievance policy that is followed in the event that any of the parties wish to lodge a complaint against the supportive housing. There must be a timely, impartial review process and action-oriented resolution. Analyzing grievance data over time should also point to service, process or building improvements that can be made to decrease the likelihood of the same grievances repeating over and over again.

## **INDEPENDENT EVALUATION**

After one full year of being completely occupied, it is recommended that the Region spearhead an independent evaluation of the opening, onboarding, and operations of the supportive housing. After that time, recommendations are likely that will help further refine operations and further improve resident outcomes.



# C ONCLUSION

133 Main Street, Beaverton, Ontario is a suitable location for 50 units of supportive housing, so long as:

- The 50 units contain a mix of higher acuity individuals and the higher end of moderate acuity;
- Supportive housing residents make an informed choice to live in Beaverton;
- The support services provider is appropriately trained, is knowledgeable of the population, provides the right intensity of support services, and aligns to the right service orientation for the mission;
- There is suitable monitoring of service quality by the Region;
- There are appropriate ratios of support staff to the volume of supportive housing residents at all times;
- Not all 50 supportive housing residents move in at the same time;
- Anticipated ancillary resources come to fruition (e.g., telemedicine);
- Socio-recreational activities and other meaningful daily activities are planned for and implemented with supportive housing residents;
- Explicit efforts are made to be a good neighbour by all parties.

For the supportive housing to succeed over the long-term, two ingredients will be essential as well: patience, and, continuous improvement. Things will not be perfect. There will be growing pains for at least the first year as the supportive housing residents, staff and broader community adapt to the new housing. However, the community will likely be of benefit to the supportive housing residents that choose to call Beaverton home.

## ENDNOTES

<sup>1</sup> Anirban Basu et al., "Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care," *Health Services Research*, February 2012, Vol. 47, No. 1, Part II, pp. 523-543.

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Wright, Bill et al., "Formerly Homeless People Had Lower Overall Health Care Expenditures After Moving Into Supportive Housing," *Health Affairs* 2016 35:1, 20-27.

<sup>2</sup> <https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html>

<sup>3</sup> Data provided by the Region of Durham, October 2020.

<sup>4</sup> [https://amho.ca/wp-content/uploads/AMHO-Supportive-Housing-Report\\_Web-final\\_April-6.pdf](https://amho.ca/wp-content/uploads/AMHO-Supportive-Housing-Report_Web-final_April-6.pdf)

<sup>5</sup> <https://amho.ca/our-work/supportive-housing/>

<sup>6</sup> [https://amho.ca/wp-content/uploads/AMHO-Supportive-Housing-Report\\_Web-final\\_April-6.pdf](https://amho.ca/wp-content/uploads/AMHO-Supportive-Housing-Report_Web-final_April-6.pdf)

<sup>7</sup> <https://www.durham.ca/en/economic-development/invest-and-grow/demographics-and-statistics.aspx>

<sup>8</sup> [https://www.homelesshub.ca/sites/default/files/attachments/PROOF3\\_2018PIT\\_Report\\_CD-1.pdf](https://www.homelesshub.ca/sites/default/files/attachments/PROOF3_2018PIT_Report_CD-1.pdf)

<sup>9</sup> Data provided by the Region of Durham, October 2020.

<sup>10</sup> <https://www.durham.ca/en/living-here/new-supportive-housing-projects.aspx#What-is-the-success-rate-for-individuals-in-this-type-of-setting>

<sup>11</sup> *ibid.*

<sup>12</sup> This pertains exclusively to supportive housing as defined in this report. While other forms of housing with supports have been implemented, these are not, technically, supportive housing.

<sup>13</sup> Based. Upon By-Name List data provided by the Region of Durham, October 2020.

<sup>14</sup> <http://www.mah.gov.on.ca/assetfactory.aspx?did=15988>

<sup>15</sup> [https://www.mentalhealthcommission.ca/sites/default/files/PrimaryCare\\_Turning\\_the\\_Key\\_Full\\_ENG\\_0\\_1.pdf](https://www.mentalhealthcommission.ca/sites/default/files/PrimaryCare_Turning_the_Key_Full_ENG_0_1.pdf)

<sup>16</sup> <https://ontario.cmha.ca/documents/rural-and-northern-community-issues-in-mental-health/>

<sup>17</sup> <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=POPC&Code1=0053&Geo2=PR&Code2=35&SearchText=Beaverton&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=0053&TABID=1&type=0>

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<sup>18</sup> [https://www.mcass.gov.on.ca/en/mcass/programs/social/directives/ow/6\\_3\\_OW\\_Directives.aspx](https://www.mcass.gov.on.ca/en/mcass/programs/social/directives/ow/6_3_OW_Directives.aspx)

<sup>19</sup> [https://www.mcass.gov.on.ca/en/mcass/programs/social/directives/odsp/is/6\\_2\\_ODSP\\_ISDirectives.aspx](https://www.mcass.gov.on.ca/en/mcass/programs/social/directives/odsp/is/6_2_ODSP_ISDirectives.aspx)

<sup>20</sup> <https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11855-eng.htm>

<sup>21</sup> <https://cmha.ca/fast-facts-about-mental-illness>

<sup>22</sup> As reviewed October 21, 2020

<sup>23</sup> <https://ontario.cmha.ca/provincial-policy/social-determinants/housing/>

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October 26, 2020

John Henry  
Regional Chair and CEO, Regional Municipality of Durham  
605 Rossland Road East  
Whitby ON L1N 6A3

Dear John Henry:

**Re: Social Services Relief Fund (SSRF) – Phase 2  
Service Manager Business Case Approval**

As you know, this summer, my ministry announced \$362 million in new provincial and federal funding under a second phase of the Social Services Relief Fund (SSRF) to help protect vulnerable people from COVID-19. The Social Services Relief Fund has been effective in supporting Service Managers and Indigenous Program Administrators to respond quickly, adapt services, and address the housing and economic impacts of COVID-19 in their communities. The additional investment of SSRF Phase Two can help Service Managers and Indigenous Program Administrators continue to protect homeless shelter staff and residents, expand rent support programming and create longer-term housing solutions.

This brings the government's total Social Services Relief Fund investment provided to Service Managers and Indigenous Program Administrators to \$510 million.

This is part of our commitment of up to \$4 billion for municipalities across the province under the federal-provincial Safe Restart Agreement. This funding will help municipalities protect the health and well-being of the people of Ontario while delivering critical public services, such as public transit and shelters, as the province continues down the path of renewal, growth and economic recovery.

Prior to receiving SSRF Phase 2 funds, you were asked to submit a business case to the Ministry. The business case process provided an opportunity for you to outline how your initial planning allocation would be used and assisted the Ministry in ensuring that funds were being directed to the communities most in need. The business cases were reviewed by the Ministry, as well as an inter-ministerial working group, which made recommendations on funding decisions.



The Ministry has now completed its review of your business case, and I am pleased to confirm that we have **approved** your plan in accordance with a total planning allocation of **\$3,634,016** for the fiscal year 2020-21.

I want to acknowledge that, in addition to the capital and operating plans being approved with this letter, many Service Managers have submitted as part of their business cases additional capital proposals (i.e., additional proposals where submitted in response to Question 12 in the business cases). Where applicable, the Province encourages Service Managers to consider submitting these additional capital proposals under the federal government's Rapid Housing Initiative to maximize the potential benefits to Ontario's housing as well as the good work done by Service Managers as part of this process.

As communicated to you in August 2020, to ensure SSRF Phase 2 funding is targeted to where it is needed most, the Ministry has held back a portion of the total SSRF Phase 2 funding from the initial planning allocations. Decisions on how to allocate this hold back will be determined over the coming weeks and months based on emerging public health needs and progress to date as indicated through required program reporting. This will allow us to target these remaining investments where they are most required, as the public health situation continues to evolve. Service Managers will be notified when decisions are made to allocate this remaining funding.

### **SSRF Phase 2 Funding and Reporting**

Now that your business case has been approved, we will provide an initial payment of up to 75 per cent of operating funding based on the projections made in your approved business case. This payment will be processed shortly.

Funding for capital projects will be dispersed based on project submissions and the funding schedule outlined in the Program Guidelines. For each capital project, you must complete and submit a Project Information Form through the Transfer Payment Ontario (TPON) system for Ministry approval.

Please note that you are required to submit an interim report by **December 15, 2020** on your use of SSRF Phase 2 funds and projected spending. A subsequent operating payment will be made following the submission and approval of this report and attestation.

As part of the quarterly reporting requirements, you will also be required to report actual expenditures for the previous financial quarter and revised projections for subsequent quarters by the relevant spending category by **January 31, 2021**. For your year-end reports, you will also be required to report on data collected on specific performance indicators.

Please note that all SSRF Phase 2 reports must be submitted through the TPON system, in accordance with the program guidelines.

Thank you again for your tireless work supporting Ontario's most vulnerable residents during this challenging time. I appreciate your continued commitment to ensuring that the province's significant investments through SSRF are directed to where they are needed most, and I look forward to continuing our work together as we serve the people of Ontario.

Sincerely,

A handwritten signature in blue ink that reads "Steve Clark". The signature is fluid and cursive, with the first letters of "Steve" and "Clark" being capitalized and prominent.

Steve Clark  
Minister

c. Elaine Baxter-Trahair, Chief Administrative Officer  
Alan Robins, Director, Housing Services



# The Regional Municipality of Durham Report

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To: Health and Social Services Committee  
From: Commissioner of Social Services  
Report: #2020-SS-16  
Date: December 3, 2020

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**Subject:**

Community Social Investment Framework (CSIF)

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**Recommendation:**

That the Health and Social Services Committee recommends:

That this report be received for information.

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**Report:**

**1. Purpose**

- 1.1 The purpose of this report is to provide Council with an introduction and overview of current work that is underway within the Social Services Department for the development of a Community Social Investment Framework (CSIF).

**2. Background**

- 2.1 As noted in the Regional Recovery Framework and Action Plan (#2020-COW-22), the development of a Community Social Investment Framework that will support the allocation of social services investments to community non-profits serving residents who are facing the greatest needs and barriers, was noted.
- 2.2 As a result of the Recovery efforts, a comprehensive overview, analysis and review of the current process surrounding the community investment allocations within the department, was conducted. This was initiated, in partnership with the Region's Internal Audit Division (IAD) within the Finance Department.
- 2.3 The project has since been led by the Social Services Department, with continuing consultations across the Region (e.g. Economic Development and Tourism, Finance, CAO's office).

### **3. Previous Reports and Decisions**

- 3.1 Report #2020-COW-22, Regional Recovery Framework and Action Plan.

### **4. Comparable Models and Jurisdictional Scan**

- 4.1 A jurisdictional scan was conducted, where comparable models and approaches were reviewed and summarized for the identification of best practices. These models included; City of Toronto, Region of Peel, and the City of Ottawa.
- 4.2 Each municipality approached the allocation of funding related to community social investments, in a similar manner:
- a. Funding streams noted for capital, governance shortfalls, ongoing and sustainability requirements, etc.
  - b. An existing scoring system and clear process for applications,
  - c. Linkages to principles and values noted within the municipality's Strategic Plans,
  - d. An annual review process and transparency of reporting to Council,
  - e. Community engagement and feedback utilized for the development of the approaches.
- 4.3 Peel Region's 'Organizational Effectiveness' tool was of key interest to our development and will be utilized as an approach to accountability and transparency of decision making.

### **5. NEW- Community Social Investment Framework**

#### **Community Engagement Considerations**

- 5.1 The level of community participation during early stages of the design and development of social policy and programs can lead to an increased perception of value related to positive community outcomes and sustainability. Further, engaging stakeholders and community partners in a co-productive manner to develop the final Framework or – in other words – serve the community rather than steer, will create a better end product that 'listens' to the users of the programs.
- 5.2 The Department will utilize consensus to inform the planning of the Framework but ensure that our community partners are informed of the limitations, relevant legislation, as well as funding constraints, so that recommendations and engagement activity is an informed process.
- 5.3 Ultimately, the Framework presents an opportunity for the Social Services Department to engage with the larger community in the development of this Framework and can do so in a manner that is sincere to see positive perceptions from community partners around the fairness of the project and the impact and effect of long-term outcomes.

## **Community Safety and Wellbeing Plan Linkages**

- 5.4 The Region's Community Safety and Well-Being (CSWB) Plan is guided by the Ministry of the Solicitor General's Planning Framework, which defines the ultimate goal as achieving sustainable communities where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.
- 5.5 Within the CSWB Plan, municipalities can identify where there is already work underway in the community to address a specific issue and to avoid duplication, identify existing strengths and resources, determine where there may be gaps in services or required resources, and capture opportunities.
- 5.6 Within the Community Social Investment Framework, data will be gathered around community funding allocations that address variables of social services and community well-being. This data will be useful in identifying gaps and opportunities within our community.

## **Diversity and Inclusion**

- 5.7 As the Framework is further developed, staff will work alongside with the newly established Diversity, Equity and Inclusion Division within the CAO's office to ensure an active role in the coordination of services and development of service provider organizations in the Region, particularly non-profits.
- 5.8 Within the Framework, specific intent and consideration will be given to agencies that support Black and racialized communities.
- 5.9 In response to the Truth and Reconciliation Commission's call to action, the Framework will seek to build a unique relationship with Indigenous organizations to partner, support and build the capacity of Indigenous peoples and organizations.

## **Clear and Transparent Application Process**

- 5.10 The importance of a clear and transparent process of community investment allocation decisions is integral to the success of this program. An accessible and simple process for indicating an intent to apply for funding, followed by a more rigorous review and risk assessment will be included in this Framework. This will include a web-based fillable form that will be sent to a common email address for further follow up and review by a Regional staff member. This will ensure that community agencies have an opportunity to express an interest in funding and provide a resource for the Region to identify and quantify needs and funding gaps in the community.
- 5.11 Determining the level of oversight and detail required from the agency receiving the funding can be assessed through risk-based measures influenced by defined thresholds. Utilizing a risk-based approach, the Region will be able to assess the

capacity of the community agency's organizational effectiveness and probability of sustainability.

5.12 Building on the "Organizational Effectiveness" tool prepared by the Region of Peel, the following attributes will be assessed against indicators to derive a 'score' which will be provided to the department. On an annual basis, the Region's Internal Audit Division will support the Department in the due diligence review on the tool and framework that will assess for relevancy and effectiveness.

- a. **Operational Design:** This section will review and assess the organization's approach to operations and human resources. Items such as the existence and effectiveness of; performance indicators assessed and tracked against a strategic plan, annual report, mission statement, vision statement, clear mandate, etc.
- b. **Governance Design:** This section will review and assess the organization's capacity and approach to governance. A stable and functioning Board of Directors, succession planning, human resources policies, clear organization chart and defined reporting relationships, board and staff retention policies, etc.
- c. **Human Resources Management:** This section will assess the next layer of staffing that will support the governance framework above. Items assessed would include; clear policies and procedures for staff to follow, evidence of an adherence to all relevant legislation, networking opportunities, education and upgrading opportunities, evidence of staff retention, etc.
- d. **Financial Management:** This section will seek to assess and quantify the strength of the organization's financial management approach. This may include; audited financial statements, history of financial stability – ratios to assess liquidity may be utilized, competency, diversified revenue streams and/or strong fundraising approaches, etc.

5.13 The online tool will be submitted on behalf of the organization applying by an individual that is able to bind the organization and will accurately report the details available. If needed, the Region may seek additional information from the applicants depending on the level of risk identified (e.g. funding request greater than \$100k, low scores achieved in specific areas, etc.).

5.14 Once the "Organizational Effectiveness" tool is completed, the organization's application will be reviewed by a multi-sector review panel that would include staff and community representatives. Currently, this may include the Durham Advisory Committee on Homelessness (DACH), as much of the current funding is related to homelessness initiatives. Any appeals for decisions made by the review panel may be accepted with an opportunity for the organization to present at the committee and/or provide further details, as needed.

## Proposed Funding Streams

- 5.15 The Framework makes considerations for the assessed organizational effectiveness of the agency applying for funding. Utilizing this benchmark and rating will provide staff with a score for the organization and highlight key areas of strength and opportunities for the community organization.
- 5.16 For clarification purposes, the allocations noted within the Framework will support a focus on three (3) funding streams:
- a. **Sustainability Fund:** Utilized with a 3-year partnership commitment (subject to annual approval of the Region's Business Plans and Budget) with the community organization for projects that support medium-term operational costs (e.g. staffing, rent, utilities).
  - b. **Emerging and Emergency Needs Fund:** Utilized to address emerging needs in the community as they arise – homelessness, supportive housing, poverty prevention, etc.
  - c. **Capacity Building Fund:** Utilized to support organizations that are lacking capacity to deliver key programs and services to the community. These programs would align with the Strategic goals of the Region and support the health and well-being of the community. Capacity funding would be provided with a plan in place to leverage partnerships in the community for future sustainability and assessed on an ongoing basis for effectiveness and relevance.

## 6. Next Steps -- Community Investment Framework Implementation

- 6.1 Community consultation and engagement (via the non-profit community) will require significant effort of the staff within the Social Services Department. Staff will explore utilizing existing mechanisms to reach out to community tables and our non-profit partners, to create a well-informed Framework.
- 6.2 Initial planning for this Framework will allow the process to be implemented (even if only partially for accountability) in 2021 – after the Region's Budget has been approved by Council. Subsequent reports will be prepared and shared with Council outlining the community engagement efforts and any recommended revisions to the overall Framework.
- 6.3 A comprehensive Community Engagement Plan will be developed and implemented in 2021, to ensure adequate representation and considerations are made in the creation and expansion of this Framework.
- 6.4 On an annual basis, the Region's Internal Audit Division will support the Department in the due diligence review of the Organizational Effectiveness "tool" and Framework process that will assess for effectiveness and appropriateness of the approach and report on outcomes achieved.

- 6.5 The Framework presented, will be piloted in the Department's Housing Services Division. Specifically, the approach and guiding principles will be utilized for the allocation of homelessness funding through an expression of interest "Working Together to End Homelessness in Durham".

## **7. Financial Implications**

- 7.1 At this time, there are no financial implications for the development and implementation of this Framework.
- 7.2 It is intended that this Framework will enhance the current methods and approaches for allocations to community agencies via service delivery contracts in the Social Services Department (e.g. Homelessness Prevention (CHPI), Social Investment Fund, etc.). To provide further context, in 2020 the total allocations to community agencies under the Community Homelessness Prevention Initiative (CHPI) alone was over \$9M.
- 7.3 For 2021, staff will further support non-profit agencies currently receiving funding, that may be subject to additional constraints within the application process and approach.

## **8. Relationship to Strategic Plan**

- 8.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:
- a. Mobilize our scope of influence by using knowledge and data to inform and engage the community on issues related to poverty.
  - b. Support and promote sustainable communities where everyone feels safe, has a sense of belonging, access to services and where individuals and families are able to meet their education, health care, food, housing, income, social and cultural needs.
- 8.2 Within the Region's Recovery Plan - specifically noted within the Social Pillar - is the development of a Community Social Investment Fund framework. As a result, the Region and the Department of Social Services have committed to the development of a Framework to provide a clear and accountable outcome-based approach to funding community investments.

## **9. Conclusion**

- 9.1 The Department of Social Services has committed to the development of this Framework to provide a clear and accountable outcome-based approach to funding community investments. As a result, there is an opportunity emerging to engage with the larger community in the development of a Community Social Investment Framework (CSIF) and can do so in a manner that is sincere to see positive



perceptions from community partners around the fairness of the project and the impact and effect of long-term outcomes.

- 9.2 Subsequent reports will be prepared and shared with Council outlining the community engagement efforts and any recommended revisions to the overall Framework. As such, there is intent to develop and implement a comprehensive Community Engagement Plan in 2021, to ensure adequate representation and considerations are made in the creation and expansion of this Framework.
- 9.3 For additional information, contact: Jonathan Dixon, Manager, Budgets and Finance, Social Services, at 905-668-7711, extension 2452.

Respectfully submitted,

Original signed by

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Stella Danos-Papaconstantinou  
Commissioner of Social Services



## The Regional Municipality of Durham Report

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To: Health and Social Services Committee  
From: Commissioner of Social Services  
Report: #2020-SS-17  
Date: December 3, 2020

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**Subject:**

Federal Rapid Housing Initiative (RHI)

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**Recommendation:**

That the Health and Social Services Committee recommends to Regional Council:

- A) That funding previously approved by Regional Council to issue a Request for Proposal for affordable housing development be utilized to support local Rapid Housing Initiative (RHI) applications, through the provision of forgivable loans under the Region's Municipal Capital Facility By-law, under terms and conditions satisfactory to the Commissioner of Finance and the Commissioner of Social Services, and
  - B) That in order to support the ongoing affordability of units created under the Rapid Housing Initiative existing benefits such as rent supplements and/or portable housing benefits be utilized and that, if necessary, the Durham Portable Housing Benefit be expanded beyond the existing 35 non-service level subsidies to accommodate this program, and
  - C) In the event that there is excess Regional funding available, the excess will be made available for affordable housing development under the original direction contained within the Master Housing Strategy.
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**Report:**

**1. Purpose**

- 1.1 The purpose of this report is to provide a mechanism to leverage federal funding under the Rapid Housing Initiative to support local affordable housing development and maximize program take-up in Durham Region.

## **2. Background**

- 2.1 As part of the Master Housing Strategy (#2020-COW-27), Regional Council approved the allocation of \$3 million to facilitate the development of affordable rental units through the provision of forgivable loans to affordable housing developers under the Region's Municipal Capital Facility By-law.
- 2.2 This incentive would be delivered through the issuance of a Request for Proposal (RFP) for affordable rental housing development, under terms and conditions satisfactory to the Commissioner of Finance and the Commissioner of Social Services, with recommended rental housing projects being brought forward to Regional Council for approval.
- 2.3 On October 27, 2020 the Government of Canada, through the Canada Mortgage and Housing Corporation (CMHC), launched the Rapid Housing Initiative (RHI) (Attachment #1). This \$1 billion program aims to help address the urgent housing needs of vulnerable Canadians, especially in the context of COVID-19, through the rapid construction of affordable housing by way of either new construction (modular only) or conversions/rehabilitations.

## **3. Rapid Housing Initiative**

- 3.1 The \$1 billion in funding under the RHI is being provided through a Major Cities Stream (\$500 million) and a Projects Stream (\$500 million). Projects in the Region of Durham fall under the projects stream of funding and are application based. Applications must be submitted by December 31, 2020 and will be prioritized based on the strength of the application.
- 3.2 The mandatory minimum requirements for the RHI are,
  - a. Expediency: Occupancy within 12 months of the effective date of the Contribution Agreement with CMHC (no later than March 31, 2021),
  - b. Financial Viability: Non-profits and Indigenous Organizations must provide confirmation of secured operational funding sufficient to cover the ongoing monthly operating and programming expenses, and
  - c. Affordability: all units must serve and be affordable (households are paying less than 30% of gross income on housing costs) to targeted people and populations who are vulnerable and who are also in severe housing need with affordability being maintained for a minimum of 20 years.
- 3.3 In addition to meeting mandatory requirements, the RHI prioritized projects based on a number of criteria, one of which being cost sharing/support from another level of government.
- 3.4 The RHI application deadline of December 31, 2020 does not allow sufficient time to conduct a formal Request for Proposal to solicit interested parties who need to submit an application by the end of the year. According to CMHC, selected proponents will be notified in early February of 2021.

- 3.5 On November 13, 2020 communication was sent to all community partners to share information on the Rapid Housing Initiative and ask for feedback from those who have eligible projects and are interested in submitting an application. In addition, the Region's contact at CMHC is directing all interested parties in the region to contact Housing Services staff.
- 3.6 Partnering with local developers under the RHI increases their chances of being approved under the program and helps the Region meet its goal of 1,000 new affordable housing units by 2024.
- 3.7 In order to secure limited federal funding under the RHI for expedited affordable housing development in Durham Region, it is recommended that funding previously approved by Council to issue a Request for Proposal (RFP) for affordable housing development be utilized to support local RHI applications, through the provision of forgivable loans under the Region's Municipal Capital Facility By-law, under terms and conditions satisfactory to the Commissioner of Finance and the Commissioner of Social Services.
- 3.8 In addition to providing capital funding, non-profits must provide confirmation of secured operational funding sufficient to cover the ongoing monthly operating and programming expenses. Such confirmation must be in the form of a letter from the government or organization providing the funding or copy of the contribution agreement confirming the terms and conditions of the agreement.
- 3.9 In order to support the ongoing affordability of units created under the Rapid Housing Initiative, it is recommended that existing benefits such as rent supplements and/or portable housing benefits be utilized and that, if necessary, the Durham Portable Housing Benefit be expanded beyond the existing 35 non-service level subsidies to accommodate this program.
- 3.10 Projects will be reviewed by an inter-departmental team made up of staff from Social Services, Finance and Planning and will be evaluated based on their alignment with the Durham Housing Plan. CMHC will evaluate projects based on expediency, financial viability and affordability as well as prioritization criteria such as need, duration of subsidy, cost sharing/support from another level of government, energy efficiency and accessibility. All funding will be conditional on the project being accepted for federal funding under the RHI.
- 3.11 Any funding not utilized to support projects under the Rapid Housing Initiative will be used in accordance with the Master Housing Strategy to facilitate the development of affordable housing units.

#### **4. Previous Reports and Decisions**

- 4.1 Report #2020-COW-27- overview of the comprehensive Master Housing Strategy to operationalize At Home in Durham, the Durham Housing Plan 2014-2024.

## 5. Financial Implications

- 5.1 The recommendation in this report to provide capital funding to projects under the Rapid Housing Initiative proposes procedural changes for proponents to access funding and does not include any additional funding or reallocation of funding.
- 5.2 The recommendations in this report will draw on funding previously approved for affordable housing development under the Master Housing Strategy (Report 2020-COW-27).

Description	Social Housing Reserve Fund	Housing DC Reserve Fund	Total Financing
Affordable Housing Development	1,000,000	2,000,000	3,000,000

- 5.3 Eligibility for funding from the Housing DC Reserve Fund to supplement the RHI is restricted to new construction by community housing providers or non-profits and can not exceed \$67,500 per new unit. Therefore, a combination of funding streams may be necessary depending on the number of projects submitted and the scale of those projects.
- 5.4 A Contribution Agreement will be entered into with each eligible proponent under terms and conditions satisfactory to the Commissioner of Finance and will include market rents that reflects the impact of upfront capital funding.
- 5.5 Should it be necessary to expand the Durham Region Portable Housing Benefits beyond the current 35 non-service level standard benefits, the additional Regional cost is estimated at \$300 per unit per month. The monthly unit cost, while the individual is living within the Rapid Housing Initiative residence is relatively low given the below market rents within these projects.
- 5.6 The Commissioner of Finance has reviewed and supports the recommendation of this report.

## 6. Relationship to Strategic Plan

- 6.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:
- Revitalize community housing and improve housing choice, affordability and sustainability
  - Revitalize existing neighbourhoods and build complete communities that are walkable, well-connected, and have a mix of attainable housing
  - Leverage Durham's prime geography, social infrastructure, and strong partnerships to foster economic growth

## **7. Conclusion**

- 7.1 The optimization of partnerships to increase the supply of affordable, community, supportive and transitional housing across the Region is a component of the Master Housing Strategy.
- 7.2 Strategic co-investment in projects under the RHI leverages federal funding to increase the supply of affordable housing in Durham and aligns with the goals of At Home in Durham, the Durham Housing Plan 2014-2024.
- 7.3 Regional staff will provide an update to Council on the application(s) submitted and the results of the CMHC's evaluation of the RHI once known.
- 7.4 For additional information, contact: Alan Robins, Director, Housing Services, at 905-668-7711, extension 2500.

## **8. Attachments**

Attachment #1: CMHC - Rapid Housing Initiative

Respectfully submitted,

Original signed by

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Stella Danos-Papaconstantinou  
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

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Elaine C. Baxter-Trahair  
Chief Administrative Officer



## Rapid Housing Initiative



## OVERVIEW

The Rapid Housing Initiative (RHI) provides funding to expedite the delivery of affordable housing units to vulnerable people and populations targeted under the National Housing Strategy (NHS), especially those affected by COVID-19.

Funding is available through two separate streams. For the first stream, RHI will expedite funds to municipalities with highest need. For the second stream, an application portal will be open to governments, Indigenous governing bodies and organizations, and non-profit organizations where applications will be prioritized based on the strength of the application. The initiative targets rapid housing and delivery of units within 12 months.

## OUTCOMES

The initiative provides:

- A total of \$1 billion in capital contributions.
- Funding to help support the creation of up to 3,000 new permanent affordable housing units. More units may be created if other resources are leveraged.
- Affordable housing for vulnerable people in severe housing need specifically people at risk of or experiencing homelessness, or living in temporary shelters because of the COVID-19 pandemic.
- Support for immediate housing needs with the goal:
  - To commit all funds before March 31, 2021.
  - To ensure housing is available within 12 months.
- Long-term, permanently affordable housing for a minimum of 20-years.

## FUNDING

CMHC will contribute up to 100% of funding to cover eligible residential construction costs. (CMHC will not fund non-residential costs).

### Purpose of Funding

Eligible recipients will receive funding for one of three eligible forms of housing listed below:

#### **New Construction (only Modular):**

- Support the construction of a modular multi-unit rental project, which includes the acquisition of the land.

Modular is defined as housing units that are partially or fully built in off-site (e.g. a factory, warehouse, or similar facility) by a qualified manufacturer and delivered to the site in whole or in parts and installed on an appropriately zoned and serviced lot. This may range between single, scattered units up to larger multi-unit housing projects.

#### **Conversions/Rehabilitations:**

- Support the acquisition and conversion of a non-residential building to an affordable rental project.
- Support the acquisition of an existing building in state of disrepair or abandoned for the purpose of rehabilitation where units were previously lost from the housing stock.

### Two Funding Streams

Funding will be committed under two separate streams of \$500M in allocated contributions (Major Cities Stream and Projects Stream).

#### **Major Cities Stream: Immediate Support for Identified Municipalities**

Identified municipalities will receive a pre-determined allocation based on the severity of the housing need in the subject market. Municipalities will be expected to create a minimum number of units with the allocated funding related to local market costs.

Municipalities will be encouraged to take a community benefits approach and push for projects targeting women, and the urban Indigenous population.



**Projects Stream: Application-Based Process**

Provinces, territories, municipalities, Indigenous governing bodies and organizations, as well as non-profit organizations are eligible to apply for funding. CMHC will accept applications starting October 27 and ending December 31, 2020. CMHC will review the applications and will prioritize applications based on program criteria.

CMHC reserves the right to prioritize strong applications prior to the closing of the intake window.

Additional windows will take place if needed.

## PROJECTS STREAM

### Eligibility and Criteria

***Property Type and Size requirements***

- Standard rental, transitional, permanent supportive housing, single room occupancy and seniors housing (excludes delivery of healthcare)
- Must have a minimum of five units or beds (flexibilities will be available for projects in the North, on-reserve or in remote locations)
- Minimum contribution request of \$1M
- Primary use is residential
- Permanent housing (long-term tenancy, 3 months or more)

***Eligibility Requirements***

Eligible applicants:

- Municipal, Provincial, and Territorial Governments including their agencies
- Indigenous governing bodies and organizations
- Non-profit organizations

Property Management Experience:

- Non-profit and Indigenous Organization applicants must have a minimum of 5 years demonstrated experience operating a housing project of similar type and size as the proposed project with similar tenancy (in lieu, a formal property management contract with a professional third party firm or alternate as approved by CMHC).

Construction Management Experience:

- Non-profit and Indigenous Organization applicants must have successfully completed within the last 5 years a similar project on time and within budget. Alternatively, recipients must enter into a fixed price contract with a general contractor who has experience building projects of similar size, cost, building form and construction type in the same market area. Proponents must have a demonstrated ability to withstand unexpected increases in construction cost.

For newly formed groups, alternate covenants, collateral and mitigation may be considered.

## ***Mandatory Minimum Requirements***

### **Expediency**

Proponents will be required to achieve occupancy within 12 months of the approval of their investment plan (Major Cities Stream) or the effective date of the contribution agreement with CMHC (Projects Stream).

Flexibility to the delivery within the 12-month timeline may be available for projects located on-reserve, northern and remote housing or where seasonality is a factor for construction or reasonable delays due to the COVID-19 pandemic.

### **Financial Viability**

Non-profits and Indigenous Organizations must provide confirmation of secured operational funding sufficient to cover the ongoing monthly operating and programming expenses. Such confirmation must be in the form of a letter from the government or organization providing the funding or copy of the contribution agreement confirming the terms and conditions of the agreement.

### **Affordability**

All units must serve and be affordable (household is paying less than 30% of gross income on housing costs) to targeted people and populations who are vulnerable and who are also, or otherwise would be, in severe housing need or people experiencing or at high risk of homelessness as described below. Affordability must be maintained for a minimum of 20 years.

**Homelessness:** When an individual, family or community is without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.

**Populations at imminent risk of homelessness:** When individuals or families whose current housing situation will end in the near future (for example, within 2 months) and for whom no subsequent residence has been established.

## ***Energy Efficiency and Accessibility***

### **1. Major Cities Stream:**

#### **Energy Efficiency**

- Modular construction projects expected to meet a minimum energy efficiency of 5% or more above the energy efficiency standards as set out in the 2015 National Energy Code for Buildings (NECB) or meet the local/regional standard, whichever is higher.
- Conversions/rehabilitations are not required to meet a minimum requirement above code for energy efficiency.

#### **Accessibility**

- Modular construction projects must exceed the accessibility requirements of their jurisdiction by providing an additional 5% of accessible units above the local requirements.
- Conversions/rehabilitations are not required to meet a minimum requirement above code for accessibility.

### **2. Projects stream:**

#### **Energy Efficiency**

- The RHI will give priority to modular construction projects that can exceed the energy efficiency standards as set out in the 2015 National Energy Code for Buildings (NECB) or local/regional standard (whichever is higher)

#### **Accessibility**

- Modular construction projects that can exceed the local accessibility requirements in their jurisdiction will be given greater priority.

#### **Target Populations**

All affordable units must be dedicated to people and populations who are vulnerable and targeted under the National Housing Strategy (NHS), especially people experiencing or at risk of homelessness or living in temporary shelters because of the COVID-19 pandemic. These population groups include:

- Homeless people or those at risk of homelessness
- Women and their children fleeing domestic violence
- Black Canadians
- Indigenous peoples
- Racialized groups
- Seniors
- Young adults
- People with disabilities
- People dealing with mental health and addiction issues
- Veterans
- LGBTQ2+
- Recent immigrants or refugees

RHI will request that municipalities receiving funds under the Major Cities Stream have projects targeting women and urban Indigenous population and to take a community benefit approach to the development of their projects.

## PRIORITIZATION CRITERIA

In addition to meeting mandatory minimum requirements, the RHI will further prioritize projects based on the following criteria:

1. **Need:**
  - Located in areas of highest need (Including Indigenous Land, Northern Housing and projects located in remote communities).
2. **Duration of confirmed Subsidy:**
  - Incremental scoring provided for confirmed subsidy from a Municipality/Province or Territory or Indigenous governing body.
3. **Cost Sharing/Support from another level of government:**
  - Funding or waivers that lower the construction budget and/or funding required from the RHI. Support can be provided in a form such as, but not limited to, grants, contributions, concessions on property taxes and/or concessions on levies, waiver of development cost charges or other provincial/municipal fees, waiver of community amenity contributions, land donation, etc.
4. **Expediency:**
  - Project is completed and/or available for occupancy earlier than the minimum requirement of 12 months.
5. **Land Status**
  - Land that is either owned in fee simple or leasehold interest where the lease term is greater than 20 years or land that is under an agreement of purchase and sale.
6. **Duration of Affordability:**
  - Projects that provide a duration of affordability going beyond the minimum 20-year affordability period.
7. **Energy Efficiency:**
  - Modular projects that exceed the energy efficiency standards as set out in the *2015 National Energy Code for Buildings (NECB)* or local/regional standard whichever is higher.
8. **Accessibility:**
  - Modular projects that exceed the local accessibility requirements in their jurisdiction (by percentage of additional accessible units).
9. **People or populations who are vulnerable:**
  - Projects specifically targeting Black Canadians, women and their children and/or Indigenous People.

These criteria are prioritized over regional concerns. Please consult with your **Specialist** to discuss your project.

## **Advancing**

Advancing is not subject to the project generating a percentage of potential rental revenues.

### ***Major cities stream:***

The full contribution will be advanced once both CMHC and the Municipality duly execute the contribution agreement.

### ***Projects stream:***

For other levels of government, the full contribution will be advanced once both CMHC and the government duly execute the contribution agreement.

For non-profit and Indigenous Organizations, a Quantity Surveyor or alternate qualified consultant approved by CMHC will release funds through construction draws with supporting documentation.

## **Security Type**

The contribution will be unsecured unless security is deemed necessary by CMHC, at its sole discretion.

## **Reserve Requirements**

None required unless deemed necessary by CMHC, at its sole discretion.

## **Documentation Requirements**

Refer to RHI Documentation Requirements.

20200715-002

