# 133 MAIN STREET BEAVERTON SUPPORTIVE HOUSING SUITABILITY STUDY

**ORGCODE CONSULTING, INC.**

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# 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.

# OrgCode Consulting, Inc.
## OCTOBER 2020

# 133 MAIN STREET BEAVERTON SUPPORTIVE HOUSING SUITABILITY STUDY

# SCOPE 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[1] 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.

# UNDERSTANDING 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)[2]. 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[3]. 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.

# THE 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[4]. About a third of these have been developed over the last 20 years. Meanwhile, demand and waitlists for supportive housing have increased considerably[5]. 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[6]. The Region of Durham with a population in the neighbourhood of 700,000 residents[7], and at least 290 people experiencing homelessness every night according to Point in Time Count data[8], 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[9].

## 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[10]. Year to date, almost 70 households have reached out for case management supports in North Durham for assistance in maintaining their housing situation[11]. 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[12]:

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

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

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[13]. 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.

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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)*[14], for example, promotes that supportive housing occur in both urban and rural environments. The Mental Health Commission of Canada[15] also promotes that supportive housing be available within locations other than large urban areas, as does the Canadian Mental Health Association[16].

# PROPOSED DEVELOPMENT SIZE

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

Statistics Canada data[17] 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*

|  | **Beaverton, Ontario** | **Frankford, Ontario** | **Capreol, Ontario** |
|---|---|---|---|
| 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*

|  | **Beaverton, Ontario** | **Frankford, Ontario** | **Capreol, Ontario** |
|---|---|---|---|
| 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[18], and for people on

Ontario Disability Support Program that is $497 per month[19]. 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[20], 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[21], 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** |
| **TOTAL** | **10** | **13** | **14** | **13** | **50** |

## 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*

| Key Feature of the Service Orientation | Commentary |
|---|---|
| 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[22]

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[23]. 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.

# CONCERNS 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 |
|---|---|
| Lack of access to necessary community services (as outline in the *Ontario Supportive Housing Best Practices Guide, March 2017*) | The residents further include a listing of the following, as presumably in the *Guide*: 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 *Best Practices Guide*. For example, the *Best Practices Guide* makes zero mentions of addiction/treatment facilities, medical services or emergency services. Where transportation is concerned, the *Guide* 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 *Guide*. Beaverton has some shopping, recreation, employment, and social network opportunities. In fact, the proposed supportive housing development in Beaverton meets of exceeds the recommendations of the *Best Practices Guide* including elements omitted in the residents' concerns such as ensuring supportive housing is available in a range of settings, both rural and urban environments. |

# 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 my be given to the following where support staff are concerned:

*Table 8: Proposed Shift Breakdown of Support Services*

| | Number of Staff | Shift Coverage | Days of the Week |
|---|---|---|---|
| **Resident Assistant Day Shift** | 2 | 1 @ 6am-2pm; 1 @ 7am-3pm | Sunday through Saturday |
| **Resident Assistant Afternoon Shift** | 2 | 1 @ 1pm-9pm; 1 @ 2pm-10pm | Sunday through Saturday |
| **Resident Assistant Night Shift** | 2 | 1 @ 10pm-6am; 1 @ 11pm-7am | Sunday through Saturday |
| **Team Leader** | 2 | 1 @ 7am-3pm; 1 @ 3pm-11pm | Monday through Friday |
| **Case Manager** | 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.

# CONCLUSION

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.

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12 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.

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