



AN INTEGRATED SUPPORT AND HOUSING MODEL
FOR WINDSOR-ESSEX COUNTY

THE HOMELESS COALITION WINDSOR/ ESSEX COUNTY
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Introduction

The purpose of this brief is to present a comprehensive and integrated model that identifies the housing and support needs of individuals and families in Windsor-Essex County. This submission is consistent with and complementary to the Housing Analysis and Recommended Strategies – Windsor and Essex County (HARS). It also builds on existing local, provincial and federal documents concerning individuals and families who are homeless or at-risk of homelessness (see Appendix 1).

In January 2002, the Taking Action on Homelessness Together Coalition (The Coalition) was formed as a result of the first community planning process conducted to meet the objectives of the Supporting Communities Partnership Initiative (SCPI) – Phase 1. Since that time, the Coalition has continued to meet and achieve significant progress toward common community goals with respect to the issue of homelessness.

The Coalition is comprised of 36 organizations and individuals from the housing, health, and social services sectors. The Coalition meets monthly and supports six (6) active subcommittees: 1) Executive; 2) Personnel; 3) Public Awareness; 4) Lobbying; 5) Seamless Service Delivery; and, 6) Homeless Hard to Serve.

Coalition History

In 2001, the SCPI challenged communities to maximize existing resources to address current barriers and gaps in the myriad of systems for persons who are homeless or at-risk of homelessness. The first community planning process was initiated in March 2001. The United Way/Centraide of Windsor-Essex County submitted a planning proposal to facilitate a broad-based community consultation process to address homelessness. The first Windsor-Essex County community plan was approved in October 2001 and subsequent to that approval Windsor-Essex County received \$1.1 million to support projects that would address the priorities in the community plan. Nine (9) projects were approved in January 2003 as the first phase of SCPI funding.

The second community planning process occurred in October 2003 and updated the original community plan and priorities. The expanded community plan was approved in January 2004 and an additional \$1.1 million was allocated for new projects to meet the priorities outlined in the updated community plan. Transitional housing was the central priority and \$750,000 of the \$1.1 million allocation was designated to transitional housing. Presently, there are three new transitional housing projects in various stages of implementation. In total, eight (8) projects were approved in January 2005 under SCPI – Phase 2.

In November 2004, the Windsor-Essex County community had the opportunity to meet with Federal Minister of Labour and Housing, the Honorable Joe Fontana, as part of a national consultation process. The consultation revealed a number of trends including the need for an integrated approach to housing, the need for significant resources to support people who are homeless or at risk of homelessness, and the recognition that a

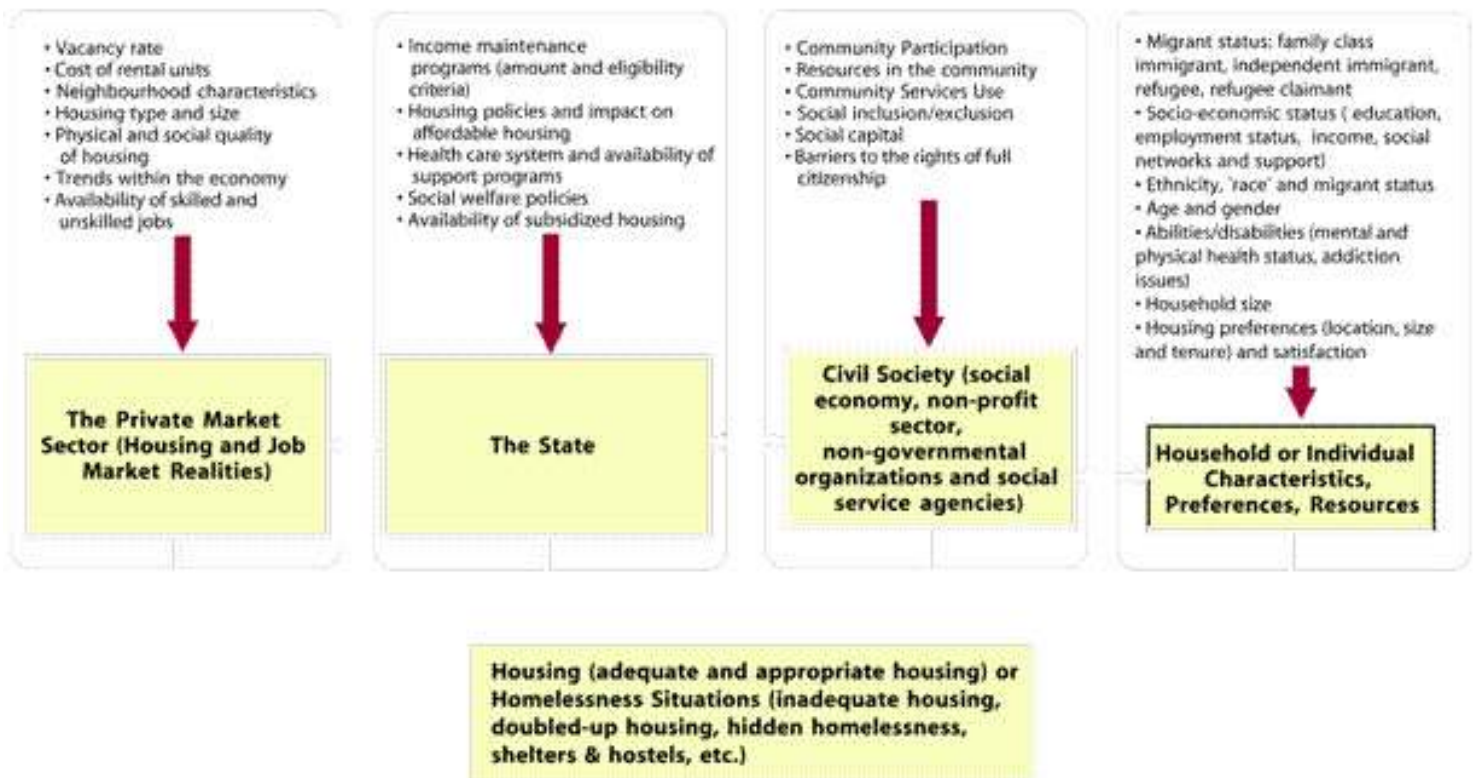
sustainable, effective housing strategy could only be achieved through a commitment from all levels of government.

In March 2005, the Coalition initiated the design of an integrated support and housing model for submission to the three levels of government. The Coalition facilitated a third community planning process with the goal of identifying methods of providing and maintaining housing and supports in Windsor-Essex County community. This comprehensive process required commitment, dedication, and maximum collaboration from diverse organizations, eventually leading to the synthesis of the proposed model. In October 2005, this integrated housing and support model was presented to various stakeholders at a community forum to obtain feedback about the philosophy, conceptual framework, and essential components.

The Multidimensional Philosophy

It is important to note that our Coalition understands homelessness as described in Figure 1, below. Developed by Dr. Uzo Anucha (University of Windsor, School of Social Work), the model recognizes that homelessness cannot be viewed as one-dimensional, but is in fact the result of complex interaction between factors related to the private market, the state, society and household/individual characteristics. Responses to homelessness must take these factors into account and must be designed accordingly.

Figure 1: A Multidimensional Model of Episodic Homelessness



Anucha, U. (2005). Conceptualizing Homeless Exits and Returns: The case for a multidimensional response to Episodic Homelessness, *Critical Social Work*, 6 (1).

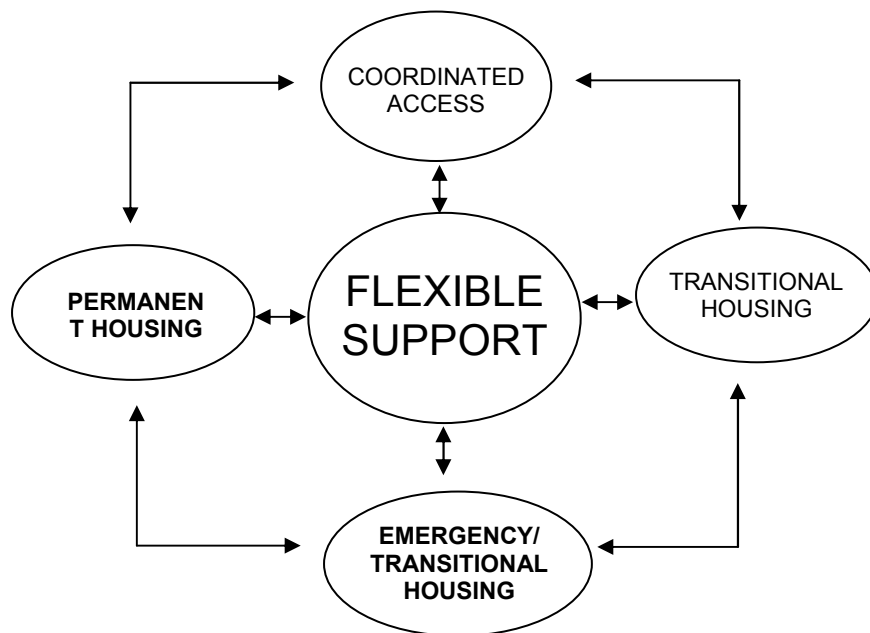
Integrated Support and Housing Model

The proposed model consists of three components: 1) the Conceptual Framework, which provides the context in which the model was developed; 2) Recommendations related to the provision of support and housing, and 3) the Operational Framework, which describes the implementation of the model.

1. The Conceptual Framework

As noted in Figure 2, support is the integral component for individuals and families who are seeking and/or needing to maintain housing. This is a significant shift in the traditional analysis, which focused on the supply of housing as a solution to homelessness. Housing issues will only be resolved when “life issues” that impact on a person or family’s ability to obtain and maintain housing are addressed. Support includes providing services based on individual needs, ensuring adequate funding for persons requiring support as well as service providers, and systemic, regulatory changes. In this regard, certain regulation changes are required, particularly those related to increasing income support rates, minimum wage, and rent control. The emergency, transitional, and permanent housing options, although different in the levels of support needed, should be viewed as a continuum requiring an integrated funding envelope.

Figure 2: Conceptual Framework Model



2. Support and Housing Recommendations

Recommendations are framed according to the Conceptual Framework Model illustrated in Figure 2 and include several proposed legal/regulatory changes. Recommendations related to permanent housing are consistent with recommendations made in the HARS report, the documents discussed in Appendix 1 and Figure 1: A Multidimensional Model of Episodic Homelessness.

	Recommendations
a) Supports	<p>It is recommended that:</p> <ul style="list-style-type: none"> • Individuals and families are able to access support at any point in the conceptual model, including at the point of access. • The support follows the client along the housing continuum regardless of where the client is living. • A local trusteeship program is developed to administer funds for those individuals who have difficulty locating a trustee to manage their financial affairs. • Existing addiction programs are enhanced/maintained and that an aftercare support program is developed for the County.
b) Access	<p>It is recommended that:</p> <ul style="list-style-type: none"> • Access to services includes information, referral, financial assistance, and support for the client, as well as information and education for landlords. • An access service is delivered through one administrative body with multi-service sites. • Accommodation issues such as access to transportation, language, and cultural barriers are incorporated into the access model. • One phone number is used and hours of operation be reviewed to accommodate those who work during the day. • The access service builds upon the existing Central Housing Registry model.

	Recommendations
c) Combined Emergency/Transitional Housing	<p>It is recommended that:</p> <ul style="list-style-type: none"> • Current emergency shelters are changed to combined emergency/transitional housing shelters. • 24 family and 28 single emergency/transitional units are created throughout the county. • The funding model is changed from a per diem to a core funding formula that incorporates appropriate support levels and allows for the combined emergency/transitional housing facilities. • Units for teaching life-skills are incorporated into the emergency/transitional housing facilities. • Needs of immigrants and refugees be incorporated into existing shelters and support service systems.
d) Transitional Housing	<p>It is recommended that:</p> <ul style="list-style-type: none"> • Relevant legislation is amended to authorize the use of existing social housing stock in Windsor/Essex to create transitional housing units (legal/regulatory change). • The proposed guideline for length of stay is one year provided that a review mechanism is in place for those individuals and families that may need additional time. • The proposed guideline for length of stay of one year be reviewed after one year of implementation or sooner if required.
e) Permanent Housing	<p>It is recommended that:</p> <ul style="list-style-type: none"> • Rent supplement unit inventory be increased as recommended in the HARS. • HARS annual housing targets of 355 units at affordable rents of < \$500/month are funded. • Aboriginal-specific housing is created for singles, couples, and elders. • Adequate funding of a home repair program is provided under the Ontario Works/Ontario Disability Support Program. • An affordable home ownership program be implemented that includes a long-term cap on low interest rates, longer amortization period, and flexible down payment requirements.
f) Legal/Regulatory Changes	<p>It is recommended that:</p> <ul style="list-style-type: none"> • Ontario Works and Ontario Disability Support Program benefits include a shelter allowance that equals the median market rent for the local housing

	Recommendations
	<p>market and a basic needs allowance that reflects the findings of the yearly Nutritious Food Basket Surveys conducted by the local Board of Health based on protocols established by the Ontario Ministry of Health and Long Term Care.</p> <ul style="list-style-type: none"> • Minimum wage is increased to \$10.00/hr in 2006. • Municipal incentives, as outlined in the HARS, are adopted. • Areas of flexibility within the Social Housing Reform Act be reviewed and expanded. • Transitional housing is eligible for rent supplement programs. • Regulations allow for flexible use of existing stock (rationalization of stock). • The Canadian Mortgage and Housing Corporation (CMHC) extend amortization periods from 25 years to 50 years to encourage home ownership. • Capital tax rules are changed to act as an incentive to create affordable housing. • The Tenant Protection Act is clarified to allow for flexible lengths of stay in transitional housing as determined by local need. • Rent supplement funding is provided where the municipality has the flexibility to supplement rents in a manner other than the legislated 30% formula.

3. The Operational Framework

Operational Framework Principles

In order to understand how the above recommendations impact an individual/family when accessing support and/or housing, the Coalition developed an operational framework. This operational framework describes how services will be delivered if the model is implemented in Windsor and Essex County.

It is important to note that underlying this framework are several principles, which guided the work of the Coalition and provided the context in which to develop the pursuant model. First, the operational framework builds on existing capacities in the current housing and support systems and does not support the creation of an additional organization. Second, this framework is premised on individuals and families being able to access services at various points of entry. Finally, the provision of support is critical to the proposed framework. Support provided to individuals and families must be flexible and designed to meet their individual needs. Support must be available at any point, must be adequately resourced, and must be delivered through the collaborative relationships amongst service providers.

Operational Framework Components

Component	Description
a) Telephone access (311 or 211)	The 311 system is in place to access information on municipal services. It is anticipated since the City of Windsor is the service manager for social housing that calls be placed to this service. The 211 system is currently in planning for implementation. This system will allow residents to make one call to access information on community services. Again it is anticipated that people searching for affordable housing may access this service.
b) Existing Support Services	The model recognizes that there are many existing support systems that, in some cases, have integrated assessment and case management functions. The goal of the housing case management function is to link the person/family within the appropriate existing support system where required. However, some systems do not have adequate resources to support the model being proposed. For example, the addictions community needs specialized programs based on the harm reduction method.
c) Homeless Specific Supports	There are many services/supports that have been designed specifically for people who are homeless. Some examples of support include health services, drop-in, and meals.
d) Housing Access and Coordination	This service would build on the existing Central Housing Registry. It would be a central point for consumers, landlords, and developers to access information. It would also be a place where people are referred to other supports. It would also have support staff that would monitor the social housing waiting list and provide support and referrals when necessary.

e) Combined Emergency/Transitional Facility	The combined emergency/transitional facility with case management recognizes that a community will always require an emergency shelter function. However, for some people, life issues are impeding their ability to access and/or maintain housing. It is for this reason that the model calls for a transitional program within the emergency shelter. The transitional program provides the opportunity to address life issues and begins to move the person/family along the housing continuum. This is an intensive case management role. The case management roles include: assessment, linkage with other support services, advocating for entitlements, navigating through systems, life-skills training, and counseling.
f) Transitional Units	The model also calls for transitional units throughout the community supported by case management. This also requires an intensive case management role.

Operational Framework Summary

In summary, the proposed framework encompasses the following: 1) an understanding of homelessness as described in Figure 1: A Multidimensional Model of Episodic Homelessness, 2) the best and promising practices described in the literature and research on homelessness, 3) our community plan, 4) our experiences working with homeless individuals and families. The framework builds upon existing community capacity and the proposed model is designed to ensure ease of access. Not surprisingly, the Coalition is proposing a comprehensive and coordinated strategy, which is premised upon the provision of a range of housing options and support services. This framework recognizes that some clients only need short-term assistance, while others may require intensive, longer-term support to secure and maintain permanent housing.

The Coalition makes several recommendations that are crucial to the successful implementation of the proposed model. The primary recommendations include, increasing the number of transitional units in the community and combining emergency/transitional facilities. In addition, the model emphasizes the need to provide

an integrated assessment and case management function that is flexible and responsive to homeless individuals and families. This function would link the person/family within the appropriate existing support system where required. One of the most critical aspects is the availability of a range of case management and support services. As previously noted, support also includes systemic, regulatory changes.

In order to operationalize the proposed model there are several issues that must be addressed. First and foremost, all levels of government must assume responsibility for ensuring a comprehensive and coordinated approach to homelessness. In this regard, there must be enhanced collaboration between those government departments that have the responsibility for all aspects of responding to homelessness. Anything less than a true collaboration will perpetuate the current problems of unclear lines of responsibility and accountability, a fractured, uncoordinated service delivery system, uneven and unstable funding, and rigid policies and procedures that create barriers for homeless families and individuals as well as advocates. Second, the Coalition recommends the development of a core funding formula that would assist communities to stabilize housing and support services for people who are homeless and at risk of homelessness. It is of particular interest to us that the goal for service providers and clients is to stabilize housing and living situations and stop the cycle of homelessness; yet, most service providers operate within a funding system that is unpredictable, unstable, and inadequate. The constant threat of loss of funding has a direct impact on the way in which services are delivered and ultimately undermines the very work that these organizations are mandated to provide to those in need.

It is clear that the implementation of the model has funding implications. Systemic regulatory changes will impact federal, provincial, and municipal budgets. Housing and support funding should be provided through a block envelope, for a five-year period. This allows for flexibility and innovation at the local level. This type of funding model is essential to successfully address the community's emerging needs. Organizations providing support for individuals and families to obtain and/or maintain their housing require a predictable core funding formula that is not dependent on reapplying for funding each year or securing arbitrary grants. Funding for organizations providing emergency/transitional housing should have operating budgets that include adequate core funding for ongoing support for individuals/families and not based on a per diem model.

The Coalition is committed to continuing its evaluation and monitoring functions. This will be accomplished through monthly meetings and other monitoring activities including an annual Service Utilization Data Collection Project and annual Community Forums that invite input on changes in the system. The University of Windsor, specifically the Applied Social Welfare Research and Evaluation Group, will continue its research related to homelessness and has committed to disseminate findings to the community and all stakeholders.

Appendix A

Relationship between the Model and Current Ministry Initiatives

The Integrated Support and Housing Model was developed with consideration given to several current Ministry initiatives at the Federal and Provincial levels. The proposed model is consistent with these programs and policies as demonstrated below:

Toward a New Canadian Housing Framework (July 2005)

- The framework recognizes the unique role communities can play in housing and homelessness and that the issues are different for each community. The following quote from the framework supports the goal of the proposed integrated model *“Communities themselves are best placed to make decisions about the mix of measures and tools that will be most effective in meeting the needs of citizens in housing need and to apply them in a way that is complementary to broader community development efforts”*.
- The Integrated Support and Housing Model calls for combined emergency/transitional housing facilities. This integrated model is consistent with the framework that suggests the role of shelters is *“not simply to get people off the streets”* rather it is to assist them to *“move along the housing continuum and into affordable, supportive housing that restores their dignity.”*
- The legal/regulatory changes recommended in our model are also consistent with many of the suggestions in the Housing Framework.

Local Health Integrated Networks (May 2005)

- In the May 2005 bulletin, it was expressed that Local Health Integration Networks recognize that *“community-based care reflecting the needs of that community is best planned, coordinated and funded in an integrated manner within that community”*. The proposed Integrated Support and Housing Model is consistent with the Network’s stated objective.
- The emphasis on integrating Mental Health and Addictions, as one of three lead priorities, is particularly relevant for an integrated system for persons who are homeless or at-risk of homelessness as in Windsor-Essex County. Many of the people entering the homelessness system are experiencing mental health and/or addiction issues. These individuals, especially the chronic or hard to serve homeless, are often not served in the mental health system. Homelessness in this context is not a housing issue; it is a health issue.

Transforming Developmental Services (September 2004)

- The direction to move people currently residing in regional facilities back to their home community and the articulation of the integrated, planned approach to individualized care and living is consistent with the type of integrated support that is required at the emergency/transitional housing levels.
- The individualized planning and wraparound support models in addition to the commitment to integrating people in their community, over the past years, has had positive results.

Intensive Case Management (May 2005)

- The Intensive Case Management Model, described in the Ministry of Health guidelines, is consistent with the type of case management that is proposed for the emergency/transitional facility and the transitional units. The people who have repeatedly entered the homelessness system require a high level of intervention for a sustained period. It is expected that caseloads in the model would have a low worker to client ratio.