

---

The Community Action Plan  
to Prevent and End Homelessness  
in Ottawa-Carleton  
Update 2000



July 2000

---

# **ACKNOWLEDGEMENTS 2000**

## **UPDATE 2000**

The updating of The Community Action Plan built on the relationships and processes established in the initial plan. Thank you to the following members of the Project Steering Committee that provided direction for the report:

- Trudy Sutton, Co-Chair of the Alliance to End Homelessness, Housing Help
- Diane Morrison, Co-Chair of the Alliance to End Homelessness, Union Mission
- Susan Garvey, Chair of the Public Awareness Committee, Alliance to End Homelessness, Cornerstone
- Bonnie Dinning, Homelessness Initiatives Team (Health), Region of Ottawa Carleton
- Bill Rooney, Homelessness Initiatives Team (Social Housing), Region of Ottawa-Carleton
- Helen Durand-Charron, (Social Services), Region of Ottawa-Carleton

Project Officers:

- Wendy Muckle
- Jo-Ann Oosterman
- Jean Sorensen
- Eric Leung - Project Assistant

Thank you also to the Steering Committee of the Alliance to End Homelessness who participated in the workshop on 9 June 2000 where they suggested changes and new actions reflected in this updated action plan. To all the Alliance members who participated in the Community Forum, a special thank you for taking the time and sharing your expertise in updating this report. A special mention to Human Resources Development Canada who generously granted the Region funds to support the holding of the Community Forum 2000. Through continued community involvement it is our hope to improve our efforts to address and eventually end homelessness in Ottawa-Carleton.

**Prepared by :**  
**The Homelessness Initiatives Team**  
**Social Housing**  
**Region of Ottawa Carleton**

**111 Lisgar Street, 5<sup>th</sup> Floor**  
**Ottawa, ON**  
**K2P 2L7**

## Acknowledgements

### Initial Community Action Plan - 1999

The creation of this community action plan represents the efforts and expertise of a wide range of stakeholders. Thank you to the Project Steering Committee that provided direction for this report. The Project Steering Committee was composed of:

- Trudy Sutton, Co-Chair of the Alliance to End Homelessness, Housing Help
- Constance Woloschuk, Co-Chair of the Alliance to End Homelessness, Salvation Army
- Donna Pettey, Canadian Mental Health Association
- Janet Whillans, United Way/Centraide Ottawa-Carleton
- Barb Flint, United Way/Centraide Ottawa-Carleton
- Joyce Potter, Social Housing, Region of Ottawa-Carleton
- Maureen Murphy, Health, Region of Ottawa-Carleton, Health
- Bonnie Dinning, Health, Region of Ottawa-Carleton, Health
- Luc Legault, Social Services, Region of Ottawa-Carleton
- Bill Rooney, Social Services, Region of Ottawa-Carleton
- Helen Durand-Charron, Social Services, Region of Ottawa-Carleton

Project Officers:

- Kim Ennis
- Susan Farrell
- Jo-Ann Oosterman
- Jean Sorensen

Thank you also to the Steering Committee of the Alliance to End Homelessness for their contribution and review of the recommendations, and to all members of the Alliance for their participation in the community consultation process. A special thank you to ALL of the members of the community, private and public sectors, who provided their time and ideas to develop this report. Through community involvement, it is our hope that this plan represents the first step in preventing and ending homelessness in Ottawa-Carleton.

**Prepared by:**  
**Policy, Planning and Performance Management Services Branch**  
**Strategic and Operational Support Directorate**  
**Social Services**  
**Region of Ottawa-Carleton**

**495 Richmond Road, 5<sup>th</sup> Floor, East**

**Ottawa, ON  
K2A 0G3**

## TABLE OF CONTENTS

Preventing and Ending Homelessness in Ottawa-Carleton	..... 1
Actions to Date	..... 3
Community Consultation: Community Forum 2000	..... 4
Principles of an Integrated Community Action Plan	..... 6
Vision for the Implementation of the Community Action Plan	..... 7
Presentation of the Recommendations	..... 7
Regional Ownership	..... 7
Provincial and Federal Ownership	..... 9
Housing Supply and Support	..... 1
Enable Access to Housing	..... 1
Provision of Support Services	..... 1
References	..... 5
Appendices	..... 6..... 2
A: Community Scan	30
B: List of Participants in Community Consultation Process	..... 4
C: Inventory of Services	..... 3
	..... 4
	4

.....4  
8

# Preventing and Ending Homelessness in Ottawa-Carleton

Homelessness is not an issue with a common cause. Although Ottawa-Carleton has taken steps to deal with homelessness in the past, the problem persists. Results from the Environmental Scan released in April 1999 and updated in July 2000, demonstrate that the problem is growing.

## ↑ POVERTY

- poverty has risen in the Region by 26% between 1990 and 1996
- social assistance recipients are poorer by 21.6% since 1995 reductions

## ↑ EVICCTIONS

- 16% increase in formal evictions (1996-1998)
- 20% of families using the Region's family shelters report eviction as the reason for need

## ↑ RENTAL COST

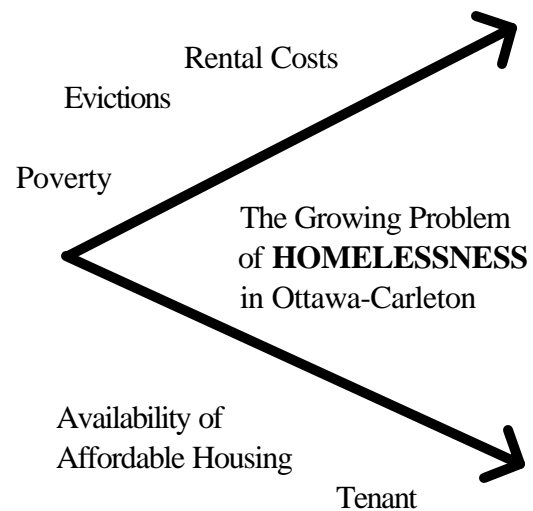
- private rental market vacancy rate falls to 0.7%
- steady increase in rental costs (1990-1998)
- a single person on social assistance has a \$68 shortfall between shelter allowance and the average rent for a bachelor apartment
- a family of 4 - shelter allowance is \$602 /month
- the average 2-3 bedroom unit is \$754-923/ month

## ↓ AVAILABILITY OF AFFORDABLE HOUSING

- as of March 2000, 15,000 applicants on social housing waiting list
- in 1998 there were 5,500 applicants
- no new social housing in the Region since 1995
- Federal government withdrew funding for social housing construction in 1993

## ↓ TENANT PROTECTION

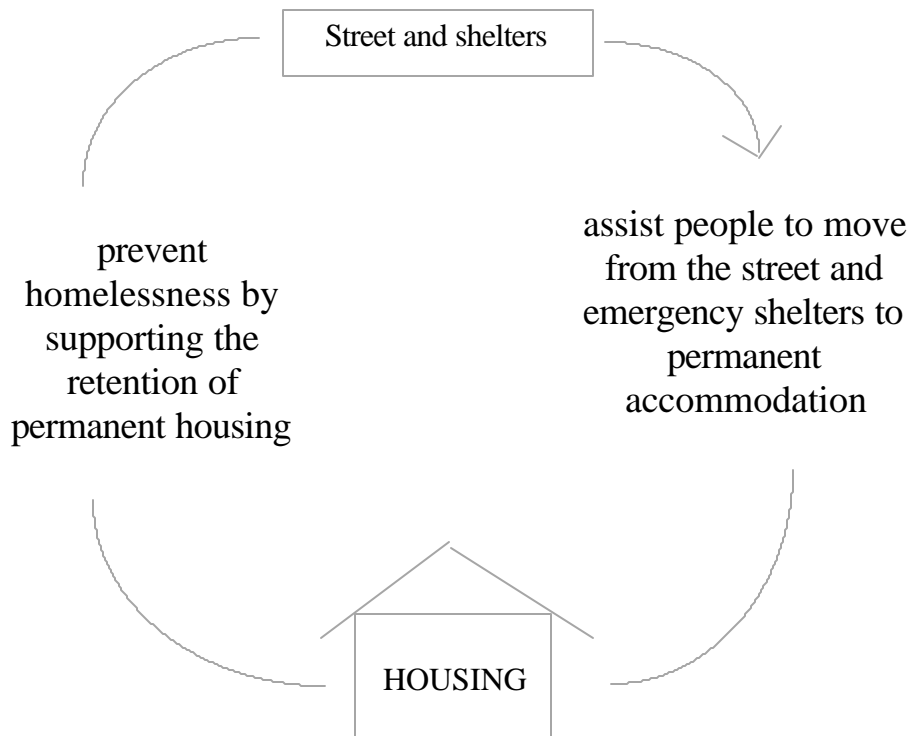
- The removal of rent control and changes in the Tenant Protection Act (June 1998) are expected to increase the number of evictions



The factors that place individuals at risk of becoming homeless will not be removed simply by the passage of time. Prevention strategies are required immediately to stop the increase in the number of persons who are homeless. Regional Council recognized the need for action when they approved a motion on November 14, 1998, requesting that the Federal Government declare homelessness a national disaster.

Although there are both individual-level contributing factors to homelessness, (for example, mental illness and substance abuse) and systemic-level contributing factors (for example, poverty and lack of affordable housing), issues that affect single adults may vary from those affecting youths or families. Despite these differences, this updated Community Action Plan will continue to respond to the needs of those who are homeless or at risk of being homeless. An issue as complex as homelessness cannot be prevented or ended with only one plan.

This updated Community Action Plan outlines recommendations and actions to achieve the goal of preventing and ending homelessness. This will be accomplished by focusing efforts on assisting people to move from the streets and shelters to permanent accommodation, and by providing support services that will help people remain housed. In addition, where resources become available, affordable housing stock will be increased.



The United Nations defines homelessness in two ways:

**Relative Homelessness:** a situation in which people’s homes do not meet the UN’s basic housing standards.

A dwelling must:

- have adequate protection from the elements
- provide access to safe water and sanitation
- provide secure tenure and personal safety
- lie within easy reach of employment, education, health care
- not cost more than 50% of total income

**Absolute Homelessness:** a situation in which an individual or family has no housing at all, or is staying in a temporary form of shelter



## **Actions To Date**

---

Actions that have led to the update of the Community Action Plan are:

- July 14, 1999 - Regional Council approved the initial Community Action Plan To Prevent and End Homelessness in Ottawa-Carleton and allocated \$1 million towards increasing the stock of affordable housing.
- September 1999 - Regional Council considered a “Homes First” report and approved a demonstration project to make available seven regional properties for sale or lease for \$1. These properties were made available to non-profit housing providers to create housing for homeless people.
- January 12, 2000 - The Homelessness Initiatives Fund grants were announced for 20 projects.
- December 1999 - the Federal government announced a 3 year plan to invest \$753 million to help alleviate and prevent homelessness. Ottawa-Carleton’s allocation was \$17 million over 3 years.
- April 2000, the Region’s Community Services Committee received the Progress Report on the Action Plan “Creating Community Solutions: The Action Plan to Prevent and End Homelessness in Ottawa-Carleton.”

This report reflects the continuation of a process leading to Community Action Plan to End Homelessness in Ottawa-Carleton and builds on the excellent work of the initial document. The updating of the Action Plan was the result of the Community Forum.

## Community Consultation: Community Forum 2000

---

Community consultation in 2000 builds on the previous efforts that produced the initial action plan and the work undertaken in community stakeholders groups during the past year. The updating of the action plan continues to receive the support and involvement of members of the Alliance to End Homelessness at all stages of the process. The consultation also involved other private and public stakeholders.

⇒ A Questionnaire was circulated to a sample of agencies that service homeless people. Consumers and staff were asked to confirm the gaps in service and to establish a sense of priorities for action from their respective points of view. The results of the scan confirmed the gaps previously identified and that affordable housing and enough money to buy it were the main concerns. The results were presented graphically and made available to all Forum participants. (see appendix A)

⇒ A Community Forum held on June 8, 2000, attended by 100+ participants (see Appendix B for a list of participants), representing inter-faith ministries, municipal, provincial and federal government, the private sector, academic institutions and other people who were affected by homelessness. Participants identified gaps and actions needed to achieve the goal of preventing and ending homelessness. All agreed that the overriding gap is the lack of affordable housing stock in dealing with the root cause of homelessness. Other gaps identified were services and strategies for homeless families, Aboriginals, youth, and those in high risk groups such as those with concurrent disorder (those with a mental illness and a co-occurring substance use disorder), people in violent relationships, newcomers to Canada, people with AIDS/HIV, and those with mental, physical or developmental disabilities. The needs of these groups will be reviewed during the planning and implementation phases of all recommendations in the action plan.

*What is required is a coordinated, integrated, community-wide approach to serving persons who are homeless or those at risk of becoming homeless with the exchange of information between agencies in order to ..*

**Stakeholder Groups Involved in the Community Consultation Process:**

- front-line staff
- program managers
- community agency directors
- federal, provincial and municipal elected officials
- municipal representatives
- provincial representatives
- federal representatives
- private housing

- ⇒ The previous day's results were further refined into action items and proposed changes to the action plan in a half-day workshop held on June 9, 2000, with 21 participants from the Alliance to End Homelessness' Steering Committee, private and public funders and representatives of the non-profit housing sector.
  
- ⇒ An inventory of services available to persons who are homeless in Ottawa-Carleton was developed from information provided by community agencies. The inventory was taken in order to gain an understanding of the community services available and allow for the future identification of gaps. The inventory will be updated and distributed as a stand alone document in Summer 2000.

## ***Principles of an Integrated Community Action Plan***

---

During the Community Consultation process, stakeholders confirmed the following key principles for the development and implementation of the plan and added the following new one:

### **Client Centered**

- There must be consumer participation in the planning process
- To ensure interventions and services address the service user's reality

### **Prevention-Focused**

- To have the necessary balance between intervention and prevention services.
- To not focus exclusively on the provision of "crisis-based" emergency services.
- To develop initiatives that address the prevention of homelessness.

### **Collaboration and Communication**

- To seek collaboration among the levels and areas of government (such as health, housing, community and social services, corrections and education), and between service providers, planners and persons who are currently/have had the experience of homelessness.

### **Focused on Long-Term Solutions**

- To develop an integrated community plan to address long-term solutions to ending and preventing homelessness.

### **Community Involvement**

- To involve a broad representation of public and private sector stakeholders and people who have experienced homelessness, for the further development and implementation of community planning to end homelessness.

*"We need a municipal office dealing with homelessness that has a specific budget and governance to liaise with current services and provide an integrated use of the money"*

-Jeff Turnbull,  
Faculty of Medicine,  
University of Ottawa

*"We need to make sense of multiple funders and mandates and to put all of our resources on the 'collective table' to find a way to bridge the gaps in the system"*

-Peter McKenna,  
Sandy Hill Community  
Health Centre

## **Research-Based**

- To investigate and adopt strategies and/or initiatives where effectiveness has been examined empirically.
- To establish identifiable benchmarks and to provide on-going information collection and monitoring to ensure efficiency and accountability of all service provision.

## ***Vision for the Implementation of the Community Action Plan***

---

The success of the implementation of the updated Community Action Plan requires the efforts of all community members. Once the updated Community Action Plan is approved by Council, the Region will press for implementation by continuing to work with a broad range of stakeholders in the community. Close working relationships with both the public and private sector, of which the Alliance to End Homelessness plays an integral role, will be essential for the further development and implementation of the recommendations.

In addition, ongoing monitoring of contributing factors to homelessness (both individual and system-level factors), continues to be essential to ensure that the implementation of recommendations responds to current and future needs of persons who are homeless or at risk of becoming homeless.

## ***Presentation of the Recommendations***

---

The recommendations section is grouped by categories as in the initial action plan: “Creating Community Solutions: An Action Plan to Prevent to End Homelessness.” Because many of the recommendations discuss the prevention of homelessness, prevention-based recommendations were included within the following categories:

- regional ownership;
- provincial and federal ownership;
- housing supply and support;
- enable access to housing; and
- provision of support services.

Within each group, global recommendations (such as ones requiring advocacy to other levels of government) are presented first, followed by recommendations requiring local action. New actions and other changes are in **bold type**. Implementation of these actions can be tailored to meet the needs of specific client groups or objectives. The following symbols represent:

- ✓ Actions that have been completed have a checkmark .
- ☞ Actions in progress are indicated by a pointing finger symbol.

After the “actions” section under each recommendation, the heading “Progress” has been added to highlight actions taken to date. More detailed information is available in the Progress Report on the Action Plan to End Homelessness - March, 2000.

## OWNERSHIP — REGIONAL

### **Recommendation 1:**

**That the Region establish a responsibility center to facilitate the coordination and integration of services related to homelessness in Ottawa-Carleton.**

#### **Rationale:**

The Region has the responsibility to provide leadership and coordination of a diverse range of community stakeholders and services to work toward preventing and ending homelessness.

Given the complex nature of homelessness, the approach to solutions can not neatly be attached to any one organizational area of the Region. Housing, Health and Social Services have joined efforts to organize in order to effectively facilitate the coordination of services and programs.

#### **Actions:**

- ✓ The Region, working in collaboration with partners and stakeholders, will begin to implement this community action plan
- ✓ establish a responsibility center to facilitate the coordination and integration of services related to homelessness in Ottawa-Carleton
- ✓ establish a system of accountability to ensure that recommendations are acted upon, with a monitoring and evaluation process that provides regular and public reports on progress and outcomes
- ✓ assess current and future needs for social and supportive housing
- coordinate efforts with stakeholders and partners to address the need for increased number and types of supportive services
  - **improve access to social and recreational programs to overcome social isolation**
  - **promote the development of accessible culturally diverse life skills programs**
  - **increase capacity to serve francophones**
  - **promote the increased accessibility and availability of safe and supportive housing to youth.**
- encourage research and demonstration projects that increase understanding of the factors that contribute to homelessness and inform service development; **such as violence and health issues.**
- support the development of a comprehensive information management system on homelessness, with accessible and accurate information for the public and service providers alike, and ensure links with other information management systems

As part of this organizational capacity, the Region will carry out the following functions to coordinate services:

- Consultation
- Policy Development
- Implementation
- Resource Determination
- Evaluation

- ☛ support training and education initiatives for service providers who are working with homeless persons and those at risk of becoming homeless
- ☛ ensure links are established with other local initiatives and working groups, such as the Task Force on Poverty, the Task Force on Employment, the Addiction Restructuring Task Force, and workgroups of the Alliance to End Homelessness
- ☛ strengthen the relationships with the inter-faith community and Aboriginal Elders to increase opportunities for spiritual support
- facilitate a process for neighborhoods and communities to develop strategies to reach out to people at risk of becoming homeless
- **facilitate the development of a plan to address the health care and supports needed by families who are homeless**
- **develop an employment readiness strategy for unemployed, homeless people**
- ☛ enhance a working relationship with the Aboriginal community to ensure that policies and initiatives address needs by **facilitating the identification of appropriate approaches, interventions, and supports**

### Progress:

- In October 1999, the Region created the Homelessness Initiatives Team which is a cross-departmental team representing Health, Social Housing and Social Services. Since its inception in October, the team has:
  - issued a Request for Proposals, recommended projects for funding through the Homelessness Initiatives Fund and developed an accountability system for the provision of these funds;
  - prepared a business case to allocate 15% of hostel expenditures to initiatives to prevent homelessness;
  - established links with the federal and provincial governments to advocate for funding and facilitate the coordination of programs;
  - facilitated planning and coordination of services for youth, aboriginals, outreach workers and other agencies serving the homeless, and local health services to ensure equity and access to programs and services;
  - established a partnership with the University of Ottawa, the health care sector and the Alliance to End Homelessness, with the intent to conduct research, evaluate initiatives, deliver service and provide training of students and community workers;
  - established an Internet list server to communicate problems, issues and results to specific interest groups;
  - increased the capacity of organizations participating in the Inner City Health Project by initiating a staff training plan; and
  - funded two projects to assist neighborhoods and communities in developing strategies to prevent people from becoming homeless.



**Outcome:**

Comprehensive, integrated service delivery for persons who are homeless in Ottawa-Carleton.

## OWNERSHIP — PROVINCIAL AND FEDERAL

### **Recommendation 2:**

**That the Region request the Federal and Provincial governments to retain overall accountability for homelessness and the development of affordable housing .**

#### **Rationale:**

The Federal and Provincial levels of government have a greater capacity to deal with the systemic-level issues (e.g. housing, poverty) of homelessness. Therefore, it is these national and provincial perspectives that are necessary to implement the broader solutions stemming from systemic factors. Homelessness has become a concern for Canadians. The problem stems from little or no new affordable housing being built compared to the expected steady growth of our country's population.

Recent actions are promising. Continued responsibility and support from Federal and Provincial governments is essential to enable our community to better respond to the need for affordable housing.

#### **Action:**

- The Region has joined other cities and municipalities from across the country in their collective efforts to support the development of a National Housing Policy Options Strategy. The Region will continue to play an active role in persuading Federal and Provincial governments to assume responsibility for developing affordable housing.
- The Region will petition the Province to conduct an interministerial review of policies and practices and encourage linking of those policies to address the needs of people who are homeless or at risk.

In March 1999, Claudette Bradshaw was appointed as the Federal Minister responsible for homelessness. Her role is to coordinate the Federal effort with the provinces and municipalities across Canada. A plan to introduce federal initiatives and resources was announced in December 1999.

There are many provincial ministries charged with the responsibility of addressing homelessness, including: Health, Community and Social Services, Municipal Affairs and Housing, the Solicitor General, and Correctional Services.

The Toronto Disaster Relief Committee has developed *The One Percent Solution: Towards a National Housing Strategy* which proposed that all levels of government spend 1% more of their existing total budgets on housing.

An increase of 1% would double the amount currently spent by federal and provincial governments towards housing (1% campaign developed by National Disaster Relief Committee in Toronto).

**Progress:**

- ✓ Participated with the Ministries of Community and Social Services, Health, and Municipal Affairs and Housing and municipal representatives from Eastern Ontario Region, in an Integrated Human Services Planning Workshop held 26 June, 2000. The workshop produced an action plan.

**Outcome:**

Renewed commitment by the Federal and Provincial governments to provide all citizens with the basic right to safe and affordable housing.

## OWNERSHIP — PROVINCIAL AND FEDERAL

### **Recommendation 3:**

**That the Region request that the Federal and Provincial Governments increase support services and access to housing for newcomers to Canada including assistance to refugee claimants to access housing.**

### **Rationale:**

Newcomers to Canada face a period of resettlement. Some newcomers face additional challenges, such as: not speaking the language(s) of a country, poverty, social isolation, discrimination, unemployment and lack of housing. Many of the residents in the Region's family shelters are immigrants or refugee claimants, with large families, competing for a shrinking stock of affordable housing in Ottawa-Carleton.

In addition, there is an inequity in government policy and practices with regard to status, and access to supports and supportive services. Government sponsorships allow some immigrants and refugees access to financial support, access to reception shelters, and settlement services. Conversely, refugee claimants have none of the same supports - no access to settlement services, no financial support, and limited health or medical care. Even if employable, refugee claimants are not permitted to work until they are issued a work permit. They must have secured employment, however, before the permit is issued. Backlogs in processing refugee claims and other immigration and settlement issues add to the state of limbo many refugees face upon arriving in Canada.

### **Actions:**

- ✓ Request that the Federal and Provincial Governments increase support services and access to housing for newcomers to Canada including assistance to refugee claimants to access housing
- ✓ The Region forwards this request to the Federal and Provincial Governments (Fall 1999)
- ✓ The Region encourages the coordination of services for newcomers (including refugees) provided by Community Resource Centres and settlement programs and services

The Provincial Task Force on Homelessness recommended that *“the federal government should be responsible for income support for refugee claimants”*.

In addition, the Task Force recommended that *“the federal government should ensure immigrant and refugee settlement and integration programs be adequately funded”*.

(Fall 1999)

**Progress:**

- Provincial funding managed by the Region is being used to address the needs of homeless newcomers.

**Outcome:**

Decreased need for shelter services for newcomers to Canada.

## HOUSING SUPPLY AND SUPPORT

### **Recommendation 4:**

**That the Region continue to advocate for renewed Federal and Provincial funding for sufficient social, supportive, and transitional housing.**

### **Rationale:**

The Region is unable to address the problem of homelessness without funding support from the federal and provincial governments. This was also the conclusion of the “Taking Responsibility for Homelessness: An Action Plan for Toronto” known as the Golden Report, and is the basis for recommendations to the Federation of Canadian Municipalities Conference for a National Housing Policy.

### **Actions:**

In addition to advocating generally that the senior levels of government provide funds for housing and homelessness, there are a number of specific proposals which should be put forward:

- Request other levels of government to contribute land or properties to meet the needs of the homeless.
- Encourage CMHC to continue recent new guidelines for RRAP funding for renovations to facilities housing people at risk of homelessness.
- **Request federal funding from Supporting Community Partners Initiatives (SCPI)**
- Advocate for adequate reserve funds to safeguard existing social housing.
- Request that the Province reassume 100% of the cost of supportive housing, as well as capital costs, rent supplements and support services.
- Request that the Province assess the impact of the removal of rent controls on rent levels and economic evictions.
- Encourage the Province to re-introduce incentives to create more affordable housing, including programs like “Convert-to-Rent”.

On April 14, 1999, Regional Council passed a motion that Council urge the Provincial and Federal Governments to include, within the framework of the new Federal/Provincial agreement currently being negotiated, a mechanism or protocol that allows and encourages a Federal role in the funding of social housing programs in Ontario.

RRAP is the acronym for Residential Rehabilitation Assistance Program. This program is offered by Canada Mortgage and Housing Corporation (CMHC) to assist owners of rental and rooming house properties to bring their properties up to health and safety standards. It also assists with the adaptation of residential properties for clients with special physical needs.

A rent subsidy pilot project has been developed in Alberta between Boardwalk Equities and Alberta Municipal Affairs. The project provides 10 subsidized town homes to families at risk of homelessness. Families pay 30% of their income towards rent, and Alberta Municipal Affairs finances the remainder.

**Progress:**

- Funded support service for 125 families or individuals in supportive housing environments.

**Outcome:**

Increased federal and provincial government funding for social housing and support services.

## HOUSING SUPPLY AND SUPPORT

### **Recommendation 5:**

**That the Region assess the advantages of delivering housing programs directly and assisting local housing groups to access funds from provincial Ministries.**

#### **Rationale:**

CMHC currently delivers its renovation program through the City of Ottawa. If the Region assumed this function, region-wide program delivery could be made available. There may also be an interest on the part of the Province, in advance of full devolution of the responsibility for social housing, to have the Region play a role in the delivery of rent supplements which were announced by the Provincial Minister as a homelessness initiative. Further, the Region may be able to assist local groups in accessing funds that will be made available from other Ministries, such as the Ministry of Health, for supportive housing provided to those with mental illness.

#### **Actions:**

- ✓ Analyze the viability of assuming Residential Rehabilitation Assistance Program delivery and prepare a report to Council (Summer 1999).
- ✓ Track provincial actions to transfer rent supplement funding to regions.
- Track provincial announcements and policy developments on mental health reform and other supportive housing.

In December 1998, the Federal Minister for Housing announced a special RRAP allocation to assist in meeting the needs of the homeless. In Ottawa-Carleton a total of \$3.295 million was approved for renovations to apartment units and rooming houses and the creation of 89 units, primarily in the City of Ottawa. Major shelter providers as well as a number of support agencies and non-profit housing corporations took advantage of the funding.

On March 23, 1999 the Ministry of Community and Social Services announced a \$100 million dollar initiative to help the homeless in Ontario. This includes \$45 million to develop, in the short and medium term, housing spaces and supports for people with mental illness, and reallocation of \$2.5 million from expiring rent supplement contracts to help house 300-400 persons with special needs, and \$50 million per year to be used in partnership with the municipalities for rent supplements.



**Progress:**

- The Region is involved in determining priorities for funding and reviewing RRAP applications.
- The Region has assumed responsibility for the delivery of some housing-related programs [i.e. Supports to Daily Living Program (SDL)] and has played a role in assisting local groups to access federal and provincial funding to ensure a coordinated approach to funding initiatives which are consistent with community priorities.

**Outcome:**

Increased Provincial funding for local initiatives.

## HOUSING SUPPLY AND SUPPORT

### **Recommendation 6:**

**That the Region create a Task Force on public/private partnerships to encourage the private sector to take a more active role in dealing with homelessness *and increase the stock of affordable housing.***

### **Rationale:**

In other areas of the country and in the United States, the private sector has become active in developing and implementing solutions to homelessness. There may be opportunities to involve the private sector to a greater extent in Ottawa-Carleton. At the same time, it would be useful to identify barriers which have prevented the private sector from producing affordable housing.

### **Actions:**

- Request that the Region co-sponsor with a private sector leader, a task force to encourage greater private sector participation in building and financing affordable housing and meeting other needs of persons who are homeless. Private sector participants would include representatives from financial institutions, the service sector, the high tech business sector, the home builders and other business leaders (Fall 1999).
- Seek input from Task Force participants on barriers or incentives for the creation of affordable housing, including the following:
  - the need to streamline and provide assistance with development applications;
  - the degree to which zoning bylaws provide opportunities for intensification in conformity with the Official Plan;
  - the need for a comprehensive inventory of government land and properties for sale;
  - the feasibility of a business foundation to finance affordable housing;
  - the usefulness of a network of social housing developers; and
  - an awards program for best practices to promote more innovative production of affordable housing.

In the USA, the Community Reinvestment Act has succeeded in channeling large volumes of private capital towards low-income housing. The Act rests on the premise that lending institutions have an obligation to reinvest in local communities where they make their money.

Specific commitments are made by banks in connection with periodic regulatory reviews, and as a result, targeted pools of capital are available for affordable housing. Canadian banks (for example the Toronto Dominion Bank and the Bank of Montreal) operating in the U.S., participate in Community Reinvestment lending, but no similar initiative exists in Canada.

- Develop partnerships, including attracting the corporate sector to work with and fund community ventures.
- ✓ Foster active involvement of private and community foundations in the development of affordable and supportive housing and services.
- **The Region petition the Province to provide significant incentives to private sector builders and developers to build more affordable housing.**

**Progress:**

- ✓ The Community Foundation provided \$1 million from anonymous donations to address homelessness and RBC Dominion Securities' Toque Tuesday campaign raised \$20,000.

**Outcome:**

Increased private sector investment in development of affordable housing.

## HOUSING SUPPLY AND SUPPORT

### **Recommendation 7:**

**That the Region encourage more use of social housing units for persons who are homeless.**

#### **Rationale:**

There are over 25,000 units of social housing in the Region, which have assisted in meeting the needs of the homeless and could be used to do even more. The Region does not have direct control over these units, but may influence providers to ensure existing social housing is used optimally. As units become vacant, they could be made available to assist persons who are homeless, if sufficient support services are also provided. Other non-profit and co-op projects may have accumulated equity or excess land which could be used to produce more affordable housing. At the same time, the Region must take steps to ensure the on-going viability of existing social housing so that current residents are not at risk of homelessness.

#### **Actions:**

- Funding of demonstration projects to provide support services (for example, Ottawa-Carleton Housing's project to integrate low-income singles into seniors or age-mixed buildings when units become vacant 1999-2000 40 units)
- In consultation with provider groups, study the degree to which equity or vacant land may be available in existing projects for intensification or additional housing (1999-2000)
- Influence provincial standards on social housing and maintain them following the transfer of administration from the Province to the Region.

Social housing represents just under nine percent of the total housing stock in the Region. The majority of the units (84%) are located in Ottawa. Nearly three quarters of the stock is under provincial administration. This includes: 8,600 units of public housing, managed by the Ottawa-Carleton Housing Authority; approximately 1500 rent supplement units held through agreement with private landlords; and 8,300 units managed by municipal and private non-profit and cooperative housing providers. The remaining quarter of the stock (nearly 7,000 units) is administered by the Federal government.

There are different models of support services currently available to residents of social housing. One model provides on-site support which is linked to the unit. Another model provides mobile, flexible support that follows the person and is not attached to a specific housing unit.

**Progress:**

- 53 additional housing units will be made available for homeless individuals as a result of the Homelessness Initiatives Funding and Hostel Re-direction Funding.

**Outcome:**

Increased social housing stock dedicated for persons who are homeless or at risk of being homeless.

## HOUSING SUPPLY AND SUPPORT

### **Recommendation 8:**

**That the Region assess the use of publicly-owned land and regulatory measures as ways to promote the development of affordable housing.**

#### **Rationale:**

The creation of more affordable housing is essential to preventing and reducing homelessness. Local governments could promote the development of more low-cost rental housing by reducing the capital costs of land and development charges and, in future, by reducing property taxes for rental housing properties. In addition, the Region may be able to assist with financing costs of the above-mentioned strategies.

#### **Actions:**

- ✓ FURTHER THAT Regional Housing, Social Services and Property Services staff be directed to prepare an inventory of regionally-owned property that is surplus to RMOC needs and that could be used for affordable rental housing.
- ✓ FURTHER THAT this inventory include criteria under which the region would sell such parcels for one dollar to non-profit housing providers’.
- Approve an exemption from regional development charges (RDC) for non-profit housing.
- Develop a policy to lease Region-owned land for a nominal cost to community housing groups serving those at risk of homelessness.
- Assess the option of equalizing property taxes for homeownership and rental properties.
- Encourage local area municipalities to use land and regulatory measures to promote development of more affordable housing (example Nepean Housing).
- ✓ Consider the creation of a revolving fund to provide loans for interim financing and for the conversion of residential and non-residential properties to affordable housing.

The Toronto Mayor’s Homelessness Action Task Force recommended the provision of municipal land for housing development. The Task Force proposed a “housing first” land policy for surplus and potentially surplus sites for the City to lease or sell its sites to community-based non-profit housing developers for less than market value. Ottawa has offered some surplus properties to non-profit housers to convert or build housing for homeless people.

The Task Force also proposed an allocation of one percent of its annual capital budget to a Homelessness Community Fund, part of which could be used to provide capital subsidies for the construction of low-rental housing.

**Progress:**

- Created 30 additional units of affordable housing for homeless people through the Homelessness Funding Grants.

**Outcome:**

Increased affordable housing.

## HOUSING SUPPLY AND SUPPORT

### **Recommendation 9:**

**That the Region explore the feasibility of providing capital grants to facilitate construction of affordable housing through demonstration projects.**

#### **Rationale:**

In the absence of federal and provincial programs for new development, it may be feasible to produce affordable housing through a combination of initiatives to reduce the capital costs of construction.

#### **Actions:**

- ✓ Region provided \$1M in capital grants in 2000.
- Assess the Toronto experience (detailed in the side column) and consider a similar approach to demonstration projects (Fall 1999).
- Do costing analysis and prepare policy options for consideration of Regional Council (Fall 1999).
- ✓ **The Region has funded 8 demonstrated projects through capital grants.**

#### **Progress:**

- ✓ Successful in leveraging \$9.2 million in housing capital, or a total of 150 new units of affordable housing in Ottawa-Carleton from the Region's initial contribution of \$1 million.

#### **Outcome:**

If the feasibility study results are favourable, consider the development of a similar initiative.

In Toronto, a call for proposals was recently issued to non-profit developers to consider a project for single parent families who are in emergency shelters or at risk of becoming homeless. The City's contribution to the project would be land at nominal cost on a long-term lease, a capital grant of \$10,000 per unit and an interest-free second mortgage of \$25,000 per unit. This contribution is less than the cost of keeping the same number of people in an emergency shelter for a year.



## ENABLE ACCESS TO HOUSING

### **Recommendation 10:**

**That the Region request that the Province of Ontario raise the amount of the shelter allowance under the Ontario Works Act to reflect actual housing costs.**

#### **Rationale:**

While the shelter allowance portion of social assistance benefits has never reflected actual rental costs in Ottawa-Carleton, the 1995 cuts in the shelter allowance have severely restricted the ability of many people to rent in the private market.

Currently, the shelter allowance for an individual is \$325/month. The Environmental Scan listed the average rent for a 1-bedroom apartment in 1997 to be \$700/month. In addition, almost 50,000 renters in the Region pay more than 30% of their income on shelter. This problem is compounded for families. For example, a family of four receives \$602/month shelter allowance, yet the average 2-3 bedroom unit is \$754-923/month.

#### **Actions:**

- A meeting be requested with the Minister of Community and Social Services and the Minister of Finance to discuss the issue.
- ✓ **The Region will advocate with the Province to modify or rescind the provincial regulations that will phase out the earnings exemptions (S.T.E.P.) for Ontario Works recipients.**

#### **Progress:**

- Submitted a report on the impact of changes to provincial regulations on retained income (S.T.E.P.) for Ontario Works participants.

#### **Outcome:**

Increased shelter allowance to retention of earnings to maintain housing.

When the Provincial government cut social assistance benefits under the former *General Welfare Assistance Act* in October 1995 by 21.6%, the shelter allowance portion was also reduced. There was no corresponding reduction in rent for non-subsidized tenants in the private rental housing market. The government cited the earnings exemption (S.T.E.P.) as an incentive to work.

A 1998 Consumer Preference Survey conducted by the Canadian Mental Health Association (Ottawa-Carleton Branch) found that the number one barrier preventing respondents from living in their ideal place was *not having enough money for housing*.

The Toronto Mayor's Action Task Force Report provides this recommendation: *The shelter component maximum for social assistance should equal 85 percent of the median market rent for each local housing market, based on annual surveys.*

## ENABLE ACCESS TO HOUSING

### **Recommendation 11:**

**That the Region promote the wider use of Direct Payments and Trusteeship Agreements where there is an inability of Ontario Works (OW) and Ontario Disability Support Program (ODSP) participants to manage finances.**

### **Recommendation 12:**

**That the Region request the Province of Ontario enhance the Ontario Disability Support Program automated system so that Direct Payments can be made for accommodation costs by early 2000.**

### **Rationale:**

Direct payment of rent to landlords is a strategy that is not necessary for everyone on social assistance. However, for some individuals (for example, with severe health or mental health issues), sending rental payments directly to landlords would increase their ability to secure and maintain housing when health or personal issues interfere with their ability to manage financial affairs.

Trusteeship Agreements provide a third party support to individuals with serious challenges in managing their own benefits, including securing and maintaining housing.

### **Actions:**

- ✓ Social Services is currently reviewing the policy and procedures regarding direct payments.
- ✓ Social Services will provide staff with an information package on the use of direct payments and other pertinent policy and procedures, specifically relating to a person in need with a housing crisis.
- Social Services, with interested community partners, will create and promote more effective ways to support people in managing their own affairs by providing small administration costs for voluntary trustees.

The Provincial Task Force Report on Homelessness listed trusteeship or rent paid direct to landlords in exchange for lower rent or a waive of first and last month's rent as an example of a housing support initiative for the Province.

- Social Services will look for ways to streamline access to the Official Guardian for persons with persistent and severe conditions that preclude them managing their own affairs and who are not able to obtain access ODSP.
- The Region will approach the Province to work collaboratively in developing a consistent approach to direct payment.

**Progress:**

- ✓ establish homelessness policy and procedures.
- ✓ allocated funding from the Hostel Re-direction Fund to develop an effective model of administering trusteeships.

**Outcome:**

Increased prevention of homelessness by reducing the number of evictions due to defaulting on rent, or rent arrears.

## ENABLE ACCESS TO HOUSING

### **Recommendation 13:**

**That the Region streamline and broaden the use and acceptance of the Letter of Last Month's Rent Guarantee to enable homeless people to more readily secure accommodation on the private housing market.**

#### **Rationale:**

Providing last month's rent at the beginning of a rental agreement is an expense that is virtually impossible for those on social assistance. To assist Ontario Works participants to secure housing, Social Services can provide a Last Month's Rent Letter, which guarantees rent payment. This guarantee is meant to help individuals and families secure the housing they need.

There are barriers to this assistance that need to be addressed to help people secure housing in the private market. Barriers shown in the right-hand column were identified through consultation.

#### **Actions:**

The Region will:

- streamline existing practices for issuance and redemption of the Last Month's Rent Letter;
- clarify information given to clients and landlords;
- provide training to Social Services staff; and
- develop and implement (with community partners) a strategy to increase acceptability of the Last Month's Rent Letter in securing housing.

#### **Progress:**

- ✓ Revised Last Month's Rent Guarantee letter, policy and procedures.

#### **Outcome:**

Increased ability to secure accommodations in the private housing market.

Until 1991, the *General Welfare Act* had provisions for covering first and last months' rent for recipients. Since these changes, the added cost of last month's rent is a barrier for those on assistance in securing accommodation in the private housing market.

Although last month's rent letters can be of assistance to individuals and families, there are barriers to this assistance that need to be addressed.

#### **Barriers**

- Many landlords in the Region will not accept the Letter of Guarantee, citing cumbersome redemption procedures.
- Individuals and landlords are often unclear as to the terms and conditions of the letter.

## PROVISION OF SUPPORT SERVICES

### **Recommendation 14:**

**That the Region re-allocate up to 15% of emergency hostel funding for innovative approaches to service delivery.**

### **Rationale:**

To change direction from short term emergency hostel beds, to more effective response to prevention and early identification, the Ministry of Community and Social Services has approved the redirection of up to 15% of emergency hostel funding to innovative prevention programs, with the goal of reduced emergency hostel use.

The intent of the Ministry is to have fewer persons in emergency shelters and more persons in stable housing situations, at no added cost.

The Region and other stakeholders, especially the members of the Alliance to End Homelessness, have expressed a willingness to work in this direction.

Lack of affordable private market housing is limiting the effect of services in preventing homelessness.

### **Actions:**

✓ The Region, working with community agencies including emergency hostels, will develop a business plan that will include descriptions of initiatives, costs of the initiatives, the projected emergency hostel savings, and intended outcomes for specific target groups.

➡ In redirecting emergency hostel funding to innovative prevention programs, the business case will analyze the impact of the reduction of funding available to emergency hostels. **Strategies be developed to ensure that the community is able to maintain the necessary level of emergency hostel beds.**

*“Successful housing of homeless people depends on getting them connected and supported. So, when you give money, tie it so it has to be used to prevent homelessness, find homes and support people”.*

-Comment from Ottawa participant to the Provincial Task Force on Homelessness, March 25, 1998.

The Provincial Task Force on Homelessness recommended that *“the Province should provide flexibility that allows municipalities to direct a portion of emergency hostel dollars to strategies [that prevent homelessness]”.*

The redirection of emergency hostel funding and the Homelessness Initiative Fund are complementary initiatives. The redirection initiative is specifically geared to moving persons from emergency shelters to permanent accommodation. The allocation of funding available from both initiatives could occur at the same time.

|

- ✓ The Region will immediately initiate the development of the business case for the redirection of the emergency hostel funding in concert with community stakeholders, for approval by the Ministry of Community and Social Services.

**Progress:**

- Reduced bed-days by 11,118 days, or an average of 30 people per night in emergency shelters through the redirection of hostel funding.

**Outcome:**

Decreased use of emergency hostel services and increase in the number of persons gaining access to housing and retaining it at no additional cost to the system.

The amount available for redirection with provincial approval is approximately \$977,000.

Hostels have been over capacity over the last year. Private rental market vacancy rate is 0.7% in Ottawa-Carleton the lowest in Canada.

## PROVISION OF SUPPORT SERVICES

### **Recommendation 15:**

**That the Region fund a community agency to administer a Rent Bank to prevent individuals and families from becoming homeless.**

#### **Rationale:**

Individuals and families living on a low fixed monthly budget cannot usually tolerate a sudden or unexpected financial expense. Rent Banks are a prevention strategy to help individuals and families at risk of losing housing due to owing rent and utility arrears by providing one-time financial assistance. A Rent Bank could reduce financial stress and permit the individual or family to remain in their home.

#### **Actions:**

- ✓ The Region will review the results of a planned evaluation of the current Rent Bank pilot project in Ottawa-Carleton. The evaluation will assist in determining the amount of funding required, as well as the most effective method of administering the funding to those in need.
- ✓ Fund Home Safe (Rent Bank Programs).
- Ensure information is available on financial and support services for preventing homelessness.

#### **Progress:**

- ✓ Provided \$24,000 through the Hostel Initiatives Fund to the Salvation Army to assist over 200 clients with rent and utility cost problems.

#### **Outcome:**

Increased prevention of homelessness by averting eviction through the use of rent-bank funds **and support services.**

The Connecticut Eviction Program first developed a Rent Bank program in 1989.

The Mayor's Task Force for the City of Toronto recommended the creation of a city-wide Rent Bank to help individuals and families deal with short-term rent arrears. They recommended that access to the rent bank should be through designated multi-service agencies.

In Ottawa-Carleton, the Salvation Army has initiated a Rent Bank pilot project. The project is being evaluated by the Community Services Research Unit at the University of Ottawa. A report is due in Fall 1999.



## PROVISION OF SUPPORT SERVICES

### **Recommendation 16:**

**That the Region petition the Province to restore cost-sharing for day programs to levels in existence prior to the removal of funding in 1995 .**

#### **Rationale:**

Services provided through day programs are an integral part of the community strategy to support and maintain persons in permanent accommodation.

Day programs provide a range of services and supports needed by vulnerable and at-risk persons.

Day programs provide an opportunity for peer support beyond the service system network.

The Region has demonstrated the essential nature of day programs by not only maintaining funding for day programs at 100% Regional cost, but in fact increasing funding during the past 5 years. This recent pattern of regional funding does not absolve the Province from its responsibility to also fund day programs. If the Province restored its cost-sharing funding for day programs to 1995 levels, the Region could reallocate regional funding to other essential services and supports for persons who are homeless or at risk of becoming homeless.

#### **Actions:**

- ✓ The Region to request that the Province restore cost sharing for day programs to no less than 1995 levels.
- ✓ **Facilitate expanded hours and broadened accessibility to day programs.**

#### **Outcome:**

Reduced risk of homelessness and increased support to persons who are currently homeless or at risk of becoming homeless.

The CMHC report entitled “Best Practices Addressing Homelessness” (March 1999) recognizes the contribution of day programs to the provision of services to persons who are homeless or at risk of being homeless.

Within the CMHC report, an Ottawa-Carleton day program, Centre 454 is reviewed, including its loss of budget post-1995 for clothing and bus tickets.

The Mayor’s Action Task Force Report for the City of Toronto stated that “*drop-ins need stable funding*” (p.45). Stable funding would allow for the provision of core services, including: food and hygiene, personal supports, crisis intervention, information and basic recreational programming.

The Provincial Task Force Report on Homelessness recommended that “*provincial program structures and funding mechanisms should be rationalized to support the planning and management role of municipalities*”. This is expected to include stable core funding for services at appropriate levels.

## PROVISION OF SUPPORT SERVICES

### **Recommendation 17:**

**That the Region request that the Ministry of Health and other stakeholders provide funding to increase the community's capacity to provide convalescent, palliative and long-term care for people who are homeless or at risk of being homeless.**

### **Recommendation 18:**

**That the Region request that the Ministry of Health and other stakeholders provide funding to increase the community's capacity to provide a full range of addiction services.**

### **Rationale:**

Being homeless compounds the effects of a debilitating health condition. Homeless persons who are ill or recovering from surgery often experience a longer or complicated convalescence. It may also mean that others are exposed to communicable diseases such as tuberculosis and influenza.

Individuals with severe addiction or substance abuse problems find themselves on the street, unable to access shelter services. Subsequently, they are unable to make use of addiction services while struggling with being homeless. For some individuals, this cycle leads to illness and death. The success of addiction services will be limited if the basic needs of an individual (e.g., food, shelter) are not met. Different models and approaches of addiction service delivery need to be considered to meet the needs of persons who are not in safe or stabilized housing. The models need to contain a range of services from initial outreach to long-term support and be sensitive to individual need.

### **Actions:**

- The Region send a letter to the Ministry of Health outlining the need as reflected in the recommendation and rationale
- **work towards increasing the community's capacity to provide long-term care for people who are homeless, aging and/or have ongoing physical and mental health**

Over a three month period in 1998, Regional public health nurses found that 44% of persons served had a chronic health condition (including arthritis, diabetes, hepatitis, cancer, HIV/AIDS, heart disease and a variety of other conditions).

Wright (1990) examined the health status of homeless adults in the USA and found that homeless persons suffered from physical disorders at elevated rates from housed citizens.

A study conducted by the School of Psychology at the University of Ottawa collected health status and substance use information on 230 persons who were homeless. The sample included 200 persons across all emergency shelters in Ottawa-Carleton and 30 persons who did not currently use shelters. Health status data was used to inform the Health Status

## issues

- **facilitate planning within our community to ensure coordination and enhancement of existing health services, and collaboration in identifying and implementing new initiatives that will benefit the health of individuals and families who are homeless**
- **work towards implementing the continuum of services, supports, and policies needed to address substance use in the homeless population. As part of this process, consider the needs of specific groups such as those with concurrent disorders (mental illness and substance abuse)**
- **assist the community in identifying and providing the knowledge and skill sets required by staff, volunteers, and policy makers that will decrease the harm to individuals and the community caused by substance use**

## Progress:

- ✓ the Union Mission is currently constructing a palliative care unit with 10 beds
- ✓ established a harm reduction program on a daily basis at the Shepherds of Good Hope for 10 individuals
- ✓ established services for chronically homeless through mainstream health care institutions, with assistance from the Inner City Health Network
- ✓ established working group on addictions in the homeless population
- ✓ supported the development of services for individuals with addictions issues funded through Lifeline and Pinganodin Lodge
- ✓ planning and piloting of an enhanced convalescent care unit at the Salvation Army's Booth Centre is in progress

## Outcome:

Establishment of convalescent, palliative and long-term care for persons who are homeless. Increased services to addicted homeless persons.

Report released by the  
Regional Health Department  
in 1999.

## PROVISION OF SUPPORT SERVICES

### **Recommendation 19:**

**That the Region facilitate the development of an interagency/hospital network for services to persons who are homeless or at risk of becoming homeless.**

#### **Rationale:**

Hospitals, community health and public health agencies are serving many of the same clients who are homeless or at risk of being homeless, with limited service coordination. The organizations lack understanding of each other's role in providing service. Most distressing to all involved is the lack of links between hospital and street services. One of the first functions of this network would be to share information in order to identify service needs, overlap, gaps and opportunities for development. The network would be responsible for monitoring changes to discharge practices and protocols, and evaluate effectiveness of service coordination.

#### **Actions:**

- The Region will set up a meeting with stakeholders from hospitals, community and public health agencies, including member organizations of the Alliance to End Homelessness and the Street Health Coalition. This network should build upon current efforts and initiatives of this kind (for example, Street Health Coalition). When coordinating discharge planning, representatives for correctional services will also be involved.
- **increase the knowledge and skills of health professionals in linking individuals and families who are homeless to appropriate health and social services**

A 1998 Consumer Preference Survey conducted by Canadian Mental Health Association (Ottawa-Carleton Branch) found that 15% of respondents went to an emergency shelter or lived on the streets when discharged from hospital.

Although comparable information is not available for persons leaving correctional facilities, the Provincial Task Force on Homelessness notes that for persons who have completed their sentence, discharge planning is not a mandatory activity. They estimate that one-third of this population goes to emergency shelters upon release.

Many agencies provide similar services to persons who are homeless. An important step in the coordination of service delivery is to connect these services to prevent gaps and overlap in service provision.

**Progress:**

- ✓ Inner City Health Project developed and in initial stages of implementation under the direction of the Inner City Health Steering Committee. Members represent local hospitals, Community Care Access Centre (CCAC), Community Health Centres, emergency hostels, the University of Ottawa, and the Canadian Mental Health Association (CMHA)
  
- ✓ 2 workshops held for service providers about working with individuals who are homeless and ill

**Outcome:**

Improved coordination of services to homeless persons.

## PROVISION OF SUPPORT SERVICES

### **Recommendation 20:**

**That the Region work with community stakeholders to review the requirements for a coordinated approach to providing community support services (including case management, *health services*, outreach, and rapid response services).**

### **Rationale:**

The provision of community support services often varies according to client needs, location and time of contact. There is a recognized need to standardize the approach across Ottawa-Carleton's agencies and services. A needs assessment will identify the type and number of resources required, identify the components of a common assessment tool, standardize information requirements and outcome measures across services.

### **Actions:**

- The Region will immediately facilitate the development of a working group comprised of a broad range of community service providers and Regional representatives who provide support services. Efforts need to be made to draw in other service providers who provide outreach services and who may or may not currently be members of the Alliance To End Homelessness.
- The working group will ensure that: prevention strategies for all services and programs include rapid response capabilities for responding to crisis situations (e.g. risk of eviction, mental and/or physical health crisis), and that a protocol is developed, coordinated and communicated across services and programs.
- The working group will support efforts to promote health education and disease prevention for people who are homeless or at risk of becoming homeless.

A 1998 Consumer Preference Survey conducted by the Canadian Mental Health Association (Ottawa-Carleton Branch) found that:

- 75% of homeless persons surveyed indicated that they would use the services of an outreach worker; and
- 37% indicated that an outreach worker was a source of social support.

Currently Outreach Services in Ottawa-Carleton are being provided in the areas of mental health, physical health, addictions and housing for a range of different target groups.

**Progress:**

- ✓ completed an environmental scan of existing street outreach services.
- ✓ A network of street outreach workers has been established to ensure the prompt exchange of information and, where possible, to co-ordinate services. This group meets regularly to discuss current and emerging issues.
- ✓ A system of emergency bulletins and information exchange has been developed and implemented by Regional staff.
- ✓ Homelessness Initiatives Funding and Hostel Re-direction Funding have enabled outreach workers to be added and hours of service to be continued or expanded to provide counseling and basic support to individuals living on the streets.

**Outcome:**

Improved client focused service delivery and coordination.

## PROVISION OF SUPPORT SERVICES

### **Recommendation 21:**

**That the Region facilitate the development of a partnership between the Community Care Access Centre and community agencies in order to coordinate and improve service delivery to persons who are homeless or those at risk of becoming homeless.**

#### **Rationale:**

People who are homeless often have medical needs that require home care services. These services are not readily available in emergency shelters. To date, a formal protocol has not been established between the Community Care Access Centre and community agencies to identify those persons in emergency shelters or drop-in centres requiring home care services. By building partnerships with community service providers serving homeless persons, the Community Care Access Centre can review services with a view to increasing access to services for residents of emergency shelters.

#### **Actions:**

- ☛ The Region to organize a workgroup of community agencies, shelter providers and Community Care Access Centre (CCAC) representatives to develop a plan to improve home care services to homeless persons and those at risk of becoming homeless (Fall 1999).

#### **Progress:**

- ✓ CCAC participating in the Inner City Health Project.

#### **Outcome:**

Improved health care services provided to persons who are homeless and currently living in emergency shelters. Improved health status. Reduced demand on emergency shelter workers to provide services that are outside of their training.

As the Toronto Mayor's Task Force Report on Homelessness noted, "*people who do not have stable housing cannot generally receive home care*". However, they illustrate the flexibility that the Toronto CCAC has adopted in defining a person's "home" to allow services to be provided in emergency shelters and drop-in centres. They suggest that "*eliminating this service would be disastrous for people who are at risk of homelessness*".

In one of the work groups, the potential for a partnership of community agencies that provide services to persons who are homeless and the CCAC was identified. This partnership would provide training to CCAC staff to adopt other agencies' flexibility in their model of service delivery.



## PROVISION OF SUPPORT SERVICES

### **Recommendation 22:**

**That the Region recognize and address the special needs of people with physical disabilities and Acquired Brain Injury as it implements the Action Plan on Homelessness.**

### **Rationale:**

Regional Council, at the request of the Community Services Committee, acknowledged the lack of safe accessible housing and supports for individuals with physical disabilities and Acquired Brain Injury (ABI), by amending the Community Action Plan to Prevent and End Homelessness, to include this recommendation.

### **Progress:**

- ✓ The issue of accessible housing for individuals living with disabilities has been brought to the attention of the Housing Registry. They are responding by updating their files on all registrants on the waiting list requiring a wheelchair accessible unit, creating a tool to identify specific housing needs, and updating their inventory of relevant housing stock.
- ✓ Individuals with permanent disabilities, and those temporarily disabled due to injury or poor health, use the Region's emergency shelters on a daily basis. The new Palliative Care Unit and supportive living units at the Union Mission and the Convalescent Care Unit at the Salvation Army, referred to under Recommendation 17, are being designed to ensure accessibility.
- ✓ As a follow-up to discussions between Regional staff and the Disabled Persons Community Resources (DPRC), DPRC is considering expanding the role of its Community Support Worker to include disabled persons who are homeless.
- ✓ The Federal Government through Canada Mortgage and Housing Corporation (CMHC), is increasing its budget for renovation programs. A portion of this funding will assist households occupied by low-income persons with disabilities who require special modifications to their residence to improve access.

- ✓ Funding through the Homelessness Initiatives Fund to the Nepean Housing Corporation (Recommendation 9), includes an allocation for units for those with physical disability or Acquired Brain Injury.

### **Action**

- continue to monitor and address access to safe and accessible housing and supports for individuals with disabilities
- advocate for units for singles, couples and families

### **Outcomes:**

Improved service to individuals who are homeless, disabled, and living in emergency shelters. Improved access to safe accessible housing and supports for individuals with physical disabilities and acquired Brain Injury (ABI).

## **REFERENCES** **(cited or consulted)**

Canada Mortgage and Housing Association (March 1999). *Best Practices Addressing Homelessness*. Ottawa, ON: Canada Mortgage and Housing.

Farrell, S. J. (1998). *Assessing Consumer/Survivor Preferences for Community Mental Health Services and Supports: Echoes from the Past and Visions for the Future*. Ottawa, ON: Canadian Mental Health Association.

Mayor's Homelessness Action Task Force Report (January 1999). *Taking Responsibility for Homelessness: An Action Plan for Toronto*. Toronto, ON: City of Toronto.

National Symposium on Homelessness and Housing (Toronto, March 25-26 1999). *Listing of Initiatives*. Toronto, ON: Conference Paper.

Provincial Government of Ontario (October 1998). *Report of the Provincial Task Force on Homelessness*. Toronto, ON: Province of Ontario.

Region of Ottawa-Carleton (April 1999). *Homelessness in Ottawa-Carleton*. Ottawa, ON: Region of Ottawa-Carleton.

Region of Ottawa-Carleton (March 2000). *Progress Report on "Creating Community Solutions: The Action Plan to Prevent and End Homelessness in Ottawa-Carleton."* Ottawa, ON: Region of Ottawa-Carleton

Wright, J. D. (1990). Poor people, poor health: The health status of the homeless. *Journal of Social Issues*, 46, 49-64.

### **Background Research**

Oosterman, Jo-Ann, Consultant, Inventory of Services.

Sorensen, Jean, Consultant, Research on Federal, Provincial and International Initiatives.

## **APPENDIX A**

### **Community Scan**

## Community Scan

Service Providers:



Questionnaire for



### **Service Provider Staff, including Outreach Workers**

**A)** Please specify the order of importance you feel each of the below should be given, to end and prevent homelessness. Write **1** next to most important service, write **2** next to the second most important and so on.

- Building new Affordable Housing**
- Health Care**
- Addictions Services for Homeless People**
- Help for People with Mental Illness**
- Leisure Time Programs / Becoming Active in the Community**
- Job Training and Employment**
- Help for Families and Children**
- Help for Aboriginal people**
- Help for Youth**
- Life Skills Programs**
- Other (Please specify) \_\_\_\_\_**

**B)** Based on your experience, which existing services provide the most effective resources to people who are homeless or at risk of becoming homeless? Please list at least 3.

**C)** Based on your experience, which services do you feel are missing or are in limited supply? Please list at least 3.

Service Users:



Questionnaire for



## SERVICE USERS

**A)** Please specify the order of importance you feel each of the below should be given, to end and prevent homelessness. Write **1** next to most important service, write **2** next to the second most important and so on.

- Building New Affordable Housing**
- Health Care**
- Addictions Services for Homeless People**
- Help for People with Mental Illness**
- Leisure Time Programs / Becoming Active in the Community**
- Job Training and Employment**
- Help for Families and Children**
- Help for Aboriginal People**
- Help for Youth**
- Life Skills Programs**
- Other (Please specify) \_\_\_\_\_**

**B)** Which services do you use that help you the most?  
Please list at least 3.

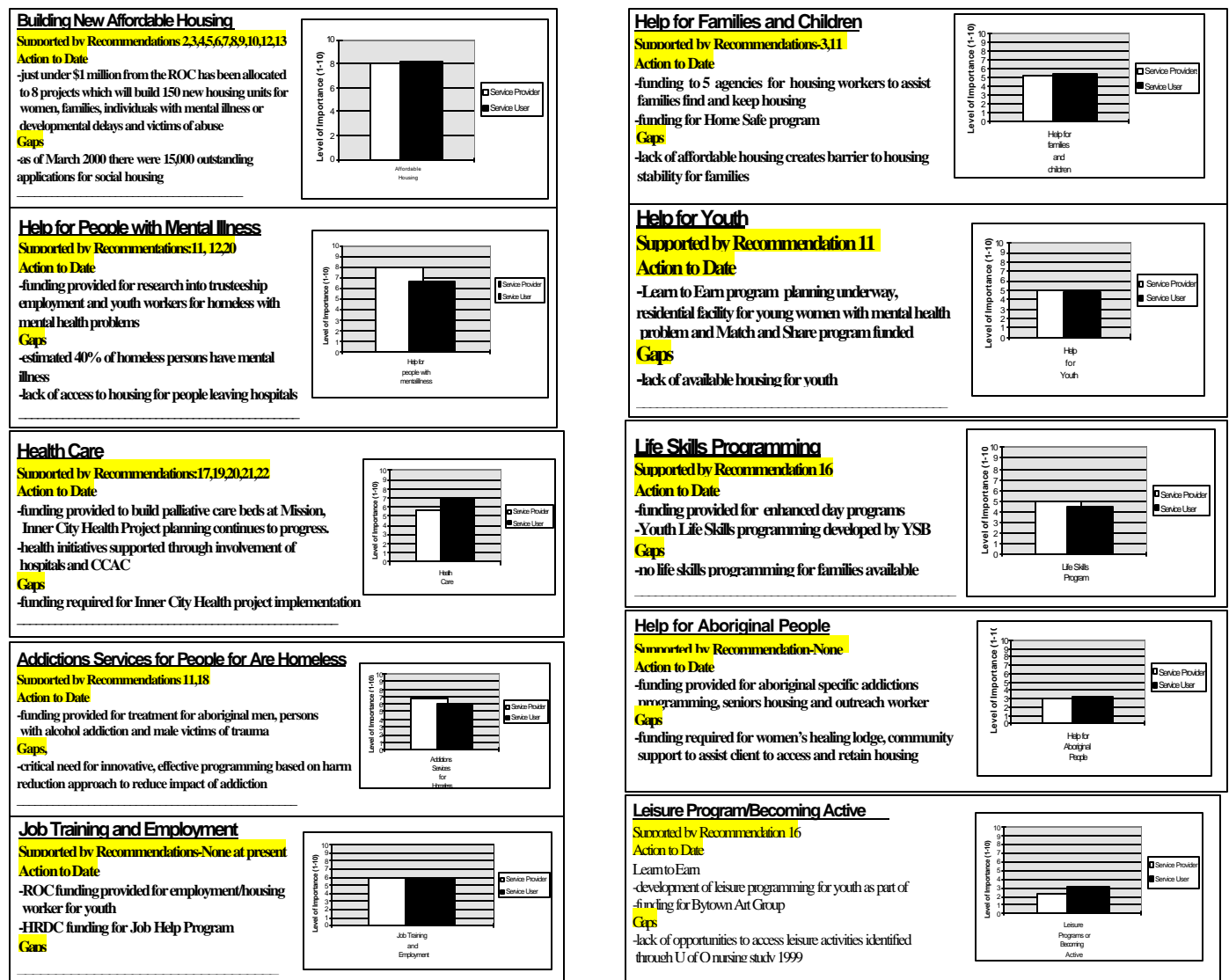
**C)** Which services do you wish were available or wish for more of?  
Please list at least 3.

## Results of the Community Scan:

**Service Providers:** A total of 63 scans were received  
38 of them were used

**Services Users:** A total of 86 scans were received  
62 of them were used

## Community Scan Results



## **APPENDIX B**

### **List of Participants**



**List of Participants:**

<b><i>First</i></b>	<b><i>Surname</i></b>	<b>Company</b>
<b>Caroline</b>	<b>Andrew</b>	<b>University of Ottawa-Faculty of Social Sciences</b>
<b>Steven</b>	<b>Arbuckle</b>	<b>Royal Ottawa Hospital</b>
<b>Russell</b>	<b>Armstrong</b>	<b>Ottawa Hospital-Civic Campus</b>
<b>Elizabeth</b>	<b>Arnold</b>	<b>Councillor-City of Ottawa</b>
<b>Larry</b>	<b>Arpaia</b>	<b>Region of Ottawa-Carleton-Health</b>
<b>Lina</b>	<b>Asfour</b>	<b>Raising the Roof's National Strategy on Homelessness</b>
<b>Thomas</b>	<b>Assaly</b>	<b>Assaly Consulting Group</b>
<b>Louise</b>	<b>Atkins (panel)</b>	<b>Ministry of Community and Social Services</b>
<b>Jane</b>	<b>Beauchamp</b>	<b>Nelson House Of Ottawa-Carleton</b>
<b>Myra</b>	<b>Bolton</b>	<b>Cornerstone</b>
<b>Geof</b>	<b>Botting</b>	<b>McArthur High School</b>
<b>Jack</b>	<b>Botwinik</b>	<b>Correctional Services of Canada</b>
<b>Catherine</b>	<b>Boucher</b>	<b>Centertown Citizens Ottawa Corporation</b>
<b>Marie</b>	<b>Bousquet</b>	<b>Champlain District Health Council</b>
<b>Rob</b>	<b>Boyd</b>	<b>YW/YMCA of Ottawa-Carleton</b>
<b>Doug</b>	<b>Bradley</b>	<b>Street Health Coalition-Co Chair</b>
<b>Susan</b>	<b>Brandt</b>	<b>Ottawa Innercity Ministries</b>
<b>Jamey</b>	<b>Burr</b>	<b>The National Secretariat on Homelessness</b>
<b>Marni</b>	<b>Cappe</b>	<b>Region of Ottawa-Carleton-Acting Director of Social Housing</b>
<b>Dennis</b>	<b>Carr</b>	<b>Centertown Citizens Ottawa Corporation</b>
<b>Lynn</b>	<b>Carson</b>	<b>Nepean Non-Profit Housing</b>
<b>Helen Durand</b>	<b>Charron</b>	<b>Region of Ottawa-Carleton-Social Services</b>
<b>Heng</b>	<b>Chau</b>	<b>Catholic Immigration Services</b>
<b>Elizabeth</b>	<b>Chin</b>	<b>Ottawa-Carleton Housing</b>
<b>Anne</b>	<b>Chornenky</b>	<b>Ottawa Salus Corporation</b>

Jane	Clark	AMETHYST Women's Addiction Centre
Pat	Connolly	The Well/La Source
Mary	Conroy	Youth Services Bureau-Job Connect
Sonja	Cronkite	Psychiatric Survivors of Ottawa
Alex	Cullen	Council on Aging - Ottawa-Carleton
Val	Davis	Pinecrest-Queensway Health and Community Services
Craig	Defries	City Of Ottawa-Housing Response Team
Terry	Dempsey (comm. story)	Cornerstone
Bonnie	Dinning	Ottawa-Carleton HIT
Martine	Dore	Cornerstone
Joe	Downey	Kigita Mikam-Eastern Ontario Aboriginal Funding
André	Dubeau	Centre 454
Laird	Eddy	Union Mission
Dale	Falkenhagen	Shelter Unlimited
Alison	Fisher	Wabano Centre for Aboriginal Health
Barb	Flint	United Way-Centraide Ottawa-Carleton
Helene	Fortin	Monfort Hospital
Clara	Freire	Ottawa Centre 507 McLeod-Stewarton United Church
Jean	Gagné	Maison Fraternité-Centre de Traitement pour Toxicomanes
Brian	Garry	Regional Homelessness Secretariat-Ontario Region
Sue	Garvey	Cornerstone
Carol	Geller	Centretown Community Health Centre
Mary Ann	Glazer	Shepherds of Good Hope
Louise	Goodman	Causeway Work Centre Inc.
Bob	Gray	Options Bytown Non-Profit Housing
Joan	Gullen	Gloucester Non-Profit Housing
Mary-Martha	Hale	Anglican Social Service Centre 454
Ray	Hamer	Operation Go Home
Terry	Hogan	Lifeline Centre for Addicted Survivors of Trauma

<b>David</b>	<b>Hole</b>	<b>South-East Ottawa Community Health Centre</b>
<b>Roy</b>	<b>Jacob</b>	<b>Gignul Non-Profit Housing Corp.</b>
<b>Rosine</b>	<b>Kaley</b>	<b>Action Logement and Housing Help</b>
<b>Mary</b>	<b>King</b>	<b>Canadian Mental Health Association</b>
<b>Kevin</b>	<b>Kinsella</b>	<b>Advocate</b>
<b>Linda</b>	<b>Kinsella</b>	<b>Advocate</b>
<b>Micheal</b>	<b>Komendat</b>	<b>Inuit Non-Profit Housing Corporation</b>
<b>Tom</b>	<b>LaChance (comm. story)</b>	<b>Union Mission</b>
<b>Luc</b>	<b>Ladouceur</b>	<b>Social Planning Council</b>
<b>Lise</b>	<b>Ladouceur</b>	<b>AIDS Committee of Ottawa</b>
<b>Jocelyn</b>	<b>Lalonde</b>	<b>French Languages Health Services Network</b>
<b>Michel</b>	<b>Landry</b>	<b>University of Ottawa Community Legal Clinic</b>
<b>Jim</b>	<b>Lanigan</b>	<b>Devine and Associates</b>
<b>Jean Pierre</b>	<b>Lecours (panel)</b>	<b>Ottawa Human Resources Centre Canada</b>
<b>Luc</b>	<b>Legault</b>	<b>Region of Ottawa-Carleton-Social Services</b>
<b>Eric</b>	<b>Leung</b>	<b>Assistant Community Forum Planner</b>
<b>Joanne</b>	<b>Lowe</b>	<b>Canadian Mental Health Association</b>
<b>Diane</b>	<b>Lugsdin</b>	<b>Ministry of Health Longterm Care</b>
<b>Sarah</b>	<b>MacFadyen (media)</b>	<b>CBC Radio</b>
<b>Jack</b>	<b>McCarthy</b>	<b>Somerset West Community Health Centre</b>
<b>Debbie</b>	<b>McConkey</b>	<b>Lifeline Centre for Addicted Survivors of Trauma</b>
<b>Cathy</b>	<b>McCurdy</b>	<b>Carlington Community and Health Services</b>
<b>John</b>	<b>McFarlane</b>	<b>Non-Profit Housing Development</b>
<b>Betty</b>	<b>McGregor</b>	<b>LESA Program</b>
<b>Marilyn</b>	<b>Mills</b>	<b>Pinecrest-Queensway Health and Community Services</b>
<b>Maureen</b>	<b>Molot (panel)</b>	<b>Ottawa-Carleton Community Foundation</b>
<b>Sharon</b>	<b>Moon</b>	<b>First United Church</b>
<b>Karen</b>	<b>Morehouse</b>	<b>House of Hope/La Maison de l'esperance Maison-Decision House Pinganodin Lodge</b>

<b>Diane</b>	<b>Morrison</b>	<b>Union Mission</b>
<b>Wendy</b>	<b>Muckle</b>	<b>Ottawa-Carleton HIT</b>
<b>Maureen</b>	<b>Murphy</b>	<b>Region of Ottawa-Carleton Health</b>
<b>Betty</b>	<b>Neilin</b>	<b>Daybreak Non-Profit Shelter Corporation</b>
<b>Jo-Ann</b>	<b>Oosterman</b>	<b>Community Forum Planner</b>
<b>Abdel</b>	<b>Osman (comm. story)</b>	<b>Lifeline Centre for Addicted Survivors of Trauma</b>
<b>Renee</b>	<b>Parent</b>	<b>Harmony House-Shelter for Abused Women</b>
<b>Delores</b>	<b>Peltier</b>	<b>Guignol Non-Profit Housing</b>
<b>Judy</b>	<b>Perley</b>	<b>Youth Services Bureau</b>
<b>Bruce</b>	<b>Porter</b>	<b>Centre for Equality Rights in Accommodation</b>
<b>Joyce</b>	<b>Potter</b>	<b>Region of Ottawa-Carleton-Special Advisor on Social Housing</b>
<b>Bill</b>	<b>Prentice</b>	<b>Anglican Diocese of Ottawa</b>
<b>Stephen</b>	<b>Quinlan</b>	<b>Assistant Community Forum Planner</b>
<b>Jackie</b>	<b>Rai</b>	<b>VESTA Recovery Program for Women</b>
<b>Bill</b>	<b>Rooney</b>	<b>Ottawa-Carleton HIT</b>
<b>Steve</b>	<b>Rose</b>	<b>Pinganodin Lodge Inc.</b>
<b>Elizabeth</b>	<b>Seminyak</b>	<b>The Elizabeth Fry Society of Ottawa</b>
<b>Karen</b>	<b>Sexsmith</b>	<b>City Living - City of Ottawa Non-Profit Housing Corporation</b>
<b>Monica</b>	<b>Siegenthaler</b>	<b>Daybreak Non-Profit Shelter (Ecumenical) Corp.</b>
<b>Jan</b>	<b>Sistik</b>	<b>Rideau Street Youth Enterprises</b>
<b>Sandi</b>	<b>Skubiski</b>	<b>Community</b>
<b>Lori</b>	<b>Smith</b>	<b>Children's Aid Society</b>
<b>Ishbel</b>	<b>Solvason</b>	<b>Social Housing Registry of Ottawa-Carleton</b>
<b>June</b>	<b>St. Pierre</b>	
<b>Daniel</b>	<b>Stringer</b>	<b>MPP-Ottawa Centre</b>
<b>Trudy</b>	<b>Sutton</b>	<b>Housing Help</b>
<b>Olga</b>	<b>Tasci</b>	<b>Co-op Housing Association Of Eastern Ontario</b>
<b>Judy</b>	<b>Threinen</b>	<b>Ottawa-Carleton Community Care Access Centre</b>

<b>Sherrie</b>	<b>Tingley</b>	<b>Centre for Equality Rights in Accommodation</b>
<b>Susan</b>	<b>Tolton</b>	<b>OASIS</b>
<b>Peter</b>	<b>Trotscha</b>	<b>OCISO Non-Profit Housing</b>
<b>Castille</b>	<b>Troy</b>	<b>Aboriginal Women's Support Centre</b>
<b>Linda</b>	<b>Tyrell (comm story)</b>	<b>Bytown Art Group</b>
<b>Denise</b>	<b>Vallely</b>	<b>Director of Ottawa Services</b>
<b>Pauline</b>	<b>Van Lammers</b>	<b>Nepean Community Resource Centre</b>
<b>Don</b>	<b>Wadel</b>	<b>John Howard Society Ottawa-Carleton</b>
<b>Leonard</b>	<b>Wall</b>	<b>Schizophrenia Society-Royal Ottawa Hospital</b>
<b>Deborah</b>	<b>Wallace</b>	<b>Regional Homelessness Secretariat-Ontario Region</b>
<b>Gary</b>	<b>Wand</b>	<b>Harvest House</b>
<b>Paul</b>	<b>Weber</b>	<b>Ottawa-Carleton HIT</b>
<b>Paul</b>	<b>Welsh</b>	<b>Rideauwood Addiction and Family Services</b>
<b>Shirley</b>	<b>Westeinde</b>	<b>Westeinde Construction</b>
<b>Marsha</b>	<b>Wilson</b>	<b>St Joe's Women's Centre</b>
<b>Constance</b>	<b>Woloschuk</b>	<b>Salvation Army Booth Centre</b>
<b>Nancy</b>	<b>Worsold</b>	<b>Ottawa-Carleton Immigration Services</b>
<b>Mark</b>	<b>Zarecki</b>	<b>Jewish Family Services of Ottawa-Carleton</b>

## **APPENDIX C**

### **Inventory of Services**

## INVENTORY OF SERVICES — Services to people who are homeless or at risk of becoming homeless.

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>SHELTERS</b>								
<b>Shepherds of Good Hope- Hope Outreach</b> Shelter for people who are at risk, and have been barred from other shelters Clients who are not ill enough to be in a hospital and not well enough to be on their own Many clients have mental illnesses	Provide support to move people to a more manageable mental state through medication management, meals, shelter, clothes, then support person to access hospital care, or other shelter or housing	<b>Men</b> <b>Women</b>	Offers shelter and support to those barred from all other shelters due to erratic, violent and/or unpredictable behaviour Can be long-term shelter for those who can not obtain the independence or support to find housing	6,263 people slept	20 (10 male 10 female)		Private donations Rents MOH	
<b>Shepherds of Good Hope- Hope Recovery</b> Shelter for those people barred from Detox and those people who are chronic alcoholics and/or substance abusers	Safe place to sleep it off Medical services Clothes Showers Laundry	<b>Men</b> <b>Women</b>		3,225 slept	10		Donations Per Diem	
<b>The Union Mission</b> Emergency shelter for homeless men	Food and Clothing for men and women Shelter for men only Life skills program Addiction counseling Boarding house for those in transition Health services	<b>Men</b> <b>Women</b> <b>Youth</b>	Addictions counseling Care for those who have mental illness Care for those with terminal illness who are homeless Transitional housing	34,805 overnight visits  142,000 meals served	110 (80 emergency 30 single occupancy rooms)		ROC United Way Community Donations	

Some services or programs could appear under several headings. However, for this inventory, agencies are placed under the heading reflecting the primary focus of the service. All program description and information is listed in the inventory exactly as it was provided directly by the organization.



AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>SHELTERS</b>								
<b>YMCA-YWCA of/d'Ottawa-Carleton</b> Emergency shelter overflow for: women, families, youth, men with mobility impairment/health concerns Long-term housing for single men and women Youth Housing	Emergency shelter for people living in poverty, with mental illness, with addictions, and/or new Canadians Long-term housing for people living in poverty, with mental illness, and or with addictions Independent living, life skills and case management for youth	<b>Men Women Youth Families</b>		Emergency shelter given to 519 people  length of stay between 5-7 days	15 single 2 family		ROC Per Diem CAS CSC United Way Rental income	
<b>Salvation Army Booth Centre Men's Emergency Shelter</b> Emergency shelter, food clothing to adult men who are homeless	Provides services to men with mental illnesses, addictions, living in poverty, discharged from institutions and men with complex mental/physical conditions	<b>Men</b>		2,539	97 plus 11 single occupa ncy beds		Salvation Army ROC Community donations	
<b>Shepherds of Good Hope- Men's Emergency Shelter</b> Emergency Shelter providing a bed' meals, laundry and clothing	Outreach doctors, nurses, support workers and case managers are assessable through shelter as well as food and clothing	<b>Men</b>		22,708 people slept	74 plus over flow		Private donations ROC MOH	
<b>Cornerstone Emergency Shelter</b> for homeless single adult women	Services to women in crisis due to violence Counseling Supportive housing Services also provided to homeless women with addictions, complex mental/physical conditions, women discharged from institutions and women living in poverty	<b>Women</b>	Services provided to women in immediate crisis	395	43		ROC MCSS Community Donations	

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>SHELTERS</b>								
<b>Carling Family Shelter</b> Social Services Temporary shelter for homeless families 14 rooms devoted to abused women and their children	Emergency shelter Emergency assistance Counseling Referrals Advocacy	<b>Families</b>	14 rooms devoted to abused women and their children	250 families (291 adults and 555 children)  41 other (adults and spouses)	208 max.	36-44	ROC Provincial Donations	
<b>Forward Family Shelter</b> Social Services Emergency Family Shelter	Secure temporary shelter in a supportive environment to homeless families Assistance in obtaining appropriate housing	<b>Families</b>		125 families (163 adults and 317 children)	as needed	21	ROC	
<b>Salvation Army Booth Centre Young Men's Shelter</b> Emergency shelter, food, clothing and personal support for homeless male youth	Crisis Intervention Counselling Chaplaincy Service planning/Case management Referral to community resources	<b>Male youth</b>	Youth are assigned to key workers for service planning/ case management Chaplaincy	395	18		Salvation Army ROC Community donations	
<b>Youth Services Bureau of Ottawa Carleton Young Women's Emergency Shelter</b> Provides food, shelter, and supportive counselling to young women 20 years and under The Shelter is open 365 days a year Admissions occur on a 24 hour basis and length of stay is short term	Crisis intervention Assessment of needs Supportive counselling Group work Referrals	<b>Youth- young women age 12-20</b>		214	12	One 12 bed unit plus 2 for over-flow	ROC United Way MCSS	The Shelter works collaboratively with and depends upon it's partnerships with a number of different community and agency services. Approximately 40% of young women accessing Shelter services are coping with mental health problems. The number of young women with serious mental health problems is increasing. Nearly all of these young women report having been in treatment facilities or group homes. Often their admission to the child welfare system was a consequence of the abuse they experienced in the familial home. Subsequently, many of the coping mechanisms they have learned threaten their personal health. For example, self-injury, drugs, alcohol, and abusive relationships undermine their efforts to achieve healthy living and healthy relationships. These young women remain at the Shelter for longer periods and return a number of times because available community resources are insufficient to meet their safety needs, and do not offer the support they require to manage the tasks of daily life.

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>TRANSITION HOMES FOR ABUSED WOMEN AND CHILDREN</b>								
<b>Harmony House</b> Medium-term supportive housing for women and their children, who have survived violent relationships	Supportive housing	<b>Women and their Children</b>	Women must be referred by emergency shelter or other services for abused women	99 (44 Women, 55 Children)		16	100% Donations	
<b>Interval House of Ottawa-Carleton</b> Temporary shelter for women fleeing family violence and abuse, with or without children 24 Hour crisis line	Safe shelter, support in accessing services including Legal Aid and Housing, Counselling (formal and informal), Community referrals and Advocacy	<b>Women and their Children</b>	A 24 hour crisis line for abused women	281 (139 Women, 142 Children) 2236 crisis calls			MCSS	
<b>La Présence</b> <b>Temporary Emergency Shelter</b> for abused women and their children	Shelter Food Counselling Referrals Advocacy	<b>Women and their Children</b>	Parenting skills Educational and Spiritual counselling Smoke free environment	65	14		COMSOC Donations	
<b>Maison d'amitié</b> <b>Maison d'hébergement pour femmes violentées</b> Temporary shelter for abused women and their children	Emergency shelter 24 hour helpline Children's program Follow-up services	<b>Women and their Children</b>	24 hour crisis line for abused women	153 Women and their Children Sheltered  1653 calls answered 667 from abused women			MCSS Fundraising	
<b>Nelson House of Ottawa-Carleton</b> Temporary shelter for abused women and their children 24 hour crisis lines for women experiencing violence	Emergency shelter Food Counselling Referrals Advocacy Information, support and referrals through	<b>Women and their Children</b>		Sheltered 79 women and 67 children  1594 crisis	15		MCSS (ON) Donations Fundraising	

	24 hr crisis line			calls answered				
--	-------------------	--	--	----------------	--	--	--	--

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED 3	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		

## HOUSING

<b>Ottawa-Carleton Regional Housing</b> Manages 10,000 rent geared-to-income housing units	Rent-geared-to-income housing for families, seniors and singles	<b>Men Women Youth Families</b>	Priority given to victims of violence, urgent cases, the homeless, youth age 16 & 17 and newcomers to Canada within the past 12 months	1,248 applicants housed		10,000	ROC Federal Gov.	Applications are made at the Social Housing Registry
<b>Shepherds of Good Hope-Supportive Housing</b> 24 Hour supportive housing program in two locations	Rooming house environment with support geared to individuals needs. Medication management, assistance with life-skills, in- house activities	<b>Men Women</b>	Provides long-term supportive housing. Tenants maintain and clean facilities			92 plus	ROC MOH Rents Private donations	
<b>Centre 515 Supportive Housing</b> For women at risk of homelessness, with chronic mental illness	On-site support and counselling Crisis intervention Meal plan provided Rent geared to income	<b>Women</b>	For women at risk of homelessness with chronic mental illness	27	20	20	MCSS	
<b>Empathy House Supportive Housing</b> Glencairn Supportive Residence & Grove Supportive Residence	Case management and Peer Groups at Glencairn Residence  Emergency case management only at Grove Residence	<b>Women</b>		15	11		MOH (Glencairn0  Rents (Grove)	
<b>City Living (City of Ottawa Non-Profit Housing Corp.)</b> Affordable housing for all citizens with low and moderate incomes Rent geared to income housing is available for a majority of the units (permanent housing)	Rental units include: townhouses apartments (low rise and high rise) rooming houses various accessible units	<b>Men Women Youth Families</b>	City Living addresses all individuals' housing needs No support services exist within City Living	6000 total units approx.	201 beds-rooming houses approx.	5799 units-everything else) approx.	Federal and/or Provincial funding Rents received from tenants	City works with support agencies such as Youville, CMHA, Ottawa Salus, etc using block leasing or unit by unit agency leases.
<b>Daybreak Non-Profit Housing</b> Supportive housing for single men and women with very limited income	Minimal support so that tenants can maintain independant and permanent housing	<b>Men Women</b>	3 homes- minimum supportive housing for men	45	35 (25 for men		CMHC MMAH/ ROC	

who are often living with mental illness, addictions and/or abuse issues			1 home- supportive housing for women		10 for women)		MCSS Community donations	
--	--	--	--------------------------------------	--	---------------	--	-----------------------------	--

SERVICE DATA

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS	FUNDING SOURCE(S)	OTHER INFORMATION
<b>John Howard Society of Ottawa Kirkparick House</b> Residence for men released from a correctional facility	Halfway house, day parole, shelter, meals, counselling and liaison with parole officer	<b>Men</b>	Provides effective, just and humane responses to crime and its causes	45	22		Correctional Services Canada	
<b>Options Bytown Non-Profit Housing Corporation</b> Permanent housing for men, women and couples who are "hard to house" Rent is geared to income Staff on duty during day to provide support services	Counselling, life skills, education for people living in poverty, with mental illnesses with addictions, and/or discharged from institutions	<b>Men Women</b>	Building designed to support independent living for people who are considered "hard to house" Provides space and support to the Bytown Art Group	172 approx.	122	101	MCSS MMAH Donations	
<b>Ottawa Salus Corporation</b> Provides Rehabilitation Services (housing and support services) for adults with a mental health problem	Case management Life skills teaching Recreology Supports to housing	<b>Men Women</b>	Provides services to people with mental health problems	158 plus support services for the 68 people in the units and to 90 other people who don't live in Salus Housing		68	MOH CMHC Fundraising	

**SUPPORTIVE SERVICES**

<b>Aboriginal Women's Support Centre</b> Aboriginal counselling services, community referrals, Food bank, Elders Guidance, support groups Children's programs	Aboriginal Specific Family Violence services that have a holistic model	<b>Women Youth Families</b>		3,876			MCSS OWD ROC Youth Initiatives Brighter Futures Program	AWSC is seeking capital funding for a 24 hour shelter AWSC works with Homeless people
<b>Action-Logement/ Action Housing</b>	Counseling Housing support	<b>Men Women</b>	Satellite office of legal clinic	1235 families			MMAH ROC	

Assist absolute and relative homeless people to obtain and maintain safe affordable housing Prevention for families and individuals at risk of becoming homeless Maintain housing registry for affordable housing in the private market (listing available to shelters through network)	Prevention and Advocacy for: people living in poverty, with mental illness and/or with addictions, victims of abuse, newcomers, youth (16-17 yrs), people living in institutions, homeless people, people with physical disability, with chronic illness and/or terminal illness	<b>Youth Families</b>	Bilingual services (reception and <u>all</u> case workers)	(approx. 3087 individuals based on 2.1 members per family)			City of Ottawa	
---	---	---------------------------	--	--	--	--	----------------	--

SERVICE DATA

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS	FUNDING SOURCE(S)	OTHER INFORMATION
<b>Housing Help</b> Assistance obtaining and maintaining housing Assistance with housing emergencies, evictions, landlord/tenant problems	Casework/intervention for people living in poverty, facing barriers due to mental or physical illness, addictions, and abuse Updated listings of private market rental units	<b>Men Women Youth Families</b>		2,973 people Casework services  17,281 Information & assistance at front desk			MMAH ROC City of Ottawa	
<b>Lowertown Resource Centre</b> Community and social services to the residents of Lowertown mostly in low income families	Information and referral services Crisis intervention Counselling services for individuals and families Home support Collective kitchens Community development program	<b>Men Women Youth Families</b>	Provides services to victims of abuse, seniors, immigrant families and children	2,500			ROC City of Ottawa	
<b>Operation Go Home</b> Assist runaway youth in crisis, to return to their family or to connect with the appropriate agencies for assistance	Client advocacy Community outreach Prevention in schools Referral Counselling	<b>Youth</b>	Clients are youth who have runaway from home, and often have dysfunctional families Clients may also have addictions	3117			Privately funded	
<b>Odawa Native Friendship Centre</b>	Family Support Healing and Wellness	<b>Men Women</b>	Aboriginal Perspective	12			Fed, Prov	

	Food Bank Counselling Pre-natal Support	<b>Youth Families</b>					ROC City of Ottawa Businesses	
<b>Ottawa Innerscity Ministries (OIM)</b> Interdenominational Christian organization dedicated to meeting the emotional, physical, social and spiritual needs of the less fortunate in down town Ottawa	Street outreach, Evangelism, pastoral care, Life skills and in-service education, Counselling (addiction, anger management, trauma) Home, hospital, and prison visits Walk in clinics and drop in centres Prayer walks and prayer ministry Mentoring program, Urban intervention training for volunteers Crisis intervention	<b>Men Women Youth Families</b>	Emphasis is primarily on providing quality services versus volume of client served. Services are driven by attraction to meet the ever changing needs of our clients	5,000 approx. contacts			Churches Businesses Individuals Charitable foundations  (OIM does not receive government funding)	We pray, wait, and walk as we serve. It is a privilege and honour to be able to serve the Lord among those who experience adversity in various facets of life. We are thankful that we have been called to do our part.

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>Pinganodin Lodge Outreach</b> Outreach program for homeless Aboriginal people	Spirituality Offering Pinganodin Lodge services	<b>Men</b> <b>Women</b> <b>Youth</b>	Outreach to Aboriginal people				Pinganodin Lodge	New program recently started
<b>The Food Bank</b> Solicits, collects, sorts, processes and distributes emergency food to over 70 food agencies in Ottawa- Carleton and Western Quebec	Provides food to soup kitchens, school breakfast programs, shelters, recovery homes, drop-in centres and grocery programs	<b>Men</b> <b>Women</b> <b>Youth</b> <b>Families</b>		27,000 to 30,000 <b>per month</b> on average			Community donations ROC	The Food Bank relies almost exclusively on community support. Less than 1% of the food and financial support comes from government services
<b>The Hospitality Kitchen</b> A supper program staffed by a devoted group of volunteers who provide a nutritional meal in a safe non-threatening environment to all who come to our door	Hot meal served daily to all who come to our door People have an opportunity to chat with volunteers and everyone is made to feel welcome	<b>Men</b> <b>Women</b> <b>Youth</b> <b>Families</b>	We serve all who come to our door.	20,923			Donations from Church parishioners Food Bank (No Funding)	
<b>Canadian Red Cross</b>	Vision Care- provides prescription glasses to people with inadequate financial resources First Aid for Youth- First Aid workshops for street youth to increase their skills and self- esteem Cold Weather Program- provides knitted mittens, hats, scarves, or socks to people who are homeless, street youth and or living in shelters Community Assistance Program- provides advocacy, referrals, crisis intervention, short term counselling Abuse Prevention Services- Educational programs aimed at breaking the cycle of abuse, neglect and interpersonal violence	<b>Men</b> <b>Women</b> <b>Youth</b> <b>Families</b>					Special events Donations Program revenue Bingo's/ Nevada United Way	
<b>Salvation Army Booth Centre Community &amp; Family Services</b> Emergency assistance with food, clothing, furniture, rent, utilities. Collective Kitchens, Christmas toy centre and Christmas vouchers, Summer camps.	Emergency assistance with food, clothing, furniture, rent, utilities. Collective Kitchens. Christmas Toy Centre and Christmas vouchers. Summer camps.	<b>Men</b> <b>Women</b> <b>Families</b> <b>Children</b>		412 families 492 singles (emergency assistance) 143 families (collective kitchens) 7,668 kids (Christmas toys) 97 kids (to summer camp for one week)			Salvation Army	



AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>SUPPORTIVE SERVICES</b>								
<b>John Howard Society of Ottawa Diversion Program and Intake/Outreach Program</b>	Short term, skill-based intervention to individuals facing a minor criminal charge Crisis Intervention Counselling in areas of Anger/Stress management, Pro-social thinking, decision-making skills and problem solving Housing Social Services Appointments Financial Needs Retaining identification -Collateral Contact with Police	<b>Men Women Youth Families</b>	Eliminate barriers that ex-offenders face by travelling into the community and acting as a liaison between Community Service provider and ex-offender	690 (Intake/ Outreach program) 63 (Diversion program)			United Way	The John Howard Society has other programs such as <b>Positive Steps</b> (family violence), <b>Counterpoint</b> (anti-criminal thinking) <b>Hire Power</b> (Employment Assistant Services) whose number are not included in those provided
<b>John Howard Society of Ottawa Literacy Program</b> Providing free, confidential educational guidance, assessment and literary tutoring, one-on-one arrangement	Reading Writing Basic Math Basic computer skills Lifeskills Workshops	<b>Men Women Youth</b>	Services provided to inmates at OCDC as well	757 contacts			Ministry of Education and Training	
<b>John Howard Society of Ottawa Youth Employment Resource Centre</b> Employment counselling and preparation for youth	Resource room (staffed) Individual and group employment counselling Resume preparation Job listings Summer job programs Internet access	<b>Youth</b>	Services for unemployed, out of school youth aged 16-24	1,600			Ministry of Education and Training	
<b>The Elizabeth Fry Society of Ottawa</b> Services offered to women, including young women who are or who are at risk for coming into conflict with the law	Counselling Support Groups Advocacy, assistance, information and support during the court process Pretrial Diversion for first time offenders Counselling, telephone support, recreation and discharge planning for provincially and federally incarcerated women	<b>Women Youth (young women) Families</b>	Services are related to dynamics of root causes of crime	1,100 (does not include residence)			United Way ROC Sol-Gen.: Corrections Canada	Currently have a waiting list for support groups  Also currently trying to program a house for use of women at risk. This house also has a waiting list

--	--	--	--	--	--	--	--	--

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		

**SUPPORTIVE SERVICES**

<b>Social Services Residential Care Facilities Program</b> provides financial assistance and personal support to clients needing various types of housing depending upon their special needs and circumstances. Assistance is provided to eligible clients	Long stay in care and supervision Contract for care and supervision to group of eligible clients including: frail elderly, psychiatrically disabled, physically disabled	Men Women	Financial Assistance Assessment of needs re activities of daily living and ongoing case management Referrals and advocacy	765 daily averages (approx.)	815	24 residential care facilities	Emergency Hostel Funding Special Assistance-O.W.	
<b>Social Services Emergency Shelter Accommodations</b>	Shelter services	Men Women	Financial Assistance Assessment of needs Support with problem solving and securing and keeping permanent address Referral and Advocacy		349 in several shelters - Almost 100% occupancy on a yearly basis		Emergency Hostel Funding Special Assistance-O.W.	
<b>Social Services Transition Homes</b>	Financial assistance, support/problem solving, ongoing case management, referrals and advocacy, help to find permanent housing	Women Youth Families			64 in 4 locations	11 in 1 location	Block Funding OW/ODSP for personal needs and special assistance	
<b>Social Services Rooming Houses</b>	Financial assistance, ongoing case management re: maintaining rooming accommodations, referrals, advocacy, support	Men Women	These rooming homes have superintendents that support clients in these privately owned and operated accommodations				OW ODSP	Current estimate: 250 rooming houses in the Region representing an estimated 2,500 individual rooms (Environmental Scan, April 1999).

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>SUPPORTIVE SERVICES - MENTAL ILLNESS</b>								
<b>Assertive Community Treatment Team (ACTT)</b> ACTT is a self-contained clinical team (including psychiatrist, social workers, nurses, recreologist, Occupational Therapy, and vocational rehabilitation), which provides services to clients with a severe and persistent mental illness <b>Community Rehabilitation Program (CRP)</b>	ACCT is responsible for providing direct needed treatment, rehabilitation and support services for clients  CRP provides intensive case management and long term rehabilitation services	<b>Men</b> <b>Women</b>	Services are for people with serious persistent mental illness Provides long term care Emphasis: outreach relationship building individualization of services	160 on average			MOH	Services are provided through Brockville Psychiatric Hospital
<b>Canadian Mental Health Association Ottawa-Carleton Branch</b> Provides support to individuals with a serious mental health problem who are homeless or at risk of becoming homeless	Provides direct services through outreach and long-term support programs to care for clients in a way that maintains their physical, social, cultural, and emotional well-being; assisting clients through the process of dealing with the mental health legal, medical and welfare systems Other services include social action, education and training as well as a volunteer community support program and a service brokerage project for people with a dual diagnosis (developmental disability and a mental health problem)	<b>Men</b> <b>Women</b> <b>Youth</b>		600 (180 long-term case management 420 through outreach services)			MOH United Way ROC	
<b>Causeway</b> Provides a supportive community for adults with a mental illness. The program is work oriented with a social recreational component. The purpose of Clubhouse is to assist clients in rehabilitation. The process helps people lead more meaningful lives.	Supported education Supportive employment Street outreach Member outreach Social, recreational, vocational and hands-on-training	<b>Men</b> <b>Women</b> <b>Youth</b>	Focus of rehabilitation program is work-related and is designed to help clients from a holistic perspective. The client chooses what he/she wishes to do in the program	457			ROC MOH MCSS	

--	--	--	--	--	--	--	--	--

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		

### SUPPORTIVE SERVICES - MENTAL ILLNESS

<b>Psychiatric Survivors of Ottawa (PSO)</b> A peer support organization directed and run by psychiatric consumers/survivors	Peer support groups Social activities Educational activities Advocacy	<b>Men</b> <b>Women</b>	Directed and run by psychiatric consumers/survivors	200			MOH	PSO's goal is to have individuals who have experienced the mental health system, support fellow consumer/survivors. We support each other through peer support, peer advocacy, peer education and social activities
<b>Royal Ottawa Hospital</b> Emergency Crisis intervention in shelters, drop-in centres and boarding homes requesting intervention Case Management to severely mentally ill who are homeless or at risk of homelessness Partnership Specialized Nurse Practitioner, Psychiatrist and Sandy Hill Community Health Centre	Mobile Outreach team of health care Professionals provide crisis intervention, assessment, counselling, support and linkage to other services for chronically mentally ill. Addiction counsellor provides counselling and linkage to service. Case managers support clients to increase level of functioning in community and ability to use available services. Many services are indirect to agency- staff serving client e.g. shelters	<b>Men</b> <b>Women</b>  <b>Limited involvement with youth</b>  <b>Families are not a targeted population</b>	Provides services to people with severe mental illness		No dedicated beds for this population		MOH	The ROH provides psychiatric services much beyond those listed in this inventory. The ones mentioned are targeted to the relative and absolute homeless with severe mental illness. We continue to look for ways to improve the delivery of services to better meet needs of this population.

### SUPPORTIVE SERVICES - ADDICTIONS

<b>Billy Buffet's House of Welcome</b> Recovery Home for men with drug and or alcohol problems	One on one counselling 24 hour supervision Mandatory AA or NA meetings Food Laundry Recreation	<b>Men</b>	A compassionate last resort for addicted men	76	12		Charity donations Bingo (Side Door Bingo Hall) MOH - Substance Abuse Bureau	
<b>Empathy House: Treatment Centre</b> Long term residential treatment for women with addictions to drugs and	Counselling Group therapy	<b>Women</b>	Service to women with concurrent disorders (eating disorders, mild psychiatric problems)	41	10		MOH United Way Fundraising	

alcohol								
---------	--	--	--	--	--	--	--	--

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>SUPPORTIVE SERVICES - ADDICTIONS</b>								
<b>Harvest House/Sanctuary</b> Long-term residential treatment program for men and women with addictions	Addiction counselling Supportive housing for people with addictions who are living in poverty, with mental illnesses, and or discharged from institutions	<b>Men</b> <b>Women</b> <b>Youth</b>	Spiritually oriented program. Offers education and employment	135	31 (24 male 7 female)		Fundraising MOH	
<b>Newgate 180</b> (formerly Gateway House) Residential treatment service for employed men with substance abuse problems	Assessment Work-site intervention Training Group and individual counselling Follow up	<b>Men</b>	Client profile- men from the workplace	29	11		Fee for service MOH	No waiting list
<b>Maison Fraternité - Résidence des Femmes</b> Residential Recovery home for francophone women with addictions	Addiction counselling Crisis intervention Advocacy Referrals	<b>Women</b>	For francophone women	45 à l'interne (in-patient) 15 à l'externe (out-patient)	10	1	OHIP Services charges for those who receive salary insurance 15./day	
<b>Salvation Army Anchorage Program</b> Short term supportive housing program for men with addictions	Short term residency and Addictions counselling for men who are homeless or living in poverty	<b>Men</b>		163	24		Salvation Army Community donations MOH	
<b>Sobriety House</b> Now a 21 day residential treatment facility. Prior to Jan. 99, it was 35 days	Group work One on one counselling Live in education	<b>Men</b>	Men from 16 years old.	126	14		MOH Bingo Donations Fundraising	Must be 3 days clean
<b>James Street Recovery Program</b> Recovery home for women with addictions	Addictions counselling Crisis intervention Group dynamics 3 month residential stay, extensions as requested with aftercare for 1 year	<b>Women</b>		105 residents (intake) Number of assessment s done not available	14		MOH	Women requesting admission are required to complete an assessment and 3 day/72 hr detox.

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>SUPPORTIVE SERVICES - ADDICTIONS</b>								
<b>Pinganodin Lodge</b> Residential Treatment for Aboriginal Men recovering from drug and alcohol abuse	Integration of Aboriginal spirituality with contemporary clinical approaches	<b>Men Youth</b>	For Aboriginal Men	1,600 approx.	12		Archbishop Aboriginal Health and Wellness ROC Grey Nuns	
<b>SUPPORTIVE SERVICES - HEALTH SERVICES</b>								
<b>Carlington Community and Health Services</b> Integrated social and health services for people who are homeless and those at risk of becoming homeless Outreach ACT Team supporting people who are chronically mental ill	Crisis intervention Home support Information Referrals Health services Employment services	<b>Men Women Youth Families</b>		25,186 clients served			MOH MCSS ROH	
<b>Centretown Community Health Centre</b> Medical care including walk-in services, outreach to shelters and drop-ins, and social services support	Counselling Home support Health services Information and referrals	<b>Men Women Youth Families</b>	Services to people with complex physical/mental condition, people with addictions and newcomers to Canada	not available			MOH ROC MCSS	
<b>Pinecrest Queensway Health and Community Services</b> Medical and crisis intervention services to Family Shelters; Outreach programs to people at risk of becoming homeless; Respite care Services to children and youth: Enrichment and respite drop ins for under 5 years; After 4 (new) Youth groups re: crisis management (new) Program Against Abuse: Individual counselling and groups; Somali Outreach	Crisis intervention Home Support Information and referrals Health services Family support- home visiting following discharge Respite for children from shelters	<b>Men Women Youth Families</b>	Primary care to: homeless people people living in poverty people who are immigrants and refugees Services for children under five				ROC MOH MCSS Donations	

--	--	--	--	--	--	--	--	--



AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>SUPPORTIVE SERVICES - HEALTH SERVICES</b>								
<b>Region of Ottawa-Carleton Health Dental Clinics</b> Three regional dental clinics provide services to social assistance recipients and low income children under the age of 14.	Basic dental service for children and emergency dental service for adults Dental services for social assistance recipients	<b>Men</b> <b>Women</b> <b>Youth Families</b>		25,000 approx.			Provincial ROC	
<b>Region of Ottawa-Carleton Health Environmental-Health/ Communicable Disease Division</b>	Inspection of food preparation and Storage facilities in shelters Food safety training for shelter food handlers Inspection of food bank Response to complaints/concerns regarding substandard housing issues and health hazards Inspection of rooming houses	<b>Men</b> <b>Women</b> <b>Youth Families</b>					ROC MOH	
<b>Region of Ottawa-Carleton Health HIV Prevention Program The SITE Needle Exchange Program</b> HIV Prevention program for individuals who are using injection drugs and other people at risk for HIV and bloodborne infections. Harm reduction approach to assist individuals to improve or maintain their health.	New needles/syringes in exchange for used ones Referrals to Detox, treatment or other supports Condom distribution Testing for HIV, hep B and C Vaccinations for hep B, Flu, Pneumococcal pneumonia Harm reduction Health Education Counselling	<b>Men</b> <b>Women</b> <b>Youth</b>	Services for people who inject drugs, are sex trade workers and/or are street-involved	FOR SITE PROGRAM ONLY 8,354 visits  #of needles exchanged- 135,234			ROC MOH	Also provide training to other professionals: <ul style="list-style-type: none"> <li>• needle exchange program</li> <li>• safe needle disposal</li> <li>• universal precautions</li> </ul>
<b>Region of Ottawa-Carleton Health Street Health Program</b> Provides outreach services to clients who are homeless, unstably housed or using shelters and drop-ins, with the goal to: improve client's access to health care, provide health education and advocate on behalf of clients	Individual and group health education sessions First Aid Communicable Disease control including: TB screening and follow up of active cases influenza and pneumococcal pneumonia immunization screening of STD's hep B & C follow up of cases	<b>Men</b> <b>Women</b> <b>Families</b> <b>Youth</b>	1217 people served				MOH ROC	work collaboratively with the ROC Healthy Sexuality Program and HIV Prevention Program providing services to inmates at the Regional Detention Centre

	HIV - partner follow up							
--	-------------------------	--	--	--	--	--	--	--

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		

## SUPPORTIVE SERVICES - HEALTH SERVICES

<b>Region of Ottawa-Carleton Health Healthy Sexuality Program Sexual Health Outreach</b>	Extension of sexual health services from Sexual Health Centre on Clarence St. Provides physical street outreach to individuals (mostly youth) at risk of STDs/HIV and pregnancy Provides sexual health education, counselling, testing and treatment services in partnership with the Youth Services Bureau drop-in on Besserer St.	<b>Men Women Youth</b>						Jan - April 1999: Sexual Health Outreach team has 30 clients registered and has had 50 encounters recorded Average age is 17.6 years  Population served includes sex trade workers, individuals in and out of detention centres
<b>Sandy Hill Community Health Centre</b> Health care and social service, addiction treatment service, walk-in clinic <b>OASIS-</b> Satellite clinic for people at risk for HIV infection or who have HIV/AIDS, providing health care, support groups, outreach, counseling, laundry, collective meal preparation and referrals	Crisis intervention Home support TB testing Services to Street youth	<b>Men Women Youth Families</b>	Satellite Clinic for people living in poverty, using injection drugs and or people living with or at risk for HIV/AIDS	12,000 approx.			MOH MCSS AIDS Bureau, Ontario Substance Abuse Bureau, ROC	Provides crisis services through social services and food programs Also provides some support to rooming house tenants in neighbourhood
<b>Sandy Hill Community Health Centre- Outreach</b> Out reach services to shelters and day programs to assist homeless clients in accessing health care	Street Outreach provides practical assistance to clients assisting them in accessing food, housing, health care, transportation Health card program to assist the homeless in obtaining and retaining health card Support groups Crisis services	<b>Men Women Youth Families</b>	Prenatal nutrition Program for pregnant street youth Parenting drop-in for youth Hand in Hand- Support Group Provide space and support to Bytown Art Group Good Day Workshop Men's Sexual Abuse Survivors Group Rideau Street Youth				MOH MCSS AIDS Bureau, Ontario Substance Abuse Bureau, ROC	

			Enterprises Street Health Coalition Youth net					
--	--	--	---	--	--	--	--	--

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>Somerset West Community Health Centre</b> Integrated health and social services for homeless and people at risk of becoming homeless	Crisis intervention, Advocacy, Addictions Services, Case Management, Information and Referrals, Brief Counselling, Employment Services, Health Care, HIV Testing/Counselling Outreach/Conflict Resolution to Rooming Houses, Practical Assistance (i.e.: Health Cards), Street Health Outreach to Injection Drug Users, Health Outreach to Forward Avenue Family Shelter, South East Asian Outreach Services, Community Development/Housing Employment Services Outreach	<b>Men</b> <b>Women</b> <b>Youth Families</b>	Services provided to Chinese, Vietnamese, Thai, Laotian, Cambodian, and Italian (as well as English and French)	45-60 people per day at risk of being homeless			MOH MCSS ROC City of Ottawa	
<b>South-East Ottawa Centre for Healthy Community</b> Health and social Services for residents of South-East Ottawa Community Target vulnerable populations	Primary Health care Health Promotion Crisis Intervention Counseling Home support Community Development Youth Programs Advocacy Information and referrals	<b>Men</b> <b>Women</b> <b>Youth Families</b>	Serve people from different cultural backgrounds and languages	3,000 approx.			MOH MCSS ROC City Of Ottawa Federal Grants	Having recently relocated to Bank and Riverside - near the transit station we may be more accessible to this population
<b>University of Ottawa Health Services</b> to relative and absolute homeless people in Ottawa-Carleton	Specialized for: People living with HIV/AIDS and People who use injection drugs	<b>Men</b> <b>Women</b> <b>Youth Families</b>		65,000 client visits			Auto-financed facility, Fee for service-OHIP	
<b>DAY PROGRAMS/DROP IN CENTRES</b>								
<b>St. Luke's Lunch Club and Drop-in Centre</b> Day Program (drop-in) for men women and children. Meals provided 8 am - 12 noon	<u>Daily</u> - Light breakfast, noon meal, referrals, recreation, practical support, personal support, addictions counsellor, mailing address, phone/messages, free haircuts <u>Weekly</u> - SITE Social Worker Nurse Practitioner	<b>Men</b> <b>Women</b> <b>Youth Families</b>	Clients volunteer daily to: set-up, take-down, cook, wash dishes and pots	40,000 visits approx. In 250 days			ROC/Day Program Donations Fundraising	Wheel chair accessible

	Opportunity to volunteer							
--	--------------------------	--	--	--	--	--	--	--

SERVICE DATA

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED 3	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS	FUNDING SOURCE(S)	OTHER INFORMATION
<b>Caldwell Family Centre Day Drop-in Program</b> for adults providing emergency assistance to people living on low income Emergency food program	Practical support Personal support Referrals ESL program Sewing classes Computer training Recreation Emergency food	<b>Men Women Families-</b> (indirectly through food program)	Many of the people accessing the Drop-in are mentally challenged	30,150 approx. Through Emergency food program, Day Drop-in and ESL classes			ROC Immigration Canada Fundraising Donations	Services are provided at/through two housing units
<b>Centre 507 Drop-in McLeod-Stewarton United Church</b> Centre 507 is a drop-in centre that serves people who are disadvantaged both economically and socially. Homelessness, mental illness, addictions, health concerns, chronic unemployment, extreme poverty, and physical abuse are examples of issues faced by our participants  Community Economic Development Project	Supportive listening Outreach Needle exchange Employment programs Education concerning health care housing and lifeskills Advocacy Referrals Problem solving Pastoral counseling Recreation and Special events Emergency telephone Clothing vouchers Coffee and snacks	<b>Men Women</b>	Community Economic Development project seeks to provide participants with long term employment opportunities. This is accomplished through: Individual and group job search workshops Temporary placements in local businesses Special community projects and micro-enterprise An odd job bank Additionally it is the goal of the project to give participants an opportunity to interact with the community in a positive way to reduce and eliminate societal barriers	19,472 visits			ROC United Church of Canada Centretown Churches Social Action Committee (CCSAC) The Community Foundation The Ontario Training and Adjustment Board(OTAB) Personal and Corporate donations	
<b>Centre 454 Anglican Social Services Centre Drop-in Centre</b> for men and women socially and economically disadvantaged, to facilitate their growth to function to the best of their ability in the community	Counseling Recreation Employment support Addiction program Education through Day and Health programs	<b>Men Women Youth Families</b>	Provides services to people who live in poverty, are homeless, have mental illnesses and/or have addiction problems	2,235			ROC Anglican Diocese of Ottawa Fundraising	
<b>Shepherds of Good Hope-Day Drop-in</b> Friendly place to watch TV, play cards, hang out	Visits from outreach workers, nurses and social workers Shower, clothes Medication management	<b>Men Women</b>		35,367 visits			Private donations Rents MOH	

	Phone, hair cuts							
--	------------------	--	--	--	--	--	--	--

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>DAY PROGRAMS/DROP IN CENTRES</b>								
<b>Shepherds of Good Hope- Sophie's Hope</b> Drop in for women who may live close to the streets	5 Day a week drop-in (evenings 4-12 pm) Provides a safe place for women to be and to access community resources Support Movies Phone	<b>Women</b>	Provides resources to women who may be at risk for HIV Women who are sex trade workers Women who use injection drugs	3366			Private donations	
<b>St. Joe's Women's Centre Day Program</b> for homeless and marginalized women in a safe, non- judgmental environment	Nutritional breakfast and Hot Lunch Personal and Practical Support HIV testing and counselling Advocacy Referrals Laundry facilities Shower and bathtub Telephone	<b>Women and their children</b>		10,000			ROC	Growing up Downtown- Parent/child Programming Clothing Program Emergency Food Hamper Program
<b>Vanier Community Service Centre Community Resource/Drop-in</b> for people living below the poverty line	Crisis Intervention, Home support Information and referrals Drop-ins Employment counselling Individual and couple counselling	<b>Men Women Youth Families</b>	Respite Child and parent services	8,000 (all agencies, programs groups)			HRDC MCSS ROC Fundraising	
<b>The Well/La Source</b> Day Drop-in program for women of all ages	Practical support Personal support Open Groups Recreation Laundry Referrals Light Breakfasts Nutritious Lunches	<b>Women Children</b>		24,000 (number of visits)			ROC Human Resources Development Anglican Diocese of Ottawa Donations	

AGENCY NAME AND BRIEF DESCRIPTION	TYPE OF SERVICE PROVIDED/FOCUS	POPULATION SERVED	SPECIFIC OR UNIQUE SERVICE CHARACTERISTIC	SERVICE DATA			FUNDING SOURCE(S)	OTHER INFORMATION
				# OF PEOPLE SERVED IN 1998	# OF BEDS	# OF UNITS		
<b>DAY PROGRAMS/DROP IN CENTRES</b>								
<b>Youth Services Bureau of Ottawa Carleton Downtown Services and Drop-in</b> Downtown services provide a safe place for youth 20 years of age and under. Downtown Services and Drop-in are open 365 days a year	Crisis Intervention Assessment of needs Supportive counselling and group work AIDS prevention education Health Services Job Board Literacy programs Computer Room Life skills workshop Wraparound Community Outreach teams Showers, Laundry Facilities, Telephones Lunch is served daily	<b>Youth (aged twelve to twenty)</b>		998			ROC MCSS MOH	Downtown Services and Drop-in works collaboratively with and depends upon it's partnerships with a number of different community and agency services; Rideau Street Youth Enterprises, Frontier College, Beat the Street Ottawa, Healthy Sexuality Clinic, Sandy Hill Addiction Assessment Centre, Sandy Hill Nurse Practitioner, ROH Outreach, CMHA Housing Help, Centretown Health Centre, Rape Crisis Centre, Innercity Ministries