

# **A Review and Gap Analysis of Housing, Mental Health & Substance Use Services for People Experiencing Homelessness in Guelph**

## **Final Report**

Prepared by: Collective Results Inc.  
August 2023



**COLLECTIVERESULTS**  
Helping you do good work better  
[www.collectiveresults.ca](http://www.collectiveresults.ca)




# Table of Contents

Executive Summary.....	4
Project Background.....	10
Project Overview.....	10
Purpose .....	10
Objectives and Research Questions .....	11
Approach.....	15
Project Scope .....	18
Project Limitations .....	19
Findings (Housing).....	20
Guelph Community Consultations Findings (Housing).....	21
Key Definitions .....	21
Inventory of Services.....	21
Current State from the Perspective of PWLE .....	29
Assets .....	30
Barriers.....	31
Overlaps and Duplications .....	33
Gaps .....	33
Solutions.....	35
Partner Collaboration .....	36
System-Wide Scan Findings (Housing).....	37
Overview .....	37
Emerging or Best Practices .....	38
Funding Considerations .....	42
CMSM-City Relationship .....	44
Key Takeaways (Housing).....	45
Findings (Mental Health) .....	47
Guelph Community Consultations Findings (Mental Health).....	48
Key Definitions .....	48
Inventory of Services.....	49

Current State from the Perspective of PWLE .....	55
Assets .....	56
Barriers.....	57
Overlaps and Duplications .....	58
Gaps .....	58
Solutions.....	60
Partner Collaboration .....	61
System-Wide Scan Findings (Mental Health).....	62
Overview .....	62
Emerging or Best Practices .....	63
Funding Considerations .....	64
Key Takeaways (Mental Health) .....	65
Findings (Substance Use) .....	67
Guelph Community Consultations Findings (Substance Use).....	68
Key Definitions .....	68
Inventory of Services.....	68
Current State from the Perspective of PWLE .....	71
Assets .....	71
Barriers.....	72
Overlaps and Duplications .....	73
Gaps .....	74
Solutions.....	75
Partner Collaboration .....	75
System-Wide Scan Findings (Substance Use) .....	77
Overview .....	77
Emerging or Best Practices .....	77
Funding Considerations .....	78
Key Takeaways (Substance Use).....	79
Overarching Takeaways .....	82
Recommendations .....	84
References .....	88
Appendix A: Local Data Scan.....	91
Appendix B: Additional Definitions.....	96

# Executive Summary

Urgent issues related to homelessness, mental health and substance use are increasingly being brought to the attention of the City of Guelph (the City). The City has received and anticipates that it will continue to receive requests to fund housing services, mental health services and substance use services for people experiencing homelessness. The City is seeking a framework that will provide clarity on system roles and responsibilities to support an intentional and coordinated approach to planning, as opposed to a fragmented and reactionary approach to these complex issues. The purpose of this project was to provide the City with an assessment and gap review related to:

-  Housing services for adults 18 years old+ experiencing homelessness in Guelph
-  Mental health services for adults 18 years old+ in Guelph
-  Substance use services for adults 18 years old+ in Guelph

This project was approached with two focused streams of data collection and analysis. The comprehensive community consultation process aimed to determine the local current state of services and funding, to identify gaps and areas of opportunity. This stream included an inventory of local services (17 agencies completed), community partner survey (106 completed), key informant interviews (23 agencies completed), peer-led interviews with people with lived/living experience (PWLE) interviews (35 completed) and data validation meetings (3 completed). The multi-level governmental system-wide scan aimed to determine services and funding at the federal, provincial and municipal-levels (in similar-sized communities), and to identify innovative/emerging best practices and funding opportunities. This stream included an environmental scan and key informant interviews (15 completed). The findings were consolidated to identify key themes and recommended areas of action for the City.

## Recommendations and Key Findings

### Systems Level Recommendations

Systems level recommendations are those that span across housing, substance use and mental health. The overarching systems level recommendations are intended to promote cross-sectoral and intergovernmental collaboration.

#### **System Recommendation 1: The City of Guelph adopt a human rights-based approach to housing (with Housing First built in) to align with the National Housing Strategy.**

This recommendation is based on the following key findings:

- A human rights-based approach to housing needs to be prioritized in Guelph. This approach will provide the City with the needed framework, rooted in legislation (the

National Housing Strategy Act, 2021), to support people experiencing homelessness in the community.

**System Recommendation 2: Council requests that the Government of Ontario develop and adopt a provincial housing strategy with measurable targets and sufficient funds for ending homelessness and ensuring access of all Ontarians, including those of limited income, to housing of an adequate standard without discrimination. It should also take into consideration the needs of Indigenous people, LGBTQ2S+ people, people with disabilities including mental illness, women experiencing domestic violence, lone parents, immigrants and newcomers, and people living in poverty or with low incomes.**

This recommendation is based on the following key findings:

- Funding barriers currently exist for an integrated systems approach to occur. Greater investments and flexibility with how and where funding can be used is required across all service areas to meet community needs.

**System Recommendation 3: Council requests that the Guelph Wellington Ontario Health Team work with the Guelph and Wellington Task Force for Poverty Elimination to:**

- a. plan for the integration of health services in the housing sector (wraparound supports)**
- b. address the community need for permanent supportive housing**

**This planning should include City, County and Ontario Health West representation and be aligned with provincial direction and/or strategy.**

This recommendation is based on the following key findings:

- There is a need for greater collaboration and systems level planning to support integration of housing services, mental health services and substance use services for people experiencing homelessness. There is a lack of alignment across these service areas locally, with a siloed approach.
- There is a need to focus on permanent supportive housing, including investments in both capital and operational expenditures, along with outcome evaluation measures built in to best support the most vulnerable in our community. This type of investment would support a human rights-based approach to housing.

**System Recommendation 4: Council requests the County of Wellington, in collaboration with local municipalities and local health organizations, jointly advocate to the Ministry of Health to provide accessible base funding to support wraparound health supports on the left side of the housing continuum.**

This recommendation is based on the following key findings:

- While there is an identified need to better integrate mental health services and substance use services with the left side of the housing continuum, there are funding limitations from the Ministry of Health to integrate these services.

**System Recommendation 5: Council requests that the Wellington-Dufferin-Guelph Public Health Board of Health lead an ongoing, comprehensive outcome evaluation of the systems level approach to homelessness (housing, mental health and substance use focus), whether it be working with the Guelph Wellington Ontario Health Team or with the City and the County.**

This recommendation is based on the following key findings:

- There is a need for greater collaboration and systems level planning to support integration of housing services, mental health services and substance use services for people experiencing homelessness. There is a lack of alignment across these service areas locally, with a siloed approach.
- There are only a few examples of programs across the province that attempt to measure the impact and outcomes of housing services for people experiencing homelessness. Measurement tends to focus on process measures (e.g., number of people, costs etc.) as opposed to client outcomes. This limits our understanding of how the overall system, including specific services within the system, meet/do not meet immediate and long-term outcomes.

**System Recommendation 6: Council requests that the Chamber of Commerce approach developers to donate land for housing needs and wraparound services on the left side of the housing continuum including, but not limited to, emergency shelters, transitional housing, supportive housing and wellness hubs. The City must be prepared to facilitate the required approvals connected with these opportunities. This should directly connect with the local collaborative plans (see System Recommendation 3).**

This recommendation is based on the following key findings:

- Greater investments and flexibility with how and where funding can be used is required across all service areas to meet community needs.
- There is a lack of daytime low-barrier locations for people with substance issues to go to for social support, recreational opportunities, safe consumption and support services (e.g., similar to the Grove Youth Wellness Hub, but for adults). The Kingston Integrated Care Hub is a promising model that provides this type of support in one location.

## **Housing Focused Recommendations**

Housing focused recommendations are those that are specific to housing. These recommendations are complementary to, and align with, the systems level recommendations.

**Housing Recommendation 1: Council requests the following to establish clarity and accountability regarding the City and the County's role in the housing continuum:**

- a. A review of the governance model of the County of Wellington's Social Services Committee**
- b. Updated service level agreements, with measurable outcomes, key performance indicators and clear expectations for reporting process and frequency**
- c. The City of Guelph should hire a dedicated role to support (a), (b), and the implementation of a human rights-based approach to housing (see System Recommendation 1). This role should be an active member of the County of Wellington's Community Advisory Board.**

This recommendation is based on the following key findings:

- In Wellington County, homelessness is most visible in Guelph. For this reason, services on the far left of the housing continuum (e.g., emergency shelters) are all based in

Guelph. This has led to confusion regarding roles, responsibilities, accountabilities and ownership of the left side of the housing continuum from partners and the community.

- The identified lack of a systems level collaborative approach to housing has and will continue to impact the ability to develop and implement community-based solutions in Guelph. A systems level collaborative model requires a commitment to a shared vision, accountability, defined mandates and roles.

**Housing Recommendation 2: Council requests that City staff undertake a review of the City's role and process in informing funding decisions for housing services on the left-side of the housing continuum (this includes funding for daytime shelter space). This should directly connect with a human rights-based approach to housing (see System Recommendation 1), the local collaborative plans (see System Recommendation 3), and the City's role in the housing continuum (see Housing Recommendation 1).**

This recommendation is based on the following key findings:

- The identified lack of a systems level collaborative approach to housing has and will continue to impact the ability to develop and implement community-based solutions in Guelph. A systems level collaborative model requires a commitment to a shared vision, accountability, defined mandates and roles.
- Funding for housing services on the left side of the housing continuum was a noted challenge across municipalities in Ontario. Some municipalities are looking for creative ways to flow housing funds into the community to best meet community needs

**Housing Recommendation 3: To be reviewed in Closed Session with Council.**

## **Health Services Focused Recommendations**

Health services focused recommendations are those that are specific to health services, including mental health and substance use. These recommendations are complementary to, and align with, the systems level recommendations.

**Health Services Recommendation 1: Council requests that City staff provide CMHA Waterloo Wellington with a letter of support for the funding application to the Ministry of Health for a regional alternate care destination clinic.**

This recommendation is based on the following key findings:

- The Alternate Care Destination Model (in London, Ontario) is an emerging best practice approach to provide mental health services outside of a hospital setting. Community partners in Guelph are preparing a funding proposal with support from Ontario Health West for this model to be developed and implemented in Guelph. There is not currently a dedicated funding stream to support this model.
- There is a lack of discharge planning for hospital/rehabilitation programs to community-based mental health services and supports. This was noted as a system gap in the system wide scan in other communities as well.
- There is a lack of discharge planning for hospital/rehabilitation programs to community-based substance use services and supports.

**Health Services Recommendation 2: Council requests that the Ministry of Health provide clarity on how all mental health services in Guelph are funded, including community-based services, hospital/residential services and public-private models of care, to determine if the funding model impacts equitable access to mental health services in Guelph.**

This recommendation is based on the following key findings:

- The most vulnerable in our community without the means to pay out of pocket for services experience challenges and barriers in accessing mental health services.

**Health Services Recommendation 3: Council supports the Guelph Police Service (GPS) and CMHA Waterloo Wellington's second application to the Solicitor General for Here 24/7 & IMPACT funding. Council requests that GPS provide a copy of the written submission to City staff when it has been finalized so that staff may provide a letter of support on behalf of Council.**

This recommendation is based on the following key findings:

- Challenges were noted in the crisis response system, including inconsistent response times for the IMPACT program and Here 24/7.

**Health Services Recommendation 4: Council requests that the Wellington Guelph Drug Strategy continue to address known substance use service barriers including, but not limited to, funding, access and waitlists, to improve substance use services available to vulnerable populations within Guelph.**

This recommendation is based on the following key findings:

- The most vulnerable in our community experience barriers in accessing substance use services.
- There is a lack of discharge planning for hospital/rehabilitation programs to community-based substance use services and supports. System navigation has been identified as a gap and is essential to support movement through the system.

The findings and recommendations from this review and gap analysis will support City Council in the development of their multi-year budget and may also support the City with advocacy on issues related to homelessness, substance use and mental health.



**Collective Results acknowledges that many organizations and collaborative planning tables in the community have, and continue to, lead great work in the areas of housing services, mental health services and substance use services for people experiencing homelessness. This report is not intended to override those efforts, but rather to complement the work that is already underway.** The project limitations and project scope sections of this report clearly identify what this report includes and excludes – all readers are encouraged to review those details carefully. Finally, it is important to acknowledge that while the recommendations contained within this report may provide initial steps to move items forward in the community, there will be an ongoing need to collect information and consult with the community, including People with Lived Experiences (PWLE) and community partners, as plans and solutions are developed and implemented.




# Project Background

Urgent issues related to homelessness, mental health and substance use are increasingly being brought to the attention of the City of Guelph (the City)<sup>1</sup> (See [Appendix A - Local Data Scan](#)). The City has received and anticipates that it will continue to receive requests to fund housing services, mental health services and substance use services for people experiencing homelessness. The City is seeking a framework that will provide clarity on system roles and responsibilities to support an intentional and coordinated approach to planning, as opposed to a fragmented and reactionary approach to these complex issues. The City recognizes that these service areas are not normally within the City’s scope as the County of Wellington (the County) is the Consolidated Municipal Services Manager (CMSM) for housing, while mental health and substance use services are the responsibility of health sector organizations. However, in order to move forward as a community, a shared understanding of what is essential, including roles and responsibilities is necessary to address the increasing complexity of these issues and to serve the most vulnerable residents in the community. The findings and recommendations from this review and gap analysis will support City Council in the development of their multi-year budget and may also support the City with advocacy on issues related to homelessness, substance use and mental health.

# Project Overview

## Purpose

The purpose of this project was to provide the City of Guelph with an assessment and gap review related to:

-  Housing services for adults 18 years old+ experiencing homelessness in Guelph
-  Mental health services for adults 18 years old+ in Guelph
-  Substance use services for adults 18 years old+ in Guelph

This project was approached with two focused streams of data collection and analysis: local community consultations and a multi-level governmental system-wide scan.

Following completion of data collection and analysis, it emerged that the most significant gaps in the community are the areas where housing services, mental health services and substance use services intersect. Given this, the scope narrowed in the consolidation of findings and the development of recommendations to focus on housing services, mental health services and substance use services for adults experiencing homelessness in Guelph.

See [Appendix B](#) for key definitions for this project.

## Objectives and Research Questions

### Guelph Community Consultations

The objectives and research questions that guided the community consultation process are listed in Table 1.

Table 1. Guelph Community Consultations Objectives and Research Questions

Objective	Research Question
A. To complete a current state analysis of local services, including how they are funded, related to housing for people experiencing homelessness, substance use and mental health within Guelph.	A1) What organizations have a mandate/strategic priorities/requirements to offer local services?
	A2) What services exist in Guelph?
	A3) Who provides these services and how are they funded?
	A4) What are the community assets in Guelph that positively impact the planning, delivery and funding of services?
	A5) What are the community barriers in Guelph that negatively impact the planning, delivery and funding of services?
B. To gather and understand the perspectives of people with living/lived experience (PWLE) of substance use, homelessness and/or mental health.	B1) What are PWLE seeing and/or experiencing about the local substance use, homelessness and mental health situation in Guelph?
	B2) What services are being accessed?
	B3) What needs are being met/unmet?
	B4) What services are missing?
C. To identify service duplications, overlaps, gaps and connections for	C1) What service duplications exist?

Objective	Research Question
services related to housing for people experiencing homelessness, substance use and mental health within Guelph.	
	C2) What service overlaps exist?
	C3) What service gaps exist?
	C4) What service connections exist?
D. To develop recommendations for Council's consideration to address system duplications, gaps and overlaps as part of a future state.	D1) What are the possible solutions to the identified system duplications, overlaps and gaps?
E. To assess the current state and desired future state for community partner collaboration in the planning, delivery and funding of services related to housing for those experiencing homelessness, substance use and mental health within Guelph.	E1) What is the current state and desired future state for community partner collaboration in the planning, delivery and funding of services?
	E2) What are community partner roles and responsibilities for current and anticipated future services?

**System-Wide Scan**

The objectives and research questions that guided the system-wide scan are listed in Table 2.

Table 2. System-Wide Scan Objectives and Research Questions

Objective	Research Question
F. To complete an online environmental scan to understand services and funding at the federal, provincial, and municipal level	<u>Municipal:</u> F1) What services are offered in other comparable municipalities?

Objective	Research Question
(similar size and demographic profile to Guelph and Wellington) related to housing services for people experiencing homelessness, substance use services and mental health services for adults.	
	F2) Who provides these services and how are they funded?
	F3) What do we know about the effectiveness and/or impact of these services?
	F4) What are the CMSM (Consolidated Municipal Service Manager) structures and responsibilities in comparable municipalities?
	<u>Provincial/Federal:</u> F5) What services does the Ontario provincial government fund?
	F6) What services does the Federal government fund?
G. To gather key informant perspectives on current and emerging federal, provincial, and municipal level (similar size, demographic profile and municipal structure to Guelph) funding related housing services for people experiencing homelessness, substance use services and mental health services for adults.	G1) What are the current and emerging funding opportunities at the federal, provincial and municipal levels?
	G2) Where are there funding gaps?
H: To gather key informant perspectives on emerging/innovative federal,	C1) Are there any emerging/innovative services related to housing for people experiencing homelessness, mental health and/or substance use at the federal, provincial and municipal levels?

Objective	Research Question
provincial, and municipal level services.	
	C2) How are these emerging/innovative services funded?
	C3) What do we know about the effectiveness and/or impact of these services?

# Approach

## Guelph Community Consultations

The purpose of the comprehensive community consultations process was to determine the local current state of services and funding, to identify gaps and areas of opportunity. Five methods were included in the process.

### Inventory of Local Services

This secure, online inventory was emailed to a leadership contact(s) at each agency. The online inventory collected the following information:

- agency mandate
- inventory of housing services, mental health services and substance use services for adults 18+ in Guelph
- funding details including funder(s), funding type and funding amount

### Community Partner Survey

The voluntary, online survey targeted a variety of perspectives from those who worked in different roles (e.g., frontline staff, leadership, etc.) in Guelph-based agencies that:

- provide housing services for those experiencing homelessness, mental health and/or substance use services for those who are adults
- provide services focused on, but not limited to, primary care, sexual health, food insecurity and community safety
- focus on advocacy

### Community Partner Key Informant Interviews

Following an iterative process, these interviews further explored and expanded on findings from the inventory of local services and the community partner survey.

### Peer-led people with lived/living experience (PWLE) interviews

PWLE were recruited and interviewed at three key community locations by peer interviewers to provide valuable insight on the local situation, services accessed, met or unmet needs, missing services and potential solutions. Participants had to:

- be 18 years of age or older
- reside in Guelph
- have personal experience with homelessness, mental health and/or substance use at some point in their lives

### Data Validation Meetings

After the data from the four methods above (plus the system-wide scan below) were consolidated and summarized, three data validation meetings were held to check the accuracy of the data and answer any questions. Each meeting occurred with one key expert in each service area in Guelph.

Data collection details and the uptake for each of these methods are included in Figure 1. Please see the limitations to this process detailed in the [Project Limitations](#) section.

Figure 1. Process and uptake for **Guelph Communication Consultations**



## System-Wide Scan

The purpose of the system-wide scan was to determine services and funding at the federal, provincial and municipal-levels (in similar-sized communities), and to identify innovative/emerging best practices and funding opportunities. This process was iterative, with two methods in the process.

### Environmental Scan

A grey literature search was conducted online given that this is a key place for organizations, such as governments and non-for-profit organizations, to share information about services and funding for public transparency. A search strategy was developed and implemented based on methods outlined in a peer-reviewed article<sup>2</sup>, focusing on custom Google search engines and targeted websites. Furthermore, promising insights from the key informant interviews guided additional searches as part of the environmental scan.

### Key Informant Interviews

The key informant interviews explored and expanded on the findings of the environmental scan and the community consultations by providing:

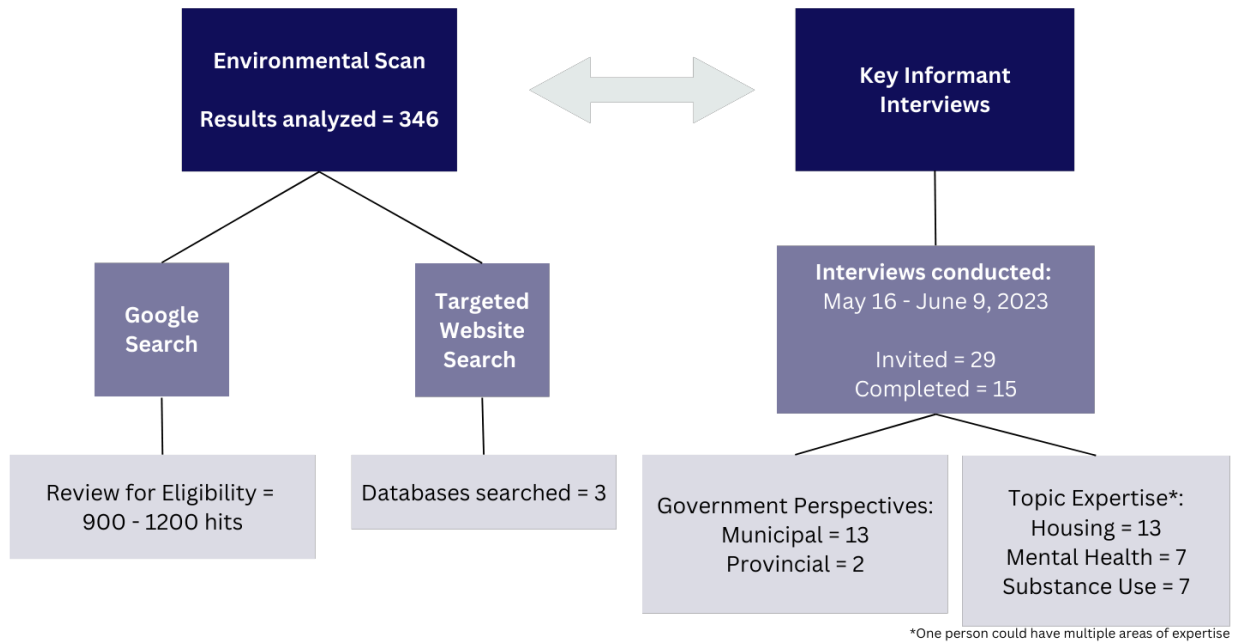
- clarity on service and funding initiatives or opportunities where details are not publicly available.
- details on emerging or innovative practices and funding opportunities

The interviews targeted leaders and decision-makers at the federal, provincial and municipal-levels of government with a focus on sectors that address housing services for people experiencing homelessness, mental health and/or substance use services.

Data collection details and the uptake for each of these methods are included in Figure 2. Please see the limitations to this process detailed in the [Project Limitations](#) section.



Figure 2. Process and uptake for the **System Wide Scan**



## Project Scope

Table 3 details the parameters around the scope of this project.

Table 3. Project Scope

In Scope	Out of Scope
<ul style="list-style-type: none"> <li>● An analysis of the current state, gaps and recommendations specific to issues of homelessness, substance use and mental health in Guelph.</li> <li>● Recommendations for consideration by City Council that consider a system-wide approach to these issues. System-wide considerations include multi-governmental responsibility (e.g., Federal, Provincial, local City and County), cross-jurisdiction funding (both discretionary and non-discretionary), and multi-agency responsibility for service delivery (including not-for-profit and community organizations).</li> <li>● Specific program/service recommendations for consideration only included for those the City funds.</li> </ul>	<ul style="list-style-type: none"> <li>● Assessment of the effectiveness of the service providers within Guelph.</li> <li>● Revisiting the legally binding relationship between the City and the County.</li> <li>● Interventions focused on the prevention of substance use, mental health and homelessness.</li> <li>● The right side of the housing continuum<sup>3</sup>, including affordable housing.</li> <li>● Interventions focused solely on youth under the age of 18.</li> </ul>

## Project Limitations

Although the process for this study was comprehensive, there are limitations noted.

1. The scope of this project on direct services in the areas of housing, substance use and mental health services for people experiencing homelessness, **excludes upstream interventions that aim to prevent these issues**. Prevention is an important part of the continuum that must be considered when planning a systems level response to these complex issues even though it is out of scope for this project.
2. This project represents **a point in time assessment** of housing, substance use and mental health services **as of June 2023**. Funding, services, and information regarding best practices in these areas are continuously evolving and it is important to stay current on those changes as recommendations are planned and implemented
3. Given the high-profile nature of this project, **there was not an opportunity to complete a comprehensive data validation process** with community partners and PWLE. Instead, a focused validation process with three identified community leaders with content area expertise was undertaken. This approach may have limited the ability to identify connections across data collection methods.
4. **The inventory of services is limited to those organizations that participated** in this data collection method. Service and funding details should be interpreted with caution as these details were not provided by all organizations that provide direct services in the areas of housing, mental health and substance use services for people experiencing homelessness.
5. **All survey and interview data are based on subjective experiences and perceptions**. Although this is not necessarily a limitation, it is important to note that these findings are not based on objective data.
6. **PWLE interviews were held in key downtown service locations** to ensure uptake, potentially omitting perspectives of those who do not frequent the downtown area of Guelph. Additionally, PWLE interviewees volunteered to participate, which is indicative of some level of **self selection biases**.
7. The system wide scan was intentionally limited to only include other municipalities in Ontario to ensure a similar funding environment to the City of Guelph and to exclude any academic scholars as key informants. As a result, the findings are limited to **identifying innovative practices in Ontario**.



# Housing Services for People Experiencing Homelessness

## Findings



# Guelph Community Consultations Findings

## Key Definitions

The following definitions of the housing continuum were used to guide the data collection and analysis of the community consultations findings in the area of housing services for people experiencing homelessness.

**Emergency Shelter:** Facilities that provide temporary, short-term accommodation for people experiencing homelessness or those in crisis. Basic supports, like meals and hygiene supplies are offered.

**Transitional Housing:** Provides time-limited access to housing and promotes housing stability. This housing is an intermediate step between emergency crisis shelter and permanent housing.

**Supportive Housing:** Provides long-term housing for people experiencing homelessness that is combined with cross-sectoral supports like medical, substance use and mental health supports. It combines independent housing options with common spaces while also providing access to individualized, flexible and voluntary supports. Supports are typically provided by on-site staff and can be accessed 24 hours per day, 7 days a week. Supportive housing is recognized to be superior to the shelter system because it provides people supports to enable them to move forward towards stable housing.

**Rent-Geared-to-Income:** Rent-geared-to-income is often referred to as Social Housing and as the name suggests, the rent is determined by income. These subsidized rents are generally about 30 percent of gross monthly household income. The County of Wellington manages these subsidies through federal, provincial and municipal funding.

## Inventory of Services

### Mandates

Out of the 17 organizations that completed the inventory of services, nine organizations indicated that they have a mandate and/or strategic priorities to provide housing services for people experiencing homelessness. There are two additional organizations that provide housing services for people experiencing homelessness without an organizational mandate and/or strategic priorities to provide these services. Three of the health-based organizations that provide housing services for people experiencing homelessness indicated that housing services represent a small component of their overall services, while the remaining organizations indicated that housing services represent a primary focus for their organization.



## Funding Summary

**The inventory of services is limited to those organizations that participated in this data collection method.** Service and funding details should be interpreted with caution as these details were not provided by all organizations in Guelph that provide direct services in the areas of housing services for people experiencing homelessness. There are some services where service areas of focus overlap (e.g., a service focused on housing, substance use and mental health). In these instances, Collective Results reports on funding details in the primary service area of focus to avoid duplicating funding details across services.

Based on the organizations that completed the inventory of services, just over 42 million dollars of funding is directed to the left side of the housing continuum in Guelph. The majority of these funds, 76%, are focused on Rent Geared to Income (RG; includes rent subsidies and social housing), while the remaining 24% of these funds (10 million dollars) is dedicated to emergency shelters, transitional housing and supportive housing. The funding summary presented in Table 4 summarizes operational dollars for housing on the left side of the continuum with the exception of the RGI section that includes both operational and capital expenditures.

Table 4. Summary of funding for housing services on the left side of the housing continuum in Guelph\*

Housing Type	Base Funding	One-Time Funding	Other Funding Not Specified
Emergency Shelters	\$4,593,064.00	\$2,133,922.00	\$0
Transitional Housing	\$1,695,744.00	\$0	\$0
Supportive Housing	\$1,513,314.00	\$0	\$210,000.00
Rent Geared to Income (RGI) (Social Housing)	\$31,565,900.00**	\$0	\$886,000.00

\*As reported by the 17 organizations that completed the Inventory of Services

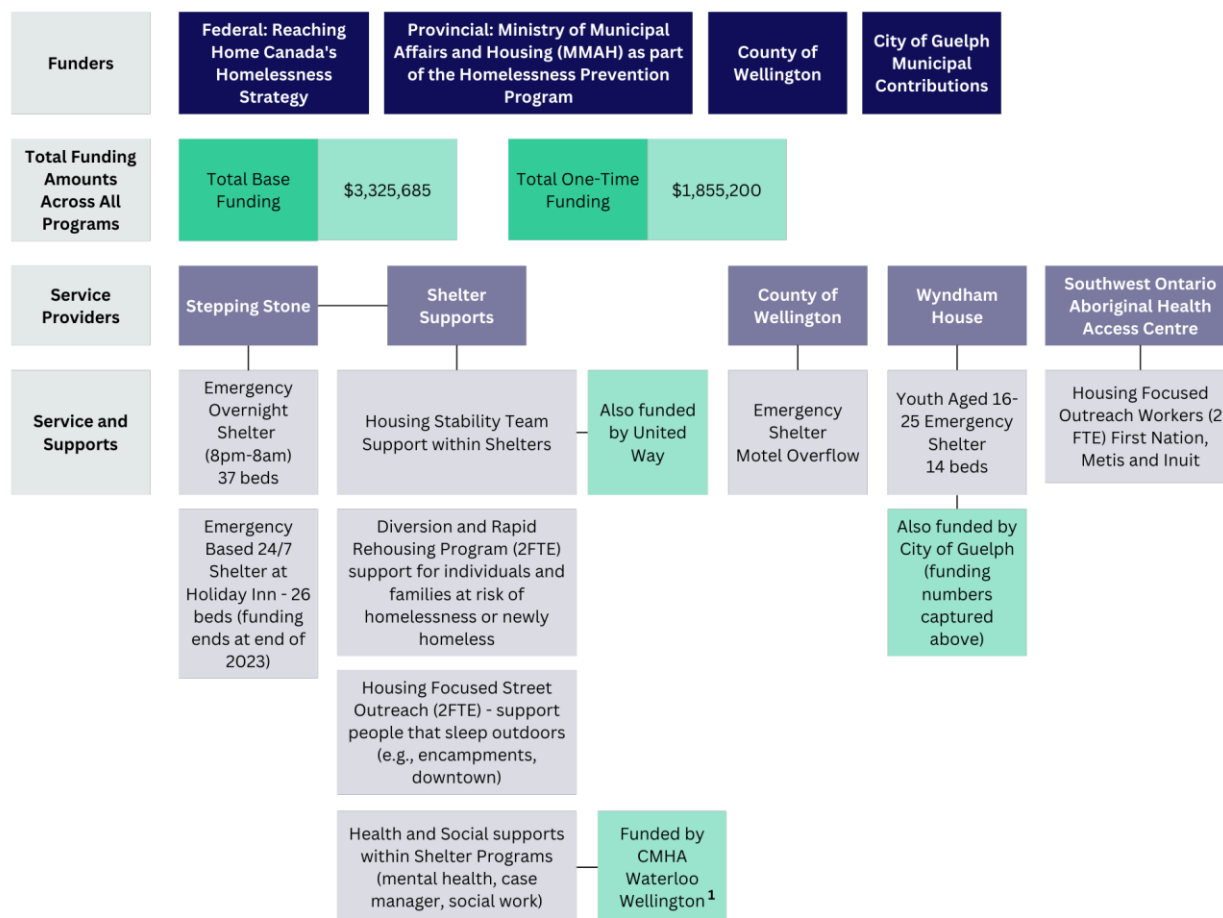
\*\*Includes operational and capital expenditures



## Emergency Shelter Services

The County as the CMSM for social services administers emergency shelter services on behalf of the City and the County. As the CMSM, the County receives funding from the Federal Government and the Provincial Government, along with municipal contributions from the County and the City, to fund emergency shelter services in Guelph. In total, there are 14 emergency shelter beds for youth (aged 16-25), 63 emergency shelter beds for adults and motel overflow emergency shelter beds. There are also supports within the emergency shelters that include: diversion and rapid rehousing, housing stability, health and social supports [funded by Canadian Mental Health Association (CMHA) Waterloo Wellington] and housing focused street outreach (Figure 3).

Figure 3. **Emergency shelter services** administered by the County of Wellington as the CMSM

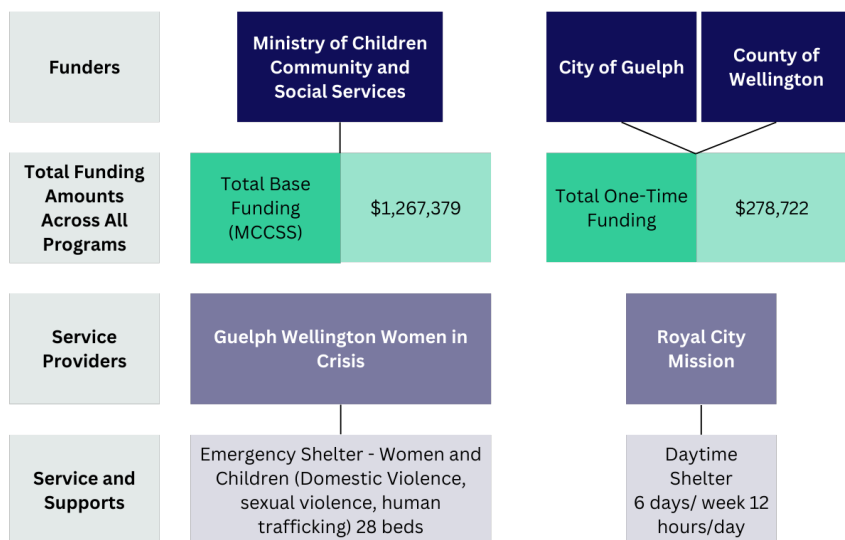


1. See Funding details in Mental Health Section



There are also two emergency shelter services in Guelph that are not administered by the CMSM. This includes a 28-bed emergency shelter provided by Guelph Wellington Women in Crisis for women and children experiencing domestic violence, sexual violence and human trafficking. This service is funded by the Ministry of Children, Community and Social Services (MCCSS). The City and the County are also providing one-time-funding in 2023 to support a daytime shelter at Royal City Mission (6 days/week, 12 hours/day; Figure 4)

Figure 4. **Other emergency shelter services** in Guelph not administered by the County of Wellington as the CMSM



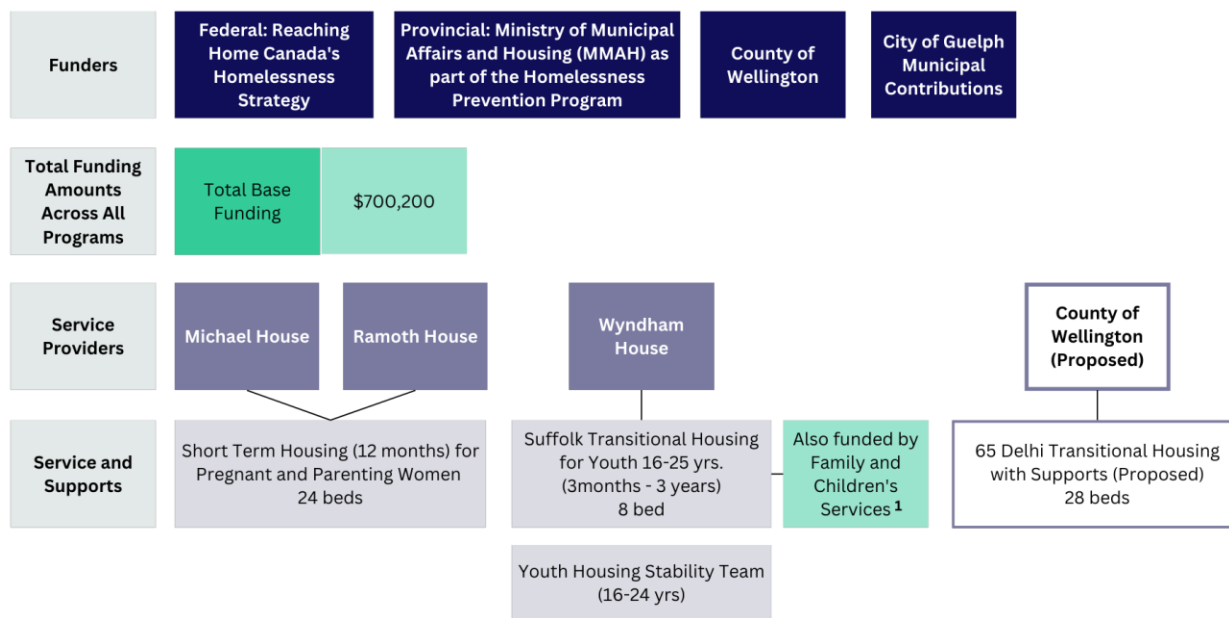




## Transitional Housing Services

The County as the CMSM for social services administers transitional housing services on behalf of the City and the County. As the CMSM, the County receives funding from the Federal Government and the Provincial Government, along with municipal contributions from the County and the City, to fund transitional housing services in Guelph. In total, there are 24 transitional beds for pregnant and parenting women and eight transitional beds for youth (aged 16-25). There is also a proposed new transitional housing at 65 Delhi that would include 28 beds (Figure 5).

Figure 5. **Transitional housing services** administered by the County of Wellington as the CMSM

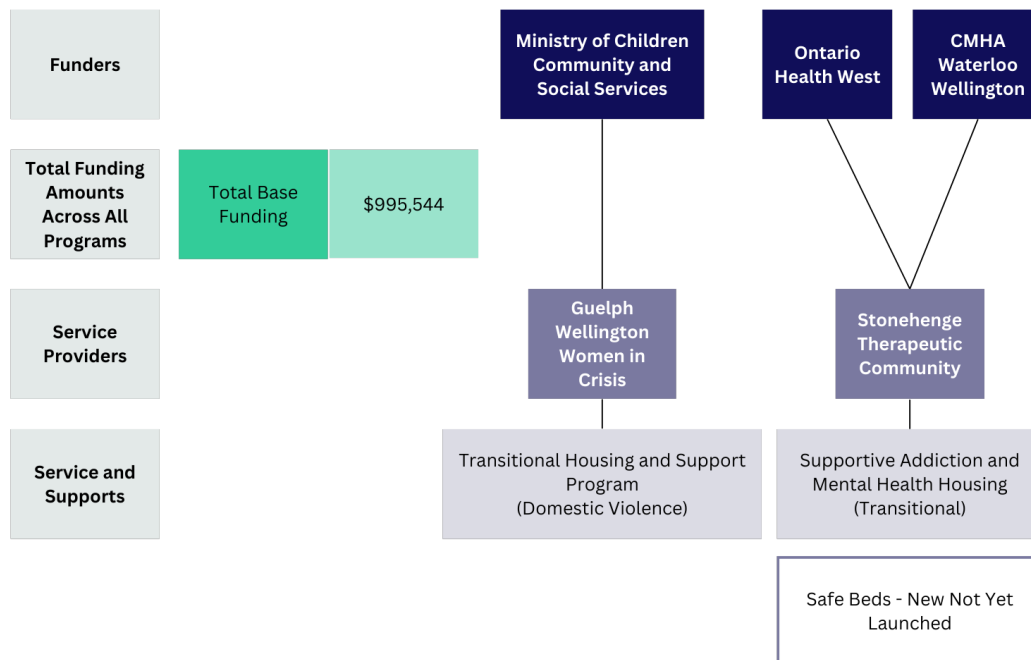


1. Funding details not provided

There are also two transitional housing services in Guelph that are not administered by the CMSM. This includes transitional housing and support provided by Guelph Wellington Women in Crisis that is funded by the Ministry of Children Community and Social Services (MCCSS). Stonehenge Therapeutic Community provides supportive addiction and mental health housing (transitional) funded by Ontario Health West and CMHA Waterloo Wellington. Stonehenge Therapeutic Community is also planning for a new program called "Safe Beds" that provides people experiencing a mental health and/or substance use crisis with short stay community residential crisis services (Figure 6)



Figure 6. **Other transitional housing services** in Guelph not administered by the County of Wellington as the CMSM

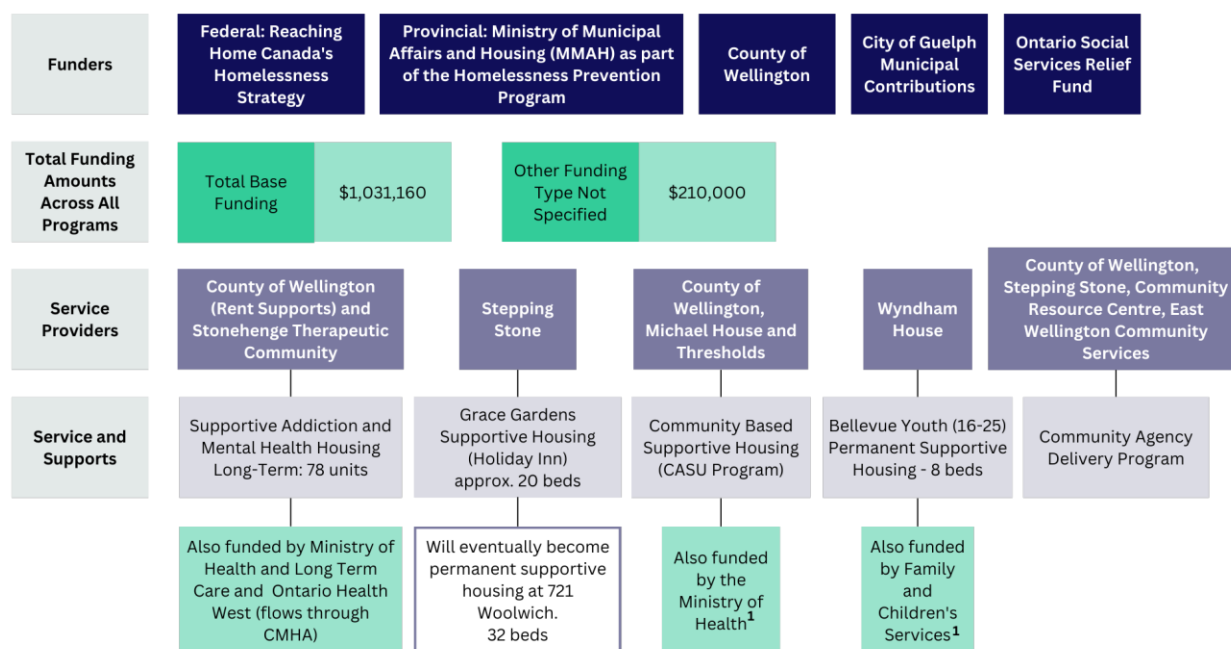




## Supportive Housing Services

The County as the CMSM for social services administers supportive housing services on behalf of the City and the County. As the CMSM, the County receives funding from the Federal Government and the Provincial Government, along with municipal contributions from the County and the City, to fund supportive housing services in Guelph. In total, there are 78 units for supportive addiction and mental health housing, eight supportive housing beds for youth (aged 16-25) and community based supportive housing, including two group homes and scattered units (number of units not specified). Grace Gardens currently has approximately 20 beds at the Holiday Inn that will eventually transition to 32 permanent supportive housing beds at 721 Woolwich. Supportive Housing is also provided through the Community Based Supportive Housing Program and the Community Agency Delivery Program (number of beds/units not specified). The supports provided within supportive housing services are funded through the Ministry of Health, Ontario Health West and Family and Children’s Services (Figure 7).

Figure 7. Supportive housing services administered by the County of Wellington as the CMSM

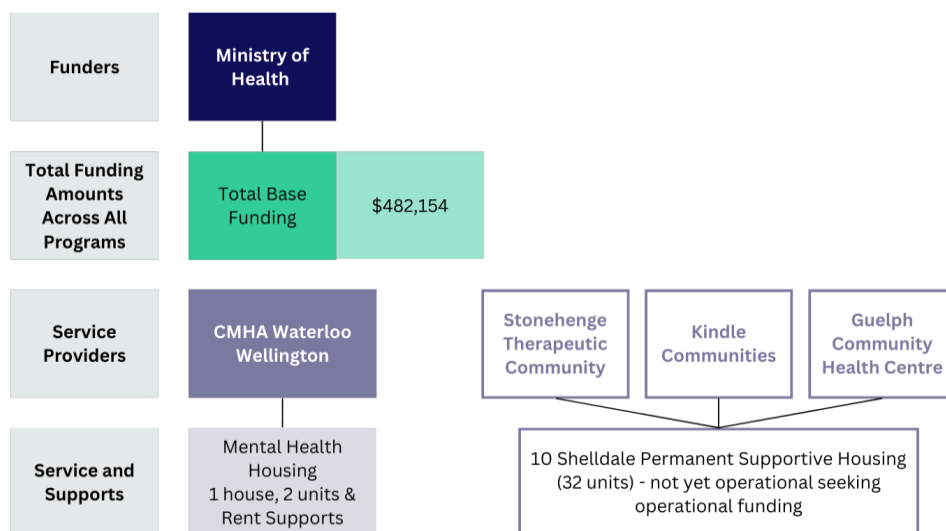


1. Funding details not provided

CMHA Waterloo Wellington provides mental health supportive housing (one house with two units) that is not administered by the County as the CMSM and funded by the Ministry of Health and Long-Term Care. There are also 32 new permanent supportive housing units at 10 Shelldale that are under construction and proposed to be available starting in fall 2023. Operational dollars have not been confirmed for this building (Figure 8).



Figure 8. **Other supportive housing services** in Guelph not administered by the County of Wellington as the CMSM

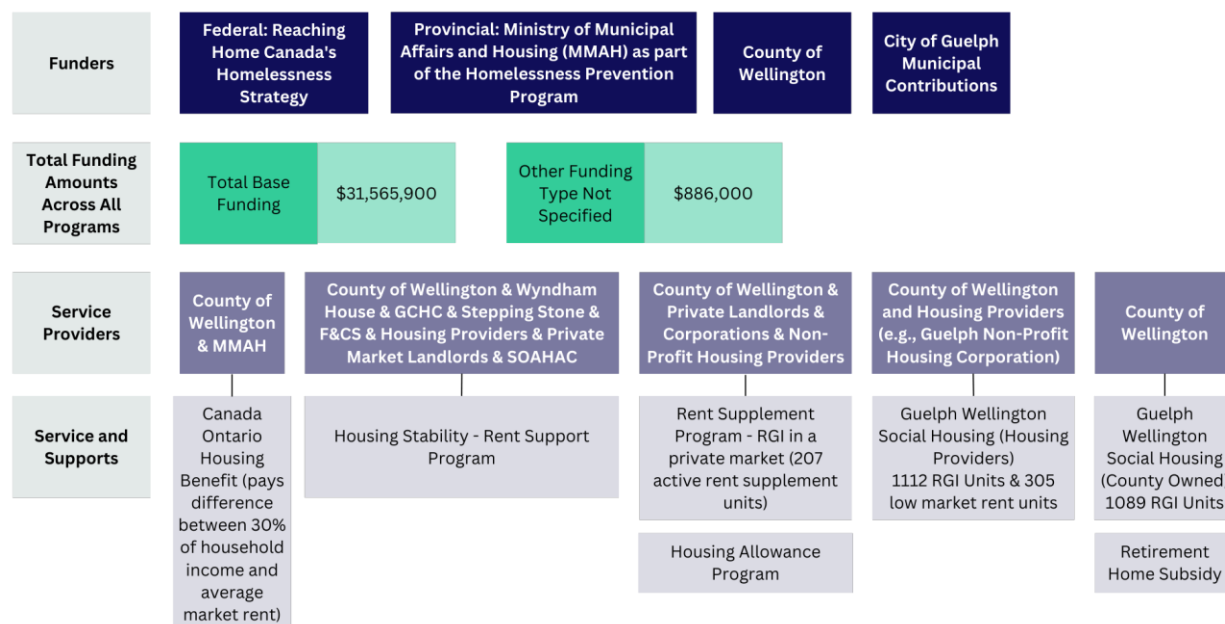




## RGI Services

The County of Wellington as the CMSM for social services administers RGI services (includes rent subsidies and social housing) on behalf of the City and the County. As the CMSM, the County receives funding from the Federal Government, the Provincial Government along with municipal contributions from the County and the City to fund RGI services in Guelph. In total, these services include 1121 RGI units and 305 low market rent units provided by housing providers, 1089 County Owned RGI units along with several different rent subsidy and support programs (Figure 9).

Figure 9. **RGI services** administered by the County of Wellington as the CMSM



## Current State from the Perspective of PWLE

### Current experiences

When asked about the current realities of those experiencing homelessness in Guelph, PWLE interviewees highlighted a vast increase in people experiencing homelessness locally. Specific elements of this increase noted were the concentration in the downtown area, impacts of the pandemic and the increased cost of living in the City. With increases in people experiencing homelessness, interviewees also noted challenges to access washrooms, showers and lockers to keep belongings safe, in addition to the societal stigma received by people experiencing homelessness.

“From what I’ve seen, I don’t see too much help out there. I see a lot of people on the streets here and it’s bad.”  
PWLE Interview Participant



“I can work with these workers to help find a place but what’s the point, I can’t afford it. Until they make housing affordable for people, it’s just going to get worse.”  
PWLE Interview Participant

Interviewees also noted housing specific service challenges. Most of those interviewed discussed the long waitlists for housing supports via the County. As of Quarter Four in 2022<sup>4</sup>; the County of Wellington’s Centralized Waitlist had 3,377 active applications. Housing subsidies offered by the County were deemed inadequate by many interviewees based on the current and rising market prices. Additionally, current limits on affordable housing throughout the City were thought by some interviewees to be related

to post-secondary students occupying a significant number of affordable housing options.

### Need Met

PWLE interviewees stated that their needs for food and meals are being met.

“Hard to go hungry in Guelph, there are lots of little places to go for meals”  
PWLE Interview Participant

### Needs Unmet

PWLE interviewees felt there was limited access to emergency shelter services with only one adult focused shelter located in the City. In fact, all

“I’m on disability, I wouldn’t have enough to pay rent and pay to eat with the cost of living these days. Everything is doubling in cost, but our cheques aren’t going up at all.”  
PWLE Interview Participant

emergency shelter services offered in the County are in Guelph. Interviewees also noted limited availability and affordability of housing, with long waitlists for supportive housing. A barrier was also noted about being in the Ontario Disability Program (ODSP) or the Ontario Works Program (OW) and the ability to access affording housing. Some interviewees also reported a significant supply-demand issue with support workers.

## Assets

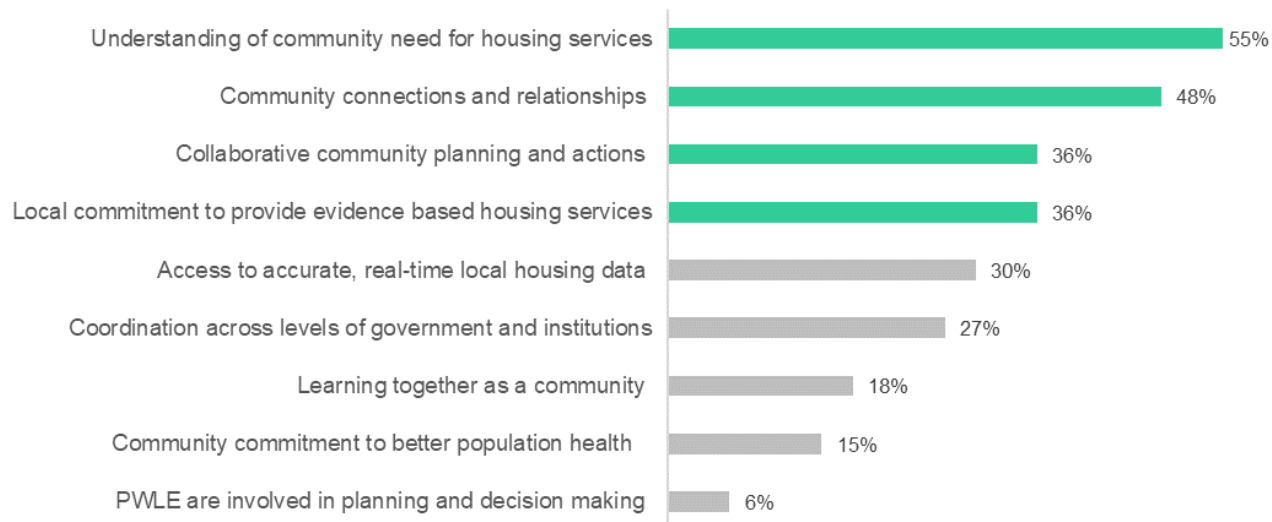
### From the perspective of community partners

The top community assets that positively impact the planning, delivery and funding of services for people experiencing homelessness in Guelph indicated by community partner survey participants were an understanding of the community need for housing services for people experiencing homelessness (55%); community connections and relationships (48%); collaborative community planning and actions (36%); and local commitment to provide evidence based housing services for people experiencing homelessness (36%; Figure 10).



Figure 10. **Understanding of community need, community connections, collaborative planning and actions**, and the **local commitment to provide evidence-based services** were the most identified assets

n=33



Community partner survey and interview participants highlighted that collaborative community planning and actions are important to local agencies. Participants also felt local agencies understand the need for housing services, as exhibited by the use of evidence to support planning and linking assessments to broader system data (e.g., By-Name List). This is bolstered by a perceived local commitment by agencies to provide evidence-based services and end homelessness locally.

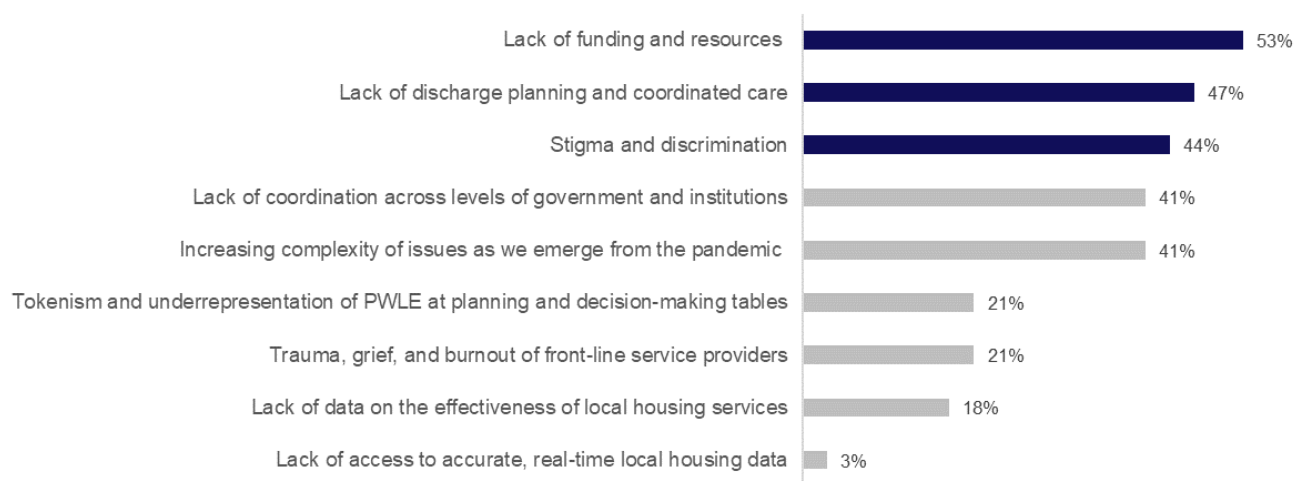
## Barriers

### From the perspective of community partners

The top three community barriers that negatively impact the planning, delivery and funding of services for people experiencing homelessness in Guelph indicated by community partner survey participants were the lack of funding and resources (53%); lack of discharge planning and coordinated care for individuals who experience homelessness or precarious housing (also includes from incarceration, etc.; 47%); and stigma and discrimination of people experiencing homelessness in the community (44%; Figure 11).



Figure 11. **Lack of funding and resources, lack of discharge planning and coordinated care, and stigma and discrimination** were the most identified barriers  
n=34



“In a lot of cases, people are discharged...they're put in a taxi and just sent right to the shelter. We have had people, that were in hospitals because they had like a major amputation, and they get discharged straight to shelter. Or people in the justice system they've been in for years and they just get driven right to right to the shelter. There's no planning beforehand.”

Community Partner Interview Participant

Community partner survey and interview participants expanded on these findings by highlighting an overall lack of collaborative systems level approach, clarity and accountability. This finding was further supported by participants reporting lack of clarity regarding the County and the City’s distinct roles in the housing continuum and an ineffective governance structure. A lack of wraparound services was also mentioned, highlighting the lack of collaboration across services that would bolster a collaborative systems level approach (e.g., health, mental health, substance use, culturally supportive services). In terms of lack of funding and resources, participants stated that funds are not often provided beyond the building costs. This translates to a lack of staff to provide the outreach and wraparound services needed. Staff retention was also noted as a barrier.

“Who is responsible? The funders? The City? The County? Unclear.”

Community Partner Interview Participant

“You have to match those health supports with the housing supports to be successful... we’ve seen people get housed that are really unwell and they just end up homeless again...the path isn’t ever just about housing.”

Community Partner Interview Participant





The stigma people who are experiencing homelessness are subjected to highlights the lack of value some members of the community have for those struggling. Some partners mentioned a number of not in my backyard (NIMBY) conversations that have helped.

A lack of preventative planning and housing affordability was also noted by participants, emphasizing the limited efforts to help reduce the chronic inflow of homelessness. Locally, the Diversion & Rapid Rehousing Program has been effective in preventing people from entering the emergency shelter system. A community partner mentioned the program had 270 and 235 diversions in 2021 and 2022, respectively.

Lastly, a specific service barrier that was highlighted was only one emergency shelter service provider for adults in the City.

## Overlaps and Duplications

### From the perspective of community partners

There were limited duplications and/or overlaps for housing services for people experiencing homelessness in Guelph identified by community partner participants. It was noted that some duplication would be helpful (e.g., more than one emergency shelter for adults).

## Gaps

### From the perspective of PWLE

“There should be more places for people who are homelessness to go. On the weekend, we just stand around downtown looking for places to go.”

PWLE Interview Participant

PWLE interviewees discussed gaps related to the lack of low-barrier places for adults experiencing homelessness to access during the day with laundry and washroom facilities, recreation activities and outreach worker connections. Locally, a youth-focused wellness model exists called the Grove<sup>5</sup>. This is a barrier-free space for youth to access during the day with recreation and life skill workshop options, basic needs and a one-stop shop for accessing a wide range of health, education and social services. Within this model, youth have access to

a clinical team on site with no wait list. The Grove has approximately 150 youth access the site per day.

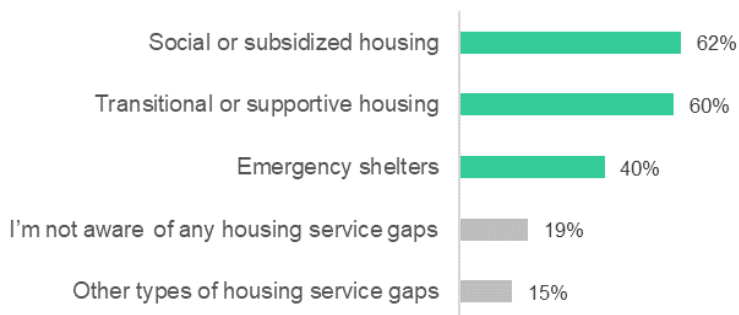
Interviewees also talked about the lack of supportive or affordable housing in Guelph. Some mentioned being offered housing in small rural towns outside of Guelph as part of the County housing program (e.g., Fergus, Arthur, Harriston, Drayton), which is not ideal given the services they access are in the City.



## From the perspective of community partners

As shown in Figure 12, the most frequent service gaps within housing services for people experiencing homelessness identified by community partner survey participants were social or subsidized housing (62%); transitional or supportive housing (60%); and emergency shelters (40%).

Figure 12. **Social or subsidized housing, transitional or supportive housing and emergency shelters** were the most identified service gaps  
n=47



Community partner survey and interview participants expanded on gaps related to social or subsidized housing stating there are limited subsidies and houses to access, with a long wait list. Some participants also mentioned the Holiday Inn closing was a concern, although it was indicated there is a plan to transfer those residents to permanent supporting housing. Interview participants also acknowledged concerns about the availability of low-end market rent buildings in or near the downtown (e.g., 90 Carden) that provide informal temporary housing for people experiencing homelessness.

With regards to supportive housing, there was a significant gap noted in wraparound services and supports (e.g., health, mental health, substance use services, etc.). Participants stated that standards and a collaborative approach were needed between health and housing to improve service. This also includes a gap in discharge planning (e.g., hospitalization, rehabilitation, incarceration, etc.). The low housing stock and housing market issues were discussed as the reason for gaps in supportive (and affordable) housing opportunities.

Participants noted that there are not enough emergency shelters, leading to not much of a crisis response. A limitation noted by a community partner was the lack of space for local shelters given that most hotel spaces being used as shelters, or that could be used as shelters, are being purchased for student housing.



“It is almost as if you get wrap-around support and housing in youth services, but then this makes you ineligible when you turn 25 and need ongoing wrap-around care. This is not being addressed in any way in our community.”

Community Partner Interview Participant

Other service gaps identified by participants were housing that meets individual needs (i.e., gender-focused shelters, access to cultural care within the housing system, housing for acute and complex individuals, support for people 25 years or older transitioning out of the youth category); and the fact that there is only one housing service provider for adults in Guelph.

“It’s hard to get a job, when you don’t know where you are going to be sleeping, how you are going to be sleeping, if you are going to showered, if you are going to have a lunch.”

PWLE Interview Participant

“There are no crisis respite services in the community which once provided a safe haven for those who were experiencing mental health/addiction crises with specialized support. There are not enough support/services for those who are being housed in the County that may need more complex mental health/addiction services, ending up that people who need FACT level support cannot go to a County unit.”

Community Partner Interview Participant

## Solutions

### Solutions suggested by PWLE

Solutions focused on by PWLE interviewees related to more capacity in the emergency shelter system (e.g., more beds) and more affordable housing options in Guelph. Many interviewees emphasized the key to supporting people’s well-being is having a “stable place to live.”

### Solutions suggested by community partners

The most frequent community action to improve housing services to support people experiencing homelessness suggested by community partner survey participants were more rent/housing subsidies; a plan for more housing across the entire continuum; and collaboration among housing services and health services.

“Housing is an issue for homelessness. So need more transitional and permanent supportive housing”

Community Partner Interview Participant

With regards to more housing options across the continuum, participants indicated involving PWLE in decision making would be beneficial. Increased funding was suggested to not only grow housing options across the continuum, but also to have City staff dedicated to affordable housing options and increase operational funds for the buildings



(e.g., permanent supportive housing). A recurring theme was the importance of focusing on permanent supportive housing. It was noted that shelters are more expensive, and it is not the end goal for people at risk of or those currently experiencing homelessness. This emphasizes the importance of new affordable housing stock and rent supplements.

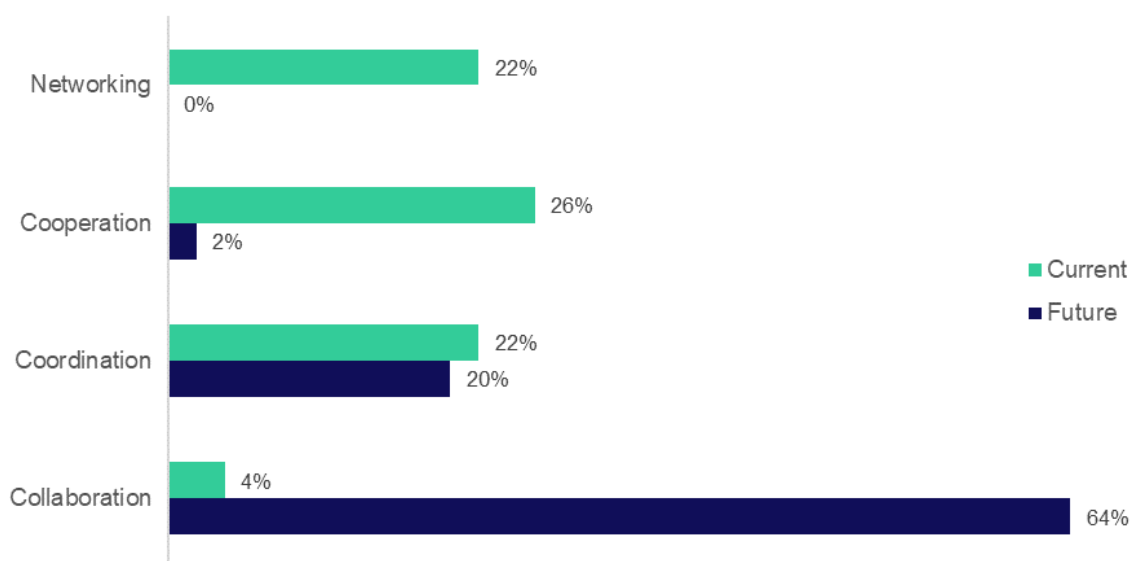
Collaboration among housing and health services focused on leveraging key community partners (e.g., CMHA Waterloo Wellington, Stonehenge) to adequately provide wraparound services (e.g., health, mental health, substance use services). Additionally, the need for engagement from, and collaboration between, the Ministry of Health and the Ministry of Municipal Affairs and Housing was discussed.

## Partner Collaboration

### From the perspective of community partners

As depicted in Figure 13, community partner survey participants indicated that community partner collaboration in the planning, delivery and funding of housing services for people experiencing homelessness is currently viewed as mainly cooperation (26%), networking (22%) and coordination (22%), with the majority of participants indicating a desired future state of collaboration (64%).

Figure 13. Most respondents indicated that while collaboration is not the **current state** of community partnerships related to substance use, the ideal **future state** would be collaboration n=50



#### Definitions:

Networking: Partners share information and talk with one another for their mutual benefit. Loosely defined roles and minimal decision-making.

Cooperation: Partners support one another's services but have no formal agreement in place. Somewhat defined roles and limited decision-making.

Coordination: Partners are engaged in mutual projects and initiatives, modifying their own activities to benefit the whole. Defined roles, shared decision making around joint work and sharing some resources.

Collaboration: A formal agreement in place and partners working together to achieve a shared vision. Formalized roles, equally shared ideas and decision making, trust and pooled resources.



When reflecting on the current state, community partner survey and interview participants indicated barriers to collaboration, such as different agency mandates and limited capacity and funding to collaborate. For example, a local Risk by Design table exists to review crisis cases and create a joint plan to quickly support and stabilize the individual. Challenges were identified with acquiring health supports to create an appropriate plan for these individuals. A theme that emerged during the community partner consultations was that Homewood often will not take complex cases, which pushes people into the shelter system.

Participants also discussed the most important community action that should be taken to move towards a future state of collaboration. Suggestions focused on a systems level approach to collaboration and client-centred service delivery, including shared goals/visions supported by memorandums of understanding and/or formal agreements; dedicated resources for collaboration, such as one external body or level of government to provide oversight with a dedicated role; health and housing services working to provide accessible wraparound services;

“In my mind, the vision is that we have one strategic plan for housing and health... that we've all signed on to it and that the plan is a joint plan held between the City and the County.”

Community Partner Interview Participant

and the CMSM to advocate for more housing options and benefits for people who are homeless or at risk of being homeless. An emphasis was also placed on a significant need for change management support to move forward collaboratively, considering the current governance model is not built for systems level collaboration.

## System-Wide Scan Findings

### Overview

The most common housing services identified in the online search were emergency shelters, with 34 unique services offered at the municipal level. A common resource associated with the shelters included drop-in day services to provide other basic needs for people experiencing homelessness. Key informants emphasized the critical role that outreach workers play in the shelter system, as well as within encampments, to connect people to emergency shelters. The relationships established between outreach workers and people experiencing homelessness are critical for linking people to community resources and supports.

“Drop-in day services are important, such as access to food, housing staff and information services to provide housing-based supports, completing forms to apply for housing, etc.”

Key Informant Interview Participant



Transitional and supportive housing were also prevalent in the environmental scan search for housing, with 18 unique services emerging. Supportive housing also emerged from the substance use search, speaking to the importance of this service at addressing the intersections

“Many people could benefit from wraparound services that address mental health and substance use needs.”

Key Informant Interview  
Participant

of homelessness and health services. Establishing a coordinated access or entry point into the system was a common priority and approach for municipalities. Furthermore, using a coordinated approach to housing people who are experiencing homelessness, who are also in need of mental health and/or substance use services was noted. Specifically, there was an emphasis on wraparound services integrated within a supportive housing framework. Key informants also shared that these supportive services help to divert people from the shelter system.

A common challenge that was experienced across municipalities was funding the services that are offered through supportive housing. The funding models for these services are complex, as municipalities have a mandate to deliver the housing component of this service delivery model, and receive funding from the Province for the housing services; however, there is currently no identified stream of funding for the supportive services. As a result, municipalities must rely on partnerships, in-kind resources and services (e.g., practitioners), and end-of-year funding.

“[The] system is currently not set-up to fund holistic support. It’s either health or housing funding, not integrated, coordinated care...Health is moving into a place where there is an acknowledgement that we can’t fund in siloes, and integrated funding envelopes that take care of the person...fragmented funding leads to fragmented services.”

Key Informant Interview Participant

## Emerging or Best Practices

### Human rights-based approach to housing

In June 2021, the National Housing Strategy (NHS) Act (Bill C-97) and the right to housing was passed in the Senate and received Royal Assent. This meant that there is a legislated right to housing in Canada, which brings Canada in line with International law and human rights from the United Nations, with critical accountability mechanisms in place. The NHS Act “commits the government to the progressive realization of the right to housing through a rights-based housing strategy and ensures meaningful participation of rights-holders in identifying systemic issues and appropriate remedies”<sup>6</sup>. This was achieved as a result of decades of advocacy and



court challenges fought by individuals, human rights lawyers, academics, and organizations across the Country.

This approach includes the principles of non-discrimination, inclusion, participation and accountability. “The legislation will ensure that the housing strategy is responsive to both the immediate needs of those who are homeless and to the structural causes of homelessness and inadequate housing as well as to emerging issues and challenges moving forward”<sup>6</sup>. Given that is entrenched in legislation, a rights-based approach to housing comes with important government programs, policy and budgetary decisions.

There are important strengths of this approach that warrants adoption at a municipal level. Unlike the reactionary approach that many municipalities in Ontario are taking by declaring a state of emergency on homelessness, a rights-based approach to housing, legislatively requires the Federal Government to respond. The NHS Act “provides an important parallel means to claim the right to housing, to hold governments accountable to their obligations under international human rights law, and to address systemic issues that courts in Canada have failed to address”<sup>6</sup>. Furthermore, this approach can support intergovernmental collaboration to address homelessness, which has been identified as a key gap from the environmental scan and the local community consultations.

Given that the NHS Act is fairly young, there is a need to build the knowledge base at all levels of government regarding a rights-based approach and fully examine the role of municipalities in this approach. There are supportive resources and agencies to increase this capacity at a municipal level. Specifically, The Shift and The Canadian Centre for Housing Rights have a mandate to support municipalities in taking a rights-based approach to housing. The Shift “aims to support cities in navigating human rights-based housing policy and strategies. It will provide them with the knowledge and tools to apply a human rights-based lens to their own housing strategies”<sup>7</sup>. The Shift does this by equipping municipal governments with adequate knowledge and supportive tools and providing best practices to guide the implementation in collaboration with municipal and grassroots organizations.

The City of Toronto and City of Kitchener appear to be early adopters of this approach in Ontario, as they are currently partnered with The Shift on municipal pilot projects for a human rights-based approach to housing. The City of Kitchener<sup>8</sup> is particularly relevant to the City of Guelph as the Region of Waterloo serves as the Consolidated Municipal Service Manager for housing services, just as the County of Wellington does for the City of Guelph.

For municipalities who are not the CMSM for housing, or the identified community entity for Federal Reaching Home funds, like the City, they are limited in their ability to implement concrete change or investment in housing at a community-level. Adopting a human rights-based approach provides an important mechanism for these municipalities to increase accountability, advocacy, and provide concrete pathways for their residents whose rights are not being realized. Now that the right to housing is nationally legislated, it provides an opportunity for the municipal governments to learn more about the human rights-based



approach to housing. These municipalities can also place pressure on their CMSM to also take a human rights-based approach to housing program development, delivery and funding allocation.

## Housing First

Implementing a Housing First approach was regularly mentioned in the environmental scan and key informant interviews. ‘Housing First’ is a rights-based and recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing, and then providing additional support and services as needed<sup>9</sup>. Housing First is predicated on the understanding that housing is a precondition for recovery. Individuals do not need to agree to accessing supportive services (or meet any other readiness requirements) in order to access permanent housing. Housing first is an evidence-based approach, with a Performance Management framework and guidelines established for community entities.

There are five core principles of a housing first approach<sup>9</sup>:

1. There are no readiness requirements for permanent housing and participation is voluntary;
2. Consumer choice and self-determination means that individuals have some choice (within local context), regarding the type of housing and location, and the services they access;
3. Individualized and client-driven supports and treatment services that are culturally-appropriate and portable;
4. Recovery orientation that focuses on harm reduction for individuals using substances, individual well-being, and supports that “empower individuals to nurture and maintain social, recreational, educational, occupational and vocational activities”
5. Social and community integration means that individuals can access housing models that do not further contribute to stigma and/or isolation. Services that support this include, scattered site approaches to housing, vocational, employment and recreational opportunities to nurture social and cultural engagement.

Furthermore, Housing First is a philosophy and systems approach that can be implemented as a program service delivered by an agency, using team-based interventions, such as Assertive Community Treatment Teams (ACTT). In Guelph, ACTT is provided by Homewood. Given that this approach relies on supportive housing services, this approach faces the same funding challenge as previously discussed. Supportive housing services require a partnership approach to deliver and fund.

The Federal Reaching Home funding<sup>10</sup> previously required community entities to plan and allocate those funds using a Housing First Approach. While this is no longer a requirement from the Federal government in an attempt to provide increased local flexibility, a Housing First approach is still strongly encouraged. Establishing a Community Advisory Board (CAB) is another requirement and accountability mechanism to provide oversight to the planning and





allocation of these Federal Funds, which exists in the County. It is unclear the extent to which municipalities are adhering to the program fidelity of housing-first, as communities are left to self-assess. This also hinders the ability to demonstrate the ongoing impact of this approach at the municipal level.

## Community Homes for Opportunity (CHO)

Community Homes for Opportunity (CHO) emerged in four communities in the environmental scan for housing, as well as the substance use search. According to the Canadian Mental Health Association (Simcoe County Branch)<sup>11</sup>, the CHO program provides supportive, affordable housing to those who are living with a serious mental illness, which also affects their day-to-day living. This program is designed for those who are 16 years of age and older. The model offers congregate residential living settings, with support provided. In other communities this program is offered through CMHA (Simcoe County and Durham), Addiction and Mental Health Services (KFLA), and Services and Housing in the Province (SHIP). While this is offered as a promising practice across several communities, the effectiveness of the program is not publicly reported.

## Effectiveness Measures for Housing Initiatives

A theme to emerge across the environmental scan was the lack of evidence regarding the effectiveness and/or impact of these services. The following summarizes the evaluation efforts that were identified, including the types of measures that were being examined by the type of program.

“Key piece is data; it is really hard to measure this.”  
Key Informant Interview  
Participant

For encampments, municipal law enforcement officers in Hamilton worked with encampment coordination teams and housing outreach staff to connect encampment residents with supports, such as emergency shelter<sup>12</sup>. For transitional and supportive housing in the District of Nipissing, measures that are tracked include number of hospital stays, emergency room visits, visits to community-based health providers, incarceration and police contact<sup>13</sup>. And lastly, for shelter services, Fred Victor in Toronto tracks the number of individuals who move on to improved living conditions after staying and receiving housing help in the shelters<sup>14</sup>.

Key informants echoed this gap and spoke to the challenges involved in measuring effectiveness. They identified the need to find Key Performance Indicators (KPIs) that demonstrate incremental improvements, as progress in this domain is slow. Many of the existing efforts do not focus on client outcomes to determine if individuals accessing services are any better off. This is an important gap that needs to be addressed moving forward. Identifying a common set of KPIs that speak to the progress and the outcomes of housing services will support evidence-informed planning and funding decisions moving forward.

One municipality indicated that their local public health unit, in collaboration with community partners, developed an assessment tool to assess harm reduction and overdose preparedness.



The assessment tool was developed to understand the shelter’s preparedness to respond to overdoses and identify gaps and targeted supports and resources. This tool can be administered over time to monitor progress and improvement. This community is currently working to adapt this tool for supportive housing and other housing contexts. Public Health units in Ontario have a mandate detailed in the Ontario Public Health Standards to focus on health equity to support everyone in “...attaining their full health potential without disadvantage due to social position or other socially determined circumstances”<sup>15</sup>. In addition, Public Health units are required to conduct program planning, evaluation and evidence-informed decision making at the community level. This example emphasizes the important partnership opportunity between municipalities and Public Health units to work collaboratively to address and measure complex health issues and services.

“Do we tell the story of the person that was struggling? No, and yet we have so much to learn from that story.”

Key Informant Interview Participant

One key informant emphasized the power of story-telling. Rather than labelling efforts or individuals as successes or failures, we need to listen to their story. Another key informant discussed how funders are focused on quantitative data because that’s what funders want. The issue is that people aren’t easily

counted in this service area. When we can share people’s stories, we can create a more human-centered way of understanding what works and what is needed.

## Funding Considerations

### Federal Reaching Home Funding

The Federal Reaching Home Funding<sup>10</sup> as previously discussed in the context of Housing First, is an area where there are differing local approaches for the community entity that serves as the flow-through agency. One municipality that was interviewed arranged to have their local United Way (UW) as the flow through agency. This community also identified the importance of relationships for collaborative services planning and funding decisions.

They emphasized the need to prioritize relationship building and trust to support collaborative decision-making for funding allocation and ensuring those decisions align with the broader community approach, such as a rights-based or Housing First approach to housing.

“You can have all the money in the world [to address these issues], but ego can always get in the way.”

Key Informant Interview Participant

### Ontario Health Teams: System Optimization

An important planning and coordination opportunity with Ontario Health Teams (OHT) emerged from the key informant interviews from both municipal and provincial key informants. Municipal partner key informants see partnership with OHTs as an opportunity to mobilize resources and work together in a different way, given previous approaches of working together



have not addressed the needs of the community. One example of this is the KW4 OHT, which has identified housing and homelessness as a strategic priority for community engagement, and

“Housing and health systems often find themselves in challenging positions, [therefore, they should] collaboratively identify solutions and partnership opportunities.”

Key Informant Interview Participant

part of their health equity strategy<sup>16</sup>. This provides an important opportunity for housing services at the Region of Waterloo in addition to other municipal partners, including the City of Kitchener and the City of Waterloo, to collaboratively plan with their local OHTs to integrate housing with health programming, as well as other components of the system.

Systems planning with OHT’s could address a whole-community approach to addressing the “supports” of supportive housing, which has been identified as a funding gap. Key informants noted there are important benefits with cross-sector partnership to address the complex needs of individuals in the community. This is a future opportunity of growth in the City of Guelph. Based on a review of the local Guelph Wellington OHT, there is no explicit mention of housing or homelessness priorities; however, a “Shared Understanding and Advancement of Health Equity” is a strategic priority of the GW OHT<sup>17</sup>. There is an opportunity to advocate for the intersections of mental health, substance use and homelessness through a health equity lens.

“The support part of the supportive housing. These are funded through the OH regional Services.”

Key Informant Interview Participant

### Workforce Funding Challenges

In addition to the funding gaps previously discussed related to supportive housing, adequate funding for staffing within the housing services and supportive housing sector was a common challenge. Specifically, there was an emphasis on inadequate compensation for outreach workers and shelter staff. As a result of this funding gap, shelters are facing workforce burnout and staff retention challenges. While the relational component of outreach workers emerged as an effective and important component of the system, the funding is not reflective of this importance.

“Emergency shelters are the least paid of any sector, hardest jobs outside of emergency services.”

Key Informant Interview Participant

“[It is] hard work to fund the relational piece.... If it’s human spirit we need to tend to, then it’s going to be slow. There is no cheap solution.”

Key Informant Interview Participant

### Advocacy

Advocacy was identified as an important tool for municipalities to address funding gaps and challenges. Municipalities should continue to leverage these strengths, rather than advocating



for issues at the municipal level. There are advocacy associations that are well resourced and have access to provincial and federal governments including: Federation of Canadian Municipalities (FCM), Association of Municipalities of Ontario (AMO), Ontario Municipal Social Services Association (OMSSA) and Ontario Big City Mayors (OBCM).

## CMSM-City Relationship

Relationships emerged as the most important aspect when speaking to other municipalities about effective partnership between the CMSM and the other local cities/townships that they serve. There are different arrangements of who serves as CMSM in each community across the province. Municipal key informants agreed that there are positives and negatives to each arrangement. It was noted that when the CMSM is the municipality with the larger population this can be a lot of power and that it can be challenging for the smaller municipalities to advocate for their needs when there is a power imbalance. At the same time, it is often the larger more urban municipalities where homelessness is more prominent and visible. There was agreement across municipal key informants that transparency from the CMSM about how funding is being invested, what services are delivered and how well they are doing at meeting needs is critical to fostering healthy relationships and trust.

“There is no Systems Management for homelessness, and we need one moving forward.” “How does the system work together? What are the barriers? What are the gaps? Are people getting the best type of service they can from the system?”

Key Informant Interview Participant

Municipal partners also expressed tension in being responsible for housing, but not accountable for the entire system. The most common challenge expressed was that there is no systems management for homelessness. This is an area where municipalities are looking to advocate to the province.

In terms of the local context, there is a sense that City Council is challenged in its ability to articulate to the CMSM what needs to be funded for housing. They often question whether they are currently funding things through the City that they should not, as they are often approached for funding requests. This is partly attributed to the fact that there is public confusion about the City’s role to address specific components of the housing services. The City does not have a mandate for service delivery on the left-side of the housing continuum. Despite this, the City has expressed a desire for evidence-informed decision-making, rather than subjective and reactionary decision-making.

Overall, key informants from the City and County reflected that there is good communication at the staff-level, and people know where to go between City and County. This same level of communication and awareness needs to be created at the council-level. Specifically, governance and transparency of funding and impacts were identified as areas of focus for this relationship moving forward. More frequent updates from the Social Services Committee of the



County to City Council was one approach to address this. As well, clarity regarding the City's involvement in the Social Services Committee and how they can contribute to voting and decision-making is needed. A need for greater collaboration, communication, coordination, and clarity regarding roles and responsibilities was identified as an area of growth for the City and the County relationship.

## Key Takeaways

- 1) **Permanent Supportive Housing:** Given the identified importance of Permanent Supportive Housing (PSH) in the housing continuum, it is not well funded.
  - a) Many partners indicated a need to invest and focus on PSH to best support the most vulnerable in our community. This type of investment would support a human rights-based approach and a Housing First approach to housing.
  - b) Similar to other communities, capital funds can be accessed for the building, but not the operational dollars to offer services (e.g., 10 Shelldale)
  - c) In Waterloo, the OHT, Housing Services and other municipal partners collaborate at a planning table to integrate housing and health services
- 2) **Prevention for individuals/families at risk of or newly homeless:** The Diversion & Rapid Rehousing Support Program shows potential to prevent individuals/families at risk of or newly homeless from accessing/staying at the emergency shelter system. This would divert individuals/families from entering chronic homelessness (i.e., at the 6-month mark)
- 3) **Accessible, low-barrier daytime space:** There is a lack of daytime low-barrier locations for people experiencing homelessness to go to for social support, recreational opportunities and support services (e.g., similar to the Grove Youth Wellness Hub, but for adults).
- 4) **Visibility of Homelessness in Guelph:** In Wellington County, homelessness is most visible in Guelph. For this reason, services on the far left of the housing continuum (e.g., emergency shelters) are all based in Guelph. This has led to confusion regarding roles, responsibilities, accountabilities and ownership of the left side of the housing continuum from partners and the community.
- 5) **Funding:** Funding for housing services on the left side of the housing continuum was a noted challenge across municipalities in Ontario. Some municipalities are looking for creative ways to flow housing funds into the community to best meet community needs (e.g., Federal dollars flowing through the United Way instead of the CMSM).
- 6) **Measuring the effectiveness and impact of housing services:** There are only a few examples of programs across the province that attempt to measure the impact and outcomes of housing services for people experiencing homelessness. Measurement tends to focus on process measures (e.g., number of people, costs etc.) as opposed to



client outcomes. This limits our understanding of how the overall system including specific services within the system meet/do not meet immediate and long-term outcomes.

- 7) **Collaboration:** The identified lack of a systems level collaborative approach to housing has and will continue to impact the ability to develop and implement community-based solutions in Guelph. A systems level collaborative model requires a commitment to a shared vision, accountability, defined mandates and roles.
- 8) **Housing challenges are not unique to Guelph:** The increasing challenges around the left side of the housing continuum are not unique to Guelph and are occurring across the province and country. This is a recurring theme that emerged throughout the system wide scan.



# Mental Health Services

## Findings



# Guelph Community Consultations Findings

## Key Definitions

**Crisis response:** offer treatments and support to individuals experiencing a crisis; provide immediate relief from symptoms, prevent the condition from worsening and resolve the crisis as soon as possible.

**Psychiatry:** focuses on the prevention, diagnosis, and treatment of mental, behavioural, and emotional disorders. Psychiatrists are medical doctors who specialise in the mental health field and can prescribe medications and perform procedures.

**Psychotherapy or counselling:** a type of treatment that helps individuals experiencing a wide array of mental health conditions and emotional challenges; it can help to alleviate symptoms and also help to identify the psychological root causes of one's condition. Typically takes place over multiple scheduled sessions working with a therapist or counsellor for individuals, families, or couples.

**Walk-in therapy options:** a type of psychotherapy that is provided on an as-needed basis where an individual does not require a referral or there is no waitlist to receive service; the individual seeking support can typically walk into an appointment on the same day or within a few days.

**Virtual self-guided mental health support programs:** offer mental health education and support via virtual platforms, websites, or downloadable apps where the user can self-guide themselves through online tutorials or resources of interest.

**Hospital or residential treatment programs:** is the most intensive form of treatment for mental health support as it typically involves longer-term treatment and care. This is often for those individuals who have serious mental health or behaviour concerns and need to live in a treatment environment.

**Mental health support groups:** a type of psychotherapy that is delivered in a group setting for individuals who wish to share mental health resources, personal experiences and feelings, coping strategies, and ask questions while talking in a group. The self-help support provided is typically more peer-based and offers an opportunity to bring people together who are going through or have gone through a similar experience.





## Inventory of Services

### Mandates

Out of the 17 organizations that completed the inventory of services, eight organizations indicated that they have a mandate and/or strategic priorities to provide mental health services for adults 18+ in Guelph. There is one additional organization that provides mental health services for adults in Guelph without an organizational mandate and/or strategic priorities to provide these services.

### Funding Summary

**The inventory of services is limited to those organizations that participated in this data collection method.** Service and funding details should be interpreted with caution as these details were not provided by all organizations that provide mental health services for adults in Guelph. There are some services where service areas of focus overlap (e.g., a service focused on mental health, housing and substance use). In these instances, Collective Results reports on funding details in the primary service area of focus to avoid duplicating funding details across services.

Based on the organizations that completed the inventory of services, just over 19.9 million dollars is available for mental health services in Guelph. Across the five types of mental health services summarized on Table 5, hospital or residential treatment programs receive the largest proportion of these funds. (Table 5).



Table 5. Summary of operational funding for mental health services in Guelph\*

Housing Type	Base Funding	One-Time Funding	Other Funding
Crisis Response	\$1,736,894.00	\$190,000.00	\$3,110,693.00
Psychiatry	\$5,297,242.00	\$0	\$0
Psychotherapy or Counselling Services	\$1,089,806.00	\$0	\$25,000.00 (Private Donors)
Hospital or Residential Treatment Programs	\$8,200,000.00	\$0	\$0
Other Mental Health Services	\$337,248.00	\$0	\$0

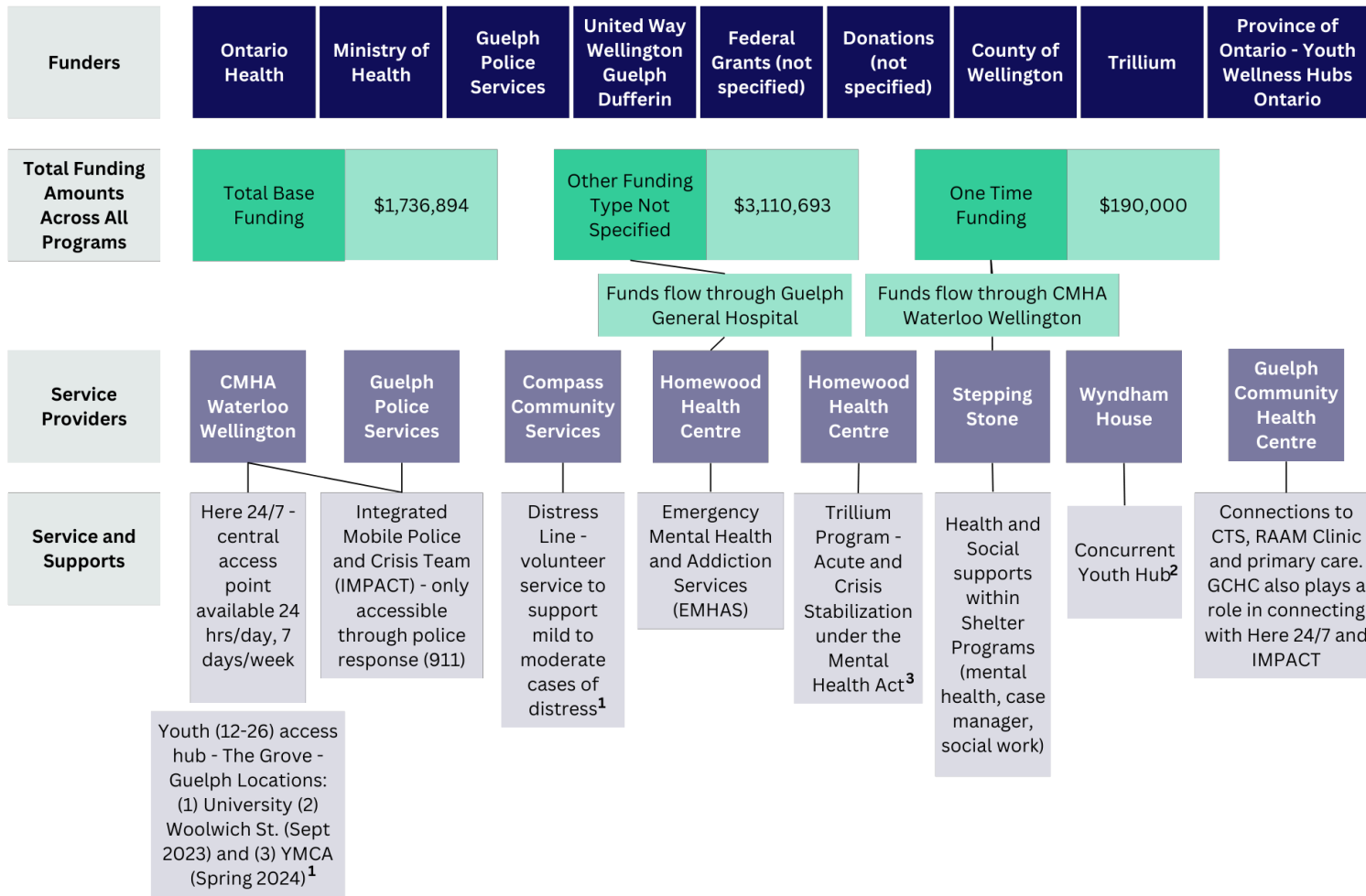
\*As reported by the 17 organizations that completed the Inventory of Services

### Crisis Response Services

Of the 17 organizations that completed the inventory of services, eight crisis response services were identified in Guelph. Of the identified crisis response services, two are focused on youth (up to the age of 26), while the remaining services are available for all ages. Settings of the crisis response services include support within the emergency shelter system, the hospital, community response (e.g., police response), telephone support and community-based services. These services are funded through a combination of base funding, one-time-funding and other funding sources (not specified). Nine different funders for these services were identified including the Federal government, the Provincial government, along with local funders including the United Way and the County of Wellington (Figure 14).



Figure 14. **Crisis response services** in Guelph



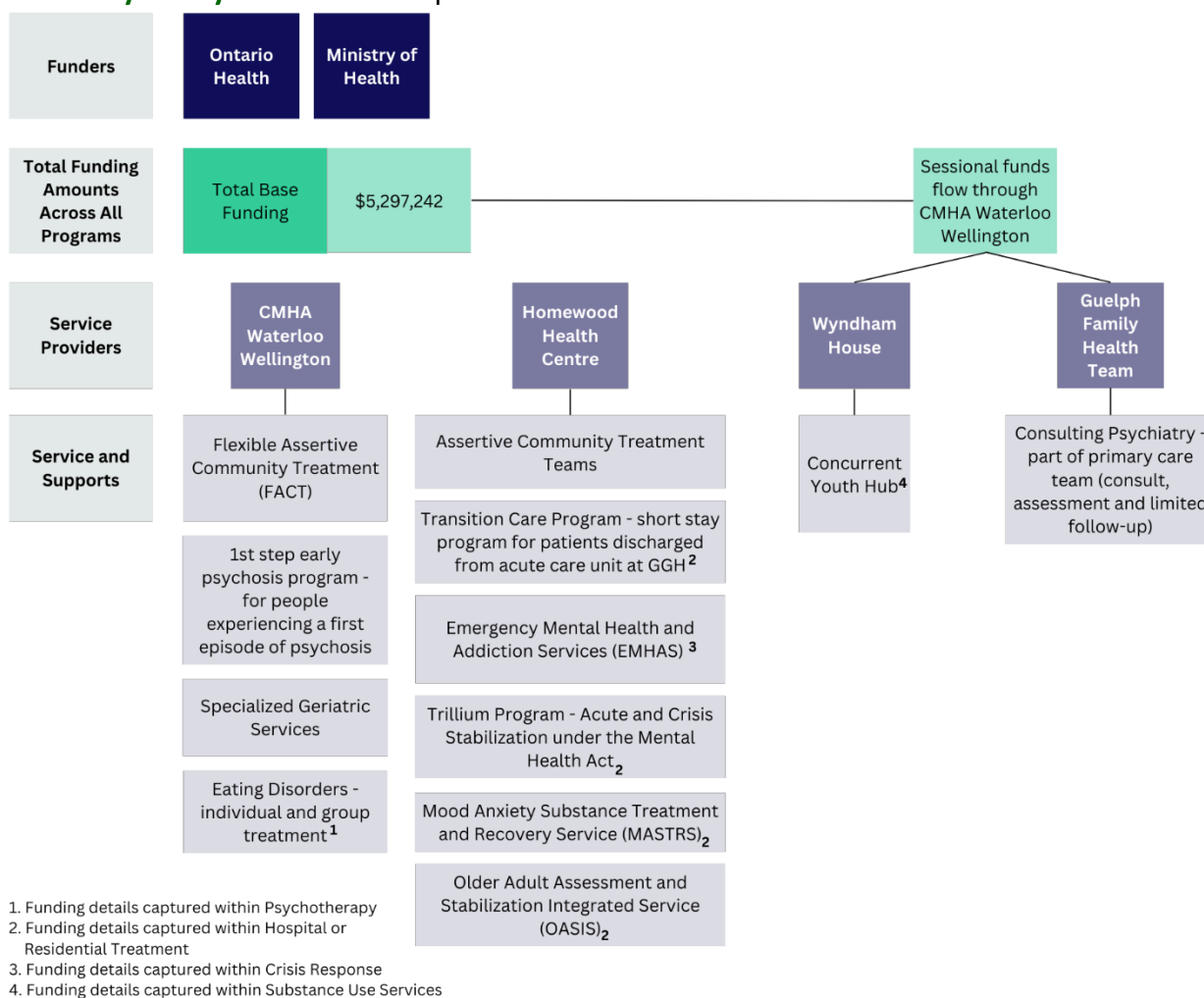
1. Funding details not provided  
 2. Funding details captured within Substance Use - Harm Reduction  
 3. Funding details captured within Hospital or Residential Treatment



## Psychiatry Services

Of the 17 organizations that completed the inventory of services, four organizations indicated that they provide psychiatry services in Guelph. This excludes private services, such as private practitioners that require clients to pay out-of-pocket for services. Psychiatry services are funded by the Ministry of Health and Ontario Health (Figure 15).

Figure 15. **Psychiatry services** in Guelph

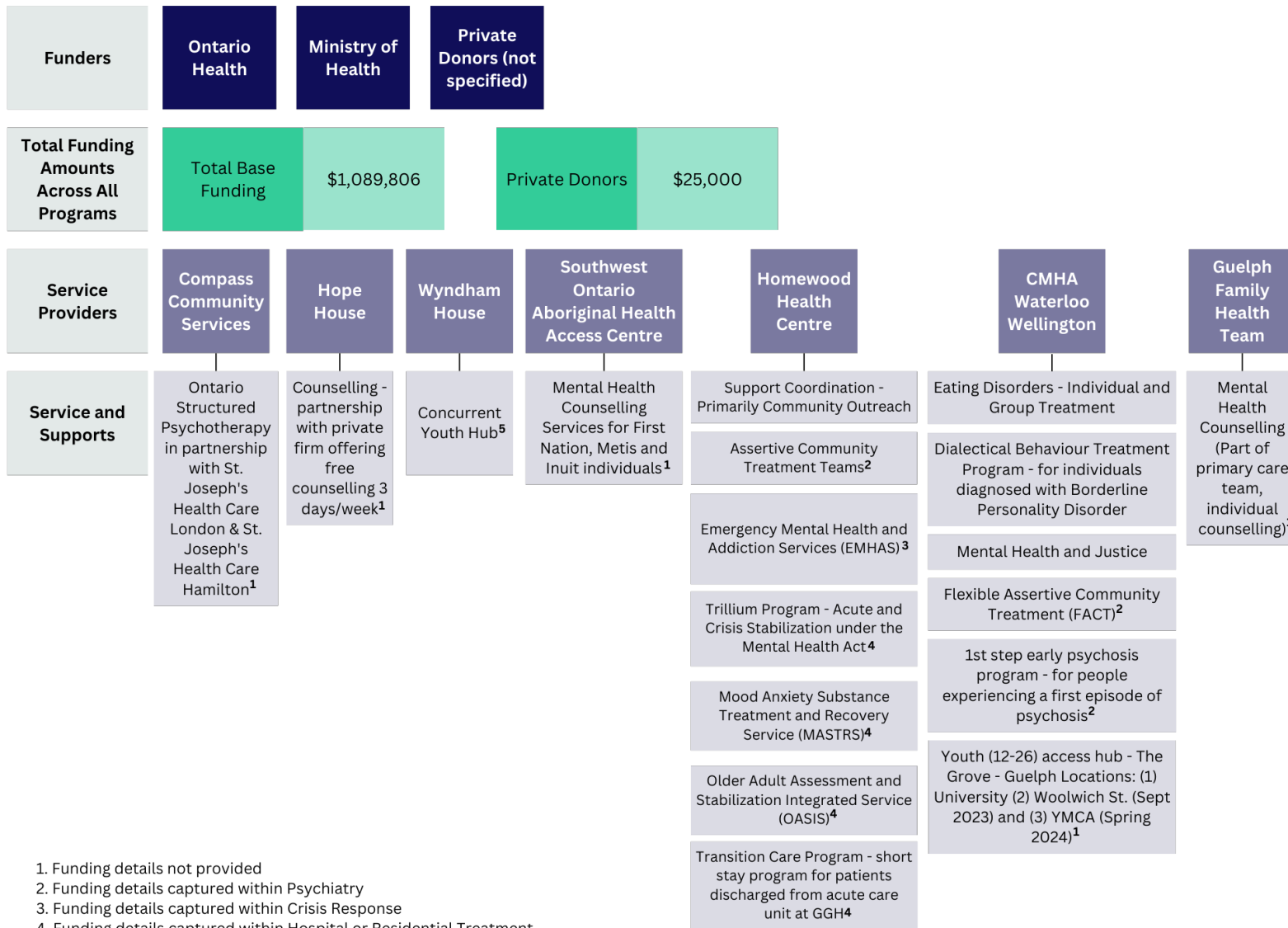


## Psychotherapy or Counselling Services

Of the 17 organizations that completed the inventory of services, seven organizations indicated that they provide psychotherapy or counselling services in Guelph. This excludes private services, such as private practitioners that require clients to pay out-of-pocket for services. The majority of funding for psychotherapy and counselling services is provided by the Ministry of Health and Ontario Health (Figure 16).



Figure 16. **Psychotherapy or counselling services** in Guelph



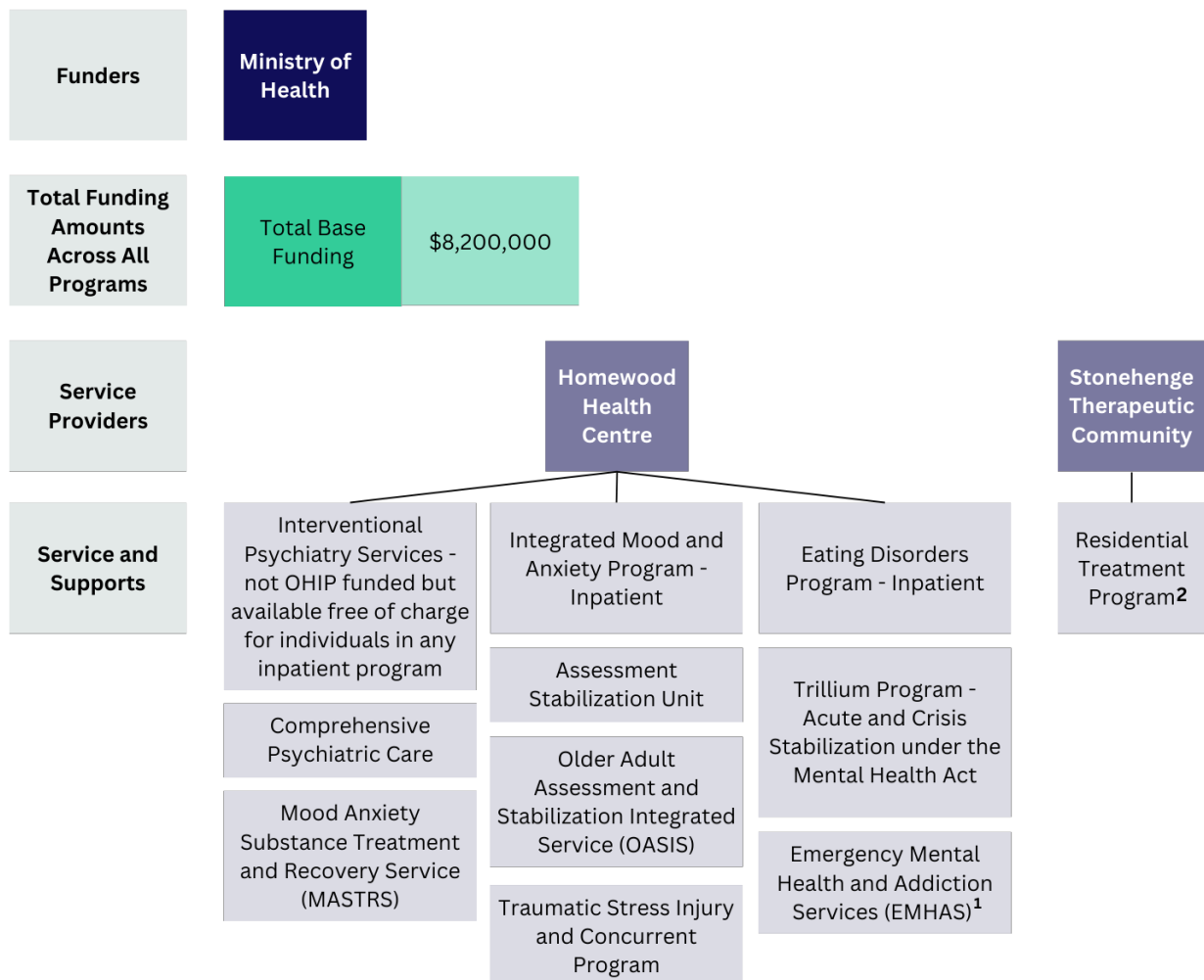
1. Funding details not provided
2. Funding details captured within Psychiatry
3. Funding details captured within Crisis Response
4. Funding details captured within Hospital or Residential Treatment
5. Funding details captured within Substance Use



## Hospital or Residential Treatment Services

Of the 17 organizations that completed the inventory of services, two organizations indicated that they provide hospital or residential treatment services for mental health in Guelph. The majority of these services are provided by Homewood. The beds at Homewood include 246 specialized elective beds that are accessed by all Ontarians. Limited funding only allows 5 of these beds to be available as public ward beds. The remaining 241 specialized elective beds require individuals to have accommodation insurance or pay the accommodation portion out of pocket to access these programs. Homewood also has 58 CritiCall beds which are public ward beds and accessible to local patients. All of the public funding for hospital or residential treatment services is provided by the Ministry of Health (Figure 17).

Figure 17. **Hospital or residential treatment services** in Guelph



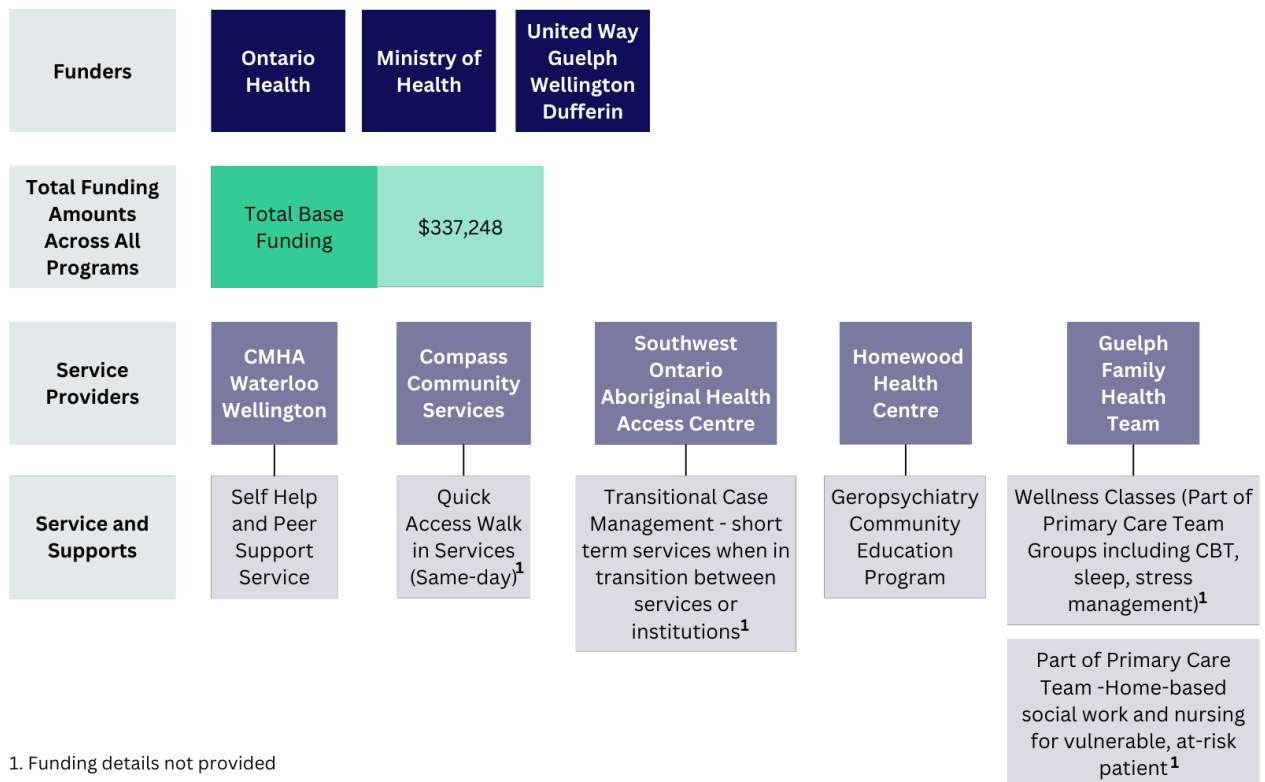
1. Funding details captured within Crisis Response  
 2. Funding details captured within Substance Use Services



## Other Mental Health Services

Of the 17 organizations that completed the inventory of services, five organizations indicated that they provide other types of mental health services in Guelph. These services include peer support, walk-in services, wellness classes, home based services and transitional services. This excludes private services, such as private practitioners that require clients to pay out-of-pocket for services. These services are funded by the Ministry of Health, Ontario Health and United Way (Figure 18).

Figure 18. **Other mental health services** in Guelph



## Current State from the Perspective of PWLE

### Current experiences

When asked about the current realities of those experiencing mental health issues in Guelph, PWLE interviewees highlighted long waitlists for mental health supports (e.g., psychiatry), which leads to self-medication during the waiting time; the importance of timely support when people are ready; and larger system issues (e.g., a broken system, collaboration needed).

“You have a short window to look for help and find help or else it’s all downhill from there”  
PWLE Interview Participant



## Need Met

Interviewees noted that the CMHA counsellors and community health outreach van meet their needs.

## Needs Unmet

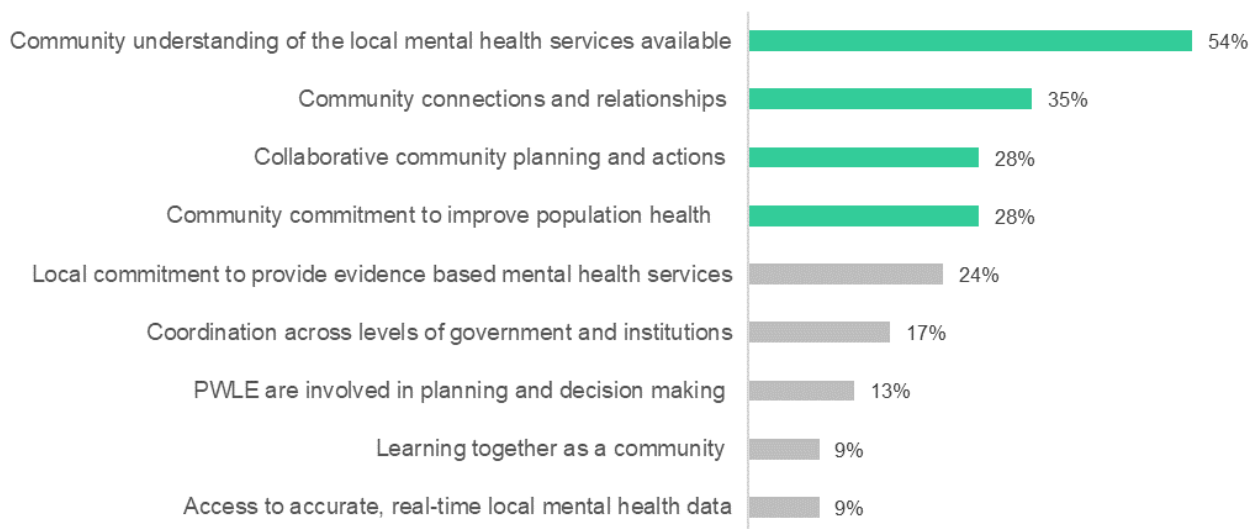
PWLE interviewees felt it was difficult to receive a correct diagnosis, to access affordable services that are covered by OHIP and to access a psychologist and/or psychiatrist.

## Assets

### From the perspective of community partners

The top community assets that positively impact the planning, delivery and funding of services for people with mental health concerns and/or illness Guelph indicated by community partner survey participants were a community understanding of the local mental health services available (54%); community connections and relationships (35%); collaborative community planning and actions (28%); and community commitment to improve population health (28%; Figure 19).

Figure 19. **Community understanding, community connections, collaborative planning** and the **commitment to improve population health** were the most identified assets  
n=46







“I’m aware of one of the properties that CMHA, purchased on behalf of the Ministry of Health, is supporting people through Stonehenge in a harm reduction approach around various substance use and I think that’s brilliant, and we need more of that”  
Community Partner Interview Participant

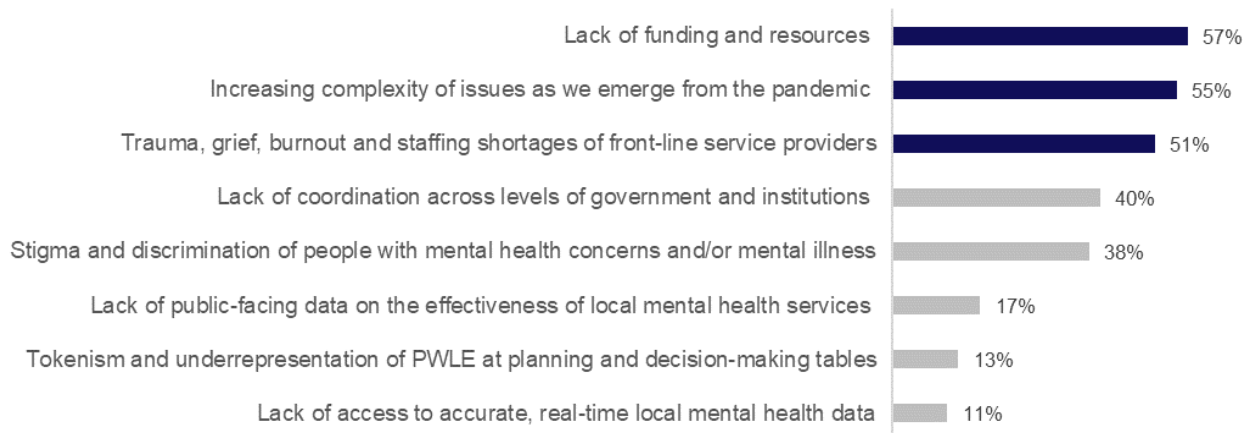
Community partner survey and interview participants also highlighted specific services assets, including CMHA, Stonehenge, Homewood, Guelph General Hospital, the Guelph Community Health Centre and the Welcoming Streets Program.

## Barriers

### From the perspective of community partners

The top community barriers that negatively impact the planning, delivery and funding of services for people with mental health concerns and/or illness in Guelph indicated by community partner survey participants were a lack of funding and resources (57%); increasing complexity of issues as we emerge from the pandemic (55%); and trauma, grief, burnout and staffing shortages of front-line service providers (51%; Figure 20).

Figure 20. **Lack of funding and resources, increasing complexity of issues, and trauma, grief, burnout and staff shortages** were the most identified barriers  
n=47





Community partner survey and interview participants expanded on these findings by highlighting the lack of funding's impact on access to services and adequate pay scales for mental health workers, leading to high staff turnover rates, less qualified staff, and the inability to create proper therapeutic relationships with clients. Many of the participants indicated that all of the above factors contribute to burnout, trauma and staff shortages, with minimal mental health supports for staff.

The lack of alignment at a systems level across housing, substance use, and mental health seemed to be more apparent to participants as complexity of cases increased following the pandemic.

Additional barriers noted by some participants were the lack of long-term treatment options locally, the lack of long-term service system planning as the community grows and stigma/unsafe perceptions of the downtown area.

"Access to health is a huge barrier. Individuals who are hospitalized are released same day, no supports. No supports for medical, substance use nor mental health."

Community Partner Interview

"Hard to get MH and addictions help when living on street."

Community Partner Interview Participant

## Overlaps and Duplications

### From the perspective of community partners

There was very little overlap or duplications of services indicated by community partner participants. A small percentage of survey participants identified virtual supports and counselling services. Of those that do exist, it was felt by those participants that these areas could be streamlined by improved communication and coordination.

## Gaps

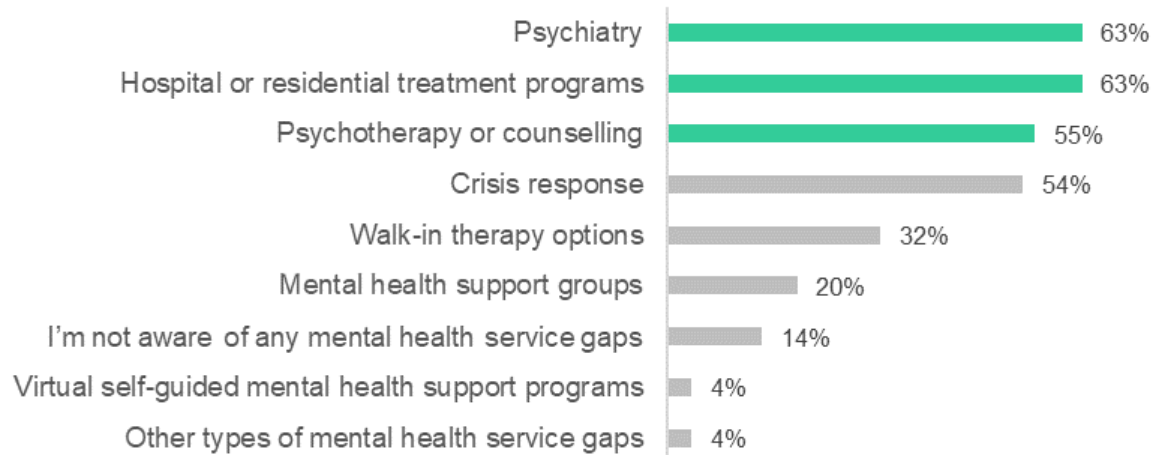
### From the perspective of PWLE

No specific gaps were described by PWLE interviewees.

### From the perspective of community partners

The majority of community partner survey participants felt there were service gaps pertaining to psychiatry (63%), hospital or residential treatment programs (63%), psychotherapy or counseling (55%) and crisis response (54%; Figure 21).

Figure 21. **Psychiatry, hospital or residential treatment programs and psychotherapy or counselling** were the most identified service gaps  
n=56



Community partner survey and interview participants expanded on gaps related to outpatient adult psychiatry detailing lack of local options and long waitlists for what is offered locally, especially for complex cases. Some participants also noted that these issues have substantial impacts when people require a diagnosis for access, but you need a psychiatrist to provide a diagnosis.

When discussing gaps with hospital or residential treatment programs, participants focused on the lack of local, accessible options since there are limited public beds available locally (see [the Hospital or Residential Treatment Programs](#) in the Inventory of Services section above). Furthermore, it was mentioned that Homewood is not an ideal treatment facility for people experiencing homelessness because their free programs are not long enough to have any impact. This highlights further discussions around the lack of local treatment facilities that will help those with complex issues in addition to their mental health issues (e.g., trauma, substance use, homelessness, etc.). Lastly, some participants said that there is not a reliable link from hospital discharge to a treatment program.

“When a person is discharged from a hospital or treatment facility because their needs are too complex or they are not responding to treatment offered, the response should not be to discharge into homelessness. We need discharge planning services and community-based services that work.”  
Community Partner Interview Participant

In terms of psychotherapy or counselling gaps, participants discussed the very limited affordable/free options locally, since many of these services are not covered by OHIP.

Some participants highlighted the inefficiencies in crisis response services locally, which was linked to a lack of funding. For example, it was noted that there is a current lack of funding and staffing for Here 24/7.



“[For] struggling downtown, unhoused people. You don't know where to start... there's nowhere to kind of figure it out. How to get help or where the best place to get help would be and then the wait list... for months and months.”

Community Partner Interview  
Participant

Additional mental health gaps discussed by participants included the lack of an efficient continuity of care from crisis onwards and after discharge (e.g., hospital, incarceration); the lack of a systems level approach, noting challenges knowing where to start with complex cases; the lack of other supports that impact mental health, such as detox programs, withdrawal management, proper housing and food; and access to services that is not equitable (e.g., only offered during traditional hours).

## Solutions

### Solutions suggested by PWLE

Solutions suggested by PWLE interviewees focused on the need to address long waitlists for mental health services, especially for those services covered by OHIP.

### Solutions suggested by community partners

Community partner participants indicated that a systems level, collaborative approach would support a system that is truly integrated from the user's perspective. Furthermore, the importance of gaining clarity on mandates, roles and governance was highlighted. It was suggested that these elements would support a local continuum of care equipped with efficient pathways.

Another solution discussed by participants was acquiring sustainable funding for equitable access that adequately meets the growing demand in the community. The most frequent service area solutions identified related to improved access and availability of services were: accessible psychotherapy & more psychiatry; sustainable funding for equitable access that meets the demand; crisis response needs to be accessible and responsive (e.g., improve both 24/7, IMPACT); supportive housing, especially for complex cases; and more support from local hospitals (e.g., assess mental health and/or substance use issues before discharge, with proper discharge planning; more mental health beds that are available to everyone in the community).

“When we attempt to discharge people or they transition out of our service... when they are going out the door where are they going?... We don't have transitional, step-down, housing supports. It's easier to manage someone with specialized needs outside of a shelter system.”  
Community Partner Interview  
Participant

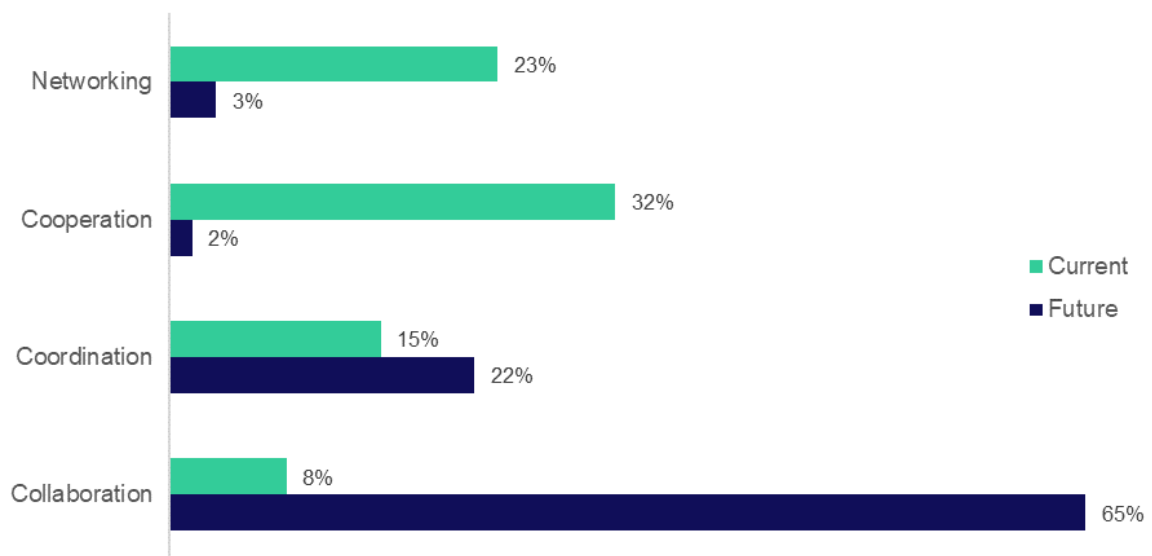


## Partner Collaboration

### From the perspective of community partners

As depicted in Figure 22, community partner survey participants indicated that community partner collaboration in the planning, delivery and funding of mental health services is currently viewed as mainly cooperation (32%) and networking (23%) with some early collaboration (e.g., formal agreements with CMHA and Stonehenge). The majority of participants indicated a desired future state of collaboration (65%).

Figure 22. Most respondents indicated that while collaboration is not the **current state** of community partnerships related to mental health, the ideal **future state** would be collaboration n=60



Definitions:

Networking: Partners share information and talk with one another for their mutual benefit. Loosely defined roles and minimal decision-making.

Cooperation: Partners support one another's services but have no formal agreement in place. Somewhat defined roles and limited decision-making.

Coordination: Partners are engaged in mutual projects and initiatives, modifying their own activities to benefit the whole. Defined roles, shared decision making around joint work and sharing some resources.

Collaboration: A formal agreement in place and partners working together to achieve a shared vision. Formalized roles, equally shared ideas and decision making, trust and pooled resources.

When reflecting on the current state, community partner survey and interview participants indicated positive networking and relationships exist across the service area.



Participants also discussed the most important community action that should be taken to move towards a future state of collaboration. The most prominent suggestions focused on one shared collaborative vision with accountability measures and clarity on mandates and roles across mental health service agencies. This would include more transparency across all agencies, which has historically been challenging due to a prominent public sector-private sector tension. Furthermore, it was suggested that community mental health service agencies (e.g., CMHA Waterloo Wellington) and hospital services (e.g., Guelph General Hospital, Homewood) work more collaboratively. Lastly, oversight by one external body or level of government was mentioned. Additional suggestions included including PWLE in the collaborative process and acquiring adequate and creative funding.

“[It is about] designing a system that works for the people who use the system, not the people who provide the service.”

Community Partner Interview Participant

## System-Wide Scan Findings

### Overview

The most common service type identified from the mental health environmental scan was psychotherapy or counselling, with 22 services offered at the municipal level. Treatment/recovery services were also prevalent (14 services), as well as hospital or residential treatment programs (13 services).

Several key themes emerged within the service descriptions reviewed. The importance of a more holistic approach to services was evident, with many services seeking to address an individual’s co-occurring issues, such as substance use disorders, homelessness, mental health and/or involvement with the legal system. Additionally, “client-centered care” that is individualized and voluntary was commonly mentioned across many services (e.g., Barrie - CMHA Simcoe County Branch; CMHA Durham). The themes of “recovery-oriented services” and “wraparound services” were also evident across a multitude of services, as well as the importance of multidisciplinary outreach services, mobile services and community supports to help the most marginalized in the community who are less likely to be accessing traditional health and social services. Lastly, transitional and supportive housing for those living with serious mental illness (both short and long term) was commonly mentioned.

A systems level gap that emerged was a lack of investment in continuity of care, including transitions from hospital/residential treatment programs to community-based services. This approach requires a system reorientation from a medical model to invest in community-based services for mental health.



Notably, the systems level gaps for mental health services are not unique to Guelph and are being faced in municipalities across the province and country. Roadmap to Wellness<sup>18</sup> is a Ministry of Health plan (not implemented) to address this gap through a systems approach to mental health and substance use.

## Emerging or Best Practices

### Alternate Care Destination Model (London)

An emerging best practice that came from the environmental scan and key informant interview is the alternate care destination model in London, Ontario that emerged from a local summit on health and homelessness. This model was developed to address stigma and existing capacity issues with the emergency department, police and EMS in responding to issues related to homelessness, substance use and mental health. The model includes ten crisis stabilization beds funded through Ontario Health that are voluntary for individuals presenting with low to moderate needs related to mental health and substance use. This is a walk-in model that operates 24 hours per day, seven days per week.

This model has contributed to emergency department diversion in London, which has also reduced police and ambulance drop off times allowing them to get back on the road quicker. In addition, this approach provides a positive experience for individuals seeking mental health and substance use supports as they are able to avoid long waits in the emergency department and receive support and connection to appropriate services.

### Youth Wellness Hubs

Youth Wellness Hubs are “one-stop-shops” for youth aged 12-26 years old to address their needs related to mental health, substance use, primary care, education, employment, training, housing and other community and social services. These hubs include peer services, outreach, and system navigation services. There are currently 22 established “hubs” across the province<sup>19</sup>.

In Guelph, the youth wellness hub is called “The Grove”. The Grove currently has a location at the University and is going to expand to include a new location at 737 Woolwich Street<sup>20</sup> (set to open in Fall 2023), and the YMCA (in Spring 2024). Approximately 26% of the funding for the Grove comes through the Province of Ontario, Youth Wellness Hubs Ontario, with the remaining funds raised through a variety of philanthropic initiatives including major gifts, corporate giving, grants and special events. Additional details about the Grove are summarized in the [housing section](#) of this report. Evaluation data is not currently available.

The wellness hub model appears to be an emerging best practice to integrate services and supports ranging from recreation to mental health to system navigation under one roof. This would be an interesting model to pilot for adult services that are not yet integrated in this way.



## Assertive Community Treatment Teams (ACTT)

The ACTT service provides support to a roster of clients with severe persistent mental illnesses, with or without concurrent substance abuse disorders. Most of these clients prior to being taken on as ACTT clients have experienced multiple repeat hospitalizations. ACTT provides support to assist individuals via medication administration and monitoring, housing support, social services and fostering connections. This service is delivered by an interprofessional team per provincial standards, including psychiatry. This model of care is not new but has proven to be effective<sup>21</sup>. In Guelph, there is a system of support that includes a support worker for standard cases, the Flexible Assertive Community Treatment (FACT) for less intense complex cases (offered by CMHA Waterloo Wellington), and the ACTT for chronically complex cases (offered by Homewood). While the ACTT and connected programs have emerged as best practice within the environmental scan, there continue to be challenges in accessing these services in Guelph and in communities across the province (e.g., long waitlists).

## Funding Considerations

### Innovative and Emerging Streams of Funding

#### Ministry of Health

The Ministry of Health provided information regarding funding priorities during a key informant interview. From this interview, it emerged that the Ministry is interested in virtual care models (both self-directed and online therapy). Unfortunately, this type of care does not fully align with the needs of the most vulnerable people in our community experiencing homelessness.

The Ministry is investigating shelter care models and wraparound services; however, there is currently no designated funding stream from the Ministry of Health for these services. This is being explored as a potential future funding opportunity. It appears that these new funding opportunities will be funded through Ontario Health regional services (i.e., Ontario Health West). In addition, Ontario Health is being tasked with the implementation of Roadmap to Wellness<sup>18</sup>, which is a plan to build a comprehensive and connected mental health and substance use system in Ontario. Given the role that Ontario Health and Ontario Health West will take in emerging streams of funding, in particular the intersection of health and housing, highlights the importance of municipal relationships with this sector.





## Key Takeaways

- 1) **Lack of equitable access to services:** The most vulnerable in our community without the means to pay out of pocket for services experience challenges and barriers in accessing mental health services. Examples include:
  - a) **Hospital or Residential Treatment Programs:** There are access challenges to local treatment programs for mental health due to long waitlists, under-funding, and a limited number of public ward beds.
  - b) **Psychotherapy/Counselling:** There are very limited affordable or free counseling options available. For example, one organization without a mandate to provide mental health counselling secured funding from a private donor to offer free counselling services to increase accessibility to these services.
- 2) **Crisis Response:** Challenges were noted in the crisis response system, including inconsistent response times for the IMPACT program and Here 24/7.
- 3) **Lack of continuity of care:** There is a lack of discharge planning for hospital/rehabilitation programs to community-based mental health services and supports. This was noted as a system gap in the system wide scan in other communities as well.
- 4) **Funding:** While there is an identified need to better integrate mental health services with the left side of the housing continuum, there are funding limitations from the Ministry of Health to integrate these services. The Ministry is looking into this as a potential funding opportunity.
- 5) **Alternate Care Destination Model (London, Ontario):** This model is an emerging best practice approach to provide mental health services outside of a hospital setting. Community partners in Guelph are preparing a funding proposal with support from Ontario Health West for this model to be developed and implemented in Guelph. There is currently not a dedicated funding stream to support this model.
- 6) **Youth (Ages 12-26) Wellness Hub Model:** This model has shown great impact locally (i.e., the Grove). There may be potential in considering this type of model for adults to access mental health services and supports in a low-barrier environment.
- 7) **Collaboration:** While there were a few examples of collaboration across agencies for mental health services, the lack of a systems level collaborative approach to mental health services has and will continue to impact the ability to develop and implement community-based solutions in Guelph. A systems level collaborative model requires a commitment to a shared vision, accountability, defined mandates and roles.



- 8) **Mental health challenges are not unique to Guelph:** The increasing challenges around mental health service access is not unique to Guelph and are occurring across the province and country. This is a recurring theme that emerged throughout the system wide scan.
- a) The Ministry of Health’s Roadmap to Wellness<sup>18</sup> has been created to connect mental health and substance use systems to create an easy to navigate system that provides access to the community-based services needed. Ontario Health is responsible for implementation



# Substance Use Services

## Findings



# Guelph Community Consultations Findings

## Key Definitions

**Harm Reduction:** Interventions, programs/policies that aim to reduce potential adverse health, social and economic consequences of substance use. These interventions acknowledge the rights and experience of substance users to support risk reduction in substance use, communicable disease transmission; poisoning deaths, unsafe setting use while increasing connection to community care and support.

**Treatment and Recovery:** Interventions that seek to improve the physical and emotional well-being of people experiencing difficulties related to substance use. This can include a broad range of community-based medical and counseling interventions, outreach support and other bio-psychosocial programs. These interventions would include a continuum of client-centered services that focus on developing the capacity to make healthy choices, ranging from abstinence-based programs to managed used programs, depending on the client's goals. Any door is the right door to access support.

**Community inclusion and safety:** This recognizes the community's need for peace, public order, and safety. Human connection is at the core of community safety and is prioritized, in addition to the enforcement components of the broader criminal justice system. It addresses the crime and social disorder related to substance use while protecting the vulnerable and preserving and protecting life.

## Inventory of Services

### Mandates

Out of the 17 organizations that completed the inventory of services, **seven organizations** indicated that they have a mandate and/or strategic priorities to provide substance use services for adults 18+ in Guelph.

### Funding Summary

**The inventory of services is limited to those organizations that participated in this data collection method.** Service and funding details should be interpreted with caution as these details were not provided by all organizations that provide substance use services for adults in Guelph. There are some services where service areas of focus overlap (e.g., a service focused on substance use, housing and mental health). In these instances, Collective Results reports on funding details in the primary service area of focus to avoid duplicating funding details across services. For example, Homewood operates an inpatient addiction medicine program, and those funding details are currently captured within the hospital and residential treatment program funding within the mental health section (see Table 5).



Based on the organizations that completed the inventory of services, just over 9 million dollars is available for substance use services in Guelph. When examining funding type, 25% of substance use funds are time-limited in the form of one-time funding and grants and the remaining 75% is in the form of base funding (Table 6).

Table 6. Summary of operational funding for substance use services in Guelph\*

Housing Type	Base Funding	One-Time Funding	Grants
All services across the substance use support continuum	\$6,742,851.00	\$1,582,071.82	\$720,570.00

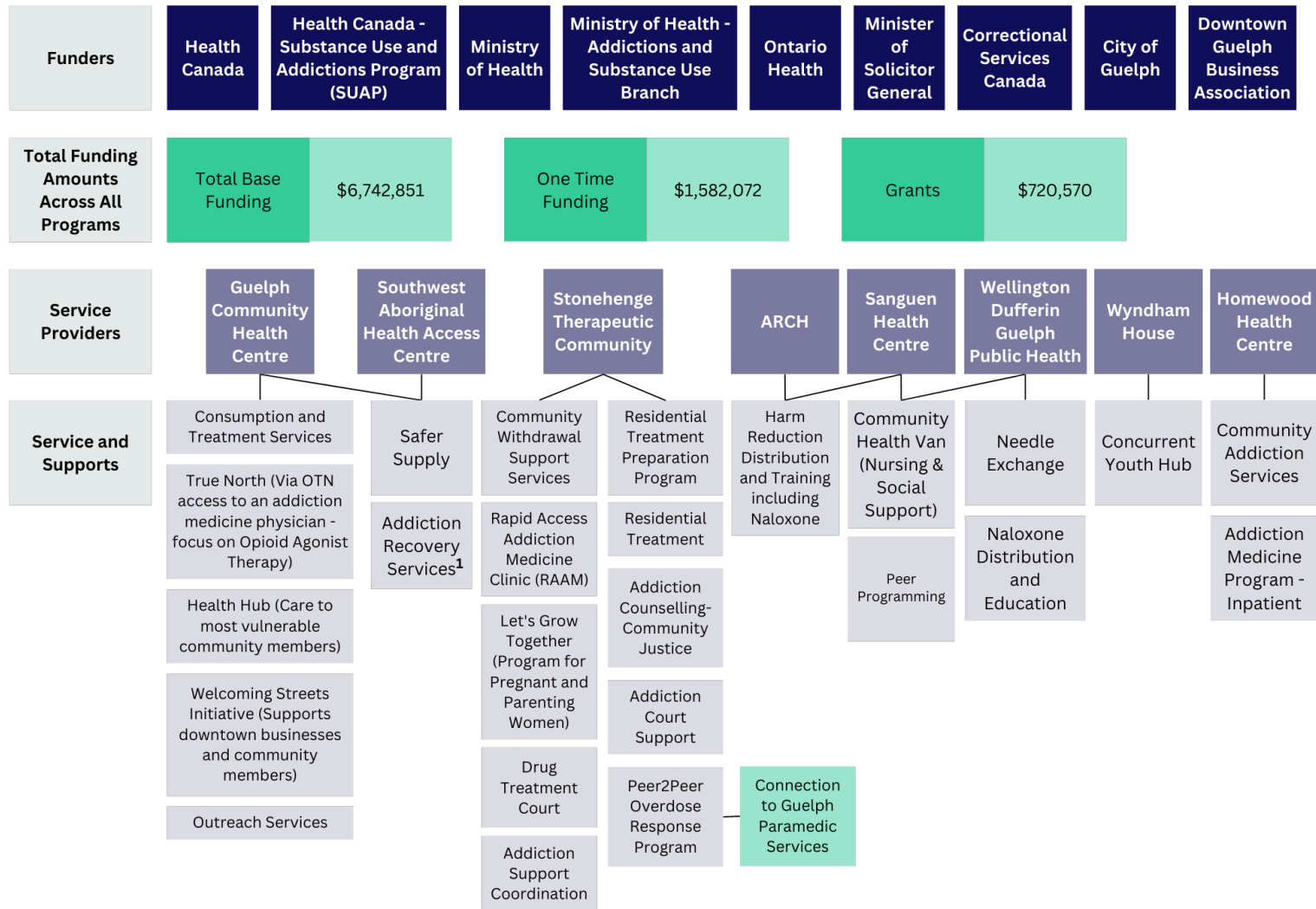
\*As reported by the 17 organizations that completed the Inventory of Services

### Substance Use Support Continuum

Of the 17 organizations that completed the inventory of services, eight organizations indicated that they provide services along the substance use support continuum in Guelph. This excludes private services, such as private practitioners that require clients to pay out-of-pocket for services. The settings of these services include community-based services and supports, residential/inpatient treatment programs and outreach supports. Nine different funders for these services were identified including the Federal government, the Provincial government, along with local funders including the City and the Downtown Guelph Business Association (Figure 23).



Figure 23. Substance use services in Guelph



1. Funding details not provided



## Current State from the Perspective of PWLE

### Current Experiences

When asked about the current realities of those experiencing substance use issues in Guelph, PWLE interviewees highlighted a high prevalence of substances in Guelph, including concerns about unsafe and/or dangerous substances (e.g., fentanyl); long wait list for accessible rehabilitation services; and stigma experienced as a person who uses substances.

“I don’t want to go to the hospital and get treated differently because of my substance use past.”  
PWLE Interview Participant

### Need Met

PWLE interviewees indicated that their needs around harm reduction and safe supply are currently met.

### Needs Unmet

PWLE interviewees identified factors that contributed to their current needs being unmet, which included the lack of system navigation support, accessible rehabilitation services and a long wait list for the safe supply program.

## Assets

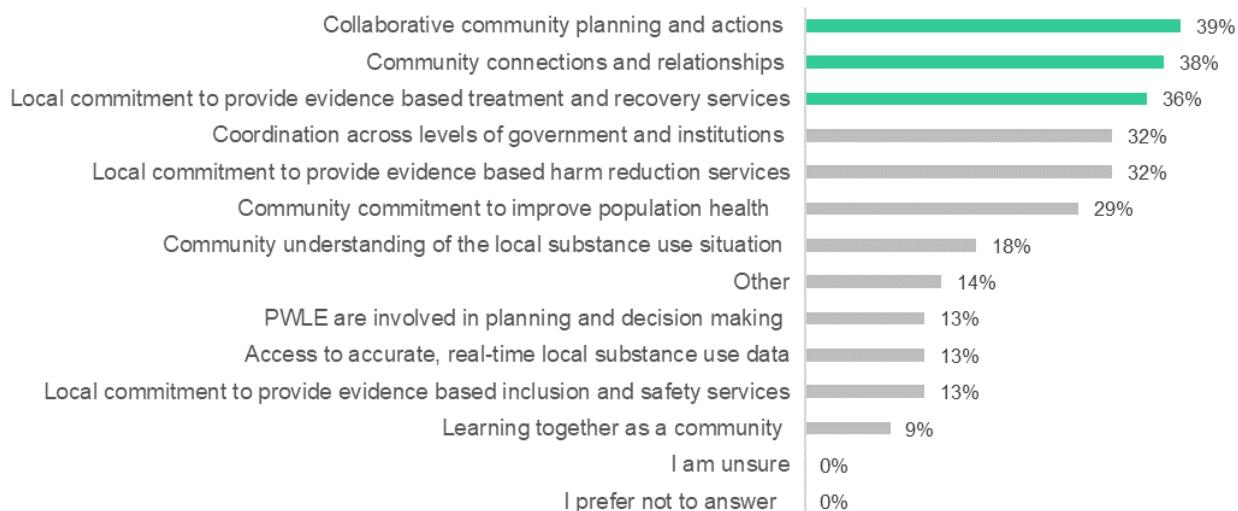
### From the perspective of community partners

The top community assets that positively impact the planning, delivery and funding of services for people who use substances in Guelph indicated by community partner survey participants were collaborative community planning and actions (39%); community connections and relationships (38%); and local commitment to provide evidence-based treatment and recovery services (36%; Figure 24).



Figure 24. **Collaborative community planning, community connections and the local commitment to provide evidence-based services** were the most identified assets

n=56



Community partner survey and interview participants expanded on these findings by highlighting strong partnerships, such as the Wellington Guelph Drug Strategy, and the use of local data and best practices to provide evidence-based substance use services in the community.

## Barriers

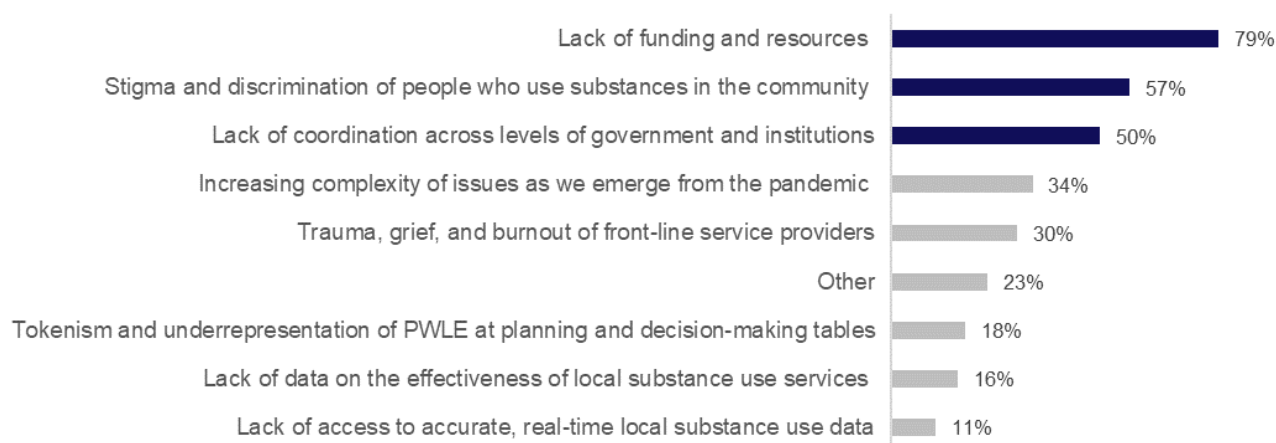
### From the perspective of community partners

As shown in Figure 25, the top community barriers that negatively impact the planning, delivery and funding of services for people who use substances in Guelph indicated by community partner survey participants were lack of funding and resources (79%); stigma and discrimination of people who use substances in the community (57%); and lack of coordination across levels of government and institutions (Federal, Provincial, Municipal, Organizational; 50%).





Figure 25. **Lack of funding and resources, stigma and discrimination** and the **lack of coordination** were the most identified barriers  
n=56



Community partner survey and interview participants expanded on these findings by highlighting the lack of funding for qualified staff. Some participants also felt the stigma associated with substance use and a general lack of empathy leads to under funding this service area. The lack of a systems level approach was emphasized with discussions about agencies working in silos between and within their service areas (e.g., mental health, housing, substance use), and between different levels of government. Lastly, participants noted a lack of local, accessible treatment options in Guelph.

“At all levels at the federal level at the provincial level at the municipal level and just locally we are all a fighting for the same funding...Fighting to do the same work... not talking to each other about how we could do it better together.”  
Community Partner Interview Participant

## Overlaps and Duplications

### From the perspective of community partners

The majority of community partner participants did not indicate any substance use service overlaps or duplication in Guelph. Of those who did indicate duplications, comments focused on harm reduction services, outreach services and downtown services.



## Gaps

### From the perspective of PWLE

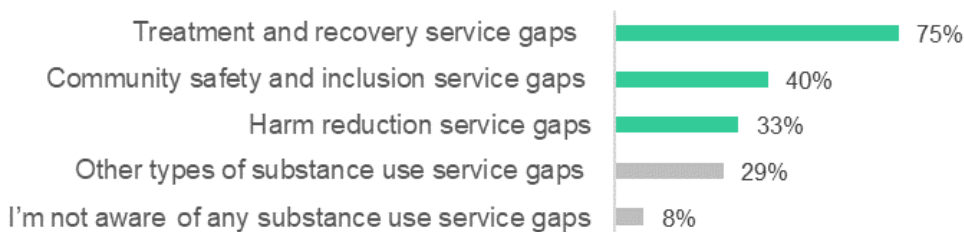
PWLE interviewees identified service gaps related mainly to withdrawal and rehabilitation services. In particular, interviewees discussed a lack of local withdrawal management services and the lack of support between withdrawal management and rehabilitation services.

“It's hard to get sober when you're not surrounded by sober people, there needs to be a place to transition and help you build the habits to get there. Need to have stepping stones in place to help people step by step to get sober.”  
PWLE Interview Participant

### From the perspective of community partners

Most community partner survey participants felt there were service gaps pertaining to treatment and recovery (75%), followed by community safety and inclusion (40%) and harm reduction (33%; Figure 26).

Figure 26. **Treatment and recovery, community safety and inclusion** and **harm reduction services** were the most identified service gaps  
n=52



Community partner survey and interview participants expanded on the gaps above by noting long wait lists for withdrawal management programs and more safe supply programs and safe spaces needed for substance use (harm reduction).

Participants also identified a lack of wraparound services as a gap, focusing on the lack of integration with key housing services, such as permanent supportive housing. A lack of a local continuum of care was also discussed (e.g., limited discharge planning from hospital and rehabilitation services), although it was noted that a person who uses substances does not necessarily follow a linear continuum of care. Lastly, additional service area gaps mentioned were crisis stabilization beds and [alternate care destinations](#).

“...supportive housing that goes hand in hand with withdrawal management, as well as after going into treatment, coming out and getting that additional support.”  
Community Partner Interview Participant



## Solutions

### Solutions suggested by PWLE

PWLE interviewees focused on solutions related to a local, accessible withdrawal management program; transitional or supportive housing options to help people move seamlessly between withdrawal management and rehabilitation (e.g., recovery houses); reducing the wait list for the safe supply program; and exploring decriminalization or regulated drug supply solutions.

“Reduce waiting list for safe supply. Once I get on the safe supply program, it will be easier to get on housing lists. Without that, housing is impossible.”  
PWLE Interview Participant

### Solutions suggested by community partners

Community partner survey and interview participants indicated a local, coordinated systems level approach (e.g., housing, mental health, substance use, etc.) is needed in the community. Similar to PWLE interviewees, community partner participants also identified affordable transitional or supportive housing options in between withdrawal management and rehabilitation with wraparound services available.

Stonehenge’s long-term [Supportive Addiction and Mental Health Housing](#) program is similar to what is being suggested.

Community members do not hear much about this program because it works well and is truly integrated into the community.

“No oversight body in our community right now that brings all parties together. OHTs all have transformational leads whose job it is to find all the resources and connect partners together. See this work really well at the OHT table. Want to see something like that when it comes to coordinating service for substance use, mental health and housing.”  
Community Partner Interview Participant

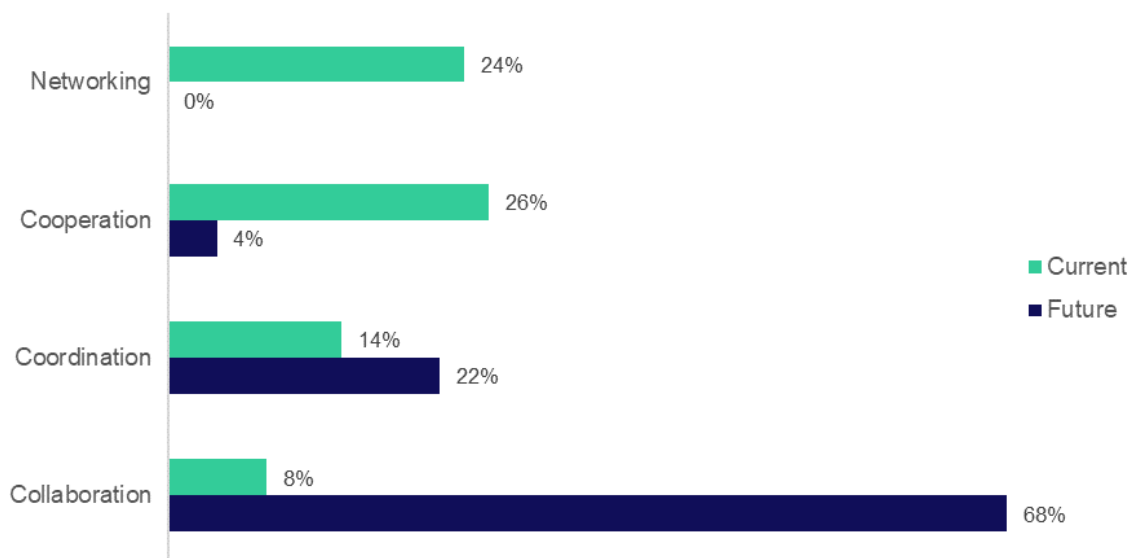
Some community partner participants discussed additional solutions, including anti-stigma and discrimination approaches, creating more safe spaces to use substances and most importantly, engaging PWLE in discussions and decisions regarding meaningful solutions.

## Partner Collaboration

As depicted in Figure 27, community partner survey participants indicated that community partner collaboration in the planning, delivery and funding of substance use services is currently viewed as mainly cooperation (26%) and networking (24%). The majority of participants indicated a desired future state of collaboration (68%).



Figure 27. Most respondents indicated that while collaboration is not the **current state** of community partnerships related to substance use, the ideal **future state** would be collaboration n=50



Definitions:

Networking: Partners share information and talk with one another for their mutual benefit. Loosely defined roles and minimal decision-making.

Cooperation: Partners support one another's services but have no formal agreement in place. Somewhat defined roles and limited decision-making.

Coordination: Partners are engaged in mutual projects and initiatives, modifying their own activities to benefit the whole. Defined roles, shared decision making around joint work and sharing some resources.

Collaboration: A formal agreement in place and partners working together to achieve a shared vision. Formalized roles, equally shared ideas and decision making, trust and pooled resources.

When reflecting on the current state, community partner survey and interview participants indicated positive networking and sharing of resources among partners, but no memorandums of understanding to support moving towards collaboration.

Participants also noted the most important community action that should be taken to move towards a future state of collaboration. The most prominent suggestions focused on a systems level collaborative with elements such as one shared community vision, clearly defined roles, shared resources, implementation of a continuum of care; trying different service models (e.g., system integration of substance, mental health, housing; OHT processes); increasing funding and capacity to address gaps; and having external oversight of the service system (locally or from one level of government).

Alternatively, a fear of over collaboration was discussed by a few participants with a concern that agencies would lose their own mandates in a collaborative model.

“Moving to a collaborative approach would be helpful with each organization understanding and staying true to their mission while being part and contributing to the bigger part of the system solution. Know what we each do well and do it together.”  
Community Partner Interview Participant



# System-Wide Scan Findings

## Overview

The most common service type identified from the substance use environmental scan was treatment/recovery services with 12 services offered at the municipal level. Within this service type, programming included services such as Rapid Access Addiction Medicine (RAAM) clinics, street outreach, trauma-informed clinics, and [Assertive Community Treatment Teams \(ACTT\)](#). Services are also available for individuals with concurrent disorders (i.e., people experiencing addiction and mental illness), as well as clients with substance use issues who have been legally charged as a result.

Supportive housing was another common service type that emerged from this search, with 11 services. The goal of supportive housing is to increase the health and social outcome of people with problematic substance use by providing stable housing. The prevalence of this service in the substance use search points to the need for this service model as a systems level approach to mental health, substance use and homelessness. Supportive housing services are funded by the Ministry of Health and Ontario Health in some municipalities.

Withdrawal management was identified as a service gap in Guelph. This gap aligns with other municipalities in Ontario and the community consultations findings above. Only three services identified in the environmental scan mentioned offering withdrawal services.

## Emerging or Best Practices

### Kingston Integrated Care Hub

Kingston's Integrated Care Hub<sup>22</sup> (Kingston, Ontario) emerged across several interviews as an emerging best practice. This model is also recommended by the Ministry of Health. The integrated care hub was developed during the pandemic as a low barrier drop in space for safe consumption. The integrated care hub is built on partnerships with the goal of preventing emergency department visits for mental health and substance use challenges. Partners include mental health service providers, Trellis (HIV Agency), emergency shelter and the community health centre.

The Integrated Care Hub in Kingston was initially funded through the Social Services Relief Fund (SSRF) during the first two years of the pandemic. It is now funded through the Federal Reaching Home funding<sup>10</sup>, along with contributions from the municipality and United Way.

### Rapid Access Addiction Medicine (RAAM) Clinic

The Rapid Access Addiction Medicine (RAAM) clinic was identified as an emerging/innovative opportunity from the key informant interviews. RAAM clinics provide low-barrier immediate



access and care for substance use management. RAAM clinics have the potential to reduce morbidity and mortality and improve quality of life for people with substance use disorder. In Guelph, the RAAM clinic is a service offered by Stonehenge Therapeutic Community<sup>23</sup>.

### **Ottawa Supportive Housing for People with Problematic Substance Use Program**

This program emerged during the environmental scan as an interesting model due to the integration of a full 24-month outcome evaluation to understand the effectiveness of this Housing First program<sup>24</sup>. Overall, the study found that the Housing First clients experienced better housing outcomes than the comparison group, while the comparison group reported better findings in other areas (e.g., substance use, quality of life). This model illustrates the importance of integrating outcome evaluations within supportive housing programs.

## **Funding Considerations**

### **Innovative and Emerging Streams of Funding**

The Ministry is investigating shelter care models and wraparound services; however, there is currently no designated funding stream from the Ministry of Health for these services. This is being explored as a potential future funding opportunity. It appears that these new funding opportunities will be funded through Ontario Health regional services (i.e., Ontario Health West). In addition, Ontario Health is being tasked with the implementation of Roadmap to Wellness<sup>18</sup>, which is a plan to build a comprehensive and connected mental health and substance use system in Ontario. Given the role that Ontario Health and Ontario Health West will take in emerging streams of funding, in particular the intersection of health and housing, highlights the importance of municipal relationships with this sector.



## Key Takeaways

- 1) **Lack of accessible services:** The most vulnerable in our community experience barriers in accessing substance use services. Examples include:
  - a) **Local Treatment Programs:** There are access challenges to local treatment programs for substance use due to long waitlists, under funding and the existence of local public-private models of care.
  - b) **Stable and Sustainable Funding:** Funding can limit the availability of programs in the Guelph community. For example, the Safer Supply program is currently offered through a one-time funding opportunity through Health Canada, and it is unknown if this program will continue after the funding ends. The system wide scan also identified workforce challenges and pay equity for outreach workers who play an important support role in the community.
  - c) **Stigma:** Stigma and discrimination of people who use substances creates barriers in accessing services in the community.
- 2) **Lack of continuity of care:** There is a lack of discharge planning for hospital/rehabilitation programs to community-based substance use services and supports.
- 3) **Need for nimble connections across services:** There is an identified need to ensure that people requiring substance use services can enter and exit services within the system as needed. It is important for funders, community partners and community members to understand that the service needs for clients do not follow a clear linear path. System navigation is essential to support movement through the system (this is currently a system gap).
- 4) **Accessible, low-barrier daytime space with safe consumption options:** There is a lack of daytime low-barrier locations for people with substance issues to go to for social support, recreational opportunities, safe consumption and support services (e.g., similar to the Grove Youth Wellness Hub, but for adults). The Kingston Integrated Care Hub is a promising model that provides this type of support in one location.
- 5) **Funding:** Overall, substance use services in Guelph receive far less funding compared to mental health and housing services for people experiencing homelessness (e.g., 9 million dedicated to substance use services and 46 million for mental health services).
- 6) **Collaboration:** While there were a few examples of collaboration across agencies for substance use services, the lack of a systems level collaborative approach to substance use services has and will continue to impact the ability to develop and implement community-based solutions in Guelph. A systems level collaborative model requires a commitment to a shared vision, accountability, defined mandates and roles.



- 7) **Substance use challenges are not unique to Guelph:** The increasing challenges around the substance use service access is not unique to Guelph and are occurring across the province and country. This is a recurring theme that emerged throughout the system wide scan.
- a) The Ministry of Health’s Roadmap to Wellness<sup>18</sup> has been created to connect mental health and substance use systems to create an easy to navigate system that provides access to the community-based services needed. Ontario Health is responsible for implementation.





# Overarching Takeaways



## Overarching Takeaways

Although there were key takeaways within each service section above, there were also strong themes that emerged across all three service areas.

- 1) A **human rights-based approach to housing** needs to be prioritized in Guelph. This approach will provide the City with the needed framework rooted in legislation (the National Housing Strategy Act, 2021), to support people experiencing homelessness in the community.
- 2) There is a need for greater **collaboration and systems level planning** to support integration of housing services, mental health services and substance use services for people experiencing homelessness. There is a lack of alignment across these service areas locally, with a siloed approach. This is not unique to Guelph. Examples of this locally are:
  - a) Lack of continuity of care
    - i) Local discharge planning from hospital/rehabilitation/treatment/incarceration to transitional or supportive housing, community-based services, etc.
  - b) Lack of equitable access to services
    - i) Limited housing options for complex, concurrent mental health and/or substance use issues; long wait times for mental health and substance use services
  - c) Lack of wraparound services in housing
- 3) There is a need to focus on **permanent supportive housing**, including investments in both capital and operational expenditures, along with outcome evaluation measures built in to best support the most vulnerable in our community. This type of investment would support a human rights-based approach to housing.
- 4) **Funding barriers currently exist for an integrated systems approach to occur.** Greater investments and flexibility with how and where funding can be used is required across all service areas to meet community needs. Examples of this include:
  - a) There is not always the ability for the funding from the Ministry of Health to wrap around the services needed in housing.
  - b) There are not enough beds/units on the left side of the housing continuum in Guelph (e.g., emergency shelter, transitional housing, supportive housing, RGI) to meet community needs.

# Recommendations for City Council

# Recommendations

Recommendations have been developed to align with the key takeaways and overarching takeaways identified within this report. For ease of reference, recommendations have been summarized as systems level recommendations, housing focused recommendations and health services focused recommendations. The recommendations are best viewed as a comprehensive suite of actions that if taken together have the potential to best serve and support the most vulnerable members of the community.

## Systems Level Recommendations

Systems level recommendations are those that span across housing, substance use and mental health. The overarching systems level recommendations are encouraged to promote cross-sectoral and intergovernmental collaboration.

### System Recommendation 1

The City of Guelph adopt a human rights-based approach to housing (with Housing First built in) to align with the National Housing Strategy.

**Examples of how System Recommendation 1 can be operationalized:**

- There are important strengths of this approach that warrants adoption at a municipal level. Unlike the reactionary approach that many municipalities in Ontario are taking by declaring a state of emergency on homelessness, a human rights-based approach to housing sets out a long-term vision for housing and focuses on improving housing outcomes for those in greatest need. Embedded within this approach are the principles of non-discrimination, inclusion, participation and accountability.
- Invest in education for City Councillors and staff related to a human rights-based approach to housing. This will support the City in making informed decisions, critically evaluate requests and recommendations and provide enhanced accountability.
- This approach will allow City actions to be complementary and supportive of the County of Wellington mandate, roles, responsibilities and their 10-Year Housing and Homelessness Plan. The City could also recommend that the County adopt a human rights-based approach to further support understanding community needs, planning to address needs, funding decisions and using participatory approaches with people with lived experiences at each stage.
- This approach can support intergovernmental collaboration to address homelessness, which has been identified as a key gap from the environmental scan and community consultations.

## **System Recommendation 2**

Council requests that the Government of Ontario develop and adopt a provincial housing strategy with measurable targets and sufficient funds for ending homelessness and ensuring access of all Ontarians, including those of limited income, to housing of an adequate standard without discrimination. It should also take into consideration the needs of Indigenous people, LGBTQ2S+ people, people with disabilities including mental illness, women experiencing domestic violence, lone parents, immigrants and newcomers and other people living in poverty or with low incomes. (Adapted from Kitchener’s Housing For All: A Human Rights Based Strategy to Address Homelessness and Housing document)<sup>8</sup>

## **System Recommendation 3**

Council requests that the Guelph Wellington Ontario Health Team work with the Guelph and Wellington Task Force for Poverty Elimination to:

- a. plan for the integration of health services in the housing sector (wraparound supports)
- b. address the community need for permanent supportive housing

This planning should include City, County and Ontario Health West representation and be aligned with provincial direction and/or strategy.

## **System Recommendation 4**

Council requests the County of Wellington, in collaboration with local municipalities and local health organizations, jointly advocate to the Ministry of Health to provide accessible base funding to support wraparound health supports on the left side of the housing continuum.

## **System Recommendation 5**

Council requests that the Wellington-Dufferin-Guelph Public Health Board of Health lead an ongoing, comprehensive outcome evaluation of the systems level approach to homelessness (housing, mental health and substance use focus), whether it be working with the Guelph Wellington Ontario Health Team or with the City and the County.

## **System Recommendation 6**

Council requests that the Chamber of Commerce approach developers to donate land for housing needs and wraparound services on the left side of the housing continuum including, but not limited to, emergency shelters, transitional housing, supportive housing and wellness hubs. The City must be prepared to facilitate the required approvals connected with these opportunities. This should directly connect with the local collaborative plans (see System Recommendation 3).

## Housing Focused Recommendations

Housing focused recommendations are those that are specific to housing. These recommendations are complementary to, and align with, the systems level recommendations.

### Housing Recommendation 1

Council requests the following to establish clarity and accountability regarding the City and the County's role in the housing continuum:

- a. A review of the governance model of the County of Wellington's Social Services Committee
- b. Updated service level agreements, with measurable outcomes, key performance indicators and clear expectations for reporting process and frequency
- c. The City of Guelph should hire a dedicated role to support (a), (b), and the implementation of a human rights-based approach to housing (see System Recommendation 1). This role should be an active member of the County of Wellington's Community Advisory Board.

#### Examples of how Housing Recommendation 1 can operationalized:

**Social Services Committee of the County of Wellington:** Given that the City provides municipal contributions to the County of Wellington to do the service plan and funding allocation, it is reasonable and responsible to expect that the City of Guelph have appropriate representation on the Social Services Committee, including votes.

**Federal Reaching Home Funding:** Accountability can be increased with the County of Wellington through the required community advisory board (CAB).

- At the CAB, the City can hold the County accountable to ensuring that planning and funding decisions with Federal funding are based on a Housing-First Approach.
- The City needs to consider who is best positioned to sit at these decision-making bodies to hold accountability. Ideally, these would be people with an understanding of homelessness, housing services, and a human rights-based approach to housing. This can connect directly with the capacity building identified in System Recommendation 1.

**Regular reports (City to determine frequency):** Reports from the County of Wellington to City Council would ensure transparency of service planning, funding, and opportunity for City to advocate to the County.

## **Housing Recommendation 2**

Council requests that City staff undertake a review of the City's role and process in informing funding decisions for housing services on the left-side of the housing continuum (this includes funding for daytime shelter space). This should directly connect with a human rights-based approach to housing (see System Recommendation 1), the local collaborative plans (see System Recommendation 3), and the City's role in the housing continuum (see Housing Recommendation 1).

## **Housing Recommendation 3**

To be reviewed in Closed Session with Council.

## **Health Services Focused Recommendations**

Health services focused recommendations are those that are specific to health services, including mental health and substance use. These recommendations are complementary to, and align with, the systems level recommendations.

### **Health Services Recommendation 1**

Council requests that City staff provide CMHA Waterloo Wellington with a letter of support for the funding application to the Ministry of Health for a regional alternate care destination clinic.

### **Health Services Recommendation 2**

Council requests that the Ministry of Health provide clarity on how all mental health services in Guelph are funded, including community-based services, hospital/residential services and public-private models of care, to determine if the funding model impacts equitable access to mental health services in Guelph.

### **Health Services Recommendation 3**

Council supports the Guelph Police Service (GPS) and CMHA Waterloo Wellington's second application to the Solicitor General for Here 24/7 & IMPACT funding. Council requests that GPS provide a copy of the written submission to City staff when it has been finalized so that staff may provide a letter of support on behalf of Council.

### **Health Services Recommendation 4**

Council requests that the Wellington Guelph Drug Strategy continue to address known substance use service barriers including, but not limited to, funding, access and waitlists, to improve substance use services available to vulnerable populations within Guelph.

## References

1. Macleod M. Understanding our Communities' Health [Internet]. [cited 2023 May 4]. Available from: [https://www.swpublichealth.ca/en/reports-and-statistics/resources/Community-Health-Status-and-Surveillance/REP-201904\\_understanding\\_our\\_communities\\_health\\_-\\_full\\_report.pdf](https://www.swpublichealth.ca/en/reports-and-statistics/resources/Community-Health-Status-and-Surveillance/REP-201904_understanding_our_communities_health_-_full_report.pdf)
2. Urgent Issues Related to Homelessness, Mental Health and Addictions - City Council - July 18, 2022 [Internet]. pub-guelph.escribemeetings.com. [cited 2023 Jul 18]. Available from: <https://pub-guelph.escribemeetings.com/Meeting.aspx?Id=0089345f-6e91-4ec9-bc93-a2af016ea516&Agenda=PostMinutes&lang=English&Item=25&Tab=attachments>
3. Attachment-1 Housing Continuum and Glossary of Housing Terms [Internet]. [cited 2023 Jul 18]. Available from: <https://pub-guelph.escribemeetings.com/filestream.ashx?DocumentId=8331>
4. Wellington County. Policies and Planning - Housing [Internet]. www.wellington.ca. 2023 [cited 2023 Jul 18]. Available from: <https://www.wellington.ca/en/social-services/hs-plans-policies-and-data.aspx#County-of-Wellington-Housing-Services-Centralized-Waiting-List-and-Housed-Data>
5. Youth Mental Health | The Grove Hubs | Guelph [Internet]. The Grove Hubs. Available from: <https://www.thegrovehubs.ca/>
6. The National Right to Housing Network [Internet]. The National Right to Housing Network. Available from: <https://housingrights.ca/>
7. The Shift – The Shift is a worldwide movement to reclaim and realize the fundamental human right to housing [Internet]. The Shift #Right2Housing. [cited 2023 Jul 18]. Available from: <https://make-the-shift.org/>
8. Housing For All. a blueprint for a more caring community. [Internet]. 2020 [cited 2023 Jul 18]. Available from: [https://www.kitchener.ca/en/resourcesGeneral/Documents/DSD\\_PLAN\\_Housing\\_For\\_All\\_Kitchener\\_Housing\\_Strategy.pdf](https://www.kitchener.ca/en/resourcesGeneral/Documents/DSD_PLAN_Housing_For_All_Kitchener_Housing_Strategy.pdf)
9. Homeless Hub. Housing First | The Homeless Hub [Internet]. Homelesshub.ca. 2012. Available from: <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>
10. Canada I. Infrastructure Canada - About Reaching Home: Canada's Homelessness Strategy [Internet]. www.infrastructure.gc.ca. 2022. Available from: <https://www.infrastructure.gc.ca/homelessness-sans-abri/index-eng.html>
11. Canadian Mental Health Association. Home [Internet]. CMHA Simcoe County. Available from: <https://cmhastarttalking.ca/>



12. TVO Today | Current Affairs Journalism, Documentaries and Podcasts [Internet].  
www.tvo.org. [cited 2023 Jul 18]. Available from: <https://www.tvo.org/article/quote-of-note-a-hamilton-doctor-on-the-citys-response-to-homeless-encampments>
13. DNSSAB | Homelessness [Internet]. www.dnssab.ca. [cited 2023 Jul 18]. Available from: <https://www.dnssab.ca/housing-services/homelessness/>
14. Shelters [Internet]. Fred Victor. Available from: <https://www.fredvictor.org/what-we-do/housing/shelters/>
15. Ontario Public Health Standards: Requirements for Programs, Services and Accountability Protecting and Promoting the Health of Ontarians [Internet]. Available from: [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Ontario\\_Public\\_Health\\_Standards\\_2021.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf)
16. KW4 OHT Community Council Design Committee (CCDC) Community Engagement Strategy Final Draft [Internet]. [cited 2023 Jul 18]. Available from: [https://www.kw4oht.com/\\_files/ugd/892206\\_d547c49c77d243b698472576b5cd2498.pdf](https://www.kw4oht.com/_files/ugd/892206_d547c49c77d243b698472576b5cd2498.pdf)
17. Strategic Priorities [Internet]. 2022 [cited 2023 Jul 18]. Available from: [https://guelphwellingtonoht.com/wp-content/uploads/2022/07/PRES\\_20220705\\_GW-OHT-Strategic-Priorities\\_FINAL-for-WebSitev2.pdf](https://guelphwellingtonoht.com/wp-content/uploads/2022/07/PRES_20220705_GW-OHT-Strategic-Priorities_FINAL-for-WebSitev2.pdf)
18. Roadmap to wellness: a plan to build Ontario's mental health and addictions system [Internet]. Ontario.ca. 2020. Available from: <https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system>
19. Youth Wellness Hubs Ontario [Internet]. Youth Wellness Hubs Ontario. Available from: <https://youthhubs.ca/en/>
20. CMHA Waterloo Wellington: Children & Youth Services Building - 737 Woolwich Street Guelph [Internet]. CMHA Waterloo Wellington. [cited 2023 Jul 18]. Available from: <https://cmhaww.ca/newbuilding/>
21. A crisis of neglect: How society can help those with mental illness. The Globe and Mail [Internet]. 2023 Jul 14 [cited 2023 Jul 15]; Available from: <https://www.theglobeandmail.com/opinion/article-a-crisis-of-neglect-how-society-can-help-those-with-mental-illness/>
22. Consumption and Treatment Services – Kingston Community Health Centres [Internet]. kchc.ca. [cited 2023 Jul 18]. Available from: <https://kchc.ca/barrack-street/cts/>
23. Rapid Access Addiction Medicine Clinics (RAAM) – Stonehenge Therapeutic Community [Internet]. stonehengeetc.com. [cited 2023 Jul 18]. Available from: <https://stonehengeetc.com/our-programs/addiction-medicine-withdrawal/rapid-access-addiction-clinic-raac/>

24. Cherner R, Aubry T, Sylvestre J. Evaluation of the 24-Month Outcomes of the Ottawa Supportive Housing for People with Problematic Substance Use Program Evaluation Team [Internet]. [cited 2023 Jul 18]. Available from: <https://irp.cdn-website.com/7d37d10d/files/uploaded/Evaluation%20of%20the%2024-MonthOutcomes%20of%20the%20Ottawa%20Supportive%20Housing%20for%20People%20with%20ProblematicSubstance%20Use%20Program.pdf>
25. Guelph/Wellington: Community Progress Indicators [Internet]. Google Docs. [cited 2023 Jul 18]. Available from: <https://docs.google.com/spreadsheets/d/1aeCbwZ0yivd6jGTU1HSqOTUATAkj3zgZXLVH0T7iyOk/edit#gid=2053555096>
26. Built for Zero Canada Functional Zero Homelessness Question and Answer Document UPDATED [Internet]. 2021 [cited 2023 Jul 18]. Available from: <https://bfzcanada.ca/wp-content/uploads/Functional-Zero-QA.pdf>
27. Policies and Planning - Housing [Internet]. www.wellington.ca. 2023 [cited 2023 Jul 18]. Available from: <https://www.wellington.ca/en/social-services/hs-plans-policies-and-data.aspx#Housing-Services-Status-and-Activity-Reports>
28. Overdose and Drug Use Information System (ODIS) – Health Analytics – Wellington Dufferin Guelph [Internet]. [cited 2023 Jul 18]. Available from: <https://bi.wdgpUBLICHEALTH.ca/odis/>
29. Wellington Dufferin Guelph Public Health. Board of Health Report - Opioid Surveillance Update. [cited 2023 Jul 26]. Available from: [https://wdgpUBLICHEALTH.ca/sites/default/files/bh.01.apr0523.r13\\_-\\_opioid\\_surveillance\\_update.pdf?utm\\_source=guelphtoday.com&utm\\_campaign=guelphtoday.com%3A%20outbound&utm\\_medium=referral](https://wdgpUBLICHEALTH.ca/sites/default/files/bh.01.apr0523.r13_-_opioid_surveillance_update.pdf?utm_source=guelphtoday.com&utm_campaign=guelphtoday.com%3A%20outbound&utm_medium=referral)
30. Gaetz S, Barr C, Friesen A, Harris B, Hill C, Kovacs-Burns K, et al. Canadian Definition of Homelessness. Toronto: Canadian Observatory on Homelessness Press. 2012.
31. World Health Organization. Mental Health, 2022 [Internet]. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
32. Ministry of Health and Long-Term Care Substance Use Prevention and Harm Reduction Guideline, 2018 [Internet]. Available from: [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Substance\\_Use\\_Prevention\\_and\\_Harm\\_Reduction\\_Guideline\\_2018\\_en.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Substance_Use_Prevention_and_Harm_Reduction_Guideline_2018_en.pdf)
33. Wraparound Services [Internet]. Housing Forward. 2021. Available from: <https://www.housingforward.org/programs/wraparound-services#:~:text=Wraparound%20services%20are%20designed%20to>

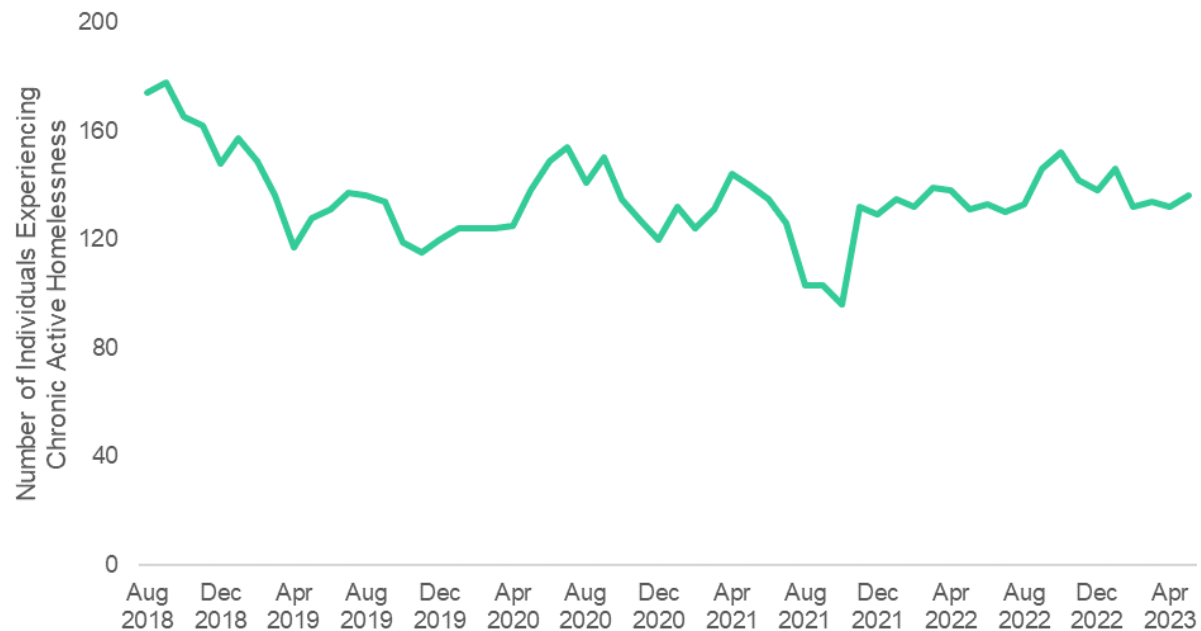
## Appendix A: Local Data Scan\*

\*Please note: Mental health data was not included in the local data scan because relevant data sources available were not recent (i.e., 2016 or later).

### Housing Data

The number of individuals experiencing chronic active homelessness in Guelph-Wellington has remained relatively consistent since December 2021<sup>25</sup>(Figure 1).

Figure 1. The number of individuals experiencing **chronic** active homelessness in Guelph-Wellington has remained relatively consistent since December 2021



Definition: Chronic homelessness is experienced if someone is currently homeless and has been homeless for six months or more in the past twelve months<sup>26</sup>.

The Guelph-Wellington By-Name List is a real-time list of all people experiencing homelessness in Wellington County, managed by the County<sup>27</sup>. Information gathered through the By-Name List helps to understand who is coming into the homelessness system (in-flow) and who is being housed or leaving the system (out-flow). The in-flow and out-flow of the Guelph-Wellington By-Name List has varied significantly over the last two years<sup>4</sup> (Figure 2). However, the total number of active applications (i.e., households waiting) for Rent-Geared-to-Income assistance for subsidized housing in Wellington County plateaued in the second quarter of 2022<sup>4</sup> (Figure 3).

Figure 2. The **in-flow** and **out-flow** of the Guelph-Wellington By-Name List has varied significantly over the last two years

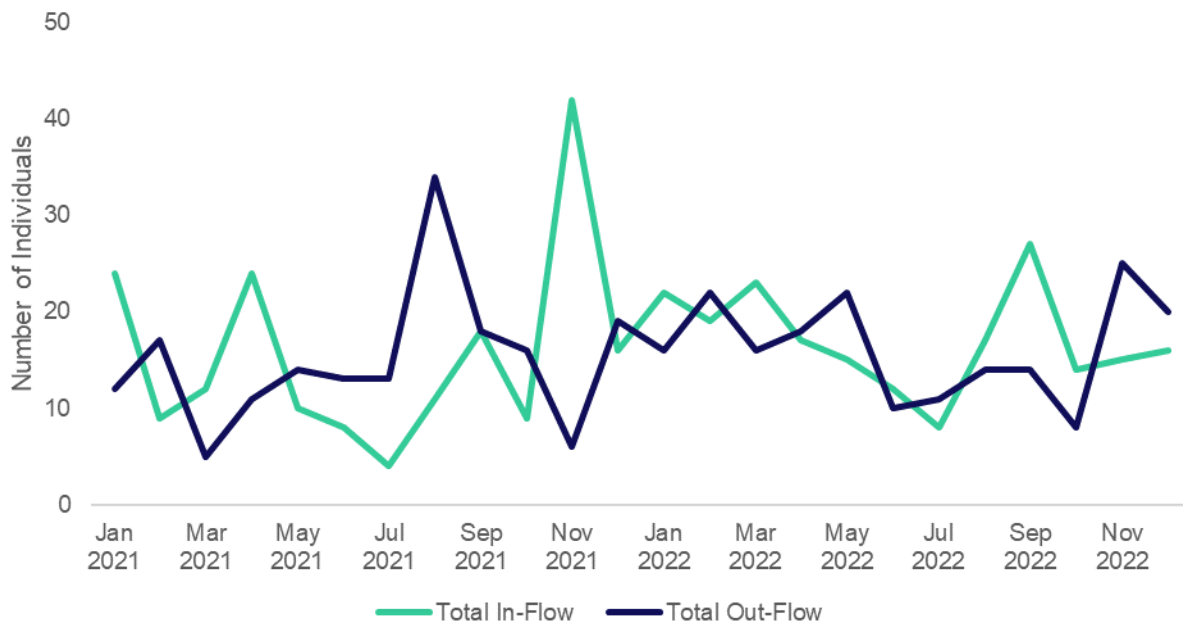
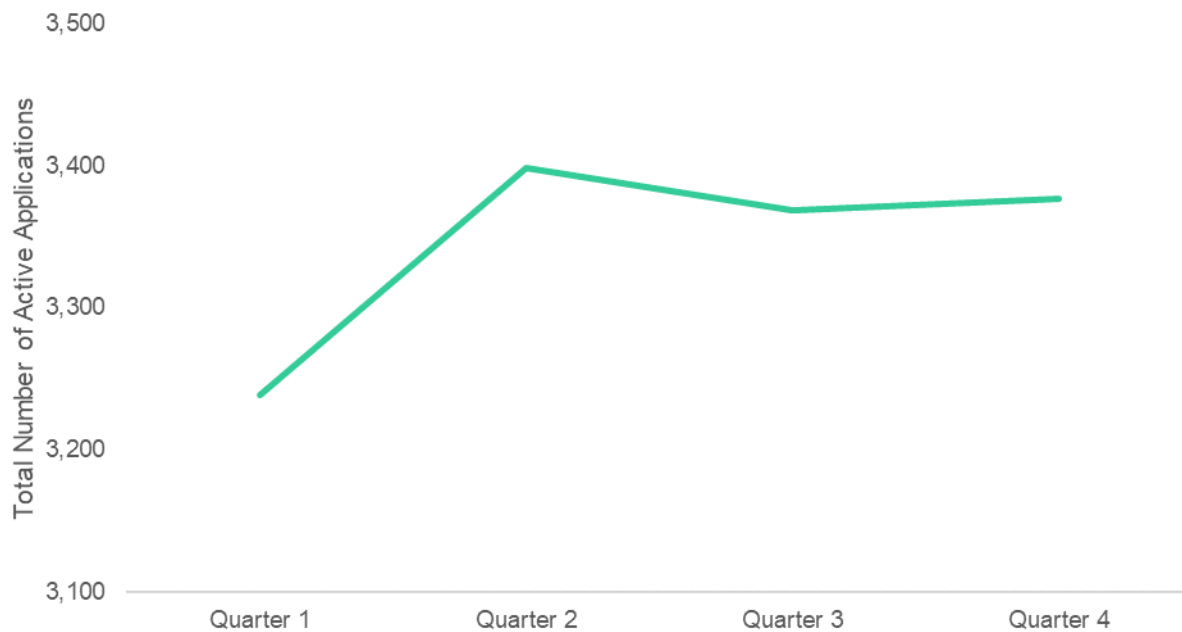


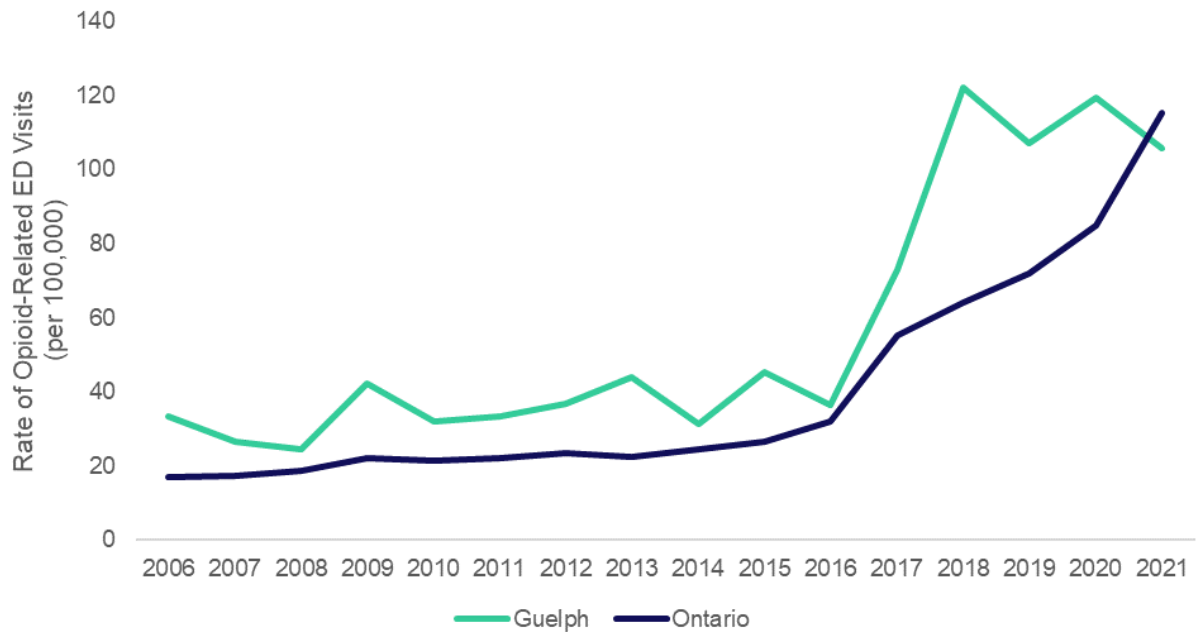
Figure 3. The total number of **active applications for Rent-Geared-to-Income assistance** for subsidized housing in Guelph-Wellington plateaued in the second quarter of 2022



## Substance Use Data

Opioid-related harms have also become a growing concern in the community. The rate of opioid-related emergency department (ED) visits in Guelph and Ontario began increasing in 2016<sup>28</sup>(Figure 4). In 2022, Guelph saw a downward trend of opioid-related ED visits to an estimated 88 ED visits per 100,000<sup>29</sup>.

Figure 4. The rate of opioid-related ED visits in **Guelph** and **Ontario** began increasing in 2016



In 2022, the Guelph neighbourhoods with the greatest number of overdose incidents were Downtown – Sunny Acres and Exhibition Park<sup>28</sup>(Figure 5). Additionally, overdose incidents were most reported from 9 am to 4 pm and 7 pm to 9 pm<sup>28</sup> (Figure 6).

Figure 5. **Downtown – Sunny Acres** and **Exhibition Park** had the greatest number of overdose incidents in Guelph in 2022

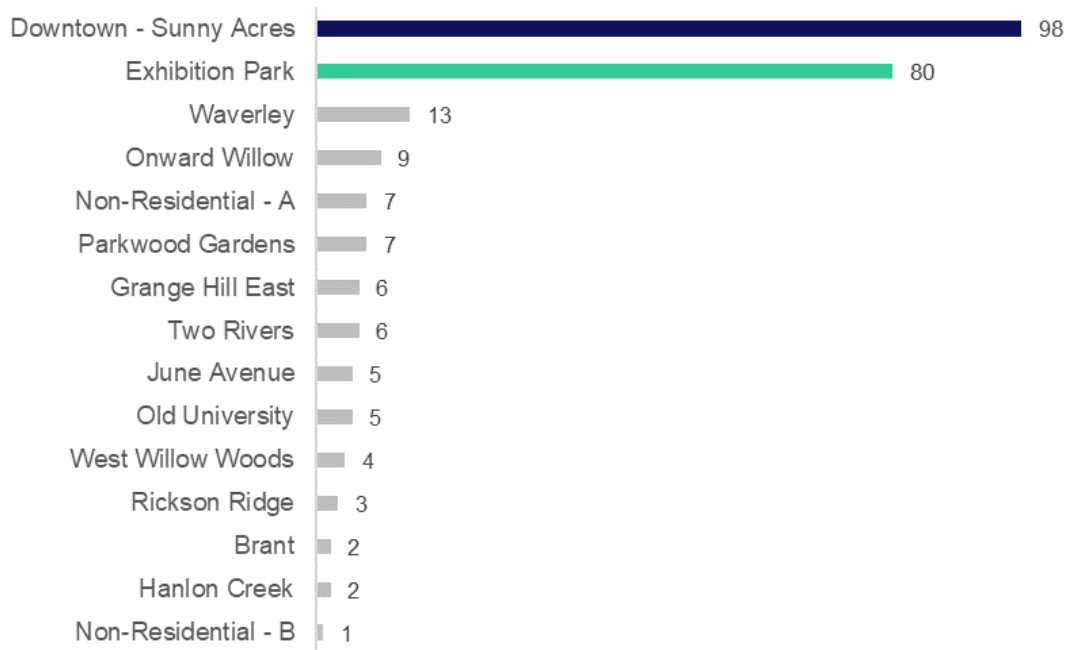
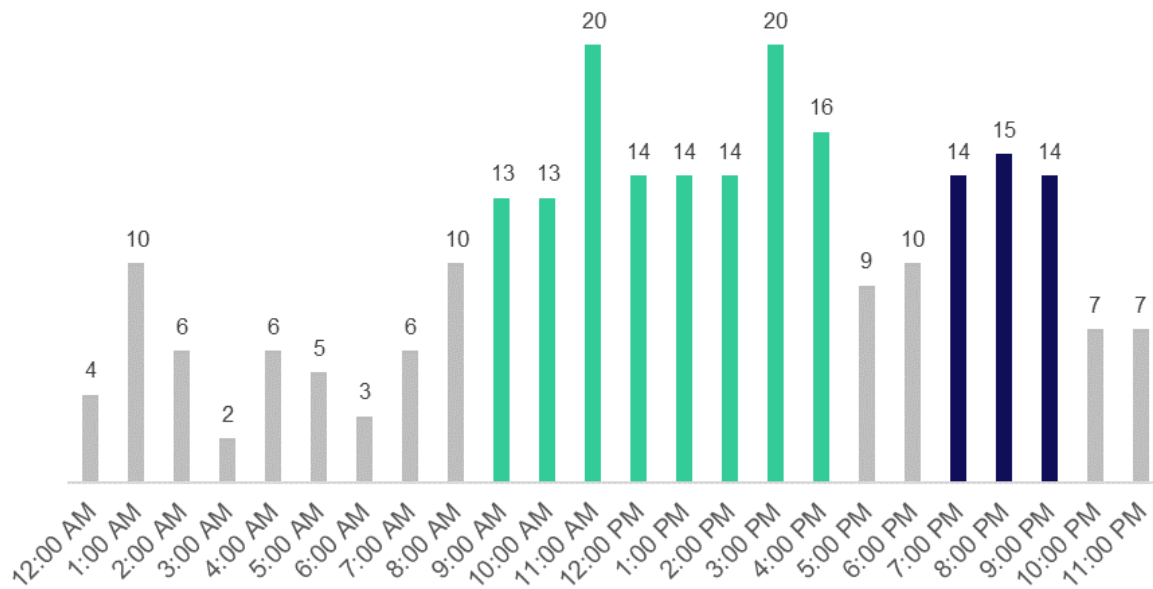
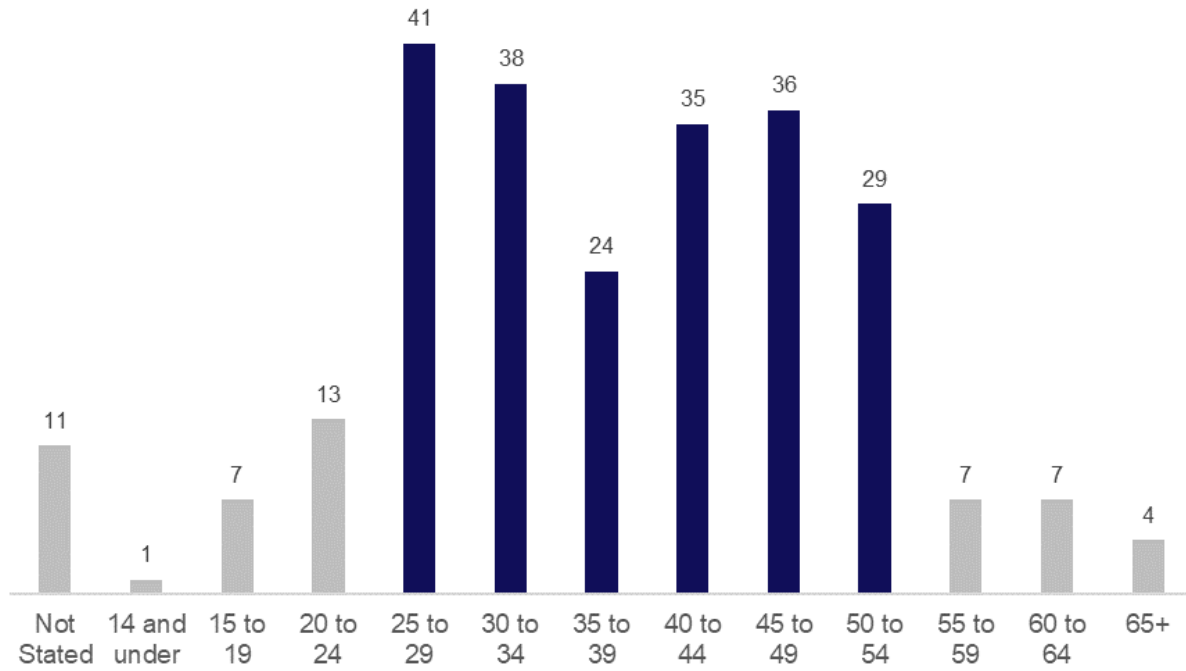


Figure 6. Overdose incidents were most reported from **9 am to 4 pm** and **7 pm to 9 pm** in Guelph in 2022



People of all ages are at risk of overdose incidents; however, individuals between the ages of 25 and 54 (Figure 7) had the greatest number of overdose incidents in Guelph in 2022<sup>28</sup>.

Figure 7. Individuals between the **ages of 25 – 54** had the greatest number of **overdose incidents in Guelph in 2022**



## Appendix B: Additional Definitions

**Homelessness:** Homelessness describes a range of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other<sup>30</sup>. That is, homelessness encompasses a range of physical living situations, organized here in a typology that includes<sup>30</sup>:

- 1) Unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation;
- 2) Emergency Sheltered, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence;
- 3) Provisionally Accommodated, referring to those whose accommodation is temporary or lacks security of tenure; and
- 4) At Risk of Homelessness, referring to people who are not homeless, but whose current economic and/ or housing situation is precarious or does not meet public health and safety standards.

It should be noted that for many people homelessness is not a static state but rather a fluid experience, where one's shelter circumstances and options may shift and change quite dramatically and with frequency<sup>30</sup>.

**Mental Health:** Mental health refers to a state of well-being and includes one's emotions, connection to others, thoughts and feelings, and being able to manage life's highs and lows. The presence or absence of a mental illness is not a predictor of mental health, as someone without a mental illness can still experience poor mental health. Similarly, a person with a mental illness can experience positive mental health. Everyone has mental health and will experience challenges regarding their mental well-being at various times in their life and may seek support through mental health services. For the purposes of this project, we will be focusing on mental health concerns or mental illness where people may seek support from mental health service organizations<sup>31</sup>.

**People with Lived Experience/Expertise (PWLE):** This is a working definition of "PWLE" that was developed to align with the scope of this project. PWLE includes individuals who have personal experience with substance use, homelessness and/or mental health at some point in their life.

**Services:** This is a working definition of "services" that was developed to align with the scope of this project. In this context, services are those delivered to people who require treatment (i.e., clinical services) and/or support for mental health, substance use and housing. These services are meant to improve/change their current circumstance (i.e., receive services from health professionals to improve mental health and/or reduce harms related to substance use; acquire emergency shelter, supportive, or transitional housing). For the purposes of this project, this does not include services that are preventive in nature (e.g., health education programs, resilience programs, etc.). Services are provided by government, non-for-profit, and



community-based agencies. This does not include private services, such as private practitioners that require clients to pay out-of-pocket for services.

**Substances:** Substances include a wide range of regulated and unregulated substances, such as, but not limited to, cannabis, alcohol, opioids, stimulants, and hallucinogens<sup>32</sup>.

**Substance Use:** Substance use can be represented along a spectrum which contains varying patterns of use ranging from abstinence to having a substance use disorder<sup>32</sup>.

- 1) Abstinence: abstain from substance use (i.e., “no use”).
- 2) Beneficial use: substance use where benefits outweigh the harms (e.g., opioids, cannabis or other prescription medications used as prescribed by a health care provider with ongoing medical supervision).
- 3) Non-problematic: Recreational substance use that has negligible health or social effects (e.g., consumption of alcohol or cannabis in accordance with lower-risk consumption guidelines).
- 4) Problematic Use: Pattern and type of use (such as those defined under ‘potentially harmful’ and ‘substance use disorder’), which has a higher risk of individual and societal health impacts.
- 5) Potentially Harmful: episodic use that can lead to negative consequences for individuals, friends/family, communities or society (e.g., use at an early age, binge consumption, impaired driving, harmful routes of substance administration).
- 6) Substance Use Disorder: use that has become a physical and/or mental addiction characterized by frequent and compulsive use despite negative health and social effects<sup>32</sup>.

For the purposes of this project, we will be focusing on problematic use, potentially harmful use and substance use disorders.

**Wraparound Services:** Wraparound services refers to a comprehensive, team-based approach to providing supports and resources to support those unhoused or those in transitional housing. Wraparound services are designed to provide comprehensive, personalized supports and resources so that individuals and families are able to address the complex issues and challenges that often accompany homelessness and can interfere with obtaining long-term housing stability<sup>33</sup>.