SUBJECT: Blueprint for Emergency Shelter Services (CS09015) (City Wide)

RECOMMENDATION:

(a) That the Blueprint for Emergency Shelter Services, which seeks to develop a sustainable system to better support homeless people as they move to permanent housing, attached as Appendix A to Report CS09015, be endorsed.

(b) That staff be directed to report back with a detailed implementation plan for the implementation of Basic Emergency Shelter Services and Intensive Case Management as described in the Blueprint for Emergency Shelter Services.

(c) That staff be directed to work with other Consolidated Municipal Service Managers who provide emergency shelter services to advocate to the Ministry of Community and Social Services to change from a per diem to sustainable funding formula for Emergency Shelters.

Joe-Anne Priel,
General Manager
Community Services Department

EXECUTIVE SUMMARY:

The average occupancy in emergency shelters has declined over the past two years. Much of the drop can be directly attributed to the Hostels to Homes Pilot Project (H2H), which has helped people, who have spent long periods of time in emergency shelters, find and maintain permanent housing. The program was created in response to the realization that almost 25% of people using emergency shelters were spending more than 42-days a year in emergency shelter beds.
Reduced occupancy rates have produced a funding challenge for emergency shelters. Emergency shelters are funded on a per diem basis, meaning that they only receive funding when someone is staying in a shelter bed. The reduced occupancy rate has meant reduced revenue for emergency shelters. This is a problem because emergency shelters have fixed costs regardless of the number of people staying in the beds. The largest fixed costs are for personal support services, which are intended to help people leave emergency shelters and sustain them in the long-term.

In 2007, staff from the Ministry of Community and Social Services (MCSS) indicated they were open to proposals regarding alternative funding models for emergency shelter services to address this funding challenge on a long-term basis. Community Services staff began working collaboratively with executive directors of the emergency shelters to develop the Blueprint for Emergency Shelter Services, which would provide the basis for a proposal to MCSS. By the time the Blueprint was finished in June 2008, the financial picture in the province had changed and MCSS was no longer able to consider alternative funding models. Staff and emergency shelter providers decided to continue and develop an implementation plan that was not reliant on a new funding arrangement with the province.

The Blueprint found that while the occupancy rate is dropping and a reduction in the number of beds is desirable in the long-term, the number of shelter beds could not be reduced in the short-term for these reasons:

1. While the overall occupancy rate has dropped to 74%, the system still experiences spikes in need at which time all beds are used.
2. Given the fixed costs involved with operating an emergency shelter, significant savings can only be achieved by closing an emergency shelter.
3. Each of the emergency shelters has developed some specialization in terms of the service they provide to clients. To reduce the number of beds in one shelter would mean ensuring that the other shelters have the capacity to deal with the needs of their new clients.
4. The funding for H2H is temporary and puts its clients in jeopardy of returning to emergency shelters or living on the street.

The Blueprint for Emergency Shelter Services proposes a series of actions to better serve clients and provide sustainability for shelter services.

**Work Together as a System**

- Establish the Hamilton Emergency Shelter Integration and Coordination Committee (HESICC) to plan and deliver services in a collaborative and coordinated fashion.
- Develop and sign a Memorandum of Understanding with service providers, which will commit the partners to collaborate in the development of an integrated network of emergency shelters that work towards achieving the vision and goals of the Blueprint and support compliance with the Emergency Shelter Standards described in Appendix B attached to Report CS09015.
Provide Basic Emergency Shelter Services:

- Implement the Service Standards outlined in Appendix B attached to Report CS09015.
- Establish a common intake and assessment process to ensure client needs are identified early.
- Staff and design shelters appropriately to ensure that clients may be served by any emergency shelter.
- Staff and design appropriately to improve safety for clients and staff.
- Operate 24/7 so that staff are better able to engage with the clients to provide personal supports.

Implement Permanent Intensive Case Management Team:

- Integrate and expand the supports of the H2H into a permanent “Intensive Case Management Team.”

Reduce Shelter Beds:

- Reduce shelter beds over the next three years and transition to more mobile supports to help previously homeless people maintain their housing.

Propose New Funding Model:

- Advocate with the MCSS for the establishment of a new funding model that adequately reflects the cost of running emergency shelters.

It is proposed that the Basic Emergency Shelter Services as described in Appendix A attached to Report CS09015, be funded through a combination of the existing Ontario Works (OW) Emergency Shelter per diem funding and realignment of the Consolidated Homelessness Prevention Program (CHPP) funding currently allocated to the emergency shelters. These are existing funding envelopes and there is no additional municipal funding required at this point in time. This realignment would see funding reallocated from supports outside emergency shelters to support personal support services delivered within emergency shelters. This will provide some sustainable funding to the emergency shelters. As well, HESICC would submit an application to the Homelessness Partnering Strategy’s Call for Applications for funding for the Intensive Case Management Program. This funding would last for approximately 18-months and would allow time for permanent funding to be secured from the province of Ontario. If the funding application is not supported, staff will work with the HESICC to identify other options. Efforts will also continue to secure permanent ongoing funding for the intensive case management services through the MCSS.
BACKGROUND:

The Current System

The City of Hamilton funds the following seven emergency shelters:

1. Good Shepherd - Men’s Centre;
2. Good Shepherd - Notre Dame House;
3. Good Shepherd - Family Shelter;
4. Good Shepherd - Mary’s Place;
5. Mission Services – Men’s Residence;
6. Salvation Army – Booth Centre; and,
7. Wesley Urban Ministries – Wesley Centre.

These shelters provide a total of 370 emergency shelter beds. This includes 125 beds for men, 65 beds that could be used by men or women, 20 youth beds, 80 family beds and 10 designated women’s beds. Each organization provides emergency shelter for its designated client population. They also provide a range of related and complementary services, such as supported housing, food programs and other health and social services, funded either through government programs or their own fundraising efforts. For financial and operational reasons, all men’s shelters, except for Wesley Centre, close during the day.

In 2006, 3,950 people stayed in an emergency shelter increasing slightly to 3,960 in 2007. The 2008 numbers will be available by the end of the second quarter of 2009. Seventy-five percent (75%) of the people using the shelters did so with minimal intervention. However, 25% of the individuals using shelters stayed in the shelters for more than 42 days. These individuals are considered to be the chronically homeless, people who are socially isolated with persistent and complex mental health issues and/or addictions problems. H2H was initiated as a response to the need for an intense case management approach that would focus on working with the most chronically homeless in the emergency shelters.

Organizations receive a per diem ($41.60) amount of funding through OW for every night a bed is occupied. If the bed is not occupied, the shelter does not receive funding even though overhead and staffing costs remain constant. In 2007, the City and province contributed a total of $6 million including $4.4 million in per diems. Some personal support services have been funded through CHPP that totalled $615,000 in 2007. In 2007, block funding for personal supports at Notre Dame House and Mary’s Place, totalling $519,797, was provided through Community Services’ departmental surplus funds. Each shelter organization contributed its own resources to the direct operations of the shelter. These funds came primarily through fundraising efforts. Collectively, these organizations estimate that they contributed an additional $1.5 million to the operations of the shelters annually.
The Need for a Long-Term Strategy for Emergency Shelters

As the Consolidated Municipal Service Manager (CMSM) for OW and Homelessness, the City of Hamilton is responsible for planning and funding programs to address these issues. In March 2007, the City adopted Everyone Has A Home as its strategic plan to address homelessness, which included a specific strategy focusing on “identifying people who are staying in emergency shelters for 42 days or more and providing appropriate supports to help them find and maintain housing”. This recommendation stemmed from new data that showed that approximately 25% of people using emergency shelters were spending 42 or more days in emergency shelters. For these people, emergency shelters were becoming permanent housing rather than temporary, short-term housing used on an infrequent basis.

The H2H was initiated to directly address the needs of people experiencing long stays in the emergency shelter system. With the support of the MCSS, an inter-disciplinary mobile case management team was set up. Members of H2H worked with shelters to identify long-term shelter users and work with them in moving into permanent housing. Most people experiencing shelter stays of more than 42-days have multiple issues that make it difficult for them to obtain housing and leave the shelter. These can include addictions, mental health issues and limited life skills. Once participants entered H2H they were assisted to find permanent housing, which was made affordable through a rent supplement. The mobile team then provided supports to help the participants maintain their housing. The program has been very successful housing 80 people in its first phase with most of them remaining housed. H2H’s success also follows on the heels of several other earlier successful initiatives, including the HOMES program run by Good Shepherd and the Claremont House Managed Alcohol Program run by Wesley Urban Ministries, which had already redirected some people from emergency shelters.

The success of H2H has meant that fewer people, who had previously stayed many nights per year, were no longer using emergency shelters. The number of people staying in emergency shelters is recorded in the Homeless Individuals and Families Information System. Data shows that the number of people staying in emergency shelter decreased from 3950 in 2006 to 3671 in 2007. While 2008 HIFIS data is not yet available, this trend has been confirmed through billing data from emergency shelters. These positive outcomes also created a challenge and exposed a long-standing issue with the funding formula for emergency shelter (hostel) services. Funding is provided to the City through OW on a per diem basis for each night a shelter bed is occupied. With fewer people staying in the emergency shelter system, the emergency shelters have difficulty meeting their fixed costs.

The definition of emergency shelter services under the Ontario Works Act, 1997 focuses on food, overnight accommodation and minimal supervision. Services beyond “minimal supervision” are not covered. Most people who find themselves in an emergency shelter require some support to leave. For approximately 75% of shelter users, it consists mainly of helping them to find resources in the community. For the remaining 25%, however, their needs are more involved. They may have profound mental health or addiction issues that prevent them from leaving without considerable support. These services are referred to as personal supports services.
The amount of support clients require and the service the City of Hamilton can legislatively provide them has been a struggle since 2004. Under the General Welfare Assistance Act, there was a broader definition of emergency shelter services which allowed for funding these critical services. The change in the definition, limited the City’s ability to fund the personal support services (Reports ESC08026, SSC0603 and SSC0603(a)), which has led emergency shelters to reduce staffing for personal supports services, and in some cases incur budget deficits as in 2008. The emergency shelter providers have indicated that this is not sustainable and that they will have to consider significant service reductions if the situation is not addressed.

**Development of the Blueprint for Emergency Shelter Services**

Community Services staff approached MCSS to gauge its interest in exploring a new funding formula for services provided in emergency shelter. As the primary funder of emergency shelter services in Hamilton, the Ministry’s involvement was seen as key to the success of a long-term solution. MCSS staff expressed interest in the idea and encouraged Community Services staff to return with a proposal so that it could be considered for the 2009 Provincial budget. Thus, the idea of developing a Blueprint for Emergency Shelter Services emerged with the objective of proposing a new funding model.

December 2007, the General Manager of Community Services and Director of Housing met with the Executive Directors of the emergency shelters to discuss the funding pressures within the emergency shelter system. All parties agreed to work collaboratively to develop a Blueprint for the emergency shelter system to find a long-term funding solution.

The initial Blueprint for Emergency Shelter Services was developed over six months and was completed in June 2008. It was developed through reviewing existing data, key informant interviews and workshops with Executive Directors of the emergency shelters along with Housing Help Centre, the Mental Health Outreach Program and City staff. The Blueprint describes the existing system, assesses the need for change and proposes a plan for redesigning the emergency shelter system to better meet the needs of homeless people, now and in the future. It also outlines the cost of providing emergency shelter services based on the new model.

When the draft Blueprint was presented to representatives from the local MCSS office in July 2008, it was learned that the economic environment at the Province had changed. Early signs of the global financial crisis were emerging, thus limiting MCSS’s ability to consider any new funding models for emergency shelter services.

This was a significant setback, but much had been gained through the process of developing the Blueprint for Emergency Shelter Services. A more collaborative approach to planning had been created along with a shared vision for reshaping the work of emergency shelters. Community Services, in partnership with the emergency
shelters, spent the next six months mapping out a way forward working with existing resources.

Blueprint for Emergency Shelter Services Findings

The following discussion identifies the findings of the Blueprint for Emergency Shelter Services.

Service Trends

- The decline in occupancy paired with an increase in the complexity of client needs is straining the system. New groups such as young people are using shelters as well as people with very limited life skills as well as newcomers and refugees. Many people using emergency shelters also suffer from multiple disorders, most often an addiction and mental health diagnoses. Agencies are not equipped to deal with these clients’ needs in shelters or to adequately assist them in leaving emergency shelter.

Funding and Staffing Issues

- It is no longer possible to maintain a safe and viable shelter system through the current per diem/occupancy approach to funding. It is imperative to change the funding approach and to enhance funding in order to adequately address the safety and security issues. Some shelters have only one person on duty overnight where they are responsible to provide supervision, security and support services for anywhere from 40 to 97 individuals.

- Shelter providers are extremely concerned about their capacity to maintain their financial contributions to the system given the economic downturn and donor fatigue. If these agencies are not able to sustain their operations, the number of people experiencing homelessness on the streets of Hamilton would increase. The City would then be faced with the challenge of finding alternate housing options or consideration would need to be given to opening City-owned and operated facilities as other municipalities do.

- The level of funding provided through the per diems is not adequate to sustain the provision of emergency shelter services, especially with a commitment to operational standards. The total cost of the existing system is approximately $7.5 million, as indicated previously, annualized City and Provincial funding contributions have been $6 million. A recent review of the emergency shelter system in the City of Toronto estimates that the per diem rate in emergency shelters should be closer to $73, rather than $41.60.

Working as a System

- It is essential to develop a system-wide approach for emergency shelter services. This includes the development of shelter standards and creating a forum for the shelters and the City staff to work together to plan, monitor and manage the risks associated with providing emergency shelter services.

- Each of the emergency shelters has some element of specialization, whether it be mental health, addiction or working with those who are hardest to serve. Wesley serves a unique function by sheltering those who cannot be accommodated in the
other shelters. Attempts to reduce the number of beds must be accompanied by increased resources at the remaining shelters to accommodate the new clients.

- The occupancy rate in the shelters has been declining over the past couple of years in 2007 it was 82%. In 2008, the occupancy between January and October was approximately 74%. It is necessary to reduce capacity within the system, but the reduction should be made carefully to ensure that clients do not “fall between the cracks”.
- H2H has demonstrated the benefits of providing more intensive and transitional supports to the people who are chronically homeless. The supports provided by this program are temporary and will be phased out beginning in 2010. These supports need to be maintained and expanded to serve even more individuals.

Blueprint for Emergency Shelter Services Recommended Actions

Work Together as a System

- The Blueprint recommends that planning and coordination be done through a newly formed group called the HESICC, which includes the four emergency shelter providers and the City, with the Housing Help Centre and the Mental Health Outreach Team as ex-officio members.
- A Memorandum of Understanding (MOU) will be signed by all parties and will become an addendum to the subsidy agreement. The MOU will commit the partners to collaborate in the development of an integrated network of emergency shelters that work towards achieving the vision and goals of the Blueprint and support compliance with the Emergency Shelter Standards described in Appendix B attached to Report CS09015.

Clearly Identify Basic Emergency Shelter Services

- Basic Emergency Shelter Services are the services that everyone using an emergency shelter would receive as described in Appendix A attached to Report CS09015. This represents a new, co-ordinated way of delivering services that will improve outcomes for clients. In this new system, clients’ needs will be assessed early on in their shelter stay. The goal is to help connect people with appropriate supports more quickly and further reduce the length of their stay in shelters and improve their ability to find and maintain permanent housing when they leave.
- The Shelter Standards developed through the Blueprint exercise are implemented, as per Appendix B attached to Report CS09015. While all shelters have their own policies, there are currently no common standards for service delivery. This means that clients can “fall between the cracks” as they move from one shelter to another.
- Common intake and assessment of clients, including standardized tools and databases, should be developed and implemented. This ensures that client needs are identified early in their stay and appropriate supports are put in place to help them leave shelters. Currently, clients may be in shelters for a long period of time before needs are identified.
Common approaches to personal supports services/case management for those experiencing short-term stays should be implemented. This will prevent duplication of effort and expedite clients’ exits from shelters.

“No wrong door” should be an approach to services in shelters. All clients should be able to receive service from a shelter and not be turned away except in agreed upon situations where safety is compromised.

Standard staffing ratios to ensure the safety of clients and staff need to be implemented. This also allows for all shelters to accommodate all clients including those with more challenging behaviours.

24/7 access to all shelters should be implemented across the shelters. All shelters should be configured and staffed appropriately so they may remain open all day. Currently, most shelters close during the day except for people who may be unwell or who may need to return to retrieve items. This new model allows clients to access personal supports services or case management during the day from people with whom they have built trusting relationships.

Increased co-ordination must take place with related services that support people experiencing homelessness. This is especially true of the Housing Help Centre, the Mental Health Outreach Team and OW. These and other services need to be involved in case planning for clients to ensure that they are able to leave shelters quickly and find and maintain housing in the community.

Implement a Permanent Intensive Case Management Team

The success of H2H has illustrated the need to make intensive case management available to people who are or are at risk of becoming long-term shelter users. These are clients who will require much more intensive support to prepare to leave shelters and obtain housing. These services need to be mobile and follow people into their new housing to help them remain housed and would be similar to the Intensive Case Management currently provided by the H2H, but would be provided on an ongoing basis.

Reduce the Size of the System

Through a phased-in implementation, the size of the emergency shelter system should be reduced to reflect the current utilization numbers. Ultimately, the only real cost savings is to be found in closing an entire shelter. This recommendation is dependent on continuing supports to H2H clients so they may continue to live in the community and will not return to shelters. It is also contingent upon all shelters being able to serve the most challenging clients. Simply closing a shelter without the appropriate transition would make matters worse. The remaining shelters must be resourced appropriately to serve all clients.

New Funding Formula

Work must continue with the Province of Ontario to develop a new funding formula to ensure that these services may be funded on an ongoing basis.
ANALYSIS/RATIONALE:

Given that the MCSS was unable to consider a new funding arrangement for emergency shelter services, a proactive approach to the funding problems in the emergency shelters is still needed. Community Services and the emergency shelter providers have developed an approach to implement most elements of the Blueprint for Emergency Shelter Services and provide greater sustainability for these services.

Basic Emergency Shelter Services as described in the Blueprint for Emergency Shelter Services would be implemented gradually over a two-year period. This would allow for adequate time to develop the protocols and guidelines necessary to implement the standards. An important part of the implementation will be training staff regarding the changes and developing common case management tools including software.

The development of the Intensive Case Management team builds on the success of the H2H. The H2H’s supports will be phased out, starting in July 2009 as the funding from MCSS ends. Without these supports, it is feared that clients will eventually return to the emergency shelters. MCSS has not indicated that it will continue the program. To fill the void, the emergency shelter providers will submit an application to the federal Homelessness Partnering Strategy Call for Applications to provide funding for the new intensive case management team. This funding will be used for an 18-month period. During that time, efforts will be made to secure permanent funding from the Province.

If the Basic Emergency Shelter Services and Intensive Case Management are funded and implemented, it will be possible to close one of the emergency shelters. This plan is contingent on occupancy levels continuing as they have over the past two years. Closing a shelter would represent an important step toward refocusing the shelters on providing short-term stays and providing the support to help people remain in their home once they have left the shelter.

ALTERNATIVES FOR CONSIDERATION:

Council could choose not to support the implementation of the Blueprint for Emergency Shelter Services. In the absence of a long-term solution, agencies experiencing financial difficulties will have to reduce or terminate programming and services for people experiencing homelessness. The end result would be additional pressures on the system, increased numbers of persons experiencing homelessness, increased presence of people experiencing homelessness on the street and in the downtown core, increased length of stays in shelters, increased cost of the emergency shelter program, increased risks to the health and safety of both staff and users of the emergency shelter system, or the City would need to consider establishing/operating emergency shelters.

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

Financial:
There are no budget implications arising from Report CS09015. Current funding will be realigned to support the recommended changes.

The Hamilton Emergency Shelter Integration and Coordination Committee will submit an application to the Homelessness Partnering Strategy for the implementation of the Permanent Intensive Case Management Team. The funding would be for approximately an 18-month period. In the interim, efforts will be made to work with MCSS to secure permanent funding.

Staff:

There are no staffing implications associated with the recommendations of Report CS09015.

Legal:

There are no legal implications associated with the recommendations of Report CS09015.

**POLICIES AFFECTING PROPOSAL:**

Funding for emergency shelters (hostels) is governed by the *Ontario Works Act, 1997*.

**RELEVANT CONSULTATION:**

The development of the Blueprint for Emergency Shelter Services was undertaken in consultation with the Ministry of Community and Social Services. It was developed through a collaborative process involving Good Shepherd Centres, Housing Help Centre, Public Health Services – Mental Health Outreach Team, Mission Services, the Salvation Army and Wesley Urban Ministries.

Staff also consulted with the Community Services Department, Employment & Income Support Division regarding funding options.

**CITY STRATEGIC COMMITMENT:**

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

Community Well-Being is enhanced. ☑ Yes ☐ No
Implementation of the Blueprint for Emergency Shelter Services will ensure that public services and programs are delivered in an equitable manner, coordinated, efficient, effective and easily accessible to all citizens.

Environmental Well-Being is enhanced.  

☐ Yes  ☑ No

Economic Well-Being is enhanced.  

☑ Yes  ☐ No

Poverty is reduced. The Blueprint for Emergency Shelter Services would assist people to leave the emergency shelter system more quickly and find housing and employment as appropriate.

Does the option you are recommending create value across all three bottom lines?  

☐ Yes  ☑ No

Do the options you are recommending make Hamilton a City of choice for high performance public servants?  

☐ Yes  ☑ No
Purpose and Parameters of the Blueprint

The City of Hamilton’s Strategic Plan to Address Homelessness lays out a bold vision for Hamilton to become *a community where everyone has a home*. The City’s comprehensive Strategic Plan developed in 2007 includes five specific outcomes and associated strategies with many of those strategies relating directly to the emergency shelter system (Please see Appendix One for a Summary of Key Strategies).

Building on its commitment to achieve the outcomes identified within the Homelessness Strategic Plan, the City is creating a Blueprint to set out the specifications for the emergency shelter system. Not only will this Blueprint ensure that there is emergency shelter available for those who need it, but it will also help redesign the emergency shelter system to better support homeless people in obtaining and maintaining more permanent housing.

This Blueprint focuses on City of Hamilton funded emergency shelters that provide services to homeless individuals (youth, males and females) and families. These organizations include seven funded emergency shelter programs provided through four organizations. The organizations and their programs are:

1. Good Shepherd – Men’s Centre; Notre Dame; Family Shelter; Mary’s Place
2. Mission Services – Men’s Residence
3. Salvation Army – Booth Centre
4. Wesley Urban Ministries – Wesley Centre

This Blueprint does not address the shelters providing services to meet the unique needs and concerns of women who have experienced or are experiencing issues relating to violence against women. Nor does it address shelters that have criteria for admission relating to specific clinical treatments such as alcohol or drug abuse. These programs are funded through the province and not directly through the City. Similarly, this plan will not focus on the Aboriginal-specific emergency shelter services. There is currently a planning process for Aboriginal services through the Federal Government Homelessness Partnership. Although all these programs play a vital role in the emergency services system, they require a more specialized planning approach and will not be the focus of this Blueprint.
THE BACKGROUND

For decades, service groups, churches and community organizations in Hamilton have found ways to provide care and support to people living in poverty, the homeless and the hungry. Each of the four organizations operating Hamilton’s seven emergency shelters has been serving the Hamilton community for over 50 years. Long before government programs and organized fundraising efforts existed, these mission-driven organizations identified a human need and responded, using whatever resources they could muster to support the most disadvantaged people in the community. Over time, as awareness and understanding about the needs of this population increased, social policy evolved and public funding became available to these service organizations to assist them in their work in providing food and shelter for the homeless.

Today, there is a broader understanding of the causes, implications and consequences of homelessness. These issues are being examined and addressed by many sectors and organizations in the community including the Poverty Roundtable, the mental health and health care system, social assistance and social housing programs. As society attempts to address the broader issues involving poverty and homelessness, this community must also grapple with the question of how best to address the immediate needs of people who require emergency shelter.

There is a better understanding about the homeless population; who uses the shelter system, for how long and why. There is emerging evidence that leads service providers and policy makers to better understand what is required to enable people to break the homelessness cycle. And there is growing understanding that emergency shelter service providers must work together and strengthen connections to the boarder range of homelessness programs and services in this community. However, the existing policies relating to planning, assessing and funding the emergency shelters provide minimum stability to the organizations and are not conducive to collaboration and system-wide planning.

The City of Hamilton is the Consolidated Municipal Service Manager (CMSM) for emergency shelter services responsible for funding and overseeing these services. The City receives 80% funding from the Ministry of Community and Social Services for emergency shelters. Funding is provided to the City on a per diem basis for each night a shelter bed is occupied. It is generally agreed that this arrangement needs to be changed to allow more flexibility in ensuring that emergency shelter services are available when needed and that the emergency shelter system can help people transition to more permanent housing.

The City of Hamilton engaged the four organizations providing emergency shelter, along with the Housing Help Centre and the Mental Health Outreach Team, in a planning process aimed at examining the current system and developing the emergency shelter services blueprint for the future. With the help and support of external consultants, the City initiated a planning process to develop the Blueprint that is presented in this document.
This process included reviewing the existing data; interviewing and conducting workshops with the Executive Directors of the aforementioned organizations as well as City staff. The Blueprint describes the existing system, assesses the need for change in the system and develops a plan for redesigning the emergency shelter system to better meet the needs of homeless people, now and in the future.
EMERGENCY SHELTER SERVICES AND THE NEED FOR CHANGE

A Description of the Current System

The seven emergency shelters funded by the City of Hamilton provide a total of 370 emergency shelter beds. This includes: 125 beds for men, 65 beds that could be used by men or women, 20 youth beds, 80 family beds and 10 designated women’s beds.

Each of the organizations provides basic emergency shelter for its designated population. They also provide a range of related and complementary services, such as supported housing, food programs and other health and social service endeavours, funded either through government programs or their own fundraising efforts.

These programs and services reflect each individual organization’s unique values and beliefs. Over the years, each has evolved a particular focus, a distinctive model of service delivery and special expertise.

Mission Services has an alcohol recovery and treatment focus with 20 specialized ‘addiction beds’ in a program called Discovery House.

Good Shepherd operates four programs: a shelter for men; a shelter for women; a shelter for families; and a shelter for youth. The organization has expertise in addressing issues of health and mental health across the lifespan. An additional 10 beds for women will be available in the near future.

Salvation Army serves a general male, homeless population. It has some private or fee-paying beds, as well as 19 hospital discharge beds.

Wesley Urban Ministries provides shelter accommodation in a large congregant setting. It serves men and women and is the only shelter that will take couples. It also provides service to people who are intoxicated, and accommodates people whose behaviour is disruptive or challenging. There is no arrival curfew and the shelter also provides 24/7 drop in.

Table One identifies the programs and the unique focus of each of the shelters.
TABLE ONE: Shelter Programs and Beds

<table>
<thead>
<tr>
<th>Organization</th>
<th>Shelter</th>
<th># of Beds</th>
<th>Population</th>
<th>Other Related/Unique Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Services</td>
<td>Men’s Shelter</td>
<td>58</td>
<td>Males</td>
<td>Recovery and Substance Abuse focus Discovery House includes 20 specialized addiction beds</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Booth Centre</td>
<td>97</td>
<td>Males</td>
<td>Serves the downtown core Primary Care Clinic and 19 Hospital Discharge Beds</td>
</tr>
<tr>
<td>Wesley Urban Ministries</td>
<td>Wesley Centre</td>
<td>65</td>
<td>Males/Females Couples</td>
<td>A harm reduction approach Open 24 hour Accommodates intoxicated individuals and those with difficult behaviours</td>
</tr>
<tr>
<td>Good Shepherd</td>
<td>Men’s Shelter</td>
<td>40</td>
<td>Men</td>
<td>Provides a continuum of housing, mental health</td>
</tr>
<tr>
<td></td>
<td>Notre Dame</td>
<td>20</td>
<td>Youth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mary’s Place</td>
<td>10</td>
<td>Women</td>
<td>To be expanded in the future</td>
</tr>
<tr>
<td></td>
<td>Family Shelter</td>
<td>80</td>
<td>Families</td>
<td>Serves families with children Opened in 2006</td>
</tr>
<tr>
<td>4 Organizations</td>
<td>7 Programs</td>
<td>370 Beds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: CMSM Billing Data and Interviews

Over the past three years, the shelter system has been used by more than 3,000 people annually. In 2005 3,049 people used the shelters. In 2006 3,950 people used the shelters and in 2007 3,690 people used the shelters. The number of beds available for men in the system is significantly higher than the number of beds available for females. In 2006, the percentage of females increased to 22% from 14% in 2005. This percentage was maintained in 2007 even though the total number of people using the shelters decreased. Table Two depicts the number of shelter users by gender by year.

TABLE TWO: Use of Shelter by Gender by Year

<table>
<thead>
<tr>
<th>Gender</th>
<th>2005</th>
<th></th>
<th>2006</th>
<th></th>
<th>2007</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Male</td>
<td>2614</td>
<td>85.7%</td>
<td>3074</td>
<td>77.8%</td>
<td>2809</td>
<td>76.1%</td>
</tr>
<tr>
<td>Female</td>
<td>432</td>
<td>14.2%</td>
<td>875</td>
<td>22.2%</td>
<td>875</td>
<td>23.7%</td>
</tr>
<tr>
<td>Transgender</td>
<td>4</td>
<td>0.1%</td>
<td>1</td>
<td>0.0%</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>0.1%</td>
<td>1</td>
<td>0.0%</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Total</td>
<td>3049</td>
<td>100.0%</td>
<td>3950</td>
<td>100.0%</td>
<td>3690</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: HIFIS Data

In addition to the number of people using the system, it is also interesting to look at how much of the total capacity of the system is being used. This can be done by looking at the occupancy rate. The system would be at total capacity if 100% of the 370 beds were in use. During the past two years, the bed occupancy rate has been at 83% in 2006 and 82% in 2007. Table Three highlights occupancy rates for 2006 and 2007.
TABLE THREE: Occupancy 2006 and 2007

<table>
<thead>
<tr>
<th>Shelter</th>
<th>Target Population</th>
<th>Number of beds</th>
<th>2006 Average Occupancy</th>
<th>2007 Average Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Shepherd Men’s Men</td>
<td></td>
<td>40</td>
<td>86.3%</td>
<td>89.0%</td>
</tr>
<tr>
<td>Mission Services Men</td>
<td></td>
<td>58</td>
<td>93.6%</td>
<td>81.7%</td>
</tr>
<tr>
<td>Salvation Army Booth Men</td>
<td></td>
<td>97</td>
<td>81.7%</td>
<td>78.2%</td>
</tr>
<tr>
<td>Wesley centre Men and Women</td>
<td></td>
<td>65</td>
<td>88.4%</td>
<td>81.4%</td>
</tr>
<tr>
<td>Mary’s Place Women</td>
<td></td>
<td>10</td>
<td>89.5%</td>
<td>81.9%</td>
</tr>
<tr>
<td>GSFC Families</td>
<td></td>
<td>80</td>
<td>75.5%</td>
<td>84.1%</td>
</tr>
<tr>
<td>Notre Dame Youth</td>
<td></td>
<td>20</td>
<td>69.0%</td>
<td>86.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>370</td>
<td>83.4%</td>
<td>82.3%</td>
</tr>
</tbody>
</table>

Source: CMSM Hostile Occupancy Billing 2006 and 2007

It is also important to understand how long people use the emergency shelter system. Over the last three years, about 75% of the people used the shelter system for less than 42 days. The converse of this, of course, is that for the same time period 18% to 25% of people using shelters did so for a period greater than 42 days. These individuals would be considered long term or chronic users of the system. Table Four highlights length of stay.

TABLE FOUR: Length of Stay by Year

<table>
<thead>
<tr>
<th>Length of Stay</th>
<th>2005</th>
<th>2006</th>
<th>2007 (revised)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Total Nights stayed in Shelters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 42</td>
<td>2387</td>
<td>78.3%</td>
<td>3042</td>
</tr>
<tr>
<td>42-365 days</td>
<td>553</td>
<td>18.1%</td>
<td>835</td>
</tr>
<tr>
<td>Error/missing</td>
<td>109</td>
<td>3.6%</td>
<td>73</td>
</tr>
<tr>
<td>Total</td>
<td>3049</td>
<td>100.0%</td>
<td>3950</td>
</tr>
</tbody>
</table>

Source: Source: HIFIS Data

Several key factors influence the fluctuations in the number of people using the shelters, the occupancy rates and the lengths of stay.

Prior to 2005, there was not a common data system. The new Homeless Individuals and Families Information System (HIFIS) was introduced in 2005 and, as with any new information system, several data glitches were encountered. These are currently being worked out. With each year the system is in use, those using it become more comfortable and confident in the information it produces.

Data issues are further complicated by the fact that there are two data systems; one data system that collects information and describes who uses the shelters and another system
for budgeting, billing and funding purposes. Once again, with experience and usage, the discrepancies between the two systems are being resolved.

The past several years have seen many developments and new programs focusing on homelessness. Federal and provincial initiatives have been developed and implemented with the aim of providing more housing opportunities for poor and low income people. Several programs have focused specifically on addressing the needs of homeless people.

The following highlights some of these key changes that may be influencing who is using what emergency shelters, how long they stay and the occupancy rate.

- The Hamilton Out of the Cold program operated by local faith groups provides food and shelter to those who need it from November through March.

- In 2006, the Salvation Army Booth Centre began operating 19 beds to serve homeless people being discharged from the hospital. These speciality beds take some pressure off the rest of the shelters insofar as people receive more intensive medical support and care in these beds.

- In 2006, Claremount House was established, serving 16 chronically homeless people with alcohol addictions.

- In 2007, the third phase of the HOMES program, operated by Good Shepherd, was introduced, adding an additional 56 units of housing and related support services for people who were homeless and living with a mental illness.

- In 2006, the Good Shepherd also opened its Family Centre providing temporary emergency accommodation (80 beds) for families experiencing homelessness.

- In January 2005, the province consolidated five homelessness prevention programs; Provincial Homelessness Initiatives Fund (PHIF), Supports to Daily Living Fund (SDL), Community Partners Program (CPP), Emergency Hostel Redirection (HER) and Off the Streets into Shelter (OSIS). At the same time, the province developed new objectives, goals and performance measures. The objectives of CHPP includes enabling service system managers to consider and support the full range of programming to meet local needs and priorities through clear goals, streamlined administration and flexible funding. It allows the service managers to facilitate the development of a seamless program of support services to connect individuals and families to community resources and assist homeless people or people at risk of becoming homeless, to find and keep stable living arrangements. It recognizes the need to change the culture and practice of service delivery to one focused on client outcomes, through increased flexibility in program delivery and funding mechanisms and
the results-based performance measures. It allows for service system managers and service providers to develop, create innovative new approaches to homelessness prevention programming. Hamilton receives approximately $1,280,000 annually in CHPP funding.

- In May 2007, the City of Hamilton launched the Hostels to Homes Pilot (H2HP), a collaborative effort with existing emergency hostels to reinvest community resources to support chronic hostel residents to move along the housing continuum. Hamilton’s H2HP has the capacity to assist 80 individuals to find safe, affordable housing and to provide them with the supports necessary to sustain that housing.

These changes in the shelter system have taken place over the past several years and have undoubtedly had a significant impact in the community – and will continue to do so. There has been a significant expansion in homelessness prevention and programs aimed at supporting homeless people to maintain transitional or more permanent housing. However, even with these initiatives, the numbers of people using the seven shelters has been fairly consistent over the past three years; the numbers of females using the shelter has increased; about 25% of the people are chronic shelter users staying in the shelter system more than 42 days and the shelters are still operating at about 82% occupancy with peaks throughout the year. So, while some of the measures indicate that rates have gone down (occupancy and usage), one must take into account the injection of new programs and resources so caution must be used when considering this data for future planning and funding of the system.

**Funding the System**

At the present time, shelters are funded primarily on a per diem basis. Organizations receive a per diem amount of funding for every night a bed is occupied. Each year, the CMSM sets a budget based on an anticipated usage of the system. Table Five shows the total budgets for shelter programs, the actual expenditures and the difference between these figures.

**TABLE FIVE: Budget and Actual 2005, 2006 And 2007**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>370</td>
<td>$3,011,278</td>
<td>$5,483,030</td>
<td>$4,537,142</td>
<td>$945,888</td>
<td>$5,086,140</td>
<td>$4,447,733</td>
<td>$638,407</td>
</tr>
</tbody>
</table>

Source: CMSM Billing Data
Table Six presents this data broken down for each shelter. Each of the programs received less funding than was actually budgeted for by the city and by the agency. In 2006 the variance between the budget and what was actually billed was $945,888 and in 2007 it was $638,407.

**TABLE SIX: Per Diem Budgeted and Actual Spending: 2005, 2006 and 2007 by Shelter**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Shepherd - Men's Centre</td>
<td>40</td>
<td>$495,065</td>
<td>$582,870</td>
<td>$494,348</td>
<td>$88,522</td>
<td>$524,680</td>
<td>$522,503</td>
<td>$2,177</td>
</tr>
<tr>
<td>Mission Services</td>
<td>58</td>
<td>$771,412</td>
<td>$845,160</td>
<td>$771,045</td>
<td>$74,115</td>
<td>$760,790</td>
<td>$690,802</td>
<td>$69,988</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>97</td>
<td>$968,378</td>
<td>$1,359,220</td>
<td>$1,142,305</td>
<td>$216,915</td>
<td>$1,206,760</td>
<td>$1,107,899</td>
<td>$98,862</td>
</tr>
<tr>
<td>Wesley Urban Ministries</td>
<td>65</td>
<td>$776,423</td>
<td>$947,170</td>
<td>$747,518</td>
<td>$199,652</td>
<td>$947,170</td>
<td>$773,215</td>
<td>$173,955</td>
</tr>
<tr>
<td>Good Shepherd - Mary's Place</td>
<td>10</td>
<td>$357,244*</td>
<td>$291,430</td>
<td>$183,733</td>
<td>$107,697</td>
<td>$218,650</td>
<td>$119,665</td>
<td>$98,985</td>
</tr>
<tr>
<td>Good Shepherd - Notre Dame</td>
<td>20</td>
<td>$457,272*</td>
<td>$291,430</td>
<td>$255,793</td>
<td>$35,637</td>
<td>$262,340</td>
<td>$251,215</td>
<td>$11,125</td>
</tr>
<tr>
<td>Good Shepherd - Family Shelter</td>
<td>80</td>
<td>$1,165,750</td>
<td>$942,400</td>
<td>$223,350</td>
<td>$1,165,750</td>
<td>$982,434</td>
<td>$183,316</td>
<td>$98,407</td>
</tr>
<tr>
<td>Total</td>
<td>370</td>
<td>$3,011,278</td>
<td>$5,483,030</td>
<td>$4,537,142</td>
<td>$945,888</td>
<td>$5,086,140</td>
<td>$4,447,733</td>
<td>$638,407</td>
</tr>
</tbody>
</table>

Source: CMSM Billing Data
* Budget for 2005 not available

As discussed in the previous section, it is necessary also to consider the related initiative funding available for emergency shelter services. This includes some block program funding and the new CHPP funding that has been made available to address homelessness issues including legacy programs such as OSIS, Housing Help Centre, and some funding that goes to shelters. Table Seven presents a summary of the total shelter and related homelessness funding for 2007. For all related sources of funding in the shelters including the per diems and other community funding, there is a total budget of $6.6 million dollars.

**TABLE SEVEN: All Shelter Resources**

<table>
<thead>
<tr>
<th>TOTAL 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget per diem</td>
</tr>
<tr>
<td>$5,086,140</td>
</tr>
</tbody>
</table>

Source: CMSM Billing Data
The Need for Change

Data provides only part of the picture. It is also extremely important to listen to the voices of the people who know the system and work in it.

To this end, interviews, workshops and focus groups were conducted with the Executive Directors and senior staff from each of the shelters, the Directors of the Housing Help Centre and the Mental Health Outreach Team, as well as the CMSM staff. These provided a rich source of information.

These key stakeholders openly shared their experiences, their thoughts, their concerns and their vision for future of emergency shelter services in Hamilton. They provided a vivid description of the day-to-day workings of shelters and related services. They shared the history and value system that informs their work. They discussed the administrative complexities of operating a shelter and providing care and support to homeless people. They shared their concerns and aspirations for the people they serve, their staff and their organizations.

The shelter organizations readily acknowledged that they are mission-driven and that their programs reflect strong commitments to their organizations’ core values and beliefs. They are proud of the fact that their organizations provided a broad range of much needed community services and that they were able to respond to community needs. They viewed the shelters as the “flagship” or cornerstone of the all the work they undertake in the community.

As proud as they are of their individual organization’s achievements and accomplishments over the years, each organization acknowledged the need for change. They agreed that the time had come to refocus emergency shelter services. They expressed a desire to develop opportunities for shelter service providers to work more closely together to create a true system of emergency shelter services. They also indicated that if this change is to take place, a new funding approach is absolutely essential to help stabilize the system and build the capacity for the future.

The organizations understand that the status quo is not an option. They realize that moving forward with a more integrated approach requires an assessment of the key trends and challenges facing the existing service system.

The key issues and challenges identified by the various shelter organizations are described as follows.

Service Trends: The most significant service trend facing the shelters is a decline in occupancy accompanied by an increase in the complexity of problems faced by people using the shelters. Many people who come to the shelters suffer from more than one disorder, typically both a mental health and an addiction issue. Shelter workers and
support teams may be able to address some of the behaviours, but very little attention is being paid to the underlying mental health problems. Some shelters indicated that they are seeing a different population using shelters - young people with no income and very few life skills. Some shelters are seeing a substantial increase in the number of homeless people who are refugees and newcomers to Canada. These shelters have little capacity to address the linguistic and cultural uniqueness of diverse populations. And, as described previously, almost 25% of the shelter users are long-term users who require considerable support if they are to move to more permanent housing arrangements.

**Funding and Staffing Issues**: By far the most pressing issue facing the shelters is the current model of funding. At present, each shelter is allotted a number of beds and paid a per diem for every night that a bed is occupied. This occupancy-based, per diem model provides very little stability to the shelters insofar as they have fixed costs regardless of the number of individuals that sleep in a bed on any particular evening.

This model inadvertently may provide shelters with an incentive to keep their beds filled and “work the system” to get the maximum allowable per diems. This model is administratively time consuming for both the organization and the funder. Not only does it require a daily count and calculation of the funds payable, but it also means that there can never be any certainty as to how much money each organization will receive. Furthermore, the per diem model does little to foster a cooperative “systems approach” amongst the shelters because in fact they secure their funding for keeping the person in their shelter rather than, perhaps, referring him or her to a more appropriate setting.

Stabilizing funding for the shelters was seen by all as the key priority for creating and maintaining a viable emergency shelter system in Hamilton.

The inadequate wages paid to shelter workers is another key funding issue that the shelter organizations are concerned about. The role the shelter worker plays is becoming even more crucial as the shelters provide care to people with more complex needs and difficult behaviours in a system with ever increasing expectations. The shelter workers’ role is evolving from custodial care model to a more demanding role in which the worker needs to assist in making complex assessments and in supporting people through difficult transitions in the search for more permanent housing.

Directors acknowledge that there are inequities amongst the agencies with regards to pay scales, but they also all agree that the more pressing issue is the strikingly low wage rate for shelter workers as whole. If it is ultimately the goal to stabilize the system, it is critical that appropriate compensation be given to those individuals working directly with homeless individuals.

The increased complexity of problems, the wide variety of needs, and the necessity to quickly assess those needs, combined with a very restrictive funding approach, are putting increased pressure on emergency shelter staff and management.
Working as a System: The organizations acknowledge the unique contribution that each shelter brings to the community. This diversity is viewed as strength of the system. However, there are challenges within the system and there is a need to better understand these differences and the special contribution each organization makes now – and aspires to make in the future. Currently, all the shelters serve three distinct populations:

- Emergency situational – people who require emergency shelter
- Transitional – people who require some support to enter other programs or be connected to other services and supports
- Chronic – people who use the shelter system on an ongoing basis

While all organizations indicated that they serve the three types of clients identified above, the organizations also acknowledged that they each have a different service model, focus and expertise.

As the system evolves, it is important that areas of specialization be respected and nurtured. It is not possible for each shelter to be an expert in each area and as, the disincentives to working together are removed or minimized, a more specialized emergency shelter system could be designed to respond effectively and efficiently to the many diverse needs of the homeless population.

There are several specific concerns about the specialization of services that need to be addressed. The first is regarding the lack of emergency shelter resources for people who are intoxicated and /or require a detoxification bed. There was general agreement that there is a need for more “detox” beds in the system, but that there is strong sentiment that such beds should be funded through Ministry of Health programs and not through emergency shelters funding.

The Wesley Centre plays a unique role in the system in this regard as well. Initially, designed as a ‘safe haven’, Wesley provides emergency shelter to individuals who are intoxicated and / or who are exhibiting difficult and disruptive behaviors. Wesley’s physical layout provides for an auditorium setting and mats are brought out each night to provide a place to sleep for those who show up. During the day, the same auditorium is used for the drop-in centre and various other programs.

When looking at reconfiguring the system, one of the challenges facing the community is whether or not the population that is currently served by Wesley could be accommodated in the other shelters. Most of shelters themselves indicated that, at this time, they would be unable to adequately and safely serve many of the people staying at Wesley. Most of the other shelters have rules about sobriety and removal polices that prohibit people who are inebriated from using their services. Furthermore, the dormitory settings are quite isolated and there are not sufficiently staffed to monitor for safety of the inebriated clients or others. In an environment where many of the clients are trying to “dry-out”, an
A person who is inebriated would be very disruptive and could be a potential “set back” to other clients.

Although there is concern about the clients sleeping on mats at the Wesley Centre, it was acknowledged that Wesley plays a critical role in serving a segment of the population that cannot be served by others shelters. This population includes men and women who are intoxicated, or refuse to “dry out”, or whose behaviors are so disruptive that they can not be safely cared for in a dorm-room setting because they could be a danger to themselves or others. The Wesley Centre is considering the possibility of providing beds instead of mats and may do this in future, if and when appropriate.

If additional resources for staffing were available, appropriate safety measures put in place and shelters redesigned for easier monitoring, there is the possibility that the other shelters could accommodate some of the people currently being served at Wesley. It was agreed however, that current planning should assume that Wesley will continue to provide this service.

When thinking about the system as a whole, the shelter organizations acknowledged that there are currently different service philosophies, different policies and different expectations among the service providers. This leads to confusion within the system about who does what. Each of the organizations identified numerous opportunities for the shelters to work together more effectively and to link more effectively with the health and social service system. They made the following suggestions:
  - Standardize methods of case management
  - Share databases
  - Develop common practices and protocols
  - Create opportunities for common training and education of shelter workers
  - Develop system-wide outcomes

Everyone agreed that there was much room for better linking and coordinating amongst the shelters. They also agreed that there was the opportunity to rethink the emergency shelter system together, as a group, in order to redesign the system in a way that respects the unique contribution that each shelter makes, while developing common approaches to solving problems and meeting the needs of the people they serve. The organizations identified several conditions that would be necessary to make change possible within the system and these include: the implementation of a new funding approach, the resources to address the staff compensation issues, and a strong partnership model amongst the CMSM staff and the emergency shelter services organizations.

Based on these findings, the following section of this Blueprint provides the City, the Province, and the organizations that deliver shelter and related services with a plan to reshape and refocus the emergency shelter system so that it can best and most appropriately meet the needs of those it is meant to serve.
THE BLUEPRINT

The following sections contain the essential specifications for the Blueprint for Emergency Shelter Services in Hamilton. These guidelines are based on the information, insight and deliberations of all those involved in this planning process.

The Vision:
A vision describes the preferred, future state that is better than what currently exists and motivates and inspires people. The vision for emergency shelter services in Hamilton is: Everyone has a right to a home.

The Mission:
Hamilton’s emergency shelter services manager, funders and service providers will work together to create and maintain a viable and sustainable system of emergency shelter services that provides shelter and access to support services, enabling individuals to find more permanent housing.

Guiding Principles:
Abandon no one
Ensure dignity and respect
Do not discriminate

Functions / Components of the Emergency Shelter Services System:
The emergency shelter system includes:
• Support to those doing outreach
• Basic Shelter – including case management, initial assessment and triage
• Intensive case management and transitional support
• Support to help secure more permanent housing
• Emergency shelter services’ coordinating mechanism

The following table displays the components of the Emergency Services System. Any individual in this community seeking emergency shelter can expect to receive basic shelter at one of the seven shelters. The other supports and services will be available to individuals as they need them. These may be delivered through shelters or by other providers. The specifics of who will deliver what services and where will be determined through the ongoing emergency shelter system planning process. Also depicted, at the bottom of the table, are some essential programs and services that touch upon the emergency shelter system in various ways and must be considered in developing the service-delivery model. These include mental health services, income support programs, police services, and housing referral and information services.
## TABLE EIGHT: The Hamilton Emergency Shelter System

<table>
<thead>
<tr>
<th>Function:</th>
<th>Outreach</th>
<th>Basic Shelter</th>
<th>Intensive Case Management and System Navigation</th>
<th>Support to Maintain Housing</th>
<th>Shelter Integration and Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>• Engaging individuals to assist them in receiving health, housing or social services</td>
<td>• Emergency Accommodation</td>
<td>• Intensive support to assist people to transition to appropriate programs or more permanent housing</td>
<td>• Support to people leaving the shelter who have found more permanent housing</td>
<td>A committee that meets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Food and basic necessities</td>
<td>• Support people to navigate the system and minimize barriers that prevent them from finding and accessing more permanent housing</td>
<td>• Available for up to 18 months, including after-care / housing support which is delivered in a manner that responds to where clients are at</td>
<td>to ensure that people who need it get the type of intensive case management or support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• A safe environment</td>
<td></td>
<td></td>
<td>to develop common protocols and data bases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Standardized services:</td>
<td></td>
<td></td>
<td>monitor client outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Welcome and reception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Initial assessment / triage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Basic case management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Information and referral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who receives service</td>
<td>People on street</td>
<td>Any person seeking emergency shelter at any of the shelters</td>
<td>Identified at triage or during the initial assessment Anyone in any shelter for longer than 20 days Available to anyone in any of the shelters who needs it</td>
<td>People identified through the shelters and the intensive case managers who are deemed to require additional support to find an maintain permanent housing</td>
<td>Shelter providers and other key agencies the Housing Help Centre, the Mental Health Outreach team and the CMSM</td>
</tr>
<tr>
<td>Who provides service</td>
<td>Health and social services agencies</td>
<td>The shelters</td>
<td>A specially trained team located in the shelters as required</td>
<td>A specially trained team closely connected to the shelters and the intensive case management team</td>
<td>N/A</td>
</tr>
<tr>
<td>Funding</td>
<td>Various models and sources</td>
<td>Base budget funded through CMSM on an annual basis for an agreed upon number of units of service / beds at an agreed upon cost</td>
<td>This could be funded in one of several ways: through all shelters or through one lead shelter or through a community program</td>
<td>Could be funded through one lead shelter or a community program</td>
<td>An expectation in the service contract Project funding as required</td>
</tr>
<tr>
<td>Factors contributing to success</td>
<td>System-wide outcomes Others</td>
<td>Adequate staff salaries System-wide assessment protocol, staff training and understanding of case management and referral Common knowledge of community resources</td>
<td>Same as basic shelter Positions are system-wide and must be adequately funded People have access to this service from any of the shelters</td>
<td>Same as basic shelter and intensive case management</td>
<td>Organizations willingness to participate and commitment to the process</td>
</tr>
<tr>
<td>Ongoing services and support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| | | | | | Ontario Works  
| | | | | | Ontario Disability Support Program  
| | | | | | Housing Help Centre  
| | | | | | Mental Health Outreach Team  
| | | | | | Hamilton Police Services  
| | | | | | COAST |
The Size and Shape of the System

Currently, there are 370 emergency shelter beds in seven programs. The occupancy rate is 82%. However, it is the opinion of the service providers that the system as a whole needs to maintain the current capacity in terms of number of available shelter beds. This capacity is required to address the peaks that occur throughout the year, as well as to ensure that the system can respond to a downturn in the economy or other unforeseen situations.

Once the changes proposed in this Blueprint are implemented and the system has the capability to plan and monitor its outcomes, there will be better data to help assess the most appropriate number of beds required. Changes, if required, can be made at that time.

All shelters will continue to serve the three populations that are currently using the shelter system – those people who require shelter on an emergency situation basis; those who require some transitional support; and those who are chronic users. However, based on history and other factors, each of the organizations has evolved to develop somewhat of a specialty focus. Once the barriers to better coordinating and integrating the delivery of emergency shelters services are removed (i.e. new funding model and a system-wide planning approach), the way is paved for further fostering and encouraging the specialty expertise within each of the shelters.

For example, Mission Services could logically become the shelter that focuses on recovery and substance abuse. Salvation Army Booth Centre could develop the resources to be a large, generalist homeless shelter, including the possibility of expansion with 24-hour service. At present the Salvation Army is seeking funding to ensure the long-term sustainability of the 19 discharge beds it currently operates. Good Shepherd could expand its work with health and mental health issues, addressing the emergency shelter needs of people across the life cycle. Wesley could continue to serve the people who have difficulty fitting in to other shelters and could build on its open 24-hour policy by assuming a lead triage role to help people who show up at Wesley during the day but need to connect to the most appropriate shelters or programs in the community.

The following table depicts a future sample allocation of beds and possible specialty areas:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Shelter</th>
<th># of Proposed Future Beds</th>
<th>Population</th>
<th>Proposed Specialty Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Services</td>
<td>Men’s Shelter</td>
<td>38</td>
<td>Males</td>
<td>Recovery and Substance abuse</td>
</tr>
<tr>
<td></td>
<td>Recovery beds</td>
<td>20</td>
<td>Males in Recovery</td>
<td>Discovery House 20 beds</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Booth</td>
<td>78</td>
<td>Males</td>
<td>Primary Care Clinic Discharge beds</td>
</tr>
<tr>
<td>Organization</td>
<td>Shelter</td>
<td># of Proposed Future Beds</td>
<td>Population</td>
<td>Proposed Specialty Focus</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
<td>---------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Centre</td>
<td></td>
<td></td>
<td>21 rental transitional room when vacant</td>
<td></td>
</tr>
<tr>
<td>Discharge beds</td>
<td></td>
<td>19</td>
<td>17 Male</td>
<td>Discharge (potential to move these with the expansion of other services within Booth Centre)</td>
</tr>
<tr>
<td>Wesley Urban Ministries</td>
<td>Wesley Centre</td>
<td>55</td>
<td>Males Females Couples</td>
<td>Hard-to-serve population, accessible 24-hours, accommodates intoxicated, takes those others will not take, could provide triage service, shift beds to the new women’s shelter</td>
</tr>
<tr>
<td>Good Shepherd</td>
<td>Men’s Shelter</td>
<td>40</td>
<td>Men</td>
<td>Provides a continuum of housing, mental health</td>
</tr>
<tr>
<td></td>
<td>Notre dame</td>
<td>20</td>
<td>Youth</td>
<td>Youth</td>
</tr>
<tr>
<td></td>
<td>Mary’s Place</td>
<td>10</td>
<td>Women</td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>Family Shelter</td>
<td>80</td>
<td>Families</td>
<td>Opened in 2006</td>
</tr>
<tr>
<td></td>
<td>New Women’s Beds</td>
<td>10</td>
<td>Women</td>
<td></td>
</tr>
<tr>
<td>4 Organizations</td>
<td>7 Programs</td>
<td>370 Beds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Proposed Funding Model

The redesign of the emergency shelter system is contingent upon a new approach to funding the shelters. The per diem occupancy model is not suitable and provides very little stability to the system. This model inadvertently provides the shelters with a potential disincentive to move individuals as “keeping beds filled” is the only way to be compensated and to ensure organizations are receiving their maximum allowable per diems. This funding model is administratively time-consuming for both the organization and the funder. Furthermore, the per diem model does little to foster a cooperative “systems approach” among the shelters because; in effect they are funded to keep an individual in one of their organization’s beds, as opposed to referring him or her to the most appropriate setting.

It is proposed that each shelter receive base funding to provide a contracted number of basic emergency shelter services that include the following:

- Emergency Accommodation: an agreed-upon number of emergency shelter beds
- Food and basic necessities
- Ensuring a safe environment for all
- Standardized services including: welcome and reception, an initial assessment or triage, basic case management as well as information and referral

Base funding would reflect an organization’s basic operational, staffing and administrative costs. It is anticipated that the CMSM would establish three-year contracts with each of the shelter providers. Budgets will be reviewed and approved
annually. Upon the implementation of this model, it will be imperative that initial budget discussions reflect the issue of adequate staff compensation.

Funding for Intensive Case Management and Service to support people to find and maintain more permanent housing will also be provided on an annual budget basis. Depending of the model chosen. These services could be funded as enrichment to a shelter’s base budget or as a separate contract with a designated lead agency. This will be determined through the planning process.

In 2007, there was a total $6,654,043 budgeted for emergency shelters, block funding, OSIS, Housing Help Centre, and CHPP. It is assumed that this amount, at a minimum, will be available in 2008 – although the shelter organizations maintain that significantly more funds are needed to truly serve Hamilton’s homeless population. In any event, it is proposed that a base funding model be adapted for organizations providing shelter services. There is reason to believe that many of the key elements of this model, as well as some of the priority areas identified within the redesigned shelter service system, can be implemented within currently allocated funding.

**System Planning and Integration**

With a clear vision, a new service delivery framework and a proposed funding model, many of the critical building blocks for a sound emergency shelter system are in place. What is needed is the mortar that holds these blocks together. The firm commitment and the consistency of a unifying systems-oriented group, is essential in order to create a strong and lasting structure.

The next element of the homelessness Blueprint, therefore, involves tapping into expertise and experience of all the various emergency shelter organizations which can provide a powerful mix of guidance and leadership to hold the system together.

A system-wide Emergency Shelter Services Planning and Integration Committee will plan and monitor the shelter services, creating opportunities for the shelters and related services to work together to achieve common goals. In the initial stages, this Committee will take the Blueprint from design through to implementation, developing an annual Emergency Shelter System Plan, setting and monitoring system-wide outcomes, and identifying accountabilities. This Committee will develop the strategies to address human resource inequities in the system and find ways to “raise the bar” of the system as a whole. This Committee will also oversee the development of common protocols and policies, refinement of information systems and data bases, communication mechanisms, and create opportunities for shelter / system staff to work and train together.

The membership will be comprised of the four organizations providing emergency shelter, Housing Help Centre, Mental Health Outreach and CMSM managers. Over time the membership may be expanded to include other service providers and key
stakeholders on the community. The Committee will be chaired on a rotating basis by one of its members.

The CMSM will play a lead role in the overall management of the emergency shelter system, directly accountability to the Province for funding and agreed-upon outcomes.

Through service contracts with each shelter provider, the CMSM will indicate the individual service and funding details, as well as the system-wide expectations.

A System’s Charter will be developed to outline the roles and responsibilities of the CMSM and each organization in the emergency shelter services system with each organization expected to sign-on and adopt this Charter.

Implementation – Assembling the Blueprint

This Blueprint provides the key specifications for redesigning the emergency shelter system in Hamilton. This plan will be submitted for review and endorsement by the system’s funders, the City of Hamilton and the Ministry of Community and Social Services, as well as the Boards of Directors of each of the four organizations delivering shelter services.

Implementation of some of the elements of the Blueprint is outside the jurisdiction of the shelters and may require significant policy and procedural changes that could take some time for approval. Other elements of the Blueprint are well within the authority and jurisdiction of the services providers and could be implemented with the commitment and goodwill of the organizations. What is required is a detailed Project Implementation Workplan which addresses each of the key approval processes, resources required, timelines and contingencies.

The following Table provides a Proposed Workplan relating to the critical functions, goals and outcomes and the key activities that are required over the next 12 months in order to bring this Blueprint to life. Activities are identified in terms of what can be accomplished and by whom, in the short-term (less than 90 days), the intermediate (3 – 6 months) and the long term (6 – 12 months).

<table>
<thead>
<tr>
<th>Functions</th>
<th>Goals and Outcomes</th>
<th>Key Activities Short term</th>
<th>Key Activities Intermediate</th>
<th>Key Activities Long term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Approval Process</td>
<td>GOAL: To have all key elements of the Blueprint endorsed by the organizations, the City of Hamilton and the Ministry of Community</td>
<td>• Submit Blueprint to the City of Hamilton, the Province and the Boards of Directors of organizations (Lead: CSM)</td>
<td>• Modify as required (Lead – CSM)</td>
<td>• Receive approval and endorsement (Lead: CSM)</td>
</tr>
<tr>
<td>Functions</td>
<td>Goals and Outcomes</td>
<td>Key Activities Short term</td>
<td>Key Activities Intermediate</td>
<td>Key Activities Long term</td>
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<td>------------------------------------------------------------------------------------------</td>
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<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>and Social Services&lt;br&gt;OUTCOME: An approved Blueprint for emergency shelter services in Hamilton</td>
<td>• Establish task group to further develop the emergency shelter system service model (Lead: CMSM)&lt;br&gt;• Further develop and refine the model (Lead: Task Group)&lt;br&gt;• Present model to key all partners (Lead: Task Group)</td>
<td>• Receive feedback on the model (Lead: Task Group)&lt;br&gt;• Modify model based on feedback (Lead: Task Group)&lt;br&gt;• Establish clinical coordinating committee (Lead: Task Group)&lt;br&gt;• Develop an implementation strategy (Lead: Task Group)</td>
<td>• Implement model and strategies developed in short term and intermediate (Lead: CMSM)</td>
</tr>
<tr>
<td>2. Emergency Shelter Service Model</td>
<td>GOAL: To further develop and implement the new emergency shelter system services model&lt;br&gt;OUTCOME: A well-coordinated system of emergency shelters simplified access to safe and appropriate emergency shelter services to people who need it</td>
<td>• Meet with the regional Ministry of Community and Social Services staff and present the proposed approach to funding (Lead: CMSM)&lt;br&gt;• Based on feedback from the Ministry, further develop the funding model (Lead: CMSM)&lt;br&gt;• Engage in dialogue with regards to defining what needs to be in and out of base budgets e.g. appropriate levels, fixed costs, and other elements to be included, etc (Lead: CMSM with organizations)</td>
<td>• In cooperation with the Ministry develop processes and accountabilities for the new funding model (Lead: CMSM)&lt;br&gt;• Share funding models with emergency shelters (Lead: CMSM)&lt;br&gt;• Receive feedback and further discuss with the province (Lead: CMSM)&lt;br&gt;• Calculate base budgets for each shelter based on the service delivery model (Lead: CMSM)</td>
<td>• Develop an implementation strategy (Lead: CMSM)&lt;br&gt;• Implement (Lead: CMSM)</td>
</tr>
<tr>
<td>3. Revised Approach to Funding</td>
<td>GOAL: To seek and obtain approval from the Ministry of Community and Social Services to fund emergency shelters on a base budget funding model&lt;br&gt;OUTCOME: Emergency shelters receive stable funding enabling them to provide emergency shelter and appropriate support services to people who need it</td>
<td>• Establish the Emergency Shelter Services Planning and Integration Committee (Lead: CMSM)&lt;br&gt;• Select chair, set Terms of Reference (Lead: Emergency Shelter Services Planning and Integration Committee)&lt;br&gt;• Review and develop a detailed work plan (Lead: Emergency Shelter Services)</td>
<td>• Review and provide feedback on the new funding model (Lead: Emergency Shelter Services Planning and Integration Committee)&lt;br&gt;• Review and provide feedback on the service delivery model (Lead: Emergency Shelter Services Planning and)</td>
<td>• Monitor all aspects of implementation (Lead: Emergency Shelter Services Planning and Integration Committee)&lt;br&gt;• Develop a strategic Plan (Lead: Emergency Shelter Services Planning and Integration Committee)</td>
</tr>
<tr>
<td>4. System Integration</td>
<td>GOAL: To put in pace the structure and organizational supports to create an integrated and coordinated system of emergency shelter services&lt;br&gt;OUTCOME: Agencies working</td>
<td>• Establish the Emergency Shelter Services Planning and Integration Committee (Lead: CMSM)&lt;br&gt;• Select chair, set Terms of Reference (Lead: Emergency Shelter Services Planning and Integration Committee)&lt;br&gt;• Review and develop a detailed work plan (Lead: Emergency Shelter Services)</td>
<td>• Review and provide feedback on the new funding model (Lead: Emergency Shelter Services Planning and Integration Committee)&lt;br&gt;• Review and provide feedback on the service delivery model (Lead: Emergency Shelter Services Planning and)</td>
<td>• Monitor all aspects of implementation (Lead: Emergency Shelter Services Planning and Integration Committee)&lt;br&gt;• Develop a strategic Plan (Lead: Emergency Shelter Services Planning and Integration Committee)</td>
</tr>
</tbody>
</table>
This Blueprint was endorsed unanimously by the four organizations that provide shelters. It was also supported by the directors of the Housing Help Centre, the Mental Health Outreach Team and CMSM staff. Now that it has this go-ahead, the shelters are eager to make an early start on construction of the new system.

Putting the system together involves all of the activities identified in the proposed work plan. CMSM staff will discuss this plan with Ministry of Community and Social Services representatives, as soon as possible. At the same time, the shelters and CMSM will immediately begin laying the foundation by working collectively to determine how best to budget and allocate resources to achieve the results specified in the Blueprint.

This plan for emergency shelters takes the bold vision articulated in the City of Hamilton’s Strategic Plan to Address Homelessness to the next stage of development. It reflects the collective wisdom, experience and insight of key stakeholders, who have collaborated in setting common goals and addressing common issues, in order to lay the groundwork for a sustainable system-wide approach to building the capacity of the emergency shelter system.

The focus of this Blueprint is on city-of Hamilton funded emergency shelters. It is recognized that this is only one component of the overall homelessness strategy. It is, however, an important cornerstone of that strategy and needs to be reinforced. As the emergency shelter system evolves, it will be essential for the shelters to continue to engage the broader community in working together on a broader strategy that will ensure everyone has a home.

In creating the Blueprint, the stakeholders have set practical goals and agreed-upon ways of achieving them. The next steps are well laid-out and the stakeholders are anxious to move forward. With good-will, commitment and enthusiasm on the part of all concerned, the way ahead is clear.
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Appendix One
Related Outcomes Related Key Strategies Everyone Has a Home
- A Strategic Plan to Address Homelessness _

Entire community is engaged to address homelessness

Strategies

√ The Community Services Department enhances collaboration with community organizations, providing appropriate timelines for planning and consultation and involving affected groups early in program planning.

A continuum of affordable housing that helps residents achieve their Potential

√ Hamilton City Council advocates with the federal and provincial governments regarding their critical role in funding programs to address homelessness at the municipal level.
√ The Community Services Department and service providers help people move through the housing continuum by targeting interventions to specific groups and more intensively addressing their needs.
√ The Community Services Department and community agencies develop and implement transitional housing for youth, women leaving abuse (second stage), as well as women and men leaving emergency shelter.

Increase supports to help people obtain and maintain housing

√ The Community Services Department collaborates with social housing providers and private sector landlords on the development and implementation of eviction prevention policies and practices.
√ The Community Services Department and community partners identify people who are staying in emergency shelters for 42 days or more, and provide appropriate supports to help them find and maintain affordable housing.
√ The Community Services Department collaborates with community partners to develop and implement a system of coordinated case management for people in emergency shelters.
√ Public Health Services, other levels of government, and agencies increase availability and accessibility of mental health and addiction services, including harm reduction strategies, outreach and treatment.
√ The Community Services Department collaborates with the Local Health Integration Network (LHIN), healthcare providers and agencies to increase coordination, and access to, healthcare for those with mental and/or physical health issues that could cause them to lose their housing or limit their ability to move along the housing continuum.

Efficient and effective use of community resources

√ The Community Services Department facilitates discussions with community funders regarding the coordination of funding for homelessness programs.
√ The Community Services Department works with other funders regarding sustainable funding to maintain key programs.
√ The Community Services Department and service agencies expand evaluation and monitoring efforts of homelessness programming to ensure that effective programs are funded.
Hamilton Emergency Shelter Integration & Coordination Committee

PARTICIPATION AGREEMENT

December 2008

This AGREEMENT

Made as of the ______________________

BETWEEN

The City of Hamilton

- AND -

The Member Organizations of the Hamilton Emergency Shelter Integration and Coordination Committee (referred to as the “Member”)

Mandate:

- The Hamilton Emergency Shelter Integration and Coordination Committee (the Committee) is a forum for the Emergency Shelter Services, funded through the City of Hamilton to work together to create a coordinated system of emergency shelter services. The Committee promotes and facilitates the development of an integrated network of emergency shelters that work toward achieving the vision and the goals of the Hamilton Blueprint for Emergency Shelter Services (Blueprint) and support compliance with the Emergency Shelter Standards (Standards).

- The Committee provides the forum for collaboration, communication, and consensus building that enables its members to work towards the vision of an integrated emergency shelter system coordinating service delivery, promoting equitable access, addressing gaps, reducing duplication, and measuring the overall performance of the emergency shelter services.

Members:

- The Member organizations include the four City-funded organizations providing emergency shelter and the City of Hamilton (CMSM managers). These member organizations will work in cooperation with other housing, health and social services organizations supporting those experiencing or at-risk of homelessness. Specifically, the Housing Help Centre and the Mental Health Outreach Team will be ex-officio members of the Committee.
• The City of Hamilton and the members of the Committee are the parties to this Participation Agreement that sets out their understanding of the relationship amongst them.

**Purpose, Principles and Goals:**

The City of Hamilton and the emergency shelters in Hamilton, funded through the City of Hamilton, are committed to work together as a shelter system to plan, monitor and coordinate shelter services.

This Participation Agreement is common to all Members. The parties concur that the purpose of this Participation Agreement is to:


2. Establish the accountability framework, processes and protocols to promote and facilitate the achievement of an integrated system of emergency shelter services.

3. Work together to develop strategic plans and addendums to the Hamilton Emergency Shelter Blueprint (2008), and the Hamilton Emergency Shelter Standards (2008), as required.

4. Express mutual respect and support for the mission, vision, and operations of each party as it carries out its own mandate.

5. Acknowledge that a Member provides and is accountable for services to clients. The Committee influences the Member in its provision of services but the Committee does not provide and is not accountable for services.

This Participation Agreement is based upon three guiding principles:

1. Abandon no one;
2. Ensure dignity and respect; and,
3. Do not discriminate.

The parties concur that they will work together to achieve the following goals:

• Provide an integrated system of **basic emergency shelter** that supports the prevention of homelessness and enables people to transition to more permanent housing.
• **Ensure timely, equitable and appropriate access** by clients to a system of emergency shelter services.

• Develop and implement **system-wide protocols pertaining to referrals, access, service restrictions and specialized services** and other areas, as identified in the Hamilton Emergency Shelter Standards (2008).

• **Share data and information** for planning and problem solving purposes.

• **Monitor and assess the system's** usages and determine the required number and type of shelter-beds on an annual basis and adjust availability accordingly.

• **Identify service trends and gaps.**

• **Establish meaningful outcomes** and deliverables consistent with the Hamilton Emergency Shelter Blueprint (2008) and the Hamilton Emergency Shelter Standards (2008).

**Responsibilities:**

The Emergency Shelters agree to:

• Participate as members of the Committee;
• Work collaboratively with the emergency shelters and the City of Hamilton to develop an annual workplan which supports the implementation and monitoring of the emergency shelter services;
• Use resources allocated to the implementation of the Hamilton Emergency Shelter Standards (2008), in a manner that achieves compliance with the Hamilton Emergency Shelter Standards (2008);
• Develop system-wide outcomes and expectations for the emergency shelter services;
• Share program and service information; and,
• Develop and implement joint service protocols with the emergency shelters and the City of Hamilton.

The City of Hamilton agrees to:

• Support the work of the Committee and to participate as a member of the Committee;
• Work collaboratively with the emergency shelters to develop an annual workplan, which supports the implementation and monitoring of the emergency shelter services;
• Pursue resources to be allocated to the Shelters for the purpose of implementing the Hamilton Emergency Shelter Standards (2008);
• Share program and service information with the shelters;
• Develop and implement joint service protocols with the emergency shelters; and,
• Develop a service contract with each shelter, based to the greatest extent possible, on the advice and recommendation of the Committee.

**Accountability:**

This Participation Agreement will be included as an Addendum to the City of Hamilton’s Subsidy Agreement between the City of Hamilton and each of the Emergency Shelter Organizations.
Recommendations to Implement the Blueprint for Emergency Shelter Services Within Existing Budgets

1. That staff, in partnership with the Hamilton Emergency Shelter Integration and Coordination Committee, develop and submit proposal to Homelessness Partnering Strategy Call for Application to cover two years of implementation of Blueprint.

2. That the General Manager of Community Services be authorized and directed to sign a Memorandum of Understanding, in form acceptable to the City Solicitor, with the emergency shelter services comprising the Hamilton Emergency Shelter Integration and Coordinating Committee (HESICC).

3. That the Memorandum of Understanding become an Appendix to the Subsidy Agreement with the emergency shelters for the delivery of Emergency Shelter Services.

4. That staff, in partnership with HESICC, begin implementing a coordinated case management system including the selection of case management software.

5. That staff and the HESICC begin to operationalize the shelter standards through the development of procedures and guidelines.

6. That staff and HESICC begin working on joint training initiatives for staff working in the emergency shelters.