System Inventory Project

Homelessness Services in Ottawa

Alliance to End Homelessness Ottawa

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About the Alliance to End Homelessness Ottawa

The Alliance to End Homelessness Ottawa is a member-driven non-profit organization of over **75** organizations working together to end homelessness through system planning and coordination, public education and advocacy, and community-wide mobilization.

We support and engage partners in a systems-based approach to prevent, reduce and end homelessness. This means designing responses driven by data and using our resources collaboratively.

We work to help community members and political leaders understand the root causes of homelessness and how, working together, we can end it.

We are building a widespread community movement aimed at making sure that every person has a safe and affordable home.

Research funders and partners

This report was made possible by the generous support of our funders and partners.

ALGONQUIN COLLEGE

mitacs

United Way East Ontario

Land Acknowledgement

Ottawa is located on unceded Algonquin, Anishnabek territory, and is also the home of many diverse First Nations, Inuit, and Métis people. Put simply, these lands were stolen from the traditional keepers for the purposes of settlers. Dispossession of land is just one form of ongoing colonization that has led to First Nations, Inuit, and Métis people disproportionately experiencing homelessness.

Statement of Reconciliation and Commitment to Continued Partnership

This report examines the current state of the housing and homelessness sector in Ottawa. Métis scholar Jesse Thistle developed a definition of Indigenous homelessness[1] that goes beyond the lack of a physical building. Rather, Indigenous homelessness is more fully understood through a holistic lens about how Indigenous Peoples have often been disconnected from relationships in different ways.

Thistle identifies twelve different dimensions of individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. **As part of reconciliation, we need to redress extreme disparities in housing outcomes experienced by Indigenous Peoples.**

Accessibility of For Indigenous, By Indigenous services and organizations, coupled with the support of Indigenous housing strategies and land-back initiatives, will be critical in the pursuit of a holistic system. Embracing Indigenous leadership and collaboration must lead the way in ensuring that all have a place to live.

To that end, the System Inventory report was developed in heavy collaboration with Indigenous partners. The System Inventory Project questionnaire was developed in partnership with a representative of the Aboriginal Community Advisory Board (ACAB). The Alliance has proudly partnered with the Ottawa Aboriginal Coalition (OAC), who will be analyzing all Indigenous agency and program data (including data pertaining to the experience of Indigenous clients in non-Indigenous services) in a separate report. This partnership is in alignment with OCAP™ and Inuit Qaujimajatuqangit principles, to ensure appropriate management of traditional knowledge, and uphold Indigenous ownership, control, access, and possession of data. Learning and integration of these principles in Alliance work is critical to responding to the history of unethical and harmful data collection and research in Indigenous communities[2]. This analysis should not and cannot happen in the absence of Indigenous leadership.

1 *Thistle, Jesse. (2017) "Definition of Indigenous Homelessness in Canada". Canadian Observatory on Homelessness.*

2 *First Nations Information Governance Centre. (2014). Ownership, control, access and possession (OCAP™): The path to First Nations information governance.* ***First Nations Information Governance Centre.*** *1-49.*

Lived Experience Consultation

The Expert Steering Team (EST) of the Alliance to End Homelessness Ottawa was developed in 2021 as a dedicated staff team of people with lived experience of homelessness capable of bringing their skills, strengths, and experiences to projects involving the housing and homelessness sector. The project design and surveying stages of the System Inventory were undertaken prior to the establishment of the EST, however the team was invaluable in data analysis and report writing phases. Key themes were identified with support from the EST, and the final report was revised and edited by the EST.

The engagement of people with lived experience ensures the focus of the report benefits those navigating the housing and homelessness system. It ensures that we concentrate on the aspects most impactful to service users. The System Inventory is heavily informed by the core values of the EST; equity and equal opportunity, collaboration and partnership, and system level impact achieved through a holistic approach.



Executive Summary

In the City of Ottawa's 10 Year Housing and Homelessness Plan, one of the three pillars is "We Work Together." In order for agencies to work most effectively together, we need to understand what resources exist and how they are being used. The Alliance to End Homelessness Ottawa was named by the City of Ottawa in the 10 year plan to conduct a system inventory of homelessness services, in order to support the work of this action pillar. With funding from United Way East Ontario, we undertook this project from fall of 2021 to fall of 2022.

The work outlined in this report builds upon a project completed by the Alliance to End Homelessness Ottawa in 2018. Due to the ever evolving nature of services and programs, and the identification of new needs, system mapping requires ongoing review and periodic updates. The System Inventory examined **193** services, accounting for roughly half of the services operating in the housing and homelessness sector.

The results of these investigations are intended to provide an in-depth inventory of organizations and programs across the sector, provide insight into their practices, and track staff impressions regarding the resiliencies and opportunities for growth found across the housing and homelessness sector. This information will be essential to achieve the goals set out in the 10 year plan, in addition to the priorities outlined in the Government of Canada's Reaching Home priorities, including stronger coordination across agencies, which helps to support community-wide reductions in homelessness. With these goals in mind, a safer, more accessible sector can be created for people in need of housing related supports.



Purpose

Systems Planning or taking a "systems-based approach" is the analysis, planning and design of an integrated system and defined services that work together towards a common end; in this case to serve people experiencing homelessness most effectively to find housing stability, and to thrive.[1]

1 *Retrieved from https://www.homelesshub.ca/sites/default/files/download-chapter/Module-2-Backgrounder.pdf*



In the previous system mapping project carried out by the Alliance and community partners in 2018, **88%** of agencies responded via survey that they wanted to see a systems-planning approach taken in Ottawa for the housing and homelessness sector.

Ottawa is well equipped with a wide variety of services, and a dedicated staff base. However, service users are known to access many different agencies and programs with many points of contact, often between organizations that provide a duplication of services. Without consistent means for staff across all organizations to communicate and a common intake and referral process, the burden of securing access to services is still left on the shoulders of service users. The good news is that these are solvable challenges in our system. A systems-planning approach starts with coordination, and this leads to more effective care.

"People's basic needs are not being met."

- Community Health Service Provider

By examining the function of individual programs and services, and comparing these findings to the ideal states laid out locally in the 10 Year Plan, and Reaching Home Coordinated Access policies, we highlight the existing strengths within the sector and the opportunities for growth. This data can be used as a tool for further system planning and provide a launch-point for discussions around more or different resourcing and opportunities for achieving a more coordinated system. System planning, as defined by this report, speaks to a system, composed of many parts, as a whole. A system planning approach recognizes these parts, the manner in which parts interact, and the purpose of each in relation to the whole. Aligning each part of the sector through system planning supports the effectiveness of the whole.

Results

SCOPE:
The system inventory captures:

84 agencies

193 programs

This represents approximately **50%** of housing and homelessness service providers in Ottawa

In total, **84** agencies and **193** programs are captured in this system inventory. This represents approximately **50%** of the identified housing and homelessness service providers within Ottawa's homelessness serving sector.

Services were categorized in accordance with their position in relation to homelessness. These categories include:

- preventative services
- services responding to the needs of those currently experiencing homelessness
- services providing a pathway to permanent housing
- services supporting clients in their daily needs outside of the need for housing.

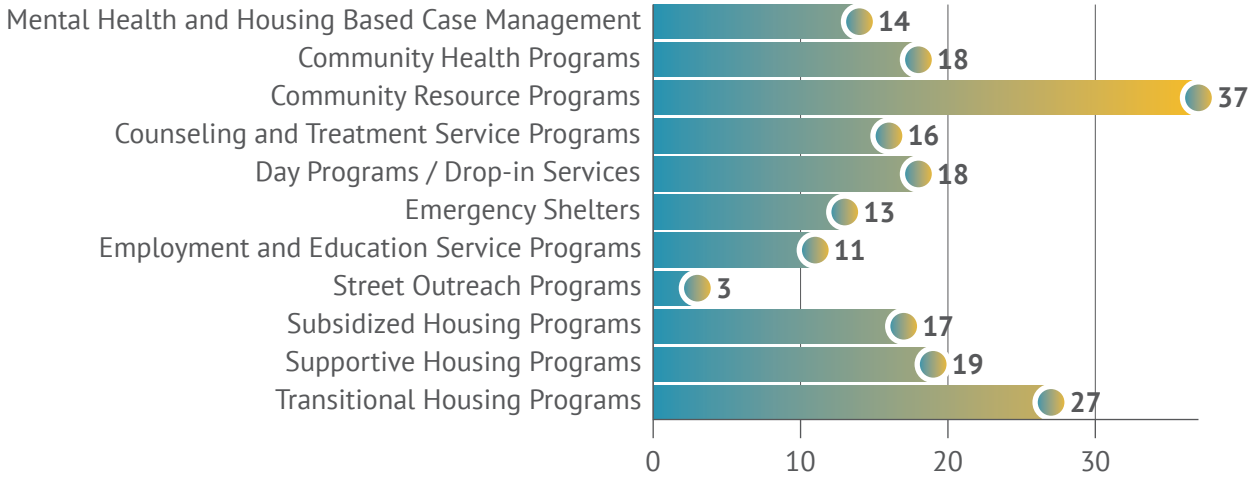
This allows us to identify the proportion or our system that works upstream to address housing precarity, emergency response,and the proportion that works to create permanency[3].

While all programs and services included in the results fall within the spectrum of the housing and homelessness sector, a broad range of service types were noted. Total responses received from varying service types range from 37 responses (Community resource programs) to three responses (Street Based on this system inventory, we have counted: outreach). Operating definitions for each service type are outlined within the glossary.



3 *Raising the roof (2023). Long term solutions. Raising the Roof / Chex Toit. Retrieved from, https://raisingtheroof.org/long-term-solutions/#:~:text=Secondary%20Prevention%20addresses%20the%20early,once%20housing%20has%20been%20established.*

Based on this system inventory, we have counted:



Within these results are additional discussions of how COVID-19 disproportionately impacted those experiencing homelessness and housing precarity. The impacts of COVID-19 on the sector have been observed through increased mental health issues and isolation of service users, changes in programming, and access to services becoming more complicated for individuals. These findings are confirmed within other research, indicating impacts of the pandemic relating to pre-existing physical and mental health conditions, substance use, and socioeconomic precarity[4].

96

programs focus on **prevention**, working upstream with those at risk of homelessness. This work takes into consideration the social determinants of health, attends to the experience of precarious housing, and works alongside outside systems, such as healthcare, corrections, child welfare, etc. to stop the flow of people into homelessness.

40

programs primarily provide **homelessness response services**, working with those currently experiencing homelessness through the provision of emergency shelters and transitional housing.

21

day programs and outreach services provide direct services to individuals at risk of homelessness, experiencing homelessness, and exiting homelessness.

36

programs provide **permanent housing**, including supportive housing, non-profit housing, or co-op housing.

4 *Rodriguez, N. M., Martinez, R. G., Ziolkowski, R., Tolliver, C., Young, H., & Ruiz, Y. (2022). "COVID knocked me straight into the dirt": Perspectives from people experiencing homelessness on the impacts of the COVID-19 pandemic. BMC Public Health, 22(1), NA-NA. https://doi.org/10.1186/s12889-022-13748-y*

Number of unique individuals served over a year

Based on each agency's individual count, the number of people seen across programs is **163,977**. We infer that this number represents a significant number of duplicates, as people access multiple programs and services across the sector as needed. There is no common data system or method of tracking across the whole sector, but rather a variety of different client databases, often required by different funders. However, at minimum, these numbers begin to help quantify the depth of need for service in Ottawa, the type of services needed, and the lack of staff resourcing for this kind of demand.

Additionally, some programs do not count the total number of unique individuals, and they are either not represented in this count, or represented by other types of outputs, including:

4,441
crisis line calls

732,903
meals served

2,211
consults / case files

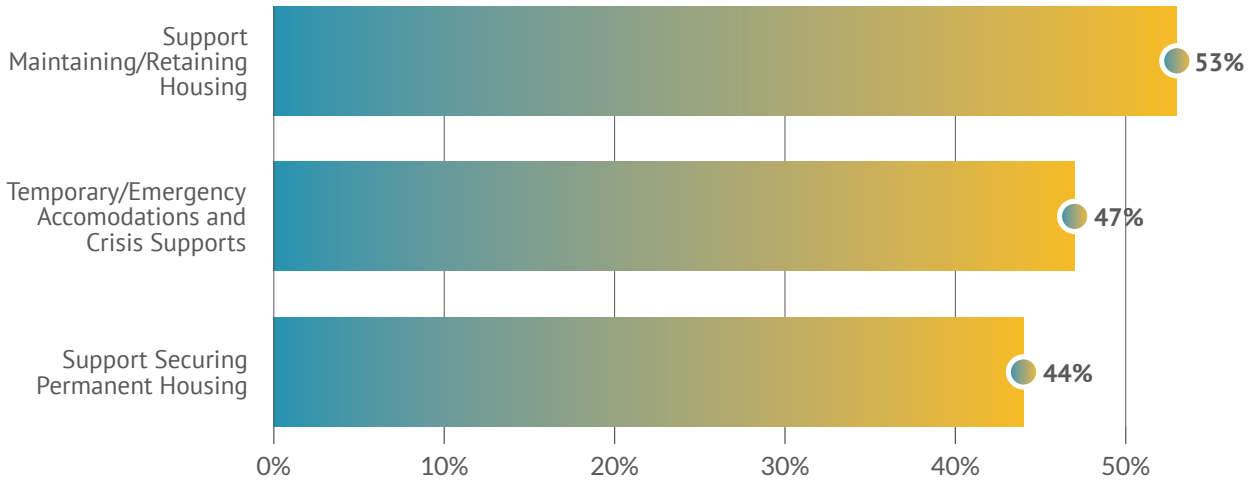
16,246
households served

Further, measurements of individuals served do not equate to outcomes achieved. It is critical to note a crisis call received does not necessarily indicate a crisis resolved. While many services have internal reporting mechanisms to track outcomes, no standardized process for quantifying outcomes across the sector exists. Outcomes that are measured internally, or reported to funders, may not speak to all goals of the program. As one housing provider noted, they may track the speed with which an individual moves from a waitlist to a unit, but they do not track whether or not that individual remained housed. Such an individual would appear to be a successfully housed client, but may remain homeless in reality.



Program type and service area

Anticipated outcomes



Clearly, there is considerable overlap between the areas of homelessness prevention, temporary emergency accommodations, and services supporting homeless clients in securing permanent housing. This suggests a lack of specialization in the sector. Due to the depth of need, programs appear to be attempting to meet as many needs as possible in-house. This may point to the value for greater coordination between services with differing focuses and skill sets.

Other anticipated outcomes / results identified by service providers include:

46% of programs provide basic needs and practical supports, including food, accessing financial assistance, furniture, system navigation, etc.

- **28%** of programs provide physical and/or mental health supports
- **27%** of programs help develop skills, including employment, educational, emotional, etc.
- **14%** of programs provide substance use and/or gambling addictions supports

Programs addressing basic needs and practical supports represent the bulk of the remaining anticipated outcomes, at a total of **46%**. These programs account for survival oriented responses, including access to food, and broader essentials such as furniture. Notably, this area also includes system navigation. This implies staff are taking on the role of guiding individuals through the housing and homelessness system. Staff highlighted concerns with this role through interviews and pointed to gaps within the service navigation framework.

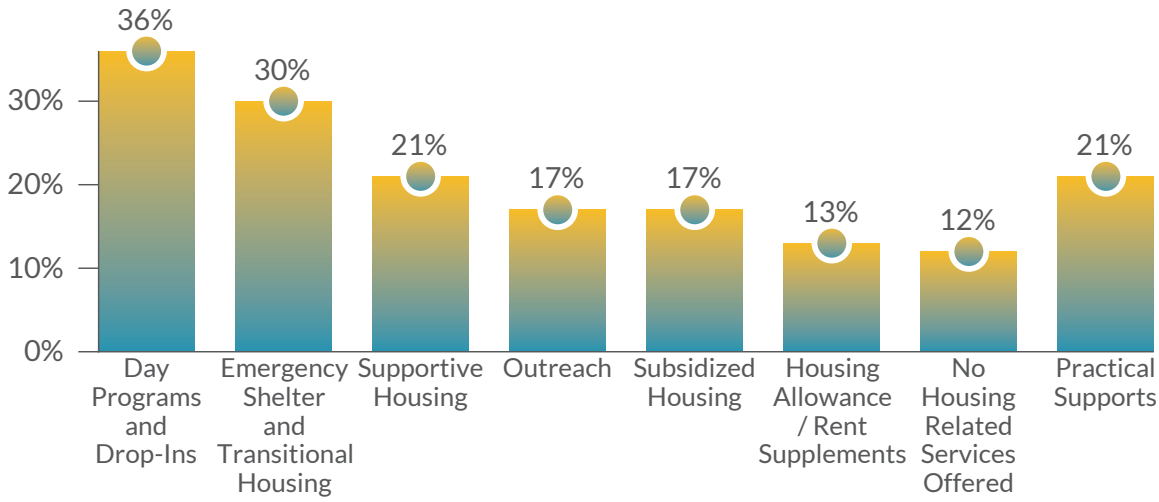
"311 workers are doing the best they can, but from a script, list of resources, no training [on]...mental health, trauma, addictions, which discourages folks from using this service."

- Street Outreach Service Provider

Frontline staff with other pressing demands must take time aside to advocate for their clients and direct them through siloed areas of the sector while encountering barriers in the form of inconsistent eligibility criteria, limited referral networks, and prohibitive waitlists.

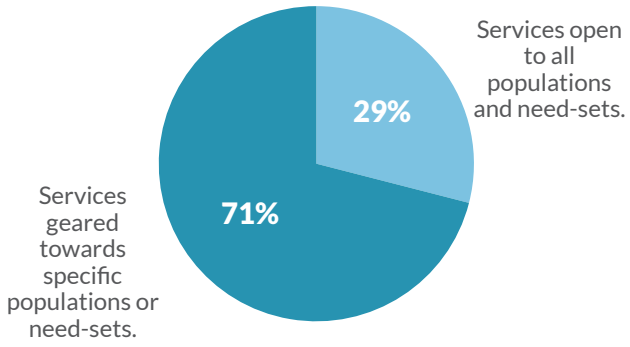
"When you make a call for services, everyone says 'no, sorry'." *- Community Resource Service Provider*

Service and supports offered

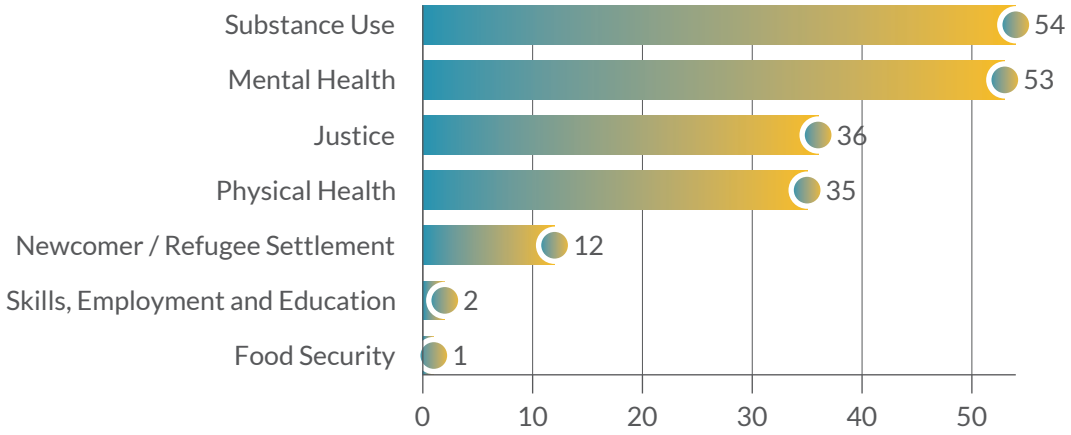


The services and supports offered by programs show a more diverse range than those explored under anticipated outcomes, as many organizations offer services additional to those supporting the anticipated program outcome. The greatest percentage of services offered (36%) fall within the day program and drop-in category. This suggests many organizations have observed a need for the development of safe spaces, non-appointment based resources, and services addressing needs during hours when shelters may not be available to shelter residents. In contrast, 12% of programs surveyed responded indicating they do not offer any housing related activities or services. Of the organizations who responded indicating housing related activities are not offered, half were health related organizations (community health centres, and mental health and addictions programs). This may highlight an opportunity for future collaboration.

Service area



The service area category is meant to establish who is served within that program. Most programs will provide a particular type of service (case management, counselling, etc.) and some will provide that specialized type of service to people with a particular population focus (e.g. justice-involved individuals). Almost a third of programs (29%) indicated that they have no specific service area.



Over half (54%) of programs with a targeted service area indicated a focus on substance use. This reflects growing concerns around the opioid crisis, and the intersections of substance use, poverty, and housing. Additionally, over half (53%) indicated a focus on mental health, again suggesting considerable overlap. The Centre for Addiction and Mental Health (CAMH) indicates people with mental illness are at least twice as likely to experience problematic substance use, compared to the general population.

Additionally, people with substance use disorders are up to three times more likely to have a mental illness. Studies across Canada have shown mental illness rates between 23% and 67% in homeless populations. However, evidence suggests mental illness does not necessarily lead to homelessness, but rather the stresses of poverty may manifest in one's mental wellbeing. The lowest income groups are three to four times more likely to report poor to fair mental health compared to the highest income groups, suggesting mental health/addictions and poverty are deeply intertwined[5].

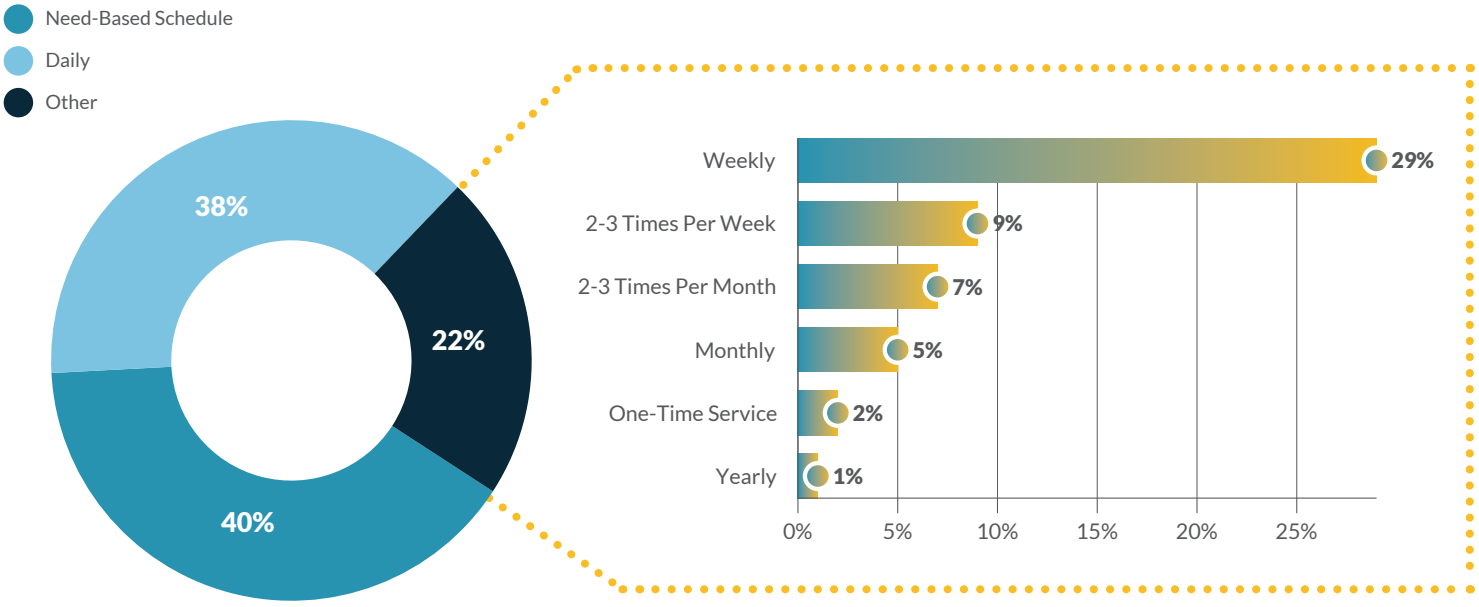
5 *CAMH. (n.d.). Mental Health and Addictions: Facts and Statistics. Centre for Addiction and Mental Health. https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics*

Newcomer and Refugee Settlement services account for 12% of programs with a target service area, a figure drastically out of alignment with population data on newcomers and refugees experiencing homelessness. The 2021 Point in Time (PIT) count surveyed 1340 individuals experiencing homelessness, representing a snapshot of demographics experiencing homelessness on a given night in the City of Ottawa. Much like the System Inventory, the PIT count collects data through surveys to anonymous respondents in an effort to extrapolate representative data on the broader population.[6]

Out of the 1340 individuals surveyed in 2021, 20% were identified as newcomers, refugees, and refugee claimants. Of those, 7% had been in Canada for less than one year, however COVID-19 related border closures likely had a profound impact on these figures.[7] In contrast, in the previous PIT count held pre-pandemic (2018), found 24% of respondents identified as immigrants, refugees, or refugee claimants. Of these, 35% had been in Canada for less than one year, with some reporting being as little as three days post-arrival[8].

Due to the impacts of COVID-19, the 2018 PIT count analysis may prove more true-to-trend in the subpopulation of newly arrived newcomers. The population data outlined in the PIT count does not reflect the number of refugees and newcomers not yet identified by the housing and homelessness system who may be in need of settlement supports. This suggests the 12% of services targeting newcomers and refugees remains disproportionate compared to the depth of need.

Service guidelines and access



6 *City of Ottawa. (2022). 2021 Homelessness Point-In-Time Count [Infographic]. City of Ottawa. https://documents.ottawa.ca/sites/documents/files/PointInTime_Infographic_EN_.pdf*

7 *City of Ottawa. (2022). Executive Summary: 2021 Point in Time Count. City of Ottawa. https://documents.ottawa.ca/sites/documents/files/2021%20Executive%20Summary%20PiT%20Count_Final_EN.pdf*

8 *City of Ottawa. (2019). Everyone Counts: Ottawa's 2018 Point in Time Count. City of Ottawa. https://documents.ottawa.ca/sites/documents/files/Point%20in%20Time%20Report%20EN_0.pdf*

Frequency of service

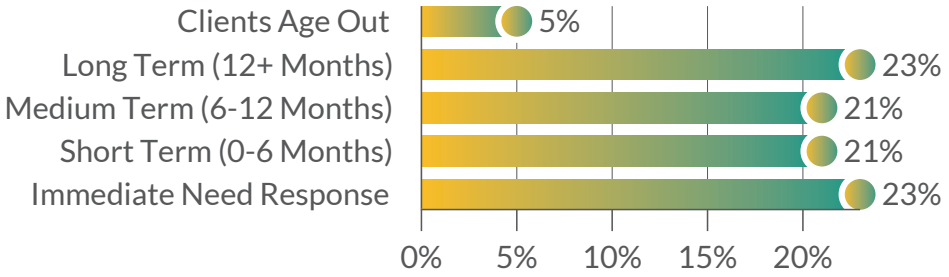
Almost half of programs (40%) indicated that the frequency of service to individual participants largely depends on the unique needs of the individual. However, a similarly large proportion of the programs (38%) indicated that the frequency of service is daily. This demonstrates the high rate of service delivery and consistent interaction between service providers and service users.

Weekly meetings were the most common frequency cited by case management services, at nearly 35% of all case management schedules reported. All residential services reported variance in frequency of delivery, most notably transitional housing, indicating nearly 18% of services are on a weekly basis. This implies residential services are referring to case management meetings, as the nature of residential programming requires daily service delivery.

Almost a third of counselling and treatment programs indicated that weekly service delivery was the most common. This may indicate that this level of support is needed for nearly a third of the client population. Surprisingly, day programs and drop-in centres also report weekly delivery as the most common service delivery model, with weekly delivery representing 40% of all day program and drop-in service delivery frequencies. More investigation would be required to determine if this finding is due to interpretation of the question, funding gaps, or the format of services offered.

Duration of service

Well over half (58%) of programs indicated that there is no time limit to the length of service. Almost 10% of service providers expressed that the time of service delivery can be extended case by case. Within this, perhaps most striking are the programs that have a set time limit, but note that this is often extended in practice. Among services, transitional housing reports extending time limits more than any other type of service, accounting for nearly 44% of all responses indicating time limits are often extended. This could be due to a number of factors, from internal policies that do not reflect ongoing practice, to funding limitations, to a changing level of need in the client population. It is clear however, that service design does not reflect service delivery.



Maximum length of time for service delivery varies considerably, with 5% operating on age based timelines that end on an “aging out” basis (ie: youth services). The remaining services are evenly split across the categories of long term, medium term, short term, and services that address an immediate need on a contact by contact basis (rather than an ongoing program).

23% Meeting immediate needs

21% Short term (0-6 months)

21% Medium term (6-12 months)

23% Long term (12+ months)

77% of services are accessible to service users for one year or less.

Roughly 5% of service providers spoke to service delivery timelines being based on age, indicating that there is no maximum amount of time intended, however, individuals age out of service delivery. The maximum amount of time for service delivery indicated by programs included:

- **23%** Meeting immediate needs
- **23%** Long term (12+ months)
- **21%** Medium term (6-12 months)
- **21%** Short term (0-6 months)

The evenly split nature of service delivery timelines suggests an intent to specialize, or tailor timelines to the needs of the target populations of each program. A short term service may be intended to address emergent needs and facilitate a smooth and prompt transition out of the service in question, whereas a long term service delivery model may address more ongoing needs, such as permanent housing or ongoing mental or physical health care. Transitional housing providers, who report the greatest rate of program duration extensions, also reported a range of concrete intended timelines, with 56% of transitional housing providers citing an intent to operate on a short or medium term basis.

Despite this intent, **a quarter of transitional housing providers indicate eliminating time limits, or often extending them**. Given the nature of transitional housing, and the intent to "graduate" service recipients into permanent housing, these figures may point to a breakdown in the pathway out of system involvement.

Full data tables outlining the details of what agency and program categories indicated frequency of service to individual participants and maximum amount of time intended for program service delivery can be viewed in the appendices.





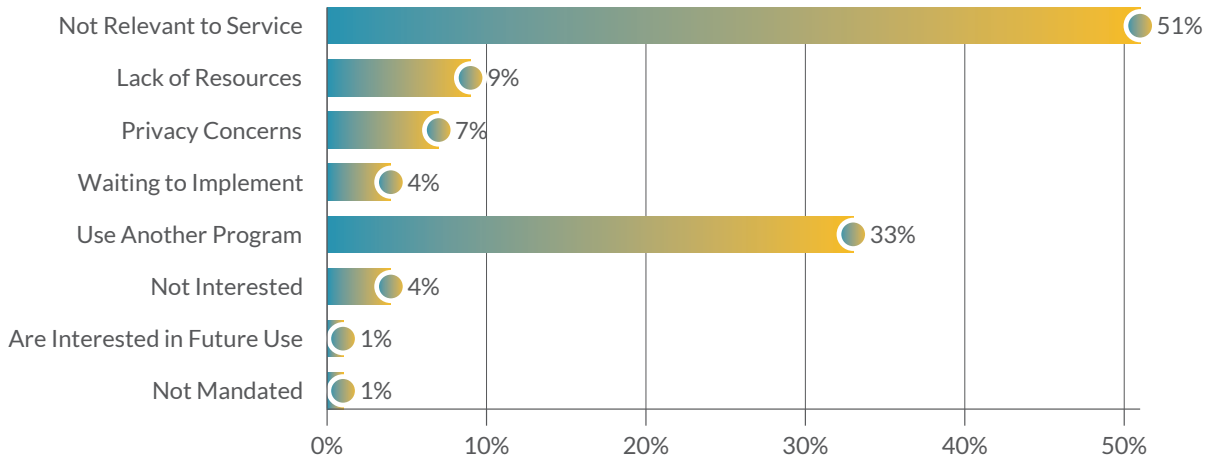


Coordinated Access

The improvement of data quality is a core priority of coordinated access. Reaching Home mandates the use of a centralized data sharing system. The Homeless Individuals and Families Information System (HIFIS) is a commonly used tool in many municipalities, with the intent being refinement of the system to allow for collaborative case management, seamless referrals, and hard numbers on inflow and outflow. HIFIS is intended to be this unified data management tool for coordination in Ottawa.

Survey results indicate a quarter of programs currently use HIFIS, while **over 70% do not use HIFIS to enter and collect data**. Of these programs,

- **51%** programs indicated that it was not relevant to program purpose or objectives
- **9%** programs indicated that they do not have the resources (e.g. technology, staff, time) needed to run the system
- **7%** programs indicated concerns about participant privacy and information
- **4%** programs are waiting to implement HIFIS / in the process of moving program data to HIFIS



The majority of programs (51%) who responded that they do not use HIFIS stated that it is not relevant to their services. These programs likely fall out of the scope of a housing-based service and as such are not encouraged, or mandated, to use HIFIS. One third (33%) of programs that do not use HIFIS indicated they use another program to enter data. While the use of HIFIS may not make sense for some services, the need for common data remains. A key piece of work across a holistic system is determining how to do this effectively.

Staff

Through the interview process, we sought to develop an understanding of how many staff are working for the various programs we engaged with. In some cases, the participant noted the number of program-specific staff, and for others counted all employees at an agency, including relief or casual staff. The chart below shows a general breakdown of what type of staff roles are most common. Notably, almost 60% of staff are working in some kind of preventative service role, while another quarter work in homelessness response services.

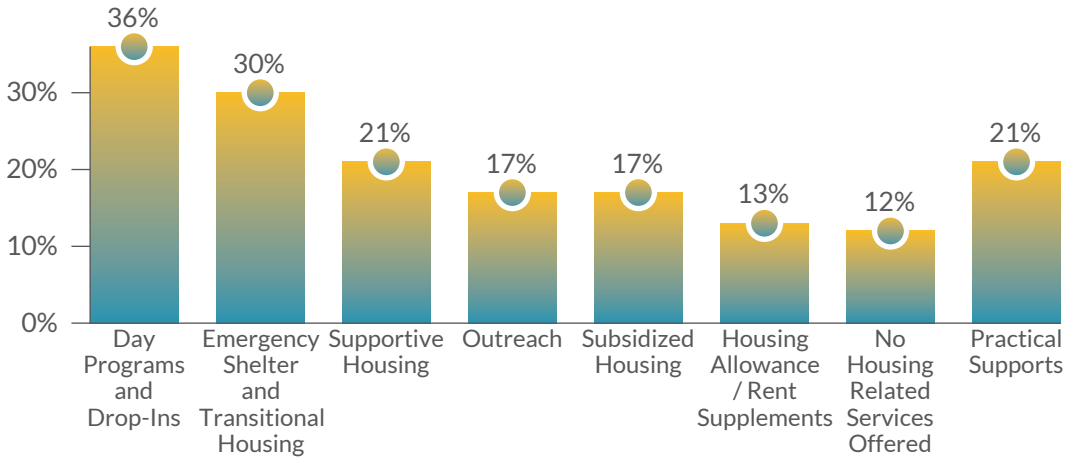
- **59.8%** staff work directly in preventative services
- **27.5%** of staff work in homelessness responsive services
- **8.6%** of staff work with programs that provide permanent housing
- **4%** are for providing outreach and services within day programs / drop-in services

The high quantity and range of full time, part time, casual, and relief staff represent the complexity of staffing within our homelessness and housing ecosystem. This can impact continuity of service delivery.

	Total	**2,851.25**
Case management		688
Community Health		416.5
Community Resource		420
Counselling & treatment services		120
Day Programs / Drop-in services		113
Emergency Shelter		434
Employment & Education Services		61.25
Street Outreach		4
Subsidized Housing		131
Supportive Housing		113
Transitional Housing		350.5

Key primary roles of staff identified by service providers include:

- **53%** drop-in or appointment based general support services (including counselling)
- **50%** case management
- **24%** drop-in or appointment based housing support services
- **8%** street outreach
- **6%** coordination and community development
- **5%** housing maintenance and management, 89% of which are subsidized housing
- **0.5%** peer support



It is worth noting the extreme ends of staff categories constitute appointment based services at 53%, and peer support roles at just 0.5%. Appointment based services pose an inherent barrier to access, in that appointments cannot be accessed at the time of emerging need. While appointment based services hold an important role, there may be benefit in assessing if more resources should transition to a flexible, drop-in based model.

Research indicates access to peer support greatly increases positive outcome rates in homeless populations, with notable reductions in substance use, increases in overall physical and mental health, and increases in a sense of social and community support[9]. These benefits are echoed by the voices of people of lived and living experience who have long reported the importance of peer integration into the social service landscape. A fractional percentage of positions being devoted to peer support suggests a deep gap between services offered and services desired by the client population.



9 *Barker, S., Maguire, M., Bishop, F. & Stopa, L. (n.d.). Peer Support Critical Elements and Experiences in Supporting the Homeless: A Qualitative Study. The University of Southampton. https://scholar.google.ca/scholar_url?url=https://eprints.soton.ac.uk/421915/1/CASP_Qual_Study_Manuscript_FINAL.docx&hl=en&sa=X&ei=05m6ZKPHDrWXy9YP0rGO4Ac&scisig=ABFrs3yJjQwrPiKOEd9n2HvSJN9r&oi=scholarr*

Understanding Directives

To understand the depth of successes and challenges reported by service providers, we must establish a point of comparison. For the purposes of this report, we will be using the mandates established under Reaching Home. Reaching Home, the federal homelessness strategy, is built upon Housing First principles to identify evidence-based community plans with clearly defined outcomes.

Communities under Reaching Home, including Ottawa, are tasked with working towards four core outcomes; the reduction of chronic homelessness, overall reduction in homelessness (and the reduction of homelessness in priority populations, reduction in inflow, and reductions in returns to homelessness. The survey did not address these pillars specifically and therefore we are unable to speculate on the progress made towards these goals. However, Reaching Home takes a strong stance on coordinated access, system planning, and governance, mandated several specific actions to be taken in the pursuit of these goals. These actions include:

- The creation of a coordinated access system by March 2022
- The creation of a common intake system with accessible contact points
- Equitable access of services
- The use of common assessment tools with consistency of decision making process
- The preservation of self-determination and choice, without repercussion, for service users

Infrastructure Canada further indicates four prongs of coordinated access:

- Access points
- Assessment
- Prioritization
- Matching and referral

Through the information gathered in the System Inventory survey, we can assess how the Ottawa housing and homelessness sector has adapted to the Reaching Home directives, and where we currently sit on the road to a coordinated system. The findings that follow will be broken down by domain.

Equity and Prioritization Priority group targets

Target populations are groups of individuals for whom the program was intended and designed. About 40% of programs indicated no target group, meaning that they serve everyone. The remaining 60% of programs indicated having one specific target population (ie: newcomers) or a finite list of specified target populations (ie: the chronically homeless, those at risk of homelessness, and individuals with barriers to employment).

There is an overarching goal of meeting individuals' needs and establishing inclusive and accepting services across all programs. Of these priority group targets, a combined two thirds (67%) target the entirety of the homelessness spectrum, from the precariously housed through to the chronically homeless.

Other target priority groups include:

- **41%** of programs targeting those who are chronically homeless
- **19%** of programs targeting those in need of supports fleeing violence (Violence Against Women - VAW sector)
- **17%** of programs targeting newcomers and/or linguistic minorities
- **16%** of programs targeting 2SLGBTQIA+
- **15%** of programs targeting First Nations
- **15%** of programs targeting Métis
- **15%** of programs targeting Inuit
- **7%** of programs targeting veterans

Disparities in Priority Groups

Goal #2 of the City of Ottawa's 10 Year Plan[10] indicates people must get the supports they need. This includes adequate supports for priority populations. Women and children fleeing violence, Indigenous people, youth, seniors, newcomers, veterans, and individuals leaving healthcare and justice systems were named specifically as groups needing consideration. Further, Reaching Home mandates the use of a prioritization system as part of coordinated access. The minimum standard set for prioritization of services includes the use of a universal set of standards, and universal acuity measurement tools. The terms of prioritization are to be outlined by the community's coordinated access lead. In the absence of a whole-system approach towards prioritization, gaps are likely to emerge.

When comparing eligibility criteria from the services offered in the housing and homelessness sector to the data published in the 2021 PIT count, several disparities emerged. While 22% of organizations or programs surveyed indicated they serve women, 33% of PIT Count respondents identify as women. Almost a fifth of services (18%) of services surveyed indicated a focus on male clientele, compared to the 62% of PIT count respondents identified as male, suggesting male clients overwhelmingly access "all gender" services. [11]

The PIT count identifies 3% of respondents as identifying outside the gender binary, while 10% of organizations or programs surveyed identified inclusion of non-binary clients. It is worth noting that the PIT count does not assess sex or gender diversity in line with binary identities. Data suggests that 2SLGBTQIA+ individuals, inclusive of transgender and gender diverse individuals, are drastically overrepresented in homeless populations, with Statistics Canada reporting 2SLGBTQIA+ Canadians were more than twice as likely (27% compared to 13%) to experience homelessness over the course of their lifetime as their non-2SLGBTQIA+ counterparts.[12]

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10 SHS Consulting. City of Ottawa 10-Year Housing and Homelessness Plan 2020-2030. The City of Ottawa. https://documents.ottawa.ca/sites/documents/files/housingplan20202030.pdf

11 City of Ottawa. (2023). Housing - Point-In-Time Count. City of Ottawa. https://ottawa.ca/en/family-and-social-services/housing#section-0f2d4545-f275-4543-b436-f4fba06eb7a8

12 StatsCan. (2021). A statistical portrait of Canada's diverse LGBTQ2+ communities. Statistics Canada. https://www150.statcan.gc.ca/n1/daily-quotidien/210615/dq210615a-eng.htm

Demographic information on family structure proves difficult to assess, as the majority of services report no household type requirement. Coupled clients are seldom tracked as a unit, and typically undergo intake as two separate single clients.

While the PIT count found 11% of respondents had dependents in their care, a figure in line with the 10% of survey respondents indicating a focus on families. HIFIS data suggests a largely invisible population of families, often sheltered in hotels and motels. HIFIS data from the same year as the most recent PIT count (2021) shows 3206 family household members staying in temporary emergency accommodations for an average of 135 days. Compared to the 214 youth, 920 women, 2219 men, 1658 mixed-gender shelter occupants and 233 off-site/overflow shelter placements, individuals in families drastically outnumber all other demographics in temporary emergency accommodations. The average stays for families substantially exceeds the average stay for singles across all demographics, by an average of 73 additional days, which may suggest unmet needs in family populations. [13]

Other priority group targets identified by service providers include:

- **10%** of programs targeting those who are at risk of homelessness / precarious housing
- **10%** of programs targeting criminal justice system involvement
- **9%** of programs targeting general homeless & hidden homelessness
- **7%** of programs targeting people who use substances
- **6%** of programs targeting complex & advanced health challenges, and people living with disabilities
- **4%** of programs targeting people who experience barriers to employment
- **4%** of programs targeting those who experience mental health challenges
- **3%** of programs targeting African, Caribbean, Black (ACB) & racialized individuals
- **2%** of programs targeting disadvantaged women

Given that, 15% of programs targeting First Nations, Métis, and Inuit individuals respectively, and just 3% of programs targeting ACB and racialized individuals, there are clearly gaps in accessing culturally appropriate services. The 2021 PIT count shows one third of respondents self-identified as Indigenous, and suggests the true proportion of Indigenous individuals experiencing homelessness is likely much higher. Similarly, the 2021 PIT count shows 55% of respondents self-identified as racialized. In other words, many of the services offered don't address the cultural needs of the highest demographics represented in the homelessness system.

"People are seeking culture, the deep need for culturally appropriate services. There is a lack of understanding of what this means. The provision of culture and human connection and community development is overlooked."

- Case Management Service Provider

13 *City of Ottawa. (2023). Temporary Emergency Accommodations Dashboard. City of Ottawa. https://ottawa.ca/en/family-and-social-services/housing/temporary-emergency-accommodations-dashboard#section-df124db5-8014-40f6-a782-2b3a98072598*

Responses indicating a focus on First Nations, Métis, and Inuit individuals appear to follow a pattern, with organizations selecting all of the above or none of the above. This suggests that these organizations may be targeting Indigenous populations in general as opposed to targeting each with separate culturally specific programming. This may inflate the number of services purporting to target more specific populations.

A growing body of research highlights the importance of access to culturally appropriate care. As Malaika Taylor of the Canadian Observatory on Homelessness notes, "*As the service models offered are more likely to reflect white, middle class values, the needs of racially and ethnically diverse groups may not be adequately met.*"[14]. This data suggests the overwhelming majority of racialized individuals do not currently have access to the models of care that would best support their needs.

Intake and prioritization: Veterans

At the point of intake, programs may ask if individuals are veterans. Despite Ottawa identifying ending chronic veterans homelessness as a key outcome to achieve, 70% of programs do not ask if individuals are veterans, and only 22% of programs directly ask. Although they may not ask directly, some programs indicated that other forms of acquiring this information include if this information is self-disclosed by the individual (5%) or is indicated on other intake referral information (5%). This may impact how individuals who are veterans access services and navigate our homeless and housing system.

Intake and prioritization: Fleeing abuse and violence

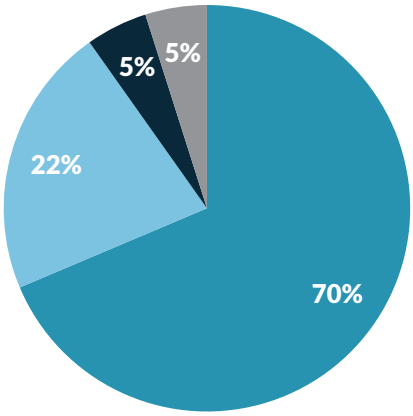
At the point of intake, programs may ask if individuals are fleeing abuse and violence. 49% of programs do not directly ask if individuals are fleeing abuse and/or violence, 36% do directly ask, 5% ask about safety and stability, and other forms of acquiring this information include if this information is self-disclosed by the individual (16%) or if the information is indicated on other intake referral information (6%). Despite women and people fleeing gender based violence being a priority group, individuals are required to self-disclose this information for it to be considered during intake for nearly half of the programs within our system.

Intake and prioritization: Self-identification as Inuit, First Nations, and/or Métis

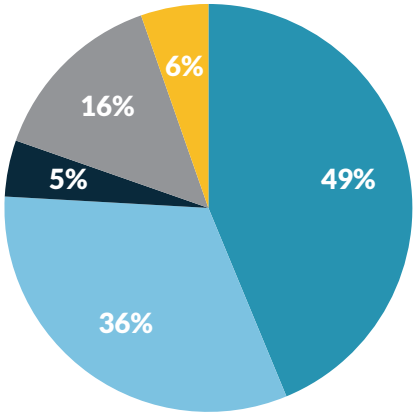
At the point of intake, programs may ask if individuals self-identify as Inuit, First Nations, or Métis. Over two thirds (69%) of programs do ask. One quarter do not ask. Other forms of acquiring this information include the individual disclosing their self-identification (1%) or through intake referral information (5%). The disclosure of this information may impact individuals who self-identify as First Nations, Inuit, and/or Métis ability to access culturally safe and appropriate services.

14 *Taylor, M. (2017). Cultural Sensitivity: Accommodating Racialized and Newcomer Communities. Homeless Hub. https://www.homelesshub.ca/blog/cultural-sensitivity-accommodating-racialized-newcomer-communities*

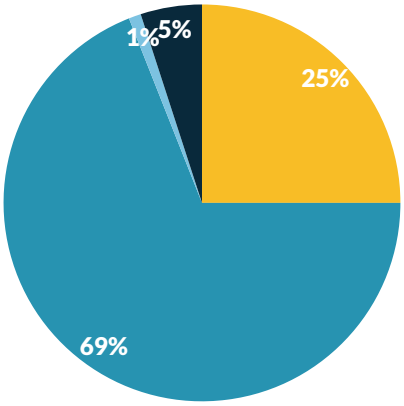
- Do not ask if individuals are veterans
- Directly ask if individuals are veterans
- Allow individuals to self-disclose
- Include this question on other intake documents

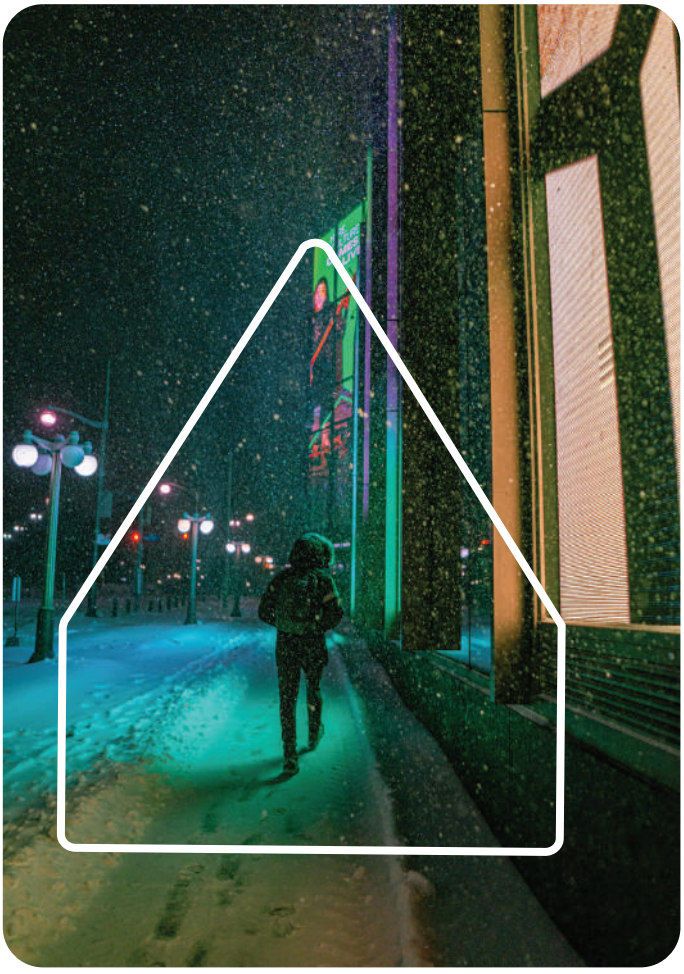


- Do not ask if individuals are fleeing abuse and/or violence
- Directly ask if individuals are fleeing abuse and/or violence
- Ask about safety and stability
- Allow individuals to self-disclose
- Include this question on other intake referral information



- Do not ask if individuals self-identify as Inuit, First Nations, or Métis
- Directly ask if individuals self-identify as Inuit, First Nations, or Métis
- Allow individuals to self-disclose
- Include this question on other intake documents



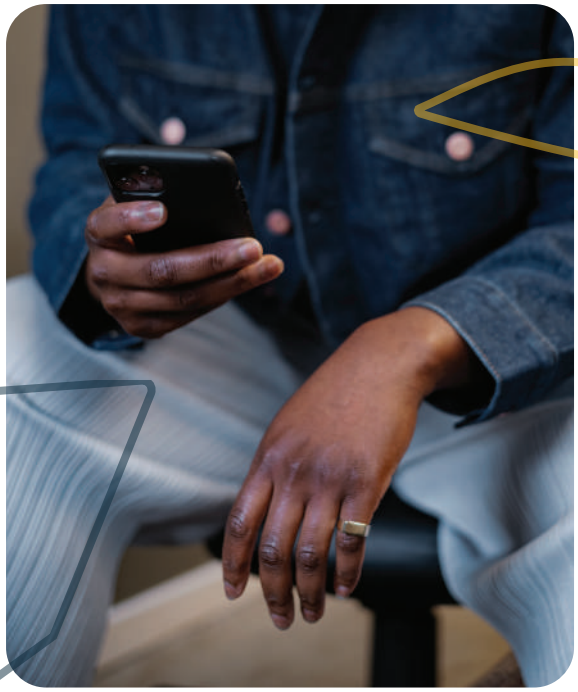


Intake and prioritization: Digital poverty as a barrier

Changes in programming included the service delivery through technology, including virtual appointments[15]. However, these forms of digital services rely on access to technology and internet connectivity[16]. Many agencies expressed that service users' lack of access to technology impacted their ability to communicate with service providers throughout the pandemic.

> **"Virtual care was not suitable for the level of need and acuity."**
>
> *- Emergency Shelter Service Provider*

This also meant that it was more difficult for service providers to locate individuals. Partnerships and accessible funding made it possible to distribute technology for digital service delivery. However, individual access to internet connectivity and digital literacy remained barriers. It was also identified that the delivery or services digitally is not only inaccessible for financial and material purposes, but can act as a barrier depending on level of need.





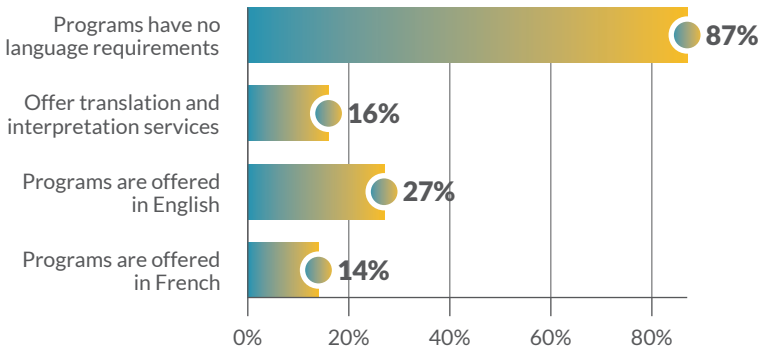
15 *Crawford, A., & Serhal, E. (2020). Digital Health Equity and COVID-19: The Innovation Curve Cannot Reinforce the Social Gradient of Health. Journal of Medical Internet Research, 22(6), e19361. https://doi.org/10.2196/19361*

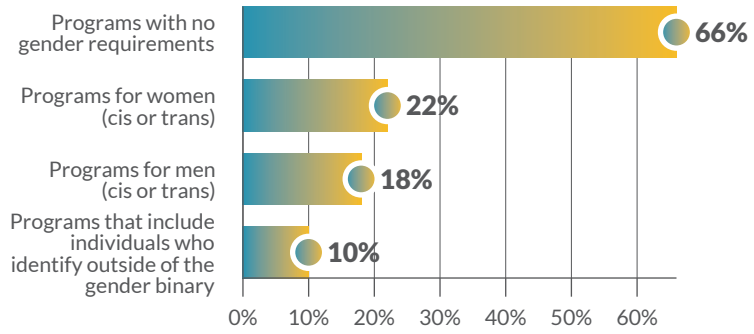
16 *Kazevman, G., Mercado, M., Hulme, J., & Somers, A. (2021). Prescribing Phones to Address Health Equity Needs in the COVID-19 Era: The PHONE-CONNECT Program. Journal of Medical Internet Research, 23(4), e23914. https://doi.org/10.2196/23914*

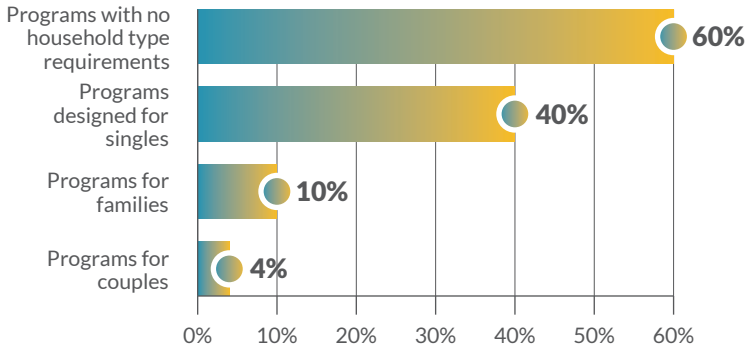
Eligibility Requirements

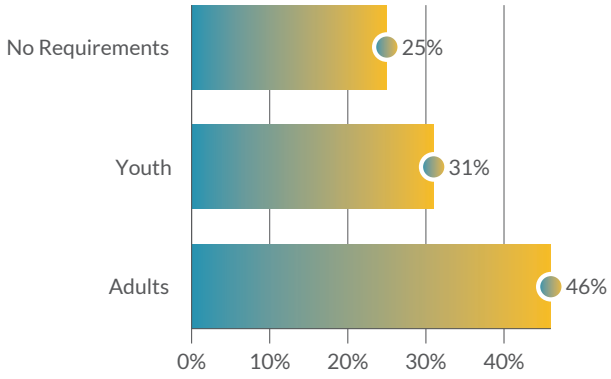
Eligibility requirements offer insight into who is being served, and consequently, who may experience barriers in accessing services, within our housing and homelessness serving sector.

- **87%** of programs have no language requirements, with 16% indicating that they have translation and interpretation services. 27% of programs are offered in English, while 14% are offered in French.
- **66%** of programs have no gender requirements, while 22% are for individuals who identify as women, 18% are for individuals who identify as men, and 10% included individuals who identify outside of the gender binary. It is important to note that within these categories, trans women and men are included in the women and men categories, but this does not accurately capture the difficulty that these individuals face in navigating and accessing gender specific services in the homelessness and housing ecosystem.
- **60%** of programs have no household type requirements, while 40% are designed for singles, 10% are for families, and 4% for couples.
- **25%** of programs have no age requirements. 31% or programs provided services for children and youth within varying age categories spanning from 12 - 32. This age category demonstrates considerable overlap and variability among children and youth age ranges, which can be observed in the appendices. 46% of programs provide services for adults aged 18+, although there is overlap with the youth categories. There are also some programs that specifically target older populations.

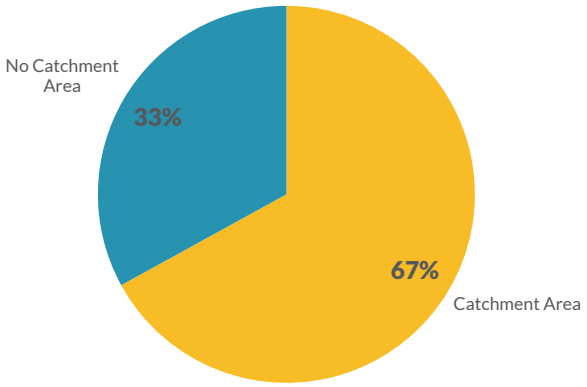








- **67%** of programs have a catchment area for service delivery, including neighborhoods, the City of Ottawa, or broader service delivery parameters (regional or provincial).



The language requirements assessed above are limited to official languages and do not speak to the gaps in language-appropriate services for newcomers or the role of staff who speak an Indigenous language. Further research is necessary to examine potential gaps in the realm of language requirements. Just 16% of respondents indicated translation services are offered in their organization, suggesting the bulk of programs may prove inaccessible for language minority groups.

The majority of services reported having no gender requirements. This may limit accessibility for women and gender minorities in need of a dedicated space. The binary nature of gender requirements has historically led to significant deficits in the scope of care offered to gender minority groups, who are significantly more likely to experience homelessness and encounter violence while homeless, with 77.9% of homeless 2SLGBTQIA+ youth experiencing criminal victimization while unhoused[17]

Just 4% of services report targeting couples, reflecting an ongoing concern within communities of service users. Kerry Bamberger, an encampment resident interviewed by the CBC[18], remarked ""I would not take [a shelter placement] unless my partner can be where I am. It's better for us to work on it together and have each other than to separate and then really have nothing.", a sentiment that may point towards a significant, but poorly understood, barrier to securing wanted and needed services. A body of literature suggests intimate partner relationships provide direction and tangible help to those navigating homelessness, and are positively associated with exiting homelessness into permanent housing[19]. This may suggest a need for services capable of accommodating couples.

Level of acuity/depth of need

The acuity level is the measurement of a person's depth of need. This measure helps to target resources appropriately to individuals. Some may have a low acuity level, or have lesser need for supports. These individuals may be accessing services not out of a fundamental need for ongoing support, but rather due to financial crises effectively pricing them out of independence. As a counselling and treatment service provider stated, *"If we house low acuity folks, it would take stress off sector so we can focus on high acuity for folks who might need more than housing and basic needs. There are high needs right now that the sector can't respond to because we are meeting so many basic needs. "*

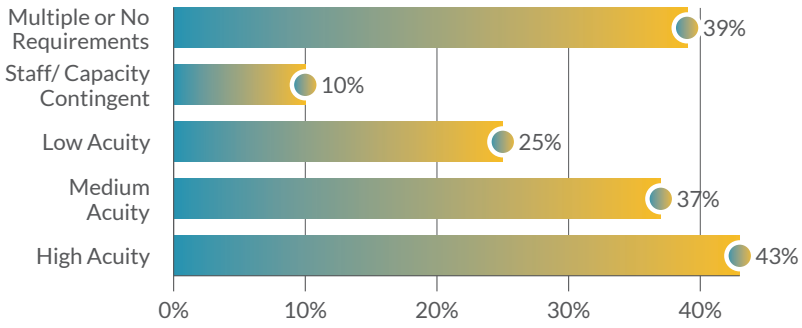
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17 *Abramovich, A. (2018). LGBTQ2S+ Youth, Violence, and Homelessness. Western Centre for Research and Education on Violence Against Women and Children. https://www.vawlearningnetwork.ca/our-work/issuebased_newsletters/issue-24/index.html*

18 *Britten, L. (2021). Homeless couples say poor housing and shelter options mean tough choices. CBC News. https://www.cbc.ca/news/canada/british-columbia/homeless-couples-face-poor-housing-and-shelter-options-1.6182855*

19 *Jones, M, Shier, M., & Graham, J. (2012). Intimate Relationships as Routes into and out of Homelessness: Insights from a Canadian City. Journal of Social Policy, 41(1), 101-117. doi:10.1017/S0047279411000572*

Identifying the level of acuity was a difficult question to answer for most service providers, with 39% of programs indicating there were multiple or no acuity level requirements. This meant that their program served people with low and high depths of need. Additionally, 10% of programs indicated that limitations for acuity requirements were associated with limitations to staff and program capacity.



Prioritization of access between applicants who meet the eligibility criteria

Prioritization of access between applicants who meet the eligibility criteria of programs can be determined through the use of the Service Prioritization Decision Assistance Tool (SPDAT) or other assessment tools. Multiple versions of the SDPAT are used to triage limited housing resources, which is consistent with broader homelessness serving sectors elsewhere[20]. However, it was identified while speaking with service providers that SPDAT has limitations and can be offensive, which aligns with literature indicating concerns and challenges related to this tool's reliability, validity[21], and "ability to adequately reflect the complex and dynamic behavioral, social, and medical needs of those experiencing chronic homelessness"[22].

Service providers were asked if they used the SPDAT to prioritize access to services. If yes, service providers identified which version was used, and if not, how was access prioritized between eligible participants.

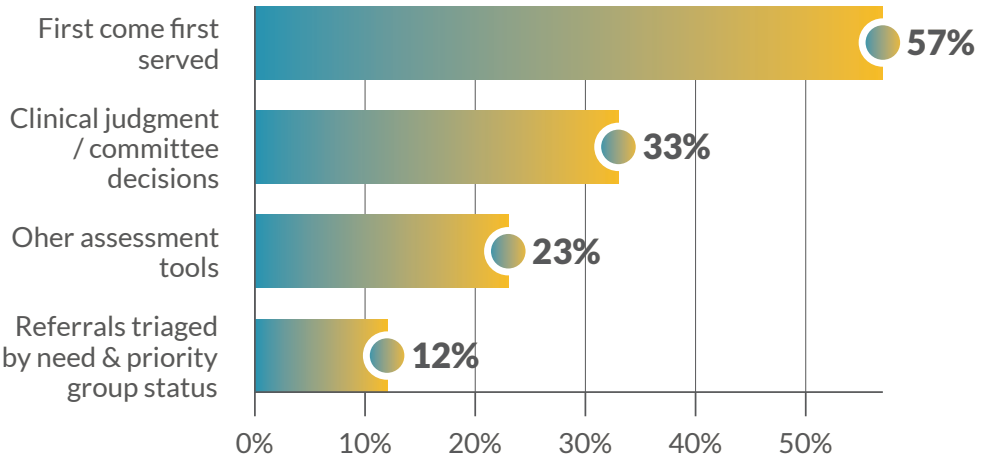
75% of programs indicated that they do not use SPDAT to prioritize access to services. Prioritization between eligible participants included:

- **57%** of programs prioritize access on a first come first served basis
- **33%** of programs prioritize access based on clinical judgment / committee decisions
- **23%** of programs prioritize access based on other assessment tools
- **12%** of programs prioritize access based on referrals triaged by need & priority group status

20 *Petry, L., Hill, C., Vayanos, P., Rice, E., Hsu, H.-T., & Morton, M. (2021). Associations Between the Vulnerability Index-Service Prioritization Decision Assistance Tool and Returns to Homelessness Among Single Adults in the United States. Cityscape, 23(2), 293–324.*

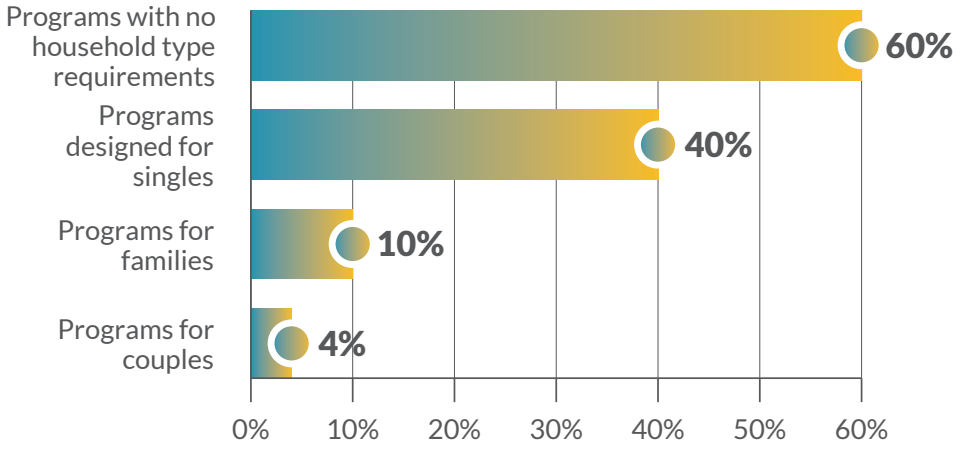
21 *Brown, M. & Watson, D. (2018). Reliability and Validity of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) in real-world implementation. Journal of Social Distress and the Homeless. Retrieved from, https://www.homelesshub.ca/resource/reliability-and-validity-vulnerability-index-service-prioritization-decision-assistance*

22 *Salim, K. B. (2021). EXAMINING THE RELIABILITY AND VALIDITY OF THE SECOND VERSION OF THE VULNERABILITY INDEX-SERVICE PRIORITIZATION DECISION TOOL (VI-SPDAT) FOR SINGLE ADULTS. University of North Carolina, Health Psychology, 1–158.*



23% of programs indicated that they use multiple versions of SPDAT to prioritize access to services, including

- **87%** SPDAT
- **67%** VI-SPDAT (vulnerability index)
- **4%** F-SPDAT (family)
- **4%** JD-VI SPDAT (justice discharge, vulnerability index)



The lack of a universal assessment tool may pose challenges when referring clients, thereby leading to inconsistency in access to services. One organization may assess an individual as in need of a specific level of care, while another may disagree. Use of SPDAT does not necessarily aid in avoiding inconsistent assessments, with one interviewee noting the same person can be assessed by two different staff on the same day and receive substantially different results.The lack of a standardized and trauma-informed tool that does not need to be repeated at each point of contact has been highlighted as an area for improvement.

Equity and prioritization: Access to housing subsidies

Our interviews with service providers also revealed how increasingly complex peoples' needs are, and that the existing support services cannot meet this demand This is supported by research indicating that a "sense of security associated with stable housing was the most influential factor that supported change" for individuals experiencing homelessness and mental illness[23].

The Province of Ontario and the City of Ottawa have created priority status for certain individuals or households, but priority status does not necessarily correspond with acuity levels. Social housing providers do not have access to SPDAT scores, or other metrics of acuity or need assessment that may have been done in shelter. Social housing providers do not have specialized units or staffing to provide supports, and intakes cannot be directed to a specific community on the basis of need. Priority needs are categorized as:

Special Provincial Priority (SPP)Priorities identified by the provincial government)

Overhoused

- Tenants already in social housing who require a smaller unit.

Victims of abuse and/or human trafficking

- Those who experienced abuse or trafficking perpetrated by a family member within the previous three months. A letter of support from a doctor, lawyer, clergy member, social worker, or other community leader demonstrating a threat to personal safety is required.

Local Priority Access Status (Priorities Identified by the City of Ottawa)

Urgent Safety

- Those not covered under SPP Victim of Abuse. Individuals experiencing abuse by a family member or partner who they have NOT lived with in the past three months. Also includes individuals experiencing an ongoing extraordinary threat to their personal safety that could be improved by access to housing. A letter of support from a community leader is required.

Life Threatening Medical

- Individuals experiencing a terminal or life threatening medical condition that could be improved by new housing. Requires a letter of support from a physician.

Homeless

- Individuals living in a homeless shelter, or sleeping in cars, tents, makeshift shelters, etc. Individuals staying with friends or family temporarily do not qualify.

23 *Patterson, M., Currie, L., Rezansoff, S., & Somers, J. (2015). Exiting Homelessness: Perceived Changes, Barriers, and Facilitators Among Formerly Homeless Adults With Mental Disorders. Psychiatric Rehabilitation Journal, 38(1), 81–87. https://doi.org/10.1037/prj0000101*

Eligibility criteria for the Centralized Waiting List for subsidized housing largely centers on ones' age, citizenship, prior debts/evictions, and capacity to accommodate a move-in deadline. There are no eligibility standards in place to align differing acuity levels with differing housing models. When a subsidized unit becomes available, selection follows a legislated process. First selection must be offered to the first individual on the list with SPP status - victims of abuse and/or human trafficking status. Second selection must be offered to the first person on the list with the SPP overhoused status. Third selection must be offered to the first person on the list under Local Priority Access Status. Should all three selection rounds fail to produce a priority status tenant, names are pulled from the broader Registry in chronological order. Should the offer be declined due to circumstances or needs of any individual on the Registry, priority status or otherwise, their file will be closed and they will be required to reapply.[24]

The demand for priority status placements has increased substantially over time, with priority status households accounting for 80% of all new residents for one nonprofit housing provider in 2022. This indicates that when there is available housing, our system does not have adequate supports to meet the needs of individuals seeking affordable housing. Affordable housing units are intended for those who can live independently and do not need in-house support services. Tenants who need supports are required to seek resources externally and these community resources are not always connected to housing providers, resulting in a lack of coordination within the sector.

Lack of affordable, safe, available housing

The ongoing housing crisis was identified through the lack of affordable, safe, and available housing in the system. One transitional housing provider stated how "people are ready to transition on, but there is no housing stock available" and a case manager indicated how difficult it is to help individuals get into housing and out of homelessness based on the lack of affordability noting, "The housing stock is poor. It is laughable."

Over the past several years, home and rental prices have increased at an unprecedented rate, among the highest in the nation. Between 2018 and 2019, rental costs increased at a rate more than four times that of the inflation rate. The rental crisis continues to escalate, with the rates of increase averaging 14.6% from 2022 to 2023. Units suitable for a family showed an even greater increase over the 2022-2023 year, at 19% and 19.4% respective increases for two and three bedroom units. Furthermore, an emergency shelter provider indicated that there is "capacity to solve homelessness for the refugee population" with appropriate and adequate resources that meet the unique needs of this population.

This lack of affordable, safe, and available housing was highlighted as a major gap for individuals experiencing intersecting marginalization, including racial, ethnic, and language minority groups, youth, individuals with disabilities, and survivors of abuse and human trafficking. Limited affordable, safe, and available housing impacts individuals ability to transition out of VAW shelters, placing women in danger of being pulled back into trafficking if they are placed in other shelters.

24 *The Registry. (n.d.) The Process. https://housingregistry.ca/the-process/#:~:text=Your%20application%20may%20qualify%20for,separate%20yourself%20from%20the%20abuser.*

"[There is] little to no recognition of trauma and trauma informed care [in the system]. People need somewhere to live with dignity."

- Community Resource Service Provider

Financial barriers

Service providers reiterated the significant impacts of inflation on individuals seeking services, including food, how subsidies and income supports do not adequately address basic needs and the cost of living, and the gap in resources available once individuals are housed. As an emergency shelter provider stated, "People can't afford to live right now." A community resource service provider described how "people forget or don't recognize the significant gap and need once folks get housing when they are sleeping on the floor with nothing to eat". These gaps were emphasized as being experienced more acutely by marginalized communities.

Individuals seeking help from government assistance programs often report being unable to achieve independence with the funds available to them. Ontario, home to 39% of the national population, accounts for 50% of the population receiving Social Assistance. Duration of stays on Social Assistance have increased significantly over time, from 19 months in 2009, up to 35 months in 2018. Only 10% of individuals on OW exit into employment. Despite the high costs of Ontario Works, outcomes remain poor.

This is likely due to policies restricting one's capacity to work while receiving OW or ODSP, and insufficient supports for recipients. This has resulted in a large population choosing between secure income that cannot support housing costs, let alone the costs of living, and gambling on the ability to work despite the barriers that led to seeking Social Assistance. The incompatible nature of Social Assistance funds and the continuously escalating rental costs was noted in interviews, with a community health service provider noting "Income supports (ODSP & OW) are not enough."



Critical barriers and "gaps" in the system

While we refer to areas that warrant attention as "gaps", it is critical to recognize these gaps have the potential to result in substantial harm to individuals in need of services, up to and including death. Gaps of this nature have the capacity to create an unresponsive system, resulting in structural abandonment, and impeding the human rights upheld in the Canadian Charter of Rights and Freedoms [25] . Limited access to services among individuals experiencing homelessness with complex needs contributes to high rates of morbidity and mortality[26]. Gaps in the system represent larger structural issues within our housing and homelessness system that result in people 'falling through the cracks'. These barriers can be linked to funding constraints, how services are designed, the siloing of services, and the challenges frontline workers face in delivering emergency services and providing for those in front of them with limited resources.

"The structure of the system creates the gaps."

- Community Health Service Provider

"These are bigger issues that require political interventions that are not the responsibility of clients or frontline workers, but are their burden."

- Community Resource Service Provider

"[There is] little to no recognition of trauma and trauma informed care [in the system]. People need somewhere to live with dignity."

- Community Resource Service Provider

Beyond the realities of the housing crisis and the limitations of the current affordable housing stock, operational gaps within the existing housing and homelessness system. While these gaps each represent a tangle of policy, funding, and organizational challenges, each is associated with an already identified best practice and a blueprint to resolution.

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25 *Government of Canada. (2023). Section 15: Equality Rights. Charterpedia. https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccdl/check/art15.html*

26 *Addorisio, S., Kamel, M. M., Westenberg, J. N., Heyd, A., Maragha, T., Abusamak, M., & Wild, T. C. (2022). Unmet service needs and barriers to care of individuals experiencing absolute homelessness in Edmonton, Canada: A cross-sectional survey. Social Psychiatry and Psychiatric Epidemiology, 57(2), 387–396. https://doi.org/10.1007/s00127-021-02080-2*

Need for Comprehensive Building Inventory

While the Social Housing Registry maintains an inventory of nonprofit, supportive and co-op housing, there is a need for an inventory of affordable stock in the private market including single rooms in congregate living settings.

"There is a need for oversight of housing rights and responsibilities and ensuring rights of tenants are upheld and subsidies are done properly."

- Community Resource Service Provider

Need for comprehensive support services and appropriate care

Barriers to service access and an overly complex system navigation framework were indicated as key areas for improvement. These barriers and complications include wait times, criminal record related restrictions, systemic barriers, and the challenges of returning to services provided prior to the pandemic.

A community health provider pointed to the "*racism and distrust in the system*" impacting the consistency of access for individuals seeking services. This distrust is inextricably linked to the impacts of colonialism and a service framework that has historically been staffed by, and geared to, a white Canadian demographic. The causes of this distrust are highlighted in the disparities between the culturally specific services offered and the number of individuals in need of culturally specific services.

"When you are on the street, jumping on that first rung of the ladder is nearly impossible".

In addition, the philosophy underlying services can present a barrier to access. For example, day programs operating out of faith-based community sites may create a barrier for certain individuals even though the programs are not inherently faith-based. A drop in / day program service provider described how they previously had more service users when they were located beside a shelter and not located within a church. The service provider questioned if that location creates a barrier to access. This is a theme that has been echoed by Indigenous partners.

Our interviews with service providers revealed a rapidly changing landscape, with increased incidences of complex need-sets. Research indicates a "sense of security associated with stable housing was the most influential factor that supported change" for individuals experiencing homelessness and mental illness"[27]. However, housing is rarely seen as an essential component of mental health treatment. Service providers repeatedly highlighted a need for accessible support services, capable of addressing both housing needs and health and safety needs.

27 *Patterson, M., Currie, L., Rezansoff, S., & Somers, J. (2015). Exiting Homelessness: Perceived Changes, Barriers, and Facilitators Among Formerly Homeless Adults With Mental Disorders. Psychiatric Rehabilitation Journal, 38(1), 81–87. https://doi.org/10.1037/prj0000101*

"We need to stop trying to warehouse homeless folks. We need to think more about… supporting living arrangements that vary in acuity and intensity for folks that aren't able to live independently."

- Community Health Service Provider

The need for support services was notable as one of the most cited areas of improvement for both housing and homelessness, with universal support for targeted, person-centred support services from both the shelter system and nonprofit housing providers. This opportunity for improvement was named specifically by the City of Ottawa under objective 2.3 of the Ten Year Plan, suggesting a vital opportunity for codesign.

Abuse & violence

One counselling and treatment service provider identified the 'shadow pandemic', which is the increase in domestic and gender based violence as a result of the pandemic. Isolation and increases in mental health issues associated with individuals being stuck in abusive and violent housing situations were identified by community resource providers, counselling and treatment services, day programs / drop in, and an emergency shelter.

Opioid crisis and increase in substance use

Isolation and increased mental health issues had an impact on the existing opioid crisis and an increase in substance use across program categories. This was articulated by one case management provider indicating the "astronomical deaths this year in the homeless community" due to the opioid crisis. They further explained "how vulnerable our system is, how bad it actually was, and the lack of resources for this community". This was further described as the result -in part- to the changing drug supply and distribution patterns due to COVID-19 lockdown measures and increased visits to emergency departments nationally due to overdoses among the homeless population.

Impacts of brain injuries

There is increasing recognition that substance use causes physical changes in the brain, notably in areas relating to executive function. These changes can persist into periods of abstinence from substances, and it is not yet understood how long these changes may persist, or how they might be reversed. Individuals experiencing executive dysfunction may require housing solutions that support their daily living skills during periods of healing, potentially on a long-term or permanent basis.

Furthermore, in the 2021 PIT count, almost a quarter (23%) of respondents indicated they had been diagnosed with an acquired brain injury. This may be intertwined with existing data on the links between disability and poverty. Few services exist to address the intersection of neurological injuries and homelessness, and as such, individuals are shuffled between a medical system that cannot address the needs associated with homelessness, and a housing and homelessness sector ill equipped to facilitate healing.

"Many clients are unwell and in need of supports. It is not always mental health and addictions. It is cognitive or brain damage issues that make it hard for people to function independently. These are high acuity cases that are hard to house and keep housed. Not everyone wants to go to shelters."

- Community Resource Service Provider

Limitations of access points and referrals

Under Reaching Home, access points must be easily accessed by individuals and families seeking support. A "no wrong door" approach is recommended in a coordinated system, wherein information on service access is clear, public, and updated, frontline workers feel empowered to make referrals, and clients feel welcomed at each new point of contact.

Access points and referral types were tracked in an effort to understand how individuals navigate the system in practice. The overwhelming majority of primary access points (71%) were reported to be self-referrals through websites, walk-ins, phone calls, and applications. This supports the impressions shared by respondents, that service seekers are required to self-start their care and navigate the system from a ground floor level without assistance.

"Individuals who are seeking housing, people that are couch surfing and homeless, have fallen through the cracks."

- Subsidized Housing Service Provider

External referrals, from one organization to another, pose their own challenges. With no established universal referral network, the capacity to secure a needed service is contingent on the staff member making the referral and the services they may be aware of/ connected to. *"There is never any clear path to resources: The process can be extremely overwhelming and discouraging, leading to further isolation when information is not clear and they are not able to access what they need easily. We need strong partnerships to meet clients' needs."*, stated a subsidized housing provider. Perhaps most strikingly, only 2% of survey respondents indicated using a model where workers go to individuals through outreach as the first point of contact. Significantly increasing the rates of outreach intakes may largely resolve the barriers associated with accessing services.

Increasing coordination

Throughout the interviews, it became clear that Ottawa service providers are very collaborative. This is largely driven by individual workers and agencies creating a patchwork network across services and programs, helping service users access what they need. This is reflected across the results of this system inventory. Throughout the pandemic, sector staff adapted on the fly, providing services despite prohibitive conditions, high turn-over rates, and risks to personal safety.

> **"There have been a lot of creative solutions, with everyday people going above and beyond to support the vulnerable."**
>
> *- Case Management Service Provider*

However, a recurring theme when speaking of effective problem solving within the sector was the need for increased coordination, sustainable partnerships, and shared resources to meet the complex needs of individuals navigating the housing and homelessness sector.

> **"So much of the work is firefighting rather than coming up with solutions."**
>
> *- Employment & Education Services Service Provider*

Reaching Home requires a Coordinated Access Lead agency to support sector-wide coordination. The results outlined above may indicate a collective call for a community-based coordinated access lead, or system-planning organization to take on the backbone work required to address the gaps in the current system. There may be an opportunity to seize the current drive and energy behind system-reform, on the part of both the housing and homelessness sector and the City of Ottawa, by identifying a community-based body capable of offering system-planning support.



Conclusion

"This work, [meeting the needs of homeless and precariously housed individuals], is worth the investment."

- Community Resource Service Provider

Experiences of homelessness are rooted in historical and ongoing violence, trauma, colonization, poverty, and failure of systems to support individuals[28]. This inventory presents only a segment of the system that individuals navigate every day in order to access basic needs, escape abuse and violence, and navigate precarious housing.

The system inventory captures a snapshot of the system at each step of the homelessness spectrum, from prevention, to response, to permanency. At each corner of the system, staff are motivated, willing, and capable of bettering outcomes for service recipients. The System Inventory is a foundational step in our work towards greater coordination for our housing and homelessness sector.

Coordination promotes effective use of existing resources, effective management of a finite workforce, and has the potential to establish a collective sense of joint ethics and solidarity in the sector. Clear points of access, optimized referral networks, and effective means of data sharing will be critical in the pursuit of these goals. A community-wide systems approach "*help[s] communities ensure equity of access to appropriate resources, prioritize people most in need of assistance and connect people to appropriate services in a more streamlined way*"[29], ensuring all will have the capacity to come to a place of safety and dignity with minimal wait times and service interruptions.

A preventative factor for our housing and homelessness ecosystem is a system planning approach that seeks to establish community-wide strategies to help prevent homelessness and match individuals and families experiencing homelessness to support resources and permanent affordable housing.[30] The clear next step will be the creation of strategies to house individuals and families quickly, compassionately, and effectively.

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28 Scallan, E., Bodkin, C., Wiwcharuk, J., O'Shea, T., & Lennox, R. (2022). Finding stability amidst the COVID-19 pandemic: The impact of emergency temporary housing for people who use drugs. Drug and Alcohol Review, 41(1), 7–8. https://doi.org/10.1111/dar.13335

29 Employment and Social Development Canada. (2019). Reaching home coordinated access guide. Government of Canada, Her Majesty the Queen in Right of Canada. 1-30.

30 Employment and Social Development Canada. (2019). Reaching home coordinated access guide. Government of Canada, Her Majesty the Queen in Right of Canada. 1-30.

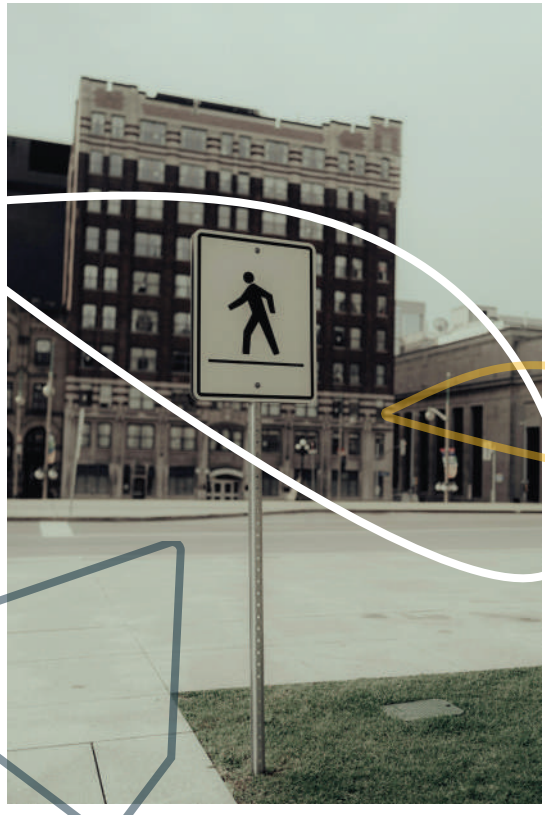
Strengths & limitations of this project

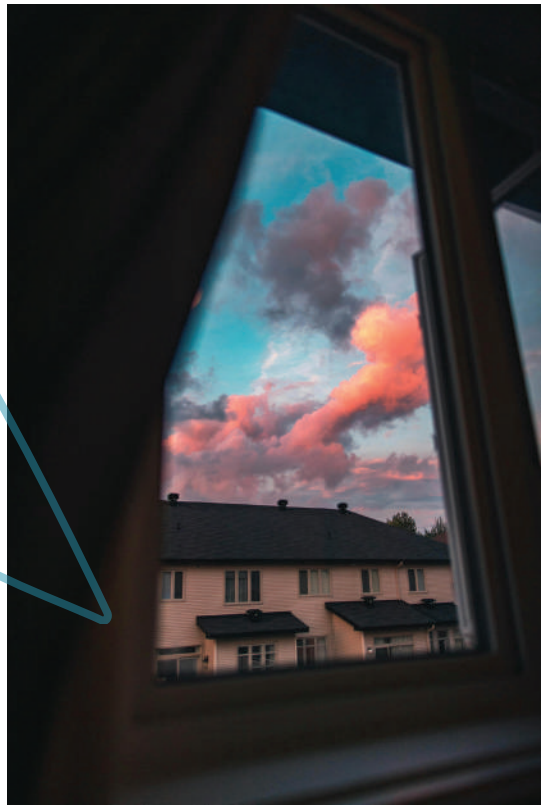
We were not able to inventory all programs and agencies that provide housing and homelessness services in Ottawa. This was largely due to capacity limitations and voluntary participation from community services. This System Inventory Project captures approximately **50%** of the housing and homelessness serving sector in Ottawa. As a result, we have been able to provide voice to diverse and representative programs of the homelessness and housing ecosystem, highlighting the breadth and depth of service provision.

The one on one interview format for this project was chosen based on the limitations of understanding that can occur with a survey. People have different interpretations of answers, and the direct interview provided greater opportunity for clarity. Despite this, different understandings of terms and concepts remain, and we anticipate that this has happened throughout the project as well.

Additionally, sometimes service providers were not able to provide specific figures or data points that they were asked to speak to. As previously mentioned, since there is no standardized approach to counting the number of individuals accessing services within the sector, our totals include duplications, which present limitations to the use of the results.

Most significantly, there is a lack of representation of cultural services and racialized populations in the questionnaire and outreach. Recognizing the importance of culturally safe and appropriate services within the homelessness and housing system, expanding our connections and inclusion of these services within our system will ensure their representation in future research and consultation.





Glossary

Case Management	Case management is a professional and collaborative approach to support individuals that includes assessment of needs, coordination, and support to connect people to services that meet their needs. Includes mental health and housing based case management services.
Community Health	Services and programs that address the health needs of a specific community as well as providing referrals outside of the centre to address other needs. Includes primary care, dental care, harm reduction, and hospice.
Community Resources	Programs and services that provide basic resources, system navigation, and referrals to address other needs. Includes food security programming, legal services, furniture banks, cultural services, community resource centres, social service walk ins, etc.
Co-op Housing	Co-op housing is a type of nonprofit housing controlled by members who have a vote in decisions. There is no outside landlord.
Counselling & treatment services	Services that focus on counselling, treatment, recovery, and rehabilitation. Includes services for gambling addictions, substance use, mental health, and VAW.
Day Programs/Drop-in Services	A service that is geared towards short term support, social connection for homeless or low-income people, can include laundry, crisis counseling, referrals, etc.
Educational & employment services	A service that is geared towards building skills and/or finding employment
Emergency Shelter	Supervised residential facilities that provide temporary accommodation and related support services to assist people experiencing homelessness
Food Bank	A program that provides food to take home for people, rather than a one time meal
Food Program	A drop in meal program where people come for a specific time to get food
Homeless Individuals and Families Information System (HIFIS)	Comprehensive data collection and case management system.
Homelessness Prevention Services	A program that offers services and/or financial assistance necessary to prevent a person from losing their housing, moving into an emergency shelter, or place not meant for human habitation. Services may include landlord mediation and supports, access to information on tenant rights and responsibilities, referrals to legal clinics, Rent Bank, and City of Ottawa services.

Homelessness Responsive Services	Programs that provide services to shelter those who are actively experiencing homelessness through emergency shelters and transitional housing,
Housing Allowances/ Rent Supplements	Financial benefit to supplement rent for a person. Generally geared towards private market rent, but also used to subsidize some non-profit housing units. Housing allowances and rent supplements are typically portable and belong to the individual to use on their housing of choice.
Housing First (HF)	An approach to support people who are homeless to have rapid access to housing with no housing readiness requirements. Upholds client choice, offers strengths-based and client-centred supports, and a maintains a focus on community integration.
Justice Discharge - Vulnerability Index - Service Prioritization Decision Assistance Tool (JD-VI-SPDAT)	Pre-screening triage tool for criminal justice system discharges.
Local Health Integration Networks (LHIN)	These organizations determine the health service priorities required in local communities.
Non-profit Housing	Non-profit housing is typically provided by organizations whose mandates are to offer affordable housing. Rents are typically subsidized by public sources (federal, provincial, or municipal) so that rents can be maintained at a level that is affordable to the tenants.
Off-site Motels	Rooms in hotels and motels contracted by City for emergency off-site shelter spaces
Ontario Disability Support Program (ODSP)	Social assistance for people who have a qualifying disability
Ontario Works (OW)	Social assistance that provides income and employment supports to people who are in temporary financial need
Outreach	Non-street outreach occurs at the community and housing level.
Prevention/Rehousing - Vulnerability Index - Service Prioritization Decision Assistance Tool (PR-VI-SPDAT)	Pre- screening tool to be used only with people that are currently housed and feel they are at imminent risk of losing their housing.
Rent Geared to Income (RGI)	Housing subsidy program that calculates rents as a manageable proportion of a tenant's income
Residential Service Homes (Domiciliary Hostels)	Private or not-for-profit residences that provide long-term housing to vulnerable adults who require some supervision and services to maintain their independent living.
Service Prioritization Decision Assistance Tool (SPDAT)	Assessment tool used to determine the level of support a client may need, and the duration of time the supports may be needed.
Social Housing Registry	The Social Housing Registry of Ottawa (The Registry) is a non-profit organization that maintains the central waiting list for people applying for subsidized housing.

Street Outreach	A program that offers services necessary to reach out to homeless people, connect them with emergency shelter, housing, or critical services, and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.
Subsidized Housing	Subsidized housing is rental housing where the cost of rent paid by the tenant is offset by public sources (federal, provincial or municipal funding).
Supportive Housing	Subsidized housing that offers support staff to assist residents with basic life needs and social supports. Some supportive housing may staff personal support workers and/or nursing staff to support medical needs.
Transitional Housing Programs	Transitional housing refers to a supportive – yet temporary – type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, health and life skills supports,, and in some cases, education and training. Includes residential treatment, forensic / justice housing, and VAW transitional housing.
Violence Against Women (VAW)	An emergency shelter, crisis services, and other programs designed for individuals who identify as women and are escaping violence.Some programs also offer support for gender diverse individuals and children.
Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)	Pre-screening triage tool for communities that do not have the resources to conduct a full SPDAT assessment



Methodology

We developed the interview questions and guide in partnership with Dr. Ben Roebuck from Algonquin College's Police and Public Safety Institute and the Coordinated Access lead from the Aboriginal Community Advisory Board.

The interview process has involved inviting organizations by email to participate in the System Inventory Project, providing information documents & following up to schedule; interviewing Executive Directors or Program Leads in English for 20 - 60 minutes; and submitting a separate interview sheet in Microsoft Forms for each unique program of the organization. Interviews allowed for common definitions and the collection of more in-depth information.

Programs and agencies were identified through Alliance member agencies and pulled from every agency that was listed on 211 using the search words "housing" and "homeless". As program and agency representatives were contacted, these individuals self-identified which programs related to housing and homelessness. Approximately half of all programs and services located via 211 were interviewed and included in the System Inventory.

These services are intended to stand as a representative cross-section of the programs and organizations available to service users. Each of the responding services were sorted into categories according to primary focus, and assessed for common themes including populations served, barriers and gaps identified, and the impacts of COVID-19 observed. The impacts of the COVID-19 pandemic are largely inextricable from the impressions gathered in this report. That said, data specific to the COVID-19 pandemic is available on request .

The system inventory mixed-methods interview consists of questions relating to:

- anticipated outcomes/results of the program & what services / supports are offered
- the length of time intended for a person to receive services through the specific program
- how a person accesses the program
- target priority groups and/or service areas
- how the program prioritizes access, if the program does not use the Service Prioritization Decision Assistance Tool (SPDAT)
- use of (Homeless Individuals and Families Information System (HIFIS) or other databases
- referral information for intersecting systems of care
- how COVID-19 has affected the organization, people served & where the gaps are in the housing and homelessness sector
- staff information, including, the primary role, number of staff, total number of unique individuals served, & frequency of service
- the number of beds & types of units (single rooms with shared kitchen, Rent-geared-to-income (RGI), rent supplements, housing allowances, and/or housing subsidies.)

system inventory

The final results of the system inventory were exported and stored in a Google Sheets spreadsheet, where they were coded according to existing categories and emerging themes. The emerging themes were identified by the System Inventory Lead. We recognize data analysis will always be impacted by the lens of the analyst. While bias is not an avoidable risk, best efforts were taken to ensure accurate reflections of the opinions and themes expressed in the interviews. Several tools for bias mitigation were used, including the use of multiple authors and editors, the use of lived experience consultation, and the use of full data tables in the appendices.







Appendices

	Total
Total	**193**
Case management	14
Community Health	18
Community Resource	37
Counseling & treatment services	16
Day Programs / Drop-in services	18
Emergency Shelter	13
Employment & Education Services	11
Street Outreach	3
Subsidized Housing	17
Supportive Housing	19
Transitional Housing	27

What are the anticipated outcomes / results of your program?

- Helping people maintain / retain housing
- Temporary / emergency accommodation and crisis supports
- Helping people find a new home
- Other

	Helping people maintain / retain housing	Temporary / emergency accommodation and crisis supports	Helping people find a new home	Basic needs & practical support	Physical and / or mental health supports	Substance use & addictions support	Developing skills
Total	***103***	***91***	***85***	***88***	***55***	***27***	***52***
Case management	11	4	12	6	4	2	3
Community Health	8	11	6	5	16	6	1
Community Resource	25	13	16	26	3	0	6
Counselling & treatment services	4	5	6	6	2	8	3
Day Programs / Drop-in services	7	7	6	17	5	0	4
Emergency Shelter	3	13	10	3	0	0	4
Employment & Education Services	1	0	0	0	6	0	11
Street Outreach	0	3	0	3	0	0	1
Subsidized Housing	16	0	7	1	1	0	1
Supportive Housing	17	10	6	19	8	3	6
Transitional Housing	11	25	16	2	10	8	12

Does your program offer any of the following services / supports?

- **36%** Day programs/drop-ins
- **17%** Outreach - targeted, street, community
- **30%** Emergency shelter and short term/transitional housing
- **13%** Housing Allowances / Rent Supplements
- **17%** Subsidized Housing (Rent Geared to Income)
- **21%** Supportive housing (RGI with staff support services)
- **12%** Program does not include housing activities/services
- **21%** Other Practical supports, ex. applications, communications, housing process

	Day program / drop ins	Outreach	Supportive housing	Practical supports	Emergency shelter & short term/ transitional housing	Subsidized housing	Housing allowances / rent supplements	Does not include housing activities / services
Total	***69***	***33***	***40***	***41***	***58***	***32***	***26***	***24***
Case management	2	2	5	5	2	2	12	0
Community Health	9	5	3	3	6	0	0	3
Community Resource	16	7	2	24	1	0	2	7
Counselling & treatment services	6	0	2	3	3	1	0	9
Day Programs / Drop-in services	19	9	0	1	0	1	1	0
Emergency Shelter	3	1	3	0	13	1	0	0
Employment & Education Services	8	4	0	0	0	0	0	5
Street Outreach	1	3	0	1	0	0	0	0
Subsidized Housing	3	1	1	1	1	18	4	0
Supportive Housing	0	0	18	2	5	4	5	0
Transitional Housing	2	1	6	1	27	5	2	0

Which of the following time periods is the maximum amount of time intended for your program's service delivery?

- Meeting immediate needs (outreach, emergency shelter, crisis)
- Short term supports (0-6 months)
- Medium term supports (6-12 months)
- Longer term (12 months +)
- No time limit on services
- Other

	Immediate	Short	Medium	Long	No time limit	Limits often extended	Age out
Total	***44***	***40***	***41***	***45***	***112***	***16***	***9***
Case management	1	2	3	6	8	0	1
Community Health	9	2	1	0	16	1	0
Community Resource	15	7	3	4	26	2	1
Counselling & treatment services	4	8	7	8	6	1	0
Day Programs / Drop-in services	4	1	1	2	11	0	2
Emergency Shelter	6	5	6	2	6	2	3
Employment & Education Services	0	4	2	2	6	1	1
Street Outreach	3	0	0	0	0	1	0
Subsidized Housing	0	0	0	5	15	0	0
Supportive Housing	0	0	2	9	12	2	1
Transitional Housing	2	11	16	7	5	7	0

How does someone access your program?

- Self referral (walk-ins, by appointment, etc.)
- External referral
- Internal referral
- Other

	Self	External	Internal	Outreach
Total	***137***	***135***	***89***	***3***
Case management	4	10	9	0
Community Health	11	10	15	0
Community Resource	33	30	15	0
Counselling & treatment services	14	11	7	0
Day Programs / Drop-in services	18	8	10	0
Emergency Shelter	12	11	6	0
Employment & Education Services	10	5	3	0
Street Outreach	2	1	2	3
Subsidized Housing	14	16	5	0
Supportive Housing	6	13	5	0
Transitional Housing	14	21	13	0

Eligibility requirements: Language

- No Requirements
- English
- French
- Other

	EN	FR	No requirements	Translation & interpretation services
Total	***52***	***26***	***167***	***30***
Case management	6	4	13	1
Community Health	4	3	18	2
Community Resource	7	5	36	12
Counselling & treatment services	9	2	8	7
Day Programs / Drop-in services	0	0	18	0
Emergency Shelter	1	0	13	2
Employment & Education Services	3	1	9	0
Street Outreach	0	0	3	0
Subsidized Housing	3	4	16	1
Supportive Housing	6	5	16	4
Transitional Housing	13	2	17	1

Eligibility requirements: Gender

- No requirements
- Women
- Men
- Other (Includes non-binary, gender non-conforming, gender diverse, and two spirit)

	No requirement	Identify as women	Identify as men	Other
Total	***127***	***43***	***35***	***20***
Case management	8	3	4	3
Community Health	17	1	1	0
Community Resource	33	5	0	4
Counselling & treatment services	8	7	3	3
Day Programs / Drop-in services	13	5	0	1
Emergency Shelter	5	6	2	3
Employment & Education Services	10	1	0	1
Street Outreach	3	0	0	0
Subsidized Housing	16	0	1	0
Supportive Housing	10	5	9	1
Transitional Housing	4	10	15	4

Eligibility requirements: Household type

- Singles
- Couples
- Families (must include at least one dependant, and includes single parent families)
- No household type requirements
- Other

	No requirements	Singles	Families	Couples
Total	***116***	***77***	***20***	***7***
Case management	7	8	1	0
Community Health	12	7	0	1
Community Resource	33	2	4	1
Counselling & treatment services	9	7	3	0
Day Programs / Drop-in services	17	0	1	0
Emergency Shelter	2	11	4	1
Employment & Education Services	10	2	0	0
Street Outreach	3	0	0	0
Subsidized Housing	13	5	3	2
Supportive Housing	3	15	1	1
Transitional Housing	7	20	3	1

Eligibility requirements: Age

- Adult (18+)
- Youth (16-25)
- Seniors (55+)
- Children and Youth (12-18)
- No age requirements
- Other

	No requirements	**Children & Youth**	**Youth**						**Adult**			**Seniors**		
	No require-ments	12-17/18	12-29	13-21	14-29	16+	16-22/25	16-29/32	18+	19-25	26+	55+	60+	65+
Total	***49***	***2***	***3***	***3***	***1***	***30***	***15***	***4***	***84***	***1***	***1***	***0***	***3***	***1***
Case management	1	1	0	0	0	3	2	0	8	0	0	0	0	0
Community Health	4	0	0	0	0	2	0	0	13	0	0	0	0	0
Community Resource	18	0	0	0	1	8	0	0	10	0	0	0	0	0
Counselling & treatment services	2	1	1	0	0	3	1	0	6	1	1	0	0	0
Day Programs / Drop-in services	7	0	1	0	0	1	4	1	4	0	0	0	0	0
Emergency Shelter	1	0	1	0	0	2	4	0	5	0	0	0	0	0
Employment & Education Services	1	0	0	0	0	6	0	2	2	0	0	0	0	0
Street Outreach	2	0	0	0	0	0	0	0	1	0	0	0	0	0
Subsidized Housing	10	0	0	0	0	1	0	0	2	0	0	0	3	1
Supportive Housing	0	0	0	0	0	3	4	1	12	0	0	0	0	0
Transitional Housing	3	0	0	3	0	1	0	0	21	0	0	0	0	0

Does your program have a catchment area?

	No	Yes
Total	***65***	***129***
Case management	5	9
Community Health	3	16
Community Resource	8	29
Counselling & treatment services	4	11
Day Programs / Drop-in services	7	11
Emergency Shelter	7	6
Employment & Education Services	3	9
Street Outreach	0	2
Subsidized Housing	7	11
Supportive Housing	7	11
Transitional Housing	14	14

What level of acuity / level of need is your program intended for?

- No requirements
- Low acuity
- Mid acuity
- High acuity
- Other

	No requirements	Low	Mid	High	Capacity limits
Total	***76***	***46***	***72***	***82***	***19***
Case management	3	1	7	8	0
Community Health	2	2	5	16	2
Community Resource	15	13	17	17	5
Counselling& treatment services	10	2	3	3	0
Day Programs / Drop-in services	14	2	3	2	1
Emergency Shelter	9	2	4	3	2
Employment & Education Services	4	8	7	7	5
Street Outreach	2	0	1	1	0
Subsidized Housing	6	9	3	3	0
Supportive Housing	6	4	7	9	3
Transitional Housing	5	3	15	13	1

Does your program target any of the following priority groups?

- First Nations
- Inuit
- Metis
- 2SLGBTQIA+
- Newcomers
- Victims of Domestic Violence (VAW)
- Chronically Homeless
- Veterans
- No target group
- Other

A. No target groups
B. Risk of homelessness / precarious housing
C. Homeless & hidden homelessness
D. Chronically homeless
E. Newcomer & Linguistic minorities
F. VAW (Violence against women)
G. First Nations
H. Métis
I. Inuit
J. 2SLGBTQIA+
K. Veterans
L. Criminal justice system involvement
M. Complex & advanced health challenges, people living with disabilities
N. People who use substances
O. Disadvantaged women
P. Barriers to employment
Q. Persistent and severe mental health
R. ACB & racialized

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Total	***77***	***19***	***18***	***80***	***33***	***36***	***28***	***28***	***29***	***30***	***14***	***19***	***5***	***14***	***3***	***8***	***8***	***6***
Case management	4	1	1	7	0	1	0	0	0	0	1	3	0	1	0	0	2	0
Community Health	4	3	1	13	3	0	3	3	3	2	0	0	2	4	1	1	2	1
Community Resource	17	7	7	11	13	10	8	8	8	8	2	3	2	0	0	1	0	1
Counselling & treatment services	7	0	2	5	1	6	2	2	2	4	0	2	0	3	0	0	0	2
Day Programs / Drop-in services	5	1	2	9	3	4	4	4	4	5	2	1	0	0	0	1	0	0
Emergency Shelter	3	1	1	6	4	7	3	3	3	4	2	0	0	0	0	0	0	2
Employment & Education Services	3	1	0	1	1	1	1	1	1	1	1	0	1	0	1	5	0	0
Street Outreach	1	0	0	3	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Subsidized Housing	11	1	0	3	3	3	1	1	1	1	0	0	0	0	0	0	1	0
Supportive Housing	8	4	3	11	2	1	2	2	3	2	1	4	0	2	1	0	2	0
Transitional Housing	14	0	1	11	3	3	4	4	4	3	4	6	0	4	0	0	1	0

Does your program target any of the following service areas?

- Mental health
- Substance use
- Justice
- Physical disabilities and/or health needs
- Settlement services for newcomers/ refugees
- No specific service area
- Other

	No specific service area	Mental health	Substance use	Physical health & disabilities	Settlement	Justice	Food security	Skills, employability & education
Total	***56***	***103***	***105***	***67***	***23***	***70***	***2***	***4***
Case management	3	9	9	6	0	8	0	0
Community Health	0	16	16	15	3	1	0	0
Community Resource	10	16	12	12	8	17	2	1
Counselling & treatment services	2	11	11	2	0	7	0	0
Day Programs / Drop-in services	11	10	8	5	2	6	0	0
Emergency Shelter	8	5	5	4	3	3	0	0
Employment & Education Services	2	6	6	6	1	5	0	3
Street Outreach	1	0	2	1	0	1	0	0
Subsidized Housing	13	2	1	1	1	0	0	0
Supportive Housing	5	11	12	7	1	8	0	0
Transitional Housing	1	17	23	8	4	14	0	0

When doing intake, do you ask if a person is a veteran?

- Yes
- No
- Unsure
- Other

	Yes	No	Unsure	May be disclosed	Collected via other intake	N/A
Total	***43***	***135***	***8***	***9***	***9***	***8***
Case management	6	6	2	0	2	0
Community Health	1	17	0	0	0	1
Community Resource	5	30	0	2	2	2
Counselling & treatment services	0	15	0	1	1	1
Day Programs / Drop-in services	4	11	1	3	1	2
Emergency Shelter	5	6	2	0	0	0
Employment & Education Services	6	5	0	0	0	0
Street Outreach	2	0	0	0	1	1
Subsidized Housing	3	13	0	1	2	1
Supportive Housing	5	11	2	1	0	0
Transitional Housing	6	21	1	1	0	0

When doing intake, do you ask if a person is fleeing domestic violence?

- Yes
- No
- Unsure
- Other

	No	Yes	May be disclosed	N/A	Collected via other intake	Unsure	No data	Ask about being perpetrators of violence	Ask about safety & stability
Total	***95***	***70***	***31***	***4***	***12***	***8***	***4***	***1***	***10***
Case management	5	6	2	0	1	2	0	0	0
Community Health	15	0	3	1	1	2	0	0	1
Community Resource	13	14	9	1	2	2	1	0	1
Counselling & treatment services	3	10	3	0	0	0	0	0	0
Day Programs / Drop-in services	9	7	3	2	0	0	1	0	1
Emergency Shelter	3	9	2	0	1	0	0	0	0
Employment & Education Services	10	0	0	0	0	0	0	0	5
Street Outreach	0	1	0	0	0	0	2	0	0
Subsidized Housing	12	3	2	0	6	1	0	0	0
Supportive Housing	8	9	1	0	0	1	0	1	0
Transitional Housing	17	11	6	0	1	0	0	0	2

When doing intake, do you ask if a person self identifies as First Nations, Métis, and/or Inuit?

- Yes
- No
- Unsure
- Other

	No	Yes	N/A	Collected via other intake	Might be disclosed	No Data	Unsure
Total	***48***	***133***	***4***	***9***	***2***	***5***	***2***
Case management	0	14	0	0	0	0	0
Community Health	3	15	1	1	0	0	0
Community Resource	11	23	1	1	1	1	0
Counseling & treatment services	2	12	0	0	0	1	1
Day Programs / Drop-in services	8	7	2	3	0	1	0
Emergency Shelter	1	12	0	0	0	0	0
Employment & Education Services	4	7	0	0	0	0	0
Street Outreach	0	1	0	0	0	2	0
Subsidized Housing	13	2	0	1	1	0	1
Supportive Housing	2	16	0	0	0	0	0
Transitional Housing	4	24	0	3	0	0	0

Does your program use the SPDAT? If yes, which version of SPDAT does your program use? If your program does not use SPDAT, please specify how your program prioritizes access between applicants who meet the eligibility criteria.

- Single, Family, Youth (SPDAT)
- Vulnerability Index (VI-SPDAT)
- Justice Discharge (JD-VI-SPDAT)
- Prevention/Rehousing (PR-VI-SPDAT)
- First-come-first-served
- Other Clinical Assessment Tool
- Unsure
- Other

	Unsure	No	Yes	SPDAT	F- SPDAT	VI- SPDAT	JD-VI- SPDAT	First come first served	Other assessment tools	Referral based on needs & priority groups	Accept everyone	Clinical judgment / committee decisions
Total	***3***	***145***	***45***	***39***	***2***	***31***	***2***	***107***	***45***	***24***	***4***	***64***
Case management	0	4	10	9	0	7	2	3	2	1	0	3
Community Health	2	17	0	0	0	0	0	7	11	0	0	11
Community Resource	1	32	4	4	1	3	0	25	4	2	1	12
Counselling & treatment services	0	14	2	2	0	2	0	13	5	2	0	3
Day Programs / Drop-in services	0	15	3	3	0	3	0	13	1	1	2	6
Emergency Shelter	0	6	7	5	0	7	0	8	0	0	0	1
Employment & Education Services	0	11	0	0	0	0	0	5	5	0	1	3
Street Outreach	0	1	1	1	0	1	0	1	0	0	0	0
Subsidized Housing	0	17	0	0	0	0	0	13	1	12	0	7
Supportive Housing	0	7	11	9	1	3	0	4	4	1	0	7
Transitional Housing	0	21	7	6	0	5	0	15	12	5	0	11

Does your program currently use HIFIS (Homeless Individuals and Families Information System) to enter and collect data? Please indicate the barriers and/or reasons your program is not currently using HIFIS.

- Not relevant to program purpose or objectives
- Do not have the resources (e.g. technology, staff, time) needed to run the system
- We are in the process of moving program data to HIFIS
- Concerns about participant privacy and information
- Other

	No	Yes	Yes, read only	Concerns about participant privacy & information	Use another program	Not enough resources	Coming soon / waiting to use	Not relevant	Don't know what it is	Interested in using it	Not mandated / contracted by City	Not interested in using it
Total	***138***	***48***	***8***	***10***	***45***	***12***	***6***	***70***	***9***	***2***	***2***	***6***
Case management	5	7	3	3	1	0	0	4	0	0	0	0
Community Health	17	2	1	0	12	0	0	6	0	0	0	0
Community Resource	33	4	0	1	13	1	2	18	3	0	0	0
Counselling & treatment services	13	3	0	1	4	0	0	9	0	0	1	1
Day Programs / Drop-in services	16	2	0	1	4	4	1	6	0	2	0	3
Emergency Shelter	5	8	0	0	2	1	1	0	1	0	1	0
Employment & Education Services	10	1	0	0	6	0	0	3	0	0	0	1
Street Outreach	1	1	0	0	0	0	0	0	0	0	0	1
Subsidized Housing	15	1	1	1	1	2	0	9	3	0	0	0
Supportive Housing	7	8	2	2	2	1	2	1	1	0	0	0
Transitional Housing	16	11	1	1	0	3	0	14	1	0	0	0

What is the primary role that your staff provide to clients in your program?

- Case management
- Drop-in or appointment based general support services (including counselling)
- Drop-in or appointment based housing support services
- Street Outreach

	General support	Housing support	Case management	Housing management and management	Outreach	Peer support	Health care	Teaching	Coordination and community development
Total	***102***	***47***	***97***	***9***	***16***	***1***	***18***	***15***	***11***
Case management	3	3	14	0	1	0	0	0	0
Community Health	10	2	3	0	4	0	14	1	0
Community Resource	22	12	19	0	3	0	2	1	2
Counselling & treatment services	14	2	4	0	0	0	0	1	0
Day Programs / Drop-in services	15	6	3	0	4	0	0	0	3
Emergency Shelter	10	6	10	1	1	0	0	0	0
Employment & Education Services	7	0	1	0	0	0	0	9	1
Street Outreach	0	0	0	0	3	0	0	0	0
Subsidized Housing	4	6	3	8	0	0	0	0	1
Supportive Housing	2	6	13	0	0	0	2	0	3
Transitional Housing	15	4	27	0	0	1	0	3	1

What is the frequency of service to individual participants?

	Daily	Couple times a week	Weekly	Couple times a month	Monthly	Varies on need	Yearly	One time service
Total	***73***	***18***	***56***	***14***	***10***	***78***	***2***	***4***
Case management	2	5	8	1	1	6	0	0
Community Health	10	0	3	3	1	3	1	1
Community Resource	9	1	10	1	4	24	1	0
Counselling & treatment services	2	1	9	7	2	4	0	3
Day Programs / Drop-in services	6	4	8	0	0	2	0	0
Emergency Shelter	10	1	1	0	0	3	0	0
Employment & Education Services	3	2	3	0	0	4	0	0
Street Outreach	3	1	1	0	0	0	0	0
Subsidized Housing	1	0	1	1	2	13	0	0
Supportive Housing	10	1	5	0	0	9	0	0
Transitional Housing	17	2	7	1	0	10	0	0

How many staff do you have for this program?

	Total count
Total	***2851.25***
Case management	688
Community Health	416.5
Community Resource	420
Counselling & treatment services	120
Day Programs / Drop-in services	113
Emergency Shelter	434
Employment & Education Services	61.25
Street Outreach	4
Subsidized Housing	131
Supportive Housing	113
Transitional Housing	350.5

Does your program track the number of unique individuals served over a year? If yes, please specify the total number of unique individuals served in 2019.

	Total Individuals	Crisis line calls	Meals served	Consults / case filesTotal households	Total households
Total	*163977*	*4441*	*732903*	*22119*	*16246*
Case management	3364	0	0	0	0
Community Health	4094	0	0	15571	0
Community Resource	112778	0	732903	6270	61
Counselling & treatment services	14971	2348	0	278	0
Day Programs / Drop-in services	10301	0	0	0	0
Emergency Shelter	8839	2093	0	0	0
Employment & Education Services	2363	0	0	0	0
Street Outreach	0	0	0	0	0
Subsidized Housing	2249	0	0	0	16185
Supportive Housing	1038	0	0	0	0
Transitional Housing	3980	0	0	0	0

Building inventory

	Congregate beds	Self-contained units	Single rooms	Other types of units	Total RGI	Total number of units that benefit from rent supplements, housing allowances, and/or housing subsidies
Total	*1267*	*35786*	*546*	*51*	*17907*	*21730*
Case management	0	143	0	0	0	416
Community Health	0	0	21	0	0	0
Emergency Shelter	1197	17	102	51	0	15
Subsidized Housing	0	34927	50	0	17652	20915
Supportive Housing	20	697	189	0	235	286
Transitional Housing	50	2	184	0	20	98

List of agencies who participated

1. Action Lodgement / Action Housing
    a. Action Lodgement/Action Housing: Eviction prevention and housing support
2. Amethyst Women's Addiction Centre
    a. Health Promotion Programs
    b. Treatment Programs
    c. Public Education and Awareness
3. Anglican Day Programs
    a. St. Lukes' Table
    b. The Well / La Source
    c. Centre 454
4. Blair Court Community House
5. Blue Heron Co-op Housing
6. Bruce House
    a. Outreach and Support (REST)
    b. Supported Independent Living Program (SILP)
7. CALACS Francophone d'Ottawa
8. Canadian Mental Health Association
    a. Community Support Services: Housing Based Case Management & Outreach
9. Catholic Centre for Immigrants
10. Capital City Mission Drop In
11. Carlington Community Chaplaincy
    a. Drop in Centre
12. Catholic Centre for Immigrants
13. Maison Sophia Reception House
14. Carty House
15. Causeway Work Centre
    a. Employment support program

   b. Social enterprises
   c. Homes for special care
   d. Wellness program
   e. Job Quest
   f. Solutions for Youth
   g. Community Supports
   h. Employment Resource Centre
16. Centre 507
17. Centre Espoire Sophie
18. Centretown Citizens Ottawa Corporation
19. Centretown Community Health Centre
   a. Harm Reduction Services
   b. Urban Health Program
   c. Social Services Drop-In; ID and Practical Supports
20. Children's Aid Society Ottawa
21. Community Legal Services Ottawa
   a. Legal Clinic
   b. Connecting Ottawa
22. Cornerstone Housing for Women
   a. Cornerstone Women's Shelter
   b. Supportive Housing
23. Cumberland nonprofit housing
24. Côté Est Co-operative
25. Daybreak Nonprofit Housing
26. Dave Smith Youth Treatment Centre
   a. Residential Program
   b. Aftercare Program
27. Eastern Ottawa Resource Centre

28. Elizabeth Fry Society
    a. Community Liaison Services - Ottawa-Carleton Detention Centre (OCDC)
    b. Housing Support
    c. Court Support Program
    d. Youth Reintegration and Diversion Services
    e. Direct Accountability Program
    f. Women's Drop in Centre
    g. Diana's Place: Child and Family Centre
    h. Community Counselling
    i. Residential Program: JF NorwoodHouse
    j. Residential Program: Lotus House
29. Emily Murphy Nonprofit Housing
30. Empathy House
31. Fam Network
32. Family Services Ottawa
    a. Counselling & Support Services (Counselling for individuals, families, couples, 2SLGBTQIA+ specific, post-partum, domestic violence (including walk in); Supervised Access visits for parents w/children; Alternative Dispute Resolution)
33. Fourth Avenue Baptist Church
    a. Haven Too Youth Shelter
34. Gloucester Housing Corporation
35. Goulbourn Non Profit Housing
36. Harmer House
37. Harmony House
    a. Family and Children's Program
    b. Residential Programs
38. Harvest House Ministries
39. Highjinx
40. Housing Help

41. Interval House Ottawa
42. ISister Technology Mentoring Technology
    a. Educational & employment programming: Basic computer skills, ICT Foundations, Career Connections, iMENTOR, iSisters INSPIRE , iAT (assistive technology)
43. Jericho Road Christian Ministries
44. Jewish Family Services of Ottawa
45. Street Smarts
46. John Howard Society Ottawa
    a. Housing Based Case Management
    b. Housing Links - Post-Incarceration Housing Support Program
    c. Rooming House
    d. Tom Lamothe Residence
    e. Ikaarvik House
    f. Carruthers Residence
    g. Windrose Supportive Housing
    h. St. Anne Residence
    i. Residential Bail Program
    j. Justice Transition House/Red Maple (RMSR)
    k. A Different Street Supportive Housing
    l. Rita Thompson Residence Enhanced Supportive Housing Program
    m. Lebreton TRHP (transitional rehabilitation housing program)
    n. Kirkpatrick House
47. LiveWorkPlay
    a. Community Connecting and Supported Independent Living
    b. Employment Supports
48. Matthew House
    a. Furniture Bank
    b. Refugee Services
49. Montfort Renaissance

a. Housing services: Social housing program with support
b. Housing services: Subsidized housing in the community
c. Housing services: Terrasses Montfort Renaissance

50. Nelson House of Ottawa
    a. VAW Shelter
    b. Crisis Helpline
    c. Transitional Support Program
51. Nepean Housing Corporation
    a. Programs for Children and Youth
52. OMRA
53. Operation Come Home
    a. Youth Drop in Resource Centre
    b. Substance Use Support Program
    c. All programs: General Housing Assistance , Housing Based Case Management , Career Works, Youth Employment Works, Jobs First, John Bosco Achievement Centre, Housing Support
54. Options Bytown
    a. Resource Centre Program
    b. Housing First Case Management
    c. Supportive Housing
55. Orleans-Cumberland Community Resource Centre
    a. Intake and Counselling
56. Ottawa Community Housing Corporation
57. Ottawa Community Immigration Services
    a. Friends of the Family
58. Ottawa Food Bank
59. Ottawa Inner City Health
    a. Management of Alcohol
    b. Managed Opiate Program “MOP”
    c. Special Care Unit

- **d.** Cornerstone Care
- **e.** Aging at Home
- **f.** Supervised Injection Service – "The Trailer"
- **g.** Safe Supply
- **h.** Ottawa Telus Mobile Health Van
- **i.** The Oaks
- **j.** Ted Program
- **k.** Community Beds Program

60. Ottawa Innercity Ministries

- **a.** Innercity Arts
- **b.** Door Outreach (e.g. Office Advocacy, Referrals, Support)
- **c.** Innercity Veterans Outreach and Support
- **d.** Work Skills
- **e.** Street Outreach

61. Ottawa Salus

- **a.** Case Management Services
- **b.** Shared Living
- **c.** Apartments
- **d.** Partner Housing
- **e.** Transitional Rehabilitation Program

62. Ottawa Victim Services

- **a.** Victim Quick Response Program+
- **b.** VCARS
- **c.** Victim Safety Coordination Program
- **d.** OVS-VSU Project

63. PAL Ottawa

64. Pinecrest-Queensway Community Health Centre

- **a.** Families First

65. Restoring Hope Ministries
    a. C.O.R.E for youth
    b. C.O.R.E for parents
    c. Women's Drop in
    d. Drop in Centre
    e. Youth Shelter
66. Rideau Non Profit Housing
67. Rideau-Rockcliffe Community Resource Centre
68. Rideauwood Addiction Services
    a. Addictions Counselling (school based, youth & young adults, adults, drug treatment court, parents & families)
69. Salvation Army
    a. Men's Shelter
    b. Anchorage Addiction Services Program
    c. Stabilization Program
    d. Community & Family Services
    e. Corrections & Justice Services
    f. Street Outreach
    g. Residential Life Skills Program
    h. Gladstone House
    i. Housing first
    j. Bethany Hope Centre
70. Sandy Hill Community Health Centre
    a. Client Access Team (Counselling Services, Social Services Walk-in, Practical Assistance Program)
    b. Oasis Program
    c. Intensive case management (substance use & housing first)
71. Shepherds of Good Hope
    a. WOMEN'S TRANSITIONAL EMERGENCY SHELTER PROGRAM (WTESP)
    b. MEN'S SHELTER

c. MEN'S TRANSITIONAL EMERGENCY SHELTER PROGRAM (TESP)
d. SUPERVISED CONSUMPTION AND TREATMENT SERVICE (SCTS)
e. The Oaks
f. Hope Living
g. ST. ANDREW'S RESIDENCE
h. RICHCRAFT HOPE RESIDENCE
i. COMMUNITY HOMES FOR OPPORTUNITY (CHO)
j. 1095 MERIVALE ROAD
k. Evening Drop In
l. Soup Kitchen

72. Social Housing Registry of Ottawa
73. Somerset West Community Health Centre
    a. Primary Health & Rooming House Outreach
    b. Advocacy & Income Tax
    c. Harm Reduction
74. South-east Ottawa Community Health Centre
    a. Low-income Energy Assistance Program (LEAP)
    b. Practical Supports / Social Services
75. St. Georges Co-operative
76. St. Joe's Women's Centre
77. St. Mary's Home
78. The Ottawa Mission
    a. Housing Case Management & Housing Services (Diversion, placement, outreach, community properties)
    b. Dianne Morrison Hospice
    c. Primary Care Medical and Dental Clinic
    d. Day Program
    e. Discovery University
    f. Stepping Stones

- **g.** Shelter & associated services / programs
- **h.** Food Services Training Program
- **i.** Food truck & kitchen: emergency food & meals
- **j.** Second Stage / Aftercare
- **k.** Hope Program
- **l.** Stabilization Program
- **m.** LifeHouse

79. Unity Non-Profit Housing (formerly OCISO Non-Profit Housing)

80. Unsafe At Home Ottawa

81. Upstream Ottawa

- **a.** Mental Health Case Management
- **b.** Psychiatric Assessment Clinic (UPAC)
- **c.** Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY)

82. Vanier Community Service Centre

83. Vanier Social Pediatric Hub

- **a.** Intake Services Counseling & Community Development, housing, family, legal, employment, settlement
- **b.** Food Bank

84. VESTA Recovery Program for Women Inc

85. YMCA-YWCA

- **a.** Second Stage Housing for Youth
- **b.** Monthly Supportive Housing
- **c.** TRY Supportive housing Program for Women
- **d.** Transitional Family Housing (Shelter)

86. Youth Services Bureau

- **a.** Housing Plus Services & Trusteeship
- **b.** Health Clinic
- **c.** Ethno-cultural Community Program
- **d.** Downtown Services & Drop in Centre
- **e.** Shelter & Housing



Alliance to End Homelessness Ottawa