Reaching Home
Community Homelessness Report

Niagara Region 2021-22

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Section 1: Community Context

Overview

1.1. Highlight any efforts and/or issues related to the work that your community has done to prevent and/or reduce homelessness and increase access to safe, adequate housing over the last year.

Niagara Region established a new 15-bed Bridge Housing facility, with operations commencing in September 2022. Participant selection is completed through coordinated access and the use of Niagara's By-Name List (BNL). The Bridge Housing program offers intensive supports and short-term accommodations for individuals with long histories of homelessness (especially unsheltered) and high acuity of need, working with them to secure housing and connect with the supports they need to maintain housing stability.

Niagara Region with Gateway Residential & Community Support Services established Buchanan Permanent Supportive Housing in Niagara Falls which has been in operation since March 2022. This supportive housing site, a motel conversion, provides up to 25 people, also with long histories of homelessness and high acuity of need, with housing and daytime community programming, and on-site, 24/7 staffing. Coordinated access into the program occurred through the BNL, with units specifically devoted to Indigenous individuals, veterans, youth, and seniors.

To achieve higher move-ins from shelter, Niagara Region established a pilot within The Salvation Army, St. Catharines Booth Centre. This Housing Worker Program pilot has provided housing-focused case management with long-term shelter clients. This pilot will be expanded to support women and children at the YWCA.

Niagara achieved a steady stream of housing move-ins. However, the pressure points for Niagara lie in the increase in individuals experiencing chronic homelessness. This increase can be attributed to improved data reporting, pandemic impacts, a competitive housing and rental market, and average vacancy rates as low as 1% for units that are affordable for lower income households. These factors have reduced the capacity of moving individuals and families forward in their housing goals and as a result, individuals are ageing into chronicity.

Niagara Region is engaged in several system change initiatives to implement best practices and data-driven decision making to end chronic homelessness. Key initiatives include:

1. Housing-Focused Shelter Transformation – through the Housing and Homelessness Action Plan (HHAP) Working Group, Niagara Region and partners have engaged in training and are updating Niagara's shelter standards with a move toward a low barrier, trauma-informed, and housing-focused approach to emergency shelter services.
2. Prevention – Niagara Region hired a consultant to engage with service providers, individuals with lived experience, and various community partners, in the establishment of a Prevention Framework. The Prevention Framework sets out the future state for Niagara's Prevention Program in alignment with best practice and Niagara's available funding.
3. Diversion – Throughout 2021/2022, Niagara with the leadership of The RAFT, Southridge Community Church and Boys and Girls Club- Nightlight Youth Services has continued to pilot a centralized approach to shelter diversion with success rates of over 30% for youth and 11% for adults. Over the last year, an evaluation of this program was undertaken to determine

effectiveness of the program, future state and how to scale out across all intakes into the homelessness system.

Policy changes to the Housing Stability Program and Niagara Emergency Energy Fund remained in place, preventing homelessness for households at imminent risk of homelessness and supporting households with housing set-up costs when they secured housing.

Niagara Region expanded the availability of specialized supports within the Home for Good supportive housing program, increasing addictions services provided by Community Addiction Services of Niagara from 0.5 FTE to 1 FTE. This is in addition to the mental health support worker supporting clients within the program.

Niagara Region Public Health and Homelessness Services partnered to provide the Collaborative Homeless Addiction & Mental Health Pilot (CHAMP). This pilot offers a mental health social worker within shelters and with Niagara Assertive Street Outreach- Gateway Residential & Community Support Services to support individuals who are chronically homeless and have complex needs that are experiencing barriers in moving forward with their goals and obtaining housing.

Niagara Region in collaboration with Niagara Regional Housing (NRH) has integrated units into their new Hawkins Street build to support individuals experiencing homelessness (Housing First program). 100% of units have been filled and we are working on obtaining additional units in future NRH builds.

1.2 What impact has COVID-19 had on your community's progress with the implementation of Coordinated Access and a Homelessness Management Information System (HMIS) and the transition to an outcomes-based approach over the last year?

Niagara continued to operate an isolation shelter (until June 2022) to provide a safe space for homeless people at risk of COVID-19 to self-isolate and be tested for COVID-19, while being directly connected to health and harm reduction supports. Alongside this effort, Niagara Region, in partnership with Public Health have been supporting emergency shelters and homelessness serving agencies to establish outbreak management plans and Infection Prevention and Control (IPAC) measures to maintain safer environments as part of post-pandemic activities.

Niagara Region moved Coordinated Access forward (especially the use of the BNL based on HIFIS data) by testing practices within the Housing-Focused Shelter Pilot, Bridge Housing Program, Buchanan Permanent Supportive Housing, and Housing First and Home for Good supportive housing programs.

Niagara Region has updated its consent form to encompass Niagara's Homelessness Serving System so that providers can work together as part of a Coordinated Access system to support individuals and end homelessness. Service providers include Niagara Region Community Services, Prevention, Emergency Shelter, Diversion, Transitional and Supportive Housing, Outreach, and Veterans.

Since the start of the pandemic, the relationships between Niagara Region, community partners, the hospital system, correctional institutions, and child protection services have become stronger. The relationships and protocols built through COVID will lay the foundation for longer-term partnerships as our community moves forward with Coordinated Access.

As experienced in other sectors operating through the pandemic, staff burn out is evident across the system. Changes to service delivery (virtual) and capacity issues across other systems (i.e. hospital,

mental health) are having a direct impact to the homelessness sector through reduced access to services and increased discharges and referrals of individuals to shelters/homelessness who cannot be supported due to complex needs and supports required for daily living. Leaders have expressed high staff turnover and challenges to staff recruitment and retention.

During the development of outbreak management plans, homelessness service providers expressed concerns about the ongoing impact of COVID-19 and other infectious diseases (e.g., flu) for the vulnerable population they serve, and on staffing levels and infrastructure that already struggles with capacity issues.

Collaboration between Indigenous and Non-Indigenous Partners

1.3 a) Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the Designated Community (DC) Community Entity (CE) and local Indigenous organizations?

Yes

b) Describe how this collaboration was done and how it affected the implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?

The Niagara Regional Native Centre (NRNC) continues to focus efforts on rolling out their HMIS. NRNC will be rolling out an information system of their creation for documentation and data collection for their Reaching Home funded projects.

Over the last year, Niagara Region and community partners prioritized Indigenous individuals for the new Bridge Housing and Buchanan Permanent Supportive Housing programs. These programs are also exploring partnerships to ensure culturally appropriate services and supports.

Niagara's Built for Zero Veteran Cohort working group is reaching out to local Indigenous organization representatives to discuss opportunities to engage with Veteran recognition activities.

1.4 a) Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the DC CE and the Indigenous Homelessness (IH) CE and/or Community Advisory Board (CAB), where applicable?

Yes

b) Describe how this collaboration was done and how it affected the implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?

Niagara Region has connected with Niagara Regional Native Centre who has provided representation to the Niagara CAB table. In addition, there is discussion about Homelessness Services (Niagara Region) representation and attendance on the Niagara Indigenous CAB (NICAB).

Niagara Region has engaged with the new chair of the NICAB to review and prioritize the Action Items in the Housing and Homelessness Action Plan. In addition, Niagara has engaged Indigenous participation within various HHAP working groups. Niagara will be exploring opportunities to collaborate with NICAB and other Indigenous housing and service providers to increase the stock of local Indigenous housing.

Niagara Region reached out to arrange for the chair of NICAB to attend 2022 Canadian Alliance to End Homelessness (CAEH) conference and for Indigenous participation in the OPDI Peer Support training with members of the HHAP Lived Experience Advisory.

1.5 a) With respect to the completion of the Community Homelessness Report (CHR), was there collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the IH CE and/or CAB?

No

b) Describe the efforts that were taken to collaborate and specific plans to ensure it occurs during next year's CHR process.
The Community Homelessness Report was not shared with NICAB this year. For next year, Niagara region will look at a process with the NICAB/CAB to collaborate on the completion and approval of the Community Homelessness Report.

1.6 a) Does your community have a separate IH CAB?

Yes

b) Was the CHR also approved by the IH CAB?

No

c) Please explain how engagement will happen with the IH CAB during next year's CHR process.

As described in 1.5 b) Niagara Region will engage with the NICAB around a completion and approval process that takes the goals of both the NICAB/CAB into consideration. This may include setting up meetings with the NICAB, or alternatively the region's two Friendship Centres to further explore how to engage within the CHR process.

Public Access to Results

1.7 As outlined in the Reaching Home Directives, communities are required to make a summary of the CHR publicly available. How will the public have access to this information? For example, which website will be used to publish the results?

The Community Homelessness Report will be available on Niagara's Regional website.

Section 2: Coordinated Access and Homelessness Management Information System (HMIS) Self-Assessment

Reaching Home Minimum Requirements

Niagara uses HIFIS (stands for Homeless Individuals and Families Information System) as its HMIS. This is a shared, web-based software provided by the federal government and hosted on a Niagara Region server. HIFIS is in use across much of the homeless-serving system, by 19 service providers across many more locations. Niagara has met the Reaching Home requirements for an HMIS.

Niagara has met many of the requirements for Reaching Home Coordinated Access. Most of the remaining achievements will be met upon completion of the Coordinated Access guide, which is almost complete.

The table below provides a summary of the work your community has done so far to meet the Reaching Home minimum requirements for Coordinated Access and an HMIS:

	Met	Started	Not Yet Started
Total	11	7	0

The table below shows the percentage of minimum requirements completed for each core component:

	Governance	HMIS	Access Points to Service	Triage and Assessment	Coordinated Access Resource Inventory	Vacancy Matching and Referral
Percentage Completed	100%	100%	33%	50%	33%	33%

In the development of Coordinated Access, the achievements yet to be met are:

Achievement	Status
Access Points to Service	
Processes are in place to monitor if there is easy and equitable access to the Coordinated Access system and respond to any emerging issues, as appropriate	Under development
Processes are in place that ensure no one is denied access to service due to perceived housing or service barriers	Under development
Triage and Assessment	
The triage and assessment process is documented in one or more policies/protocols, including an intake protocol for entering people into the Coordinated Access system and/or HMIS when they (re)connect with an access point	Under development
Coordinated Access Resource Inventory	
Eligibility requirements have been documented for each housing resource in the Coordinated Access Resource Inventory	Under development
Prioritization criteria, and the order in which they will be applied, been documented for each type of housing resource in the Coordinated Access Resource Inventory	Under development
Vacancy Matching and Referral	
The vacancy matching and referral process is documented in one or more policies/protocols, including how vacancies are filled from the Coordinated Access Resource Inventory according to agreed-upon prioritization and referral protocols	Under development
The vacancy matching and referral policies/protocols specify how individual choice in housing options will be respected (allowing individuals and families to reject a referral without repercussions) and they include processes specific to dealing with vacancy referral challenges, concerns and/or disagreements (including refusals of referrals)	Under development

Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements? In particular, please include an update about your community's efforts to set-up, sustain and/or improve the Coordinated Access system and use of an HMIS.

Niagara is finalizing the first version of its Coordinated Access Guide. This document is informed by experience and decisions made in the development of Coordinated Access and the By-Name List, as well as discussions with and feedback from the Built for Zero Home Team, and the Housing and Homelessness Action Plan Task Force and Community Advisory Board.

Niagara's By-Name List is a report based on data recorded in HIFIS. It is updated daily, and the last list of the month is saved indefinitely. The BNL contains individual client information that can be used to determine eligibility and prioritization for housing programs, such as demographic data, income type, three-year homelessness histories by location, last service provider and date, and acuity measures.

Program selection for Bridge Housing, Buchanan Permanent Supportive Housing, Housing First and Home for Good is done by generating a Priority By-Name List of eligible individuals. In the coming year, there are plans to expand this practice to transitional housing and other community housing units.

Section 3: Outcomes-Based Approach Self-Assessment

The table below provides a summary of the work your community has done so far to transition to an outcomes-based approach under Reaching Home.

Step 1: Has a List	Step 2: Has a real-time List	Step 3: Has a comprehensive List	Step 4:	
			Can report annual outcome data (mandatory)	Can report monthly outcome data (optional)
Yes	Yes	Yes	Yes	Yes

Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to transition to an outcomes-based approach under Reaching Home?

In the past year, Niagara has enhanced the data available on the By-Name List so that individual's homelessness histories are more detailed (e.g., it is possible to see an individual's use of hospital and corrections). Further enhancements are underway, including indicators related to document-readiness (e.g., client has identification, proof of income, and has articulated housing needs/desires).

In the coming year, Niagara will be sharing the BNL with service providers for the purposes of improving data quality.

Section 4: Community-Level Outcomes

Community-Level Core Outcomes

Core Annual Data Reporting

Outcome (Indicator)	**2020-21**	**2021-22**	**Target**
Fewer people experience homelessness People who experienced homelessness for >= 1 day	2535	2555	2000
Fewer people were newly identified People who were newly identified	1140	1274	1000
Fewer people return to homelessness Returns to homelessness	145	207	200
Fewer Indigenous peoples experience homelessness Indigenous peoples who experienced homelessness for >= 1 day	248	296	248
Fewer people experience chronic homelessness People who experienced chronic homelessness for >= 1 day	793	1008	396

Core Monthly Data Reporting

Outcome (Indicator)	**March 2020**	**March 2021**	**March 2022**	**Target**
Fewer people experience homelessness People who experienced homelessness for >= 1 day	1318	1011	998	870
Fewer people were newly identified People who were newly identified	231	117	120	100
Fewer people return to homelessness Returns to homelessness	11	21	22	20
Fewer Indigenous peoples experience homelessness Indigenous peoples who experienced homelessness for >= 1 day	126	111	123	111
Fewer people experience chronic homelessness People who experienced chronic homelessness for >= 1 day	258	378	466	129

Optional Community-Level Outcomes

Optional Annual Data Reporting

Outcome (Indicator)	**2020-21**	**2021-22**	**Target**
Fewer youth experience homelessness Youth (16-24) who experienced homelessness for >= 1 day	382	346	298
Fewer seniors experience homelessness Seniors (65+) who experienced homelessness for >= 1 day	110	111	110
Fewer women experience homelessness Women who experienced homelessness for >= 1 day	990	1020	785
More people move into housing Move ins to housing	467	575	800

Optional Monthly Data Reporting

Outcome (Indicator)	**March 2020**	**March 2021**	**March 2022**	**Target**
Fewer youth experience homelessness Youth (16-24) who experienced homelessness for >= 1 day	179	127	101	100
Fewer seniors experience homelessness Seniors (65+) who experienced homelessness for >= 1 day	59	39	41	40
Fewer women experience homelessness Women who experienced homelessness for >= 1 day	481	373	379	337
More people move in to housing Move ins to housing	92	43	63	140