

Inventory of Housing Stability Programs in Waterloo Region

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Region of Waterloo
SOCIAL SERVICES

Social Planning, Policy and Program Administration

Inventory of Housing Stability Programs in Waterloo Region

by

Regional Municipality of Waterloo

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Should you have any questions about this report, please contact:

**Regional Municipality of Waterloo Social Services
99 Regina Street South, 5th Floor, Waterloo, ON N2J 4G6
Tel: (519) 575-4757 x 5510 Fax: (519) 883-2234**

**This report is available on-line at:
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Regional Staff Assistance:

Marie Morrison	Manager, Social Planning, Region of Waterloo Social Services
Angela Pye	Social Planning Associate, Social Planning, Policy and Program Administration, Region of Waterloo Social Services
Collette Whelan	Program Assistant, Social Planning, Policy and Program Administration, Region of Waterloo Social Services

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1. Introduction

What is the purpose of this document?

The Inventory of Housing Stability Programs in Waterloo Region (the Inventory) is a comprehensive catalogue of programs that serve people ages 12 and over who: a) are experiencing or at-risk of homelessness and/or b) require access to longer term housing stability programs (e.g., permanent housing and support). Out-of-scope programs are those that do not identify providing resources to find and/or maintain housing as a primary mandate (e.g., programs oriented more toward education or employment).

The Inventory was initially developed in 2006 as part of the Homelessness to Housing Stability Strategy project. Regional Social Services has committed to updating this resource annually beginning in 2008. A total of 75 program profiles have been compiled for the current version. An introductory chapter reviews key housing stability concepts and provides a summary of overall trends for 2008.

How are the program profiles organized?

The Inventory is organized into five sections, one for each type of program that exists in the local housing stability system, including:

- emergency shelter services,
- street outreach,
- shorter term housing stability programs,
- transitional or time-limited housing, and
- longer term housing stability programs.

Overview tables are presented at the beginning of each section, followed by detailed information on each of the programs (including background to the program, description of services, and an overview of key trends and statistics) plus an appendix with contact information.

Important considerations:

- In some cases, agencies were unable to provide data as requested because the standard set of questions for each part of the system was not relevant. For example, all agencies were asked to report on the average annual prevalence of youth in their clientele, but some programs only served adults.
- In most cases, agencies could only provide their best estimates of the overall average percentages of key populations that they served (women, older adults, etc.) because this information was not formally tracked by their organization.
- While data was gathered for each program related to disability trends in clientele served, this information is only available in aggregate form for each section of the system as outlined in the overall summary of trends.
- The information provided by the agencies was self reported and is verified by the agency. The Region's role in the process of updating this report was to compile the data on behalf of the community and to provide a general summary of the basic trends. Questions about the specific programs should be directed to agency

representatives (see Appendix A for full contact information). All other questions can be directed to:

Angela Pye, Social Planning Associate
Social Planning, Policy and Program Administration
Regional Municipality of Waterloo
Phone: (519) 575-4757 x 5510
E-mail: pangela@region.waterloo.on.ca

KEY HOUSING STABILITY CONCEPTS

For more information about housing stability and the local system, please refer to the report *All Roads Lead to Home: A Homelessness to Housing Stability Strategy for Waterloo Region*.

What is homelessness?

There are three parts to the definition of homelessness – people can be at-risk of homelessness, they can be part of the hidden homeless population and they can experience absolute homelessness. People may move between the different categories of homelessness, depending on their individual circumstances. Each part is further defined below.

Definitions of homelessness.

At-Risk of Homelessness	People are at-risk of homelessness when their housing is unaffordable, unsafe, overcrowded, insecure, inappropriate or poorly maintained, and when they lack the support necessary to maintain stability in their lives.
Hidden Homelessness	People experience hidden homelessness when they are living in temporary accommodation (e.g., living with family or friends, staying in time-limited residential programs).
Absolute Homelessness	People experience absolute homelessness when they are sleeping in spaces not intended for living (e.g., in parks, on streets, under bridges, in abandoned buildings, in cars) or staying at emergency shelters.

Poverty is one of the main causes of homelessness. In many cases, however, people at-risk of homelessness face a series of issues – each building on the next. People can avoid losing their housing by ensuring that where they live is affordable and by staying connected to the support they need to maintain stability in their lives.

People who are without adequate housing, income and support are more likely to fall into homelessness. They do not have resources that help them to maintain stability in their lives following a sudden, catastrophic event like a car accident, illness or loss of employment (also known as “trigger events”). For others, loss of housing happens when the slow build-up of increasing debt, arrears and/or personal issues reach a breaking point (sometimes called the “tipping point”).

The term “degrees of homelessness” (“one-time”, “episodic” and “persistent”) is used to describe the differences among people’s experiences of homelessness, as defined below.

Definitions of “degrees of homelessness”.

One-time Homelessness	Usually the result of an unexpected event (e.g., family breakdown, eviction, employment loss, natural disaster, house fire); people may have more social and economic resources to draw on.
Episodic Homelessness	Periods of housing stability interspersed with periods of housing instability and homelessness.

Persistent Homelessness	<p>A variety of possible characteristics:</p> <ol style="list-style-type: none"> 1. length of time person has experienced homelessness (often greater than one year) with pattern of cycling in and out of hospitals or correctional facilities in between periods of living on the street or in emergency shelters; 2. homelessness has become the new “normal”; skills are oriented to survival on the streets rather than to living in housing; and/or 3. extent of service use – extensive use of emergency services or a large number of disconnections.
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What is housing stability?

The following three conditions must be met for a household to maintain housing stability over the long-term:

- The housing must be safe, accessible, adequately maintained, of suitable size, affordable, provide security of tenure and be considered desirable by the individual.
- People must have enough income to sustain the minimum standards for rent, utilities, food, health, clothing, education, transportation and recreation.
- People must have the opportunity to access additional support, as needed, to help them live as independently as desired and to connect to others in meaningful ways.

As housing stability increases, the risk of homelessness decreases.

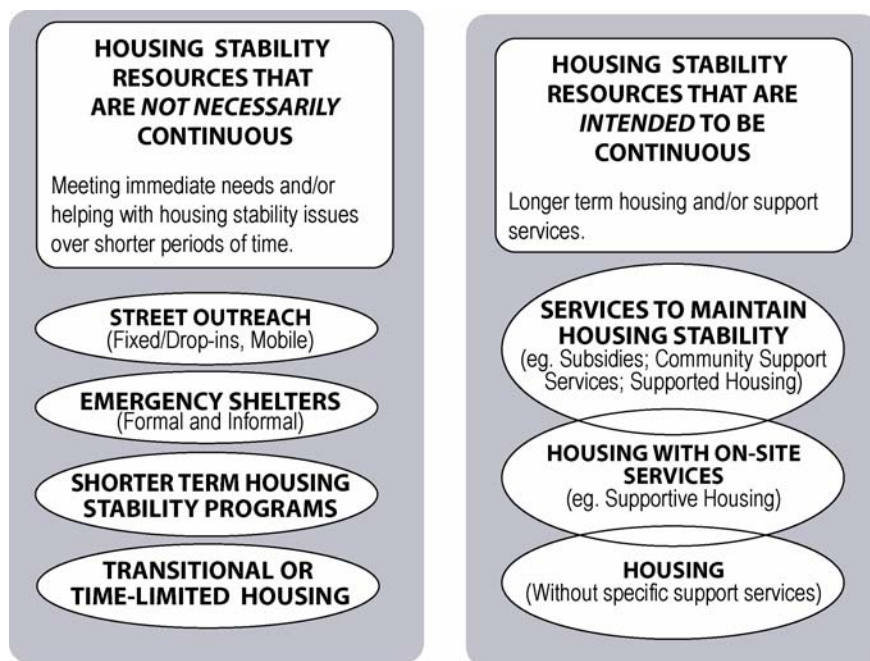
What is the housing stability system?

Adopting the term “housing stability” to describe the local system shapes how the problem of homelessness is defined, understood and addressed. Focusing on housing stability rather than homelessness helps to shift thinking toward solutions. The Homelessness to Housing Stability Strategy suggests that developing comprehensive strategies around housing, income and support is the key to ending homelessness.

The housing stability system in Waterloo Region includes a range of programs that exist to assist individuals and families to move from homelessness to housing stability. It is one of many systems serving community members, as illustrated below.



There are two main components of the housing stability system, as shown below. Resources that are *not necessarily continuous* include those that meet immediate need and/or help with housing stability issues over a shorter period of time (including street outreach, emergency shelters, shorter term housing stability programs and transitional or time-limited housing). Resources that are *intended to be continuous* are longer term housing stability programs (including community support services that help individuals maintain stability over a longer period of time, housing with on-site support, and housing itself).



Readers should refer to the Region’s Waterloo Region in the 21st Century: A Community Action Plan for Housing (2005) for a complete review of housing in the community.

What is the housing stability system's vision?

A vision is a word picture of the ideal future. The housing stability system's vision was developed through community consultation in June 2007. The vision is that every community member in Waterloo Region has housing stability.

What are the housing stability system's top 10 values?

Values are beliefs and guiding principles that influence people's actions by helping them to define what is considered appropriate. Values determine how people think, how they treat others, and their views on what is meaningful and important. The housing stability system's top 10 values were developed through community consultation in June 2007. These values are:

ACCESSIBILITY – There are no physical, social, economic, technological or policy-related barriers to housing, income and/or support; the system welcomes everyone in need of these resources.

ACCOUNTABILITY – The system is accountable to the individuals and families it serves, to funders, and to the broader community for ending homelessness and promoting housing stability for everyone.

CARE – The system has concern and empathy for the community members it serves.

COMMUNITY MEMBER-CENTRED – Community members are the central point of the system. It is understood that people who benefit from housing stability resources also contribute back to the community in meaningful ways.

CONSISTENCY – Funding and policies within the system are dependable and equitable.

COORDINATION – Communication and referrals within the system are effective and timely.

FOCUS ON BUILDING CAPACITY – The system emphasizes health and ability rather than illness and disability where possible, and creates opportunities for hope, healing, empowerment and connection with others both at the individual and at the community level.

PERSISTENT – The system is deeply committed to its vision of housing stability for every community member and continually advocates for social justice toward this end.

RESPECT – People are not judged for their choices and dignity is maintained at all times.

RESPONSIVE – The system is proactive and readily adapts to the changing needs of community members. People have options and can choose what resources will best meet their needs "where they are at".

TRENDS FOR 2008

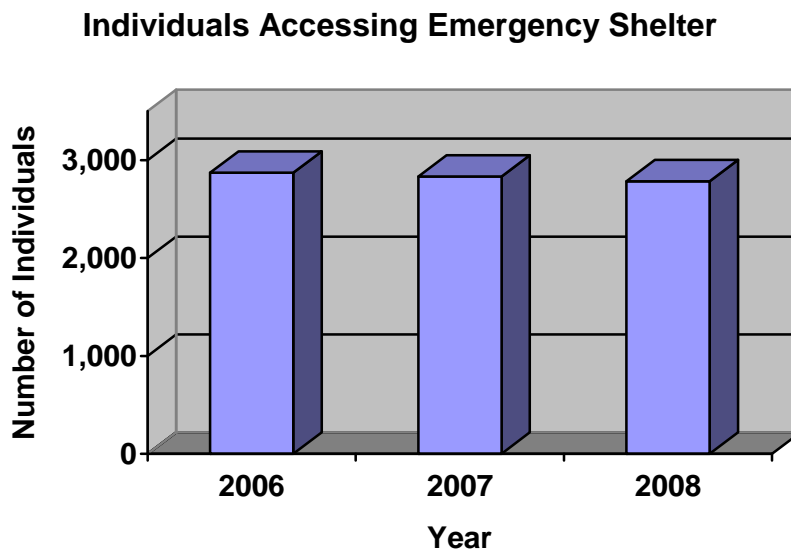
Extent of homelessness

At-risk of homelessness: It is estimated that 5% of all households (in both urban and rural areas) in Waterloo Region are seriously at-risk of homelessness.

Hidden homelessness: The number of people experiencing hidden homelessness is unknown. However, it is expected that the number of people accessing emergency shelters is smaller than the number of people experiencing hidden homelessness each year.

Absolute homelessness: The number of people who access emergency shelters in a given year is one way to measure absolute homelessness. This number does not provide a full count of absolute homelessness because it does not include people who are not willing or able to access shelters.

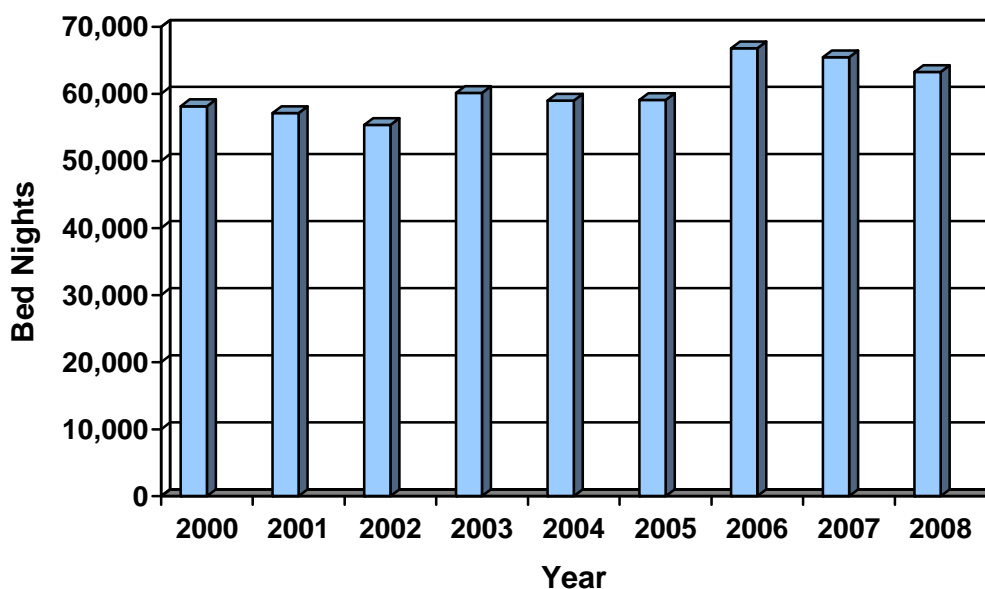
In 2008, 2,783 individuals accessed emergency shelter services in Waterloo Region (a 3% decrease from 2006 – see chart below¹). Note that, because all emergency shelters are located in the urban areas, the number of people experiencing absolute homelessness in the rural areas as defined by use of emergency shelter services is unknown.



The total number of emergency beds used throughout the year is another way to measure absolute homelessness, a count that takes into account the length of stay and returns for service within the year.

¹ There was a data reporting error in the calculation of individuals accessing emergency shelter in 2006 in the report *All Roads Lead to Home: A Homelessness to Housing Stability Strategy for Waterloo Region*.

Emergency Shelter Bed Nights



As illustrated above, between 2000 and 2008 the total number of emergency shelter beds used in all shelters increased by 9% on average – however, during this time the population of Waterloo Region grew by twice this rate (18%).

The highest number of beds used in a year was reported in 2006 at 66,807; the increase is likely due to the opening of The Cambridge Shelter in late 2005. Since 2006, the number of emergency shelter beds has decreased by 5%.

Analysis of bed night trends shows that fluctuations generally cannot be attributed to one particular emergency shelter. While some fluctuations in bed nights can be directly attributed to service changes within the emergency shelters and/or loosely attributed to key trends or events in the community, definitive reasons for the variation in numbers are not easily explained. Historically, formal emergency shelters have experienced a substantial number of days in overflow capacity; however, they also experience periods of under capacity. In 2008, the average bed occupancy for formal emergency shelters was 82%.

Degrees of homelessness

One-time homelessness: The number of people who access emergency shelters in a given year and do not return within that year is one way to measure one-time, absolute homelessness. Nearly three-quarters of people who accessed formal emergency shelter services in 2008 had only one period of residence in that year (73%).

Episodic homelessness: The number of people experiencing episodic homelessness is not known. However, emergency shelter data may provide some indication of the extent of episodic homelessness. Given that 27% of the people who accessed formal

emergency shelters in 2008 returned for service at some point in the year, it could be inferred that the number of people who experienced episodic homelessness was less than a quarter of all emergency shelter residents (as some residents in this group would be experiencing persistent homelessness).

Persistent homelessness: In 2007, it was estimated that 50-70 people are experiencing persistent homelessness in Waterloo Region at any given time. People who experience persistent homelessness have complex issues, often shaped by a mix of isolation, illness, disability and/or substance use.

Length of stay at formal emergency shelters

The majority of individuals using formal emergency shelter services for people experiencing homelessness stay for 24 days on average, with youth and families tending to use services for longer periods of time (39 and 25 days, respectively).

Prevalence of disabilities among people accessing housing stability services

Local service providers generally reported that all forms of disability are represented in the people they serve. A large number of people accessing services across the housing stability system have mental health and/or substance use issues, as illustrated below.

Component of the Housing Stability System		Mental Health Issue	Substance Use Issue	Concurrent Disorder
Resources that are <i>not necessarily</i> continuous	Formal Emergency Shelter	32%	35%	19%
	Street Outreach	28%	19%	52%
	Shorter Term Housing Stability Programs	no data*	no data	no data
	Transitional or Time Limited Housing	15%	no data	no data
Resources that are <i>intended to be</i> continuous (by population group)	Non-Specific	40%	11%	17%
	Developmental Disability	no data	no data	no data
	Physical Disability/ Acquired Brain Injury	no data	no data	no data
	Mental Health	100%	-	37%

* “No data” means that less than half of the programs answered the question; the average may be unreliable as a result.

Gaps in longer term housing stability programs

More resources for longer term housing stability programs are required in Waterloo Region, as illustrated in the table below. Note that there are over 518 applications for a space in one of the non-specific longer term housing stability programs that serve people with a mix of issues where eligibility is not tied to a specific, diagnosed disability.

Population Group	Number of Households on Waiting List
Non-Specific	518
Developmental Disability	162
Physical Disability/ Acquired Brain Injury	149
Mental Health Issue	347
Total	1,176

The lack of programs for people experiencing homelessness with active substance use issues is of great concern. There is a need to explore the development of different models of permanent, affordable housing with supports for this population – particularly models that emphasize harm reduction strategies. It is unknown how many people are currently waiting for this type of program.

Note that the accuracy of these projections depends largely on how closely waiting lists match current expressed need in Waterloo Region. Most agencies have systems in place to remove people from the waiting lists that are no longer requiring services. However, some agencies in the community do not track waiting lists and therefore, these projections are likely to underestimate the overall unmet need in Waterloo Region. Moreover, it is probable that people simply may not place themselves on the waiting lists (especially if the lists are very long). Yet, without a more reliable community-wide tool to assess unmet need, waiting lists are the only source available to make these types of future predictions for general planning purposes.

Gender

In 2008, the vast majority of people ages 16 and over served by emergency shelters were male (68% of all residents). It is believed that the number of women experiencing absolute homelessness is severely underestimated because they are more likely to be part of the hidden homeless population.

Household demographics

Female-headed sole-support families are the most common type of families using emergency shelters for people experiencing homelessness in Waterloo Region. The number of families served at the Cambridge Shelter and YWCA-Mary's Place in 2008 was 63 (with 129 children).

Age

Youth generally refers to people between 16 and 24 years of age, with or without an adult caregiver. In 2008, 28% of people accessing emergency shelter were youth; 5% of the Out of the Cold guests were youth. Most non-youth specific housing stability programs have fewer than 20% of their clientele in this age range.

Because people experiencing homelessness tend to age prematurely, older adults in this population generally refer to people 50 years of age and up. In 2008, 13% of people accessing emergency shelter were older adults.

Risk of homelessness

Agencies that provide housing or shelter to people in the community were asked to estimate how many people they served in 2008 might experience homelessness without the program. Agencies that provide other types of assistance (such as street outreach) were asked to estimate how many people they served in 2008 were currently experiencing homelessness. Because longer term housing stability programs provide a mix of housing and/or support the data was combined; however, the vast majority of responses were from agencies that provide housing.

Component of the housing stability system.		Might Experience Homelessness Without Program	Currently Experiencing Homelessness
Resources that are <i>not necessarily</i> continuous	Formal Emergency Shelter	100%	-
	Street Outreach	-	74%
	Shorter Term Housing Stability Programs	-	60%
	Transitional or Time Limited Housing	88%	
Resources that are <i>intended to be</i> continuous (by population group)	Non-Specific	80%	
	Developmental Disability	unknown	
	Physical Disability/ Acquired Brain Injury	unknown	
	Mental Health	83%	

2. Emergency Shelters

What are emergency shelters?

Emergency shelters have been defined in Provincial legislation as the provision of board, lodging, and services to meet the personal needs of people experiencing homelessness on a short-term, infrequent basis. While it has been suggested that emergency shelters should also serve additional roles, such as acting as a key access point to a range of services, providing access to case management, or preparing people for permanent housing, it is well understood that emergency shelters should not serve as permanent housing.

A number of different types of emergency shelter services exist within Waterloo Region. There are those considered formal emergency shelters, which are funded under an Agreement with the Region and follow the Region's Emergency Shelter Guidelines. There are also informal emergency shelter sites in the community, operated through volunteers, collectively called the Kitchener-Waterloo Out of the Cold program that offers people another shelter option during the winter months. Finally, there are two other recognized emergency shelters, Women's Crisis Services and Safe Haven, which are funded through other sources.

How are programs funded?

The role that the Federal Government has taken in relation to emergency shelters includes data collection as well as limited funding support, largely for one-time capital. The Provincial Government funds formal emergency shelters through the Ontario Works Act (1997). A maximum per diem (set by the Province) is cost shared 80% by the Province and 20% by the Region.

What is the local capacity in this area of the system?

There are two formal emergency shelters in Kitchener (YWCA-Mary's Place for females 16 years of age and older and families, and Charles Street Men's Hostel for males 16 years of age and older) and two formal emergency shelters in Cambridge (the Cambridge Shelter for males and females 16 years of age and older plus families, and Argus Residence for Young People for youth ages 16-24). Safe Haven in Kitchener serves youth between the ages of 12 and 16. The Kitchener-Waterloo Out of the Cold program consists of nine church sites and operates only during the winter season.

Capacity to provide emergency shelter for people experiencing homelessness.

Shelter Name	Regular Capacity	Internal Overflow	Total Capacity
<i>Formal Emergency Shelters</i>			
Argus Residence for Young People	20 beds	2 couches	22 spaces
Cambridge Shelter*	49 beds (40 beds & 3 dedicated family units with 3 beds each; infants & toddlers sleep in a crib or playpen)	40 mats; additional beds are available for the family units if required	89 spaces
Charles Street Men's Hostel*	39 beds	12 cots	51 spaces
YWCA-Mary's Place*	60 beds (50 beds in 21 convertible rooms and 10 beds in single rooms for women with higher needs); infants & toddlers sleep in playpens	15 cots	75 spaces
<i>Other Recognized Emergency Shelters</i>			
Out of the Cold (winter)	74 mats/night average	not applicable	74 spaces
Safe Haven	10 beds	not applicable	10 spaces
Total for 2008	178 spaces year-round or 252 spaces in the winter	69 spaces	247 spaces year-round or 321 spaces in the winter

* These emergency shelters also have access to motel units in cases when internal overflow capacity has been reached and the Region's Referral Protocol for Emergency Shelters in Waterloo Region is not applicable.

No new programs have been introduced since the Cambridge Shelter opened in late 2005.

2.1 Formal Emergency Shelters

Table 1: Overview of Formal Emergency Shelters for People Experiencing Homelessness

Organization and/or Program	Program Location	Eligibility	Capacity to Shelter	Length of Stay Guidelines	Average Bed Occupancy	Unique Individuals Served and Bed Nights
2.1.1 Argus Residence for Young People (female)	Cambridge	females ages 16-24	regular: 10 beds internal overflow: 1 couch total internal capacity: 11 spaces	3 months	2008: 92%	2008: all residents: 173 bed nights: 6,719
2.1.1 Argus Residence for Young People (male)		males ages 16-24	regular: 10 beds internal overflow: 1 couch total internal capacity: 11 spaces			
2.1.2 Cambridge Shelter Corporation: The Cambridge Shelter	Cambridge	males & females ages 16+; families	regular: 49 beds (40 beds & 3 dedicated family units with 3 beds each; infants & toddlers sleep in a crib or playpen) internal overflow: 40 mats total internal capacity: 89 spaces external overflow into motels	28 days for individuals, families as needed	2008²: 84%	2008: all residents: 661 families: 33 bed nights: 15,116

² For the purposes of calculating average bed occupancy for the year, each family unit was assigned 3 beds – increasing the total regular bed capacity to 49 beds.

Table 1: Overview of Formal Emergency Shelters for People Experiencing Homelessness (continued)

Organization and/or Program	Program Location	Eligibility	Capacity to shelter	Length of Stay Guidelines	Average Bed Occupancy	Unique Individuals Served and Bed Nights
2.1.3 House of Friendship: Charles Street Men's Hostel	Kitchener	males ages 16+	regular: 39 beds internal overflow: 12 cots total internal capacity: 51 spaces	2 weeks	2008: 109%	2008: all residents: 862 bed nights: 15,569
2.1.4 YWCA Kitchener-Waterloo: YWCA-Mary's Place	Kitchener	females ages 16+ & families (1 or more adult with 1 or more children)	regular: 60 beds (50 beds in 21 convertible rooms and 10 beds in single rooms for women with higher needs); infants & toddlers sleep in playpens in the room internal overflow: 15 beds total internal capacity: 75 spaces external overflow into motels	2 months	2008: 62%	2008: all residents: 428 families: 30 bed nights: 13,609

Note: Table is organized by location, then by agency in alphabetical order.

2.1.1 Argus Residence for Young People

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
Argus Residence for Young People	Cambridge	Cambridge	1985

1. Why did the program begin?

Argus Residence for Young People opened as a five-bed shelter for young woman by a group of concerned community members in response to a visible increase of youth homelessness within the downtown core of Galt, Cambridge.

2. What are the program’s goals?

- To reduce homelessness and isolation through the provision of emergency shelter services.
- To mobilize youth experiencing homelessness toward healthy and viable community integration.

3. What are the primary reasons why people access the program?

For the majority of young people accessing Argus, a return to home is not an option reportedly due to abuse, poverty or chronic family breakdown.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

1980

- In the early 1980s, members of First United church became concerned with a steady increase of youth, without a home, occupying the downtown core of Galt, Cambridge. These young people accessed First United church requesting essential services, such as food and shelter in addition to emotional support.

1984-85

- In response, the Kinder family of First United church and other congregation members started “Argus” (The Watchful Guardian) Residence for Young People, after coordinating a Cambridge Task Force to examine need and appropriate response. Argus became incorporated as a charitable organization on May 2nd, 1985. The agency started as a 5-bed shelter for young women located at 115½ Wellington Street (a member of the church donated one side of the former duplex) and quickly grew to 10-beds (which resulted in the donation of the building, less the mortgage on the property). This expansion was to accommodate those who were denied services due to a lack of beds.

1996-97

- The Hamilton Diocese approached Argus to determine the feasibility of the organization occupying an unoccupied building located at 740 William Street, in Preston. The building, which was a former nunnery, was vacant for 1.5 years preceding the offer. The church was increasingly concerned with signs of vandalism to the untenanted site which most recently operated as the St. Vincent Du Paul thrift store. Argus raised the proceeds to renovate the decaying facility and entered into a long-term, \$1.00/year annual lease with the Diocese, which is currently extended to 2012.

1998

- After a community-wide consultation with the Social Planning Council of Cambridge and North Dumfries, local government and community stakeholders, Argus expanded existing service by opening an 8-bed shelter for young men at 115 Wellington while Argus Residence for Young Women was moved to 740 William Street. The male shelter opened to full occupancy. Most young men who were a part of the original census were referred by the guidance department of their local high-school and were anxious to leave abusive situations at a home.

2001

- A third shelter was opened in response to Cambridge Out of the Cold's announcement that they would not serve youth under the age of 18. This was a pilot that only operated for one winter season.

2004

- In 2004, through overwhelming government and community support, Argus demolished the building located at 115 Wellington Street and built a 3,346 square foot 10-bedroom shelter for young men replacing a dilapidated facility (originally built in 1896). The new facility blended residential scale with commercial durability, ensuring long-term viability while lessening the stigma of living in an easily recognizable shelter. The project was completed without the support of bank financing.

2006

- Board passed a motion to expand 115 Wellington Street by five additional beds.
- October 2006, the Ontario Municipal Board granted final approval for 115 Wellington Street to expand by five additional beds.

2007-2008

- Capital upgrades to Argus Residence for Young Women completed in partnership with Region of Waterloo, Conestoga College and the Mike Holmes Foundation.
- \$86,000 raised to expand Argus Residence for Young Men by five additional beds.
- Argus secured federal funding, through the Region of Waterloo, to explore a social enterprise through the development of a business plan. The goal of the social enterprise is to provide a stable source of revenue to support core operations, while providing employment opportunities for hard to place youth.

- Argus lost \$25,000 of funding which supported the coordination of 11,784 volunteer hours, the Watchful Guardian program and fundraising to support core operations.

5. How is the program funded? Is this funding time-limited or ongoing?

Argus maintains an Agreement with the Regional Municipality of Waterloo. Additional funding is provided through the United Way, City of Cambridge, Family and Children’s Services, donations and fundraising.

6. How many full-time equivalent (FTE) employees currently operate the program?

12

7. How many volunteers currently operate the program?

127

8. How many people accessing the program are currently experiencing homelessness?

100%

Services:

Capacity to Shelter	Eligibility	Length of Stay Guidelines
<p><u>Females:</u> regular: 10 beds internal overflow: 1 couch total internal capacity: 11 spaces</p> <p><u>Males:</u> regular: 10 beds internal overflow: 1 couch total internal capacity: 11 spaces</p>	<p>females and males ages 16-24</p>	<p>3 months</p>

1. What services are provided through the program?

Argus is unique due to an ability to amalgamate the essential services of food, shelter and 24 hour staff support with a voluntary life-skill acquisition program which works to mobilize youth toward healthy and viable community integration. The program is designed to resonate with evidence-based research and incorporates many elements found within the report, *Research Review of Best Practices for Provision of Youth Services* by the Collaborative Community Healthy Research Centre, University of Victoria. Client health, education, employment and civic engagement are primary areas of focus. Specific areas of programming include goal setting, productive activity, groups, referrals and advocacy, in addition to the Watchful Guardian mentoring program. Program logic model is available upon request.

2. Where does the program typically receive its referrals?

Argus receives referrals from a variety of sources, including but limited to: self, schools, Cambridge Career Connections, police, United Way member agencies, other shelters.

3. Where do staff/volunteers from this program typically refer people?

Argus refers clients to House of Friendship, YWCA-Mary's Place or the Cambridge Shelter when we are full.

2008 Trends:

Singles	Couples ³	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	42%	58%	0%	%	3%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	98%	2%	0%

Historical Trends:

Year	Bed Nights	Average Bed Occupancy	Intakes	Unique Individuals	Average Stay Per Person	One Period of Residence	Overflow
1999	4,401	63%	179	146: 82 males 64 females	30 days	no data	18 days: 1 females 17 males
2000	5,743	89%	246	186: 99 males 87 females	31 days	no data	63 days: 33 females 30 males
2001	6,276	90%	215	170: 76 males 94 females	37 days	no data	152 days: 35 females 117 males
2002	6,030	89%	241	176: 87 males 89 females	34 days	no data	103 days: 23 females 80 males
2003	4,952	79%	176	152: 69 males 83 females	33 days	89%	5 days: 0 females 5 males
2004	6,144	87%	174	136: 72 males 64 females	45 days	79%	20 days: 1 females 19 males
2005	6,550	91%	222	178: 96 males 82 females	37 days	76%	135 days: 35 females 120 males
2006	5,981	84%	213	161: 81 males 80 females	37 days	81%	56 days: 2 females 54 males

³Couples are treated as separate individuals at the shelter.

Emergency Shelters

Year	Bed Nights	Average Bed Occupancy	Intakes	Unique Individuals	Average Stay Per Person	One Period of Residence	Overflow
2007	6,533	89%	236	185: 101 males 84 females	35 days	80%	27 days: 11 females 16 males
2008	6,719	92%	237	173: 100 males 73 females	39 days	71%	32 days: 17 females 15 males

Notes: “Average bed occupancy” is calculated as: (total number of bed nights, including internal and external overflow / total number of bed nights available for the year) x 100. Overflow refers to demand exceeding regular capacity (which has changed over the years due to renovations). “One period of residence” is equal to the percentage of residents with one intake for the calendar year.

2001: A third shelter was opened in response to Cambridge Out of the Cold’s announcement that they would not serve youth under the age of 18. This was a pilot that only operated for one winter season.

2003/2004: The residence for young men was demolished, but service to young men continued by combining services at the Argus Residence for Young Women. In order to accommodate both men and women, occupancy was reduced by 20% from May 2003 to February 20, 2004.

2004: On February 20, a new 10 bed men’s residence was opened.

2006: Internal overflow capacity was reduced from four spaces per residence to one space per residence.

2007: Began using data from the Homeless Individuals and Families Information System (HIFIS); however, full transition to use of HIFIS for data collection purposes will not occur until 2008/2009.

2.1.2 Cambridge Shelter Corporation: The Cambridge Shelter

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
Cambridge Shelter Corporation	Cambridge	Cambridge	2005

- 1. Why did the program begin?**
 Since 1998, Cambridge Out of the Cold had been offering food and shelter to people experiencing homelessness through the winter months. In 2000, the Cambridge Action on Homelessness Group (a group of service providers and residents) undertook a visioning exercise and identified that a permanent emergency shelter was a need and priority for Cambridge.
- 2. What are the program’s goals?**
 To provide shelter and other services to individuals and families experiencing homelessness.
- 3. What are the primary reasons why people access the program?**
 The Cambridge Shelter is the only emergency shelter service available for adults and families in Cambridge.
- 4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?**
 No
- 5. How is the program funded? Is this funding time-limited or ongoing?**
 The Cambridge Shelter has an Agreement with the Regional Municipality of Waterloo. Additional funding is provided through United Way of Cambridge and North Dumfries, private foundations, donations and fundraising.
- 6. How many full-time equivalent (FTE) employees currently operate the program?**
 11
- 7. How many volunteers currently operate the program?**
 0
- 8. How many people accessing the program are currently experiencing homelessness?**
 100%

Services:

Capacity to Shelter	Eligibility	Length of Stay Guidelines
regular: 49 beds (40 beds & 3 dedicated family units with 3 beds each; infants & toddlers sleep in a crib or playpen) internal overflow: 40 mats total internal capacity: 89 spaces external overflow into motels	males and females ages 16+; families	28 days for individuals, families as needed

1. What services are provided through the program?

The Bridges consists of a three-storey, 20,000 square foot building with capacity for up to forty dormitory style shelter beds, three small family shelter units, twenty transitional bachelor apartments, a drop-in centre, administration offices, a kitchen, medical offices and meeting rooms. The entire building is accessible with a handicap lift to access the shelter floor and the apartments (two of which are designed for wheelchair use). Services in the building include: trustee program, housing support, job training, a medical clinic, an identification clinic, literacy and tutoring, foot care, food, work clothing, referrals to drug and alcohol treatment, advocacy with landlords, probation and parole, lawyers, social and recreational groups, life skill training and individual plans of care.

2. Where does the program typically receive its referrals?

The Cambridge Shelter receives referrals from a variety of sources, including but not limited to: self, police, other United Way member agencies, other emergency shelters, Cambridge Memorial Hospital.

3. Where do staff/volunteers from this program typically refer people?

Many services and supports depending on the need. Each client has an individual plan of care.

2008 Trends:

Singles	Couples ⁴	Families	Adult Females	Adult Males	Adult Other	Aboriginal	Born Outside of Canada
78%	0%	22%	26%	74%	0%	1%	15%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
8%	20%	57%	15%

⁴Couples with no children are treated as separate individuals at the shelter.

Historical Trends for All Residents:

Year	Bed Nights	Average Bed Occupancy	Intakes	Unique Individuals	Average Stay Per Person	One Period of Residence	Overflow
2006	14,225	80%	2,414	712	20 days	71%	62 days
2007	13,590	76%	1,999	673	20 days	76%	14 days
2008	15,116	84%	1,758	661	23 days	78%	47 days

Notes: “Average bed occupancy” is calculated as: (total number of bed nights, including internal and external overflow / total number of bed nights available for the year) x 100. For the purposes of calculating average bed occupancy for the year, each family unit was assigned 3 beds – increasing the total regular bed capacity to 49 beds. Overflow refers to demand exceeding regular capacity. “One period of residence” is equal to the percentage of residents with up to three intakes for the calendar year.

2007: Began using data from the Homeless Individuals and Families Information System (HIFIS); however, full transition to use of HIFIS for data collection purposes will not occur until 2008/2009.

Historical Trends for Families:

Year	Bed Nights for Family Adults	Bed Nights for Children	Heads of Household Bed Nights	Family Intakes	Unique Families	Unique Children	Unique Adults Attached to Families	Average Stay Per Family
2006	565	1,371	no data	30	26	59	37	no data
2007	714	1,730	674	29	29	55	42	23 days
2008	885	1,857	870	33	33	68	45	26 days

2.1.3 House of Friendship: Charles Street Men’s Hostel

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
House of Friendship	Kitchener	Waterloo Region	1954

1. Why did the program begin?

The overnight shelter service began in 1954 because House of Friendship staff working with new Canadians and men experiencing homelessness saw a growing need for overnight accommodations.

2. What are the program’s goals?

To provide emergency shelter and support services to men experiencing homelessness.

3. What are the primary reasons why people access the program?

- fixed low income or no income that resulted in loss of housing
- limited social and life skills that resulted in loss of employment or housing
- mental health and/or substance abuse issues that resulted in loss of employment or housing
- lack of personal support network to provide shelter

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The hostel program slowly expanded through the 1950s and 1960s. There has been no change since 1982. In that year, construction of the current shelter at 63 Charles St. E. allowed for an expansion to 39 beds from 24 at the former building at 23 Charles St. E. In-house overflow capacity with rollaway cots makes it possible to sleep up to 51 men in the shelter.

Per diem funding and user fee are occupancy based and fluctuate. Donations make up the difference between program income and expenses. The funding base has not changed.

5. How is the program funded? Is this funding time-limited or ongoing?

The Charles Street Men’s Hostel has an Agreement with the Regional Municipality of Waterloo. Additional funding is provided through user fees, the United Way and donations given directly to the House of Friendship.

6. How many full-time equivalent (FTE) employees currently operate the program?

17.3 FTE

7. How many volunteers currently operate the program?

5 regular volunteers and approximately 30 occasional volunteers

8. How many people accessing the program are currently experiencing homelessness?

100%

Services:

Capacity to Shelter	Eligibility	Length of Stay Guidelines
regular: 39 beds internal overflow: 12 cots total internal capacity: 51 spaces	males ages 16+	2 weeks

1. What services are provided through the program?

Charles Street Men’s Hostel provides short-term emergency room and board. Guests are provided the following support services: supportive casework, referrals to social services and other agencies, basic toiletries, used clothing, chapel service, laundry, showers and meals. Drop-in services are also available to residents and non-residents (daily from 11:00 a.m. to 10:00 p.m.).

2. Where does the program typically receive its referrals?

Most men are self referrals, but there are also referrals from the legal system, the hospital system, churches, other shelters, the social service system and the community at large.

3. Where do staff/volunteers from this program typically refer people?

Income support: Ontario Works, Ontario Disability Support Program, if appropriate; employment support: Working Centre, Lutherwood; housing: Coordinated Access, domiciliary care hostels; housing search support: Waterloo Regional Homes for Mental Health, Working Centre, Lutherwood; health services: Downtown Health Centre, AIDS Committee of Cambridge, Kitchener and Waterloo Area, Withdrawal Management, St. Mary’s Counselling, Canadian Mental Health Association, Mobile Crisis, Crisis Clinic; youth supports: ROOF; other drop-ins: OASIS, St. John’s Kitchen.

2008 Trends:

Singles	Couples⁵	Families	Adult Females	Adult Males	Adult Other	Aboriginal	Born Outside of Canada
100%	0%	0%	0%	100%	0%	5%	8%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	23%	60%	17%

Historical Trends:

Year	Bed Nights	Average Bed Occupancy	Intakes	Unique Individuals	Average Stay Per Person	One Period of Residence	Overflow
2000	15,344	108%	1,355	1,000	15 days	no data	246 days
2001	15,360	108%	1,525	1,200	13 days	no data	229 days
2002	13,675	96%	1,597	1,250	11 days	no data	131 days
2003	16,098	113%	1,386	1,050	15 days	81%	309 days
2004	17,097	120%	1,510	903	19 days	77%	328 days
2005	15,796	111%	1,390	937	17 days	74%	263 days
2006	15,255	107%	1,498	913	17 days	74%	228 days
2007	17,024	120%	1,405	856	20 days	72%	302 days
2008	15,569	109%	1,834	862	18 days	72%	255 days

Notes: “Average bed occupancy” is calculated as: (total number of bed nights, including internal and external overflow / total number of bed nights available for the year) x 100. Overflow refers to demand exceeding regular capacity. “One period of residence” is equal to the percentage of residents with up to two intakes for the calendar year.

2000-2003: Estimates of unique individuals only.

2004: The Salvation Army Booth Centre closed this year, which had 7 beds for single men age 18 and over.

2007: Began using data from the Homeless Individuals and Families Information System (HIFIS); however, full transition to use of HIFIS for data collection purposes will not occur until 2008/2009.

⁵Couples are treated as separate individuals at the shelter.

2.1.4 YWCA Kitchener-Waterloo: YWCA-Mary’s Place

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
YWCA Kitchener-Waterloo	Kitchener	Kitchener-Waterloo	1905

1. Why did the program begin?

YWCA Kitchener-Waterloo was founded in 1905 by a group of church-affiliated women, in response to the housing needs of young women coming in from the country to work in local offices and factories. Initially, space was rented in Kitchener. In 1915, the residence that is located at 84 Frederick Street was built. Over the years, the YWCA has provided a variety of services including: recreation, fitness, language, daycares, housing, wellness, summer camp, after school programs, office space, social action and advocacy. The services have been flexible and alert to prevailing trends and needs in the community, based on changing social and economic conditions.

YWCA-Mary’s Place (named in honour of its founder Mary Kaufman) has continued to evolve over the years. During the 1970s a dramatic shift began to happen when it was noted that more and more women experiencing homelessness began to access the YWCA residence for a place to stay. In the mid-1990s the need to provide housing to women-led families experiencing homelessness was noted. In the late 1990s, the demand for emergency housing became so great that YWCA-Mary’s Place began to focus on the emergency shelter needs of women and families including men and older male children. In 2009, YWCA-Mary’s Place will once again evolve through renovations to provide emergency shelter to all families along with the continued provision of shelter for women.

2. What are the program’s goals?

YWCA-Mary’s Place is an emergency housing centre for women and families experiencing homelessness, advocating for and providing essential resources and supports in a respectful, empowering environment. We welcome women and families of all ages, abilities, sexual orientations, gender identities, ethnic backgrounds, and faiths (or none).

3. What are the primary reasons why people access the program?

- 28% access the shelter due to lack of housing; 18% because of family or relationship breakdown; 16% because of eviction; 10% for safety reasons. 5% came in each of the following categories: from medical or psychiatric treatment, new arrival to the area and children who came with their parents. The remaining 13 % accessed the program for all other reasons. All came because they had no housing and lacked the financial resources to live elsewhere.

- In 2008, the most frequent characteristics of those staying at the shelter were: single women and their families with no income remaining; mental health and/or substance abuse issues; and poor or limited social or life skills.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

YWCA-Mary's Place expanded its service from 53 to 60 beds in 2001. Families with males over age ten were now able to be housed through a family unit. From 2006 to 2008 YWCA-Mary's Place has been under extensive renovations that will enable the shelter to be more responsive to the needs of families and high need single women who are experiencing homelessness. The number of beds will remain 60 but the number of family units available to house any type of family will increase to 20.

The funding made available through the purchase of service agreement with the Regional Municipality of Waterloo has increased over the years; however, it does not cover the complete daily costs of housing a woman or family at YWCA-Mary's Place. United Way funding had been the same for the number of years, with a reduction in 2007 and an increase in 2008. Funding from the Ministry of Community and Social Services has seen a small increase.

Fundraising has become increasingly difficult due to global market changes, competition in the community for limited donor dollars and the capital campaign to renovate YWCA-Mary's Place.

5. How is the program funded? Is this funding time-limited or ongoing?

YWCA-Mary's Place has an Agreement with the Regional Municipality of Waterloo. Additional funding is provided through United Way of Kitchener-Waterloo, the Ministry of Community and Social Services, donations and fundraising. In 2008 additional monies were provided from the Region of Waterloo for the Streets to Housing Stability and the Shelters to Housing Stability programs.

6. How many full-time equivalent (FTE) employees currently operate the program?

19

7. How many volunteers currently operate the program?

59 volunteers provided 2,895 hours of service to YWCA-Mary's Place in 2008, primarily in the areas of kitchen help, maintenance and special events.

8. How many people accessing the program are currently experiencing homelessness?

100%

Services:

Capacity to Shelter	Eligibility	Length of Stay Guidelines
regular: 60 beds (50 beds in 21 convertible rooms and 10 beds in single rooms for women with higher needs); infants & toddlers sleep in playpens in the room internal overflow: 15 beds total internal capacity: 75 spaces external overflow into motels	females ages 16+ & families (1 or more adult with 1 or more children)	2 months

1. What services are provided through the program?

YWCA-Mary's Place is a 30,327 square foot, three-story building with a total of sixty beds. We provide short-term emergency shelter for women and families who are experience homelessness. Provides all basic necessities of daily living, information and referral, 24 hour support and crisis intervention, individualized case plans are developed to assist with the short and long-term goals of sustained permanent housing in the community. Kitchener-Downtown Community Health Centre provides access to a Nurse Practitioner and an on site ID clinic. A chaplain serving all faiths is available during one afternoon (also by appointment). As a ConnectKW site, residents have full access to the Internet, word processing programs, printers and help with developing their computer skills. The Circle of Friends program is offered in partnership with the Mennonite Central Committee to provide support for women after they leave the shelter for a period of up to one year. Planned Parenthood provides a weekly drop-in to deal with sexual health issues. Regional funding for the Shelters to Housing Stability program that works with residents who require assistance to find and maintain housing in the community and provide up to one year of post-shelter support. This program is essential in helping to try and work with people before they may become persistently homeless. Regional funding is also available for the pilot project, Streets to Housing Stability that is working with women who are high need who are persistently homeless to provide them with one year post shelter support to find and maintain housing in the community. We have a limited outreach program available to women and families who have lived at the shelter.

2. Where does the program typically receive its referrals?

Most women entering YWCA-Mary's Place are self referred. Other referral sources come from other agencies in the community such as Ontario Works, as well as churches, hospitals, prison, mental health facilities, police/emergency services and other emergency shelters.

3. Where do staff/volunteers from this program typically refer people?

Referrals are essential to the work that we do. The more connected women and families are to supports and services in the community, the more likely they are to maintain their housing once they have left the shelter. Referrals are frequent to

supports and services specific to mental health, addictions, and credit counseling, supported/supportive housing, income programs, and employment programs, spiritual, recreational and multi-cultural programs.

We refer women who have experienced violence and are at imminent risk of being stalked or harmed by their current partner to Women’s Crisis Services of Waterloo Region. Once the renovations are completed, we will have security features that will allow us to house women who have experienced violence but who do not meet the mandate of Women’s Crisis Services of Waterloo Region (e.g., women who fear for their safety but do not live with the abuser).

2008 Trends:

Singles	Couples⁶	Families	Adult Females	Adult Males	Adult Other	Aboriginal	Born Outside of Canada
72%	0%	28%	100%	0%	0%	3%	9%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
14%	24%	51%	11%

Historical Trends for All Residents:

Year	Bed Nights	Average Bed Occupancy	Intakes	Unique Individuals	Average Stay Per Person	One Period of Residence	Overflow
1999	17,232	89%	400	no data	no data	no data	120 days
2000	23,669	122%	582	no data	no data	no data	320 days
2001	24,595	112%	515	no data	no data	no data	334 days
2002	20,792	95%	814	no data	no data	no data	90 days
2003	23,767	109%	668	no data	no data	76%	290 days
2004	21,393	98%	747	525	41 days	76%	117 days
2005	22,267	102%	802	577	39 days	74%	219 days
2006	19,935	91%	722	503	40 days	75%	0 days
2007	15,854	72%	644	467	34 days	78%	0 days
2008	13,609	62%	638	428	32 days	71%	0 days

Notes: “Average bed occupancy” is calculated as: (total number of bed nights, including internal and external overflow / total number of bed nights available for the year) x 100. Overflow refers to demand exceeding regular capacity (which has changed over the years due to renovations). “One period of residence” is equal to the percentage of residents with one intake for the calendar year.

2001: Capacity increased from 53 to 60 beds and one additional family unit.

2002: Many long-term residents left for new YWCA supportive housing units this year.

⁶Couples with no children are treated as separate individuals at the shelter.

2006-2008: Shelter under renovation. Began using data from the Homeless Individuals and Families Information System (HIFIS); however, full transition to use of HIFIS for data collection purposes will not occur until 2008/2009.

Historical Trends for Families:

Year	Bed Nights for Family Adults	Bed Nights for Children	Head of Household Bed Nights	Family Intakes	Unique Families	Unique Children	Unique Adults Attached to Families	Average Stay Per Family
1999	no data	1,677	no data	no data	29	no data	no data	no data
2000	no data	5,125	no data	no data	56	no data	no data	no data
2001	no data	6,851	no data	no data	68	no data	no data	no data
2002	no data	4,043	no data	no data	131	no data	no data	no data
2003	no data	5,376	no data	no data	66	no data	no data	no data
2004	1,827	3,762	no data	41	38	69	40	28 days
2005	4,471	2,889	no data	53	48	84	50	48 days
2006	1,784	3,488	no data	42	42	64	38	61 days
2007	1,471	2,291	1,353	47	45	80	45	33 days
2008	716	2,112	716	35	30	61	30	20 days

1999-2005: Estimation of unique families based on average of 2.3 children per family.

2001: Capacity increased from 53 to 60 beds and one additional family unit.

2003: The Region assumed responsibility of placing families in motels when YWCA-Mary's Place is full during the day – these families would no longer be reflected in the data.

2006-2008: Shelter under renovation.

2.2 Other Recognized Emergency Shelters

Table 2: Overview of Other Recognized Emergency Shelters

Organization and/or Program	Program Location	Eligibility	Capacity to Shelter	Length of Stay Guidelines	Average Bed Occupancy	Unique Individuals Served and Bed Nights
2.2.1 Women's Crisis Services of Waterloo Region: Haven House	Cambridge	women ages 16+ (with or without their children) fleeing abuse	30 beds	8-12 weeks	2007/2008: 82%	2007/2008: all residents: 588 days of residential care: 17,293
2.2.1 Women's Crisis Services of Waterloo Region: Anselma House	Kitchener		28 beds		2007/2008: 113%	
2.2.2 Lutherwood: Betty Thompson Youth Centre Safe Haven Shelter	Kitchener	children ages 12-16	10 beds	generally 1-10 days	2008: 40%	2008: individuals: 115 bed nights: 1,444
2.2.3 Kitchener-Waterloo Out of the Cold	Kitchener-Waterloo (various churches)	individuals ages 16+	55 to 90 mattresses offered 7 nights a week between November and March/April	seasonal shelter program	2007/2008: 83%	2007/2008: individuals: 544 bed nights: 10,820

Note: Table is organized by location, then by agency in alphabetical order.

2.2.1 Women’s Crisis Services of Waterloo Region: Haven House and Anselma House

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
Women’s Crisis Services of Waterloo Region	Haven House: Cambridge Anselma House: Kitchener	Waterloo Region	1978

1. Why did the program begin?

Our experience is longstanding in that Anselma House has been in operation since 1978. It was the first shelter in Kitchener, and was established by concerned citizens wishing to protect abused women and children. In later years a subsequent shelter in Cambridge evolved, then known as Women’s Crisis Services of Cambridge and North Dumfries. In 2002 the two shelters, Haven House and Anselma House amalgamated and became known as Women’s Crisis Services of Waterloo Region. Together both shelters provide 58 beds for abused women and their children. We are the only agency providing these services in Waterloo Region.

2. What are the program’s goals?

The agency’s mission is to demonstrate excellence in the provision of shelter, education and outreach services to abused women and their children of every race, ethnicity, sexual orientation, age, ability, religion and/or cultural belief. In collaboration with our community we will empower women to move beyond violence. Our vision is that violence against women and children, in any form, will no longer be tolerated by society. Our ultimate goal is assist women and their children to “Move Beyond Violence.”

3. What are the primary reasons why people access the program?

Shelter services are offered to women 16 plus with or without their children who are experiencing or who have experienced any form of abuse in an intimate or familial relationship. Violence is a spectrum of behaviours – ranging from harassment through words and actions to sexual assault and murder. Within this continuum is physical, emotional, psychological abuse and stalking behaviour.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

- In 1981, the name of the Cambridge shelter was changed to Family Crisis Shelter and was moved to a house on Argyle St. in Preston. In 1991, it moved to its present location, which increased its capacity. In 1998, the name was changed again to Women’s Crisis Services to better reflect the services offered by the agency. “Haven House” was first adopted as the name of the residential

program, and in 2000, Women’s Crisis Services of Cambridge and North Dumfries was adopted as the legal name of the organization.

- In 1989, following a Rotary Club grant, the agency in Kitchener built a new shelter (Anselma House), which increased its capacity.
- At the June 18, 2001 Annual General Meetings of both Anselma House and Haven House, the membership voted to go forward with procedures to amalgamate the two shelters into one organization – Women’s Crisis Services of Waterloo Region.
- In 2002, the Ministry of Community and Social Services funded nineteen new beds at Haven House, which again increased their capacity to a current total of thirty beds.
- In 2008, the Ministry of Community and Social Services increased funding from 20 to 28 beds at Anselma House, bringing the regional total to 58 beds.

5. How is the program funded? Is this funding time-limited or ongoing?

In 1998, the Ministry of Community and Social Services revised the funding model for Violence Against Women shelters from a cost-shared per diem arrangement between Ministry of Community and Social Services and the Region to 100% Provincial core funding. In effect, this ended the shelter’s purchase of service agreement with the Region. Overall, the funding has remained relatively stable over time. Other funding sources include the United Way of Kitchener-Waterloo, the United Way of Cambridge and North Dumfries and community-wide fundraising.

6. How many full-time equivalent (FTE) employees currently operate the program?

Women’s Crisis Services employs a total of 41 staff, including managers.

7. How many volunteers currently operate the program?

Fifty volunteers are shared between the two shelter sites and the Outreach program.

8. How many people accessing the program are currently experiencing homelessness?

Our mandate is to service abused women and children, not women experiencing homelessness.

Services:

Capacity to Shelter	Eligibility	Length of Stay Guidelines
Haven House: 30 beds Anselma House: 28 beds	women ages 16+ (with or without their children) fleeing abuse	8-12 weeks

1. What services are provided through the program?

The crisis lines at Women’s Crisis Services are available 24/7 to discuss abuse concerns with women as well as to provide support and guidance in how to leave

abusive relationships. Workers facilitate the admission for those women seeking safe shelter or who meet the agency’s admission criteria. Once at the shelter, the support is ongoing and advocacy continues around legal needs, housing, parenting and transitioning toward independence for themselves and their children. Workers also assist women with safety planning and referrals to community resources if deemed appropriate. For immigrant women whose first language is not English, Women’s Crisis Services offers interpreters and has a language line available for immediate responses.

The Outreach Program is a free, confidential service available to abused women and children who have either resided at the shelter and are transitioning to independence or to women still in abusive situations who are seeking assistance.

Support in both the Residential and Outreach programs are offered on a one-to-one basis and through group activities.

The Safe Steps Program is a group program organized through the agency. These are community group sessions that run three times per year, and offer concurrent groups for mothers and their children. The program offers meals, transportation and childcare to participants.

Women’s Crisis Services also offers an Education Delivery Program. Presentations, workshops and information forums are offered to neighbourhood groups, corporations, ESL classes, churches, schools and various other sectors, including our partner agencies.

We are a partner in the Family Violence Project which integrates a myriad of partner agencies at one location with the goal being to provide seamless services for victims of domestic violence.

We are wheelchair accessible.

2. Where does the program typically receive its referrals?

Referrals are received from a myriad of sources – such as Family and Children’s Services, counselling agencies, community partners, hospitals, doctors, police, schools and the victims themselves.

3. Where do staff/volunteers from this program typically refer people?

Once the initial assessment transpires, it may be determined that the woman does not need emergency shelter. If this is the case, she would be referred to one of our community partners or our Outreach program.

2007/2008 Trends:

Singles	Couples	Families	Adult Females	Adult Males	Adult Other	Aboriginal	Born Outside of Canada
%	%	%	100%	0%	0%	2%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
11%	22%	45%	22%

Historical Trends:

Year	Women Served Shelter	Children Served Shelter	Crisis Calls	Average Bed Occupancy	Days of Residential Care
2005/2006	282	286	4,210	100% +	18,141
2006/2007	325	247	3,458	100% +	19,240
2007/2008	283	305	2,545	98%	17,293

Notes: Data reported by fiscal year (April 1-March 31). “Average bed occupancy” is calculated as: (total number of bed nights / total number of bed nights available for the year) x 100. Average bed occupancy has been averaged between both sites.

2.2.2 Lutherwood: Betty Thompson Youth Centre Safe Haven Shelter

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
Lutherwood	Kitchener	Waterloo Region and beyond	1996

1. Why did the program begin?

To meet the needs of young persons experiencing homelessness (either voluntarily or involuntarily).

2. What are the program’s goals?

The ultimate goal of Safe Haven Shelter is the prevention of homelessness for youth aged 12-16. This is achieved through the following activities:

- to provide safe “short-term” housing for young persons not living at home;
- to provide respite to families and youth experiencing conflict in the home;
- to reintegrate young persons into their family setting when safe to do so;
- to facilitate access to permanent/stable housing for young persons;
- to teach young persons life/problem solving skills (e.g., conflict resolution, coping, communication);
- to advocate for a young person’s educational needs;
- to refer the young person and his/her family to community resources (e.g., Children’s Mental Health Access Centre, substance abuse counselling, Family and Children’s Services, etc.).

3. What are the primary reasons why people access the program?

- family breakdown (e.g., parent teen conflict)
- family stress due to youth behaviour within family
- drug and alcohol use and effect on family (e.g., young person, parent/guardian)
- violence within the family
- youth experiencing homelessness with no “safe” place to go
- mental health issues

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

No

5. How is the program funded? Is this funding time-limited or ongoing?

- Provincial Government Funding
- Federal Government Funding
- Municipal Government Funding
- Donations
- Foundations

6. How many full-time equivalent (FTE) employees currently operate the program?

8.0 FTE (full-time staff)

10-12 relief staff

7. How many volunteers currently operate the program?

2

8. How many people accessing the program are currently experiencing homelessness?

100%

Services:

Capacity to Shelter	Eligibility	Length of Stay Guidelines
10 beds	children ages 12-16	generally 1-10 days

1. What services are provided through the program?

- 10 beds
- respite service
- runaway prevention education
- groups (life skills, social skills)
- recreational programming
- counselling (individual and family)
- referral to community services
- case coordination
- assessment
- mediation with families

2. Where does the program typically receive its referrals?

- Police
- Children's Aid Society
- Parents
- Schools
- Children's Mental Health Access Centre
- Mobile Crisis
- Grand River Hospital
- Self

3. Where do staff/volunteers from this program typically refer people?

- Drug and Alcohol Counselling - for drug or alcohol issues
- Medical Attention
- Hospital
- Family and Children's Services
- Mental Health Access Centre

- Grand River Hospital (Crisis Clinic/Psychiatric Consultation)
- Counselling
- Multicultural Centre
- Legal Aid

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	50%	50%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
100%	%	%	%

Historical Trends:

Year	Bed Nights	Intakes	Unique Individuals	Average Stay (in days)	Returning for Shelter	Overflow Data (in days)	Average Bed Occupancy
2005	1,572	241	159	6.5	34%	0	43%
2006	2,484	191	131	13	31%	0	68%
2007	1,561	167	101	9	40%	0	43%
2008	1,444	190	115	6	39%	0	40%

Notes: “Average bed occupancy” is calculated as: (total number of bed nights / total number of bed nights available for the year) x 100.

2.2.3 Kitchener-Waterloo Out of the Cold

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
each site operates independently; a coordinating body (the Steering Committee) meets regularly during the fall and winter	various churches in Kitchener-Waterloo	Kitchener-Waterloo	1999

1. Why did the program begin?

A few community volunteers who were aware of Toronto’s Out of the Cold program (that began in 1988) met to discuss the possibility of running a similar program in Kitchener-Waterloo. Demand and interest was verified by the local agencies serving the homeless population (ROOF, the House of Friendship, and YWCA-Mary’s Place).

There are local agencies that offer support to people experiencing homelessness, but they are often overworked and overcrowded. For a variety of reasons people experiencing homelessness will not always access these agencies. Out Of the Cold provides another option.

2. What are the program’s goals?

- To provide people experiencing homelessness in our community with warm and safe overnight accommodation and nourishment within a quiet and welcoming atmosphere.
- Out Of the Cold is a program which strives to respond in a meaningful way to the needs of people experiencing poverty and homelessness. These needs include the basic physical needs of shelter, food and warm clothing, and the deeply human needs of compassion, dignity and feelings of self worth. It is the aim of the program to enable all those involved to share their individual riches and poverties with one another. This interaction makes possible a discovery of our common humanity, which helps eliminate barriers and leads to the building of new and enriching relationships.
- Guiding principles include:
 - Our guests are to be treated with dignity and respect.
 - Our organizational principles will be as simple and non bureaucratic as possible consistent with a “welcoming atmosphere”.
 - We are not here to preach or convert.
 - We welcome community involvement.

3. What are the primary reasons why people access the program?

Approximately 80% of overnight guests have mental health and/or addictions issues. 20% of guests use the shelter component strictly for financial reasons, as they are working but only making minimum wage, they may be seasonal workers who can’t

afford regular housing, unemployed or underemployed, or perhaps staying at the shelter to save for their first and last month's rent. Approximately 1% of overnight guests are from out of town and passing through. 10% of guests have poor or limited social skills, however, this is frequently a factor associated also with mental health issues (e.g., personality disorders, anger management issues). Many individuals have very low education. Some stay because their own accommodations are substandard.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Kitchener-Waterloo Out of the Cold began operating in February 1999 as a pilot project at one site (First United Church, Waterloo). It grew to three churches in the fall of 1999, and has since expanded to 9 churches offering shelter 7 nights a week with secondary sites on Monday and Wednesday. A youth specific site began on Tuesday nights as a pilot in 2003/2004, and was discontinued in 2005/2006.

5. How is the program funded? Is this funding time-limited or ongoing?

Original start-up costs for some churches were supported through a grant from the Region from the Provincial Homelessness Initiative Fund.

Ongoing funding is provided by the site, other churches, community groups and interested individuals.

6. How many full-time equivalent (FTE) employees currently operate the program?

0

7. How many volunteers currently operate the program?

The program utilizes over 700 volunteers.

8. How many people accessing the program are currently experiencing homelessness?

95%; it was identified that approximately 5% of guests stay that have housing but the housing is substandard or unsafe.

Services:

Capacity to Shelter	Eligibility	Length of Stay Guidelines
55 to 90 mattresses offered 7 nights a week between November and March/April	individuals ages 16+	seasonal shelter program

Capacity at Kitchener-Waterloo Out of the Cold Sites

Church	Day	Capacity	2007/2008	
			Average Number of Bed Nights	Average Bed Occupancy
Trinity United*	Monday	57 beds	51	90%
St. Andrew's**	Monday	30 beds	17	56%
Benton St. Baptist	Tuesday	66 beds	63	95%
St. Matthews Lutheran*	Wednesday	45 beds	41	92%
St. Anne's Catholic Church**	Wednesday	34 beds	27	79%
St. John's Lutheran	Thursday	90 beds	56	62%
First United	Friday	55 beds	57	104%
Bethany Evangelical Mission	Saturday	70 beds	61	87%
St. Louis	Sunday	70 beds	59	85%

* Primary site

** Secondary site

1. What services are provided through the program?

- The goal of the Out Of the Cold program is to provide shelter during the winter months. It enlists the support of a variety of different sites to provide temporary shelter on a night to night rotating basis. Each site is responsible for the scheduling of its volunteers, arranging the food and physical resources and its routine service operation.
- Each night of the week there is a hot meal and overnight shelter available for guests. A hot dinner meal is offered to anyone who visits the program whether they choose to stay as a guest for the night or not and overnight guests that work can request a bagged lunch for the following day. Overnight guests are also offered breakfast.
- Bus tickets are provided at a few sites.
- Two of the sites also have shower facilities (St. Louis Catholic and Bethany Evangelical Missionary).
- All sites have clothing donations available such as gloves, hats, coats, clothing, socks and sometimes footwear.
- The program runs from the beginning of November to the end of March, although some churches are also open during April of each year.
- At St. Louis Church (Sundays) services from volunteers within the church include registered nurses and a doctor that come in once a month.
- At Benton St. Baptist (Tuesdays) haircutting services are offered once a week.
- St. Andrew's (Monday's secondary site) offers foot washing as of 2004/2005.

2. Where does the program typically receive its referrals?

From community agencies, word of mouth.

3. Where do staff/volunteers from this program typically refer people?

Sometimes people do not want to be referred to other services, as they feel they have tried them already and they were not helpful. In cases where referrals are made, these are most likely to detox. The police are more willing to place individuals into holding cells if needed than they have been in the past. However, there is a need to work more closely with the police to maintain the dignity and respect of individuals when they need to be removed from sites for their own safety or for the safety of others.

2008 Trends:

Singles⁷	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	11%	89%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	5%	70%	25%

Historical Trends:

Year	Meals	Overnight Stays	Females Overnight	Youth Overnight *****	Average Per Night	Highest Stay	Unique Individuals
1999/2000	5,038	2,960	no data	no data	no data	no data	no data
2000/2001	7,704	5,688	514	no data	38	64	no data
2001/2002	10,259	6,600	958	1,204	41	63	no data
2002/2003	11,453	7,422	838	458	46	68	no data
2003/2004	13,001	8,558	1,199	1,101	54	78	no data
2004/2005	18,128	9,900	1,079	1,315	58	103	no data
2005/2006	17,245	8,927	1,026	756	53	74	450
2006/2007	22,736	10,913	1,389	475	62	88	549
2007/2008	22,468	10,820	1,234	545	62	79	544

Notes: Ages of youth were estimated; youth identified as age 22 and under.

⁷ Out of the Cold does not have the capacity to serve families. Couples are separated and served as singles.

1999/2000: 5 days a week with 5 sites operating November to March 31 (one church started in December and one started late January).

2000/2001: 7 days a week with 7 sites operating November to March 24 (three sites to April 28).

2002/2003: 7 days a week with 9 sites operating November to March 31 (plus two secondary sites; three sites operated to April 28).

2003/2004: Youth-specific site added on Tuesday nights beginning February 2004; this program continued in 2005/2006.

2005/2006: Number of unique individuals estimated at 300-600 people (450 midpoint). This year is considered the baseline for future years; any increase/decrease in bed nights year over year will also be applied to the number of unique individuals.

3. Street Outreach

What is street outreach?

Street outreach includes fixed drop-ins and mobile services, both offering a variety of supports designed to improve the quality of life for people experiencing or at-risk of homelessness. Programs may be used sporadically over a longer period of time; people tend to return for services again at some point in the future. Street outreach is the initial and most critical step in connecting or reconnecting a person who is street-involved to housing, health, social, and income support services. It is viewed as a process rather than an outcome, with a focus on relationship-building and, eventually, engaging people in the services they need and will accept.

Street outreach programs meet the needs of individuals experiencing or at-risk of homelessness that are not being served, are being underserved and/or who are unable or unwilling to access services through any other means. Street-involved individuals who are contacted through outreach are often disengaged from all other forms of support (formal and/or informal) and, as a result, have greater need for services (e.g., they may be suffering from severe mental health and/or substance use issues or from past abuse) but have little or no support to help them stabilize their lives and reduce their vulnerability. These individuals also tend to have difficulty accessing services through traditional service providers because they often don't meet minimum eligibility requirements (e.g., they may not have identification or formal diagnoses, and they have few, if any, financial resources) and/or they may not have the capacity to adhere to standard social norms associated with service provision (e.g., they may be unable to make or keep appointments). Outreach clients frequently have had negative past experiences with traditional service providers and some have been banned from other services in the community. It is expected that some people who are street-involved experience persistent homelessness.

How are programs funded?

There is no core governance across the various street outreach programs in Waterloo Region. Programs are funded through many different sources.

What is the local capacity in this area of the system?

There are nine fixed street outreach programs in Waterloo Region; one is youth-specific. Seven are located in Kitchener, one is located in Cambridge and a new program opened in Waterloo in early 2009.

There are also five mobile street outreach programs in Waterloo Region; one is youth-specific. Two programs serve all core areas of Waterloo Region, one is offered only in Cambridge and Ayr, and two provide services primarily in Kitchener or Kitchener-Waterloo.

There are a variety of programs available to people of all ages and genders and also some that serve only people with specific needs.

Programs with specific eligibility criterion include:

- fixed outreach services for people at-risk of HIV/AIDS and their infected/affected supports (provided by ACCKWA in Kitchener);
- fixed outreach services for people with a brain injury (provided by Participation House, the Brain Injury Association and the Food Bank Waterloo Region in Kitchener);
- mobile outreach services for people with a mental health and/or substance use issue who are not connected to other formal mental health services (provided by the Canadian Mental Health Association – Grand River Branch in Cambridge and North Dumfries);
- fixed and mobile outreach services for people with mental health issues requiring care from a physician or psychiatric nurse (provided at a fixed location in Kitchener and through mobile services in the urban cores of the region by The Working Centre);
- fixed outreach services for men (provided by the House of Friendship in Kitchener); and
- fixed outreach and mobile services for youth (provided at a fixed location in Kitchener and through mobile services in the urban cores of the region by ROOF for people 12-25 years of age).

Programs that are open to people of all ages and genders include:

- fixed and mobile outreach services provided by The Working Centre (fixed locations are in Kitchener and Waterloo);
- mobile outreach services provided by the Kitchener Downtown Community Health Centre;
- fixed outreach services provided by Ray of Hope (located in Kitchener); and
- fixed outreach services provided by Cambridge Shelter Corporation (located in Cambridge).

Ideally, community members would be able to access outreach services at any time of the day throughout the week. However, some gaps do exist, as illustrated in the table on the next page. Note that the only program that serves the Townships is the mobile outreach program offered in North Dumfries by the Canadian Mental Health Association – Grand River Branch for people with a mental health and/or substance use issue who are not connected to other formal mental health services.

Summary of Outreach Gaps for Men and Women of All Ages and for Youth (16-25)

Population Served	Geographic Region	Fixed Outreach Gaps		Mobile Outreach Gaps	
		weekdays	weekends	weekdays	weekends
Youth (only)	Cambridge	no services available		before 9am, after 5pm	no services available
	Kitchener	before 1pm, 5-7pm, after 10:30pm	before 2pm, after 7pm		
	Waterloo	no services available			
Women (all ages)	Cambridge	no gaps		before 9am, after 5pm	no services available
	Kitchener	Mon-Wed & Fri: before 8am, 1-7pm Thurs: before 8am, 4-7pm Mon-Fri: after 10pm	no services available		
	Waterloo	Mon-Fri: before 2pm, after 4:30pm	no services available		
Men (all ages)	Cambridge	no gaps		before 9am, after 5pm	no services available
	Kitchener	before 8am, after 10pm	before 11am, after 10pm		
	Waterloo	Mon-Fri: before 2pm, after 4:30pm	no services available		

3.1 Fixed Street Outreach

Table 3: Overview of Fixed Street Outreach

Organization and/or Program	Program Location	Eligibility	Services & Daily Capacity to Serve	Visits and Unique Individuals Served
<p>3.1.1 Cambridge Shelter Corporation: Welcome Aboard</p>	<p>Cambridge</p>	<p>people experiencing or at-risk of homelessness ages 16+; people living in poverty</p>	<p>services: services are available in some form 24/7 every day; literacy counselling; medical clinic; food care clinic; clean needle exchange; anger management groups; newsletter group; poetry workshop; job placements; phone & message centre; showers, laundry, clothing & furniture; referrals & transportation to drug & alcohol treatment facilities; referrals to & advocacy with social services, probation & parole, legal aid, the courts, landlords; housing help; volunteer placement program; addiction support groups; spirituality group capacity: 150 people each day</p>	<p>2008: visits: 16,876 individuals: 1,698</p>
<p>3.1.2 AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA): Outreach</p>	<p>Kitchener</p>	<p>people at-risk of HIV/AIDS</p>	<p>services: Monday-Wednesday & Friday 9am-5pm; Thursdays 9am-7pm: HIV prevention education; booths at community events; AIDS Awareness campaigns; bar outreach; sex trade worker outreach in partnership with SWAN (Sex Workers Action Network); park outreach; street involved outreach through drop-in centres; outreach to drug and alcohol treatment centres; online chat venues; MSM information website; outreach to people involved in the correctional system capacity: see hours of availability</p>	<p>2008: individuals: 515</p>

Table 3: Overview of Fixed Street Outreach (continued)

Organization and/or Program	Program Location	Eligibility	Services & Daily Capacity to Serve	Visits and Unique Individuals Served
<p>3.1.3 House of Friendship: Charles St. Men's Hostel Drop-In</p>	Kitchener	males ages 16+	<p>there is a distinction between hostel residents & non-residents; residents are the primary users of the space & have full access services: three sitting rooms & a washroom open for non-residents daily 11am-10pm; access to indoor space (heated in winter & cooled in summer); personal & casework support; limited access to showers, toiletries, used clothing capacity: in addition to hostel residents there is generally capacity for an additional 10-12 men to be in the drop-in (total 32 spaces)</p>	<p>2008: visits: 37,366 individuals: 1,036</p>
<p>3.1.4 Participation House – Waterloo Wellington, Brain Injury Association of Waterloo Wellington & the Food Bank of Waterloo Region: ABI Day Program/ Opportunity Centre</p>	Kitchener	individuals ages 18+ with a brain injury	<p>services: programs offered during the day on weekdays; participants involved in program development; wide range of programs & workshops, including: cooking, crafts, movies, pottery, music & community outings capacity: 45 people</p>	<p>2008: visits: 13,000 individuals: 250 registered</p>
<p>3.1.5 Ray of Hope Inc.: OASIS</p>	Kitchener	individuals ages 16+; typically serve those who live in the downtown core of Kitchener	<p>services: Monday-Friday from 7-10pm; Thursday 1-4pm; meals; food hampers; showers; laundry; work programs; personal hygiene products; clothing; blankets; towels & other necessities capacity: can serve 100 people at a time</p>	<p>2008: visits: 1,400 individuals: 130 winter/ 200 summer</p>

Table 3: Overview of Fixed Street Outreach (continued)

Organization and/or Program	Program Location	Eligibility	Services & Daily Capacity to Serve	Visits and Unique Individuals Served
<p>3.1.6 ROOF: Drop-In</p>	<p>Kitchener</p>	<p>street youth ages 12-25</p>	<p>services: Monday-Friday 1-5 pm & 7-10 pm & weekends 2-7pm; meals; food hampers; clothing; hygiene products; laundry & shower facilities; prescription medication subsidies; connective outreach; life skills training; anger management; sports & recreation; crisis counselling & referral; therapeutic craft/art work; educational groups; advocacy; family mediation; substance abuse education/treatment referral/ treatment aftercare; emergency shelter referral</p> <p>capacity: as many as 50 youth over one 4-5 hour period</p>	<p>2008: visits: 1,590</p>
<p>3.1.7 The Working Centre: Psychiatric Outreach Project</p>	<p>Kitchener</p>	<p>individuals experiencing or at-risk of homelessness</p>	<p>services:</p> <p>a) Thursday 9am-12pm: physician who provides mental health care b) Thursday 9am-12pm: psychiatric street nurse focuses on creating long-term relationships administering medication, health teaching & providing resources; ODSP assessments; referrals; flexible treatment options c) counselor by appointment: focuses on longer term stability</p> <p>capacity: see hours of availability</p>	<p>2008: visits: 717 individuals: 400</p>
<p>3.1.8 The Working Centre: St John's Kitchen</p>	<p>Kitchener</p>	<p>people experiencing homelessness and/or poverty, people accessing social assistance</p>	<p>services: 8am to 1pm weekdays for breakfast & hot lunch; marketplace with food items for people to take home & prepare; assistance with Ontario Works & other forms of advocacy, troubleshooting and support; Kitchener Downtown Community Health Clinic operates a clinic once at week</p> <p>capacity: 350 meals each day</p>	<p>2008: visits: 76,000 individuals: 1,100</p>

Organization and/or Program	Program Location	Eligibility	Services & Daily Capacity to Serve	Visits and Unique Individuals Served
<p>3.1.9 The Working Centre: The Bridgeport Cafe</p>	<p>Waterloo</p>	<p>everyone is welcome</p>	<p>services: Monday to Friday 2:00-4:30pm; contact with other people, conversation, some one to talk to; resources such as income support; light snacks capacity: 35-50 people/day</p>	<p>no data</p>

Note: Table is organized by location, then by agency in alphabetical order.

3.1.1 Cambridge Shelter Corporation: Welcome Aboard

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
Cambridge Shelter Corporation	Cambridge	Cambridge	1997

1. Why did the program begin?

Welcome Aboard was established to respond to a growing need in our community for a place for people experiencing poverty and homelessness to go.

2. What are the program’s goals?

While we strive to meet the immediate needs of our clients, our ultimate goal is moving them from the street into more stable housing situations by addressing the needs of the whole person.

3. What are the primary reasons why people access the program?

We are the only agency offering this kind of comprehensive service.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The program is always changing to meet the clients’ needs. We regularly evaluate what we’re doing to see if it’s effective.

5. How is the program funded? Is this funding time-limited or ongoing?

United Way, community donations and fundraising. We receive a lot of gifts in kind.

6. How many full-time equivalent (FTE) employees currently operate the program?

2.5

7. How many volunteers currently operate the program?

100

8. What portion of clients are currently experiencing homelessness?

50%

Services:

Daily Capacity to Serve	Eligibility
150 people each day	people experiencing or at-risk of homelessness ages 16+; people living in poverty

1. What services are provided through the program?

Services are available in some form 24/7 every day. Services provided include: literacy counselling; medical clinic; food care clinic; clean needle exchange; anger management groups; newsletter group; poetry workshop; job placements; phone and message centre; showers, laundry, clothing and furniture; referrals and transportation to drug and alcohol treatment facilities; referrals to and advocacy with social services, probation and parole, legal aid, the courts, landlords; housing help; volunteer placement program; addiction support groups; spirituality group.

2. Where does the program typically receive its referrals?

Everywhere

3. Where do staff/volunteers from this program typically refer people?

Drug and alcohol rehab, counseling agencies, psychiatrists.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
80%	10%	10%	35%	65%	0%	5%	10%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
5%	10%	75%	10%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	10%
portion of the year demand was <i>at</i> capacity	90%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Visits (duplicated count)	Unique Individuals Served (unduplicated count)
2005	18,463	1,429
2006	19,151	2,446
2007	29,612	3,099
2008	16,876	1,698

3.1.2 AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA): Outreach

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA)	Kitchener	Waterloo Region	1997

1. Why did the program begin?

We saw an unmet need in the community and there is much evidence that the target populations were at very high risk for HIV transmission.

2. What are the program’s goals?

To provide support services to individuals affected by HIV/AIDS. This includes counselling and referral services to friends, partners and family members of people living with HIV. Also provides education and prevention services to populations at-risk of HIV infection, including people who use injection drugs (with support and referrals for Hep C issues as well), the street involved population, youth and men who have sex with men.

3. What are the primary reasons why people access the program?

Clients have stated they feel welcomed, not judged and we have built up trust with these communities – we will respect confidentiality. We operate the only needle exchange in downtown Kitchener and provide readily available harm reduction information as well as health information regarding HIV/AIDS and Hep C. Also to access the anonymous HIV Clinic provided by Public Health on Thursdays 4-7 pm.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The program has dramatically increased over the past 9 years. When we began, the focus was much more on providing support to families and friends of individuals with HIV/AIDS (affected individuals) and the needle exchange and street outreach was a small component. With the advent of better medications and people with HIV living longer, healthier lives, the need for supportive counselling for affected clients has declined dramatically. Work with at-risk populations has increased dramatically. Once the communities learned of our services, and we began to establish trust in those communities, we have seen continual increases in the numbers of people accessing the needle exchange and street involved outreach services. As well we participate in an ongoing partnership with Withdrawal Management to provide harm reduction information to clients.

An online chat outreach component and an information website (www.freewebs.com/msmKW) dedicated to issues specific to the MSM community has been added to the Outreach Program.

5. **How is the program funded? Is this funding time-limited or ongoing?**
 Outreach program is funded through the United Way of Kitchener-Waterloo. ACCKWA contributes fundraising dollars to supplement expenses not covered by the United Way
6. **How many full-time equivalent (FTE) employees currently operate the program?**
 One full-time staff.
7. **How many volunteers currently operate the program?**
 3 to 10 (some seasonal trends)
8. **What portion of clients are currently experiencing homelessness?**
 5% of our overall client base would fall into this category but approximately 80% of Needle Exchange clients are experiencing some form of homelessness or unstable housing situation.

Services:

Daily Capacity to Serve	Eligibility
Monday-Wednesday & Friday 9am-5pm Thursdays 9am-7pm	people at-risk of HIV/AIDS

1. **What services are provided through the program?**
 ACCKWA provides HIV prevention education to a variety of populations through the community outreach program. Outreach activities to target different groups include: bar outreach; AIDS Awareness campaigns; sex trade worker outreach in partnership with SWAN (Sex Workers Action Network); booths at community events; park outreach; street involved outreach through soup kitchen and drop-in centres; outreach to drug and alcohol treatment centres; providing anonymous information through online chat venues; MSM information website; outreach to people involved in the correctional system.
2. **Where does the program typically receive its referrals?**
 Public Health department, other social service agencies, e.g., soup kitchens, shelters, detox centre, etc.
3. **Where do staff/volunteers from this program typically refer people?**
 Anonymous testing for HIV, Withdrawal Management, methadone program, housing assistance, shelters, Kitchener Downtown Community Health Centre, SASC, Sanguen Clinic, Masai Clinic

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	%	%	%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
%	%	%	%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Visits (duplicated count)	Unique Individuals Served (unduplicated count)
2008	no data	515 (needle exchange)

3.1.3 House of Friendship: Charles St. Men’s Hostel Drop-In

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
House of Friendship	Kitchener	Waterloo Region	1982

1. Why did the program begin?

The drop-in service began because men staying in the hostel or who had recently left the hostel needed a low cost place to spend time.

2. What are the program’s goals?

To provide drop-in space in the Charles St. Men’s Hostel, primarily for residents of the hostel, but it is accessible for others as capacity allows.

3. What are the primary reasons why people access the program?

Men need a no-cost space to spend time when they have no money or are experiencing homelessness.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

There has been no change since the drop-in was built as part of the current shelter. The capacity of the drop-in program for non-resident use decreases as hostel occupancy increases, and vice versa.

5. How is the program funded? Is this funding time-limited or ongoing?

The drop-in is funded as part of the Charles St. Men’s Hostel.

6. How many full-time equivalent (FTE) employees currently operate the program?

No staff are dedicated to the drop-in. The drop-in service is staffed by the staff of the Charles St. Men’s Hostel.

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

80% (some men use the drop-in after moving out of the shelter into market housing)

Services:

Daily Capacity to Serve	Eligibility
32 men at any one time	males ages 16+

1. What services are provided through the program?

Drop-in services are available to residents all day (except for weekdays from 9:00a.m. to 11:00a.m.) and to non-residents daily from 11:00a.m. to 10:00p.m. The drop-in service provides a no-cost place to sit and to socialize.

2. Where does the program typically receive its referrals?

There are no referrals.

3. Where do staff/volunteers from this program typically refer people?

Other drop-ins, e.g. OASIS, St. John's Kitchen, ROOF.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	0%	100%	0%	5%	1%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	20%	67%	13%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	0%
portion of the year demand was <i>at capacity</i>	100%
portion of the year demand was <i>over capacity</i>	0%

Historical Trends:

Year	Visits (duplicated count)	Unique Individuals Served (unduplicated count)
2005	no data	no data
2006	no data	no data
2007	29,820	1,027
2008	37,366	1,036

3.1.4 Participation House-Waterloo Wellington, Brain Injury Association of Waterloo Wellington and the Food Bank of Waterloo Region: ABI Day Program/Opportunity Centre

Background:

Lead Organizations	Program Location	Geographic Boundary	Year Program Began
Participation House – Waterloo Wellington	Kitchener	County of Wellington and Waterloo Region	2004

1. Why did the program begin?

Following severe brain injury, 90% of people lose their social support system. This creates a significant need in the community for support.

2. What are the program’s goals?

Drop in centre – social recreational program for adults with a brain injury

3. What are the primary reasons why people access the program?

It is estimated that up to 70% of those using the drop-in are in need of supportive housing or the outreach program. It was identified that those using the drop-in are either isolated in their homes and at-risk of homelessness or are in and out of homelessness and using various shelter services.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

In 1993, Participation House expanded its vision to include those with a brain injury and over the next few years developed their various acquired brain injury programs. Today, the focus of Participation House services is fairly evenly split between physical disabilities and acquired brain injury. Participation House also expanded their service delivery boundary in September 2005 to include the County of Wellington in addition to Waterloo Region.

In 2004/2005, they increased the capacity of the Opportunity Centre to meet the needs of ABI survivors by securing additional program space. A second space has now been secured to accommodate the swelling number of clients.

5. How is the program funded? Is this funding time-limited or ongoing?

Ministry of Health and Long Term Care

6. How many full-time equivalent (FTE) employees currently operate the program?

Two full-time and two part-time staff

7. How many volunteers currently operate the program?

Approximately 8.

8. What portion of clients are currently experiencing homelessness?

0%

Services:

Daily Capacity to Serve	Eligibility
45 people	individuals ages 18+ with a brain injury

1. What services are provided through the program?

Programs at the Opportunity Centre are offered during the day hours on weekdays for adults who have a brain injury. Participants are encouraged to be involved in the development of programs that are offered. As a result, a wide range of programs and workshops is available, including: cooking, crafts, movies, pottery, music, and community outings run each day for those who wish to drop-in

2. Where does the program typically receive its referrals?

Brain injury Association, word of mouth, health care professionals

3. Where do staff/volunteers from this program typically refer people?

No data.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	40%	60%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	70%	30%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Visits (duplicated count)	Unique Individuals Served (unduplicated count)
2005	11,700	207 registered
2006	11,700	157 registered
2007	11,700	87 registered
2008	13,000	250 registered

3.1.5 Ray of Hope Inc.: OASIS

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
Ray of Hope Inc.	Kitchener	Waterloo Region (but mostly serve Kitchener downtown core)	1989

1. Why did the program begin?

It was started by a group of churches in Kitchener-Waterloo and in 1996 merged with Ray of Hope Inc. The original purpose of Oasis was to share the love of Jesus Christ with people experiencing poverty and marginalization in our region; to show and explain the gospel by relationship and supply of basic physical needs.

2. What are the program’s goals?

To provide a place of safety and support, a place where people can go to get physical, emotional and spiritual help and build supportive positive relationships.

3. What are the primary reasons why people access the program?

They are hungry, cold, lonely, frustrated, or need some kind of direction.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Yes, by merging with Ray of Hope Inc. Oasis has become a more formal, stable, reliable program. The staffing component has dropped to 2 and stabilized in the past few years.

5. How is the program funded? Is this funding time-limited or ongoing?

The activities of Oasis drop-in centre are funded through the kind donations of individuals, churches and businesses in our community.

6. How many full-time equivalent (FTE) employees currently operate the program?

2

7. How many volunteers currently operate the program?

70

8. What portion of clients are currently experiencing homelessness?

50%

Services:

Daily Capacity to Serve	Eligibility
can serve 100 people at a time	individuals ages 16+; typically serve those who live in the downtown core of Kitchener

1. What services are provided through the program?

The centre is open Monday-Friday from 7-10 p.m. and Thursday 1-4 p.m. Services include meals, food hampers, showers, laundry, work programs, personal hygiene products, clothing, blankets, towels and other necessities.

2. Where does the program typically receive its referrals?

It is primarily word of mouth from people on the street.

3. Where do staff/volunteers from this program typically refer people?

To a myriad of services in the Waterloo Region: addictions, housing, employment, counselling, specialized small support groups.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
54%	20%	26%	31%	69%	0%	20%	30%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
5%	25%	50%	20%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	20%
portion of the year demand was <i>over</i> capacity	80%

Historical Trends:

Year	Visits (duplicated count)	Unique Individuals Served (unduplicated count)
2005	1,200	120-130 people/day in summer
2006	1,300	110 in winter/200 in summer
2007	1,400	130 in winter/240 in summer
2008	1,400	130 in winter/200 in summer

3.1.6 ROOF: Drop-In

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
ROOF	Kitchener	Kitchener-Waterloo area	1989

1. Why did the program begin?

In late 1988 Kate Millar, the founder of ROOF, noticed that there were a lot of young people living on the streets of our community. These youth had great difficulty accessing services that were available and they appeared to be fast becoming victims of the hostile “street environment”. With the help of others in the community, she began working with street youth in downtown Kitchener. She started bringing the youth back to her office for sandwiches, and for an occasional educational video. In 1989, a friend donated office space to Kate, and ROOF was officially born.

2. What are the program’s goals?

To provide for the safety, support and overall well-being of youth experiencing and at-risk of homelessness in Waterloo Region.

3. What are the primary reasons why people access the program?

The youth we serve face a variety of barriers: issues such as backgrounds of abuse/violence, low self-esteem, difficulty trusting and engaging in the community, gang affiliation, substance abuse issues, housing instability, a lack of education, lack of job experience, and a lack of identity and self awareness. These problems often, though not always, stem from issues related to their earlier years (violence in the home, abuse, substance use, mental health issues, etc.)

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

- The original space burned down in the summer of 1989, and ROOF was homeless for seven months. The project was kept alive and running by utilizing available space in church basements, and Victoria Park.
- In 1990, ROOF moved into premises at Duke and College Streets, where the present City Hall is located. It was in this building that ROOF began to expand its services, building up a definite set of values and principles that were to become the foundation of our present day agency.
- In 1991, ROOF moved into 43 Cedar St. N. in Kitchener. Although this was a small facility, the programs continued to expand, as did the numbers of people for whom service was provided. We extended to seven day service; added a connective outreach program; increased our hours of operation; added a food

hamper program; created a more comprehensive volunteer training program; and added trained counselors to our team.

- On March 1, 1996, ROOF began its partnership in the Betty Thompson Youth Centre. This new location provided us with more space than we previously had to provide service to high risk youth, and the unique partnerships within this project allowed for more immediate and effective referral. This allowed us to vastly increase the number of youth we were able to serve.
- In 1999, ROOF purchased a new facility at 242 Queen Street South, in Kitchener, which allows us the space to provide extended hours of service and more diverse group activities.
- On December 28th, 2005, ROOF's location on Queen Street was consumed by fire. With support from Community partners, such as the Betty Thompson Youth Centre, ROOF was able to provide supports to clients that very evening. On January 17th, 2006, with the support of the City of Kitchener, ROOF opened its temporary facility at 79 Joseph St, while ROOF looks at permanent options.
- In April 2006, ROOF was once again homeless after the City determine the Joseph St. facility was unfit due to environmental issues. The administrative offices were moved into the Betty Thompson Youth Centre and the drop-in program was temporarily located in Trinity United Church, 3 evenings per week.
- In December 2006, drop-in was moved to St. John's Kitchen and operated 5 nights per week.
- In December 2007, ROOF moved back to Queen St. in their newly built facility. All programs were moved back in house, and operations returned to 7 days per week, with both evening and day-time drop-in, outreach, employment programs, a computer lab, food hampers, and increased medical staff being made available to youth experiencing or at-risk of homelessness.

5. How is the program funded? Is this funding time-limited or ongoing?

ROOF receives funding from the United Way, the City of Kitchener, Region of Waterloo, agency fundraising, and donations (from individual community members, community groups and grant foundations). The most recent rebuild was made possible through the generous support of a private donor, foundations, and local businesses.

6. How many full-time equivalent (FTE) employees currently operate the program?

6 full-time staff; 6 part-time staff.

7. How many volunteers currently operate the program?

35

8. What portion of clients are currently experiencing homelessness?

40%

Services:

Daily Capacity to Serve	Eligibility
as many as 50 youth over one 4-5 hour period	street youth ages 12-25

1. What services are provided through the program?

- Drop-in services are available M-F 1-5 p.m. & 7-10 p.m.; weekends 2-7p.m.
- We help to maintain the health and safety of street youth, while they remain on the street, through providing meals, food hampers, clothing, hygiene products, laundry and shower facilities, prescription medication subsidies, connective outreach, and a safe environment for people to challenge and change their value systems.
- We guide and enable youth to get off the streets by providing resources and services, such as life skills training, anger management, sports and recreation, crisis counselling and referral, therapeutic craft/art work, educational groups, advocacy, family mediation, substance abuse education/ treatment referral/ treatment aftercare, employment programs, and emergency shelter referral.
- We educate the public on homelessness, street youth, and related issues, through forums, public speaking engagements, etc.
- We carry out preventative work with youth especially high schools, stressing alternatives to street life and debunking the myths that surround homelessness and street life.

2. Where does the program typically receive its referrals?

Referrals come from a variety of community members, including: family & friends of potential clients; schools; churches; government organizations (municipal; provincial; federal); community service organizations & their outreach supports; businesses; police, fire & medical professionals; and self-referrals.

3. Where do staff/volunteers from this program typically refer people?

- hospitals/medical clinics
- shelters/Out of the Cold
- alternate drop-in locations when clients desire such service outside ROOF hours
- St. John’s Kitchen
- alternate counselling sites when clients request or desire long-term counselling (ROOF counselling focuses on short-term & crisis resolution)
- other social service agencies

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
80%	18%	2%	46%	54%	0%	5%	1%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
5%	95%	0%	0%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	10%
portion of the year demand was <i>at capacity</i>	75%
portion of the year demand was <i>over capacity</i>	15%

Historical Trends:

Year	Visits (duplicated count)	Unique Individuals Served (unduplicated count)
2005	1,100	no data
2006	1,600	no data
2007	2,100	no data
2008	1,590	no data

3.1.7 The Working Centre: Psychiatric Outreach Project

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
The Working Centre	Kitchener	Kitchener and Waterloo core areas	2004

1. Why did the program begin?

The Region of Waterloo Social Services Department conducted sustainability interviews with organizations who work with individuals experiencing homelessness. During these interviews, mental health and the complexities of accessing care for this population were highlighted as significant concerns. Specifically, individuals were unable to access care from traditional hospital or clinic based psychiatric services. The Region of Waterloo met in partnership with service providers to explore ways in which this issue could be addressed. Through research on models of mental health care in a complex population, a model from New York was discovered which provided direction for a local project in Waterloo Region. In this model, services were delivered “on-location” in shelters where individuals experiencing homelessness already access other services. A psychiatrist was recruited who was interested in the project and services began July 2004.

After the original Psychiatrist was unable to continue for personal reasons, and we were unable to recruit another psychiatrist, the “Shared Care” model was explored as a way to fill this position. The “Shared Care” model emerged in the mid-1990s as a response to pressing needs in health care reform. The model addresses some of the issues surrounding mental health care and the need for better communication between health care providers – it provides an opportunity for health care providers to collaborate based on their specialties and work in a team setting. In so doing, the shared care model offers a more accessible and holistic provision of care. As we were able to recruit a General Practitioner with psychiatric interest, we found the shared care model appropriate to our need for a collaborative model. Key concepts in Shared Care include: collaboration, communication, mutual education, flexibility, and patient self determination.

2. What are the program’s goals?

The purpose of the Psychiatric Outreach Project is to provide mental health care for individuals facing the challenges of poverty.

The goals and objectives of the program include:

- Provide mental health supports for individuals experiencing or at-risk of homelessness
- Provide client-centred care

- Offer flexible treatment options based on individuals needs
- Increased safety to patients and others
- Reduced crisis for individuals experiencing homelessness
- Reconnect individuals to their family doctors, families and communities
- Improved mental health for individuals experiencing homelessness
- Increased access to care by bringing services into the street and other locations where individuals are already accessing services and developing relationships
- Integration of the mainstream resources that service this population by providing circles of care
- Integrate our services within the current outreach programs in downtown Kitchener and Waterloo
- Increased access to basic needs for individuals experiencing homelessness by conducting Ontario Disability Support Program assessments, thereby improving the capacity of individuals experiencing homelessness to receive more appropriate supports
- Increase education for clients, agencies and Outreach Workers regarding mental health issues
- Decrease the costs of hospital treatment

3. What are the primary reasons why people access the program?

People access our service because we are located in an environment where they are already accessing services. We provide these services within a network of Outreach where people have already created relationships and established supports. Our project deliberately positions mental health concerns as an issue within a wider context of dynamics such as income, housing, and employment.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The program ran from July 2004 to December 2004, when the original Psychiatrist was unable to continue. At this point, administration of the project itself was transferred from the Region of Waterloo to the Working Centre. After significant infrastructure development, we were able to restart patient care in May 2005. In this second stage of service provision we expanded the staffing model to include other mental health care workers. Specifically, we applied the shared care model which has expanded to include a General Practitioner with psychiatric interest who works at the clinic, two Nurses who work in the clinic, go to local shelters and are involved in street intervention, a counsellor who provides non-medical counselling, an outreach worker, and a clinic manager who hosts the clinic. These roles are embedded in the broader outreach network of community agencies.

We are now providing services on location at YWCA-Mary's Place, House of Friendship and ROOF. One of the Psychiatric Nurses is now collaborating with the Mental Health Court (approx. 3 hours a week), providing support for the individual, counsel to the judges and to both defense and crown attorneys.

In the initial manifestation of the service, the Psychiatrist provided services in multiple locations. The project has shifted to where it is the nurses who provide services in multiple locations. The role of the Psychiatric Nurse has also provided the project with an increased capacity for education as knowledge is shared both with individuals accessing services and Outreach Workers working on the street. In various situations patients are referred to the physician through clinic, located at St. John's Kitchen, one morning a week.

The nurses have also facilitated a clearer relationship with hospital services and the psychiatric department, other agencies, police services and the court system. The role of the Clinic Host was created to manage clinic information as well as to act as an Outreach Worker, creating relationships with individuals accessing services as she provides information management. This second stage has proved both effective for the individual choosing to access these resources and financially efficient.

- 5. How is the program funded? Is this funding time-limited or ongoing?**
The program is partially funded by the Region of Waterloo. In 2006, the Lyle S. Hallman Foundation began providing funding for a three year period.
- 6. How many full-time equivalent (FTE) employees currently operate the program?**
2.9 (shared with mobile street outreach component)
- 7. How many volunteers currently operate the program?**
0
- 8. What portion of clients are currently experiencing homelessness?**
100% of people are experiencing or at-risk of homelessness.

Services:

Daily Capacity to Serve	Eligibility
Thursday 9am-12pm	individuals experiencing or at-risk of homelessness

- 1. What services are provided through the program?**
Psychiatric Outreach is an exciting initiative providing a patient-centred, community-based approach to mental health care to members of our community who are facing the challenges of poverty.

This program operates within a clinic model. The program includes an on-site physician who provides mental health care, and clinic host, who also acts as an outreach worker. A psychiatric nurse focuses on creating long-term relationships, street intervention and providing resources. She also provides education and resources to support individuals dealing with psychiatric needs.

2. Where does the program typically receive its referrals?

Referrals to the program can be made by agencies and outreach workers.

3. Where do staff/volunteers from this program typically refer people?

Although we do refer individuals to other agencies or services, because our services are intentionally collaborative, we tend not to provide straight referrals. Rather, we work to provide services through the conduit of established relationships with Outreach Workers, and do so recognizing the strengths and resources within the network of agencies and individual Outreach Workers.

We will refer people:

- back to their family physician to help reestablish relationships and sustain long-term medical support.
- to Canadian Mental Health Association to see if they are eligible for these programs to establish long-term support.
- to local hostels or shelters for housing supports or emergency housing (YWCA-Mary's Place, House of Friendship, Waterloo Region Homes for Mental Health, Housing Desk at the Working Centre).
- to other Outreach Workers if individuals have needs beyond mental health care
- to the Kitchener Downtown Community Health Centre for other health care needs either at the centre location or at the free clinic located at St. John's Kitchen.
- to the Urgent Care Clinic or Emergency Ward.
- to the Grand River Psychiatric Department if the individuals need more intensive or immediate care

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
97%	2%	1%	30%	69%	1%	2%	10%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	5%	50%	45%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	0%
portion of the year demand was <i>at capacity</i>	40%
portion of the year demand was <i>over capacity</i>	60%

Historical Trends:

Year	Visits (duplicated count)	Unique Individuals Served (unduplicated count)
2005	Project Development Period	
2006	no data	300
2007	668	360
2008	717	400

3.1.8 The Working Centre: St. John’s Kitchen

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
The Working Centre	Downtown Kitchener	Kitchener and Waterloo core areas	1985

1. Why did the program begin?

St. John’s Kitchen started in response to wide-spread recognition that many individuals could not afford or get access to a daily meal. Poverty and homelessness are highly pervasive in the Kitchener downtown; St. John’s provides individuals with more than a hot, nutritious meal. It creates connectedness, dignity, and a cooperative environment for individuals facing the challenges of poverty.

St. John’s Kitchen started with wide community support from the Region of Waterloo, downtown churches, and social services. Although we began operation out of St. John’s Church, in 2006 we moved in to a renovated factory building on Victoria Street.

2. What are the program’s goals?

St. John’s Kitchen is a thriving community of hundreds of people who work together for a common goal: to redistribute food that would otherwise be wasted. St. John’s Kitchen also operates under a Peer Counselling Model that promotes engagement, skills development, emotional and practical support, information, and referral that contribute to long-term objectives such as increased self-reliance, increased employability, increased sense of well-being through participation, increased quality of service through greater participation and an increased sense of a vibrant and alive community.

3. What are the primary reasons why people access the program?

Patrons come to St. John’s Kitchen for a number of reasons. The offer of a hot, nutritious meal served free, with no questions asked draws in many individuals in need of a meal. For many, the positive social network that builds among the regular patrons and volunteers becomes as much a reason for going as the food.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

St. John’s Kitchen has grown and evolved in response to ever changing circumstances. St. John’s Kitchen serves 300 meals each day, about 100 more than 5 years ago, but that is only one of the changes. Here is a list of the other changes: people can now come up for seconds and thirds, a breakfast of buns, bagels, muffins and jam is served each morning, and a market program that distributes fresh produce each day is provided. The other major change is the use of St. John’s

Kitchen as the central hub for outreach services that operate in the downtown – youth outreach, downtown outreach, the Job Café, sex-trade outreach, and mental health in the form of Psychiatric Outreach; a program that runs each Thursday, giving individuals access to psychiatric care. We also provide access to showers and laundry services.

5. How is the program funded? Is this funding time-limited or ongoing?

Funding for St. John’s Kitchen comes from:

- Private donations
- Fundraising events and projects
- The Region of Waterloo

6. How many full-time equivalent (FTE) employees currently operate the program?

2.5 FTE

7. How many volunteers currently operate the program?

The kitchen operates with the abilities of approximately 180 volunteers, 90% of whom are also patrons. People are thus able to apply their skills and continue productive work when they find themselves out of the paid workforce.

8. What portion of clients are currently experiencing homelessness?

70% of patrons at St. John’s Kitchen are experiencing or at-risk of homelessness.

Services:

Daily Capacity to Serve	Eligibility
8am to 1pm weekdays 350 meals each day	people experiencing homelessness and/or poverty, people accessing social assistance

1. What services are provided through the program?

Drop in centre is available 8:00 a.m. to 1:00 p.m. weekdays. A breakfast of bread, peanut butter, jam, cheese, muffins, donuts, bagels and coffee is available each day in conjunction with the drop-in. A main hot lunch consists of donated and surplus food that is turned into salads, soups, vegetable and vegetarian dishes, meat dishes, sandwiches, desserts and coffee. A marketplace is also available with food items for people to take home and prepare (items are provided through the Food Bank of Waterloo Region). St. John’s Kitchen is the home base for the Waterloo Region Downtown Street Outreach Worker Project, and the Psychiatric Outreach Project. Advocacy, troubleshooting and support are provided for patrons based on their particular circumstance. Patrons can also access health care as once a week; the Kitchener Downtown Community Health Clinic operates a clinic at the drop-in centre. We also provide access to showers and laundry services.

2. Where does the program typically receive its referrals?

Referrals to St. John’s Kitchen are made through the Waterloo Region Downtown Street Outreach Workers, The Working Centre, other social services, and through word of mouth by patrons and volunteers.

3. Where do staff/volunteers from this program typically refer people?

St. John’s Kitchen and The Working Centre will refer clients to related programs that that we operate such as Downtown Street Outreach Worker, Psychiatric Outreach, the Housing Desk, and employment counselling services. These programs are often of particular interest to patrons of St. John’s Kitchen, offering services to assist the poor, the under/unemployed, and people experiencing homelessness. We refer patrons to other services in order to provide them with additional resources to address other problems they may face in their lives.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
89%	10%	1%	20%	80%	0%	15%	20%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
3%	15%	15%	67%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	0%
portion of the year demand was <i>at capacity</i>	95%
portion of the year demand was <i>over capacity</i>	5%

Historical Trends:

Year	Visits (duplicated count)	Unique Individuals Served (unduplicated count)
2005	no data	up to 1,000
2006	no data	up to 1,000
2007	70,000	up to 1,100
2008	76,000	up to 1,100

3.1.9 The Working Centre: The Bridgeport Cafe

Background:

Lead Organization	Program Location	Geographic Boundary	Year Program Began
The Working Centre	Waterloo	Kitchener and Waterloo core areas	2009

- 1. Why did the program begin?**
 To address the needs of individuals who are experiencing or at-risk of homelessness in Kitchener-Waterloo. Although there are fixed sites in Kitchener, these sites are not open in the late afternoon during the week. This site was set up in Waterloo to provide an access point previously unavailable in Waterloo.
- 2. What are the program’s goals?**
 To provide a day program that provides an intimate, quiet space where people can access resources and participate in community.
- 3. What are the primary reasons why people access the program?**
 People come to the Bridgeport Café for companionship, community, snacks, entertainment and interaction. There is also an Outreach Worker who is available and can support people as they access community resources.
- 4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?**
 The program began in February 2009 and is still very much in the initial stages of development.
- 5. How is the program funded? Is this funding time-limited or ongoing?**
 The Local Health Integration Network pays for an outreach worker. Emmanuel United Church has donated the food and the space.
- 6. How many full-time equivalent (FTE) employees currently operate the program?**
 .5FTE
- 7. How many volunteers currently operate the program?**
 6 per day
- 8. What portion of clients are currently experiencing homelessness?**
 50%

Services:

Daily Capacity to Serve	Eligibility
35-50 people/day	everyone is welcome

1. What services are provided through the program?

- Monday to Friday 2:00-4:30pm
- Daily contact with other people, conversation, someone to talk to.
- Resources such as income support
- Light snacks

2. Where does the program typically receive its referrals?

- Word of mouth on the street
- Other agencies that provide similar services

3. Where do staff/volunteers from this program typically refer people?

To the Working Centre and other community resources

2008 Trends:

Note: As the program started February 25, 2009, no data is available for 2008.

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	%	%	%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
%	%	%	%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	%
portion of the year demand was <i>at</i> capacity	%
portion of the year demand was <i>over</i> capacity	%

Historical Trends:

Year	Visits (duplicated count)	Unique Individuals Served (unduplicated count)
2008	no data	no data

3.2 Mobile Street Outreach

Table 4: Overview of Mobile Street Outreach

Organization and/or Program	Eligibility	Services & Number of Hours Per Week	Client Contacts and Unique Individuals Served	Geographic Boundary
3.2.1 Reaching Our Outdoor Friends (ROOF): Outreach	youth ages 12-25 experiencing or at-risk of homelessness	services: weekday services provided up to 5p.m.; connect youth with health & safety supports; provide immediate need items such as food, clothing; attend meetings with potential landlords, initial counselling sessions or intake appointments at other agencies, court processes, etc. number of hours per week: 17	2008: contacts: 1,127	core areas of Waterloo Region
3.2.2 The Working Centre: Street Outreach Worker	individuals experiencing or at-risk of homelessness	services: assessment, support & appropriate response for individuals referred by direct contact or through merchants, citizens, police number of hours/week: 104	2008: contacts: 5,570 individuals: 170/month	core areas of Waterloo Region
3.2.3 Canadian Mental Health Association – Grand River Branch: Proactive Outreach	individuals 16 yrs of age & older with mental health issues and/or concurrent disorder who are not connected to the formal system	services: support individuals to access a variety of resources & basic needs services (e.g., substance use treatment, psychiatrist) number of hours per week: 52.5	2008: contacts: 1,017 individuals: 261	Cambridge & Ayr
3.2.4 The Working Centre: Psychiatric Outreach Project	individuals experiencing or at-risk of homelessness	services: psychiatric street nurse focuses on creating long-term relationships administering medication, health teaching & providing resources; ODSP assessments; referrals; flexible treatment options number of hours per week: 103	2008: contacts: 2,880 individuals: 400	Kitchener

Table 4: Overview of Mobile Street Outreach (continued)

Organization and/or Program	Eligibility	Services & Number of Hours Per Week	Client Contacts and Unique Individuals Served	Geographic Boundary
<p>3.2.5 Kitchener Downtown Community Health Centre: Shelter Outreach, St. John's Kitchen Outreach & ID Clinic</p>	<p>people of all ages, including children in families experiencing homelessness</p>	<p>services: provide access to OHIP coverage & health cards; replace some identification required to renew and maintain health coverage or banking, housing, employment purposes, etc. number of hours per week: 7.5</p>	<p>2008: individuals: 429</p>	<p>Kitchener-Waterloo</p>

Note: Table is organized by geographic boundary, then by agency in alphabetical order

3.2.1 Reaching Our Outdoor Friends (ROOF): Outreach

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Reaching Our Outdoor Friends (ROOF)	Kitchener	core areas of Waterloo Region	2001

1. Why did the program begin?

The program was developed because of three main concerns: the safety of youth living on the streets; the understanding that the longer a youth stays on the street, the more difficult it becomes for them to reintegrate into society; and the understanding that, the more isolated youth become, the more reluctant they are to even consider an attempt at entering an emergency shelter, much less succeed in finding regular accommodation

In 2000, the Provincial government announced funding for a new element in the homelessness service system called OSIS (Off the Streets & Into Shelter). Funding for this program is provided to the Regional Municipality of Waterloo as Consolidated Municipal Service Manager for Homelessness, who in turn has allocated the funding based on identified needs within the community. OSIS is intended to encourage those living on the street to make more use of places which are warm and safe like emergency hostels and drop-ins. ROOF has sponsored the program since it began.

2. What are the program’s goals?

The aim of the project is to develop the rapport needed in order to aid young people experiencing homelessness and/or negatively engaged in the street subculture of the regional community. As rapport develops, workers are able to effectively aid youth in connecting with various support services, and can improve a youth’s ability to move from the street to safe shelter and effectively navigate complex systems such as medical, criminal, judicial, income support, education, and family law systems. A secondary goal of the project is to provide valuable data related to youth experiencing or at-risk of homelessness, so that we can develop a realistic profile of current volume and needs.

3. What are the primary reasons why people access the program?

Reasons for access include:

- Comfort in accessing Outreach due to nature of rapport (i.e., they do not trust other more formal services) and meeting the youth where they are
- First point of contact for transient youth; or youth unfamiliar with area services
- Meeting basic needs (i.e. Food, clothing, and referrals to shelter options)
- Crisis Counselling & Safety Planning

- Advocacy & Direct Support in accessing a variety of area services due to lack of familiarity with location; discomfort in accessing formalized services; support in navigating barriers to access (e.g. Lack of reading/writing skills)

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

In addition to the involvement of ROOF volunteers, Outreach was a significant resource for youth experiencing or at-risk of homelessness after ROOF's fire in December 2005. Outreach was one of the key ROOF services to continue uninterrupted during ROOF's transition, and helped to maintain a supportive link with ROOF clients.

Outreach has had two full-time staff members since December 2001. In 2008 we were reduced to one.

5. How is the program funded? Is this funding time-limited or ongoing?

The Regional Municipality of Waterloo through Provincial Homelessness Funds and fundraising through ROOF

6. How many full-time equivalent (FTE) employees currently operate the program?

1

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

50%

Services:

Number of Hours Per Week	Eligibility
17	youth ages 12-25 experiencing or at-risk of homelessness

1. What services are provided through the program?

Outreach services are provided during daytime hours, Monday to Friday. Outreach staff members connect youth on the street with health and safety supports within Waterloo Region. The program also provides immediate need items such as food and clothing. Workers are able to attend meetings with potential landlords, initial counseling sessions or intake appointments at other agencies, court processes, etc. with youth as a way of building credibility and modeling consistency. Workers are also available to transport youth to necessary appointments when necessary and offer support while at those meetings.

2. Where does the program typically receive its referrals?

ROOF's main facility; other social services in the region, including shelters, other drop-in sites; and community services

3. Where do staff/volunteers from this program typically refer people?

Social service agencies, Ontario Works, shelters, ROOF, OOTC, St. Johns Kitchen, ID clinics, and the like

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
90%	10%	0%	35%	65%	0%	20%	10%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
5%	95%	0%	0%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	10%
portion of the year demand was <i>at capacity</i>	80%
portion of the year demand was <i>over capacity</i>	10%

Historical Trends:

Year	Client Contacts (duplicated count)	Unique Individuals Served (unduplicated count)	Units of Service	Hours Outside of Direct Service*
2006	867	no data	4,267	no data
2007	1,127	no data	7,937	no data
2008	1,127	no data	7,937	no data

* For example, networking with other agencies, interactions with businesses or other activities not related directly to one-on-one client support.

3.2.2 The Working Centre: Street Outreach Worker

Background:

Lead Organizations	Main Office Location	Geographic Boundary	Year Program Began
The Working Centre	Kitchener	core areas of Waterloo Region	2003

1. Why did the program begin?

The Street Outreach Worker project came together through the combined efforts of the Kitchener Downtown Business Association, The Working Centre, Kitchener Housing Inc., and the City of Kitchener. It was clear that there was a lack of understanding about this population and significant gaps in services for individuals experiencing or at-risk of homelessness residing in downtown Kitchener. Service gaps addressed included facilitating positive relationships and understanding between individuals who are experiencing or at-risk of homelessness and the downtown business community; providing direct links to existing services; acting as advocates.

2. What are the program's goals?

The goals of this program are based on the philosophy that building relationships with individuals who are experiencing or at-risk of homelessness is core to providing services and bridging service gaps. Current goals are to provide services to downtown core areas. The focus of Downtown Street Outreach is to support those on the street who are experiencing or at-risk of homelessness. The work is to develop relationships with this population to identify needs and support them in their integration in the downtown community. We develop relationships with local businesses, supporting them as they develop their own relationships with this population. Outreach Workers act as advocates on behalf of individuals, help make appropriate links with community agencies such as making referrals to primary care, substance use and mental health treatment, accompany individuals to various appointments, and act as a presence to de-escalate crisis situations reducing police calls. This program also acts as a resource to connecting individuals with affordable housing. This program provides a meaningful opportunity to provide insight and understanding regarding the complexities of this population for the broader community. This includes opportunities for education and the sharing of resources to increase access to services.

3. What are the primary reasons why people access the program?

Individuals who are experiencing or at-risk of homelessness access these services because they are having difficulty accessing mainstream services such as health care or income supports.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

This program has grown to 4 full-time positions including 2 in Kitchener, 1 in Waterloo, and 1 in Cambridge. The total capacity of this program has increased significantly as Outreach Workers have developed significant relationships with other agencies. Currently we are working with approximately 450 people who are experiencing or at-risk of homelessness per month. This also includes contacts with 38 health and social agencies.

5. How is the program funded? Is this funding time-limited or ongoing?

The pilot was funded with \$20,000 each year through City of Kitchener until March 2004; the Region also funded the project in 2004 through the Provincial Homelessness Initiative Fund. As of April 2008, funding will be provided by the Waterloo Wellington Local Health Integration Network, in cooperation with the Region of Waterloo, the City of Waterloo and the City of Kitchener.

6. How many full-time equivalent (FTE) employees currently operate the program?

4

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

100% of outreach clients are experiencing or at-risk of homelessness.

Services:

Number of Hours Per Week	Eligibility
104	individuals experiencing or at-risk of homelessness

1. What services are provided through the program?

Outreach services are offered during various times, mostly through the week. The Outreach Worker's job is assessment, support and appropriate response for individuals coming to their attention through either direct contact, or a referral from a merchant, citizen or the police.

2. Where does the program typically receive its referrals?

Direct contact, merchants, citizens, social agencies, St. John's Kitchen, City Hall, or the police.

3. Where do staff/volunteers from this program typically refer people?

Individuals may be referred to treatment centres for mental health or addiction support, emergency shelters, food, housing support, hospitals/health clinics, ID clinics, Ontario Works, and the legal system. Some specific organizations we refer to include House of Friendship, Kitchener Housing Inc., Psychiatric Outreach, YWCA-Mary's Place, Canadian Mental Health Association, the Kitchener Downtown Business Association, Kitchener Downtown Community Health Centre, Waterloo Regional Homes for Mental Health, Canadian Mental Health Association Crisis Team, Development Services Access Centre, H of F Food Hamper Program, Withdrawal Management Centre, Job Café, and the John Howard Society.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
95%	3%	2%	20%	80%	0%	10%	10%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
1%	10%	39%	50%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	0%
portion of the year demand was <i>at capacity</i>	0%
portion of the year demand was <i>over capacity</i>	100%

Historical Trends:

Year	Client Contacts (duplicated count)	Unique Individuals Served (unduplicated count)	Direct Service Hours With Clients	Hours Outside of Direct Service*
2005	3,167	no data	no data	no data
2006	no data	no data	no data	no data
2007	5,112	180/month	no data	no data
2008	5,570	170/month	3,774	1,530

* For example, networking with other agencies, interactions with businesses or other activities not related directly to one-on-one client support.

3.2.3 Canadian Mental Health Association – Grand River Branch: Proactive Outreach

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Canadian Mental Health Association – Grand River Branch	Cambridge	Cambridge & Ayr	2002

1. **Why did the program begin?**
The need for this type of service was great.
2. **What are the program’s goals?**
To reach out to individuals experiencing mental health issues and/or concurrent disorders who would not normally connect with the formal mental health system. To support individuals to access a variety of resources and basic need services in the community (e.g., substance use treatment, psychiatrist).
3. **What are the primary reasons why people access the program?**
Individuals need housing and they need to get connected to treatment, income support and basic need resources, etc.
4. **Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?**
Staff retention continues to substantially change capacity.
5. **How is the program funded? Is this funding time-limited or ongoing?**
Previous funding has included a three-year grant from Trillium, Supporting Communities Partnership Initiative (May 2002-March 2003) and the Provincial Homelessness Initiative Funding (2002, 2004-2006). There was a gap in service for at least a year until September 2006 when the program began receiving ongoing funding from the Ministry of Health and Long-Term Care.
6. **How many full-time equivalent (FTE) employees currently operate the program?**
The program has 1.5 FTE staff.
7. **How many volunteers currently operate the program?**
0
8. **What portion of clients are currently experiencing homelessness?**
76%

Services:

Number of Hours Per Week	Eligibility
52.5	individuals 16 yrs of age & older with mental health issues and/or concurrent disorder who are not connected to the formal system

1. What services are provided through the program?

Outreach services help individuals connect with: housing; food (e.g., community meal sites and hamper programs); clothing and household supplies; health and medical resources; income assistance applications (i.e., Ontario Works, Ontario Disability Support Program, CPP); employment; education, training and volunteer opportunities; and other community resources (e.g., computer, phone, fax). Support is available five days a week from 9am to 5pm and some weekends.

2. Where does the program typically receive its referrals?

Self, family/friends, a variety of community agencies, police services, downtown businesses, hospitals.

3. Where do staff/volunteers from this program typically refer people?

We also refer to treatment services (mental health and addiction), counseling, and long and short-term support services.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
78%	11%	11%	35%	65%	0%	1%	%

Children (0-15)	Youth (16-18)	Adults (19-65)	Adults (over 65)
0%	0%	98%	2%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Client Contacts (duplicated count)	Unique Individuals Served (unduplicated count)	Direct Service Hours With Clients	Hours Outside of Direct Service*
2006	no data	130	no data	no data
2007	no data	200	no data	no data
2008	1,017	261	no data	no data

* For example, networking with other agencies, interactions with businesses or other activities not related directly to one-on-one client support.

3.2.4 The Working Centre: Psychiatric Outreach Project

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
The Working Centre	Kitchener	Kitchener	2004

1. Why did the program begin?

The Region of Waterloo Social Services Department conducted sustainability interviews with organizations who work with individuals experiencing homelessness. During these interviews, mental health and the complexities of accessing care for this population were highlighted as significant concerns. Specifically, individuals were unable to access care from traditional hospital or clinic based psychiatric services. The Region of Waterloo met in partnership with service providers to explore ways in which this issue could be addressed. Through research on models of mental health care in a complex population, a model from New York was discovered which provided direction for a local project in Waterloo Region. In this model, services were delivered “on-location” in shelters where individuals experiencing homelessness already access other services. A psychiatrist was recruited who was interested in the project and services began July 2004.

After the original Psychiatrist was unable to continue for personal reasons, and we were unable to recruit another psychiatrist, the “Shared Care” model was explored as a way to fill this position. The “Shared Care” model emerged in the mid-1990s as a response to pressing needs in health care reform. The model addresses some of the issues surrounding mental health care and the need for better communication between health care providers – it provides an opportunity for health care providers to collaborate based on their specialties and work in a team setting. In so doing, the shared care model offers a more accessible and holistic provision of care. As we were able to recruit a General Practitioner with psychiatric interest, we found the shared care model appropriate to our need for a collaborative model. Key concepts in Shared Care include: collaboration, communication, mutual education, flexibility, and patient self determination.

2. What are the program’s goals?

The purpose of the Psychiatric Outreach Project is to provide mental health care for individuals facing the challenges of poverty.

The goals and objectives of the program include:

- Provide mental health supports for individuals experiencing or at-risk of homelessness
- Provide client-centred care

- Offer flexible treatment options based on individual needs
- Increased safety to patients and others
- Reduced crisis for individuals experiencing homelessness
- Reconnect individuals to their family doctors, families and communities
- Improved mental health for individuals experiencing homelessness
- Increased access to care by bringing services into the street and other locations where individuals are already accessing services and developing relationships
- Integration of the mainstream resources that service this population by providing circles of care
- Integrate our services within the current outreach programs in downtown Kitchener and Waterloo
- Increased access to basic needs for individuals experiencing homelessness by conducting Ontario Disability Support Program assessments, thereby improving the capacity of individuals experiencing homelessness to receive more appropriate supports
- Increase education for clients, agencies and Outreach Workers regarding mental health issues
- Decrease the costs of hospital treatment

3. What are the primary reasons why people access the program?

People access our service because we are located in an environment where they are already accessing services. We provide these services within a network of Outreach where people have already created relationships and established supports. Our project deliberately positions mental health concerns as an issue within a wider context of dynamics such as income, housing, and employment.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The program ran from July 2004 to December 2004, when the original Psychiatrist was unable to continue. At this point, administration of the project itself was transferred from the Region of Waterloo to the Working Centre. After significant infrastructure development, we were able to restart patient care in May 2005. In this second stage of service provision we expanded the staffing model to include other mental health care workers. Specifically, we applied the shared care model which has expanded to include a General Practitioner with psychiatric interest who works at the clinic, two Nurses who work in the clinic, go to local shelters and are involved in street intervention, a counsellor who provides non-medical counselling, an outreach worker, and a clinic manager who hosts the clinic. These roles are embedded in the broader outreach network of community agencies.

We are now providing services on location at YWCA-Mary's Place, House of Friendship and ROOF. One of the Psychiatric Nurses is now collaborating with the Mental Health Court (approx. 3 hours a week), providing support for the individual, counsel to the judges and to both defense and crown attorneys.

In the initial manifestation of the service, the Psychiatrist provided services in multiple locations. The project has shifted to where it is the nurses who provide services in multiple locations. The role of the Psychiatric Nurse has also provided the project with an increased capacity for education as knowledge is shared both with individuals accessing services and Outreach Workers working on the street. In various situations patients are referred to the physician through clinic, located at St. John's Kitchen, one morning a week.

The nurses have also facilitated a clearer relationship with hospital services and the psychiatric department, other agencies, police services and the court system. The role of the Clinic Host was created to manage clinic information as well as to act as an Outreach Worker, creating relationships with individuals accessing services as she provides information management. This second stage has proved both effective for the individual choosing to access these resources and financially efficient.

5. How is the program funded? Is this funding time-limited or ongoing?

The program is partially funded by the Region of Waterloo. In 2006, the Lyle S. Hallman Foundation began providing funding for a three year period.

6. How many full-time equivalent (FTE) employees currently operate the program?

2.9 (shared with clinic)

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

100% of people are experiencing or at-risk of homelessness.

Services:

Number of Hours Per Week	Eligibility
103	individuals experiencing or at-risk of homelessness

1. What services are provided through the program?

Psychiatric Outreach is an exciting initiative providing a patient-centred, community-based approach to mental health care to members of our community who are facing the challenges of poverty.

This program operates within a clinic model. The program includes an on-site physician who provides mental health care, and clinic host, who also acts as an outreach worker. Psychiatric nurses focus on creating long-term relationships, street intervention and providing resources. The nurse also provides education and resources to support individuals dealing with psychiatric needs.

2. Where does the program typically receive its referrals?

Referrals to the program can be made by agencies and outreach workers.

3. Where do staff/volunteers from this program typically refer people?

Although we do refer individuals to other agencies or services, because our services are intentionally collaborative, we tend not to provide straight referrals. Rather, we work to provide services through the conduit of established relationships with Outreach Workers, and do so recognizing the strengths and resources within the network of agencies and individual Outreach Workers.

We will refer people:

- back to their family physician to help reestablish relationships and sustain long-term medical support.
- to Canadian Mental Health Association to see if they are eligible for these programs to establish long-term support.
- to local hostels or shelters for housing supports or emergency housing (YWCA-Mary's Place, House of Friendship, Waterloo Region Homes for Mental Health, Housing Desk at the Working Centre).
- to other Outreach Workers if individuals have needs beyond mental health care.
- to the Kitchener Downtown Community Health Centre for other health care needs either at the centre location or at the free clinic located at St. John's Kitchen.
- to the Urgent Care Clinic or Emergency Ward.
- to the Grand River Psychiatric Department if the individuals need more intensive or immediate care.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
97%	2%	1%	30%	69%	1%	2%	10%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	5%	50%	45%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	0%
portion of the year demand was <i>at capacity</i>	40%
portion of the year demand was <i>over capacity</i>	60%

Historical Trends:

Year	Client Contacts (duplicated count)	Unique Individuals Served (unduplicated count)	Direct Service Hours With Clients	Hours Outside of Direct Service*
2007	1,720	360	no data	no data
2008	2,880	400	3,672	612

* For example, networking with other agencies, interactions with businesses or other activities not related directly to one-on-one client support.

3.2.5 Kitchener Downtown Community Health Centre: Shelter Outreach, St. John's Kitchen Outreach and ID Clinic

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Kitchener Downtown Community Health Centre	Kitchener	Kitchener-Waterloo	2000

1. Why did the program begin?

The need for this service was identified in a needs assessment and summarized in the Proposal to Establish a Community Health Care Centre (February 1998). Outreach services were developed in consultation and collaboration with the homeless population and community partners who identified St. John's Kitchen and shelters as the best location for outreach services.

2. What are the program's goals?

To increase health status among people experiencing or at-risk of homelessness and the community. To increase access to primary health care and health coverage for people experiencing homelessness.

3. What are the primary reasons why people access the program?

ID Clinic: People who are experiencing or at-risk of homelessness quite often lose ID and can't access health care and other essential services as a result. Access is created by location of services, reputation of service, knowledge in community and trusted person referrals.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

No. Shelter outreach programs offer Nurse Practitioner services. St. John's Outreach offers Nurse Practitioner services and an ID Clinic (offering access to health coverage and replacement of identification). Chiropody services were added to St. John's Outreach in 2003.

5. How is the program funded? Is this funding time-limited or ongoing?

Ministry of Health and Long Term Care, ongoing funding.

6. How many full-time equivalent (FTE) employees currently operate the program?

ID Clinic: 3.5 FTE

7. How many volunteers currently operate the program?

3

8. What portion of clients are currently experiencing homelessness?

ID Clinic: 75%

Services:

Number of Hours Per Week	Eligibility
ID Clinic: approx. 7.5	people of all ages, including children in families experiencing homelessness

1. What services are provided through the program?

Outreach is provided at St. John's Kitchen, YWCA-Mary's Place and another confidential shelter located in Kitchener.

ID Clinic: We provide access to OHIP coverage and health cards for people experiencing homelessness and don't have a permanent address. We also replace some identification required to renew and maintain health coverage. Most of the ID we replace is also required for banking, housing, employment, etc.

2. Where does the program typically receive its referrals?

ID Clinic: friends and family 18%; social service agencies 14%; KDCHC referrals 8%; self referred/know program 30%; shelters 11%; St. John's Kitchen 19%

3. Where do staff/volunteers from this program typically refer people?

OHIP, social services serving homeless population, etc.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	40%	60%	0%	%	5%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
%	%	%	%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	0%
portion of the year demand was <i>at capacity</i>	100%
portion of the year demand was <i>over capacity</i>	0%

Historical Trends:

Year	Client Contacts (duplicated count)	Unique Individuals Served (unduplicated count)	Direct Service Hours With Clients	Hours Outside of Direct Service*
2005	no data	306	390	169
2006	no data	270	390	169
2007	no data	323	390	169
2008	no data	429	429	858

* For example, networking with other agencies, interactions with businesses or other activities not related directly to one-on-one client support.

4. Shorter Term Housing Stability Programs

What are shorter term housing stability programs?

Shorter term housing stability programs assist people with building skills and gaining resources that help them to find and/or maintain housing. These programs tend to be accessed over a shorter period of time (e.g., programs with service use guidelines generally indicate limits between a few days to one year of continuous support). The pattern of use differentiates programs in this part of the system from longer term housing stability programs, where the intention is that people will use the services continuously over a longer period of time (e.g., permanent housing and support).

Although there are many different types of shorter term housing stability programs, most tend to focus on three key aspects: increasing access to housing (e.g., recruiting landlords, providing clients with access to telephones and transportation); helping clients retain their housing (e.g., providing support when a problem arises, advocacy); and providing direct or indirect financial assistance (e.g., one-time funds to cover move-in costs or avoid eviction, assisting with applying for income support or benefits).

How are programs funded?

There is no core governance across the various shorter term housing stability programs in Waterloo Region. Programs are funded through many different sources.

What is the local capacity in this area of the system?

There are seventeen shorter term housing stability programs in Waterloo Region; one program is youth-specific. While all programs offer a variety of short-term assistance related to accessing housing and/or maintaining stability, two also include a financial component to their services (the Rent Bank and Eviction Prevention Program and the Waterloo Region Energy Assistance Program).

Four new programs were added in 2008. Three of the new programs are in the area of persistent homelessness and the third is a peer support program.

Table 5: Overview of Shorter Term Housing Stability Programs

Organization and/or Program	Main Office Location	Eligibility	Services	Length of Service Guidelines	Unique Individuals Served	Geographic Boundary
4.1 John Howard Society/Cambridge Career Connections: Housing Help	Cambridge	ages 16+ (singles, couples, families, youth, seniors, special needs)	information on subsidized housing & assist with applications; assist with housing searches & transition to new accommodation; housing crisis intervention & access to emergency solutions (e.g., referrals to emergency shelters, advocacy); public & private registry; self help resource centre	no time limit	2008: 980	Cambridge & North Dumfries
4.2 St. Joseph's Health Centre, London, Regional Mental Health Care: The Waterloo Region Transition Team	Cambridge	individuals who are discharged from Regional Mental Health Care, London	in-vivo intervention, health teaching, goal setting, linkage coordination, support services, rehabilitation programming, needs assessment, symptom management & social exposure	no time limit	2008: 80	Waterloo Region
4.3 Regional Social Services: Waterloo Region Energy Assistance Program	Cambridge & Waterloo (Regional Social Services)	low-income individuals & families who are unable to pay their utility/fuel arrears	funding is provided directly to utilities and/or fuel companies on behalf of clients to cover their arrears (thus enabling them to get reconnected to, or avoid disconnection from, energy services) year-round	varies by program	2008: 246	Waterloo Region
4.4 Cambridge Shelter Corporation: Shelters to Housing Stability	Cambridge	singles or couples experiencing episodic homelessness with	provides support for 10 persons annually who are experiencing episodic homelessness undertaking activities in the	at least one year	2008: 10	Cambridge

Shorter Term Housing Stability Programs

4.4 House of Friendship: Shelters to Housing Stability	Kitchener	medium support needs	following areas: initial contact/assessment/intake, pre-housing, housing, and support to housing stability for at least one year		2008: 5	Kitchener-Waterloo
4.4 YWCA-Kitchener Waterloo: Shelters to Housing Stability	Kitchener				2008: 6	Kitchener-Waterloo
4.5 Canadian Mental Health Association – Grand River Branch: Crisis Services of Waterloo Region (for Proactive Outreach Services see section 3)	Kitchener	individuals 16 years of age or older experiencing an acute emotional upset or a mental health crisis	Distress Centre: anonymous telephone support for individuals experiencing distress through five separate lines Mobile Crisis Services: face-to-face & telephone support for individuals experiencing acute crisis; services provided include prevention, assessment, intervention & resolution of crisis situations	2 weeks	2008: calls to Crisis Line: 7,216 individuals: 37,023	Waterloo Region
4.6 Canadian Mental Health Association – Grand River Branch: Mental Health and Justice Services	Kitchener	person charged with a minor criminal offence believed to be connected with the person's mental health issues	court support services include: consultation, attend bail & mental health court, develop bail release/service plans (assist to secure housing, counselling, community support, treatment, etc.), mental health & pre-fitness screening; also provide short-term support coordination	12 months	2008: 214	Waterloo Region
4.7 Kitchener Downtown Community Health Centre: Peer Health Worker Program	Kitchener	residents/participants at Charles Street Men's Hostel, YWCA-Mary's Place, St. John's Kitchen and/or OASIS	emotional support, encouragement, problem solving & advocacy through ongoing relationship; information & referral to health & related community services and resources	no time limit	2008: 204	Kitchener – Waterloo

Shorter Term Housing Stability Programs

<p>4.8 Lutherwood: Families in Transition (Support Program)</p>	<p>Kitchener</p>	<p>families with children who are experiencing or at-risk of homelessness</p>	<p>help families gain stability & develop skills for independent living; provide support related to education, transportation, food, clothing, medical issues, employment, mental health, parenting, addictions etc.</p>	<p>no time limit; limit of up to 3 months in the houses</p>	<p>2008: 79 registered families; 125 households one time support</p>	<p>Waterloo Region</p>
<p>4.9 Lutherwood: Housing Counselling</p>	<p>Kitchener</p>	<p>people 16+</p>	<p>information on subsidized housing & assist with applications; assist with housing searches & transition to new accommodation; housing crisis intervention & access to emergency solutions (e.g. referrals to emergency shelters, advocacy); public & private registry; self help resource centre; Help Desk Mon-Fri 1-3pm</p>	<p>no time limit</p>	<p>2008: 245 registered clients, 1,014 unregistered clients</p>	<p>Kitchener, Waterloo, Wellesley, Wilmot, Woolwich</p>
<p>4.10 Lutherwood: Rent Bank & Eviction Prevention Program</p>	<p>Kitchener</p>	<p>individuals, couples & families with children at- risk of losing housing or having difficulty securing a home due to sudden, short-term financial crisis</p>	<p>interest-free loans; flexibility of the Rent Bank repayment policy allows clients to gradually put their finances back on track; offers a variety of supports, such as negotiation & mediation with landlords, advocacy & some budget counselling</p>	<p>one Rent Bank loan at a time</p>	<p>2008: 617 people served; 260 loans</p>	<p>Waterloo Region</p>
<p>4.11 Lutherwood: Whatever It Takes – Service Resolution</p>	<p>Kitchener</p>	<p>up to 10 people experiencing or at-risk of experiencing persistent homelessness</p>	<p>develop and implement service plans that will assist individuals in Waterloo Region to secure and maintain housing</p>	<p>no service guidelines</p>	<p>2008: 8</p>	<p>Waterloo Region</p>

Table 5: Overview of Shorter Term Housing Stability Programs (continued)

Organization and/or Program	Main Office Location	Eligibility	Services	Length of Service Guidelines	Unique Individuals Served	Geographic Boundary
4.12 Mennonite Central Committee Ontario & YWCA of Kitchener-Waterloo: Circle of Friends	Kitchener	woman age 16+ transitioning from YWCA-Mary's Place	assistance with developing problem solving & decision making skills; crisis management; practical support; complements/supplements social networks & professional supports	one year	2008: 8	Waterloo Region
4.13 Reaching Our Outdoor Friends (ROOF): Youth Housing and Community Program	Kitchener	youth who are experiencing or at-risk of homelessness ages 16-20	help prepare for independent living; individualized support to help maintain a healthy environment (housekeeping); conflict resolution skill development; assist with eviction issues & budget limitations; accompaniment & introduction to recreational, health, educational, self-help & social programs; support & advocacy regarding issues of eviction risk, and institutional involvement (schools, court, tribunal)	primary support for up to 3 months; secondary support for up to 5 months	2008: 163	Waterloo Region
4.14 The Working Centre: Housing Desk	Kitchener	adults (with or without children) in need of housing support on a drop-in basis	assist with accessing housing; liaison with social assistance intake & case workers; referrals for legal support; attaining food, clothing, funding, household goods & furniture; help regain personal identification; link to employment counselling, language classes, computer training, addictions or mental health counselling, volunteer opportunities	no time limit	2008: 690	Kitchener-Waterloo

Table 5: Overview of Shorter Term Housing Stability Programs (continued)

Organization and/or Program	Main Office Location	Eligibility	Services	Length of Service Guidelines	Unique Individuals Served	Geographic Boundary
4.15 The Working Centre & YWCA Kitchener-Waterloo: Streets to Housing Stability	Kitchener	singles & couples experiencing persistent homelessness	provides intensive support for 5-10 persons annually who are experiencing persistent homelessness undertaking activities in the following areas: initial contact/assessment/intake, pre-housing, securing housing, and support to housing stability for at least one year	at least one year	2008: individuals: 21	Kitchener-Waterloo
4.16 Waterloo Regional Homes for Mental Health Inc.: Outreach and Case Management Services	Kitchener	people ages 16+ experiencing or recovering from serious mental health issues	an individualized service that is available on a temporary basis to assist in resolving housing crisis, legal, financial, health challenges etc.	3-6 months, with some flexibility	2008: 300	Waterloo Region
4.17 Women's Crisis Services of Waterloo Region: Outreach & Transitional Support Program	Kitchener	women 16+ who are experiencing or have experienced abuse in an intimate or familial relationship	one-on-one support; assist with appointments where woman might feel intimidated to go alone; advocate as needed; help develop safety plans; assist with immigration services; groups offered	varies	2007/2008: 1,254 women	Waterloo Region

Note: Table is organized by location, then by agency in alphabetical order.

4.1 John Howard Society/Cambridge Career Connections: Housing Help

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
John Howard Society/Cambridge Career Connections	Cambridge	Cambridge and North Dumfries	1980s

1. Why did the program begin?

Our current housing program grew out of our youth employment initiatives. We recognized that clients could not be successful in employment without stable housing.

2. What are the program’s goals?

Our goal is to help individuals, couples and families in the search, attainment and continuation of reliable housing.

3. What are the primary reasons why people access the program?

People access the program because they lack permanent housing, because they are required to move, or because they would prefer to move and would like help navigating rental options and support programs. Additionally, clients use our services to mediate conflict with landlords or to assist with current rental issues.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Cambridge Career Connections began providing services to the youth of Cambridge and North Dumfries in the 1980s. A full-time housing Coordinator was added in the 1980s to respond to the housing needs of youth. In the early 1990s, The Access to Permanent Housing Initiative provided financial support to Cambridge Career Connections to support the housing needs of youth and to CODA to support the housing needs of adults. This provided a comprehensive range of housing services in the Cambridge community.

During 1996, the Ministry of Municipal Affairs and Housing decided to terminate its funding for Housing Centres. This reduction meant that The Housing Centre could no longer provide the breadth or depth of services which had been offered. The Housing Centre narrowed its services to be more “self-serve”. The services were financially supported through the organization itself.

Recognizing the need for housing services, the Regional Municipality of Waterloo provided funding to a partnership between Cambridge Career Connections/John Howard Society and Lutherwood to provide housing services for youth and adults on

a regional basis. Lutherwood provides housing services to youth and adults in Kitchener-Waterloo while adult services, previously offered in Cambridge through CODA, were integrated with youth services provided through Cambridge Career Connections to provide services for youth and adults through Cambridge Career Connections. These services are supported by Lutherwood’s two regional housing programs, the Rent Bank and Eviction Prevention Program and the Families in Transition program, which are staffed through Lutherwood.

5. How is the program funded? Is this funding time-limited or ongoing?

The program is funded by the Region’s Housing Division through a partnership with Lutherwood.

6. How many full-time equivalent (FTE) employees currently operate the program?

One part-time staff member works four afternoons per week.

7. How many volunteers currently operate the program?

4

8. What portion of clients are currently experiencing homelessness?

50% of our clients are currently experiencing homelessness.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
950	ages 16+ (singles, couples, families, youth, seniors, special needs)	no time limit	no waiting list

1. What services are provided through the program?

The following services are provided:

- Information on subsidized housing and assistance with completing and submitting applications for community housing.
- Individualized assistance with housing searches.
- Fully qualified and experienced staff counsel individuals and provide support with clients’ housing searches and their transition to new accommodation.
- Housing crisis intervention and access to emergency solutions is also provided, while continuing to work with individuals until more permanent housing solutions can be secured.
- Access to a public and private registry. Registries are available to all individuals seeking safe and affordable housing. A coordinated approach to landlord solicitations has been undertaken between the Kitchener and Cambridge sites.

- Access to a self-help resource centre. Telephones, local newspapers, computers with internet access, information on tenant rights and responsibilities, community resources and full-time staff guidance are available to assist clients.
- Referrals to emergency housing. Strong referral processes have been developed with local shelters and the Out of the Cold program, to ensure that immediate shelter needs are met until more permanent housing can be secured.
- Housing crisis intervention. Whenever possible, staff attempt to work with clients to help them to maintain their current housing. Assistance may be in the form of negotiating with the landlords, advocating with other agencies and/or linking with appropriate resources and supports.

2. Where does the program typically receive its referrals?

Referrals came from:

- Regional Social Services
- Self/Friend/family
- Within Cambridge Career Connections
- Lutherwood
- Other Community Services
- Shelters
- Correctional Institutions
- Probation and Parole
- Family and Children’s Services

3. Where do staff/volunteers from this program typically refer people?

Referrals are made to a variety of organizations including:

- Waterloo Regional Homes for Mental Health
- Argus
- The Cambridge Shelter
- House of Friendship
- Lutherwood
- Lutherwood Housing Services – FIT, Rent Bank
- Regional Social Services
- YMCA Settlement Services
- Cambridge Self-Help Foodbank

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
72%	6%	22%	55%	45%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
1%	26%	60%	13%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	0%
portion of the year demand was <i>at capacity</i>	74%
portion of the year demand was <i>over capacity</i>	26%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	195	no data
2006	no data	no data
2007	580	no data
2008	980	6 weeks

4.2 St. Joseph’s Health Centre, London, Regional Mental Health Care: The Waterloo Region Transition Team

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
St. Joseph’s Health Centre, London, Regional Mental Health Care	Cambridge	Waterloo Region	1998

1. Why did the program begin?

The Team provides service to citizens of Waterloo Region who are being discharged back to their home community from Regional Mental Health Care, London. The target population, served by the team, is individuals with mild to moderate functional impairment. However, since the team’s inception in 1998, the team has been consistently providing service to individuals with more severe functional impairment who have been identified as requiring higher intensity service and who are waiting for assessment and intake to other services including Intensive Case Management services and the Waterloo Region Assertive Community Treatment Teams. Because of the transitional services provided by the Waterloo Transition Team, the clients are often able to return to their home community sooner where further stabilization, treatment and rehabilitation can be initiated immediately. We provide seamless service as we start to engage the client into a therapeutic alliance when they are at Regional Mental Health Care and we continue to support them until other programs/services are in place and the illness has stabilized.

In the first few years of our existence, (1998 – 2001) we provided outreach service to individuals experiencing homelessness within YWCA-Mary’s Place and House of Friendship. St. Joseph’s provided the full-time service of one registered nurse. Other professional services of our occupational therapist, social worker and psychiatrist were available on a consultation basis. The outreach services to the shelter were later assumed by Grand River Hospital.

Since 2001, we continue to provide full team outreach service to individuals at YWCA-Mary’s Place and House of Friendship who have been discharged from Regional Mental Health Care, London and Regional Mental Health Care, St. Thomas to these shelters.

2. What are the program’s goals?

We provide seamless service and integrated interdisciplinary assessment, treatment, rehabilitation and support to maximize function and to improve the overall quality of life of those we serve. The interdisciplinary components of nursing, social work and occupational therapy allows for full and comprehensive assessment and intervention with discipline specific expertise. Since its inception in 1998, much of

the Team's success in helping the client's achieve their goals has been the team's firm commitment to client centered care and the high value the team places on the client's right to self determination. In essence, the client (and their family) is considered an integral part of his or her team. Client care is individually planned and implemented using a Recovery Action Plan. The clients and their families benefit greatly from the in-vivo intervention, health teaching, goal setting, linkage coordination, support services, rehabilitation programming, needs assessment, symptom management, and social exposure that the transition team provides.

The goals may be to: engage the client into their own treatment planning; to further stabilize the symptoms; to provide specific treatment and rehabilitation strategies; to liaise with family and significant others; to advocate within complex service systems such as financial, family and children services, housing and/or health care systems; and, to facilitate the linkages to and access of longer term, community based programs. Essentially, clients are assisted to continue to work towards optimum independence and maximum community integration.

3. What are the primary reasons why people access the program?

Other programs are at capacity or have long waiting lists. Clients are able to leave hospital and return to their lives/community because we can help them continue with their treatment stabilization when they are discharged from hospital. The Waterloo Transition Team is a small team with a huge commitment to collaborate with our hospital and community partners in order to provide quality, outcome-based service in the most fiscally responsible way. Historically, the Social Worker on the transition team attends the Regional Mental Health Care-London client review meetings for all clients that would be returning to the Region of Waterloo. By having a presence at these meetings, the Transition Team is able to engage early in a therapeutic alliance with clients. Frequently, the Transition Team staff are able to provide assessment information if the client has a prior history with the team while living in the community. The Transition Team is able to provide information about relevant community resources and begin linkages to the community partners. The team's input at client review meetings in the hospital is considered vital to the most positive, long-term outcomes for the client and the team considers this an essential component of service.

While the Transition Team staff may make connections with the client at Regional Mental Health Care, the final disposition of the client at discharge may not include referral to the Transition Team because more appropriate community services may be identified in the discharge planning process.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

We no longer have a team psychiatrist. We work in collaboration with our clients' community psychiatrists or family doctors.

5. How is the program funded? Is this funding time-limited or ongoing?

Our program is funded through global budgeting/Ministry of Health and Long-Term Care.

6. How many full-time equivalent (FTE) employees currently operate the program?

1 full-time each registered nurse, social worker, and occupational therapist. We share our team coordinator and office administrator with the Waterloo Region Assertive Community Treatment Team.

7. How many volunteers currently operate the program?

No volunteers. Our clients become volunteers, competitive employees, students, etc.

8. What portion of clients are currently experiencing homelessness?

0%

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
ranges depending of level of functional impairment and client need	individuals who are discharged from Regional Mental Health Care, London	no time limit	0

1. What services are provided through the program?

- The Waterloo Transition Team provides an integrated approach to service that includes assessment, treatment, stabilization, rehabilitation and support to the client. We provide transitional service to clients in transition from Regional Mental Health Care, London and St. Thomas to home community programs and services in Waterloo Region.
- We generally operate Monday to Friday 0830h to 1630h.

2. Where does the program typically receive its referrals?

Our referrals come almost exclusively from Regional Mental Health Care, London and occasionally Regional Mental Health Care, St. Thomas.

3. Where do staff/volunteers from this program typically refer people?

We transition clients to case management services, intensive case management, Assertive Community Treatment (ACT) teams, outpatient mental health clinics, housing (including subsidized), supportive housing, the working centre, self help groups, employment, school, volunteer work, community outreach, etc.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
80%	14%	6%	48%	52%	0%	%	4%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	14%	76%	10%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	15%
portion of the year demand was <i>at capacity</i>	70%
portion of the year demand was <i>over capacity</i>	15%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2006	62	10 months
2007	60	6 months
2008	80	6 months

4.3 Regional Social Services: Waterloo Region Energy Assistance Program

Background:

Lead Organization	Main Office Locations	Geographic Boundary	Year Program Began
Regional Social Services	Cambridge Waterloo	Waterloo Region	2001

1. Why did the program begin?

The program reflects a unique partnership in the community related to energy assistance. In 2001, Cambridge and North Dumfries Hydro Inc. contacted the Regional Municipality of Waterloo Social Services and indicated that they wished to provide heating assistance to low-income households in the winter. Working together, staff from both organizations developed a plan to pilot the Heat Bank in Cambridge. The Heat Bank provided a one-time grant to households in need to address utility arrears and avoid disconnection over the winter months – ensuring that no one fell through the cracks.

As of 2007, a new umbrella term Waterloo Region Energy Assistance Program (WREAP) was adopted to encompass all energy assistance programs administered by the Region. WREAP consists of the following energy programs:

- Corporate Partners Funding [formerly called “Heat Bank”] – Cambridge and North Dumfries Hydro Inc, Waterloo North Hydro, Kitchener Wilmot Hydro, Kitchener Hydro
- Provincial Emergency Energy Fund (PEEF)
- Winter Warmth - funding from Union Gas in partnership with the United Way of Cambridge and North Dumfries and the United Way of Kitchener-Waterloo for low-income Union Gas customers. Funding is administered through the Region
- Share the Warmth – a centrally administered, community-based homelessness prevention e-charity to whom the Region provides an annual grant

2. What are the program’s goals?

To offer year-round energy assistance to low-income households.

3. What are the primary reasons why people access the program?

They have found themselves in arrears with their utility.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

From 2001 through 2005, the Heat Bank expanded to include partnerships with Waterloo North Hydro in 2002, Kitchener Wilmot Hydro in 2003, and Kitchener Utilities in 2005. In 2005/2006, it expanded to offer year-round energy assistance.

5. How is the program funded? Is this funding time-limited or ongoing?

Because the WREAP is an umbrella program, funding comes from a variety of sources. Corporate partner funding comes directly from each utility, with 100% of the funds going directly to those in need. Provincial dollars in the PEEF are used in three different ways: 10% is used for administrative costs, \$5,000 goes to Share the Warmth, with the remaining dollars being used to assist those in need. 100% of Winter Warmth dollars go directly to those in need.

6. How many full-time equivalent (FTE) employees currently operate the program?

The program is administered by several staff in Regional Social Services, including intake coordinators, social planning staff, and management staff.

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

0%

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
determined by level of funding	low-income individuals & families who are unable to pay their utility/fuel arrears	Corporate and Provincial Funds: 3 intakes/year Winter Warmth: 1 intake of up to \$450 Share the Warmth: N/A	no waiting list is maintained

1. What services are provided through the program?

Funding is provided directly to utilities and/or fuel companies on behalf of clients to cover their arrears (thus enabling them to get reconnected to, or avoid disconnection from, energy services) year-round. Where possible, intake coordinators take the opportunity to connect households in need with other resources in the community

2. Where does the program typically receive its referrals?

Utility companies refer their clients to Regional Social Services. In addition, information about this program is available on the Region's website and several thousand brochures are distributed throughout the community each year

3. Where do staff/volunteers from this program typically refer people?

No data.

2008 Trends⁸:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
12%	12%	76%	%	%	%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
%	%	%	%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	226 households	no data
2006	462 ⁹ households	no data
2007	264 households	no data
2008	246 households	no data

⁸ This data represents an average across funds, but does not include Share the Warmth as their data is not comparable.

⁹ There was a significant increase in one-time funding from the Province in 2006.

4.4 Cambridge Shelter Corporation, House of Friendship and YWCA Kitchener-Waterloo: Shelters to Housing Stability

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
The Cambridge Shelter Corporation	Cambridge	Cambridge	2008 (spring)
House of Friendship Charles Street Men's Hostel	Kitchener	Kitchener-Waterloo	
YWCA-Kitchener Waterloo	Kitchener	Kitchener-Waterloo	

1. Why did the program begin?

The Shelters to Housing Stability program started locally in late 2004 as a pilot project under the name of Shelter Transition and Overflow Coordination Program (STOC). STOC originally operated through Charles Street Men's Hostel and YWCA-Mary's Place, with the Cambridge Shelter added in April 2007. STOC provided funding for staff to support residents to move from homelessness into permanent housing. In addition, it provided the tools (staff, motel, food and transportation costs) to place overflow residents in motels at times of full capacity. STOC funding was scheduled to cease in December of 2007. The final activity was a program evaluation that was completed in January 2008.

While STOC funding ended, work was in progress on a new iteration of the program under the directives of the new Homelessness to Housing Stability Strategy (passed by Regional Council in November 2007) and with funding through the Homelessness to Housing Stability Strategy Fund (passed by Regional Council in January 2008). The program was developed between January and May 2008 and began serving emergency shelter residents in the spring of 2008.

2. What are the program's goals?

The intent of the Shelters to Housing Stability program is to identify people at-risk of persistent homelessness and to prevent it. This goal supports the Regional Municipality of Waterloo Council's approved target to prevent persistent homelessness for 100 people by the end of 2010. The Program incorporates objectives set out with the Homelessness to Housing Stability Strategy and is modeled on what was learned from STOC, the Provincial pilot "Hostels To Homes" (currently piloting in five other Ontario communities), and Toronto's successful "Street to Homes" program. While the new Shelters to Housing Stability Program is similar to STOC in that the goal is to support shelter residents experiencing episodic

homelessness with medium level needs towards housing stability, it differs in that the new program is much more concise in its focus on eligibility criteria, the expectation of transition to permanent housing, and the length and type of support. Another change is that the overflow bed component of STOC has been separated and placed within shelter system coordination.

Through a five-phased, participant-driven approach modeled closely on Toronto’s successful “Streets to Home” program, the Shelters to Housing Stability program works with participants to achieve short, medium and long-term outcomes on their path to housing stability. The five phases that participants are expected to go through are:

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5 (with sub-phases)
Shelter Residence	Initial Contact, Assessment and Intake	Pre-Housing	Securing Housing	Housing Stability

There are several key items to consider when a participant is working through the phases of this program:

- A key feature of the Shelters to Housing Stability Program is the provision of a wide array of supports for participants. Obtaining housing is only one of three elements necessary to create housing stability. Participants must also be connected with sufficient income and the opportunity to access the supports (informal and/or formal) of their choice, as desired.
- Phases are not centered on time – participants can move through at their own pace. While this program’s support component will end after 12 months, the participant should be connected to other formal and informal supports for assistance.
- While phases are presented in a linear format, in actuality, participants may cycle back and forth between phases, even returning to emergency shelter. A return to shelter does not mean that the participant has “failed” or will be removed from the program; this will be considered a part of the process to increase the participant’s housing stability.

Each phase has a multiplicity of smaller components – the participant’s pathway through each component is individualized to suit the participant’s needs.

3. What are the primary reasons why people access the program?

This program is being targeted to ten people at each of the participating shelters who are experiencing episodic homelessness and who have medium support needs. Participation in the program is voluntary. The program is limited to singles or couples as the Families in Transition program in Waterloo Region already exists to assist families with children.

“Episodic” can be defined in the following ways:

- Number of times a person has returned to shelter (2-4 shelter intakes over a 24 month period)
- Number of times a person has moved in a particular period of time (2-3 times over a 12 month period)

Determining medium level support needs can be a difficult to assess. The assessment of need includes the potential participant's current situation as well as previous experience with the shelter. The determination of medium need is left to the discretion of the Housing Stability Worker but must consider the following elements:

- physical health needs;
- mental health needs;
- cognitive abilities;
- life skills assessment;
- substance use issues and
- informal and formal support systems.

The Shelters to Housing Stability program is not designed to assist participants who require a high level of support to find and maintain stable housing (e.g. round-the-clock support), nor is it designed for participants who are able to undertake a self-directed housing search and generally maintain housing stability.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

STOC began in late 2004 with the House of Friendship Charles Street Men's Hostel and YWCA-Mary's Place. Cambridge Shelter began operating the program in 2007. STOC program ended at end of 2007 and Shelters to Housing Stability did not begin until spring 2008. House of Friendship Charles Street Men's Hostel began 3 months later than anticipated due to difficulty in finding the right staffing fit for this type of program.

5. How is the program funded? Is this funding time-limited or ongoing?

STOC was funded by the federal government under Supporting Communities Partnership Initiative II and extension funding until December of 2007.

Funding in 2008 was secured through the Region's Homelessness to Housing Stability Strategy Fund.

6. How many full-time equivalent (FTE) employees currently operate the program?

1 FTE at each site.

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

100%

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
10 people at each site (30 total)	singles or couples experiencing episodic homelessness with medium support needs	up to one year	no waiting list

1. What services are provided through the program?

The program provides individualized support (practical assistance, skills coaching and personal encouragement) to find and maintain stable housing. Supports address areas such as needs assessment, housing search, communicating/advocating with landlords, transportation, tenancy skills (e.g., cleaning, cooking, rent payment), problem-solving, goal setting & community integration. Supports are available for up to one year.

2. Where does the program typically receive its referrals?

Through the emergency shelters.

3. Where do staff/volunteers from this program typically refer people?

Participants are connected with other organizations and groups in the community according to their goals and needs.

2008 Trends:

Note: As the program started at each site in the late summer of 2008, only limited data is available.

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	33%	67%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	5%	81%	14%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2008	Cambridge Shelter Corporation: 10 House of Friendship: 5 YWCA-Kitchener Waterloo: 6	no data

4.5 Canadian Mental Health Association – Grand River Branch: Crisis Services of Waterloo Region

Background:

Lead Organization	Main Office Locations	Geographic Boundary	Year Program Began
Canadian Mental Health Association – Grand River Branch	Kitchener	Waterloo Region	2005

1. Why did the program begin?

To provide prevention, assessment, intervention and resolution for urgent crisis situations within Waterloo Region.

2. What are the program’s goals?

To provide 24/7 crisis response services for individuals 16 years of age or older who are experiencing an acute emotional upset or a mental health crisis which might include thoughts of suicide, self-harm behavior or thoughts of aggression toward others. To provide support and response to third party callers (family members, friends, community service agencies or police) who are supporting individuals experiencing a crisis.

Crisis Services operates from a least intrusive to most intrusive model, an intervention may include a telephone connection or face-to-face visit. Resolution ensures that linkages to community supports and treatment providers are facilitated so that ongoing work can be done to encourage recovery. The Mobile Crisis Team develops individualized plans to enhance coping skills and facilitate linkages to community supports.

3. What are the primary reasons why people access the program?

Individuals are experiencing an acute emotional upset or a mental health crisis.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

No

5. How is the program funded? Is this funding time-limited or ongoing?

The program is funded by the Ministry of Health Long Term Care.

6. How many full-time equivalent (FTE) employees currently operate the program?

10

7. How many volunteers currently operate the program?

Approximately 100

8. What portion of clients are currently experiencing homelessness?

Unknown

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
no set capacity	individuals 16 years of age or older experiencing an acute emotional upset or a mental health crisis	2 weeks	0

1. What services are provided through the program?

- Crisis assessment, intervention and resolution for urgent crisis situations within Waterloo Region: emotional support, practical assistance (including facilitating access to specialized services including emergency room, ambulance, detoxification, police), individualized planning/crisis planning, risk management (re: personal safety).
- Referral, reconnection with existing supports.
- Assess need for intensive treatment/medical or specialized services.
- Information to individuals, families, service providers re access to full range of resources and supports.
- Facilitate links to shelter/housing, medical and non-medical service providers.
- Follow-up to ensure connections have been made (e.g., advocacy).

2. Where does the program typically receive its referrals?

- Directly from individuals who are experiencing crisis.
- Third party callers (family, friends, community service providers).
- Police.

3. Where do staff/volunteers from this program typically refer people?

- Treatment services.
- Emergency housing services.
- Community service providers.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	65%	35%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
1%	11%	51%	37%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2008	individuals: 37,023 calls to Crisis Line: 7,216	no data

4.6 Canadian Mental Health Association – Grand River Branch: Mental Health and Justice Services

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Canadian Mental Health Association – Grand River Branch	Kitchener	Waterloo Region	2005

1. Why did the program begin?

It was an identified need. Mental Health Courts have been operational in Toronto. Communication with the Crown Attorney office indicated their desire to move forward with the concept. Canadian Mental Health Association has been working with the Crown’s Office regarding Diversion since about 1995.

2. What are the program’s goals?

- To provide court support to legal professionals, individuals and other collateral community partners engaged in the provincial court at any stage.
- To support individuals with significant mental health issues and/or concurrent disorders who have been involved with the criminal justice system gain access to treatment and support to reduce the chances of re-offending.

3. What are the primary reasons why people access the program?

Conflict with the law and Mental Health Case Management support to facilitate recovery.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

No

5. How is the program funded? Is this funding time-limited or ongoing?

Ongoing funding from the Ministry of Health and Long Term Care.

6. How many full-time equivalent (FTE) employees currently operate the program?

2.5 FTE

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

No data available

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
court support: 175 short-term support: 1-17	person charged with a minor criminal offence believed to be connected with the person's mental health issues	12 months	0

1. What services are provided through the program?

- The Mental Health Court operates on Tuesdays for 3/4 of the day.
- Court support services include consultation, attending bail and mental health court, developing bail release plans, mental health court service plans (assisting to secure housing, counselling, community support, treatment, etc.), providing mental health and pre-fitness screening.
- Short Term Support Coordination to assist with community planning, accessing resources, navigating systems
- Also includes procuring prior treatment and support information related to the individual connected with the mental health court.
- When applicable, court support includes the developing of a "Mental Health Diversion" court support service plan. These plans are individualized to meet the needs of the individual taking into consideration the requirements of the judicial system.

2. Where does the program typically receive its referrals?

Self referral, family/ friends/ service provider, bail court, crown attorney, duty and legal counsel, transfer from regular court

3. Where do staff/volunteers from this program typically refer people?

Counselling, Canadian Mental Health Association case management services, alternate diversion service (support then offered to ensure connection).

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	29%	71%	0%	3%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	27%	61%	12%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	15 (program began Oct)	short-term support: 8 months
2006	158	
2007	222	
2008	214	

4.7 Kitchener Downtown Community Health Centre: Peer Health Worker Program

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Kitchener Downtown Community Health Centre	Kitchener	Kitchener-Waterloo	2008

1. Why did the program begin?

The program began as a strategy to engage people with lived experience of homelessness in outreach work, to add a new and different layer of support to people experiencing persistent homelessness. The program is not designed to duplicate services, but rather to complement existing supports with peers who are trained to develop relationships and provide information and referral. Peers with lived experience are able to engage community members in a different way because they have lived experience and are not perceived as professional staff members of a community service. Peer health workers add a layer of support that will help ensure that people experiencing homelessness are less isolated and have accurate information and encouragement and support to access a range of health and related services.

2. What are the program's goals?

- Improve the health and well-being of people experiencing homelessness.
- Increase access to health and related community resources.
- Reduce isolation of people experiencing homelessness.
- Increase the skills and knowledge of Peer Health Workers.
- Develop a better understanding of the needs and barriers of people experiencing homelessness.
- Increase the participation of peers in community action and service planning.

3. What are the primary reasons why people access the program?

In the evaluation of the pilot project for the Peer Health Worker (PHW) Program we learned that people accessed the program because: PHWs are able to provide unique emotional support because they have 'been there'; PHWs have a knowledge base of social services and how to access them; and that people experiencing homelessness trust PHWs and can be honest with them.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The program began as a pilot project between Aug. 2008 and Mar. 2009. After the pilot phase ended program began again in April 2009, after a brief 3 week 'hiatus'. The pilot project supported 5 PHWs at 5 different sites for one 3 hour weekly shift. Based on evaluation the program now supports 3 PHWs at 4 sites doing 2 x 3 hour

shifts weekly. (The program has intensified support for greater consistency and impact).

- 5. How is the program funded? Is this funding time-limited or ongoing?**
The program is funded by KDCHC out of core funding based on the availability of resources.
- 6. How many full-time equivalent (FTE) employees currently operate the program?**
3 PHWs work 2 x 3 hour shifts weekly: total of 18 hours/wk.
- 7. How many volunteers currently operate the program?**
N/A
- 8. What portion of clients are currently experiencing homelessness?**
Approx. 80%

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
approx. 350	residents/participants at Charles Street Men's Hostel, YWCA-Mary's Place, St. John's Kitchen and/or OASIS	no time limit	0

- 1. What services are provided through the program?**
Emotional support, encouragement, problem solving and advocacy through ongoing contact and relationship with PHWs and information and referral to health and related community services and resources.
- 2. Where does the program typically receive its referrals?**
PHWs engage with participants, are referred to be peers, or are referred to by site staff and volunteers.
- 3. Where do staff/volunteers from this program typically refer people?**
Housing, emergency shelter and income support programs; counseling services; mental health supports; harm reduction, addiction and treatment services; employment services; emergency food services; physical health services; legal resources; and other related community resources (clothing, furniture, ID replacement, etc.).

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
75%	10%	15%	39%	61%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	5%	60%	35%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2008	204	no data

Lutherwood Housing Action Centre

The Lutherwood Housing Action Centre includes the following programs: Families in Transition, Housing Counselling and Rent Bank and Eviction Prevention. Each program is described in further detail below.

4.8 Lutherwood: Families in Transition (Support Program)

Background:

Lead Organization	Main Office Locations	Geographic Boundary	Year Program Began
Lutherwood	Kitchener Cambridge	Waterloo Region	2003

1. Why did the program begin?

In 2002, the Region applied to the Province to receive Emergency Hostel Redirection Funding (at an 80/20 cost share between the Province and the Region equal to 15% of emergency shelter expenditures in 1998). Through this process, it was identified that more focus should be placed on providing support to families experiencing homelessness as they move from homelessness (e.g., emergency shelter, motel, etc.) to permanent housing. In addition, the Program fills a unique need within Waterloo Region as the Program identifies families that are facing homelessness and is able to provide support and service to obtain new permanent housing or to maintain tenancies and often alleviates the need for families to enter the emergency shelter system. The new program that was developed from this understanding was called Families in Transition.

2. What are the program's goals?

To provide support in accessing safe, affordable housing and comprehensive social services to families experiencing or at-risk of homelessness, enabling them to gain self-sufficiency and respect.

3. What are the primary reasons why people access the program?

Clients access the Program for many reasons. Some of these include:

- To find new housing
- Eviction information
- Landlord and tenant info
- Moving process
- RGI Housing support
- Affordable housing
- Safety plans for housing
- Advocacy with current landlord
- Help with listings of vacancies
- Support in dealing with maintenance issues
- In shelter or motel

- Eviction pending
- Relationship breakdown

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

See program 5.2.1 for information about the history of the transitional/time-limited housing component of this program.

5. How is the program funded? Is this funding time-limited or ongoing?

The program is funded through a grant from the Regional Municipality of Waterloo

6. How many full-time equivalent (FTE) employees currently operate the program?

There is one full-time staff that is responsible for the day to day operations of the program.

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

This number is extremely hard to capture. All of the registered families within the Program were at-risk of experiencing homelessness and with the support of the Program we were either able to find new permanent housing or maintain their current housing allowing the families to escape the plight of homelessness. All of the families that access the Families in Transition program could potentially become homeless without the support of the Program. It is believed that the majority of these families would survive their plight by accessing help from family/friends, securing additional monies or finding new housing on their own.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
75 families	families with children who are experiencing or at-risk of homelessness	no limit for general program	no waiting list

1. What services are provided through the program?

The Families in Transition program provides support in accessing safe, affordable housing and comprehensive social services to families experiencing or at-risk of homelessness, enabling families to gain self-sufficiency and respect. This Program specifically works with families with children who are trying to find new rental housing or who are having difficulty keeping the housing that they currently reside. Many of the families that access the Program have exhausted all other resources.

This program works one on one with families to offer a comprehensive level of support. The Support Worker identifies key barriers in each family that restricts them from stabilizing their housing. Areas such as loss of identification, literacy, transportation, education, employment, childcare, income support, abuse issues, and addictions are just some of the areas that a support worker would explore. The program is focused on helping families gain stability, and developing skills for independent living.

2. Where does the program typically receive its referrals?

The FIT Program receives referrals from many different sources such as service agencies, shelters, Ontario Works caseworkers and many other community agencies. A strong referral framework has been set up with the neighbourhood sites and shelters in this region.

3. Where do staff/volunteers from this program typically refer people?

We try to link families with the most appropriate service. We could access mental health services, addictions services, pregnant and parenting supports, identification supports, emergency shelters and budgeting help resources. Such agencies include but are not limited to: The Working Centre, Canadian Mental Health Association, Waterloo Regional Homes for Mental Health, YWCA-Mary's Place, Bridges, Anselma/Haven House, Monica Ainslie, Marillac Place, F&CS, Catholic family counselling, along with many others.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
10%	0%	90%	80%	20%	0%	5%	35%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
25%	15%	50%	10%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	10%
portion of the year demand was <i>at capacity</i>	85%
portion of the year demand was <i>over capacity</i>	5%

Historical Trends:

Year	Total Served (duplicated)	Unique Individuals Served (unduplicated)	Average Number of Days Individuals Use the Program
2005	no data	98 registered families; 396 households one-time support	3 months
2006	no data	75 registered families; 250 households one time support	

Shorter Term Housing Stability Programs

Year	Total Served (duplicated)	Unique Individuals Served (unduplicated)	Average Number of Days Individuals Use the Program
2007	no data	93 registered families; 200 households one time support	
2008	no data	79 families registered; 125 households one time support	

4.9 Lutherwood: Housing Counselling

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Lutherwood	Kitchener	Kitchener, Waterloo, Wellesley, Wilmot and Woolwich	1980s

1. Why did the program begin?

The Lutherwood Youth Employment Centre (LYEC) began providing services to the youth of Kitchener-Waterloo in 1983. Through the life skills component of the employment programs a need for separate housing service was identified. In 1985, The Housing Registry for Youth became a component of the LYEC employment services.

2. What are the program's goals?

Our goal is to help individuals, couples and families to find and keep rental housing.

3. What are the primary reasons why people access the program?

Clients have to move or do not have permanent housing at the time.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The LYEC began providing services to the youth of Kitchener-Waterloo in 1983. Through the life skills component of the employment programs a need for separate housing service was identified. In 1985, The Housing Registry for Youth became a component of the LYEC employment services.

In June 1992, Social Planning Council of Kitchener-Waterloo began discussions with Lutherwood regarding the transfer of the Homeshare Program to the LYEC. This program matched people with rooms or homes to share to low income singles and couples, newcomers to Canada, sole support parents and senior citizens. The Social Planning Council believed that LYEC was already providing complimentary services through the Housing Registry to the Homeshare Program. In July 1992, Lutherwood officially assumed responsibility for this program with funding coming from the Ministry of Municipal Affairs and Housing, the Region of Waterloo and the United Way. This was a major shift for LYEC as there was now an adult component of its services.

In July 1993, Ministry of Municipal Affairs and Housing replaced the Access to Permanent Housing and the Homesharing initiatives with one new program called "Partners in Housing". At the request of Ministry of Municipal Affairs and Housing and in consultation with other funding bodies, Lutherwood consolidated the Housing

Registry for Youth and the Homesharing Program into one service and renamed it – The Housing Centre.

Between 1993 and 1995, The Housing Centre provided a variety of housing services to people of all ages. The two full-time staff provided services on site as well as outreach to local schools and community groups.

In December 1995, the Ministry of Community and Social Services ended their financial support of all community bases initiatives. LYEC lost support for their life skills program, which partially funded The Housing Centre. Although this resulted in the loss of .3 of a staff person, the overall services were restructured and housing services continued to be provided to both youth and adults.

During 1996, the Ministry of Municipal Affairs and Housing decided to terminate its funding for The Housing Centre. This reduction meant that The Housing Centre could no longer provide the breadth of depth of services which had been offered. The Housing Centre narrowed its services to focus solely on the housing need of youth and was adapted to be more “self-serve”. The name was changed to The Youth Housing Centre to reflect the population served.

In April 1997, Lutherwood was able to cobble together funding from a variety of sources in order to hire a full-time staff. The Lutherwood Family Foundation, the United Way, the Elmira Maple Syrup Festival and the Region of Waterloo contributed funds to The Youth Housing Centre.

In 2000, the United Way of Kitchener-Waterloo redefined its priorities and decided it could no longer fund The Youth Housing Centre. The Lutherwood Family Foundation was approached and agreed to provide funding for one year, so that the service could continue to operate while other sources of funding were explored.

In November 2000, funding was received from the Region of Waterloo to once again begin serving adults. In Kitchener, Lutherwood was the only housing service provider. However, in Cambridge, Lutherwood served the housing needs of adults, while the John Howard Society assisted youth. In order to streamline services, it was decided that in Cambridge, the John Howard Society would assist both youth and adults.

2002 was an exciting year for the Housing Help Centres. As there was no other agency serving the rental housing needs of seniors, staff began working with anyone over the age of 15. With funding from the National Child Benefit Program, The Rent Bank and Eviction Prevention Coordinator position was added. The staff person is situated in Kitchener, but offers Regional service. Finally, in 2003, the Families in Transition program was added, providing assistance to families experiencing homelessness. The entire spectrum of services was renamed the Housing Action Centre.

5. **How is the program funded? Is this funding time-limited or ongoing?**
The program is funded through the Region’s Housing Division (at 100% Regional dollars) and the Lutherwood Child and Family Foundation.
6. **How many full-time equivalent (FTE) employees currently operate the program?**
A full-time staff person works in the program.
7. **How many volunteers currently operate the program?**
None on a regular basis. Although we have the occasional placement student.
8. **What portion of clients are currently experiencing homelessness?**
100%, all clients have to move or do not have permanent housing at the time they contact the service.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
no capacity	people 16+	no time limit	no waiting list

1. **What services are provided through the program?**
There is no set limit. Staff tries to see clients within 2-3 days of them contacting the program and return phone calls the same business day. When requests for service are high, this time frame gets extended. There is a Housing Help Desk Monday to Friday between 1-3p.m. for those that would like more immediate service. It is a first come first serve drop-in time, so no appointment is necessary.
2. **Where does the program typically receive its referrals?**
Referrals came from:
 - Regional Social Services
 - Self/Friend/family
 - Within Lutherwood
 - Other Community Services
 - Shelters
 - Schools
3. **Where do staff/volunteers from this program typically refer people?**
Clients are referred if there is a service that would better meet their needs. The Housing Counselling service works with a large volume of clients. Other housing programs are able to offer more support.

Housing Workers at:

- Waterloo Regional Homes for Mental Health
- ROOF

- YWCA-Mary's Place
- House of Friendship
- Anselma House
- Working Centre
- Lutherwood – FIT, Rent Bank

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
67%	9%	24%	55%	45%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
2%	38%	57%	3%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	225 registered clients; 623 households one-time support	2-3 months
2006	204 registered clients	3 months
2007	130 registered clients	3 months
2008	245 registered clients; 1,104 unregistered clients	no data

4.10 Lutherwood: Rent Bank and Eviction Prevention Program

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Lutherwood	Kitchener	Waterloo Region	2002

1. Why did the program begin?

The Rent Bank and Eviction Prevention Program was established to provide a fund for assisting with rental arrears or last months rent deposits. Finding and maintaining a place of ones own was becoming increasingly difficult, especially for renters. There were fewer rental units available, the units that remained on the market were more expensive than ever and the changes to the Tenant Protection Act made it easier and quicker for landlords to evict tenants. It was with this awareness, that the Feasibility Study was undertaken to examine the possibility of creating a program here within Waterloo Region.

2. What are the program’s goals?

The goal of the program is to prevent homelessness in Waterloo Region, to stabilize the life situations of highly vulnerable individuals and families involved and reduce the strain on other components of the social service system, such as temporary shelters, community supports and social assistance.

3. What are the primary reasons why people access the program?

People fall into arrears or need assistance with the last months rent for a number of reasons such as:

- Difficulties with roommate
- Switching jobs and missing a pay period – switching jobs and getting a lower pay
- Employment Insurance including Maternity Leave
- Short Term Disability
- Long Term Disability
- WSIB
- Short-term financial crisis – unexpected expenses, an increased bill especially gas or hydro, car repair, death of a spouse etc.
- Unpaid sick days
- Wages reduced or garnished
- Relationship breakdown
- Money lost or stolen
- In a shelter or motel

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

No

5. How is the program funded? Is this funding time-limited or ongoing?

Initially, in 2002 the Rent Bank and Eviction Prevention Program was funded through the National Child Benefit and the Lutherwood Child and Family Foundation.

At this time, the Province of Ontario has created the Provincial Rent Bank Fund which provides funding for the Rent Bank loans provided for arrears only and covers a portion of the administrative component. The additional funds required for the administration of the loan fund is funded through the Lutherwood Child and Family Foundation and the Consolidated Homelessness Prevention Program. Loans for last months rent deposits are provided using the repayments dollars collected from previous recipients.

6. How many full-time equivalent (FTE) employees currently operate the program?

The program has a Coordinator which is a full-time position. Fortunately, Lutherwood is able to support the program in a variety of ways, providing some administrative assistance and reception, an IT Department, a Finance Department and supervision.

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

The Rent Bank and Eviction Prevention Program is meeting a need within the community, it is virtually the only resource for the “working poor” within Waterloo Region. The majority of clients are hard-working families who make slightly too much to qualify for social assistance, but do not qualify for any other type of financial assistance from banking institutions when their income is interrupted due to a short-term crisis. As a result, they face a very real and imminent threat of being evicted or have a very hard time securing an apartment.

100% of the clients accessing the Rent Bank could potentially experience homelessness. Realistically, it is believed that the majority of those seeking assistance from this program would muddle through – they would find the money somehow, they would stay with friends or family, they would find a new place to live. This is a population that can manage to accomplish amazing things with few resources.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
no set capacity	individuals, couples & families with children at-risk of losing housing or having difficulty securing a home due to sudden, short-term financial crisis	one Rent Bank loan at a time	no waiting list

1. What services are provided through the program?

The Rent Bank and Eviction Prevention program is a comprehensive and integrated program that prevents eviction and homelessness for low-income households in Waterloo Region by providing interest-free loans. Rent Bank loans enable vulnerable individuals and families to remain in stable and sustainable housing when they face the risk of losing their homes as a result of a sudden, short-term financial crisis. In addition, the Rent Bank loan can make it possible for individuals and families to secure a sustainable unit when moving is the best option. This program also offers a variety of supports, such as negotiation and mediation with landlords, advocacy and some budget counselling to stabilize or improve the life situations of our clients. The flexibility of the Rent Bank repayment policy also allows the clients it serves the time they need to gradually put their finances back on track.

2. Where does the program typically receive its referrals?

The goal of the outreach that was originally conducted was to reach tenants early in their housing crisis when the situation is better managed. Targeted outreach continues to occur which is directed towards community partners, other service providers, property management companies and landlords

3. Where do staff/volunteers from this program typically refer people?

- Catholic Family Counselling for budgeting assistance
- Regional Social Services for Discretionary Benefits and/or ongoing assistance through Ontario Works. Discretionary Benefits may be able to provide assistance in conjunction with the Rent Bank or when the Rent Bank Program is not able to assist. Referrals are also made to Regional Social Services for assistance with hydro and gas bills when appropriate.
- Share the Warmth to provide assistance with a gas bill.
- Housing Counselling either through the Housing Action Centre at Lutherwood, or Cambridge Career Connections/John Howard Society or the Families in Transition Program. There are times when tenants can not sustain the housing that they are in and need to find a new place to live. There are times when the housing is not suitable or stable or the eviction can not be prevented and tenants need assistance to find a new place to live. There are also times when getting a roommate to share the costs of the housing would make a difference to the

budget, which would make the housing sustainable and make a Rent Bank loan a possibility.

- Waterloo Region Legal Services. There are times when situations are such that getting assistance, advice or some advocacy from the legal clinic would be in the tenant's best interest.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
35%	10%	55%	%	%	%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	10%	79%	11%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	379	varies
2006	623	
2007	653	
2008	617; 260 loans	

4.11 Lutherwood: Whatever It Takes – Service Resolution

Background

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Lutherwood	Kitchener	Waterloo Region	2008

1. Why did the program begin?

As an interim action to the 2006 draft of *Understanding Homelessness and Housing Stability Experienced by Adults in Waterloo Region’s Urban Areas*, it was recommended that an ad-hoc working group be formed to further explore issues of persistent homelessness and produce a report. The *Report of the Ad-Hoc Working Group on Persistent Homelessness in Waterloo Region* was presented to Regional Council in September 2007. One of the recommendations from this report was to create new or enhanced existing service resolution models to serve people experiencing persistent homelessness.

2. What are the program’s goals?

- Engage individuals in the process of securing and maintaining housing
- Develop and implement service plans that will assist individuals to secure and maintain housing
- Identify and overcome systematic barriers which impact ability to secure and maintain housing
- Develop new ways for organizations to work together to address housing stability needs
- Reduce the number of individuals experiencing homelessness in the community

3. What are the primary reasons why people access the program?

Many have experienced greater than one year of homelessness, which can include periods of cycling in and out of hospitals or correctional facilities in-between periods of living on the streets or in emergency shelters. For some, homelessness has become the new “normal” where they have developed skills oriented to survival on the streets rather than to living in housing. Many have used emergency services extensively or have experienced persistent barriers to service that may have contributed to their homelessness. Participants are interested in finding solutions to their housing situation.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

No

4. How is the program funded? Is this funding time-limited or ongoing?

Funding to pilot the service resolution project was made available through the Federal Homelessness Partnering Initiative from January 2008 to March 2009. The

proposal was developed with Lutherwood offering to serve as project lead and sponsor. Other partners include:

- Trellis Mental Health and Developmental Services (who currently operate a non-mandatory service resolution model for adult mental health) offering in-kind support to assist in developing the pilot and facilitating service resolution meetings.
- Waterloo Regional Homes for Mental Health is providing in-kind case management and participant support.
- St. Mary’s Counselling has received on-going funding to develop Concurrent Disorders Shared Services Tables and will explore linkages with this pilot as it moves forward.
- The Centre for Community Based Research will be assisting in the pilot evaluation in conjunction with two other persistent homelessness pilots (Street Outreach and Streets to Housing Stability).
- The Region serves as the pilot funder and provides some further planning and evaluation support to the pilot.

5. How many full-time equivalent (FTE) employees currently operate the program?

1 full-time staff through Lutherwood, in-kind caseworker/support staff offered through Waterloo Regional Homes for Mental Health (on an as needed basis) and meeting facilitation offered through Trellis.

6. How many volunteers currently operate the program?

0

7. What portion of clients are currently experiencing homelessness?

100%

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
10 people	up to 10 people experiencing or at-risk of experiencing persistent homelessness	no service guidelines	no waiting list

8. What services are provided through the program?

WIT provides the following services:

- Consultation and referral regarding housing stability and health services.
- Facilitation of front-line service coordination.
- Limited case coordination for participants who don’t have this resource in place.
- Facilitation of inter-agency planning tables for the purpose of developing plans for long-term housing stability, development of action steps, monitoring of plans and ongoing contact/consultation with service providers and participants

- Facilitation of service resolution to address system level barriers to participants' achievement of long-term housing stability.
- Flex fund financial support to cover costs related to participants' long-term housing stability plans (where costs cannot be covered through existing resources).

9. Where does the program typically receive its referrals?

No data

10. Where do staff/volunteers from this program typically refer people?

No data

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	40%	60%	0%	%	13%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	25%	75%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	75%
portion of the year demand was <i>at</i> capacity	25%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2008	8*	no data

* The program officially began offering services in October 2008.

4.12 Mennonite Central Committee Ontario and YWCA of Kitchener-Waterloo: Circle of Friends

Background:

Lead Organizations	Main Office Location	Geographic Boundary	Year Program Began
Mennonite Central Committee Ontario and YWCA of Kitchener-Waterloo	YWCA-Mary's Place: Kitchener	Waterloo Region	2000

1. Why did the program begin?

Circle of Friends was developed in response to the observation by YWCA that a substantial and increasing number of residents of YWCA-Mary's Place (emergency shelter for women and their children experiencing homelessness) are experiencing or at-risk of persistent homelessness.

An analysis of this observation concluded that one factor that contributes to the high rates of shelter readmission is the absence of any form of transitional housing for the most vulnerable women, who are forced to return to the shelter because they lack the supports and skills to make successful moves to living independently in the community.

Prior to the Circle of Friends initiative, Mennonite Central Committee Ontario had created volunteer support groups around refugee families for several decades in Ontario with considerable success. In the late 1990s, they had also created a program for men after they had completed their incarceration due to sex offenses, to help them with reintegrating back into the community. These groups were used as models for Circle of Friends in Kitchener.

2. What are the program's goals?

The purpose of Circle of Friends is to support residents at YWCA-Mary's Place as they make the transition from homelessness back into the community and to help them maintain that housing. We do this by creating Circles for a resident by recruiting female volunteers to offer informal social support, facilitate access to community resources, and/or assist with daily living.

3. What are the primary reasons why people access the program?

Most of the women who access Circle of Friends are isolated or lonely, have few friends and family in the community, and they are usually dealing with some kind of personal issue, like mental illness or substance or alcohol use.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The program expanded in 2002 to include one-to-one, short-term supportive relationships for women that might not require the more intense support of a Circle of Friends. In the shorter-term support option, women are assisted with their actual move from homelessness through setting up and introducing her to resources and community programs in her new neighbourhood. Support is then phased off over a period of a few weeks or months and the woman is encouraged to lead her life.

Due to lack of funding, Circle of Friends suspended its operations in the spring of 2004 and resumed December 2004 because both Mennonite Central Committee Ontario and the YWCA K-W believed in the effectiveness of the project at YWCA-Mary's Place.

Since 2005 the project has been supporting approximately 8 YWCA-Mary's Place residents per year in a Circle of Friends. The project does not offer one-to-one, short-term relationships anymore. In 2006, Circle of Friends entered into a 3 year funding relationship with World Vision Canada, which allowed the project to hire an additional part-time staff person to assist in developing Circles.

5. How is the program funded? Is this funding time-limited or ongoing?

The pilot phase of the project was funded by the Provincial Homeless Initiative Fund. Funding was then received short-term project funding from the Supporting Community Partnerships Initiative and again from the Provincial Homeless Initiative Fund. The program is currently being supported by Mennonite Central Committee Ontario, but we also receive grants and donations through The Kitchener and Waterloo Community Foundation, The Frank Cowan Foundation, and donations from interested community members and church congregations. In 2006 Mennonite Central Committee Ontario entered into a 3 year funding relationship with World Vision Canada's "Partners To End Child Poverty" to fund Circle of Friends.

6. How many full-time equivalent (FTE) employees currently operate the program?

One full-time Project Manager and a half-time Project Assistant operates Circle of Friends.

7. How many volunteers currently operate the program?

Each year, Circle of Friends creates approximately 8 Circles per year. In each Circle, there are 2-3 female volunteers.

8. What portion of clients are currently experiencing homelessness?

All of the women that Circle of Friends supports have experienced homelessness at one point in their life. It is the goal of the project that these women find the supports necessary in our community to maintain their housing.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
depends on how many volunteers are recruited and trained	woman age 16+ transitioning from YWCA-Mary's Place	one year	0

1. What services are provided through the program?

Circle of Friends provides consistent yet flexible support to develop and apply the women's own strengths and resources, including problem-solving and decision making skills. The project also facilitates crisis management, provides practical support, and complements/supplements supports given through social networks and professional services. Circle of Friends facilitates a relational process of walking alongside a woman. We respond to individual poverty holistically, which allows individuals to grow in different aspects of their lives.

2. Where does the program typically receive its referrals?

YWCA-Mary's Place residents

3. Where do staff/volunteers from this program typically refer people?

Circle of Friends refers our members to many community agencies and organizations because we believe that the services are available and ready for our members, but there is a lack of awareness and communication between our members and those services. For example, some of our members may run out of food at the end of the month so we connect them with the food hamper program

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
54%	8%	38%	100%	0%	0%	2%	30%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
42%	18%	22%	18%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	4	usual commitment is one year, some have stayed connected for over 4 years
2006	10	
2007	8	
2008	8	

4.13 Reaching Our Outdoor Friends (ROOF): Youth Housing and Community Program

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Reaching Our Outdoor Friends (ROOF)	Kitchener	Waterloo Region	2004

1. Why did the program begin?

Many youth needed support in order to maintain housing. This program helps support youth for an amount of time (flexible depending on needs) after they have found housing. Some of these things include budgeting, advocating on behalf of youth, support in accessing programs and knowledge about tenant protection rights. As Federal Supporting Communities Partnership Initiative funding for 2003-2006 became available, a group of youth service providers identified that rather than each applying for an outreach worker that ROOF would apply and service clients seeking housing from all of their organizations.

2. What are the program’s goals?

The overall goal is to aid participants in strengthening their ability to find and maintain appropriate shelter, improve the quality of their life in order to maintain emotional, physical and mental health, and increase the individual’s sense of membership within the broader community

3. What are the primary reasons why people access the program?

Youth access our housing support program because they need assistance in finding and maintaining affordable and suitable housing. Housing stability allows for a change in the youth’s lifestyle and allows youth to make healthier choices regarding their future. Youth often need support regarding how to find housing, maintain it, what their rights are as a tenant, and how to budget in order to make ends meet. Youth seek assistance in learning where to find resources, or other relevant community services. These youth also receive assistance with Ontario Works, i.e., finding a trustee. Referrals to shelters. Assistance with filling out forms for I.D and community access housing forms.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The program has expanded over time to includes introduction to services and programs, budgeting and working with youth on their individual goals. This type of support helps aid in the maintaining of adequate housing and increase self-esteem. The shortage of appropriate and sustainable funding for staffing has meant that ROOF outreach workers have taken on a larger housing role.

5. How is the program funded? Is this funding time-limited or ongoing?

This pilot program is funded by the Federal Supporting Communities Partnership Initiative Fund and through ROOF until March 2007. In 2008, funding for this position is no longer available.

6. How many full-time equivalent (FTE) employees currently operate the program?

One full-time Youth Housing Worker operated the program, until 2008 at which time existing staff have been asked to take on this role.

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

85%

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines
8-12 for primary support; project can directly support up to 50 per year	youth who are experiencing or at-risk of homelessness ages 16-20	primary support for up to 3 months; secondary support for up to 5 months

1. What services are provided through the program?

The following activities are associated with the project:

- aid people assessed as prepared for independent living in making the transition from emergency shelters, transitional programs, or sub-standard/unsafe housing appropriate to their needs and income
- allow youth ongoing opportunities for further positive change once connected to stable housing
- provide individualized “hands on” support aimed at improving participants ability to maintain a healthy environment (housekeeping, budgeting, nutrition)
- provide individualized supports for conflict resolution skills development particularly in regard to roommate conflict, landlord tenant conflict, relationship conflict, peer guest conflict
- supports aimed at improving development of boundary strength in limiting potentially destructive influences of peer relationships connected to eviction issues and budget limitations
- focus on the participants’ development of membership within the broader community
- direct accompaniment and introduction to recreational, health, educational, self-help and social programs as relevant to individual client needs, including interactive participation

- direct support and advocacy regarding issues of eviction risk, and institutional involvement (schools, court, tribunal)

2. Where does the program typically receive its referrals?

Youth are referred to the program from ROOF or from other supportive programs in the community. Most common community referrals are St. Monica's house, Family and Children's Services and OSIS workers.

3. Where do staff/volunteers from this program typically refer people?

Clients are referred to several agencies, such as Ontario Works, the Working Centre, prenatal classes, or agencies that provide services for parents and children because many of the youth are pregnant or have a young child. Several other referrals are made to programs for schooling, and life-skills training or job search.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
80%	15%	5%	40%	60%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	100%	0%	0%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	50%
portion of the year demand was <i>at capacity</i>	50%
portion of the year demand was <i>over capacity</i>	0%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2006	161	3 months
2007	163	3 months
2008	163	3 months

4.14 The Working Centre: Housing Desk

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
The Working Centre	Kitchener	Kitchener & Waterloo	2003

1. Why did the program begin?

The Working Centre initiated the Housing Desk because of the understanding that, for many, stable housing is a foundation which must be in place before other challenges in their lives can be addressed (e.g., employment search, obtaining adequate food and clothing, dealing with conflict situations).

2. What are the program’s goals?

To support people in need of housing through the process of finding, establishing and maintaining a new home. We also link people with financial difficulties to community resources for eviction, trouble paying the bills, and other related issues.

3. What are the primary reasons why people access the program?

Some common ones are: Trouble finding appropriate housing that is truly affordable, mental health limitations, lack of confidence, new arrival to Kitchener, no last month’s rent or other financial complications, or frustrations with forms of social assistance, conflicts with landlords, and assistance in connecting with appropriate services. Another barrier to housing is often literacy and language confusion.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The Housing Desk now has one full-time position and one part-time position.

5. How is the program funded? Is this funding time-limited or ongoing?

The program is funded through agency fundraising, but could be more stabilized if further funding was available.

6. How many full-time equivalent (FTE) employees currently operate the program?

.5

7. How many volunteers currently operate the program?

2-3

8. What portion of clients are currently experiencing homelessness?

Roughly 75% of the population we work with at the housing desk has experienced homelessness, or are in danger of experiencing homelessness.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
no set capacity	adults (with or without children) in need of housing support on a drop-in basis	no time limit	no waiting list

1. What services are provided through the program?

The Housing Desk provides assistance with:

- Establishing the location of temporary places of shelter
- Searching for an apartment
- Problem solving through issues of financial obligations, and any frustrations involved in the housing search
- Liaison with Social Assistance intake and case workers
- Referrals for legal support
- Assisting with finding help moving household goods through The Working Centre’s Job Café program
- On-going support through links to employment counselling, language classes, computer training, addictions or mental health counselling, volunteer opportunities, etc.
- Providing a medium for landlords to directly advertise their affordable housing through our rental registry
- Directly linking with The Working Centre’s Integrated Supportive Housing where a more hands-on therapeutic approach would be beneficial
- Integrating those interested with volunteer opportunities in order to develop skills and gain a network of peer support

2. Where does the program typically receive its referrals?

Most referrals come from word of mouth, from internal referrals from Working Centre employment counselors, from St. John’s Kitchen, and from the downtown street outreach workers. Referrals also come from House of Friendship, YWCA-Mary’s Place, Region of Waterloo Social Assistance, Lutherwood, and Waterloo Regional Homes for Mental Health, as well as Mennonite Coalition for Refugee Support.

3. Where do staff/volunteers from this program typically refer people?

Youth are often referred to Lutherwood and, in some cases of more severe mental health limitations, referrals are made to Waterloo Regional Homes for Mental Health or Canadian Mental Health Association. Others are referred to community supports

(Waterloo Region Community Legal Services, Rent Bank and others as needed). We also link people with other working Working Centre initiatives such as the Worth a Second Look store for furniture and other housewares, and the Job Café for assistance in moving. We also directly refer appropriate individuals to our Integrated Supported Housing program.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
80%	15%	5%	20%	80%	0%	10%	35%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	25%	55%	20%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	0%
portion of the year demand was <i>at capacity</i>	90%
portion of the year demand was <i>over capacity</i>	10%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	362	1.5 visits
2006	436	1.5 visits
2007	681	1.5 visits
2008	690	2.5 visits

4.15 The Working Centre and YWCA-Mary’s Place: Streets to Housing Stability

Background:

Lead Organization	Main Office Locations	Geographic Boundary	Year Program Began
The Working Centre and YWCA Kitchener-Waterloo	Kitchener	Kitchener Waterloo	2008

1. Why did the program begin?

As an interim action to the 2006 draft of *Understanding Homelessness and Housing Stability Experienced by Adults in Waterloo Region’s Urban Areas*, it was recommended that an ad-hoc working group be formed to further explore issues of persistent homelessness and produce a report. The *Report of the Ad-Hoc Working Group on Persistent Homelessness in Waterloo Region* was presented to Regional Council in September 2007. One of the actions from this report was to “create and/or advocate for flexible, affordable, low demand housing with supports for people experiencing persistent homelessness”. This program will pilot how the provision of non-specific (i.e., not tied to a particular diagnosis) intensive support with supportive landlords in an existing housing scatter-site approach within the community can make a difference for people experiencing persistent homelessness.

2. What are the program’s goals?

To support people experiencing persistent homelessness to transition to housing stability which is anticipated to result in reduced costs to emergency, social and health systems and improved quality of life. This goal supports the Regional Municipality of Waterloo Council’s approved target to end persistent homelessness for 50 people by the end of 2010.

Through a four-phased, participant-driven approach modeled closely on Toronto’s “Streets to Home” program, the Streets to Housing Stability pilot program works with participants to achieve short, medium and long-term outcomes on their path to housing stability. The four phases that participants are expected to move through are:

Phase 1	Phase 2	Phase 3	Phase 4 (with sub-phases)
Initial Contact, Assessment and Intake	Pre-Housing	Securing Housing	Housing Stability

There are several key items to consider when a participant is working through the phases of this program:

- A key feature of the Streets to Housing Stability Program is the provision of a wide array of supports for participants. Obtaining housing is only one of three elements necessary to create housing stability. Participants must also be connected with sufficient income and the opportunity to access the supports (informal and/or formal) of their choice, as desired.
- Phases are not centered on time – participants can move through at their own pace. While this program’s support component will end after 12 months, the participant should be connected to other formal and informal supports for assistance.
- While phases are presented in a linear format, in actuality, participants may cycle back and forth between phases, even returning to the street. A return to the street does not mean that the participant has “failed” or will be removed from the program; this will be considered a part of the process to increase the participant’s housing stability.

Each phase has a multiplicity of smaller components – the participant’s pathway through each component is individualized to suit the participant’s needs.

3. What are the primary reasons why people access the program?

Many have experienced greater than one year of homelessness, which can include periods of cycling in and out of hospitals or correctional facilities in between periods of living on the streets or in emergency shelters. For some, homelessness has become the new “normal” where they have developed skills oriented to survival on the streets rather than to living in housing. Many have used emergency services extensively or have experienced persistent barriers to service that may have contributed to their homelessness. Participation is voluntary and participants are interested in finding solutions to their housing situation.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

No

5. How is the program funded? Is this funding time-limited or ongoing?

The Working Centre and YWCA Kitchener-Waterloo submitted proposals for funding this pilot through the Region of Waterloo under the federal Homelessness Partnering Strategy (HPS). With limited funding available through HPS, only the Working Centre proposal was able to be funded through this source from May 2008 to March 2009. However, with funding through the Region’s Homelessness to Housing Stability Strategy Fund, the YWCA Kitchener-Waterloo proposal was funded as well from May 2008 to March 2009. Additional funding through HPS has been secured to allow these two Streets to Housing Stability pilots, one for men and one for women, to continue to be operated in tandem from April 2009 to March 2011.

6. How many full-time equivalent (FTE) employees currently operate the program?

1 FTE for each organization

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

100%

Services:

Number of Hours Per Week	Eligibility
equal to 1 full-time staff at each site (35-37.5 hours)	singles & couples experiencing persistent homelessness

1. What services are provided through the program?

Whatever it takes to connect with someone and support them to find and maintain housing. Some limited flex funds are available to support housing plans. Some examples include:

- Assistance finding suitable housing, potential landlords
- Help to navigate income supports
- Long-term support and problem-solving
- Assistance matching tenants with landlords as appropriate
- Problem-solving and links to community resources as needed
- Help with navigating guaranteed rental payment directly to landlord

2. Where does the program typically receive its referrals?

The agencies themselves and the Persistent Homelessness Reference Group.

3. Where do staff/volunteers from this program typically refer people?

Participants are not referred anywhere but rather formal and informal supports are integrated into their circle of supports.

2008 Trends:

Note: As the program started at each site in the late summer of 2008, only limited data is available.

Singles	Couples	Families
100%	0%	0%

Females	Males	Other
33%	67%	0%

Aboriginal	Born Outside of Canada
%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	5%	66%	29%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Client Contacts (duplicated count)	Unique Individuals Served (unduplicated count)	Direct Service Hours With Clients	Hours Outside of Direct Service*
2008	YWCA K-W: no data	YWCA K-W: 7	YWCA K-W: no data	YWCA K-W: no data
	Working Centre: no data	Working Centre: 14	Working Centre: no data	Working Centre: no data

* For example, networking with other agencies, interactions with businesses or other activities not related directly to one-on-one client support.

4.16 Waterloo Regional Homes for Mental Health Inc.: Outreach and Case Management Services

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Programs Began
Waterloo Regional Homes for Mental Health Inc.	Kitchener	Waterloo Region	<u>Registry</u> : 1986 <u>Outreach</u> : 2002 <u>Case Management</u> : 2005

1. Why did the program begin?

The services offered by Waterloo Regional Homes for Mental Health Inc. began in 1985 by offering a housing service called housing registry for individuals with a mental health issue who were struggling to find housing. Over time we learned that often the support needed is not only about finding housing but also about providing supports to ensure housing is as successful as possible thus we moved towards a housing and outreach support program. More recently we have referred to our service as outreach and case management. Determination of which service will provide support to an individual will be based on needs identified.

2. What are the program’s goals?

- To help individuals find decent and affordable housing.
- To ensure support, assisting the person to meet their basic needs (e.g., food, shelter, medical attention).
- To support people experiencing homelessness to become more knowledgeable about the resources and options available to them in their communities.
- To ensure individuals are aware of choices that sustain their personal goals related to independence and quality of life and support them in exercising their options.

3. What are the primary reasons why people access the program?

Many are discharged from the hospital without housing or unable to access long-term support services. For other people they are in a crisis and are seeking immediate support to meet their needs.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

No

5. How is the program funded? Is this funding time-limited or ongoing?

Outreach: Financial support for the project was provided initially through Federal Supporting Communities Partnership Initiatives and then two sequential six-month

installments by two different funders. Initial support was provided by the Region of Waterloo through the Provincial Homelessness Initiative Fund and the second half of the initiative was funded by the Ontario Trillium Foundation. Current funding for Waterloo Regional Homes for Mental Health Inc. is provided by the Ministry of Health and Long-Term Care until December 2010.

Case Management: This annualized program was recently funded by Ministry of Health and Long Term Care.

6. How many full-time equivalent (FTE) employees currently operate the program?

There are two staff for the outreach services and two short-term case coordinators. All are supervised by our intake worker.

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

Almost all.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
200–300 people per year	people ages 16+ experiencing or recovering from serious mental health issues	3-6 months, with some flexibility	no waiting list

1. What services are provided through the program?

- Engagement with, and provide short-term support for individuals with serious mental health issues experiencing or at-risk of homelessness.
- Help individuals locate affordable, safe (emergency and permanent) housing accessible to people with mental health issues. For example, workers compile weekly lists of available housing from local news, community papers and housing lists from other organizations; workers also advocate with landlords to expand the stock of available housing for people with mental health issues. Staff members also help clients to fill out necessary forms or retrieve documents to acquire housing (e.g., subsidized housing, Ontario Disability Support Program support, Ontario Works).
- To support people with serious mental health issues in order to prevent them from losing their housing whenever possible (through education, support and advocacy).
- To make referrals and provide information about a wide range of basic needs services (food banks, soup kitchens, drop-in centres, shelters, bus tickets).

- Advocate with and on behalf of individuals with serious mental health issues for affordable, safe housing and access to services.
- Assist individuals in making contact with services and support them in attending appointments as necessary.

2. Where does the program typically receive its referrals?

Referrals are accepted from the person, family members, doctors, hospital inpatient and outpatient staff, social workers, as well as other community agencies and housing providers.

3. Where do staff/volunteers from this program typically refer people?

All basic need/health care services are utilized in referrals, such as: psychiatrists, Community Care Access Centre, Canadian Mental Health Association (e.g., employment programs, court support), health services (e.g., dental), social assistance (e.g., getting people started on programs or accessing Start Up funding), Food Hampers, Community Outreach Treatment Team of Grand River Hospital, Grand River Hospital, Cambridge Memorial Hospital, Hazelglen, Assertive Community Treatment Teams, shelters, Lutherwood, places to access furniture, Community Legal Services, faith communities, self help groups, and other services and supports that may meet the needs of the person.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
90%	10%	0%	45%	55%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	5%	83%	12%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2006	88	1-3 months
2007	179	1-3 months
2008	300	1-3 months

4.17 Women’s Crisis Services of Waterloo Region: Outreach and Transitional Support Program

Background:

Lead Organization	Main Office Locations	Geographic Boundary	Year Program Began
Women’s Crisis Services of Waterloo Region	Haven House: Cambridge Anselma House: Kitchener	Waterloo Region	1998

1. Why did the program begin?

The Outreach and Transitional Support Program is a free, confidential service available to abused women and their children who have either resided at the shelter and are transitioning to independence or to women still in abusive situations who are seeking assistance. There was a need for transitional support for women in abusive relationships; as there are still very few options available to women during this difficult time in their lives. Outreach workers help to compensate for the reality that many clients have limited experience with living on their own, taking care of their own finances, and dealing with single parenthood and/or managing court disputes.

2. What are the program’s goals?

To support women in the community to move beyond violence and maintain abuse-free lives for themselves and their children. To advocate for clients, and work in partnership, with such services as: legal services; Family and Children’s Services; police services and their landlords.

3. What are the primary reasons why people access the program?

Forms of abuse include physical, verbal, sexual, mental, psychological, emotional, cultural, financial and/or threats of harm. Abuse usually takes on more than one form.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The program has continued to grow since its inception.

5. How is the program funded? Is this funding time-limited or ongoing?

The Ministry of Community and Social Services is the main funder of Women’s Crisis Services of Waterloo Region. Other funding sources include the United Way of Kitchener-Waterloo, the United Way of Cambridge and North Dumfries and community-wide fundraising.

6. How many full-time equivalent (FTE) employees currently operate the program?

To date we have 6 full-time Outreach workers who service Waterloo Region, plus an Outreach Manager who oversees the program.

7. How many volunteers currently operate the program?

Approximately sixty volunteers are shared between the two shelter sites and the Outreach program.

8. What portion of clients are currently experiencing homelessness?

This not our mandate.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
no data	women 16+ who are experiencing or have experienced abuse in an intimate or familial relationship	varies	no waiting list

1. What services are provided through the program?

- One-on-one support (at the women’s home if it is safe to do so, at the agency or within the community)
- Assist and/or accompany to various appointments where a woman might feel intimidated to go alone (e.g., court) and to advocate as needed (e.g., with landlords)
- Complete individualized safety plans
- Assist with immigration services
- Group assistance is also provided – “Safe Steps” groups run simultaneously for mothers and their children (topic areas include: how to break the cycle of abuse; techniques to teach children how to handle anger; healthy relationships; the impact of violence on their children). Dinner, taxi fare and childcare are provided at all groups so that there are no barriers to attendance.

2. Where does the program typically receive its referrals?

Referrals are received from partner agencies, community members and the women themselves.

3. Where do staff/volunteers from this program typically refer people?

Outreach workers are not clinical therapists, their focus is to support and advocate around issues of abuse. Therefore, connecting women with the appropriate community resources is critical and an important aspect of the program.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	100%	0%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	99%	1%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005/2006	503 women	varies
2006/2007	1,087 women	
2007/2008	1,254 women	

5. Transitional/Time-Limited Housing

What is transitional/time-limited housing?

Transitional/time-limited housing serves in a number of ways to promote housing stability. For people experiencing homelessness, these programs provide a safe, supportive environment where residents can address the issues that lead to their loss of housing and/or that prevented them from maintaining their housing. The residential programs also offer individuals and families in transitional situations the opportunity to build the necessary skills, resources and support networks to fully into the community, maximize self-sufficiency, and maintain housing stability in the long-term.

Unlike emergency shelter, a planned intake is required and the support is longer term, more service intensive and more private. Unlike permanent housing, access to the housing is time-limited and not subject to the Residential Tenancies Act (RTA).

How are programs funded?

There is no core governance across the various transitional/time-limited housing programs in Waterloo Region. Programs are funded through many different sources.

What is the local capacity in this area of the system?

There are nine transitional/time-limited housing programs serving the following populations:

- families;
- young pregnant and parenting women;
- male ex-offenders from the federal corrections system;
- refugees; and
- youth.

Overall, there are 178 units/spaces available in the community (plus spaces for children the maternity homes). The majority of the housing units/spaces are located in Kitchener (74%) with 14% located in Cambridge and 12% located in Waterloo.

In 2008, 735 people were housed in these programs. The longest average length of stay was twelve months.

No new programs have been introduced since 2004

Table 6: Overview of Transitional or Time-Limited Housing

Organization and/or Program	Housing Location	Eligibility	Capacity to House	Length of Stay Guidelines	Waiting List	Unique Individuals Housed	Geographic Boundary
General Transitional Housing							
5.1.1 The Working Centre: Integrated Supported Housing	Kitchener	individuals ages 16+	25 units	up to 12 months	no waiting list	2008: 56	Waterloo Region
Family Homes							
5.2.1 Lutherwood: Families in Transition Program	2 houses in Kitchener; 1 house in Cambridge	families with children who are eligible for Ontario Works	3 families at a time; up to 10 family members in each family, depending on the house	3 months	no waiting list	2008: 67	Waterloo Region
Maternity Homes							
5.3.1 Saint Monica House Inc.: Monica-Ainslie Place	Cambridge	single mothers ages 16-22 with up to 2 children	15 single mothers & their children	residency limit of up to 2 years	0	2008: 165	Waterloo-Wellington & Dufferin Counties
5.3.1 Saint Monica House Inc.: Saint Monica House	Waterloo	females ages 12-22	22 pregnant young single mothers	8 weeks post-natal			
5.3.2 Society of St. Vincent de Paul: Marillac Place	Kitchener	females ages 16-25; new mothers with children under 12 months	10 pregnant young single mothers; total capacity is 21 beds	12 months; children can only be up to 12 months of age	0	2008: 49	Waterloo Region & beyond

Table 6: Overview of Transitional or Time-Limited Housing (continued)

Organization and/or Program	Housing Location	Eligibility	Capacity to House	Length of Stay Guidelines	Waiting List	Unique Individuals Housed	Geographic Boundary
Post-Incarceration Transitional Housing							
5.4.1 Salvation Army: New Directions	Kitchener	male ex-offenders from federal corrections system	28 men (22 private rooms & 2 3-bed dormitories)	3 months; may extend up to Warrant Expiry Date	3-4	2008: 84	Waterloo Region
Settlement Homes							
5.5.1 International Teams Canada and Ray of Hope: Welcome Home	Kitchener	refugees: individuals & small families	9 rooms & 2 apartments; 16 people maximum	up to one year	40	2008: 17	Kitchener-Waterloo
5.5.2 K-W House Church Assembly Inc.: Reception House (101 David)	Kitchener	government sponsored refugees	1 house with 12 rooms; 26 people maximum	up to 10 days, possibly longer	no waiting list	2008: 278	Kitchener-Waterloo
Youth Homes							
5.6.1 House of Friendship: Kiwanis House	Kitchener	young men ages 16-19	6 spaces	11 months	no waiting list	2007/2008: 19	Waterloo-Wellington County

Note: Table is organized by type of housing, location and then by agency in alphabetical order.

5.1 General Transitional Housing

5.1.1 The Working Centre: Integrated Supported Housing

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
The Working Centre	downtown Kitchener	Waterloo Region	2001

1. Why did the program begin?

The Working Centre began its Integrated Supported Housing because we saw a need to support individuals who were trying to make significant life changes. Some individuals needed a more focused and supported approach to build personal strength and life habits as they move towards more stable housing. The units were designed as a launching point towards stable housing, employment and active involvement in the community.

2. What are the program’s goals?

The Working Centre provides safe, shared housing for women and men in transition – between jobs, from a difficult relationship, in recovery from addictions, or otherwise needing a temporary place to live. Assistance is provided in making the transition to permanent housing.

3. What are the primary reasons why people access the program?

The reasons are many but include: mental health, addiction recovery, eviction, between jobs, relationship break-down, ready for a first step out of the shelter system, new to Kitchener, just released from incarceration, waiting for child custody court dates. Our housing offers a platform while the tenants are dealing with a range of other complex issues in their lives.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The Working Centre has always sought to add to the base of affordable housing in this community with every opportunity we find. When the program began in 2001, we provided 2 units of affordable housing available for short or long-term rent for up to 6 individuals. Currently we have a total of 25 units available. Our most recent addition was 66 Queen Street housing where 8 more units became available summer of 2006.

5. How is the program funded? Is this funding time-limited or ongoing?

The Working Centre’s housing is not funded by any particular program or service. The affordable rents collected from the tenants are used to off-set our expenses in

providing this housing. Through the generosity of individuals in our community, we've been able to cover the operating costs of the housing, as well as provide capable staff support to the tenants. We offer a 24-hour emergency response, weekly meetings and support to maintain a positive plan of action for each resident, and work to integrate residents into the other Working Centre projects and activities.

6. How many full-time equivalent (FTE) employees currently operate the program?

The Working Centre has 1 full-time and 1 part-time staff that support people in our housing.

7. How many volunteers currently operate the program?

As the focus of our work is integrating the people we house into the network of volunteer opportunities available at our organization and our partners, we have many of the people we house engaged in a number of projects. One of the members of our housing is currently a part of the Computer Recycling program; several others are members of the Job Café program. Many of those involved with our housing volunteer at St. John's Kitchen. On an average day, we have roughly a third of those housed with us involved in various Working Centre projects.

8. What portion of clients might experience homelessness without the program?

Primarily people are quite resourceful in finding housing supports. Many of the individuals we assist would find themselves in inadequate housing that exacerbates the other complex challenges they face in their lives. Some might find themselves homeless. A number have experienced homelessness before being a part of Integrated Housing.

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
25 units	individuals ages 16+	up to 12 months	no waiting list

1. What services are provided through the program?

The Working Centre offers twenty-five units of shared affordable, transitional housing. We provide thirteen units of men's shared housing, eight units of women's shared housing, and two units for a bachelor, and two units designed for a couple. Throughout the program we have housed singles, families, couples and refugees in the various housing options we provide.

The Working Centre provides a supportive environment: staff provide addictions recovery support, accountability, links to other services, problem-solving, and finding more permanent accommodations through direct links with our Housing Desk. These supports can be quite extensive depending on the needs of the individual.

2. Where does the program typically receive its referrals?

Many referrals are in-house through other programs or by word of mouth. We also receive referrals from Grand River Hospital Psychiatric Unit, YWCA-Mary's Place, Lutherwood, House of Friendship's Men's Hostel, Waterloo Region Street Outreach Workers, Community Justice Initiatives, AlControl, 174 King, Grand Valley Institute, and the Kitchener Downtown Community Health Centre.

3. Where do staff/volunteers from this program typically refer people?

We refer people to addiction services, counselling services, Waterloo Regional Homes for Mental Health, Canadian Mental Health Association, Community Legal Services, Grand River Hospital Psychiatric Services, ROOF, Catholic Family Counselling, the John Howard Society, St. Mary's Counselling, Psychiatric Outreach Project, the Community Housing Access Centre and private landlords. We refer to a wide array of resources based on a resident's individualized plan.

The Working Centre's Housing Desk works to help people find alternative housing. If we can't help someone find rental accommodations quickly enough we refer to YWCA-Mary's Place, House of Friendship's Charles Street Men's Hostel or Out of the Cold.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
94%	6%	0%	39%	61%	0%	5%	13%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	27%	50%	21%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	16%
Portion of the year demand was <i>at capacity</i>	84%
portion of the year demand was <i>over capacity</i>	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	118	2-3 months
2006	59	3 months
2007	96	7 months
2008	56	8.3 months

5.2. Family Homes

5.2.1 Lutherwood: Families in Transition (Housing Program)

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Lutherwood	2 houses in Kitchener; 1 house in Cambridge	Waterloo Region	2003

1. Why did the program begin?

Lutherwood Families in Transition Housing Units is a component of the Families in Transition (Support Program – program 4.7). It began as a resource for families who were having difficulty accessing suitable, safe affordable housing. Availability to houses can be used as a tool in supporting a family who is already registered with the Families in Transition program in efforts to find alternate permanent housing.

2. What are the program’s goals?

The goals of the program are to provide families with safe affordable transitional housing as they search for a more suitable, long-term or permanent housing solution. The program is focused on helping families gain stability, and developing skills for independent living. Parents and children are assisted to obtain and utilize a full range of services to help them function as independently as possible and make a successful move to permanent housing.

3. What are the primary reasons why people access the program?

Families who access this program are experiencing homelessness or are having difficulty keeping long-term housing due to any number of reasons.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

In the first year of operation the Region added one transitional housing unit to the program for Lutherwood to use within the Program. In 2004 two additional homes were added for the Program as well bringing the total to three homes for the Program.

5. How is the program funded? Is this funding time-limited or ongoing?

This program is funded through the Region of Waterloo.

6. How many full-time equivalent (FTE) employees currently operate the program?

1 full-time equivalent employee

7. How many volunteers currently operate the program?

None

8. What portion of clients might experience homelessness without the program?

This number is very difficult to capture. We do believe that without Program involvement many of these families might have been homeless for longer periods of time or might have experienced homelessness more often. Families that we support usually have many barriers that need to be taken into consideration before alternate housing can be found. Without the support of the Program families may or may not find alternate housing. The hope is that families will always receive support needed from others to help them into some form of housing whether it be an emergency shelter or shared accommodation.

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
3 families at a time; up to 10 members in each family, depending on the house	families with children who eligible for Ontario Works	3 months	no waiting list

1. What services are provided through the program?

Services include but are not limited to housing supports, maintaining housing, eviction prevention, referrals to community resources, employment supports, health support, transportation, child care, education, identification, counseling, income supports, and recreation.

2. Where does the program typically receive its referrals?

The program receives referrals from many community agencies such as neighborhood sites, health clinics and schools. Most referrals come from shelters and Ontario Works.

3. Where do staff/volunteers from this program typically refer people?

We refer to WRHMH if a family presents with a mental health issue. We also refer to many community resources depending on the specific needs of the family including, employment, education and health.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
0%	0%	100%	80%	7%	13%	0%	33%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
64%	12%	22%	2%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	5%
portion of the year demand was <i>at capacity</i>	80%
portion of the year demand was <i>over capacity</i>	15%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2008	67	69 days

5.3 Maternity Homes

5.3.1 Saint Monica House Inc.: Monica-Ainslie Place and Saint Monica House

Background:

Lead Organization	Location	Geographic Boundary	Year Program Began
Saint Monica House Inc.	Cambridge: Monica-Ainslie Place Waterloo: Saint Monica House	Waterloo Region, Wellington and Dufferin	1968 (in Waterloo)

1. Why did the program begin?

The organization began as a centennial (1967) service project sponsored by the Anglican Diocese of Huron. The founding Board of Directors researched the need for services to unmarried mothers, selected the site in Waterloo and proceeded to raise funds for the actual building. The first building known as Saint Monica House opened as a 26-bed expecting residence for pregnant adolescents in 1968. In those times, it was common for single, pregnant adolescents to stay at a maternity home outside of their community throughout their pregnancy, and then to place the child for adoption and return home.

2. What are the program’s goals?

Saint Monica House Inc. provides professional support for pregnant young women and young parents and their children, through residential, supported housing, and community programs.

3. What are the primary reasons why people access the program?

Housing, counselling, education (school) support.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

In April of 1970, a school was established at Saint Monica House, allowing young women to continue their education during their stay. Over the years, services have expanded to include a full day program for residents and non-residents. In May 1992, the first residential postnatal program was implemented. Four rooms were converted to provide short-term accommodations for young mothers and their infants. In September 1992, Monica-Ainslie Place opened as a 16-unit housing complex and resource centre in Cambridge called the Monica Resource Centre.

5. How is the program funded? Is this funding time-limited or ongoing?

Agency applies annually for a grant to Ministry of Community and Social Services and fundraisers; nominal fees.

6. How many full-time equivalent (FTE) employees currently operate the program?

25 staff.

7. How many volunteers currently operate the program?

Approximately 70 volunteers.

8. What portion of clients might experience homelessness without the program?

100% of clients in the residential program.

Services:

Residence	Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Current Waiting List
Monica-Ainslie Place	15 single mothers & their children	single mothers ages 16-22 with up to 2 children	residency limit of up to 2 years	0
Saint Monica House	22 pregnant young single mothers	females ages 12-22	8 weeks post-natal	

1. What services are provided through the program?

- Monica Ainslie Place offers 15 two-bedroom furnished apartments and is operated as a supportive housing project. Group and individual programs are offered to tenants and residents of the Cambridge community through Monica Resource Centre on the first floor of Monica-Ainslie Place.
- Saint Monica House has 18 beds in its residence (12 beds for mothers, 4 beds for infants and 2 emergency beds).
- Additional support services include: life skills training, parenting classes, workshops (decision making, self-awareness, independent living, budgeting, personal health, conflict resolution and relationships), individual and group counselor, health care and prenatal classes, pre and post adoption support, career counselor, recreational opportunities, a toy lending library and referrals to other community services.
- Participants can earn credits toward an Ontario Secondary School Diploma by attending an accredited school program with an on-site nursery (for babies up to 11 months of age).
- On-call support is available 24 hours a day, seven days a week.

2. Where does the program typically receive its referrals?

Referrals come from a variety of sources: community health, probation/parole, ROOF, Out of the Cold churches, Langs Farm, Family and Children's Services, school boards, Grand River hospital and Cambridge Memorial Hospital, families, churches, peers.

3. Where do staff/volunteers from this program typically refer people?

Other community agencies, depending upon discharge plans.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	100%	0%	0%	1%	3%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
10%	90%	0%	0%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	168	Saint Monica House: approx 4 months Monica Ainslie: approx. 11 months
2006	192	
2007	190	
2008	165	

5.3.2 Society of St. Vincent de Paul: Marillac Place

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Society of St. Vincent de Paul	Kitchener	Waterloo Region and beyond	1987

1. Why did the program begin?

The first site was purchased in 1987 to address the homelessness and abuse issues of women in general. In 1992, our focus became the very specific needs of young mother-led families.

2. What are the program’s goals?

Marillac Place resolves to give mothers the tools to become effective parents and self-supporting, responsible members of the community. Our goal is to provide chances for brighter futures to mother-led families, helping them to break the cycle of homelessness and poverty.

3. What are the primary reasons why people access the program?

The majority of the clients using the services of Marillac Place come to us to achieve stable housing, to regain custody of their children, to keep custody of their children, or for support and assistance with securing stable housing in the community.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Marillac opened its doors in 1987 as a shelter for abused women. In 1992 Marillac Place’s mandate was changed to specifically focus on assisting young mothers in order to meet the evolving needs of the community. From 1987-2001 Marillac Place could only accommodate 5 families. In 2001, Marillac Place moved to 109 Young Street, this allowed Marillac Place to expand occupancy to 10 families at a time. In the past couple of years we have also completed the renovations of the century old coach house at the back of our property. The Coach House now offers expanded programming and childcare areas.

5. How is the program funded? Is this funding time-limited or ongoing?

Marillac Place is owned and operated by the Society of St. Vincent De Paul but the majority of our funding comes from donations from churches, agencies, groups and private individuals. A portion of the funding for Marillac Place comes from the rental costs paid by residents. As of 2007 we also receive per diem funding from the Region of Waterloo.

6. How many full-time equivalent (FTE) employees currently operate the program?

Marillac Place has 5 full-time staff positions. Full-time staff primarily work Monday to Friday. Holidays, vacation time, weekends and some overnights are covered by relief staff. Marillac Place has approximately 12 part-time and relief staff.

7. How many volunteers currently operate the program?

Volunteers play an extremely important role in the services offered by Marillac Place. Marillac Place currently has over 20 active volunteers who assist with fundraising, childcare, tutoring, computers, programming and other services offered by Marillac Place.

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
21	females ages 16-25; new mothers with children under 12 months	12 months; children can only be up to 12 months of age	0

1. What services are provided through the program?

Marillac Place offers accommodation in furnished private rooms, and 24-hour staff support to parenting youth to help them develop the parenting and life skills needed to live independently in the community. Peer support is provided, which is a key aspect of the supportive process. Other services include: baby furniture and toys, laundry facilities and supplies, use of TV and DVD, and use of fully equipped kitchen. Marillac Place is currently up to date with all amenities including central air. On-site programming includes: life skills transition (cooking, nutrition, menu planning, budgeting, cleaning and household responsibilities, safety, stress/anger management, self-esteem, etc.), independent living groups (setting up and paying bills, landlord/tenant issues, budgeting, grocery shopping, learning how to access the community, etc.), child care guidance, and goal planning. Support is also provided to women after they depart from the Residential program, including: group programs, advocacy, help with budgeting and subsidized housing, linkages to community resources, education liaison and support, and assistance with landlords, court, food hampers, clothing, furniture, resumes and career development.

2. Where does the program typically receive its referrals?

Clients can self-refer to Marillac Place or can be referred by the client's family members and friends. Family and Children's Services, Probation, Healthy Babies

Healthy Children, doctors, and other community agencies are also able to refer to Marillac Place.

3. Where do staff/volunteers from this program typically refer people?

Marillac Place strongly encourages all residents to continue their education and to attend extensive programming within the community. We are able to refer clients to ROOF, Lutherwood, various schools, Healthy Babies Healthy Children, community programming and counselor services.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
58%	0%	42%	82%	18%	0%	0%	2%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
43%	45%	12%	0%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	61	87 days
2006	53	91 days
2007	71	80 days
2008	49	93 days

5.4 Post-Incarceration Transitional Housing

5.4.1 Salvation Army: New Directions

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Salvation Army	Kitchener	Waterloo Region	1955 (formerly Booth Centre)

1. Why did the program begin?

New Directions was established originally as a hostel serving men in need of emergency housing.

2. What are the program’s goals?

The goal of the program is to help ex-offenders reintegrate into the community following release from a federal correctional facility.

3. What are the primary reasons why people access the program?

Individuals access our services to provide a transition from a Federal Penitentiary to the community. New Directions assists individuals in their rehabilitation goals. This is accomplished by accepting them into the community and providing them with a stepping stone to re-integration as productive citizens. Services are provided that will best meet their individual needs in a safe, secure, environment. The structure ensures minimum risk to the community while providing the best opportunity for clients to meet the conditions of their release.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

In 1990-91, extensive renovations took place with additional programs being implemented in the area of addictions, a correctional residential facility, as well as continuing as a men’s shelter. In 2002 all beds were changed to private rooms. At the end of March, 2003 the hostel was closed leaving the half-way house as the function of the center. The school is set up on the lower floor. A new dorm was recently added that increased capacity from 25 to 28 beds.

5. How is the program funded? Is this funding time-limited or ongoing?

The program is funded by the Salvation Army and Corrections Canada.

6. How many full-time equivalent (FTE) employees currently operate the program?

New Directions employs a total of 15.

7. How many volunteers currently operate the program?

At present no volunteers are working at New Directions.

8. What portion of clients might experience homelessness without the program?

Although this statistic is impossible to state with accuracy, I would expect that 25% of our clients would experience homelessness if not allowed the support of New Directions to establish a base upon which to build.

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
28 men (22 private rooms & 2 3-bed dormitories)	male ex-offenders from federal corrections system	3 months; may extend up to Warrant Expiry Date	3-4 waiting list

1. What services are provided through the program?

New Directions is a two-storey building with a capacity of 28 correctional beds. Of this number 22 are private rooms and two 3 bed dormitories. There is a sitting area with a television, kitchenette and pay phone. There is a dining room where 2 hot meals and one bagged lunch are prepared by qualified staff. There is a chapel and chaplain on location for spiritual needs. The center is located close to the Kitchener downtown area, public transportation, hospitals and recreational facilities.

2. Where does the program typically receive its referrals?

Referrals come to us from individuals incarcerated in Federal Penitentiaries and parole officers working with them.

3. Where do staff/volunteers from this program typically refer people?

Each individual is assisted in meeting his reintegration plan. This necessitates referrals to a broad range of agencies and professionals. Some of these would be OHIP offices; medical professionals; addiction councilors; work placement offices; and in some cases provincial social services.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	0%	100%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	5%	92%	3%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	1%
portion of the year demand was <i>at capacity</i>	18%
portion of the year demand was <i>over capacity</i>	81%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Length of Stay
2004/2005	52	97 days
2005/2006	55	74 days
2006/2007	76	89 days
2007/2008	84	120 days

5.5 Settlement Homes

5.5.1 International Teams Canada and Ray of Hope: Welcome Home

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
International Teams Canada and Ray of Hope	Kitchener	Kitchener-Waterloo	2004

1. Why did the program begin?

International Teams Canada and Ray of Hope felt that there was a need to address the plight of those who have been forced to flee their homeland due to war, persecution and oppression. Refugees arriving in Kitchener would otherwise be homeless, particularly singles whose support would not be sufficient to rent a place alone and who had no connections in Canada.

2. What are the program’s goals?

To provide short-term housing, along with emotional and spiritual support, for refugee new arrivals in a welcoming and safe environment.

3. What are the primary reasons why people access the program?

They are newcomers to Canada who want affordable accommodation and a community environment.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Volunteer involvement has increased; i.e. groups providing community suppers, student interns providing ESL.

5. How is the program funded? Is this funding time-limited or ongoing?

Funding is provided through local churches, various fundraising efforts and a resident stipend.

6. How many full-time equivalent (FTE) employees currently operate the program?

2

7. How many volunteers currently operate the program?

8 regular volunteers; 14 individuals or groups for occasional involvement; 4 host-match volunteers

8. What portion of clients might experience homelessness without the program?
100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
9 rooms & 2 apartments; 16 people maximum	refugees: individuals & small families	up to one year	40

1. What services are provided through the program?

The facility has nine rooms and two apartments. The major components of the program include: affordable short-term housing; assistance with integration into community (e.g., referrals, support, resource ministry, work skills training); the opportunity for local church involvement in the lives of new arrivals and spiritual mentoring.

Two of the rooms are occupied by program supervisors who assist the residents to connect with various government and church agencies.

2. Where does the program typically receive its referrals?

Refugee serving agencies

3. Where do staff/volunteers from this program typically refer people?

Kitchener Housing; Ontario Works; Mennonite Coalition for Refugee Support; The Working Centre; English School, Multi-Cultural Centre, Work for Work.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
77%	0%	23%	40%	60%	0%	%	100%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
8%	16%	76%	0%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	5%
portion of the year demand was <i>at</i> capacity	95%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	25	1 year
2006	17	
2007	14	
2008	17	

5.5.2 K-W House Church Assembly Inc.: Reception House (101 David)

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
K-W House Church Assembly Inc.	Kitchener	Kitchener-Waterloo	1988

1. Why did the program begin?

For years the Mennonites and the Lutheran Church had been helping refugees settle in Kitchener-Waterloo. During that time the immigrants stayed in various motels until apartments were found. In 1987 the government decided that it would be better to receive them in one central location. Government sponsored refugees are provided with settlement support by six non-profit reception centres across Ontario; the house in Kitchener is one of them. We are the only Reception Centre in Canada that allows clients to cook for themselves.

2. What are the program’s goals?

To provide initial housing, orientation, and life skills to help refugees adapt to their new lives. We provide newcomers with temporary shelter until they find a place to their own. The immigrants stay between 10 and 15 days. Five orientations are held in the mother tongue by settlement counselor to help the newcomers to set their own settlement plans and stay and prosper in their new community.

3. What are the primary reasons why people access the program?

They are selected by UNCHR and Canadian Government to come to Canada.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The location is same from the beginning. We have some new programs beside the main one called RAP Program (Resettlement Assistance Program). The new programs are Life Skills Program, Newcomers Integration Program and Peer Health Program.

5. How is the program funded? Is this funding time-limited or ongoing?

The house is owned by the K-W Mennonite Church. Nine of the twelve rooms are funded through Citizen and Immigration Canada. The remaining three are available to rent. Programs are funded by CIC and they are ongoing.

6. How many full-time equivalent (FTE) employees currently operate the program?

Manager, Orientation Coordinator, Housing Coordinator and 3 Settlement Counselors for the RAP Program. Life Skills Program has Coordinator plus 10 Life Skill Workers on call. Case Manager and 4 full-time case workers for the Newcomers Integration Program.

7. How many volunteers currently operate the program?

Right now we have 4 active volunteers.

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
1 house with 12 rooms; 26 people maximum	government sponsored refugees	up to 10 days, possibly longer	no waiting list

1. What services are provided through the program?

Reception House has twelve rooms that are available. Staffs assists with many aspects of settlement to a new community, including: obtaining identification, finding permanent housing, registering children in school and connecting with additional settlement services. Translators are available as required.

2. Where does the program typically receive its referrals?

We do not need referrals. Government of Canada sends us 280 clients per year.

3. Where do staff/volunteers from this program typically refer people?

To different settlement agencies, to health providers, to school, to employment agencies.

2008 Trends:

Singles	Couples	Families
50%	3%	47%

Females	Males	Other
60%	40%	0%

Aboriginal	Born Outside of Canada
%	100%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
45%	20%	30%	5%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	50%
portion of the year demand was <i>at capacity</i>	20%
portion of the year demand was <i>over capacity</i>	30%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	280	3-6 weeks
2006	297	12 days
2007	347	11 days
2008	278	12 days

5.6 Youth Homes

5.6.1 House of Friendship: Kiwanis House

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
House of Friendship	Kitchener	Waterloo Region and Wellington County	1986

1. Why did the program begin?

The program was established as part of the Future's Program under the Ministry of Community and Social Services. It is one of three similar programs within Ontario's Southwestern Region (one each in Mississauga and Brampton). It was begun following a planning process by the Housing and Employment for Youth Committee, a group of local youth services.

2. What are the program's goals?

Kiwanis House is a transitional residential program for young men who want to prepare themselves to live independently.

3. What are the primary reasons why people access the program?

Youth that apply to Kiwanis House can no longer live at home or where they are at the time of application and are want to learn independent living skills needed in order to eventually live on their own.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

It opened initially with eight beds, but was changed to a six bed program within a year of opening.

5. How is the program funded? Is this funding time-limited or ongoing?

The program is funded by the Ministry of Community and Social Services; donations from individuals, churches, service clubs and businesses; and rent and program fees (sliding fees based on income level). The property is owned by the Kitchener-Waterloo and Twin City Kiwanis Clubs.

6. How many full-time equivalent (FTE) employees currently operate the program?

3 full-time staff, 7 part-time staff

7. How many volunteers currently operate the program?

0-2 volunteers at any one time

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
6 spaces are available; it is a life skills training and support program	young men ages 16-19	11 months	no waiting list

1. What services are provided through the program?

Kiwanis House provides a stable supportive environment where participants are able to identify areas for growth and build on their personal strengths. Life-skills training and support assists youth in making the transition to independent living. Program objectives are addressed through: daily expectations; individual life skills support and goal setting; individual and group leisure activities; life skills/discovery group; resident concerns meeting; household tasks; residential living focusing of self awareness and respect; involvement in the community; and preparation and transition to independent living. Participants review their goals and progress weekly. Meetings occur regularly with each individual and the people that support them. The program also offers follow up support to the youth after they leave the program. It can be offered via the telephone, meetings, coming to the program for dinner and any special events. There are four single bedrooms and one large bedroom which is shared by two residents.

2. Where does the program typically receive its referrals?

Referrals come from probation/corrections, Family and Children’s Services, Charles Street Men’s Hostel, Argus, Lutherwood Housing Action Centre, Ontario Works, family and schools.

3. Where do staff/volunteers from this program typically refer people?

We make referrals to St. Mary’s Counselling Services (addictions), Catholic Family Counselling (individual counselling), K-W Counselling Services (individual counselling), and Lutherwood Employment Services.

2008 Trends:

Singles	Couples	Families
100%	0%	0%

Females	Males	Other
0%	100%	0%

Aboriginal	Born Outside of Canada
%	1%

Transitional or Time-Limited Housing

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	100%	0%	0%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	100%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

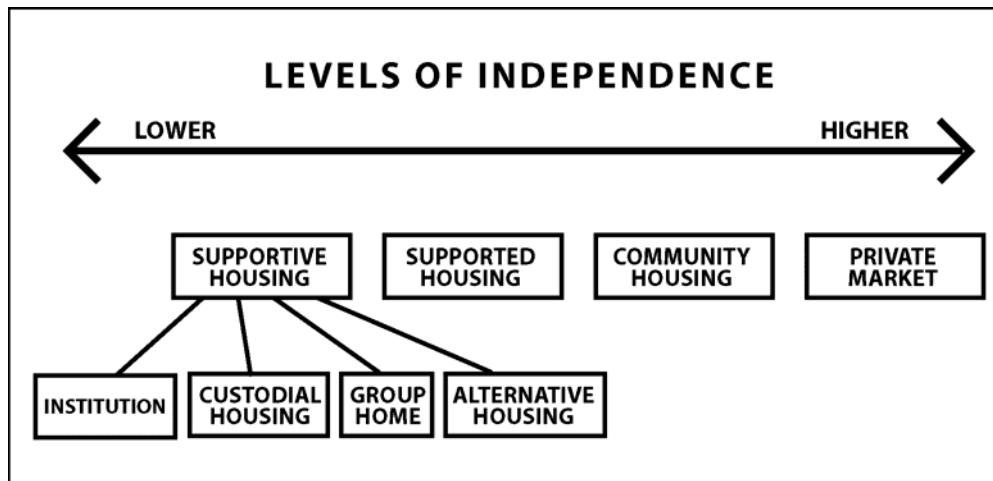
Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2004/2005	26	2 months
2005/2006	28	2 months
2006/2007	16	4 months
2007/2008	19	2.5 months

6. Longer Term Housing Stability Programs

What are longer term housing stability programs?

Longer term housing stability programs meet the needs of people who require ongoing assistance to maintain housing (e.g., people with lifelong disabilities and people with conditions that may be expected to create challenges over a longer period of time). Some programs serve only a particular population, while others serve a variety of groups. The intention is that people will use these services continuously over a longer period of time.

There are several different models. Services can be integrated with housing (called supportive housing) or they can be separate from housing (called supported housing). Even the housing itself can take many forms – private market units, community housing, groups homes or retirement/rest homes. The housing models fall along a continuum between institutional living and independent living, each with varying degrees of independence (as illustrated below). The housing units are permanent placements that are subject to the Residential Tenancies Act (RTA).



The type and frequency of support provided varies widely depending on the individual's specific needs. Community support services in the area of housing stability may include assistance in the following areas:

- physical health;
- social and emotional well-being;
- problem solving and decision making;
- community integration;
- advocacy, mediation or crisis intervention; and
- activities of daily living.

Ideally, individuals choose the type of housing and the type of support that best suits their needs and wishes.

Overall, providing permanent, affordable housing with support is an appropriate and effective response to homelessness that keeps vulnerable people housed. For many people that have complex issues (e.g., one or more disabilities, substance use issues) affordable housing on its own is a necessary but not always sufficient means of ensuring housing stability. Quite simply, affordable housing on its own is not always enough. Providing long-term housing with support has been found to reduce use of emergency services (e.g., shelters and hospitals), re-establish social networks, provide opportunity for community re-engagement, and help people to cope with their physical and mental health issues.

Waterloo Region's longer term housing stability programs fall into the following categories based on governance and population served:

- non-specific;
- developmental disability;
- physical disability and/or acquired brain injury;
- mental health; and
- substance use.

It is recognized that many informal supports also exist in the community. For example, there are a number of private rooming houses in the community that provide affordable accommodation with supervised support (i.e., rooms available to rent from within people's private homes). In addition, many people receive support from family and/or friends that helps them to maintain their housing. It was not possible to assess the capacity of these more informal supports. While some challenges exist (e.g., no set standard of care, no protection under the Residential Tenancies Act, issue of aging parents), suffice it to say that this part of the system is invaluable and serves to increase the housing stability of residents with fixed or low income who may need support.

6.1 Non-Specific

What are non-specific longer term housing stability programs?

Funding for formal support is often contingent on the receipt of an eligible diagnosis. As a result, people with disabilities are most at-risk of homelessness in cases where they are unable to receive a diagnosis, in cases where they avoid connecting with services due to fear of stigma and discrimination or, perhaps, due to a lack of awareness of their condition. Funding sources for non-specific longer term housing stability programs are not tied to a specific disability which means that they can assist people who have fallen through the cracks of the other systems.

How are programs funded?

There is no core governance for the various non-specific longer term housing stability programs in Waterloo Region. Programs are funded through many different sources.

What is the local capacity in this area of the system?

While it was possible to identify the number of housing spaces/units with support that exist in the community (spaces/units and/or housing subsidies), it was not possible to quantify capacity related to community support (not attached to housing) because capacity fluctuates based on level of need for these types of programs.

Seven programs provide a total of 499 housing spaces/units with support in Waterloo Region. Of these, 66% are within domiciliary hostels. The majority of these housing units/spaces are located in Kitchener (54%) with 29% located in Cambridge, 15% located in Waterloo and 2% located in the Townships.

In addition, community support is offered through three programs: a Trustee Program (through the Bridges), the Homemaking and Nursing Services Act program (through the local Community Care Access Centre) and the Region's Community Relations Workers program (for Community Housing residents).

In 2008, 1,531 people were assisted through one of these programs (note count was unduplicated within programs, but not between). There are currently 518 people waiting to access this type of program in the community.

No new programs have been added since 2005.

Table 7: Overview of Non-Specific Longer Term Housing Stability Programs

Organization and/or Program	Main Office Location	Services & Capacity	Length of Service Guidelines	Eligibility	Waiting List	Unique Individuals Served	Area Served
Community Support Services							
<p>6.1.1 Cambridge Shelter Corporation: Trustee Program</p>	Cambridge	<p>services: the client's cheque is banked in our trust account, and our trustee administrator pays the client's bills; the remainder of the income is given to the client monthly either as a lump sum or spread out over four weeks</p> <p>capacity: 100 people</p>	no time limit	individuals & families experiencing homelessness, clients living in poverty	no waiting list	2008: 50	Waterloo Region
<p>6.1.2 Waterloo Wellington Community Care Access Centre: Homemaking & Nursing Services Act Program</p>	Kitchener	<p>services: shopping, light housekeeping, laundry, childcare & other services</p> <p>capacity: determined by level of funding</p>	no time limit; need is reassessed every 6 months	based on client need & financial assessment, low income individuals are eligible	54	2008: 234	Waterloo Wellington Local Health Integration Network boundary

Table 7: Overview of Non-Specific Longer Term Housing Stability Programs (continued)

Organization and/or Program	Main Office/Housing Location	Services & Capacity	Length of Service/ Stay Guidelines	Eligibility	Waiting List	Unique Individuals Served/ Housed	Area Served
Housing Subsidy & Support Services							
6.1.3 Waterloo Region Housing: Community Relations Workers	Cambridge Kitchener Waterloo Woolwich Wellesley	services: advocacy; referrals & links to resources; mediation; limited counselling; community development; conflict resolution; help with substance use issues & health problems capacity: determined by level of funding	varies	residents of Waterloo Region Housing & residents in crisis who reside in rent supplement units	no waiting list	2008: approx. 625	Waterloo Region
Agency Owned or Managed Housing							
6.1.4 Argus Residence for Young People & Cambridge Kiwanis Village Non-Profit Housing &: Cambridge Kiwanis Village Supportive Housing for Youth	Cambridge	services: housing with on-site supports capacity: 4, 2-bedroom units house 8 male & female youth	no time limit	youth experiencing homelessness ages 16-24	no waiting list	2008: 11	Cambridge & North Dumfries

Table 7: Overview of Non-Specific Longer Term Housing Stability Programs (continued)

Organization and/or Program	Main Office/Housing Location	Services & Capacity	Length of Service/ Stay Guidelines	Eligibility	Waiting List	Unique Individuals Served/Housed	Area Served
Agency Owned or Managed Housing							
6.1.5 Cambridge Shelter Corporation: Supportive/ Transitional Housing	Cambridge	services: housing with on-site supports capacity: 20 units	not intended to be long-term placement	individuals experiencing homelessness of all ages	Waterloo Region's Coordinated Access System (460 for programs in this section) ¹⁰	2008: 31	Waterloo Region
6.1.6 House of Friendship: Charles Village	Kitchener	services: support program available on a voluntary basis capacity: 22 one-bedroom units (2 are wheelchair accessible)	no time limit	singles ages 16+	Waterloo Region's Coordinated Access System (460 for programs in this section)	2008: 22	Waterloo Region

¹⁰ The waiting list represents an unduplicated count of applications for the four programs that are operated through the Coordinated Access System (Charles Village, Eby Village, Lincoln Road, Supportive/Transitional Housing).

Table 7: Overview of Non-Specific Longer Term Housing Stability Programs (continued)

Organization and/or Program	Main Office/Housing Location	Services & Capacity	Length of Service/Stay Guidelines	Eligibility	Waiting List	Unique Individuals Served/Housed	Area Served
Agency Owned or Managed Housing							
6.1.7 House of Friendship: Cramer House	Kitchener	services: assist with daily living activities & decision making; increasing self confidence & self esteem; establishing links to community capacity: 9 spaces	no time limit	men ages 16+; no active substance abuse or dependency; require minimal support	4	2008: 9	Waterloo Region
6.1.8 House of Friendship: Eby Village (alternative housing)	Kitchener	services: support program available on a voluntary basis capacity: 64 spaces	no time limit	single males & females	Waterloo Region's Coordinated Access System (460 for programs in this section)	2008: 70	Waterloo Region
6.1.9 YWCA Kitchener-Waterloo: Lincoln Road Apartments (alternative housing)	Waterloo	services: individual & group life skills training, recreational & social programming; child & parent program; conflict resolution; crisis intervention; on-site access to food; computer access; garden; loans program; equipment loans; income tax clinic capacity: 45 women & 24 children	no time limit	females 16+ & their children; people who are experiencing homelessness or in need of supports to live independently	Waterloo Region's Coordinated Access System (460 for programs in this section)	2008: 85	Waterloo Region

Note: Table is organized by agency, location of housing, then by area served in alphabetical order.

Table 8: Overview of Domiciliary Hostels
6.1.10

Location	Name & Full Capacity ¹¹ (spaces include subsidized & non-subsidized)	Population Served	Numbers of Subsidized Spaces in 2008
Agency Owned or Managed Housing			
Ayr	Victoria Retirement Home (16 spaces)	primarily seniors	10
Cambridge	Grand River Retirement Home (22 spaces)	primarily adults	17
Cambridge	Kingsview Retirement Residence (24 spaces)	primarily serve adults males	20
Cambridge	Marsdale Manor (67 spaces)	primarily serve seniors	35
Cambridge	Riverside Manor (16 spaces)	serve a mix of age groups	11
Cambridge	St. James Place (25 spaces)	primarily adults	16
Cambridge	Waring Estates (20 spaces)	primarily adults	20
Elmira	Martin's Rest Home (11 spaces)	primarily serve seniors	1
Kitchener	Doon Valley Manor (16 spaces)	primarily adults	16
Kitchener	Highland Place (140 spaces)	primarily serve seniors	98
Kitchener	Fergus Place (78 spaces)	primarily serve seniors	
Kitchener	Millwood Manor (72 spaces)	serve a mix of age groups	49
Kitchener	Pandora Lodge (11 spaces)	primarily adults	10
Waterloo	Underhill (30 spaces)	primarily adults	28

¹¹ Domiciliary Hostels are permanent placements. Tenants are needs-tested for income & assets; they must require 1.5 hrs/day of supports for daily living (bathing, grooming, rising, retiring, dining, medication, but not nursing care). No central waiting list is maintained. In 2008, approximately 394 subsidized tenants were served.

6.1.1 Cambridge Shelter Corporation: Trustee Program

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Cambridge Shelter Corporation	Cambridge	Waterloo Region	2005

1. Why did the program begin?

The program began in response to the need for clients to learn how to budget their funds and save for first and last month’s rent. The program also helps to ensure that clients are able to maintain their housing. Many of our clients have extremely limited incomes and find it very hard to budget in order to maintain, or find, housing.

2. What are the program’s goals?

To help clients become fiscally responsible and learn to budget their incomes.

3. What are the primary reasons why people access the program?

The need help with managing their limited funds.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

After a bit of a slow start, the program has expanded to include not only our own clients, but also others that are referred to us.

5. How is the program funded? Is this funding time-limited or ongoing?

There is no funding source available for the program so we fund it under our general operations. It becomes a challenge to find the extra dollars.

6. How many full-time equivalent (FTE) employees currently operate the program?

1

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

10%

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
100 people	individuals & families experiencing homelessness, clients living in poverty	no time limit	no waiting list

1. What services are provided through the program?

Clients' funds are held in trust by Cambridge Shelter Corporation. A legal binding agreement is signed with each client laying out the terms of the agreement including expenses that will be paid off the top such as rent, phone etc. The client's cheque comes to Cambridge Shelter each month, is banked in our trust account, and our trustee administrator pays the client's bills. The remainder of the income is given to the client monthly either as a lump sum or spread out over four weeks. There is a clause in the agreement that states that we will not release any monies to clients under the influence of alcohol or drugs and that there must be 30 days written notice if either party wishes to cancel the agreement.

2. Where does the program typically receive its referrals?

ODSP and Ontario Works have made referrals to us, as has Cambridge Interfaith counseling

3. Where do staff/volunteers from this program typically refer people?

Referrals are not typically made to other programs in the community.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
76%	4%	20%	36%	64%	0%	%	10%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	92%	8%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	%
portion of the year demand was <i>at</i> capacity	%
portion of the year demand was <i>over</i> capacity	%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	5	ongoing
2006	14	
2007	37	
2008	50	6 months+

6.1.2 Waterloo Wellington Community Care Access Centre: Homemaking and Nursing Services Act Program

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Waterloo Wellington Community Care Access Centre	Kitchener	Waterloo Wellington Local Heath Integration Network boundary	1996

1. Why did the program begin?

The Homemaking and Nursing Services Act (HNSA) program was transferred to the Waterloo Wellington Community Care Access Centre (WWCCAC) in 1997 when it operated under the auspices of the Region of Waterloo and had the staffing and experience to manage and coordinate homemaking services through contracted service providers.

2. What are the program’s goals?

The goal of the HNSA program is to help low income clients with their homemaking needs, so that they can maintain their health and live independently in the community.

3. What are the primary reasons why people access the program?

Need for structured and regular services to support independent living in a housing environment that has no supervision or services. Clients often have no other social supports and might otherwise be left isolated.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

With the transition in 2007 to the WWCCAC and the Local Health Integration Network focus on core business and with funding provided only for service delivery and not for administrative costs, this has become a major challenge to program continuation.

5. How is the program funded? Is this funding time-limited or ongoing?

Funding for direct service delivery is provided through the Regional Municipality of Waterloo.

6. How many full-time equivalent (FTE) employees currently operate the program?

.5 FTE support staff, .2 FTE Case Management .1 FTE Budget assistant

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

Unknown

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
determined by level of funding	based on client need & financial assessment, low income individuals are eligible	no time limit; need is reassessed every 6 months	54

1. What services are provided through the program?

Services such as shopping, light housekeeping, laundry, childcare and other services are often required in order to support low income clients. In addition service providers continue to provide client teaching in order that clients can attempt self sufficiency whenever possible.

2. Where does the program typically receive its referrals?

Referrals are typically generated by WWCCAC Managers and Regional Municipality of Waterloo Social Services staff. Some also come from hospitals setting at time of discharge and from Waterloo Region Homes for Mental Health.

3. Where do staff/volunteers from this program typically refer people?

Clients from the HNSA program are often referred to Regional Municipality of Waterloo Social Services for housing and financial assistance, to WWCCAC when they require assistance with personal care, medical care or long-term care placement services.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
64%	16%	20%	65%	35%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	40%	60%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2006	198	usually stay until finances change or they move to another environment or pass away; a few clients are on and off service for short-term intervention
2007	213	
2008	234	

6.1.3 Waterloo Region Housing: Community Relations Workers

Background:

Lead Organization	Program Locations	Geographic Boundary	Year Program Began
Waterloo Region Housing	Cambridge Kitchener Waterloo Woolwich Wellesley	Waterloo Region	2000

1. Why did the program begin?

There was a need to provide housing support services to residents of Waterloo Region Housing to help prevent eviction.

In 2000, there was a merger of the North and South Waterloo Housing Authorities and a move toward providing similar housing support services across Waterloo Region. Prior to the merger, the North Waterloo Housing Authority (which served Kitchener-Waterloo, Wellesley, Wilmot and Woolwich) had been offering housing supports under a similar mandate as the current CRWs since the 1970s. In contrast, the South Waterloo Housing Authority (which served Cambridge and North Dumfries) more commonly used its resources to support the development of community centres, not direct client service (which is why there are more community centres in community housing Cambridge than in Kitchener-Waterloo).

2. What are the program’s goals?

To increase housing stability for Waterloo Region Housing residents and connect them with other community services.

3. What are the primary reasons why people access the program?

Many residents are working below or slightly above the poverty level, or are receiving fixed pensions.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The program has expanded; in 2001, there were two CRWs and now there are four.

5. How is the program funded? Is this funding time-limited or ongoing?

The program receives 100% municipal funding.

6. How many full-time equivalent (FTE) employees currently operate the program?

There are four CRWs that serve Waterloo Region at present.

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

Waterloo Region Housing is the largest rent geared-to-income provider in the region and, therefore, all attempts are made to keep residents housed or to refer them to another agency that can assist them if eviction is unavoidable. If the CRW program did not exist, it is estimated that up to 60-100 clients might end up “homeless” (evicted from the program) each year.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
varies; depends on level of funding available	residents of Waterloo Region Housing & residents in crisis who reside in rent supplement units	varies	no waiting list

1. What services are provided through the program?

CRWs provide a wide variety of services to increase housing stability for the residents, including: advocacy, referrals and links to resources, mediation, limited counselling, community development, conflict resolution, help with substance use issues and health problems (e.g., dementia, hygiene issues), etc. CRWs also educate the community around the importance and effectiveness of eviction prevention programs.

2. Where does the program typically receive its referrals?

All clients are residents of the units managed either by the Waterloo Region Housing program or residents of units in the Region of Waterloo’s Rent Supplement program.

3. Where do staff/volunteers from this program typically refer people?

Many of the community programs listed in the Waterloo Region Blue Book are used in the referral process. Some of the more common agencies include Lutherwood, House of Friendship, Elder Abuse Response Team, Community Justice Initiatives, Family and Children’s Services, Family Counselling Centre, YMCA, and the multicultural centre.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
65%	10%	25%	65%	35%	0%	2%	20%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
10%	10%	40%	40%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	80%
portion of the year demand was <i>over</i> capacity	20%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	over 500 clients	varies - some clients need only an hour of support, while others may require a significant number of visits until the issue is resolved (up to a year of support in some cases)
2006	approx. 575	
2007	approx. 625	
2008	approx. 625	

6.1.4 Argus Residence for Young People and Cambridge Kiwanis Village Non-Profit Housing: Cambridge Kiwanis Village Supportive Housing for Youth

Background:

Lead Organizations	Housing Location	Geographic Boundary	Year Program Began
Cambridge Kiwanis Village Non-Profit Housing & Argus Residence for Young People	Cambridge	Cambridge & North Dumfries	2002

1. Why did the program begin?

There was a gap in the housing continuum for youth experiencing homelessness related to assisting youth during the transition from the structured residential program at Argus (a shelter for youth) to long-term/permanent supportive housing in subsidized rental units at Cambridge Kiwanis Village Non-Profit Housing Corporation.

2. What are the program’s goals?

To develop a supportive housing option where youth experiencing homelessness can find stability and take a large step toward independence in a rent-geared-to-income setting.

3. What are the primary reasons why people access the program?

Clients are often dealing with mental and physical health issues, substance and physical abuse, and family estrangement issues.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

There has been turnover of Supportive Housing Workers (6 since the inception of the program). The most recent change took place in May 2007.

5. How is the program funded? Is this funding time-limited or ongoing?

The project receives funding from the Regional Municipality of Waterloo through the Consolidated Homelessness Prevention Program (100% provincial funding administered by the Region) in 2007 and 2008. The contract is renewable each year at this time.

6. How many full-time equivalent (FTE) employees currently operate the program?

There is a ¼ full-time Supportive Housing Worker. Administration of the program is managed by the General Manager, Cambridge Kiwanis Village Non Profit Housing Corporation and Executive Director, Argus, without compensation.

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
4, 2-bedroom units house 8 male & female youth	youth experiencing homelessness ages 16-24	no length of stay guidelines	no waiting list

1. What services are provided through the program?

Four 2-bedroom units house eight male and female youth in a mixed and integrated setting. A Supportive Housing Worker is available 24 hours a day via pager/cell and provides one-on-one and group counselling, life skills coaching (budgeting, cooking, cleaning, socialization, etc.), crisis intervention, mediation with landlord issues, and help with entering school, finding employment or accessing transitional income assistance (Ontario Works, OSAP loans/grants, etc.) or permanent income (Ontario Disability Support Program or CPP) if disabled.

2. Where does the program typically receive its referrals?

Argus Residence for Young People and Cambridge Shelter Corporation

3. Where do staff/volunteers from this program typically refer people?

For youth who do not do well in school due to learning disabilities or psychiatric/mental health diagnosis, we connect them with the Youth A.C.C.E.S.S. Program for referrals to Job Coaches and career development expertise.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	45%	55%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	100%	0%	0%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	25%
portion of the year demand was <i>at</i> capacity	75%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	13	10 months
2006	10	8 months
2007	8	10 months
2008	11	6 months

6.1.5 Cambridge Shelter Corporation: Supportive/Transitional Housing

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Cambridge Shelter Corporation	Cambridge	Waterloo Region	2005

1. Why did the program begin?

Lack of affordable, supportive housing in Cambridge

2. What are the program’s goals?

Provide affordable supportive housing for individuals experiencing homelessness.

3. What are the primary reasons why people access the program?

They want to move forward from homelessness to affordable housing with supports for substance use issues, mental health issues, finding employment, establishing a good tenancy history, etc. and to prepare to move into a 1-bedroom apartment that is affordable.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Since the first move-in on February 2005, the funding for the Supportive Housing Worker salary has been approved and is now renewable annually. The funding only covers the 1 FTE and benefits.

5. How is the program funded? Is this funding time-limited or ongoing?

Rents and rent supplements. The funding for the Supportive Housing Worker is now provided through the Consolidated Homelessness Prevention Program through the Province, but managed by the Region of Waterloo.

6. How many full-time equivalent (FTE) employees currently operate the program?

1

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
20	individuals experiencing homelessness of all ages	the intention is to be transitional	part of Waterloo Region's Coordinated Access System

1. What services are provided through the program?

Supportive housing that is intended to be transitional.

2. Where does the program typically receive its referrals?

Waterloo Region's Coordinated Access System

3. Where do staff/volunteers from this program typically refer people?

- Region of Waterloo Social Services Department for Ontario Works and Ontario Disability Support Program
- Employment services
- Cambridge Food Bank
- Alcoholics Anonymous
- Narcotics Anonymous
- Social Services Counselling

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	23%	77%	0%	%	15%

Children (0-15)	Youth (18-24)	Adults (25-49)	Older Adults (50+)
0%	0%	65%	35%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	10%
portion of the year demand was <i>at</i> capacity	90%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	0	no data
2006	20	no data
2007	25	no data
2008	31	15 months

6.1.6 House of Friendship: Charles Village

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
House of Friendship	Kitchener	Waterloo Region	2005

1. Why did the program begin?

There was a lack of supportive, affordable housing for single individuals experiencing or at-risk of homelessness or who are hard-to-house in the community.

2. What are the program’s goals?

To improve the quality of life for single adults with housing needs with respect to: secure, safe and affordable supportive housing; improved ability to live independently; a community setting that emphasizes mutual support and individual responsibility; and tenant involvement in decision making and operation of the building and the program.

3. What are the primary reasons why people access the program?

Tenants require supported, affordable housing to acquire/maintain housing and live independently in the community.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The program began operating in January 2005. There have been no changes in capacity.

5. How is the program funded? Is this funding time-limited or ongoing?

Operating funding for the program comes from a Rent Subsidy agreement with the Region, the Consolidated Homelessness Prevention Program and from tenant rent payment.

6. How many full-time equivalent (FTE) employees currently operate the program?

2.5 FTE staff, plus 2 security tenants who are on call during hours when the office is closed.

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
22 one-bedroom units (2 are wheelchair accessible)	singles ages 16+	no time limit	part of Waterloo Region's Coordinated Access System

1. What services are provided through the program?

Charles Village is a 13,000 square foot, three story apartment building with 22 one-bedroom units (2 of which are wheelchair accessible) that provide permanent affordable housing for 22 single men and women. Rent is geared to income; there are no market rent units. A support program is available on a voluntary basis to tenants with low-level support needs. Community life and mutual support is promoted among the tenants.

2. Where does the program typically receive its referrals?

From the Co-ordinated Access System for subsidized housing.

3. Where do staff/volunteers from this program typically refer people?

Some tenants receive supports from other specialized support agencies in the community such as Canadian Mental Health Association and Independent Living Centre.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	45%	55%	0%	%	18%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	59%	41%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	22	7 months

Longer Term Housing Stability Programs

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2006	22	1.6 years
2007	22	2 years
2008	22	2.75 years

6.1.7 House of Friendship: Cramer House

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
House of Friendship	Kitchener	Waterloo Region	1985

1. Why did the program begin?

Cramer House started in response to a need for supportive housing demonstrated by men experiencing homelessness who lived at the Charles Street Men’s Hostel for extended periods of time during the mid 1980s.

2. What are the program’s goals?

To provide long-term affordable housing for adult men with support needs.

3. What are the primary reasons why people access the program?

Tenants report accessing the program because of the supports offered and/or because of the peer support and socialization offered by the group living setting.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

In response to tenant feedback requesting greater privacy Cramer House has been renovated since its construction in 1985 to provide a private bedroom for each person. This has reduced the program from its initial capacity of 12 men to 9.

5. How is the program funded? Is this funding time-limited or ongoing?

Cramer House is funded by tenant payment of rent and program fees, agency fundraising and the House of Friendship’s Supports to Daily Living agreement with the Region.

6. How many full-time equivalent (FTE) employees currently operate the program?

One full-time staff and one part-time staff.

7. How many volunteers currently operate the program?

Over 250 persons volunteer at House of Friendship on a regular basis. Over the years there have been a few volunteers at Cramer House. There is currently one regular weekly volunteer. Cramer also benefits from one or two Conestoga College, U of W, and WLU students on placement every year.

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
9	men ages 16+; no active substance abuse or dependency; require minimal support	no time limit	4

1. What services are provided through the program?

Cramer House provides long-term supportive housing for men who require social, emotional or mental health support. On site staffing assists with building self-reliance concerning daily living activities and decision making, increasing self confidence and self-esteem, and establishing links to services and activities in the community. There are many opportunities for socialization and peer support, as Cramer House operates under a model of co-operative community living and decision making.

2. Where does the program typically receive its referrals?

Tenants have come to Cramer House as self-referrals or upon referral from community mental health support services, family members and the Charles Street Men's Hostel.

3. Where do staff/volunteers from this program typically refer people?

Transition from Cramer House normally occurs when residents are ready to move out on their own. Staff will assist with this transition, although residents have tended to do this independently, or under the auspices of Waterloo Regional Homes for Mental Health. Informal support continues to be offered to residents who move on/out.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	0%	100%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	70%	30%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	no data	10 years
2006	11	7.4 years
2007	9	7.7 years
2008	9	9.8 years

6.1.8 House of Friendship: Eby Village

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
House of Friendship	Kitchener	Waterloo Region	1990

1. Why did the program begin?

Eby Village is one of two programs in Waterloo Region that are funded by Supports to Daily Living; the other program is Lincoln Road. Supports to Daily Living is a funding program for support services that enable people with special needs to live independently within the community. Agencies that receive funding under this program have contracts with Consolidated Municipal Service Managers for the housing portion. Originally these programs were the direct responsibility of the Ministry of Community and Social Services and the Ministry of Municipal Affairs and Housing. Ministry of Community and Social Services funded only the Support to Daily Living Program and Ministry of Municipal Affairs and Housing funded the building and some staffing. Funding is now provided to the Regional Municipality of Waterloo as Service System Manager for Homelessness. There are a total of thirty-one Supports to Daily Living Programs in Ontario.

2. What are the program’s goals?

To improve the quality of life for single adults with housing needs with respect to: secure, safe and affordable supportive housing; improved ability to live independently; a community setting that emphasizes mutual support and individual responsibility; and tenant involvement in decision making and operation of the building and the program.

3. What are the primary reasons why people access the program?

Tenants require supported, affordable housing to acquire/maintain housing and live independently in the community.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Funding has remained the same since 1990.

5. How is the program funded? Is this funding time-limited or ongoing?

Eby Village is funded by Supports to Daily Living, housing subsidy and tenants’ rent.

6. How many full-time equivalent (FTE) employees currently operate the program?

5 full-time staff, 4 part-time staff

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
64	single males & females	no time limit	part of Waterloo Region's Coordinated Access System

1. What services are provided through the program?

Eby Village is a nine story building with one and two bedroom self contained units that provide permanent affordable housing for 64 single men and women. Rent is geared to income; there are no market rent units. A support program is available on a voluntary basis to tenants with low-level support needs. Community life and mutual support is promoted among the tenants.

2. Where does the program typically receive its referrals?

From the Co-ordinated Access System for subsidized housing.

3. Where do staff/volunteers from this program typically refer people?

Some tenants receive supports from other specialized support agencies in the community such as Canadian Mental Health Association, Independent Living Centre, Assertive Community Treatment Team and Community Care Access Centre.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	55%	45%	0%	0%	26%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	42%	58%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	69	66% of tenants stay more than 5 years
2006	70	no data
2007	68	61% of tenants stay more than 5 years
2008	70	60% of tenants stay more than 5 years

6.1.9 YWCA Kitchener-Waterloo: Lincoln Road Apartments

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
YWCA Kitchener-Waterloo	Waterloo	Waterloo Region	1989

1. Why did the program begin?

Lincoln Road is one of two programs in Waterloo Region that are partially funded by Supports to Daily Living; the other program is Eby Village. Supports to Daily Living is a funding program for support services that enable people with special needs to live independently within the community. Agencies that receive funding under this program have contracts with Consolidated Municipal Service Managers for the housing portion. Originally these programs were the direct responsibility of the Ministry of Community and Social Services and the Ministry of Municipal Affairs and Housing. Ministry of Community and Social Services funded only the Support to Daily Living Program and Ministry of Municipal Affairs and Housing funded the building and some staffing. Funding is now provided to the Regional Municipality of Waterloo as Service System Manager for Homelessness. There are a total of thirty-one Supports to Daily Living Programs in Ontario.

2. What are the program's goals?

To provide affordable, supportive housing for women and children who have experienced persistent difficulty finding and maintaining adequate shelter elsewhere.

3. What are the primary reasons why people access the program?

Tenants of Lincoln Road have identified that issues of abuse, substance use, mental health, lack of affordable housing and physical health were the primary reasons why they became homeless and could not maintain their housing.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

The funding for the Supports to Daily Living Program has been reduced somewhat since 1989; however our expenses have steadily increased. As a result, a number of the services we used to offer the tenants at Lincoln Road have been cut over the years.

5. How is the program funded? Is this funding time-limited or ongoing?

The Supports to Daily Living Program provides approximately one third of Lincoln Road Apartments' total funding. The remaining two thirds of our funding comes from the Region of Waterloo's Community Housing Program. Lincoln Road Apartments also receives charitable donations.

6. How many full-time equivalent (FTE) employees currently operate the program?

Starting in 2008, there were a total of six staff working at Lincoln Road Apartments, however they will not all be full-time. The FTE complement will be approximately 5.0. Of these, 2.6 work in and are funded through the Supports to Daily Living Program. The remaining 2.4 work in and are funded through the Community Housing program.

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
45 women & 24 children	females 16+ & their children; people who are experiencing homelessness or in need of supports to live independently	no time limit	part of Waterloo Region's Coordinated Access System

1. What services are provided through the program?

45 rent geared to income units are available, four of which are wheelchair accessible. Clients live independently with supports from the Supports to Daily Living program. Women are referred to and connected with agencies in Waterloo Region to address their long-term, specific needs. Clients receive numerous other supports and resources, including individual and group life skills training, recreational and social programming, a structured child and parent program, conflict resolution, crisis intervention, on-site access to food from the Food Bank, computer access, a community garden, a loans program, equipment loans, and an annual income tax clinic.

2. Where does the program typically receive its referrals?

Exclusively through the Region of Waterloo's Coordinated Housing Access Centre.

3. Where do staff/volunteers from this program typically refer people?

Community Care Access Centre, counseling programs, recreational programs, medical clinics, crisis support programs, mental health programs etc.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
62%	0%	38%	100%	0%	0%	%	13%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
30%	3%	46%	21%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay		
		Overall	Singles	Families
2005	77	some of our tenants have been with us since we opened in 1989	no data	no data
2006	68	1.1 yrs	no data	no data
2007	91	1.2 yrs	no data	no data
2008	85	1.3 yrs	no data	no data

6.1.10 Regional Social Services: Domiciliary Hostels

Background:

Lead Organization	Housing Locations	Geographic Boundary	Year Program Began
Regional Social Services	various locations in Waterloo Region	Waterloo Region	1972

1. Why did the program begin?

In 1972 the Provincial Nursing Homes Act was passed which allowed municipalities to fund operators of long-term accommodation for people requiring over 1.5 hours of nursing care per day. This left all other rest/retirement homes and supervised boarding homes unregulated for those people who required support for activities with daily living of less than 1.5 hours of care per day. Ontario is the only jurisdiction in North America that leaves monitoring of retirement homes solely up to municipalities.

The Regional Municipality of Waterloo was formed in 1973 and sometime after 1980, the Province released regulations under the General Welfare Act R.S.O. 1980, Chapter 188, as amended, that defined a Hostel as place of board or lodging, maintained and operated by a person under an agreement with a municipality for the care of persons requiring support. It appears that the Region first entered into purchase of service agreements with Domiciliary Hostel operators beginning in 1982.

The Region maintains Agreements primarily with private, for profit operators in the Domiciliary Hostel Program. To maintain an Agreement with the Region, Operators are required to comply with the Domiciliary Hostel Standards as well as all pertinent federal, provincial and municipal legislation.

2. What are the program’s goals?

To provide a living environment that is safe and supportive for all Tenants; a client-focused environment where Tenants are supported in a manner that meets individual needs; and, permanent housing, insofar as it continues to meet individual Tenants support need.

3. What are the primary reasons why people access the program?

People access the Domiciliary Hostel Program because they require affordable housing and support with activities of daily living requiring less than 1.5 hours of care per day.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Since the Program began, there has been a steady increase in the number of subsidized individuals. However, in 1998 the Province capped the Program limiting further expansion in the Region. Need for the Program continues to grow. The per diem rate has undergone the following changes resulting from increased funding from the Province:

- The per diem rate was increased from \$34.50 for the first time since 1993 to \$40.00 in 2000 (a 16% increase).
- The per diem was increased again in July 2004 to \$41.20 (3%).
- In March 2006, the Province announced a 9% per diem increase to \$45.00.
- In 2007, the per diem was increased by 2% to 45.90.
- In 2008, the Province increased the per diem by another 2%, making it \$46.82.

Since 2004, each time the Province increased the per diem rate it also increased the personal needs allowance (PNA) for Tenants:

- The PNA remained at \$112/mo from 1993 until a 4% increase was introduced in 2004, raising the PNA to \$116/mo.
- In 2006, the PNA was raised to \$118/mo and to \$122/mo in 2007, another 3% increase.
- In 2008, the PNA increased to \$125/mo (2%).

Although the Region has not accepted new applications for domiciliary hostels since 2002, there have been ownership changes and closures resulting in year-to-year variations in the total number of hostels. In 2002, the Region held Agreements with 17 domiciliary hostels, with the addition of Kingsview in Cambridge. In 2003, Avonlea Place, located in Cambridge, closed. In 2004, the Region's Agreement with the K-W YWCA ended. St. Ann's in Cambridge changed to Arborview in 2005 and then closed in 2006. In early 2008, the Region's Agreement with Pilgrim's Provident in Elmira ended, resulting in a total of 14 domiciliary hostels. Late in 2008, the Region was made aware of the intention of Revera to close the Domiciliary Hostel Program in its two hostels, Highland Place and Fergus Place, in 2009. Region Staff will be working with Revera to transition Tenants to other domiciliary hostels or other housing programs with supports.

In 2006, the Region introduced "bed caps" in the Domiciliary Hostel Program to manage expenditures in a program that had been capped by the Province. Bed caps for each hostel were determined by averaging actual bed use over the previous fifteen month period and bed numbers at the time of the capping. The Region committed to reviewing bed caps in the Domiciliary Hostel Program in the future. The bed cap review was undertaken by Staff in the fall of 2008. Recommendations resulting from the review will be implemented in 2009.

5. How is the program funded? Is this funding time-limited or ongoing?

Prior to January 1998, Domiciliary Hostels were funded under the former General Welfare Act, which gave municipalities the authority to enter into agreements with private operators to provide housing and a basic level of personal care to people with special needs. The entire Program was uncapped and cost-shared (80/20 by the Province and municipalities, respectively). On January 1, 1998 as part of the Services Improvement Act, the Ministry of Community and Social Services withdrew cost-sharing so that costs for the Program were assumed 100% by municipalities. Heavy lobbying by municipalities and the Ontario Municipal Social Services Association convinced the Province to reinstate the original cost-sharing arrangement.

In June of 1998, the Province offered participation to municipalities, through a contract with the Consolidated Municipal Service Manager, to fund individuals receiving Domiciliary Hostel care at a cost share (80/20 by the Province and municipalities, respectively). Whereas the Program had once provided unlimited 80% funding to meet the need, the Province capped the Program in each municipality. At this point, some municipalities decided not to contract and fund tenants of Domiciliary Hostels. CMSMs that chose to contract, did so with the provision that the Province commit to reviewing Domiciliary Hostels in the context of housing for people with special needs. Currently, the Region of Waterloo is capped at 1.34 million.

6. How many full-time equivalent (FTE) employees currently operate the program?

Regional Senior Caseworks, Hostels, through the Employment & Income Support Division of Social Services, works with tenants and with operators. Two Social Planning Associates, through the Region's Social Planning, Policy & Program Administration division of Social Services, provide on-going administrative and planning support, as well as annual monitoring for compliance with Region's Domiciliary Standards (the Standards). The Standards set a minimum ratio of staff to tenants of 1:20 (for 3 shifts/day, 7 days/week).

7. How many volunteers currently operate the program?

Unknown

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
331 subsidized spaces (548 in total)	tenants applying for municipal subsidy are needs-tested for income and assets	no time limit	no central waiting list is maintained

1. What services are provided through the program?

Domiciliary Hostels are a rest/retirement home or supervised boarding home which provides food, permanent accommodation and services to individuals who require long-term assistance with daily living, but who do not require nursing care. Individuals may include the frail elderly and persons with physical, emotional or developmental disabilities. Support services include twenty-four hour supervision and assistance with bathing, grooming, rising and retiring, dining and medications.

Beyond the per diem, subsidized tenants receive a personal needs allowance (PNA) each month. Each hostel works out a process with individual tenants to pass along the PNA (e.g., some pass along the entire amount to the tenant at once, some operate like a banker and have tenants sign out the amount they would like and some pass along a daily amount to the tenant in-kind; example cigarettes).

2. Where does the program typically receive its referrals?

People are referred to Domiciliary Hostels through the Community Care Access Centre, various housing help/registry programs, hospitals (medical & psychiatric) and other community agencies including emergency shelters.

3. Where do staff/volunteers from this program typically refer people?

To other community agencies/orgs in relation to their support needs and community based activities (recreation, leisure, education)

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
95%	5%	0%	32%	68%	0%	1%	11%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	4%	22%	74%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	100%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	361 subsidized	ranged from less than one month to over 20 years
2006	320 subsidized	30% stayed between 3 to 5 years
2007	341 subsidized	26% stayed between 3 to 5 years
2008	394 subsidized	18% stayed between 3 to 5 years 25% stayed between 1 to 2 years

6.2 Developmental Disability

How are longer term housing stability programs for people with developmental disabilities funded?

The Ministry of Community and Social Services is responsible for policy and funding for people with developmental disabilities. The local Developmental Services Access Centre (DSAC) is the single point of access for developmental services and manages all waiting lists in Waterloo Region.

What is the local capacity in this area of the system?

While it was possible to identify the number of housing spaces/units with support that exist in the community (spaces/units and/or housing subsidies), it was not possible to quantify capacity related to community support (not attached to housing) because capacity fluctuates based on level of need for these types of programs.

Eight agencies provide a total of 550 housing spaces/units with support for people with developmental disabilities in the community. The majority of the housing units/spaces are located in Kitchener (43%) with 22% located in Cambridge, 18% located in the Townships and 17% located in Waterloo. All programs are accessed through DSAC. The Sunbeam Residential Development Centre also provides community support through the Service Coordination Program.

In 2008, 1,787 people were assisted by one of these agencies (note count was unduplicated within programs, but not between). There are currently 162 people waiting for immediate access to this type of program in the community.

No new programs have been added since 1999.

Table 9: Overview of Longer Term Housing Stability Programs for People with Developmental Disabilities

Organization and/or Program	Eligibility	Main Office/ Housing Location	Services/Capacity		Unique Individuals Served/ Housed	Length of Service/ Stay Guidelines	Area Served
			Residence	Beds			
Community Support Services							
6.2.1 Sunbeam Residential Development Centre: Service Coordination Program	males & females; individuals & families	Cambridge Elmira Kitchener	single point of access for developmental services; provide services and manage waiting lists (162 for immediate residency, ages 16-65)		2008: 1,242 (adults)	based on service plan and goals	Waterloo Region
Agency Owned or Managed Housing							
6.2.2 Christian Horizons	males & females with a diagnosis of a developmental disability ages 18+; people with medical needs, dual diagnosis; some married couples	Kitchener	Group Home 1	6	2008: 53	no length of stay limit; permanent long-term housing	West District: Kitchener, Waterloo, Wellington
		Kitchener	Group Home 2	7			
		Kitchener	Group Home 3	5			
		Kitchener	Group Home 4	4			
		Kitchener	Group Home 5	6			
		Waterloo	Group Home 6	5			
		Waterloo	Group Home 7	5			
		Waterloo	Group Home 8	5			
		Kitchener	SIL Spaces	10			
		Total					

Table 9: Overview of Longer Term Housing Stability programs for People with Developmental Disabilities (continued)

Organization and/or Program	Eligibility	Housing Location	Capacity		Unique Individuals Housed	Length of Stay Guidelines	Area Served
			Residence	Beds			
Agency Owned or Managed Housing							
6.2.3 Community Living Cambridge	males & females ages 18+ (some 16 & 17 year olds)	Cambridge	Group Home 1	7	2008: 123	no length of stay limit; permanent long-term housing	Cambridge
		Cambridge	Group Home 2	6			
		Cambridge	Group Home 3	4			
		Cambridge	Group Home 4	4			
		Cambridge	Group Home 5	4			
		Cambridge	Group Home 6	3			
		Cambridge	Group Home 7	6			
		Cambridge	Group Home 8	4			
		Cambridge	Group Home 9	6			
		Cambridge	Group Home 10	6			
		Cambridge	Group Home 11	6			
		Cambridge	Group Home 12	3			
		Cambridge	Group Home 13	4			
		Cambridge	Group Home 14	6			
		Cambridge	Group Home 15	3			
		Cambridge	Group Home 16	4			
		Cambridge	Group Home 17	3			
		Cambridge	Group Home 18	6			
		Cambridge	Group Home 19	3			
		Cambridge	Group Home 20	5			
		Cambridge	Group Home 21	4			
		Cambridge	Group Home 22	4			
		Cambridge	Group Home 23	4			
				Cambridge			
			Total	118			

Table 9: Overview of Longer Term Housing Stability programs for People with Developmental Disabilities (continued)

Organization and/or Program	Eligibility	Housing Location	Capacity		Unique Individuals Housed	Length of Stay Guidelines	Area Served
			Residence	Beds			
Agency Owned or Managed Housing							
6.2.4 Elmira District Community Living	males & females ages 18+	Elmira	Group Home 1	4	2005: 50	no length of stay limit; permanent long-term housing	Elmira, Mapleton, Wellesley, Woolwich; & broader Waterloo Region (vacancies permitting)
		Elmira	Group Home 2	4			
		Elmira	Group Home 3	4			
		Elmira	Group Home 4	4			
		Elmira	Group Home 5	4			
		RR 1 Elmira	Residence	12			
		Elmira	Assisted Living Centre	16			
		Elmira	SIL Spaces	11			
Total			59				
6.2.5 Extend-A-Family Association	males & females ages 18+	Kitchener	Community Families	11	2008: 26	no length of stay limit; permanent long-term housing	Waterloo Region
		Waterloo	Community Families	6			
		Cambridge	Community Families	4			
		Linwood	Community Families	2			
		Hamilton	Community Families	1			
		Baden	Community Families	1			
		St. George	Community Families	1			
		Total					

Table 9: Overview of Longer Term Housing Stability programs for People with Developmental Disabilities (continued)

Organization and/or Program	Eligibility	Housing Location	Capacity		Unique Individuals Housed	Length of Stay Guidelines	Area Served
			Residence	Beds			
Agency Owned or Managed Housing							
6.2.6 Kitchener Kinsmen & the K-W Association for Community Living: K-W Habilitation Services	males & females 18+ (some young teens)	Kitchener	Group Home 1	3	2008: 158	no length of stay limit; permanent long-term housing	Kitchener-Waterloo
		Kitchener	Group Home 2	3			
		Kitchener	Group Home 3	4			
		Kitchener	Group Home 4	3			
		Kitchener	Group Home 5	4			
		Kitchener	Group Home 6	3			
		Kitchener	Group Home 7	6			
		Kitchener	Group Home 8	5			
		Kitchener	Group Home 9	6			
		Kitchener	Group Home 10	5			
		Kitchener	Group Home 11	5			
		Kitchener	Group Home 12	5			
		Kitchener	Group Home 13	6			
		Kitchener	Group Home 14	4			
		Kitchener	Group Home 15	5			
		Kitchener	Group Home 16	3			
		Kitchener	Residence	26			
		Rural Waterloo	Group Home 17	5			
		Waterloo	Group Home 18	5			
		Waterloo	Group Home 19	5			
		Waterloo	Group Home 20	3			
		Waterloo	Group Home 21	3			
		Waterloo	Group Home 22	5			
Kitchener & Waterloo	SIL Spaces	30					
			Total	152			

Table 9: Overview of Longer Term Housing Stability programs for People with Developmental Disabilities (continued)

Organization and/or Program	Eligibility	Housing Location	Capacity		Unique Individuals Housed	Length of Stay Guidelines	Area Served
			Residence	Beds			
Agency Owned or Managed Housing							
6.2.7 Parents for Community Living K-W	males & females ages 4+	Kitchener	Group Home 1	5	2008: 31	no length of stay limit; permanent long-term housing	Waterloo Region
		Kitchener	SIL Spaces	4			
		Waterloo	Group Home 3	4			
		Waterloo	Group Home 4	4			
		Waterloo	Group Home 5	6			
		Waterloo	Group Home 6	6			
		Kitchener	Group Home 7	8			
		Waterloo	SIL Spaces	4			
			Total	41			
6.2.8 Sunbeam Centre: Sunbeam Residential Development Centre	males & females of any age	Kitchener	Group Home 1	6	2008: 75	no length of stay limit; permanent long-term housing	Waterloo Region
		Kitchener	Group Home 2	6			
		Kitchener	Group Home 3	6			
		Kitchener	Group Home 4	5			
		Kitchener	Group Home 5	4			
		Kitchener	Group Home 6	4			
		Kitchener	Group Home 7	6			
		Kitchener	Group Home 8	5			
		Kitchener	Group Home 9	5			
		Kitchener	Group Home 10	5			
		Kitchener	Group Home 11	4			
		St. Jacobs	Group Home 12	6			
		Waterloo	Group Home 13	5			
		Waterloo	Group Home 14	6			
			Total	73			

Table 9: Overview of Longer Term Housing Stability programs for People with Developmental Disabilities (continued)

Organization and/or Program	Eligibility	Housing Location	Capacity		Unique Individuals Housed	Length of Stay Guidelines	Area Served
			Residence	Beds			
Agency Owned or Managed Housing							
6.2.9 Tri-County Mennonite Homes: Aldaview Services	males & females ages 18+	New Hamburg	Group Home 1	4	2008: 29	no length of stay limit; permanent long-term housing	Waterloo Region
		New Hamburg	Group Home 2	4			
		New Hamburg	Group Home 3	3			
		New Hamburg	Group Home 4	3			
		New Hamburg	Group Home 5	3			
		New Hamburg	Group Home 6	3			
		New Hamburg	Group Home 7	4			
		New Hamburg	SIL Spaces	4			
			Total	28			

Note: Table is organized by agency in alphabetical order

6.2.1 Sunbeam Residential Development Centre: Service Coordination Program

Background:

Lead Organization	Main Office Locations	Geographic Boundary	Year Program Began
Sunbeam Residential Development Center	Cambridge Elmira Kitchener	Waterloo Region	1999

1. Why did the program begin?

The Developmental Services Access Centre formally began operation in April 2000, a result of the Ministry of Community and Social Services' *Making Services Work for People* initiative. The intention of the Developmental Services Access Centre is to make it easier for parents/families/individuals to access a range of developmental services and programs through a coordinated information and intake service, which also provides service coordination, clinical services and access to residential and day programs.

2. What are the program's goals?

Single point of access for all ages of people who have a developmental disability.

3. What are the primary reasons why people access the program?

The Developmental Services Access Centre is the Single Point of Access for people who have a developmental disability and reside in Waterloo Region. People access our agency because they are seeking community services and supports (e.g., group homes, Supported Independent Living, Familyhome Program, community participation supports and activities, respite, access to employment and vocational programs, help in coordinating services, assistance with goal-setting and planning, information on dealing with everyday needs, clinical support, training, education).

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Funding for the Developmental Services Access Centre's services has increased since 2000 in order to expand services to meet the needs. Further defining of our programs and services has also been undertaken to minimize waiting times for services.

5. How is the program funded? Is this funding time-limited or ongoing?

Ministry of Community and Social Services and Ministry of Children and Youth (for children's services) core funding, Region of Waterloo Children's Services Division (pre-schoolers).

6. How many full-time equivalent (FTE) employees currently operate the program?

27 full- and part-time staff.

7. How many volunteers currently operate the program?

During the year, the Developmental Services Access Centre engages the efforts of approximately 20 volunteers in its different programs and activities.

8. What portion of clients might experience homelessness without the program?

unknown

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
no data	males and females; individuals & families	based on service plan and goals	0

1. What services are provided through the program?

The Developmental Services Access Centre serves as the single point of access for individuals who have a developmental disability who seek information, services, housing, etc. We serve people of all ages with a developmental disability. We provide a range of service coordination, clinical, training and educational services, and assist people in accessing residential or day program services in Waterloo Region.

- Intake - connecting to services, provision of resources
- Service Coordination - assesses needs, goals, helps to access community resources
- Clinical Services - behaviour consultation, speech/language, psychological assessment, social work, health care
- Counselling - for parents, families, individuals
- Training and Education - for parents and community staff around a number of topics and themes
- Foundations Program - school to community transition

2. Where does the program typically receive its referrals?

Self-referral or referral by families, care providers, schools, doctors or other social service agencies

3. Where do staff/volunteers from this program typically refer people?

We help people connect with other services, depending on their needs and goals. This may include mental health services, medical services, addiction-related programs, services for the physically disabled and a wide range of community programs. This will be determined based on the individual's services plan and goals.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	%	%	%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
%	%	%	%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	264 (adults only)	people may remain connected with us, in a variety of ways, for several years
2006	702 (adults only)	
2007	1,258 (adults only)	
2008	1,242 (adults only)	

6.2.2 Christian Horizons

Please note that while Christian Horizons is a provincial organization, the information below pertains to Waterloo Region.

Background:

Lead Organization	Housing Locations	Geographic Boundary	Year Program Began
Christian Horizons	Kitchener Waterloo	West District: Kitchener, Waterloo, Wellington	1965

1. Why did the program begin?

Christian Horizons began out of the desire of one family to establish a Christian group home setting for their son who had a developmental disability. Soon many families began to seek out a distinctively Christian option for residential care.

2. What are the program’s goals?

Our goal is to contribute to a person’s quality of life emotionally, intellectually, physically, socially and spiritually, for maximum fulfillment.

3. What are the primary reasons why people access the program?

- not able to live independently in the community without housing and developmental service supports
- need supports to live independently

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Capacity for service is based on existing and new funding opportunities. Christian Horizons continues to expand and develop new services based on new funding and our current organizational Strategic Plan.

5. How is the program funded? Is this funding time-limited or ongoing?

Christian Horizons is a transfer payment agency funded through the Ministry of Community and Social Services. Funding received from Ministry of Community and Social Services can be on a fiscal and/or annual basis. As a charitable organization, we also receive donations for projects.

6. How many full-time equivalent (FTE) employees currently operate the program?

In Waterloo Region, 63 FTE employees work in residential and supported independent living programs.

7. How many volunteers currently operate the program?

In the West District we currently have approximately 35 volunteers.

8. What portion of clients might experience homelessness without the program?

19%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines
53	males & females with a diagnosis of a developmental disability ages 18+; people with medical needs, dual diagnosis; some married couples	no length of stay limit; permanent long-term housing

1. What services are provided through the program?

Residential, supported independent living, family home programs. Clients have access to 24 hour supervision and supported living, based on their individual needs. We also provide assistance in life skills, day programming, and recreation.

2. Where does the program typically receive its referrals?

Central intake agencies, such as the Developmental Services Access Centre refer clients to Christian Horizons. However individuals may contact the district office to discuss services and then be referred to the central intake agency to begin the referral process.

3. Where do staff/volunteers from this program typically refer people?

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
97%	3%	0%	32%	68%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	76%	24%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	50	most clients remain in service at least one year to a lifetime
2006	52	
2007	52	
2008	53	

6.2.3 Community Living Cambridge

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Community Living Cambridge	Cambridge	Cambridge North Dumfries	1954

1. Why did the program begin?

On January 14, 1954 a group of interested parents who had children with developmental disabilities and enthusiastic community groups met with representatives of the Brantford Association, resulting in the formation of the South Waterloo Association for Retarded Children.

2. What are the program’s goals?

To support individuals and their families in making choices and accessing a full range of service and support options, providing support to families, fostering awareness and acceptance in the community and assessing current and future needs and developing plans to respond.

3. What are the primary reasons why people access the program?

They have a developmental disability and are not able to live independently (residentially); they need support to live independently.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

It has grown considerably to respond to the needs within the community and evolving policy statements. Currently Cambridge Community Living has 24 group homes.

5. How is the program funded? Is this funding time-limited or ongoing?

Funding is received from the Ministry of Community and Social Services. Fees are charged to caregivers for respite. Fundraising is done, on a smaller scale, to support operating costs.

6. How many full-time equivalent (FTE) employees currently operate the program?

Approximately 100 staff in total

7. How many volunteers currently operate the program?

Approximately 120

8. What portion of clients might experience homelessness without the program?
Unknown

Services:

Capacity to House	Eligibility	Length of Stay Guidelines
118	males and females ages 18+ (some 16 & 17 year olds)	no length of stay limit; permanent long-term housing

1. What services are provided through the program?

Residential-Group Homes & Residence

2. Where does the program typically receive its referrals?

Referrals must be processed through the Developmental Services Access Centre who will complete an in-depth intake interview and qualify the individual to receive services through the developmental service sector.

3. Where do staff/volunteers from this program typically refer people?

Developmental Behaviour Management Unit at London Regional Mental Health Services for mental health support, major medication reviews etc., Central West Specialized Services for Dual Diagnosed.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
97%	3%	0%	48%	52%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	25%	50%	25%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	%
portion of the year demand was <i>at</i> capacity	%
portion of the year demand was <i>over</i> capacity	%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	130	for many people, once they enter one

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Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2006	134	arm of service they remain involved with this agency for the better part of their adult lives, in one form or another
2007	134	
2008	123	

6.2.4 Elmira District Community Living

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Elmira District Community Living	Elmira	Elmira, Mapleton, Wellesley, Woolwich, broader Waterloo Region (vacancies permitting)	1957

1. Why did the program begin?

In 1957 a parent group formed in Elmira to establish services and programs for children with developmental delays. Through the generous and continuous support of the community, the Elmira District Community Living has been able to develop and support a network that ensures community recognition and participation.

2. What are the program's goals?

The members of the association recognize and support all persons in need of our care living within the townships of Woolwich, Wellesley, Peel and Mapleton, in order that they may live in a state of dignity, share in all elements of living in the community and have the opportunity to participate effectively. The Elmira District Community Living (EDCL) is committed to supporting people with a developmental disability. We believe in the right of everyone to fully participate in their community at every stage of their life. Living outside of the family home ensures the individual's participation in their community, enhances life experiences, broadens social circles, provides an opportunity to experience independence and responsibility and increases individual self-esteem and self-awareness.

3. What are the primary reasons why people access the program?

They have a developmental disability and are not able to live independently (residential); they need support to live independently.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

In March 2005, EDCL constructed an Assisted Living Centre for seniors, people with complex medical and palliative care, all of whom have a developmental handicap. Our administration offices moved at the same time to the same location

Since 1957 the Association has grown steadily, with a commitment to the provision of residential, vocational and community services. The Elmira District Community Living is dedicated to the further development of services and supports. In 1974, Reid Woods, a 12 bed core residence was built. Since then, 5 more homes have been built and a 4 unit apartment building has been purchased. A recreation and leisure summer program for teens started 3 years ago operating in July and August.

Depending on funding from Human Resources Development Canada, up to 8 teens can participate. An Alternative for Young Adult program just started this year providing options to individuals who do not want to attend the traditional day programs provided. More involvement in the community, recreation and leisure and volunteer activities have been the focus. This program is very new and will ebb and flow with the interests of the participants and their families. The last number of years, funding has either been decreased or stayed the same. Unfortunately, expenses have increased. This year, Ministry of Community and Social Services recognized there hadn't been a cost of living increase for over 10 years and has funded a little over 1% increase to our base budget

- 5. How is the program funded? Is this funding time-limited or ongoing?**
The Ministry of Community and Social Services with some fundraising events and donations
- 6. How many full-time equivalent (FTE) employees currently operate the program?**
51 full-time and 81 part-time
- 7. How many volunteers currently operate the program?**
Day to day volunteers in the programs - approximately 5-7 per year.
- 8. What portion of clients might experience homelessness without the program?**
I would estimate maybe 20%. It would be a small amount, as most have families or guardians that would take them.

Services:

Capacity to House	Eligibility	Length of Stay Guidelines
59	males and females ages 18+	no length of stay limit; permanent long-term housing

- 1. What services are provided through the program?**
Supports and services to individuals who have a developmental disability.
- 2. Where does the program typically receive its referrals?**
Residential referrals are received through the school to work programs transition programs or through the Developmental Services Access Centre. The Developmental Services Access Centre sends profiles on individuals that may best fit in the home that has a vacancy. The individuals and their families have a chance to see their new home and if all parties agree to move in, then the recommendation is taken to a sub-committee of the Board and then to the Board of Directors.
- 3. Where do staff/volunteers from this program typically refer people?**
No data.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	%	%	%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
%	%	%	%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	50	no data
2006	no data	no data
2007	no data	no data
2008	no data	no data

6.2.5 Extend-A-Family Association

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Extend-A-Family Association	Cambridge, Kitchener, Waterloo & surrounding communities	Waterloo Region	1990

1. Why did the program begin?

The Familyhome Program was developed by the Province, and locally through EAF, as a result of the closure of large institutions. It was felt that adults with special needs leaving institutions should have the option of living with community families. Other programs offered have also been created as a direct result of the needs identified by staff after meeting with families.

2. What are the program’s goals?

EAF, as an organization, is committed: to enhancing the well-being of individuals with developmental and/or physical disabilities and the families of those who care for them; helping them achieve their goals by building partnerships, encouraging the development of friendships and relationships; and promoting an inclusive community that ensures the full rights of all individuals.

The Familyhome Program’s goal is to support adults who have a developmental challenge to living in a community setting. As well support is offered to the families who are sharing their homes and lives.

3. What are the primary reasons why people access the program?

They would not be able to live independently in the community without supports; they need recreation/leisure/friendship supports.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Up until 2000, Extend-A-Family served about 175 families. As a result of a Ministry of Community and Social Service’s initiative called ‘Making Services Work for People’, Extend-A-Family became the sole administrator of the Special Services at Home Program, once run through five developmental services agencies in this region. Currently, EAF supports 1,200 families in Waterloo Region. Within the Familyhome Program, 26 adults are participating in and being supported.

5. How is the program funded? Is this funding time-limited or ongoing?

Ministry of Community and Social Services comprises 100% of funding for the Familyhome Program. Funding for the entire organization primarily comes from the province. Other funders include: United Way of Kitchener-Waterloo, Human Resources Development of Canada (for summer program funding), the Ontario Trillium Foundation (time-limited project funding for a variety of initiatives), donations (organizational and individual) and fundraising efforts (primarily used for program costs).

6. How many full-time equivalent (FTE) employees currently operate the program?

We have approximately 2.25 full-time staff. Within the Familyhome Program, approximately 20 families are participating. As well, the program employs 7 support workers.

7. How many volunteers currently operate the program?

There are a few volunteers within the Familyhome Program.

8. What portion of clients might experience homelessness without the program?

If Familyhome, for whatever reason, was no longer a viable option for the people, we would work closely with other developmental services agencies, through Developmental Services Access Centre, to access an appropriate living situation for that person.

Services:

Capacity to House	Eligibility	Length of Stay Guidelines
26	males & females ages 18+	no length of stay limit; permanent long-term housing

1. What services are provided through the program?

The Familyhome Program is a supportive housing program that provides alternative living arrangement for adults who are developmentally challenged.

- Participants live with a community family and participate in family life.
- A daily per diem is paid to the Family Home provider by EAF (funding from Ministry of Community and Social Services).
- Case management is provided to the participant by EAF.
- Providers are screened, participate in a home study and are supervised and supported by an EAF coordinator.
- Participants in the Familyhome program are enrolled in day programs or provided support during the day.

2. Where does the program typically receive its referrals?

Developmental Services Access Centre

3. Where do staff/volunteers from this program typically refer people?

We work closely with mental health services for individuals who experience mental health issues (in addition to developmental disabilities). We also work closely with other developmental service agencies that offer such options as group home and supported independent living. However, no direct referrals are made; the Developmental Services Access Centre tends to facilitate the 'transfer' from service to service.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	60%	40%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	60%	40%	0%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	0%
portion of the year demand was <i>at capacity</i>	100%
portion of the year demand was <i>over capacity</i>	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	21	no data
2006	22	no data
2007	26	no data
2008	26	no data

6.2.6 Kitchener Kinsmen & the K-W Association for Community Living: K-W Habilitation Services

Background:

Lead Organizations	Housing Location	Geographic Boundary	Year Program Began
Kitchener Kinsmen & the K-W Association for Community Living	Kitchener Waterloo	Kitchener-Waterloo	1972

1. Why did the program begin?

Parents required support for their sons/daughters with a developmental disability living at home.

2. What are the program’s goals?

Opportunities for Independent Living – Residential Services provides support and education for adults in all aspects of daily living with emphasis on care, welfare, safety and security.

3. What are the primary reasons why people access the program?

Not able to live independently in the community without housing; need supports to live independently.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Services have expanded over the years to meet the demand within the community. Expansion only occurs when funding is made available by the Ministry of Community and Social Services and planning occurs at a regional level.

5. How is the program funded? Is this funding time-limited or ongoing?

Funded by Ministry of Community and Social Services.

6. How many full-time equivalent (FTE) employees currently operate the program?

Residential Services: Full Time = 119 Part Time = 195

7. How many volunteers currently operate the program?

20

8. What portion of clients might experience homelessness without the program?

0%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines
152	males & females ages 18+ (some teens)	no length of stay limit; permanent long-term housing

1. What services are provided through the program?

Residential Services provides support and education for adults in all aspects of daily living with emphasis on care, welfare, safety and security. Limited out of home respite is provided.

2. Where does the program typically receive its referrals?

Developmental Services Access Centre (single point of access for people with developmental disabilities).

3. Where do staff/volunteers from this program typically refer people?

We may refer to psychiatrists, psychologists, etc. for specific treatment for behavioural or dual diagnosis issues.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
99%	1%	0%	40%	60%	0%	1%	1%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
1%	1%	78%	20%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	158	usually do not leave unless health care needs change and they require a nursing/hospital environment
2006	158	
2007	158	
2008	158	

6.2.7 Parents for Community Living K-W

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Parents for Community Living K-W	Kitchener, Waterloo	Waterloo Region	1989

1. Why did the program begin?

Parents concerned about their children with a developmentally disability got together to create an organization that would provide housing for their children to learn to live in the community with dignity and respect.

2. What are the program’s goals?

To provide spiritual, loving homes and family support for developmentally challenged individuals. To provide family support through our respite provision.

3. What are the primary reasons why people access the program?

They require supported accommodation to live independently in the community. To receive respite support to keep families together longer.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

No.

5. How is the program funded? Is this funding time-limited or ongoing?

Annualized operating funding is provided by the Ministry of Community and Social Services, Ministry of Children and Youth Services and Ministry of Housing. Fundraised dollars provided through United Way and various events held by the agency.

6. How many full-time equivalent (FTE) employees currently operate the program?

29 full-time; 50 part-time

7. How many volunteers currently operate the program?

Volunteer Board of Directors: 11
 Committee volunteers: 10
 Student and other volunteers: 8

8. What portion of clients might experience homelessness without the program?

Unknown

Services:

Capacity to House	Eligibility	Length of Stay Guidelines
41	males and females ages 4+	no length of stay limit; permanent long-term housing

1. What services are provided through the program?

Supported long-term living for individuals who have a developmental challenge, in community houses.

2. Where does the program typically receive its referrals?

Developmental Services Access Centre

3. Where do staff/volunteers from this program typically refer people?

We are not a referring agency; Developmental Services Access Centre refers to other agencies/services.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	51%	49%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
15%	10%	60%	15%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	25	no data
2006	26	no data
2007	29	no data
2008	31	no data

6.2.8 Sunbeam Centre: Sunbeam Residential Development Centre

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Sunbeam Centre	Kitchener, St. Jacobs, Waterloo	Waterloo Region	1956

1. Why did the program begin?

It grew out of the efforts of one Kitchener couple to provide homes for children who had developmental/physical disabilities. As their efforts expanded, the government became involved in funding. Today, Sunbeam serves additional populations and is the only developmental service agency in Waterloo Region to provide full-time residential supports to medically fragile/technologically dependent children.

2. What are the program’s goals?

- To provide residential, day programs and support services to individuals who have a developmental disability and complex physical/medical/emotional needs.
- To provide individualized services according to established standards and available resources.
- To use a holistic approach, delivered by an interdisciplinary team which recognizes and meets physical, developmental, emotional, social and spiritual strengths and needs.
- To regularly evaluate the outcomes, quality, appropriateness and availability of services.

3. What are the primary reasons why people access the program?

Adults are not able to live independently in the community as a result of their combined physical and developmental disability.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Residential services have been provided from an institutional base from 1956, first on Willow Street in Waterloo, and then from Kingsway drive in Kitchener. In the early 1980s, institutional living began to be replaced with small group, home-style living in community settings. Currently we operate fourteen group homes.

From its initial offering as a privately owned custodial care home with an institutional base, it is now a government funded public sector corporation. The residential program now serves fewer full-time individuals but includes an extensive respite service, both of which are offered from small family-style living environments. Day program supports are now offered not only to residents, but also to individuals living at home with their families.

Initially the program was supported only from parental and community donations. Per diem funding from the Ministry of Health and Long Term Care was soon added, and full government funding was initiated in 1966 (upon incorporation). Ministry of Community and Social Services assumed responsibility for funding in 1974 and this has been maintained to date. While gross revenue from the Province has continued to rise, annualized enhancements to the operating funding base have been very small over the past 10 years, thus restricting the growth of the program.

5. How is the program funded? Is this funding time-limited or ongoing?

Ministry of Community and Social Services provides ~ \$12 million in annualized ongoing subsidy. We also undertake fundraising, which is directed towards capital repairs & equipment purchases only.

6. How many full-time equivalent (FTE) employees currently operate the program?

Approximately 250 individuals are employed by the organization: 136 are full-time and 114 are part-time. This translates to 189.27 FTEs.

7. How many volunteers currently operate the program?

Variations occur through the year, so the active volunteer roster is between 20 and 40

8. What portion of clients might experience homelessness without the program?

0%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines
73	males & females of any age	no length of stay limit; permanent long-term housing

1. What services are provided through the program?

- Full-time and respite residential supports for individuals (all ages) with developmental challenges and complex physical/medical/emotional disabilities, including technological dependencies.
- A choice of residential placements in 4-6 bed Group Home environments in community neighbourhoods. Both long-term and short-term (relief/emergency) supports are available. A holistic, needs-based approach is used, in concert with families, to develop an 'Individual Life Plan' that describes supports to be delivered.

2. Where does the program typically receive its referrals?

All residential and day program referrals come from the Developmental Services Access Centre. Camps and clinic referrals come directly from families or other service providers.

3. Where do staff/volunteers from this program typically refer people?

We inform the Developmental Access Centre that we have no vacancies and can not entertain new referrals. The Developmental Services Access Centre redirects families to other services and supports.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	60%	40%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
10%	25%	60%	5%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	2%
portion of the year demand was <i>at capacity</i>	96%
portion of the year demand was <i>over capacity</i>	2%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	75	20 years
2006	75	
2007	75	
2008	75	

6.2.9 Tri-County Mennonite Homes: Aldaview Services

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Tri-County Mennonite Homes	New Hamburg	Waterloo Region	1979

1. **Why did the program begin?**
To operate facilities (e.g., group and independent living) to serve the needs of the developmentally disabled.
2. **What are the program’s goals?**
To provide facilitation and support for persons with developmental challenges; services and activities are geared to promote community involvement and participation, at the level desired and required by the individual; to seek to promote daily involvements and activities that are similar to all within our community, including opportunity for physical and emotional wellness, social and spiritual growth, as well as leisure and recreational opportunities..
3. **What are the primary reasons why people access the program?**
Provide the necessary residential supports to ensure that people can live as independently as possible.
4. **Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?**
The program has expanded residentially (3 new homes within 5 years).
5. **How is the program funded? Is this funding time-limited or ongoing?**
Ministry of Community and Social Services
6. **How many full-time equivalent (FTE) employees currently operate the program?**
70 staff, full and part-time – staffed to meet the needs of people supported.
7. **How many volunteers currently operate the program?**
0
8. **What portion of clients might experience homelessness without the program?**
100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines
28	males & females ages 18+	no length of stay limit; permanent long-term housing

1. What services are provided through the program?

Group Living

- provides a variety of residential options for individuals who need 24 hour support to live within the community
- currently have 7 homes which offer between 18-24 hour support daily
- one of the homes is wheelchair accessible and provides an awake night staff to monitor medical or people with complex support issues

Supported Independent Living

- provides supports to individuals to help them live independently
- apartments are located throughout the community in which individuals receive approximately 2 hours of support daily

2. Where does the program typically receive its referrals?

All referrals must come from the Developmental Services Access Centre

3. Where do staff/volunteers from this program typically refer people?

Developmental Services Access Centre

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	50%	50%	0%	1%	10%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	15%	46%	39%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2008	29	no data

6.3 Mental Health

How are longer term housing stability programs for people with mental health issues funded?

The Ministry of Health and Long-Term Care through the Waterloo-Wellington Local Health Integration Network is responsible for overall direction and leadership for people with mental health issues. The Waterloo-Wellington Local Health Integration Network is responsible for administrating the local health system to ensure that services are integrated and coordinated through planning and resource allocation.

What is the local capacity in this area of the system?

While it was possible to identify the number of housing spaces/units with support that exist in the community (spaces/units and/or housing subsidies), it was not possible to quantify capacity related to community support (not attached to housing) because capacity fluctuates based on level of need for these types of programs.

A total of 362 housing spaces/units/subsidies with support are available for people with mental health issues in Waterloo Region. Of these, 106 are agency owned or managed housing spaces/units (39 through Homes for Special Care and 67 through Waterloo Regional Homes for Mental Health Inc.) and 256 are housing subsidies with support (5 through Canadian Mental Health Association and 251 through Waterloo Regional Homes for Mental Health Inc.). The majority of the agency owned or managed housing units/spaces are located in Kitchener (80%), with 20% located in Cambridge. Community support is available from three agencies as well.

In 2008, 1,194 people were assisted by one of these programs (note count was unduplicated within programs, but not between). There are currently 347 people waiting to access one of these programs in the community.

No new programs have been added since 2006.

Table 10: Overview of Longer Term Housing Stability Programs for People with Mental Health Issues

Organization and/or Program	Main Office Location(s)	Services & Capacity	Eligibility	Waiting List	Unique Individuals Served	Length of Service Guidelines	Area Served
Community Support Services							
<p>6.3.1 Canadian Mental Health Association-Grand River Branch: Long-Term Support Coordination</p>	Cambridge & Kitchener	<p>services: connect to basic needs & informal supports; recovery planning; individualized support; skill development; access to treatment services; crisis planning; medication support; advocacy; specialized services; employment & educational support capacity: Support Coordinators work with a 1:17 ratio</p>	ages 16+ with significant mental health issue	26 (shared with housing subsidy & support services)	<p>2008: 225 (shared with housing subsidy & support services)</p>	no time limit	Waterloo Region
<p>6.3.3 Waterloo Regional Homes for Mental Health Inc.: Housing & Long Term Support</p>	Kitchener	<p>services: flexible support; support coordination; supportive counseling; practical support with living skills such as budgeting, meal preparation, cooking, cleaning, problem solving, self care & housing advocacy capacity: determined by funding</p>	individuals 16+ who are experiencing or recovering from mental health issues	294 (shared with other program components)	<p>2008: 390</p>	no time limit	Waterloo Region, Guelph/Wellington & Dufferin counties

Table 10: Overview of Longer Term Housing Stability Programs for People with Mental Health Issues (continued)

Organization and/or Program	Main Office Location(s)	Services & Capacity	Eligibility	Waiting List	Unique Individuals Served	Length of Service Guidelines	Area Served
Community Support Services (continued)							
6.3.2 St. Joseph's Health Care London: Assertive Community Treatment (ACT)	Cambridge	services: multidisciplinary team provides specialized level psychiatric care; treatment, rehabilitation, support & crisis services; also support family members capacity: 80 to 100 individuals for each team	ages 18+ with severe & persistent mental health issues	27 (shared waiting list for both teams)	2008: 74	no time limit	Waterloo Region
6.3.2 Waterloo Regional Homes for Mental Health Inc.: Assertive Community Treatment (ACT)	Kitchener				2008: 49		

Table 10: Overview of Longer Term Housing Stability Programs for People with Mental Health Issues (continued)

Organization and/or Program	Housing Location(s)	Services/Capacity	Eligibility	Waiting List	Unique Individuals Served/Housed	Length of Service /Stay Guidelines	Area Served
Housing Subsidy & Support Services							
6.3.1 Canadian Mental Health Association-Grand River Branch: Long-Term Support Coordination	Region-owned housing in Kitchener	services: see above description in community support services capacity: 5 dedicated spaces through Rent Supplement Program	ages 16+ with significant mental health issue	26 (shared with community support services)	2008: 225 (shared with community support services)	no time limit	Waterloo Region
6.3.3 Waterloo Regional Homes for Mental Health Inc.: Housing & Long-Term Support	Region-owned housing; head leases	services: see above description in community support services capacity: 251 subsidized one-bedroom apartments	individuals 16+ who are experiencing or recovering from mental health issues	294 (shared with other program components)	2008: 350	no time limit	Waterloo Region, Guelph/Wellington & Dufferin counties
Agency Owned or Managed Housing							
6.3.4 Regional Mental Health in London: Homes for Special Care	Kitchener	Noble capacity: 20	ages 18+ with serious mental health issues	0	2008: 39	no time limit	South West, South Central, Tillsonburg, Simcoe
		Daring capacity: 19					

Table 10: Overview of Longer Term Housing Stability Programs for People with Mental Health Issues (continued)

Organization and/or Program	Housing Locations	Capacity	Eligibility	Waiting List	Unique Individuals Housed	Length of Stay Guidelines	Area Served
Agency Owned or Managed Housing							
6.3.3 Waterloo Regional Homes for Mental Health Inc.: Housing and Long Term Support	Cambridge	Duplex Housing (8 spaces)	individuals 16+ who are experiencing or recovering from mental health issues	294 (shared with other program components)	2008: 67	no time limit	Waterloo Region, Guelph/Wellington & Dufferin counties
	Cambridge	Apartment (13 spaces)					
	Kitchener	Apartment (12 spaces)					
	Kitchener	Bungalows (12 spaces)					
	Kitchener	Fergus House (8 spaces)					
	Kitchener	Joseph St. House (6 spaces)					
	Kitchener	Madison Avenue (8 spaces)					

Note: Table is organized by agency in alphabetical order.

6.3.1 Canadian Mental Health Association – Grand River Branch: Long-Term Support Coordination

Background:

Lead Organization	Main Office Locations	Geographic Boundary	Year Program Began
Canadian Mental Health Association – Grand River Branch	Cambridge Kitchener	Waterloo Region	1980s

1. Why did the program begin?

- To support people with significant mental health issues to live and grow within this community.
- To offer service that worked with people within their own environments and to ensure our vision of an inclusive community could be realized.

2. What are the program’s goals?

The goals of Canadian Mental Health Association are:

- to provide direct service to those who experience mental health needs
- to advocate for the establishment of quality services and responsive communities
- to promote public education regarding mental health and mental health issues
- to promote mental health of all citizens through research and community development

3. What are the primary reasons why people access the program?

To address issue related to housing, finances, social and recreational needs, linkages to treatment and support services within the community.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

No expansion dollars received in over 10 years. Recent announcements were made by the Province that the case management service will increase.

5. How is the program funded? Is this funding time-limited or ongoing?

Ministry of Health and Long Term Care, United Way Community Services of Waterloo, United Way Community Services of Cambridge and North Dumfries, membership fees as well as donations.

6. How many full-time equivalent (FTE) employees currently operate the program?

Kitchener: 7 FTE Cambridge: 3 FTE

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

Unknown

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
Support Coordinators work with a 1:17 ratio	ages 16+ with significant mental health issue	no time limit	26
5 dedicated spaces through Rent Supplement Program in Region-owned housing			

1. What services are provided through the program?

- Coordination of all service
- Connection to basic needs
- Personal planning
- Connections to informal supports
- Individualized support
- Skill development
- Access to treatment services
- Emotional support
- Crisis planning and support
- Medication support
- Advocacy
- Specialized services
- Employment and educational support
- Recovery planning

2. Where does the program typically receive its referrals?

Self, families, service providers, treatment, hospital systems, Police, Mental Health Court, Crisis Services

3. Where do staff/volunteers from this program typically refer people?

Refer to the community where appropriate, crisis services if appropriate, counselling. Ensure they are aware of other community resources.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	46%	54%	0%	3%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	8%	77%	15%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2008	225	3.6 years

6.3.2 St. Joseph’s Health Care London and Waterloo Regional Homes for Mental Health Inc.: Assertive Community Treatment (ACT)

Background:

Lead Organizations	Main Office Locations	Geographic Boundary	Year Program Began
St. Joseph’s Health Care London	Cambridge	Waterloo Region	2000
Waterloo Regional Homes for Mental Health Inc.	Kitchener		2006

1. Why did the program begin?

Ministry of Health and Long Term Care introduced ACT teams in the late 1990s. The program is to work with people who have not been able to be supported by existing community mental health services.

2. What are the program’s goals?

To support individuals to find and maintain their housing and stay stabilized over the long-term. To provide in vivo support services including treatment rehabilitation support and crisis services.

3. What are the primary reasons why people access the program?

Existing community services unable to support.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Program received enhanced funding in fall of 2004 to bring the team to full staffing in Cambridge.

5. How is the program funded? Is this funding time-limited or ongoing?

Ministry of Health and Long Term Care

6. How many full-time equivalent (FTE) employees currently operate the program?

12 full-time frontline positions plus 1 secretary, one psychiatrist and one coordinator in Cambridge.

7. How many volunteers currently operate the program?

0

8. What portion of clients are currently experiencing homelessness?

50% or higher

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
80 to 110 individuals for each team	ages 18+ with severe & persistent mental health issues	no time limit	27 (shared waiting lists for both teams)

1. What services are provided through the program?

ACT Team is a community-based model of providing specialized level psychiatric care to people in Waterloo Region who have a serious and persistent mental illness. This is an integrated model providing treatment, rehabilitation, support and crisis services. This multidisciplinary team provides high intensity treatment, rehabilitation, crisis intervention and support to people in Waterloo Region who have not done as well with other levels of community mental health services.

Essential Characteristics of ACT include:

- Multidisciplinary Continuous Treatment Team
- Assertive Outreach
- Individualized Treatment
- Ongoing and Continuous Services
- Linkages
- Monitoring and Evaluation

Functions of an ACT Team include:

- Case Management
- Crisis Assessment and Intervention
- Symptom Assessment, Management and Individual Supportive Therapy
- Medication Prescription, Administration, Monitoring and Documentation
- Provision of Substance Abuse Services
- Work Related Services
- Activities of Daily Living
- Social, Interpersonal Relationship and Leisure-Time Skill Training
- Support Services
- Education, Support and Consultation to Clients' Families and Other Major Supports

Each team includes about a dozen full-time staff including a psychiatrist, nurses, social workers, occupational therapists, therapeutic recreation, and a vocational instructor.

2. Where does the program typically receive its referrals?

Referrals are accepted from all sources. Most come through hospitals and community service providers. Referrals are received through the Community Intake

Group, which is made up of representatives from Cambridge Memorial Hospital, Canadian Mental Health Association – Grand River Branch, Community Care Access Centre of Waterloo Region, Grand River Hospital, St. Joseph’s Health Centre – Regional Mental Health Care London and Waterloo Regional Homes for Mental Health.

3. Where do staff/volunteers from this program typically refer people?

Other existing mental health service providers.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	40%	60%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	40%	60%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2006	St. Joseph’s Health Care London: 71 Waterloo Regional Homes for Mental Health Inc.: 25	some for life
2007	St. Joseph’s Health Care London: no data Waterloo Regional Homes for Mental Health Inc.: 35	some for life
2008	St. Joseph’s Health Care London:74 Waterloo Regional Homes for Mental Health Inc.: 49	some for life

6.3.3 Waterloo Regional Homes for Mental Health Inc.: Housing and Long-Term Support

Background:

Lead Organization	Locations	Geographic Boundary	Year Program Began
Waterloo Regional Homes for Mental Health Inc.	main office for community support services: Kitchener	Waterloo Wellington LHIN	1980
	subsidy & support housing locations: Waterloo Region Housing		
	agency owned or managed housing: Waterloo Region,		

1. Why did the program begin?

Prior to the establishment of Waterloo Regional Homes for Mental Health Inc. (WRHMH), the only community housing available to individuals returning to the community from psychiatric hospitals (deinstitutionalization process of the 1960s) were rooming houses, boarding homes, residences for adults with developmental issues (although not appropriate), Homes for Special Care, etc.

2. What are the program’s goals?

To provide and facilitate access to a wide range of affordable housing and/or individualized, flexible community support services.

3. What are the primary reasons why people access the program?

Individuals who are experiencing and/or recovering from serious mental health issues access WRHMH in order to receive housing support and/or case management services.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Funding gains and growth over several years. Addition of housing units and services such as outreach and Assertive Community Treatment Teams (ACTT).

5. How is the program funded? Is this funding time-limited or ongoing?

WRHMH is a private, non-profit organization that receives ongoing funding through the Local Health Integrated Network (LHIN).

6. How many full-time equivalent (FTE) employees currently operate the program?

In long-term support and housing we have 2 managers, 22 support coordinators/practical support workers and 2 nurses.

7. How many volunteers currently operate the program?

There are approximately 40 people who volunteer with the organization.

8. What portion of clients might experience homelessness without the program?

Almost all: 98%.

Services:

Community Support Services			
Capacity	Eligibility	Length of Service Guidelines	Number of People on Waiting List
determined by funding	individuals 16+ who are experiencing or recovering from mental health issues	no time limit	294 (shared with other program components)

Housing Subsidy & Support Services			
Capacity	Eligibility	Length of Service Guidelines	Number of People on Waiting List
59 spaces through Rent Supplement Program in Region-owned housing; 192 spaces leased with landlords	individuals 16+ who are experiencing or recovering from mental health issues	no time limit	294 (shared with other program components)

Agency Owned or Managed Housing			
Capacity	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
67	individuals 16+ who are experiencing or recovering from mental health issues	no time limit	294 (shared with other program components)

1. What services are provided through the program?

Community Support Services:

- Support services are provided by case managers from WRHMH and occasionally provided in partnership with other agencies (e.g., Canadian Mental Health Association, the Transition Team from Regional Mental Health Care London [London Psychiatric Hospital] and the Waterloo Region Assertive Community Treatment Team).
- Support services are flexible, depending on individual needs and levels of support fluctuate over time. Support could be as low as one visit a month to as high as three times a week.

- Services provided to residents include: 24/7 access as a landlord, support coordination, supportive counseling (crisis support in conjunction with Canadian Mental Health Association for after hours crisis services) and practical support with living skills such as budgeting, meal preparation, cooking, cleaning, problem solving, self care and housing advocacy.

Housing Subsidy and Support Services:

- WRHMH manages 251 subsidized one-bedroom apartments (192 dedicated units subsidized by the Ministry of Health & Long Term Care, 23 dedicated units subsidized by contract through the Region of Waterloo/Ministry of Health & Long term Care and 36 non-dedicated subsidized units through Waterloo Region Housing).

Agency-Owned Housing:

- WRHMH owns 10 properties where 67 people are housed in private and shared accommodation. Housing ranges from shared, furnished homes to single apartment units; individuals have their own private bedrooms in all housing options.

2. Where does the program typically receive its referrals?

Referrals are received from the individual with mental health issues. An application form for housing or referral for support is completed. This may occur with the support of various professional, family members, etc.

3. Where do staff/volunteers from this program typically refer people?

Individuals are referred to a multitude of other community supports and health services (e.g., psychiatrists, Community Care Access Centre, Canadian Mental Health Association, health services [e.g., medical and dental], social assistance, Food Hampers, Community Outreach Treatment Team of Grand River Hospital, Grand River Hospital, Cambridge Memorial Hospital, Hazelglen, Assertive Community Treatment (ACT) Teams, shelters, Lutherwood, places to access furniture, Community Legal Services, etc.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
70%	25%	5%	41%	59%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	5%	70%	25%

Demand for Service in 2008	
portion of the year demand was <i>under capacity</i>	%
portion of the year demand was <i>at capacity</i>	%
portion of the year demand was <i>over capacity</i>	%

Historical Trends:

Community Support Services		
Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2006	93	no data
2007	212	no data
2008	390	no data

Housing Subsidy and Support Services		
Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2006	107	no data
2007	246	no data
2008	350	no data

Agency Owned or Managed Housing		
Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	67	no data
2006	67	no data
2007	67	no data
2008	67	no data

6.3.4 Regional Mental Health in London: Homes for Special Care

Background:

Lead Organization	Housing Locations	Geographic Boundary	Year Program Began
Regional Mental Health in London	Kitchener	South West, South Central, Tillsonburg, Simcoe	late 1960s

1. Why did the program begin?

To provide long-term and permanent supportive/supported (formerly custodial) housing to persons who have serious mental health issues being discharged from Provincial Psychiatric Hospitals, or may be at-risk of being hospitalized, who require assistance with activities related to daily living.

2. What are the program’s goals?

To provide housing with support to people with serious mental health issues, who no longer have access to Provincial Psychiatric Hospitals, but need 24 hour care, a housing placement and supports to daily living

3. What are the primary reasons why people access the program?

They have a serious mental health issue requiring 24 hour supervision and supports in order to live in the community.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

There has not been an injection of any large sums of new funding for the program, but the per diem rate has increased several times in the last five years.

5. How is the program funded? Is this funding time-limited or ongoing?

The Ministry of Health and Long Term Care funds this program. Homes for Special Care operators receive a per diem amount of \$45.90 effective February 1, 2008. There is also an allotment for each client of approximately \$3,300 per year which is managed regionally. The annual figure is determined by the total cost of per diem commitments, up to the capacity, calculated at 90%. The money remaining is divided among the clients in the Homes for Special Care program, recognizing that some will need more money than others, based on their needs. The types of supports for which this money can be spent include clothing, medical (e.g., dental, drugs, supplies, transportation to appointments), personal needs, recreation and general transportation costs. The allotment amount has increased by \$400 over the past five years.

6. How many full-time equivalent (FTE) employees currently operate the program?

Field staff in the regional offices carry an average caseload of 53 individuals. There is one field staff person for Waterloo Region. Although there are no specific staff-to-client ratios in the guidelines for Homes for Special Care, the recommended ratio is 7 individuals for every 1 “on-site” support staff person.

7. How many volunteers currently operate the program?

No data

8. What portion of clients might experience homelessness without the program?

100%. Many residents of the Homes for Special Care program require 24/7 supportive care.

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
Noble capacity: 20 Daring capacity: 19	ages 18+ with serious mental health issues	no time limit	0

1. What services are provided through the program?

Homes for Special Care operators provide 24/7 on-site support with a recommended staff to resident ratio of 1:7. Home staff assist the individuals with daily living/life skills and checks/administers medication. If supports for personal care are needed, the Community Care Access Centre will be called in to teach the individual how to perform these, with supervision provided by the support staff of the Homes for Special Care. Individuals in the program are provided a bed rather than a room, as private rooms are not guaranteed. A bed may be private, semi-private or grouped, but do not usually exceed four per room (the guidelines provide for a minimum amount of space between beds).

2. Where does the program typically receive its referrals?

Referrals come from community mental health clinics. Referrals must have a serious mental health issue, however the program does not (knowingly) take people who are dually diagnosed or have a concurrent disorder.

3. Where do staff/volunteers from this program typically refer people?

To community-based agencies that can provide specific supports required by the individual, e.g., Community Care Access Centre.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	45%	55%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
%	%	%	%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	100%
portion of the year demand was <i>over</i> capacity	0%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	no data	no data
2006	no data	no data
2007	no data	no data
2008	39	no data

6.4 Physical Disability and Acquired Brain Injury

How are longer term housing stability programs for people with physical disabilities or acquired brain injuries funded?

The Ministry of Health and Long-Term Care through the Waterloo-Wellington Local Health Integration Network is responsible for overall direction and leadership for people with physical disabilities or acquired brain injuries. The Waterloo-Wellington Local Health Integration Network is responsible for administering the local health system to ensure that services are integrated and coordinated through planning and resource allocation.

What is the local capacity in this area of the system?

While it was possible to identify the number of housing spaces/units with support that exist in the community (spaces/units and/or housing subsidies), it was not possible to quantify capacity related to community support (not attached to housing) because capacity fluctuates based on level of need for these types of programs.

Two agencies provide a total of 70 housing spaces/units with support for people with physical disabilities and acquired brain injuries in the community. Of these, only six spaces are designated to people with acquired brain injuries. The majority of the housing units/spaces are located in Kitchener (66%) with 18% located in Waterloo and 16% located in Cambridge. Community support is available through these two agencies as well.

In 2008, 306 people were assisted in this part of the system (note count was unduplicated within programs, but not between). There are currently 149 people waiting to access this type of program in the community.

No new programs have been added since 2003.

Table 11: Overview of Longer Term Housing Stability Programs for People with Physical Disabilities and/or Acquired Brain Injuries

Organization and/or Program	Main Office Location	Services/Capacity	Length of Service Guidelines	Eligibility	Waiting List	Unique Individuals Served	Area Served
Community Support Services							
6.4.1 Independent Living Centre of Waterloo Region: Direct Funding	Kitchener	services: enables adults with physical disabilities to become employers of their own attendants capacity: 31	assistance up to 6 hrs/day, for a maximum of 182 hrs/month		14	2008: 31	Waterloo Region
6.4.2 Independent Living Centre of Waterloo Region: Outreach Services	Kitchener	services: help clients live independently, maintain employment and/or pursue adult education; help clients leave institutional facilities & assist family with providing support; daily living activities include: rising & retiring, bathing/showing, toileting, transferring, range of motion exercises, meal preparation, light housekeeping & shopping, paying bills & banking capacity: 114	provided on a pre-scheduled 'block-time' basis up to a maximum of 21 hrs/wk	individuals 16+ with physical disabilities	56	2008: 114	Waterloo Region

Table 11: Overview of Longer Term Housing Stability Programs for People with Physical Disabilities and/or Acquired Brain Injuries (continued)

Organization and/or Program	Main Office/Housing Location	Services/Capacity	Length of Service/Stay Guidelines	Eligibility	Waiting List	Unique Individuals Served/Housed	Area Served
Community Support Services							
6.4.3 Participation House – Waterloo Wellington: ABI Outreach Services	Kitchener	services: support provided in clients' homes or local community, in the areas of physical health, social & emotional well-being, community integration & activities of daily living; workers design & implement programs with input from the client and their families capacity: 157 hours/wk of service	long or short-term service provided to meet clients' goals	individuals 16+ with physical disabilities or acquired brain injury	10	2008: 87	Waterloo Region and Wellington County
Agency Owned or Managed Housing							
6.4.4 Independent Living Centre of Waterloo Region: Supportive Housing	Cambridge	Cambridge Kiwanis Project (11 spaces)	support for 6 hrs/day; individuals can stay for life or until needs exceed service level criteria	individuals 16+ with physical disabilities	36	2008: 36	Waterloo Region
	Kitchener	Mooregate Apartment Project (12 spaces)					
	Waterloo	Shamrock Co-op Project (13 spaces)					

Table 11: Overview of Longer Term Housing Stability Programs for People with Physical Disabilities and/or Acquired Brain Injuries (continued)

Organization and/or Program	Housing Location	Capacity	Length of Stay Guidelines	Eligibility	Waiting List	Unique Individuals Housed	Area Served
Agency Owned or Managed Housing							
Participation House - Waterloo Wellington: 6.4.5 Supportive Housing 6.4.6 ABI Group Home	Kitchener	Strasburg Road Project ¹² (13 units)	assistance for 6 hrs/day and on-call in between; permanent placement	individuals 16+ with physical disabilities or acquired brain injury	20	2008: 32	Waterloo Region and Wellington County
	Kitchener	Union Lane Apartment Project (15 units)					
	Kitchener	Tagge Street Acquired Brain Injury Group Home (6 spaces)	permanent placement		13	2008: 6	

Note: Table is organized by agency in alphabetical order.

¹² Part of Region's Affordable Housing Strategy

6.4.1 Independent Living Centre of Waterloo Region: Direct Funding

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Independent Living Centre of Waterloo Region	Kitchener	Waterloo Region	1995

1. **Why did the program begin?**
A decade-long effort by a Toronto group called the Attendant Care Action Coalition resulted in this Province-wide program.
2. **What are the program’s goals?**
To provide the opportunity for improved quality of life, increased individual control, greater community involvement for persons with disabilities and the ability to hire one's own attendants and to move the service anywhere in Ontario.
3. **What are the primary reasons why people access the program?**
To live independently in the community.
4. **Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?**
Expanded only slightly.
5. **How is the program funded? Is this funding time-limited or ongoing?**
Direct funding is funded by the Ministry of Health and Long Term Care and operates within guidelines from the Government of Ontario.
6. **How many full-time equivalent (FTE) employees currently operate the program?**
This program is coordinated out of Toronto.
7. **How many volunteers currently operate the program?**
0
8. **What portion of clients might experience homelessness without the program?**
It is unlikely that our consumers would experience homelessness if our programs ceased to exist because their physical care needs are so great that there exists a safety net that would step in. Specifically, Community Care Access Centre would provide limited nursing, personal support and home making services to those that could be supported in the community. The rest of the consumers would end up in

ALC beds in hospitals and ultimately in Long Term Care or Complex Continuing Care as spaces became available.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
31	individuals 16+ with physical disabilities	assistance up to 6 hrs/day, for a maximum of 182 hrs/month	14

1. What services are provided through the program?

Direct funding is a program that enables adults with physical disabilities to become employers of their own attendants.

2. Where does the program typically receive its referrals?

Community Care Access Centre and other health care providers.

3. Where do staff/volunteers from this program typically refer people?

Community Care Access Centre

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
58%	10%	32%	58%	42%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
%	%	%	%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	30	for life or until needs exceed service criteria
2006	31	
2007	31	
2008	31	

6.4.2 Independent Living Centre of Waterloo Region: Outreach Services

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Independent Living Centre of Waterloo Region	Kitchener	Waterloo Region	1986

1. Why did the program begin?

This was a new service offered by Ministry of Health and Long Term Care (actually Ministry of Community Social Services at the time) across the Province.

2. What are the program’s goals?

To enable people with physical disabilities to live independently in the community. To provide the opportunity for improved quality of life, increased individual control and greater community involvement for persons with disabilities.

3. What are the primary reasons why people access the program?

For assistance with personal care so that they can live independently in the community.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

\$310,000 was received for expansion in 2000 and an announcement was made on July 19, 2005 for an additional \$100,000.

5. How is the program funded? Is this funding time-limited or ongoing?

Outreach is funded by the Ministry of Health and Long Term Care at no cost to the recipient.

6. How many full-time equivalent (FTE) employees currently operate the program?

125

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

It is unlikely that our consumers would experience homelessness if our programs ceased to exist because their physical care needs are so great that there exists a safety net that would step in. Specifically, Community Care Access Centre would provide limited nursing, personal support and home making services to those that could be supported in the community. The rest of the consumers would end up in

ALC beds in hospitals and ultimately in Long Term Care or Complex Continuing Care as spaces became available.

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
114	individuals 16+ with physical disabilities	provided on a pre-scheduled 'block-time' basis up to a maximum of 21 hrs/wk	56

1. What services are provided through the program?

Outreach services assists physically disabled adults in a variety of ways, including: assisting clients to live independently in their own home or in residence at the universities; helping clients maintain employment and/or pursue adult education; preventing the need for premature hospitalization, helping clients to leave institutional facilities and assisting family members with providing support. Attendants provide a wide range of activities of daily living at home, at work or at school. These include: rising and retiring, bathing/showing, toileting, transferring, range of motion exercises, meal preparation, light housekeeping, and grocery shopping, paying bills and banking.

2. Where does the program typically receive its referrals?

Community Care Access Centre and other health care providers.

3. Where do staff/volunteers from this program typically refer people?

Community Care Access Centre

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	57%	43%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	9%	37%	54%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	94	no data
2006	93	no data
2007	114	no data
2008	114	no data

6.4.3 Participation House – Waterloo Wellington: ABI Outreach Services

Background:

Lead Organization	Main Office Location	Geographic Boundary	Year Program Began
Participation House – Waterloo Wellington	Kitchener	Waterloo Region and Wellington County	2003

1. Why did the program begin?

Following severe brain injury, 90% of people lose their social support system. This creates a significant need in the community for outreach services.

2. What are the program’s goals?

Outreach Services are provided to maintain and/or improve independent living skills and enable folks to stay in their homes, stay out of hospitals, long-term care, etc.

3. What are the primary reasons why people access the program?

No data

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

In 1993, Participation House expanded its vision to include those with a brain injury and over the next few years developed their various acquired brain injury programs. Today, the focus of Participation House services is fairly evenly split between physical disabilities and acquired brain injury. Participation House also expanded their service delivery boundary in September 2005 to include the County of Wellington in addition to Waterloo Region.

5. How is the program funded? Is this funding time-limited or ongoing?

Ministry of Health and Long Term Care

6. How many full-time equivalent (FTE) employees currently operate the program?

9 employees: three full-time, 6 part-time

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

Unknown

Services:

Capacity to Serve	Eligibility	Length of Service Guidelines	Number of People on Waiting List
157 hours/wk of service	individuals 16+ with physical disabilities or acquired brain injury	long or short-term service provided to meet clients' goals	10

1. What services are provided through the program?

In the clients' homes or their local community, support is provided in the areas of physical health, social and emotional well-being, community integration and activities of daily living. Outreach workers design and implement programs, with input from the client and their families.

2. Where does the program typically receive its referrals?

Health care professionals, Community Care Access Centre, Brain Injury Association.

3. Where do staff/volunteers from this program typically refer people?

Staff collaborates with other professional service providers such as speech and language pathologists, physiotherapists, occupational therapists and dieticians.

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	37%	63%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	2%	47%	51%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Served (unduplicated count)	Average Duration of Program Use
2005	42	9 months
2006	50	
2007	69	
2008	87	no data

6.4.4 Independent Living Centre of Waterloo Region: Supportive Housing

Background:

Lead Organization	Housing Locations	Geographic Boundary	Year Program Began
Independent Living Centre of Waterloo Region	Cambridge (1) Kitchener (1) Waterloo (1)	Waterloo Region	1982

1. Why did the program begin?

Needs were identified by the founders of the agency.

2. What are the program’s goals?

To provide the opportunity for improved quality of life, increased individual control and greater community involvement for persons with disabilities.

3. What are the primary reasons why people access the program?

To live independently in the community.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

Prior to 2000, there were a number of funding increases from the Province to Independent Living Centre of Waterloo Region including the addition of their most recent supportive housing project in Cambridge in 1999. Since that time, they received a 3% cost of living increase of \$34,800 in 2004 (about half to supportive housing and the other half to outreach/respice programs). Also a 1.5% increase in 2005. These were the only two increases since 2000, so this program is operating in a deficit due to rising costs and increased consumer need. In 2006, Independent Living Centre of Waterloo Region closed one of the two sites in Waterloo due to funding constraints.

5. How is the program funded? Is this funding time-limited or ongoing?

Supportive housing attendant services are subsidized by the Ministry of Health and Long Term Care; however consumers hold their own lease and are responsible for all other expenses, including rent, utilities, food, etc.

6. How many full-time equivalent (FTE) employees currently operate the program?

82

7. How many volunteers currently operate the program?

0

8. What portion of clients might experience homelessness without the program?

It is unlikely that our consumers would experience homelessness if our programs ceased to exist because their physical care needs are so great that there exists a safety net that would step in. Specifically, Community Care Access Centre would provide limited nursing, personal support and home making services to those that could be supported in the community. The rest of the consumers would end up in ALC beds in hospitals and ultimately in Long Term Care or Complex Continuing Care as spaces became available.

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
Cambridge Kiwanis Project (11 spaces)	individuals 16+ with physical disabilities	support for 6 hrs/day; individuals can stay for life or until needs exceed service level criteria	36
Mooregate Apartment Project (12 spaces)			
Shamrock Co-op Project (13 spaces)			

1. What services are provided through the program?

In supportive housing, consumers are able to access attendants on a 24-hour basis.

2. Where does the program typically receive its referrals?

Community Care Access Centre and other health care providers.

3. Where do staff/volunteers from this program typically refer people?

Community Care Access Centre, Participation House

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
%	%	%	49%	51%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	69%	31%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	40	no data
2006	40	no data
2007	36	no data
2008	36	no data

6.4.5 Participation House – Waterloo Wellington: Supportive Housing

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Participation House – Waterloo Wellington	Kitchener	Waterloo Region and Wellington County	1977

1. Why did the program begin?

Following severe brain injury, 90% of people lose their social support system. This creates a significant need in the community for supportive housing. Their initial housing project was the first of its kind in Waterloo Region (Highpoint Apartment Project, which has now become the Strasburg Road Project).

2. What are the program’s goals?

Enable folks with physical disabilities to live independently in the community in an integrated setting.

3. What are the primary reasons why people access the program?

Requirement for accessible housing combined with personal support.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

In 1993, Participation House expanded its vision to include those with a brain injury and over the next few years developed their various acquired brain injury programs. Today, the focus of Participation House services is fairly evenly split between physical disabilities and acquired brain injury. Participation House also expanded their service delivery boundary in September 2005 to include the County of Wellington in addition to Waterloo Region.

5. How is the program funded? Is this funding time-limited or ongoing?

Ministry of Health and Long Term Care

6. How many full-time equivalent (FTE) employees currently operate the program?

10 to 15 full-time and 8 part-time staff per site

7. How many volunteers currently operate the program?

7 to 9 per site

8. What portion of clients might experience homelessness without the program?

100%

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
Strasburg Road Project ¹³ (13 units)	individuals 16+ with physical disabilities or acquired brain injury	assistance for 6 hrs/day and on-call in between; permanent placement	20
Union Lane Apartment Project (15 units)			

1. What services are provided through the program?

Consumers hold their own lease and are responsible for all other expenses, including rent, utilities, food, etc. Participating residents utilize the 24 hour on-call personal support services provided by Participation House to live independently. The Attendants follow the direction of the clients when assisting them to carry out their activities of daily living. The following services are provided but not limited to: bowel and bladder routines, diabetic care, bathing/grooming, exercising, assistance with dressing and undressing, ventilator care, tube feeding and light homemaking and meal preparation.

2. Where does the program typically receive its referrals?

Community Care Access Centre, other agencies, health care professionals

3. Where do staff/volunteers from this program typically refer people?

Independent Living Centre, GSPD (Guelph), Ontario March of Dimes (Drayton)

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
93%	7%	0%	59%	41%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	7%	38%	55%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

¹³ Part of Region's Affordable Housing Strategy

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	30	ongoing
2006	30	
2007	30	
2008	32	

6.4.6 Participation House – Waterloo Wellington: ABI Group Home

Background:

Lead Organization	Housing Location	Geographic Boundary	Year Program Began
Participation House – Waterloo Wellington	Kitchener	Waterloo Region and Wellington County	1977

1. Why did the program begin?

Following severe brain injury, 90% of people lose their social support system. This creates a significant need in the community for housing and support.

2. What are the program’s goals?

To provide accessible, long-term housing and program support to enable those with a brain injury to gain independence in a rehabilitative setting.

3. What are the primary reasons why people access the program?

They have a brain injury.

4. Have there been major changes in the capacity of the program since it began (e.g., temporary closures, funding loss or gain, staff turnover, natural disaster)?

In 1993, Participation House expanded its vision to include those with a brain injury and over the next few years developed their various acquired brain injury programs. Today, the focus of Participation House services is fairly evenly split between physical disabilities and acquired brain injury. Participation House also expanded their service delivery boundary in September 2005 to include the County of Wellington in addition to Waterloo Region.

In 2004/2005, renovations of the ABI Group Home basement offered additional program space for clients. During this time they also added one-to-one assessments for ABI group home clients to improve communication skills.

5. How is the program funded? Is this funding time-limited or ongoing?

The Acquired Brain Injury Group Home was built and is owned by Participation House. Life skill workers are funded through the Ministry of Health and Long Term Care.

6. How many full-time equivalent (FTE) employees currently operate the program?

15 full-time, 6 part-time

7. How many volunteers currently operate the program?

6 to 8

8. What portion of clients might experience homelessness without the program?

Unknown

Services:

Capacity to House	Eligibility	Length of Stay Guidelines	Number of People on Waiting List
Tagge Street Acquired Brain Injury Group Home (6 spaces) adults with a brain injury	individuals 16+ with physical disabilities or acquired brain injury	permanent placement	13

1. What services are provided through the program?

Participation House offers a twenty-four hour congregate living environment. In this program, not only are personal supports available if needed but there is a greater emphasis on life skills and rehabilitation. Staff assist clients in the areas of health and physical well-being, cognitive and behavioural management, and social and emotional welfare.

2. Where does the program typically receive its referrals?

Brain Injury Association, Community Care Access Centre, Physicians, Social Workers, Hamilton Health Sciences, Regulated Health Care Professionals.

3. Where do staff/volunteers from this program typically refer people?

Out of area - we are the only service of this type in the community (i.e., Peel/Halton Brain Injury Services).

2008 Trends:

Singles	Couples	Families	Females	Males	Other	Aboriginal	Born Outside of Canada
100%	0%	0%	50%	50%	0%	%	%

Children (0-15)	Youth (16-24)	Adults (25-49)	Older Adults (50+)
0%	0%	50%	50%

Demand for Service in 2008	
portion of the year demand was <i>under</i> capacity	0%
portion of the year demand was <i>at</i> capacity	0%
portion of the year demand was <i>over</i> capacity	100%

Historical Trends:

Year	Unique Individuals Housed (unduplicated count)	Average Length of Stay
2005	6	ongoing
2006	6	
2007	6	
2008	6	

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Organization	Program	Contact Name	Local Mailing Address	Phone number Fax number E-mail address Website address	Page Number
AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA)	Outreach	Leesa Stephenson, Outreach Support Coordinator	85 Frederick Street, Kitchener, ON N2H 2L5	Ph: (519) 570-3687 ext. 306 Fax: (519) 570-4034 outreach@acckwa.com	54
Argus Residence for Young People	Argus Residence for Young People	Eva Vlasov, Executive Director	115 Wellington Street, Cambridge, ON N1R 3Y8	Ph: (519) 623-7991 Fax: (519) 650-1781 argusyw@execulink.com	16
Cambridge Kiwanis Village Non-Profit Corporation Housing and Argus Residence for Young People	Cambridge Kiwanis Village Supportive Housing for Youth	Nada El Diasty	Cambridge Kiwanis Village, #23-1195 King Street East Cambridge, ON N3H 5N5	Ph: (519) 580-0474 Fax: (519) 650-9022 nada86@gmail.com	203
Cambridge Shelter Corporation	Shelters to Housing Stability	Anne Tinker, Executive Director	26 Simcoe Street Cambridge, ON N1R 8P2	Ph: (519) 624-9305 Fax: (519) 624-0801 anne@cambridgesheltercorp.ca www.cambridgesheltercorp.ca	110
Cambridge Shelter Corporation	Supportive/ Transitional Housing	Anne Tinker, Executive Director	26 Simcoe Street Cambridge, ON N1R 8P2	Ph: (519) 624-9305 Fax: (519) 624-0801 anne@cambridgesheltercorp.ca www.cambridgesheltercorp.ca	206
Cambridge Shelter Corporation	The Cambridge Shelter	Anne Tinker, Executive Director	26 Simcoe Street Cambridge, ON N1R 8P2	Ph: (519) 624-9305 Fax: (519) 624-0801 anne@cambridgesheltercorp.ca www.cambridgesheltercorp.ca	21

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Cambridge Shelter Corporation	Trustee Program	Anne Tinker, Executive Director	26 Simcoe Street Cambridge, ON N1R 8P2	Ph: (519) 624-9305 Fax: (519) 624-0801 anne@cambridgesheltercorp.ca www.cambridgesheltercorp.ca	194
Cambridge Shelter Corporation	Welcome Aboard	Anne Tinker, Executive Director	26 Simcoe Street Cambridge, ON N1R 8P2	Ph: (519) 624-9305 Fax: (519) 624-0801 anne@cambridgesheltercorp.ca www.cambridgesheltercorp.ca	52
Canadian Mental Health Association—Grand River Branch	Crisis Services of Waterloo Region	Executive Director Don Roth	67 King Street East Kitchener Ontario N2G 2K4	Ph: (519) 766-4450 X235 Fax: (519) 766-9211 abelc@cmhagrb.on.ca www.cmhagrb.on.ca	115
Canadian Mental Health Association—Grand River Branch	Long-Term Support Coordination	Cambridge Support Coordination: Tina Fish	Centre for Mental Health Cambridge 3-9 Wellington St. Cambridge, ON N1R 3Y4	Ph: (519) 740-7782 x 226 Fax: (519) 740-0461 fisht@cmhagrb.on.ca www.cmhagrb.on.ca	261
		Kitchener Support Coordination: Joanne Carey-Neath, Team Leader	Centre for Mental Health Kitchener 67 King St. E. Kitchener, ON N2G 2K4	Ph: (519) 744-7645 x 319 Fax: 519-744-7066 careyneathj@cmhagrb.on.ca www.cmhagrb.on.ca	
Canadian Mental Health Association—Grand River Branch	Mental Health and Justice Services	Joanne Carey-Neath	67 King St. E. Kitchener, ON N2G 2K4	Ph: (519) 744-7645 x 303 Fax: (519) 766-9211 careyneathi@cmhagrb.on.ca www.cmhagrb.on.ca	118

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Canadian Mental Health Association–Grand River Branch	Proactive Outreach	Tina Fish	Centre for Mental Health, Cambridge 3-9 Wellington St. Cambridge, ON N1R 3Y4	Ph: (519) 740-7782 x 226 Fax: (519) 740-0461 fisht@cmhagrb.on.ca www.cmhagrb.on.ca	84
Christian Horizons	Christian Horizons- West District	Patty Vlaar- Philbrick District Executive Director	West District 4275 King St. E., Unit 101 Kitchener, ON N2P 2E9	Ph: (519) 650-3241 Fax: (519) 650-0206 jward@christian-horizons.org www.christian-horizons.org	235
Community Living Cambridge	Community Living Cambridge	Michael J. Mullen, Executive Director	160 Hespeler Rd., Cambridge, ON N1R 6V7	Ph: (519) 623-7490 Fax: (519) 740-8073 DGruber@communitylivingcambridge.ca www.communitylivingcambridge.ca	238
Elmira District Community Living	Elmira District Community Living	Gregory R Bechard, Executive Director	118 Barnswallow Rd., Elmira ON N3B 2Y9	Ph: (519) 669-3205 Fax: (519) 669-3444 gbechard@elmiraocl.com www.elmiraocl.com	241
Extend-A-Family Association	Extend-A-Family Association	Maria De Boer, Executive Director	74 Queen Street North, Kitchener, ON N2H 2H3	Ph: (519) 741-0190 Fax: (519) 741-0392 mdeboer@eafwr.on.ca www.eafwr.on.ca	244
House of Friendship	Charles Street Men's Hostel	Shannon Daniels, Program Supervisor	63 Charles Street E., Kitchener, ON N2G 2P3	Ph: (519) 742-8327 Fax: (519) 742-8868 hostel@houseoffriendship.org www.houseoffriendship.org	24
House of Friendship	Charles Street Men's Hostel Drop- In	Shannon Daniels, Program Supervisor	63 Charles Street E., Kitchener, ON N2G 2P3	Ph: (519) 742-8327 Fax: (519) 742-8868 hostel@houseoffriendship.org www.houseoffriendship.org	57

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House of Friendship	Charles Village	Taylor Martin Program Supervisor	75 Charles Street E., Kitchener, ON N2G 2P3	Ph: (519) 742-8327 Fax: (519) 742-1089 charlesvillage@houseoffriendship.org www.houseoffriendship.org	208
House of Friendship	Cramer House	Wendie Kirk, Program Supervisor	P.O. Box 1837, Station C, Kitchener, ON N2G 4R3	Ph: (519) 742-8327 Fax: (519) 742-8868 cramerhouse@houseoffriendship.org www.houseoffriendship.org	211
House of Friendship	Eby Village	Christine Stevanus, Program Supervisor	50 Eby St. South, Kitchener, ON N2G 3L1	Ph: (519) 570-2400 Fax: (519) 570-2475 ebyvillage@houseoffriendship.org www.houseoffriendship.org	214
House of Friendship	Kiwanis House	Lori Williams, Supervisor	85 Wilhelm Street, Kitchener, ON N2H 5R9	Ph: (519) 578-0171 Fax: (519) 578-0179 kiwanishouse@houseoffriendship.org www.houseoffriendship.org	183
House of Friendship	Shelters to Housing Stability	Shannon Daniels, Program Supervisor	63 Charles Street E., Kitchener, ON N2G 2P3	Ph: (519) 742-8327 Fax: (519) 742-8868 hostel@houseoffriendship.org www.houseoffriendship.org	110
Independent Living Centre of Waterloo Region	Direct Funding	Lorene Collingwood	127 Victoria Street South, Suite 201, Kitchener, ON N2G 2B4	Ph: (519) 571-6788 Fax: (519) 571-6388 lorene@ilcwr.org www.ilcwr.org	278
Independent Living Centre of Waterloo Region	Outreach Services, & Supportive Housing	Leanne Schade	127 Victoria Street South, Suite 201, Kitchener, ON N2G 2B4	Ph: (519) 571-6788 Fax: (519) 571-6388 leanne@ilcwr.org www.ilcwr.org	280

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Independent Living Centre of Waterloo Region	Supportive Housing	Leanne Schade	127 Victoria Street South, Suite 201, Kitchener, ON N2G 2B4	Ph: (519) 571-6788 Fax: (519) 571-6388 leanne@ilcwr.org www.ilcwr.org	285
International Teams Canada and Ray of Hope	Welcome Home	Sharon Johnson Program Director	260 King Street East, Kitchener, ON N2G 2L1	Office Ph: (519) 568-8696 Supervisor Ph: (226) 220-4730 welcome.home@iteams.org http://welcomehome.iteams.ca	177
John Howard Society/Cambridge Career Connections	Housing Help	TBD, Housing Coordinator	40 Ainslie Street South, Cambridge, ON N1R 3K1	Ph: (519) 622-0815 x. 221 Fax: (519) 622-7043 www.cambridgecareerconnections.com	99
Kitchener Downtown Community Health Centre	Peer Health Worker Program	Doug Rankin	59 Frederick Street Kitchener, ON N2M 3L2	519-745-4404 ext. 207 519-745-3709 drankin@kdchc.org www.kdchc.org	121
Kitchener Downtown Community Health Centre	Shelter Outreach, St. John's Kitchen Outreach and ID Clinic	Stephen Gross, Clinical Director	59 Frederick Street, Kitchener, ON N2H 2L3	Ph: (519) 745-4404 ext. 212 Fax: (519) 745-3709 sgross@kdchc.org	90
Kitchener Kinsmen and the K-W Association for Community Living	K-W Habilitation Services	Ann Bilodeau, Executive Director Chris Gefucia, Residential Director	108 Sydney Street South, Kitchener, ON N2G 3V2	Ph: (519) 744-6307 Fax: (519) 571-1629 cgefucia@kwhab.ca	247
Kitchener-Waterloo Out of The Cold	Kitchener-Waterloo Out of The Cold	Roberta Hickey		Ph Home: (519) 748-0356 mihickey@sentex.net home.golden.net/~msavage/ootc/ootcindex.html	40

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K-W House Church Assembly Inc.	Reception House (101 David)	Mira Malidzanovic, Program Director	101 David Street, Kitchener, ON N2G 1Y1	Ph: (519) 743-2113 Fax: (519) 576-8570 refugee@bellnet.ca	180
Lutherwood	Betty Thompson Youth Centre Safe Haven Shelter	Rebecca Roy	285 Benjamin Rd Waterloo, ON N2J 3Z4	Ph: (519) 884-1470 Fax: (519) 886-8479 rroy@lutherwood.ca www.lutherwood.ca	37
Lutherwood	Families in Transition	Heather Papp (full-time) Edwina Toope (part-time)	165 King Street East Kitchener, ON. N2G 2K8	Heather Papp – 519-743-2460 ext. 273 hpapp@lutherwood.ca Edwina Toope- 519-743-2460 ext. 227 etoope@lutherwood.ca	124, 165
Lutherwood	Housing Counseling	Julie Hornick-Martyk Housing Services Coordinator	165 King Street East Kitchener, ON N2G 2K8	Ph: (519) 743-2460 x 401 Fax: (519) 742-7895 jmartyk@lutherwood.ca www.lutherwood.ca	128
Lutherwood	Rent Bank and Eviction Prevention Program	Kristine Dearlove	165 King Street East, Kitchener, ON N2G 2K8	Ph: (519) 743-2246 x 225 Fax: (519) 742-7895 kdearlove@lutherwood.ca www.lutherwood.ca	132
Lutherwood	Whatever It Takes	Cathy Harrington, Executive Director	165 King Street East, Kitchener, ON N2G 2K8	Ph: (519) 743-2246 x 225 Fax: (519) 742-7895 charrington@lutherwood.ca www.lutherwood.ca	136

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Mennonite Central Committee Ontario and YWCA of Kitchener-Waterloo	Circle of Friends	Jennifer White, Circle of Friends Project Manager	84 Frederick Street, Kitchener, ON N2H 2L7	Ph: (519) 744-6507 ext. 243 Cell: (519) 577-0410 Fax: (519) 744-7728 circleoffriends@mennonitecc.on.ca www.mcc.org/ontario	139
Parents for Community Living K-W	Parents for Community Living K-W	Katherine Loveys Executive Director	133 Frederick St. Kitchener, ON N2H 2M1	Ph: (519) 742-5849 Fax: (519) 742-1060 kathyl@pclkw.org www.pclkw.org	249
Participation House – Waterloo Wellington	ABI Group Home	Elsa Torre	617 King Street West, Suite C Kitchener, ON N2G 1C7	Ph: (519) 742-9424, ext. 204 Fax: (519) 741-8731 elsa@phwaterloo.org www.phwaterloo.org	291
Participation House – Waterloo Wellington	ABI Outreach Services	Elsa Torre	617 King Street West, Suite C Kitchener, ON N2G 1C7	Ph: (519) 742-9424, ext. 204 Fax: (519) 741-8731 elsa@phwaterloo.org www.phwaterloo.org	283
Participation House – Waterloo Wellington	Supportive Housing	Elsa Torre	617 King Street West, Suite C Kitchener, ON N2G 1C7	Ph: (519) 742-9424, ext. 204 Fax: (519) 741-8731 elsa@phwaterloo.org www.phwaterloo.org	288
Participation House – Waterloo Wellington, Brain Injury Association of Waterloo Wellington and the Food Bank of Waterloo Region	ABI Day Program/ Opportunity Centre	Elsa Torre	617 King Street West, Suite C Kitchener, ON N2G 1C7	Ph: (519) 742-9424, ext. 204 Fax: (519) 741-8731 elsa@phwaterloo.org www.phwaterloo.org	59

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Ray of Hope Inc.	OASIS	Jon Hill, OASIS Program Director	37 Market Lane Kitchener, ON N2H 1A1	Ph: (519) 578-8018 Fax: (519) 578-8784 jhill@rayofhope.net www.rayofhope.net	61
Regional Mental Health in London	Homes for Special Care	Mary-Anne Thompson, Program Associate	231 Dundas St., London, ON N6A 1H1	Ph: (519) 675-7758 Fax: (519) 675-7685 mary-anne.thompson@ontario.ca	271
Regional Social Services	Domiciliary Hostels	Sharon Froehlich, Social Planning Associate Social Services	99 Regina Street South Waterloo, ON N2J 4G6	Ph: (519) 883-2409 Fax: (519) 883-2234 frsharon@region.waterloo.on.ca www.region.waterloo.on.ca	220
Regional Social Services	Waterloo Region Energy Assistance Program	Van Vilaysinh Social Planning Associate, Social Services	99 Regina St. S., Waterloo, ON N2J 4G6	Ph: (519) 575-4757 ext. 5824 Fax: (519) 883-2234 Vvan@region.waterloo.on.ca www.region.waterloo.on.ca	107
ROOF	Drop-In	Sandy Bell Executive Director	242 Queen St. S. Kitchener, ON N2G 1W3	Ph: (519) 742-2788 ext. 202 Fax: (519) 742-5506 info@roof-agency.net www.roof-agency.net	63
ROOF	Outreach	Sandy Bell Executive Director	242 Queen St. S. Kitchener, ON N2G 1W3	Ph: (519) 742-2788 ext. 202 Fax: (519) 742-5506 execdir@roof-agency.net www.roof-agency.net	78
ROOF	Youth Housing and Community Program	Sandy Bell Executive Director	242 Queen St. S. Kitchener, ON N2G 1W3	Ph: (519) 742-2788 ext. 202 Fax: (519) 742-5506 info@roof-agency.com housing@roof-agency.net www.roof-agency.net	143

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Saint Monica House Inc.	Monica-Ainslie Place	Linda L. Feldpusch, Executive Director	150 Ainslie Street North, Cambridge, ON N1R 3P5	Monica-Ainslie Place: Ph: (519) 624-0481 Fax: (519) 624-0491 stmonica@golden.net www.saintmonicahouse.org	168
	Saint Monica House	Linda L. Feldpusch, Executive Director	231 Herbert Street, Waterloo, ON N2J 1V1	Saint Monica House: Ph: (519) 743-0291 Fax: (519) 743-0292 stmonica@golden.net www.saintmonicahouse.org	
Salvation Army	New Directions	William King Executive Director	657 King St. E. Kitchener ON N2G 2M4	Ph: Toll-Free 1(877) 744-4666 Local (519) 744-4666 Fax: (519) 744-2081 william_king@can.salvationarmy.org	174
Society of St. Vincent de Paul	Marillac Place	Karen Gilmet Residential Director	109 Young Street, Kitchener, ON N2H 4Z2	Ph: (519) 571-3772 Fax: (519) 571-0476 karen@marillacplace.ca www.marillacplace.ca	171
St. Joseph's Health Care, London	Assertive Community Treatment	Vince Carruthers, Coordinator	725 Coronation Blvd #109 Cambridge, ON N1R 7S9	Phone: (519) 621-2828 Fax: (519) 621-4904 Vince.Carruthers@sjhc.london.on.ca www.sjhc.London.on.ca	264
St. Joseph's Health Centre, London	The Waterloo Region Transition Team	Vince Carruthers Program Coordinator	725 Coronation Blvd #109 Cambridge, ON N1R 7S9	Phone: (519) 621-2828 Fax: (519) 621-4904 vince.carruthers@sjhc.london.on.ca	103
Sunbeam Centre	Sunbeam Residential Development Centre	Dr. M. Shaune Lawton, Executive Director	2749 Kingsway Drive, Kitchener, ON N2C 1A7	Ph: (519) 893-6200 Fax: (519) 893-9034 msslawton@rogers.com www.sunbeamcentre.com	251

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Sunbeam Residential Development Centre	Service Coordination Program	Gary Whetung, Director	Suite 205, 1120 Victoria Street North, Kitchener, ON N2B 3T2	Ph: (519) 741-1121 Fax: (519) 743-4730 g.whetung@on.aibn.com	232
The Working Centre	Housing Desk	Chad McCordic	58 Queen Street South, Kitchener, ON N2G 1V6	Ph: (519) 743-1151 x117 Fax: (519) 743-9452 chadm@theworkingcentre.org www.theworkingcentre.org	146
The Working Centre	Integrated Supported Housing	Bill Kirk	58 Queen Street South, Kitchener, ON N2G 1V6	Ph: (519) 743-1151 x228 Fax: (519) 743-9452 billk@theworkingcentre.org www.theworkingcentre.org	162
The Working Centre	Psychiatric Outreach Project	Jennifer Mains	58 Queen Street South, Kitchener, ON N2G 1V6	Ph: (519) 342-1616 Fax: (519) 513-9777 jennifer@theworkingcentre.org www.theworkingcentre.org	67, 86
The Working Centre	St. John's Kitchen	Joe Mancini, Director	58 Queen Street South, Kitchener, ON N2G 1V6	Ph: (519) 743-1151 ext. 112 Fax: (519) 743-9452 joe@theworkingcentre.org www.theworkingcentre.org	71
The Working Centre	Street Outreach Worker	Joe Mancini, Director	58 Queen Street South, Kitchener, ON N2G 1V6	Ph: (519) 743-1151 ext. 112 Fax: (519) 743-9452 joe@theworkingcentre.org www.theworkingcentre.org	81
The Working Centre	Streets to Housing Stability	Jennifer Mains	58 Queen Street South, Kitchener, ON N2G 1V6	Ph: (519) 342-1616 Fax: (519) 513-9777 jennifer@theworkingcentre.org www.theworkingcentre.org	149

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The Working Centre	The Bridgeport Café	Tom Friessan	97A Victoria Street North, Kitchener N2H 5C1	Ph: (519) 501-7929	74
Tri-County Mennonite Homes	Aldaview Services	Elizabeth Klassen Executive Director	205 Peel Street, New Hamburg, ON N3A 1E7	Ph: (519) 662-5171 Fax: (519) 662-3666 eklassen@aldaview.com www.tcmhomes.com	254
Waterloo Region Housing	Community Relations Workers	Bob Theisz, Coordinator, Tenant Services	235 King Street East, 6 th Floor Kitchener ON N2G 4N5	Ph: (519) 757-4800 x 1245 theiszbo@region.waterloo.on.ca www.region.waterloo.on.ca	200
Waterloo Regional Homes for Mental Health Inc.	Assertive Community Treatment	Lloyd Bowers	618 King St. W. Kitchener, ON N2G 1C8	Ph: (519) 742-3191 Ext. 223 Fax: (519) 742-5232 lbowers@waterlooregionalhomes.com www.waterlooregionalhomes.com	264
Waterloo Regional Homes for Mental Health Inc.	Housing and Long Term Support	Mary Wilhelm Director of Community Services & Housing	618 King St. W. Kitchener, ON N2G 1C8	Ph: (519) 742-3191 Ext. 223 Fax: (519) 742-5232 MWilhelm@waterlooregionalhomes.com www.waterlooregionalhomes.com	267
Waterloo Regional Homes for Mental Health Inc.	Outreach and Case Management Services	Mary Wilhelm Director of Community Services & Housing	618 King St. W. Kitchener, ON N2G 1C8	Ph: (519) 742-3191 Ext. 223 Fax: (519) 742-5232 MWilhelm@waterlooregionalhomes.com www.waterlooregionalhomes.com	153
Waterloo Wellington Community Care Access Centre	Homemaking and Nursing Services Act Program	Kim Voelker	800 King Street W. Kitchener, ON N2G 1E8	Ph: (519) 883-5508 Fax: (519) 883-5555 Kim.voelker@ww.ccac-ont.ca www.ccacwat.on.ca/	197

Appendix A: Inventory Contact Information

Organization	Program	Contact Name	Local Mailing Address	Phone number Fax number E-mail address Website address	Page Number
Women's Crisis Services of Waterloo Region	Anselma House	Mary Zilney, Executive Director	P.O Box 2453, Stn. C, Kitchener, ON N2H 6M3	Ph: (519) 742-5894 Toll Free 1-877-419-1517 Administration: (519) 742-5894 Fax: (519) 741-1478 Mary.Zilney@wcswr.org info@wcswr.org	33
	Haven House	Mary Zilney, Executive Director	P.O Box 32008, Cambridge, ON N3H 5M2	Ph: (519) 653-2422 Toll Free 1-800-410-4482 Administration: (519) 653-2289 Fax: (519) 653-0902 Mary.Zilney@wcswr.org www.wcswr.org	
Women's Crisis Services of Waterloo Region	Outreach and Transitional Support Program	Mary Zilney, Executive Director	P.O Box 2453, Stn. C, Kitchener, ON N2H 6M3	Ph: (519) 742-5894 Toll Free 1-877-419-1517 Administration: (519) 742-5894 Fax: (519) 741-1478 Mary.Zilney@wcswr.org info@wcswr.org	156
YWCA Kitchener-Waterloo	Lincoln Road Apartments	Cathy Middleton, Director of Women's Services	155 Lincoln Road, Waterloo, ON N2J 4S7	Ph: (519) 747-2200 Fax: (519) 747-4475 cathy.middleton@ywcakw.on.ca www.ywcakw.on.ca	217
YWCA Kitchener-Waterloo	YWCA-Mary's Place	Maria Wallenius Manager	84 Frederick Street, Kitchener, ON N2H 2L7	Ph: (519) 744-6507 ext. 211 Fax: (519) 744-7728 maria.wallenius@ywcakw.on.ca www.ywcakw.on.ca	27

Appendix A: Inventory Contact Information

Organization	Program	Contact Name	Local Mailing Address	Phone number Fax number E-mail address Website address	Page Number
YWCA-Kitchener Waterloo	Shelters to Housing Stability	Maria Wallenius Manager	84 Frederick Street, Kitchener, ON N2H 2L7	Ph: (519) 744-6507 ext. 211 Fax: (519) 744-7728 maria.wallenius@ywcakw.on.ca www.ywcakw.on.ca	110
YWCA-Kitchener Waterloo	Streets to Housing Stability	Maria Wallenius Manager	84 Frederick Street, Kitchener, ON N2H 2L7	Ph: (519) 744-6507 ext. 211 Fax: (519) 744-7728 maria.wallenius@ywcakw.on.ca www.ywcakw.on.ca	149