

# **OUT OF HARM'S WAY**

**A MINIMAL BARRIER EMERGENCY SHELTER  
FOR PETERBOROUGH**

**Peterborough Social Planning Council  
September 2001**

The **VISION** of the Peterborough Social Planning Council is to be an organization that facilitates active, broad-based citizen participation in shaping healthy communities in Peterborough city and county; acts as a catalyst for positive, sustainable social change; and, promotes understanding that social justice is in everyone's interest.

Our **MISSION** is . . . Through research, community development and public education, the PSPC works to build a strong community.

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## INTRODUCTION

Peterborough, like so many other communities across the country, has been actively engaged in efforts to curb the growing problem of homelessness and housing insecurity. Over the past few years, the community has worked to put an appropriate structure in place with which to tackle the problem; it has endeavored to gain a better understanding of homelessness and housing insecurity in both a local and county-wide context; and, it has taken concrete steps to meet some of its most urgent needs.

A key initiative was the formation in 1999 of a new community-based housing committee. The Affordable Housing Action Committee (AHAC) plays an instrumental role in advising City and County Councils on all matters related to housing insecurity and homelessness. Other significant initiatives that have been undertaken include the re-opening of the Peterborough Housing Resource Centre, the formation of the Peterborough Community Housing Development Corporation which is creating new affordable housing, the completion of an in-depth study into the nature and extent of homelessness in the Peterborough area, and an examination of homelessness outreach services in the area. Also being established at the present time is a new community trust fund that will be dedicated to developing additional affordable housing.

Peterborough has also recently developed and implemented a winter emergency plan to supplement its existing shelter system. This past year, a 'cold weather-activated' warming room was made available in the city, as were separate, temporary quarters for a small number of homeless families and youth. Plans are currently in place and a building has been acquired in which to create a permanent youth emergency shelter.

Another pressing need identified through AHAC's Services Sub-Committee and to which this report speaks, is emergency shelter for homeless people who are considered 'hard-to-house'. Within the homeless population, there are groups of people or individuals who, for various reasons such as mental health issues or substance abuse, are not being adequately served by the existing shelter system. Many of these individuals have either rejected or have been rejected by the system as a result of their circumstances. However, as the most vulnerable and at-risk group of homeless people, there is an urgent need to help get these individuals 'out of harm's way' and into appropriate shelter.

The Out of Harm's Way project is intended to accomplish this goal. In particular, it seeks to ensure that persons who are homeless and who are unable to access the mainstream shelter system have an alternate place to go. At the same time, it seeks to better serve these individuals by recognizing and accepting the issues they are facing through the use of harm reduction, a philosophy and approach to dealing with both licit and illicit drug use. (A more detailed description of harm reduction is provided in a separate section of this report).

All of these local homelessness initiatives, together with many others not outlined here, have been incorporated into a new comprehensive long term Community Plan for Peterborough City-County. Prepared in response to the federal government's homelessness funding initiatives (i.e. Supporting Communities Partnership Initiative), the Plan is based on a continuum of supports and services model that encompasses both prevention and outreach, as well as emergency, transitional and permanent housing.

As part of this housing continuum model, the Out of Harm's Way project will be a vital and distinct element of Peterborough's overall response to homelessness and housing insecurity.

## **POPULATION TO BE SERVED**

The Services Sub-Committee has identified four main sub-groups of persons who are homeless and who are felt to have particular difficulty not only in finding and maintaining permanent housing, but also in accessing and using the existing emergency shelter system. These sub-groups consist of persons who:

- ❑ Are dealing with mental health issues;
- ❑ Have been victimized, especially through domestic violence;
- ❑ Have drug and/or alcohol addictions, and
- ❑ Have been released from correctional institutions.

It should be recognized, however, that these 'groups' are not necessarily mutually exclusive. In many cases, persons who are homeless may be dealing with multiple issues or concurrent problems. Some may have severe social or behavioural problems, mental illness, substance abuse issues, as well as criminal justice complications. They may be frequently involved with mental health and correctional

facilities, the police, courts, social services and other community agencies. Persons dealing with multiple issues, in particular, have a very difficult time finding appropriate shelter and are especially vulnerable.

Based on discussions with local service providers who work with these individuals, there are at the present time approximately 10 to 12 persons in Peterborough who are literally homeless and 'hard-to-house', as previously defined. And while there is wide recognition of the fact that there are likely many more in the area who are currently at risk of homelessness, there are no estimates available as to their numbers.

Some local agencies have indicated that the estimated number of 10 to 12 reflects an increase over past years, while others have not noticed any real change or trend. A YWCA Crossroads worker, however, noted that among their clients (abused women and children), they had seen a considerable increase in the number of abused women with multiple needs who they could not, as a result of behavioural problems, house at their own facilities.

The population to be served by the Out of Harm's Way project is currently a very diverse one. According to local support and outreach workers, it is comprised of both men and women, although men are in the slight majority. They represent a wide age spectrum from young persons to those over 60 years of age. Some are chronically homeless, while others are relatively new to the streets. They currently 'couch surf' at friends or relatives, or 'sleep rough' on the streets or in the parks. Some occasionally make use of local motels or existing shelters when they are able to. They are dealing with a variety of issues including severe mental illness, addictions and poor physical health. Many are considered medically unemployable. A few have been described as "being too sick for the shelters, but not sick enough for the hospital". Most, if not all, are either from Peterborough County or have family members residing in the area.

For persons coming out of correctional institutions, it is men and women who serve out their full sentences that typically are at greatest risk of homelessness. Those who are released on parole are more often provided with proper discharge planning to ensure that they have a place to go in their chosen community. The local Elizabeth Fry Society, whose clients are women in the court system, reports four to six chronic cases of homeless women on the street who have been barred from existing shelters. (These 4 to 6 are included in the above estimate). It is possible that once the new

'superjail' opens in Lindsay next year, Peterborough could see an increase sometime down the road in the number of homeless people released from correctional institutions, as a result of this one facility.

It should be noted that the Out of Harm's Way project is not intended to serve youth who are homeless and at high risk. Because of the special needs associated with this group, they are better served at a youth-only facility, and plans for the new youth emergency shelter include provisions to accommodate those who are 'hard-to-house'.

## **EMERGENCY SHELTER NEEDS**

Traditional emergency shelters are not, generally speaking, user-friendly toward persons who are 'hard-to-house'. For starters, an active busy shelter with constant movement and noise, and little or no privacy is often not an appropriate setting for persons with special needs. Instead, they require options which acknowledge and can accommodate their often atypical and frequently chaotic lifestyles.

For many individuals with mental health and/or addiction issues, the structured environment, and stringent rules and regulations found in many shelters represent barriers or obstacles to their use (e.g. restricted admission times and early morning evictions). Persons who are using substances are often not allowed entry. Those with serious mental illness may be discharged if they are seen to pose a danger to themselves or others. Similarly, those who do not take their prescribed medications may be barred due to unacceptable behaviours and/or a lack of basic life skills.

As a 'high needs' group, these individuals' requirements for emergency shelter are not just about housing. What they require are measures to address not only their needs as people who are homeless, but measures and supports to address the issues they are dealing with. And while each person has their own individual needs that will require one-on-one attention, there are a number of basic requirements that should be provided for in an emergency shelter.

The following list reflects feedback from local service agencies, support and outreach workers, existing emergency shelter staff, and psychiatric and social workers from the local hospital.

## EMERGENCY SHELTER NEEDS

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- ❑ Downtown area location;
- ❑ Safe and secure environment for clients and staff;
- ❑ Ideally 24/7/365-day access and staffing;
- ❑ Accessible to persons who also have physical disabilities;
- ❑ Supportive and caring environment where people are treated with dignity and respect;
- ❑ Flexible/minimal rules and regulations (ability to enter while under the influence; to come and go as one pleases; to stay up all night; to bring in pets);
- ❑ Single rooms with lockable doors (with staff pass key);
- ❑ Crash beds with dividers;
- ❑ No barrack-style beds;
- ❑ Rooms to accommodate couples;
- ❑ Provision of food, clothing, lockers, showers, laundry, activity and smoking areas, use of telephone;
- ❑ Case management;
- ❑ Access to mental health and addictions support workers;
- ❑ Access to a nurse/nurse practitioner and doctor for basic health care; and
- ❑ Outreach workers to connect individuals to the shelter.

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While there was overall agreement amongst those consulted about these needs, there was some difference of opinion in terms of the level and type of service that should be provided. A few individuals felt that the emergency shelter should be as simple as possible, providing a basic level of service (i.e. overnight crash beds with some meals). Others wanted to see a higher level of service and facilities (i.e. 24/7 access, single rooms, meals, showers, laundry, activity room, etc.). Everyone, however, agreed on the need for having access to medical, mental health and addictions supports. There was also consensus that, should this type of alternative emergency shelter be made available, most people would choose to make use of it.

## HARM REDUCTION

“If a person is not willing to give up his or her drug use, we should assist them in reducing harm to himself or herself and others”  
(Ernst Buning).

As noted at the outset of this report, an important element of the Out of Harm’s Way project is harm reduction. This is both a philosophy and approach to dealing with drug-related issues (‘drug’ referring here to alcohol, solvents, other chemical substances and prescription drugs that are misused) that is being increasingly adopted by agencies and institutions that work with persons dealing with these issues. What began primarily as a way of reducing the spread of HIV and other diseases through infected needles has become a successful movement whose application has spread to many other related areas.

Among those agencies and institutions now using harm reduction approaches are various housing providers, including a growing number of emergency shelters across the country. Harm reduction has proven to be an effective means of getting high risk people off the street and into shelters where they can begin to receive help.

While there is no universal definition of or formula for implementing harm reduction, at its most basic level, it is an approach that places first priority on reducing the negative consequences of drug use, rather than on eliminating drug use or ensuring abstinence. In many settings it has replaced, at least as an interim measure, more traditional attempts at drug rehabilitation which have not always been widely successful.

Harm reduction can take many forms, including substance use outreach and education; needle and syringe exchange programs; methadone programs to help people overcoming heroin addiction; creating safe using spaces; reducing the level of use, and changing the drug or method used. While harm reduction measures are varied and always developed to meet the specific needs of each individual, there are a number of key principles or characteristics that further define its essence. These are outlined on the following page.

## HARM REDUCTION...

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- ❑ Recognizes and accepts that quitting drugs may not be realistic or desirable for everyone, and presumes that at least for the present time the user is going to continue his or her drug use;
- ❑ Is participant-driven and centered on what users want and need;
- ❑ Acknowledges that some ways of using drugs are safer than others;
- ❑ Understands that drug use is complex and encompasses a continuum of behaviours;
- ❑ Does not judge licit and illicit drug use as good or bad, but encourages and supports safer drug use in a non-coercive manner;
- ❑ Respects the dignity and rights of the drug user;
- ❑ Holds that no one should be denied service or access to service just because they are using a drug, licit or illicit;
- ❑ Establishes quality of life and well being as the criteria for successful interventions and policies; and
- ❑ Neither excludes nor presumes the long term goal of abstinence, although it is often the first step towards the eventual cessation of drug use.

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Adopting a harm reduction approach in the context of an emergency shelter would involve addressing a person's most pressing needs (shelter, food, clothing, health care), as well as implementing measures to reduce the harm from substance abuse. For the most part, emergency shelters practising harm reduction have opted for one of two overall approaches:

- ❑ A 'wet' shelter in which substance (alcohol) use is permitted; this typically takes the form of a controlled moderate drinking program for chronic alcohol users and/or a bottle exchange program where hazardous products such as mouthwash and paint thinner are exchanged for less dangerous forms of alcohol such as wine; or
- ❑ A 'damp' shelter in which substance use may occur off-site (for example, just outside the building), and persons who have been using have access to the building, unlike a traditional 'dry' shelter which usually requires either abstinence or an acceptable measure of sobriety.

Harm reduction, despite its growing acceptance and use, remains a controversial approach in some circles, including smaller communities. Agencies planning to become involved in this area may face a number of challenges from within their communities. There may be organizations and individuals, including important stakeholders, who may not endorse this type of more radical approach to drug use.

As well, for support staff trained in the traditional abstentionist method, changing course in such a dramatic manner may prove difficult for some. This is particularly noteworthy in light of information that indicates how critical staff attitudes are for a successful harm reduction program. A well thought out community education program outlining the benefits of this approach, and targetted to the right groups and individuals, should therefore be implemented as part of this project.

## **EMERGENCY SHELTER MODELS**

The main purpose of this Out of Harm's Way report was to investigate other communities' emergency service models and adapt them to work with the existing resources in the Peterborough area.

Various sources were used to identify models that were considered to be successful in better meeting the needs of individuals identified as being 'hard-to-house'. Members of AHAC's Services Sub-Committee provided some leads, as did staff from local emergency shelters. Some of these leads proved fruitful, while others did not turn out to be good 'comparables', in some cases, because they represented more traditional-type shelters, and were not involved in harm reduction in any significant way.

Several queries were sent out by e-mail to various federal government departments and not-for-profit agencies involved in housing and homelessness issues. These included Canada Mortgage and Housing Corporation (CMHC), Human Resources Development Canada (HRDC), the Office of the Minister of Labour and Federal Coordinator on Homelessness, the Federation of Canadian Municipalities (FCM), the Association of Municipalities of Ontario (AMO), the National Housing and Homelessness Network, Housing Again and Raising the Roof. Also contacted were the Canadian Harm Reduction Network and the Harm Reduction Coalition. Lastly, a general search was carried out on the Internet.

Following these queries and investigations, nine facilities from various parts of the country were subsequently identified as suitable models to more fully examine. An attempt was made to include a few different types of models from variously sized communities, all of which were felt to be successful and/or innovative. Both 'wet' and 'damp' shelters have been included.

Four of the facilities are in Toronto and Vancouver, and while these cities are considerably larger than Peterborough, they have had the most experience in dealing with homeless people who are at high risk, and in pioneering harm reduction techniques in Canada. The various models may therefore not be appropriate in their entirety, but certainly elements within them can be adapted to meet Peterborough's needs.

A detailed questionnaire was prepared and telephone interviews were conducted with representatives from each of the following facilities: (Site visits and personal interviews were carried out at the Toronto shelters.)

#### **EMERGENCY SHELTER MODELS**

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- ❑ Crash Beds Program and Streetscape Assertive Outreach Team, London, Ontario;
  - ❑ Wesley Centre Emergency Shelter and Drop-in, Hamilton, Ontario;
  - ❑ Hope Outreach, Ottawa, Ontario;
  - ❑ Hope Recovery, Ottawa, Ontario;
  - ❑ Women's Residence – The Lounge Program, Toronto, Ontario;
  - ❑ Fred Victor Centre Women's Hostel, Toronto, Ontario;
  - ❑ Seaton House – The Annex, Toronto, Ontario;
  - ❑ Quebec Street Emergency Shelter for Women and Children, Prince George, British Columbia; and
  - ❑ Lookout Emergency Shelter, Vancouver, British Columbia.
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Information was gathered with respect to facility age, ownership and operation; target population; philosophy and guiding principles; house rules and exclusion criteria; hours of operation; number and configuration of beds; support facilities; average length of stay; harm reduction measures; staffing and support services; major challenges and difficulties; key success factors; costs and funding sources; and, future plans.

In order to more easily interpret and make sense of all the responses, the information obtained has been analyzed and summarized in terms of characteristics common to all or most of the shelters, as well as those that differ in substantive ways. The following pages highlight these findings. More detailed responses from each individual facility are presented in chart form in Appendix A of this report.

## **COMMON CHARACTERISTICS**

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- ❑ All of the facilities examined serve primarily men and/or women who have either been barred from or are otherwise unable to use other emergency shelters for reasons relating to mental health issues, substance abuse, and shelter rules and regulations. Many of those served, especially at certain facilities, are also victims of violence.
  
- ❑ Fundamental to each shelter was the need to provide a safe environment for the individuals they served. And in this respect, perceived safety was as, if not more, important than actual safety. It was noted that the shelter had to be perceived as being safer and more tolerable than remaining on the streets.
  
- ❑ Many of these facilities have been incorporated into existing emergency shelter buildings or other types of residences. Typically, a separate, self-contained space has been either added onto or, more often, carved out of an existing (traditional) shelter. In one instance, a small number of beds for women has been provided at a residence for retired nuns, while men have been accommodated in a new separate addition to the existing men's shelter.
  
- ❑ All of the shelters share a similar operating philosophy as well as compatible yet somewhat unique operating principles. Perhaps the most important points stressed by respondents was the need to treat persons at the shelter with dignity and respect; to provide care and compassion; and, to make them feel welcome and comfortable.
  
- ❑ Other guiding principles included building trust with individuals so that they would accept help; providing people with choices and recognizing their right to make their own choices; and, measuring success in the little things.

- ❑ Most of the shelters provided, or were working towards providing, 24/7 service on a year-round basis. Two facilities that were overnight access only provided link-ups to other facilities and services (a storefront outreach office and a daytime drop-in), whose hours of operation were coordinated with the shelter beds to ensure people had access to service and/or a place to go.
- ❑ Staffing at the shelters was almost always a minimum of two persons per shift (one male, one female), sometimes three per shift; volunteers assisted at a few of the shelters, but only in the company of trained staff. Staff often had specialized training in crisis intervention, mental health issues, addictions, medication interactions, harm reduction and human rights.
- ❑ None of the shelters imposed a limit on length of stay, nor on the number of times one could access the facility. There was considerable variation in the average length of stay ranging from one to two weeks to a few years. A fairly significant proportion of people were using these shelters as long term or permanent housing.
- ❑ The smaller facilities were typically operating at or over capacity, while larger ones were approaching capacity levels. Although some of the shelters reported greater use during the winter, most had steady demand on a year-round basis. A few kept waiting lists or were expecting to do so in the near future.
- ❑ All of the facilities were so-called 'minimal- or low-barrier' shelters, meaning that they have minimal rules, demands and expectations in order to make it as easy as possible to get people in from off the streets. The only house rules at most of these shelters were no violence and no 'using' on-site (except for alcohol at the 'wet' shelters).
- ❑ Persons did not have to provide information or identification upon admission ('maybe a name'), and they were not subject to unnecessary restrictions regarding their comings and goings, or their eating and sleeping habits. As one shelter, that has 'guidelines' but no rules put it, "except for safety, nothing is really all that important". These shelters have very high tolerance levels and do not bar easily.

- ❑ In addition to beds, most of the shelters provided access to various support facilities or amenities, including lockers, showers and laundry. A few had drop-in centres and ventilated smoking rooms. These were provided either within their own space or within the larger shelter complex. Most provided at least two meals on-site and a few also offered access to a kitchen or kitchenette.
- ❑ Health care services were provided at or through all of the shelters. Depending on available budgets and resources, some were able to arrange for a full complement of health care services on-site. Toronto's Seaton House (the 'wet' Annex Program), for example, has access to a multi-disciplinary team of health care professionals – doctors, nurses, psychiatrists, social workers, etc. through a local hospital and university who visit regularly.
- ❑ Many others were able to provide access to some health care on-site. Again, through arrangements with local service providers, nurses and psychiatric workers visited weekly or bi-weekly, and doctors were available on call as required. Others, including those that were unable to directly access or provide these services on-site, had outreach workers to connect people to appropriate health care (and other services) in the community.
- ❑ Shelter staff identified a number of challenges and difficulties in their work. The two that were mentioned most often were the behaviours of the people they were serving and staff fatigue, frustration and burn-out. In an attempt to deal with the latter, a lot of emphasis was placed on staff needs and support, including team-building, frequent staff breaks and, where possible, regular job shuffles to less demanding positions.
- ❑ For the 'wet' shelters, their greatest difficulty, in addition to the above, was working with social service systems and staff whose experiences in addressing drug-related issues had been based on a history of abstinence.
- ❑ Other challenges and difficulties identified included moving people out of emergency shelters and into transitional or permanent housing; a lack of funding; getting everyone's buy-in; and, fears of persons overdosing on their medications along with related staff liability issues.

- ❑ Shelters were also asked to identify key success factors – operational elements that were considered crucial to running a shelter for ‘hard-to-house’ individuals. Having a strong staff complement, as well as developing and maintaining linkages and partnerships with local service providers were felt to be essential. At some shelters, these support services were being donated.
- ❑ Other key success factors identified were easy physical access to the shelter; outreach workers to connect people to the shelter; adopting a client-centred approach; developing good relationships with immediate neighbours; establishing a community advisory/reference team; appreciating that steps taken are very small; and, a sense of humour.

### **ALTERNATIVE APPROACHES**

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- ❑ The shelters examined were run under the auspices of various types of agencies. Five were owned and operated by faith-based organizations; two were municipally-owned and run; one was operated by a not-for-profit women’s group; and, one was the result of a joint public-private partnership between a not-for-profit agency and a private downtown hotel. Another unique joint venture was the collaboration of eight local agencies in another community to set up and operate an outreach service from a downtown storefront location.
- ❑ One of the shelters had established a formal community advisory/reference group. This group, which met every six weeks, was comprised of a primary care doctor, a psychiatrist, a detox worker, the local pharmacist, two housing support workers, a representative from another emergency shelter, and a consumer survivor. It had been instrumental in the shelter’s successful operation.
- ❑ In terms of harm reduction, the majority of these shelters were ‘damp’, meaning that persons under the influence were admitted provided that they were not violent. Admission was generally granted on the basis of behaviour, rather than on whether someone had been using drugs or alcohol. Although they didn’t permit alcohol or drug use on-site, they allowed a person to store their goods in a locker or stored it for them. Those carrying illicit drugs were asked to store them outside the shelter.

- ❑ Two of the facilities were 'wet' in that they offered controlled moderate drinking and bottle exchange programs. These are very specialized programs offered only to persons with severe and chronic alcohol abuse. These types of alcohol maintenance programs are generally used as a last resort. A third shelter was considering providing a 'wet' area sometime in the future, although expected it to be a hard sell. A small number of shelters offered needle exchange and condoms themselves or were a drop-off site for other agencies providing this service.
- ❑ While all of the shelters offered or provided access to essential services (shelter, food, health care), there was variation in the type and level of service they provided. This ranged from more basic service (crash beds) to full service (private rooms with support services and facilities. Most fell somewhere in-between.
- ❑ Access to these shelters was through different means. A few were simply first come, first serve, where walk-ins were the norm. Others, especially those with limited space availability, required referrals from local service agencies. This was to ensure that their beds were available for and used by those intended. Persons staying at the 'wet' shelters were also referred to or selected for these specialized programs.
- ❑ Different approaches were also taken with respect to the type of accommodation provided. One offered strictly private rooms; a few had a combination of single and double rooms; some had both doubles and multiples (3-4-5/room); one had 12 to a room with dividers; and, one was a traditional dorm-style with mats only.
- ❑ While physical space constraints were certainly a factor, there were mixed opinions about the preferred configuration of beds. While some stressed the importance of privacy and single rooms, others favoured persons sharing a room (but not dorm-style). Those with a preference for sharing noted the ability to monitor persons much more easily, and the increased safety factor (should something happen, someone is there). For some clients, shared facilities were seen as a way to help them develop communal living skills.
- ❑ At the 'wet' shelters, people were intentionally housed together in an effort to develop community and trust with each other, as they were all participating in same program and dealing with similar issues.

- ❑ Operating costs varied significantly depending on the type and size of shelter. The most basic facility which provided overnight beds for five months of the year spent approximately \$56,000 annually. At the other extreme, was a 40-bed shelter providing almost 24/7 service year-round at a cost of about \$800,000. Most shelters had annual operating costs in the \$200,000 to \$300,000 range.
  
- ❑ Although many of the shelters received operational funding from the same sources, there were some that had accessed different programs. Several received emergency hostel per diem funding through the provincial/municipal cost-shared program. A small number had accessed some funding from the provincial Ministry of Health and Long Term Care.
  
- ❑ Private donations provided a significant portion of operating funds for the faith-based shelters. Other sources included the federal Supporting Communities Partnership Initiative (SCPI), the Provincial Homelessness Initiatives Fund (PHIF) and municipal grants.

## **PRELIMINARY CONCEPT FOR PETERBOROUGH**

Based on feedback from local service agencies dealing with the target population, as well as the results of the investigation of emergency shelter models, a preliminary concept for the Out of Harm's Way project has been developed.

This was followed by an initial investigation into potential development options, which involved contacting existing area shelters and residences to determine opportunities for sharing space, as well as identifying existing buildings that might be available for purchase or lease.

Based on these preliminary findings, a preferred development option has been determined. The preliminary concept, options and preferred option are described on the following pages.

## OUT OF HARM'S WAY EMERGENCY SHELTER CONCEPT

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- ❑ The Out of Harm's Way project should be a minimal barrier emergency shelter with no unnecessary regulations or restrictions. Safety should be the primary determinant of any rules or guidelines.
- ❑ It should be located within walking distance of the downtown core, sited on a secondary artery, and ideally housed in a building that is barrier-free.
- ❑ The shelter should be specifically for persons who have been barred from or are otherwise unable to use the existing shelter system because of mental health, addictions or criminal justice issues. Some type of referral or screening process should be considered to ensure that the shelter is in fact available to and used by these high risk individuals.
- ❑ It should provide accommodation in the order of eight to 10 beds (3-4 for women; 5-6 for men). Provision should be made for having some single rooms available for men and women who require this level of privacy, and the shelter should be able to accommodate a couple(s).
- ❑ It would also be desirable to build in some excess capacity to accommodate overflow from existing shelters; this could take the form of a separate, small space where mats could be provided as needed.
- ❑ Ideally, it should be accessible 24 hours a day, 365 days of the year. Depending on the availability of funds for the project and the ability to secure an appropriate location, it could be run over the short term on a more limited basis. (The warming room will re-open this winter as an interim measure for the Out of Harm's Way project).
- ❑ On the harm reduction continuum, the shelter should be a 'damp' house that enables persons suspected of using drugs and/or alcohol to gain entry. On-site use, however, would not be permitted. Other harm reduction measures that could potentially be considered include becoming a site for needle exchange and condom distribution.

- ❑ It is assumed that the shelter would be operated by a local not-for-profit, charitable organization, possibly engaged through a formal tender issued by the City of Peterborough or another public agency/funder.
- ❑ A community advisory committee, comprised of key stakeholders including members of the client group, should be established to provide additional support and direction.
- ❑ Until such time as alternate appropriate housing is made available to meet the needs of these high risk individuals, the shelter should not impose a cap on maximum length of stay.
- ❑ For safety reasons, it will need to have a minimum of two staff per shift (one male, one female) and they should be trained in crisis intervention, mental health, addictions, harm reduction, etc. The shelter will also need to be linked up to an addictions and mental health outreach team.
- ❑ At least some meals (breakfast and dinner) and snacks should be available at the shelter, as well as lockers and showers. Laundry facilities would also be highly desirable.
- ❑ Arrangements should be made with local service agencies to provide health care and psychiatric services, preferably on-site through weekly/bi-weekly visits. A doctor should also be available on-call. Individuals staying at the shelter should also have access to other support services as required/desired (e.g. clothing, housing referrals, treatment programs, etc.).
- ❑ As a city-county initiative, the Out of Harm's Way project also needs to serve individuals from throughout Peterborough County. In this regard, the rural areas should work towards providing a number of 'nightstops' or 'safe houses', either stationary or rolling, that could house persons on an overnight basis only. Next day transportation to the city would need to be provided. (A group of citizens from the Buckhorn area is working on a plan to address emergency shelter needs).

## PRELIMINARY EVALUATION OF DEVELOPMENT OPTIONS

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- ❑ Inclusion within or expansion of existing emergency shelters (Brock Mission's Kingan and Cameron Houses) to incorporate the Out of Harm's Way project does not appear feasible given the existing space constraints at these facilities, as well as their own increasing pressures for additional beds.
- ❑ Incorporation into the new youth emergency shelter may not be practical or desirable given the intent to have a youth-only facility geared to meet their own special needs.
- ❑ Use of short stay beds at long term care facilities, such as Fairhaven Home, is not a suitable option on an ongoing basis. These facilities are not equipped to meet the special needs of the target population. They have neither the appropriate physical environment nor the right supports in place. And while some could potentially be provided, there are also issues of safety and liability.
- ❑ Use of respite beds at the Woodland Residence (for female offenders) is not a possibility at this time as they are now designated for use by persons who have alzheimers or dementia.
- ❑ Incorporation into one of Edmison's Houses (for male day parolees) may have some potential, however, extensive and costly renovations would likely be required.
- ❑ Use of area motels on an ongoing basis is not a practical option due to their location outside of the downtown core and the lack of required supports.
- ❑ St. John's Rectory and St. Andrew's Manse are not available for purchase or lease. Alternate uses are currently being planned at both buildings.
- ❑ Trent University may have surplus buildings available in the downtown core that could potentially be purchased or leased.
- ❑ At least one local private affordable housing developer/landlord may have access to appropriate space for the project and is potentially interested in getting involved.

- ❑ New construction is not considered a viable option given the high costs involved, as well as the need to secure available land.

## **PREFERRED DEVELOPMENT OPTION**

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Incorporating the Out of Harm's Way project into an existing compatible use (another shelter or residence) would likely result in some operational cost savings. Various overhead costs including administration, supplies, insurance, maintenance, etc. could be cost-shared, as could some staffing expenses. Similarly, depending on what types of support facilities were available on-site (e.g. showers, laundry, kitchen), a shared-use facility could also eliminate or reduce the need to provide these services separately.

At the present time, however, there does not appear to be any viable or desirable options for a shared- or joint-use facility. (AHAC is recommending the emergency warming room be phased out once the Out of Harm's Way project comes on stream).

Therefore, assuming a separate, stand-alone facility, the preferred option is to secure a suitable (existing) building in the downtown area either through purchase or a long term lease, and renovate it to accommodate both men and women in separate quarters. As noted previously, at least one private affordable housing developer is potentially interested in assisting with this project and should be approached.

## **ESTIMATED COSTS**

Preliminary order-of-magnitude operating and capital costs have been estimated for the Out of Harm's Way project, based on the concept description provided earlier.

- ❑ Annual operating costs for a 24/7/365 minimal barrier shelter for Peterborough are estimated at between \$250,000 and \$350,000, based on comparable models from other communities. Salaries and wages would comprise the vast portion of these costs. Operating the shelter on a more limited scale (overnight, year-round) would cost in the order of \$150,000.

- While a 24/7 shelter will require more financial resources, it is important to consider the longer term and broader cost implications. People who are homeless and at high risk are often chronic users of high cost emergency services – police, ambulance, hospitals. By providing them with more stable, albeit temporary, housing there are significant cost savings to be realized over the long term with the reduced demand for emergency services.
- Assuming new construction is not a development option, capital costs to renovate an existing building are estimated at between \$120,000 and \$160,000. This assumes a per square foot cost of \$60-\$80 and a total of 2,000 square feet. Purchase or lease costs are not known at this time.

## **POTENTIAL FUNDING SOURCES**

The following provides an indication of potential sources of funding, capital as well as operational, for the Out of Harm's Way project. As with most facilities of this nature, and indeed with community facilities in general, the challenge will be not so much in acquiring a building for the shelter, but rather in securing sufficient funds for its ongoing operation.

- The federal government's Supporting Communities Partnership Initiative (SCPI) is a three-year program (2000-2003) intended to assist communities to plan and implement local strategies to prevent and reduce homelessness. It funds a wide range of projects, including emergency, transitional and supportive housing, as well as support services for people who are homeless. As a time-limited program, SCPI could potentially provide capital dollars to acquire and/or renovate a building. It could also provide some short term funds for operational support such as health services.
- Canada and Mortgage Housing Corporation's Residential Rehabilitation Assistance Program (RRAP) offers financial assistance in the form of forgivable loans for the construction, renovation and conversion of properties into emergency hostels and other low income, affordable housing. This represents another potential source of capital funding for the Out of Harm's Way project.

- ❑ CMHC, in partnership with a number of other housing-related organizations, also provides financial assistance through its Homegrown Solutions Program. A much more modest initiative, this program provides grants of up to \$20,000 to help communities identify strategies and solutions to respond to local housing need. It focuses on demonstration projects that encourage and support community partnerships. This program could potentially contribute some seed money toward getting this project off the ground.
  
- ❑ The Shelter Enhancement Program (SEP), another federal homelessness initiative, provides capital dollars mainly for the repair and improvement of existing shelters and second stage housing for women and children leaving an abusive home or relationship. Some funding is also available to create new spaces or acquire existing space for use as emergency or second stage housing. Persons who are victims of (domestic) abuse are one of the target groups for the Out of Harm's Way project. However, because of its broader scope and different orientation, other capital programs (SCPI, RRAP) likely offer greater potential.
  
- ❑ In terms of operational funding, the primary source for facilities of this nature is emergency hostel funding. The Ontario Ministry of Community and Social Services funds, at 80% of a set per diem (\$38.00/day), every emergency hostel space that municipalities put into place. There is no limit on the number of eligible spaces, however, shelters must meet certain criteria. For example, in addition to offering basic accommodation, they must provide a clean, safe environment, three meals a day, and some type of social and recreational opportunities. In some cases, emergency hostel per diem funding is given to shelters only once they have been up and running for a period of time, however, documented need is the primary criterion for receipt of these funds.
  
- ❑ Correctional Services Canada (CSC) contracts with various agencies (Elizabeth Fry Society, John Howard Society, Salvation Army) for the provision of beds in community residential facilities (halfway houses). CSC provides funding based on a daily cost per bed. In the event the CSC required temporary emergency housing for clients in the Peterborough area, it could, according to an agency representative, pay to house people at the Out of Harm's Way shelter. There is also the potential to access counselling and chaplaincy services that are typically offered to CSC clients.

- ❑ The Provincial Homelessness Initiatives Fund (PHIF) is available to municipalities to fund innovative projects that provide direct services to homeless people or those at risk of homelessness. It is intended to help keep people in their homes; to get people off the street and into shelters; and to get them from shelters into permanent housing. The City of Peterborough has been receiving approximately \$90,000 annually in PHIF funding since it began a few years ago. It is intended that future PHIF funds will be directed toward developing a coordinated outreach approach for the county, and would therefore not be available for other projects. However, it is assumed that the Out of Harm's Way project would also benefit from or have access to this proposed outreach service.
  
- ❑ The Off the Street into Shelter Fund came into effect in January of this year and is available to municipalities to fund street patrols that would locate and try to encourage people to come into a shelter. It is intended to help reach the most difficult to serve segment of the homeless population – those who live on the street, avoid hostels and other mainstream services, and often have multiple problems. The province pays 100% in the first year of funding and 80% in subsequent years (2002 and beyond). Municipalities are eligible to receive up to 5% of their approved emergency hostel budget. It is expected that the Out of Harm's Way shelter would similarly have access to outreach services provided with these monies.
  
- ❑ The Ministry of Community and Social Services also funds support programs to help victims of domestic violence. The Violence Against Women program provides annualized block funding for emergency shelters and related services, counselling and transitional support. Although clients of the Out of Harm's Way shelter will include victims of abuse, accessing this particular program appears to be unlikely as it is directed toward women's shelters and related counselling agencies.
  
- ❑ Although it has no funding programs per se for emergency housing, the provincial Ministry of Health and Long Term Care has provided some funding to emergency shelters, as well as to organizations providing supportive housing. They have funded, for example, overnight crash beds, some staffing costs and medical support services in the form of "Shared Care Teams" that visit emergency shelters. While the potential for obtaining Health funds is unknown at this time, this source should certainly be pursued further.

- ❑ The Ontario Ministry of Correctional Services, while not a significant source, could potentially provide some funding for, or access to, support services such as counselling.
- ❑ Other potential sources of capital and operating funds include community grants, local service organizations, local businesses and corporations, labour unions, individuals and public and private foundations. The Canadian Centre for Philanthropy (in Toronto) is a good source of information for investigating the latter.

## **NEXT STEPS**

There are a number of key steps that should be taken over the short to medium term in order to move this project forward. While the steps outlined below generally follow a logical sequence, in practice, a number of them will and should occur concurrently.

- ❑ In order to raise awareness of and support for the project, as well as obtain additional feedback, share the results of this report with relevant community organizations and institutions (i.e. those providing housing, health care, mental health, substance abuse, emergency/policing, faith-based services, etc.). This should include local agencies that provided direct input, as identified in Appendix B.
- ❑ Seek out and obtain funding to hire an Out of Harm's Way project coordinator to oversee and undertake more detailed planning (including implementing these steps). It is expected that this individual would coordinate working efforts with the new Community Development Officer to be potentially retained by AHAC this fall.
- ❑ Begin a search to identify possible operators for the Out of Harm's Way shelter; determine how they will be engaged and at what point.
- ❑ Initiate discussions with private affordable housing developers/landlords who are interested in the project; undertake a more thorough search of potential sites and buildings; and, address land use and zoning issues.

- ❑ Follow up with and identify any other potential sources of capital and operating funds for the project; determine application procedures and deadlines; apply for eligible funding.
- ❑ Begin the process of forming essential alliances with key community agencies that could play a role in the project either as a direct service provider or advisor; determine which local agency(ies) could provide the necessary support services; if there is more than one candidate, a formal request for proposals could be prepared.
- ❑ Plan and implement a harm reduction awareness and education program directed at key agencies and individuals.
- ❑ Continue to work towards providing preventive and longer term solutions to house individuals who are at high risk.