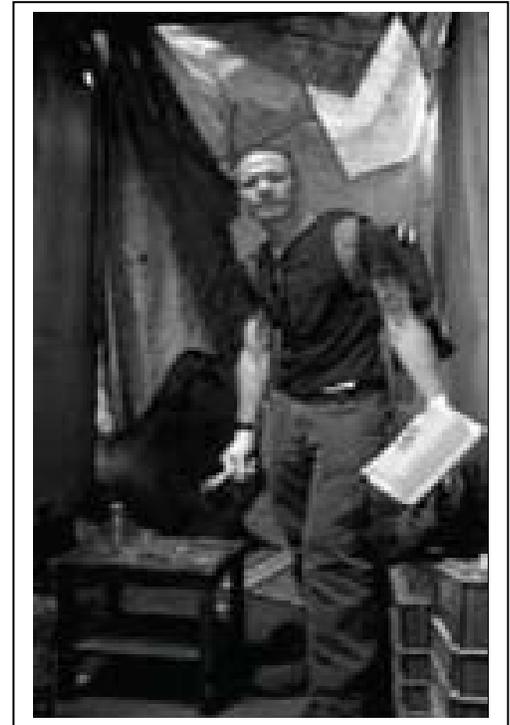


# No Place Like Home:

## Housing & Harm Reduction

### Summary Report and Survey

November 24<sup>th</sup>, 2009



*With*

- Nicole Francoeur,  
*Region of Waterloo Social Planning Department*
- Francine Vachon  
*Ottawa Managed Alcohol Program, Brigid's Place*
- Greg Scott,  
*Chicago Recovery Alliance, DePaul University*

IN THE MIND'S EYE



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December 2009

Greetings,

The Waterloo Region Crime Prevention Council developed “*In The Mind’s Eye: Issues of Substance Use in Film + Forum*” in 2005 as a series to inform, inspire and engage people on issues of substance use. More than 7,000 people have attended this unique film and forum series. In 2010, the Waterloo Region Crime Prevention Council will be seeking community involvement in developing and delivering the series.

*In The Mind’s Eye: Issues of Substance Use in Film + Forum* has a history of highlighting innovative approaches to issues of homelessness and substance use, beginning in 2006 with a forum entitled “Innovation and Integration in Residential Harm Reduction Programs” that featured Toby Druce and Arthur Manuel, who helped pioneer a wet shelter in Toronto and an infirmary with St. Michael’s Hospital. Art and Toby were subsequently hired to help refine the Region’s work on “persistent homelessness”.

In 2007, an all day session on housing featured five presenters that have developed effective programs to that serve street-involved persons dependent on substances. This included Guy Pierre Levesque, General Director of Meta d’Ame in Montreal, who has established a peer-run supportive housing complex for low income persons using methadone.

This year we were very pleased to welcome Greg Scott from Chicago, Francine Vachon from Ottawa and Nicole Francoeur from the Region’s Social Planning Department. All three individuals are working from a place of passion with their local communities in an effort to provide appropriate housing for those often dismissed as (too) hard to serve.

What follows are the PowerPoint presentations from Nicole and Francine, a short summary of Greg’s presentation, results from the question and answer period and finally, the results from a survey distributed to the 47 participants at the event.

Efforts are underway locally to provide safe, affordable and appropriate housing for people experiencing persistent homelessness. We hope you find this informal report informative and helpful.

***For more information about the Waterloo Region Crime Prevention Council, In The Mind’s Eye or related initiatives, please contact:***

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[www.preventingcrime.ca](http://www.preventingcrime.ca)

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# Housing People Experiencing Persistent Homelessness: Features for Consideration

November 24, 2009

Presentation by: Nicole Francoeur

## Agenda

- Objectives
- Background
- Methodology
- Overview of managed alcohol program site visits
- Preliminary features for consideration
- Issues for further investigation
- Next steps

## Objectives

Objectives of today's presentation are to summarize innovative program and design features of:

- managed alcohol programs, and;
- to identify features for consideration to guide future work in increasing housing stability for this population in Waterloo Region

## The Beginning

- Draft Urban Adult Report released in fall 2006 recommended creation of group to explore persistent homelessness
- Released *Report of the Ad-Hoc Working Group on Persistent Homelessness in Waterloo Region* in September 2007
- Suggested seven actions to meet the needs of people experiencing persistent homelessness which were incorporated into *All Roads Lead to Home: A Homelessness to Housing Stability Strategy for Waterloo Region* – released in November 2007

## STEP Home

- STEP Home is an interrelated set of seven person-centred programs designed to end and prevent persistent homelessness
- Pilot development undertaken between January – May 2008
- Reference Group formed May 2008
- Interim Report fall 2008
- STEP Home (Support to End Persistent Homelessness) name adopted spring 2009

## **STEP Home programs**

- Streets to Housing Stability
- Shelters to Housing Stability
- Downtown Street Outreach
- Whatever It Takes (WIT) – Service Resolution
- At Home Outreach
- Hospitality House
- SHOW

### **Setting the Stage: Persistent Homelessness**

- Definition: Variety of possible characteristics including:
  - Length of time – often greater than one year
  - Homelessness is the new normal
  - Extent of service use
- Regional Council has endorsed targets to end persistent homelessness for 50 people and prevent persistent homelessness for 100 people by December 2010

### **Setting the Stage: Profile**

- Person-centred and flexible
- Complex issues (physical, mental health, cognitive, substance use)
- Fragmentation in mainstream services
- Disconnection from natural supports
- Differently motivated

### **The Need in Waterloo Region**

- Estimated approximately 50-70 people experiencing persistent homelessness in Waterloo Region
- As of January 2009, there were over 500 applications for a space in one of the non-specific longer term housing stability programs in Waterloo Region.
- Lack of housing for this population with active substance use issues

### **Methodology**

- On-going consultation with STEP Home Reference Group and Longer Term Housing with Support Networking Group
- Focused literature search
- Site visits (managed alcohol programs)
  - The Annex Harm Reduction Program, Toronto
  - Managed Alcohol Program (MAP), Ottawa
  - Claremont House Special Care Unit, Hamilton

### **The Annex Harm Reduction Program**

- Located in Toronto within the Seaton House Men's Shelter in the downtown core
- Total of 140 spaces
- City of Toronto Hostel Funding
- Serves men only
- Some medical care offered

### **Managed Alcohol Program**

- Located within the Shepherds of Good Hope Men's Shelter in Ottawa's downtown core
- Total of 30 spaces
- On-going funding – MOHLTC
- Serves men and women
- Medical care offered

### **Claremont House Special Care Unit**

- Located on Hamilton Mountain away from the downtown core
- Total of 16 spaces
- On-going funding – MOHLTC
- Open to serving both sexes but currently only serves men
- Medical model offering a continuum of care ranging from short term assessments to longer term continuing care and palliative care

### **Features for Consideration: Housing Design**

- No "one size fits all" approach
- Co-located managed alcohol programs
- Smaller sites are best
- Not necessary to segregate men and women in separate buildings
- Importance of an evolving design

### **Features for Consideration: Housing Design**

- Simple floor plan
- Building that facilitates surveillance
- Importance of the outdoors
- Importance of shared bedrooms
- Large dining space
- Separate clinic and palliative care space
- Staff meeting space

### **Features for Consideration: Program and Support Models**

- Plan for community re-integration
- Staff credentials
- Shared decision-making staff team model
- Staff shifts
- Dedicated volunteer coordinator

### **Some Issues for Further Investigation**

- Location
- Staggered intake upon program open
- Developing multiple addictions in managed alcohol programs
- Peer effect and supporting abstinent participants in a managed alcohol program
- Importance of sensitizing medical staff to the specialized needs of this population

### **Next steps**

- Research analysis is on-going and report is currently being drafted
- Community consultations will take place in 2010 in order to share findings and discuss future direction.

### **For more information, contact:**

Nicole Francoeur  
Social Planning Associate  
(519) 575-4757 ext. 5372  
fnicole@region.waterloo.on.ca

### **Question and Answer: Nicole Francoeur**

Q: What does Regional Council's target to end persistent homelessness mean? What does that actually concretely do?

A: Council endorses the targets, which drives the work of Social Planning. We believe that we can meet those targets.

**Francine Vachon:**

**BRIGID'S PLACE**  
The Shepherds of Good Hope  
78 Nelson Street, Ottawa, ON

### **The Beginning**

- Need in our community to address the lack of services for women deemed “the most difficult to serve”
- Inspired by program in Vancouver- The Vivian
- Approached City-Housing Branch for funding-Pilot Project Funding granted

### **Service Model**

- Housing First / Low-barrier housing to allow more people to access to services.
- Residents are not expected to abstain from using substances, or from carrying on with street activities while living on-site
- Input from women is an expectation
- Harm reduction philosophy focusing on risks and consequences of a particular behaviour rather than on the behaviour itself.
- In terms of substance use, focusing on strategies to reduce harm; i.e.: Methadone Maintenance Program
- Strategize with the women about high risk use and what they can do to keep themselves safe

### **Who we Serve**

- Marginalized, street entrenched women
- Often considered the “hardest to house” or “not housing ready”
- Have experienced long term homelessness
- Active with substance use
- Co-occurring mental health/physical health issues
- Involved in sex trade
- Previous/current involvement with criminal justice system
- Trauma (past and current)
- HIV/Aids, Hep C

### **Funders**

- City of Ottawa- Domiciliary Hostel Program (per diem)
- HPI (homelessness partnerships initiatives) staffing support
- Shepherds of Good Hope

### **Partnerships**

- Elizabeth Fry Society of Ottawa
- Inner City Health Program
- Ottawa Police Services

- OASIS & Outreach Services
- Salvation Army, Pre-charge Diversion Program
- SITE-Ottawa Public Health
- Aids Committee of Ottawa

### **Services offered**

- 24-hour staffing support
- Support with medication
- Money management
- Support with activities of daily living
- Social initiative
- Case management
- Bi-weekly resident meetings

### **Success is....**

- Difficult to measure in terms of statistics
- Reduction and or stability in use
- Increased quality of life
- Links to community resources
- Setting goals
- Reconnecting with family/children
- Recognizing housing as a fundamental right contributing to stability and impacting changes in other areas of life

### **Lessons learned**

- Challenges with visitors
- Challenges with trafficking
- Resistance from community
- Model does not work for everyone
- Ensure partnerships are in place
- Input from participants is critical

### **Benefits**

Women report:

- Feeling accepted
- Strong sense of community
- Their voice is heard
- Feel more “normal”
- Reduction in cravings, use and sex trade work
- Having own space

## Moving forward...

- Look at what your community needs are
- Supportive housing model appeals to broader community and consumer
- Work together...it can be done!!

## Thank-you

A place for women called Brigid's House,  
all the women here being from coast to coast.  
Every attitude you will find, a lot of addictions on the mind.  
All the girls with a horrid past, society wondering if we will last.  
Most of us never knowing a home before,  
so we hang a welcome sign on our door.  
Having house meetings where all are involved,  
hoping some of our problems can be resolved.  
Waking up from nightmares from our past,  
bringing them out to talk about it at last.  
Finally people that will listen to us,  
All our problems we need to discuss.  
As communication is a must,  
digging our memories out that we just covered in dust.  
Staff, thanks for opening this house with love and care,  
A roof over our head for all to share.  
Going out in public without fear,  
big thanks for letting us know there are people who truly care.

Written by: Dakota, Brigid's Place Resident



*Francine Vachon, Kitchener,  
November 24, 2009*

## **Question and Answer: Francine Vachon**

### **Re: Brigid's Place**

Q: Are the women allowed to do sex work on side?

A: The women are allowed to have visitors in their rooms.

Q: Are the women still accessing drugs?

A: We haven't reached a point in our society where we are allowed to distribute drugs, so the women are still accessing drugs through other means. The women do however share drugs and monitor each other more closely because of the sense of community.

Q: What is your relationship like with the police?

A: Police attend resident meetings every 6 weeks to listen to the women about how policing is affecting them. Trafficking remains an issue for the police, but they are communicating with the women.

Q: How is the program staffed?

A: It is a single-staff program, they have 8 hours shifts, and it is staffed by male and female employees.

Q: What requirements are there for entry?

A: The women are referred through their shelter. It is only an 11 bed facility, so there is a wait list. It is transitional, so they can stay 1-3 years.

Q: How are you funded?

A: We are funded through the domiciliary hostel program, the city of Ottawa, homelessness partnerships initiatives, and Shepherd's of Good Hope

Q: What form of income do the women have?

A: Formal income typically comes from ODSP and OW

Q: Do you think a safer consumption site is feasible in Ottawa?

A: Unsure if that will happen in Conservative climate in Ottawa, "supportive housing" is a model that is accepted in that community and there is work that can be done within that framework. You need to find out what is accepted and what works in your community

Q: How do we get funding for something like this?

A: Different in every community - need to identify partners and build support. It's not easy, but it's necessary, possible, and cost-effective.

Q: How did you get the building?

A: The building was owned by Shepherd's of Hope and used as a drop-in centre. Acquired through attrition and then did major renovations to make it work.

Q: Can you expand upon the social initiative program?

A: The program provides service opportunities for the women within the house for which they can be rewarded with gift cards which they can then use to buy things they need. The opportunities relate to chores, giving tours, speaking to the Board etc. The women feel ownership of the house and are appreciative of the chances to share their experience and knowledge.

**Francine Vachon:**

## **Managed Alcohol Program (MAP)**

Shepherds of Good Hope

### **Harm Reduction**

- A practical approach to reducing harm from substance use which provides an incremental benefit to either the individual or others (may include community)
- Controversial
- Not in opposition to abstinence but often seen as such

### **Characteristics of Harm Reduction**

- A pragmatic rather than utopian approach
- Value gradual change and gains rather than a “cure”
- View is that it is better to achieve small goals than to fail to reach ideal
- Emphasis on working with broad partnerships including law enforcement and consumers
- Strong base in scientific evidence and human rights
- Countries adopting harm reduction have controlled HIV epidemic, those who have not have failed with uncontrolled spread and catastrophic consequences
- Challenge of broad application of harm reduction is based on social/moral objections rather than a lack of scientific evidence about what is effective

### **Use Reduction: An Alternative Approach**

- Views reduction of use as most important approach to effective intervention
- Abstinence is the prevailing drug policy of 20<sup>th</sup> century despite clear evidence that it is ineffective
- Supported through international drug treaty's
- Relies on fear and not evidence
- Goal is a drug free world
- War on drugs is often a war on people

### **Managed Alcohol**

- One of three programs in Canada and one in Holland offering a Managed Alcohol approach
- Offer a range of options for managing alcohol use including detoxification
- Focus on engaging the client, basic necessities of life, establishing a daily routine, sense of belonging and community

### **What is MAP?**

- MAP (Managed Alcohol Program) started in 2001 in response to the issues created by street alcoholics in Ottawa
- Only serves those with long history of street drinking which is refractory to other treatment
- Planning and start up guided by input from many partners (community, health, enforcement, shelters, etc)

## **How We Got Started**

- 10 people
- 1 room
- Totally dependent on shelter services, staff and police, few rules, no expectations of clients

## **The Evolution of the Program**

- Over time, we moved from a custodial program to a therapeutic environment
- Shift from a program operated for clients to one operated by clients
- Inclusion of mental health services using a concurrent disorders treatment model
- Tons of evaluation to demonstrate value to funders and the community
- Cost Benefit analysis study showing 3 to 1 cost saving

## **And the Survey Says**

- What clients reported liking best were safety and security, having more privacy, supportive relationships with other clients and staff, having medical needs met, being off the streets and not being allowed to get too inebriated.
- 100% of Clients reported being healthier, using ambulance and emergency less, having less interaction with police and complying better with medical care since coming into the program
- Staff and external service providers agreed with clients rating. Evidence has proven them correct

## **Substance Use**

- Since the program started in 2001, the average number of drinks consumed by people in the program has been reduced by 2/3!!

## **Other Changes reported by client include:**

- Live in a comfortable environment
- I am a lot calmer
- I would be dead if I wasn't in the program
- Change my clothes, shower everyday (better personal hygiene)
- More relaxed, less aggressive
- Getting older
- I'm able to meet my children, keep appointments etc, I don't just think about alcohol
- Get to meet a lot of friends I haven't seen for a while

## **Success Is**

- Gradual movement in a general direction, sudden success is never true
- Relapse is normal
- Success and challenges belong to the client not to you
- Measured in things which are more important than an addiction
- We did not anticipate that real change in this populations occurs over 3-5 years, not 3-5 months as we had expected

### **Our new Program**

- 55 units supported housing in a residential neighborhood
- 10 bed “wet program” in the shelter
- Graduated program with Recovery program, wet program and supported housing on a continuum of service and supports to accommodate all who need help

### **Lessons Learned?**

- With adequate support and intervention, even those considered to be “hopeless” can achieve a normal life and regain their position in society
- It is critical to start “where people are at” but not to accept that it is optimal, the nature of humans is to strive for improvement and so we need to make sure we do not get in the way!
- Communities have the capacity to solve complicated problems if they work together and suspend their assumptions about what should or should not happen

### **Question and Answer: Francine Vachon**

#### **Re: Managed Alcohol Program**

Q: How do you manage people bringing in their own alcohol and how will that change in a residential setting?

A:

- Individuals are allowed to bring in their own alcohol to be dispensed
- Harmful substances (Listerine, shoe polish, cough medicine) are not dispensed. The relationships and community built at the residence are often enough to discourage people from bringing in these substances through peer pressure.
- They have struggled with this, and have come to the goal of reducing the use of the harmful substance by increasing the dose of other alcohol until they are ready to decrease that as well.

Q: If you started from the beginning, would the shelter-to-residence model be ideal or would it be better to go straight to the residential model?

A: A commitment to a housing first model means getting away from shelters and creating more housing, starting with housing first is not perfect, but it is a better model than creating another shelter

Q: How will things change with a move to a residential model?

A: lots of things will change such as the longer term residents. They are still working through that.

Q: When is alcohol distributed and how much do they get?

A: It is distributed every hour and the dose is based on individual assessment.

## **Greg Scott – Chicago Recovery Alliance; DePaul University**

Greg Scott provided an overview of homelessness in Chicago, efforts to remedy systemic inequities and improve health, particularly for people who are dependent on substances and precariously sheltered, if at all.

Some of Greg's film work (Begging For Grace, The Brickyard etc.) via Sawbuck Productions can be found and viewed free of charge at:

<http://www.sawbuckproductions.org/filmclips.html>

These short films provide an honest and insightful look at people, and the communities in which they live and work, often in spite of oppression from a variety of sources. Several films have been shown as part of In The Mind's Eye over the years.

Information related to the organization Chicago Recovery Alliance can be found at:

<http://www.anypositivechange.org>

### **Question and Answer:**

Q: Can you expand upon the program where sex workers are encouraged to make their own documentaries?

A: Initially it began through a desire to identify violent or dangerous dates and was soon wrapped into the "recovery rags" program, in which street involved sex workers are provided with clothing and hygiene products. Via a bad date reporting program and with the video cameras provided, women identified that they should learn how to convey aspects of their lives through documentaries. The women will film and edit "hookersodes": a weekly 3-5 minute documentary. These documentaries will then be made available on the Internet at a cost of \$0.99 each. The money is then intended to be funneled into a 40 bed 'wet' residential facility. In essence, women are exploring their own narratives via film, providing increased safety in their workplace, learning new skills and re-creating community.

Q: Have you encountered police officers who are friendly to your cause?

A: On the whole, no though some are doing what they can. In Chicago, police are working in a culture of official opposition. There is a lack of knowledge and perhaps compassion for the plight of people who are often arrested and/or evicted for being homeless. In that context of not just police but broader systemic barriers, the CRA and others work around the barriers as much as they can.

Q: What would you recommend to someone teaching in enforcement as it relates to addiction?

A:

- have a health emphasis and promote evidence based policy and practice
- acknowledge enforcement related health impacts
- promote evaluation of police enforcement outcomes

Q: Could you expand upon the generation of harm in institutions (i.e. hospital) ?

A:

- iatrogenic effects are present in these health care settings
- individuals may receive infections (i.e. staph) in hospital
- too much Naloxone administered
- early release
- go in for care and get arrested
- we need to plug in to self-care systems that individuals have in place already as long as our health care system can create harm for individuals seeking care



*Greg Scott, Kitchener,  
November 24, 2009*

**No Place Like Home: Housing and Harm Reduction – Survey Results**

*November 24, 2009*

**\* This written survey was distributed amongst 47 forum participants, of which 27 were returned \***

**I attended today in my role as:**

55% Direct service provider  
14% Managerial service provider  
0% Interested Citizen or volunteer with lived experience  
3% Interested Citizen or Volunteer  
22% other (explain)

**Other**

as a representative of an community development organization
board member and educator
student
community based initiatives
service provider with lived experience
research

**1. Health promotion and harm reduction: same basic idea, different words?**

80% yes  
11% no  
3% don't know  
\_\_\_ other (explain) \_\_\_\_\_

Harm reduction seems active, Health promotion seems passive
Completely different perspective
Depends upon your framework

**2. How many people would you estimate are experiencing persistent homelessness and are dependent on drugs, including alcohol, in Waterloo region?**

0% less than 25  
7% 25-50  
23% 50-75  
3% 75-100  
58% over 100  
0% don't know

**3. How would you rate the need for housing in Waterloo region that incorporates a harm reduction approach for people who are actively using licit/illicit substances and are experiencing persistent homelessness?**

1	2	3	4	5
0%	0%	3%	7%	88%
No need				very strong need

**4. What kind of supports and design features would be important for the people in such a housing program?**

24 hour staffing, warm, non institutional environment, central gathering space, private consultation spot, open kitchen, staff physically accessible, not segregated
harm reduction approach, managed if people want to try it, 24 hour staffing, rent direct, voluntary social activities to reduce isolation, food bank/support with cooking, immediate access to health care support on a regular basis, prefer on site if available, transportation program, one to one case management, quick entry into treatment if requested, advocacy etc. etc. etc.
support through advocacy, counseling, provision of harm reduction materials, privacy, but with a community feel to the building
I believe that it is crucial to focus the supports and design features on all aspects of the human make-up. All physical, mental, spiritual and emotional aspects of each individual needs to be addressed taking into consideration the idea of this being "process" and underlining balance
flexible, immediate access to health care, access to harm reduction supplies, some independence in terms of own room, small resident to staff ratio, family environment
access to supplies, safe places to use, non-judgmental supports dictated by residents, easy access to healthy food
not to be kicked out if they are drunk or high
medical support, recreation
Access to other community services (therapy, skills programs, education etc.)
easy and quick access to treatment and mental health services
mental health and other outreach, medical in-reach, privacy from local harassment/stigma
housing first model, addictions/mental health services, harm reduction, opportunities for employment, means to decrease marginalization
community/political/police services/social agencies all collaborating and working together
look to other community models that have worked - best practices
open
monitored alcohol/drug use, safe injection materials, health care access (1-2 days/week) - distribution of alcohol
community involvement (sense of belonging), medical supports
proper and safer equipment for the use of drugs, health care, programs designed by residents, non-judgmental attitude, flexibility to allow the program to change as needs change
housing and support services integrated, easy to access service to link to housing
Similar to what has been presented today...it works!

**5. In considering such a residence, how important is it to separate alcohol (only)-dependent people from people using (only) illicit substances?**

1	2	3	4	5
16%	12%	20%	20%	20%
no need				very strong need

**6. Rate the need for housing with support in Waterloo region for people dependent on:**

**Alcohol only**

1	2	3	4	5
3%	0%	3%	19%	73%
no need				very strong need

**Illicit substance use only**

1	2	3	4	5
3%	0%	7%	3%	78%
no need				very strong need

**co-occurring legal and illegal substance use**

1	2	3	4	5
3%	0%	7%	3%	76%
no need				very strong need

**7. How would you rate the need for housing in Waterloo region that incorporates a harm reduction approach for female, street-level people involved in sex work who are using substances?**

1	2	3	4	5
0%	0%	4%	8%	80%
no need				very strong need

**8. What kind of support and design features would be important for the people in such a program?**

24 hour staffing, warm, non institutional environment, central gathering space, private consultation spot, open kitchen, staff physically accessible, not segregated
specific needs of sex work addressed - i.e. safe place to work, access to harm reduction supplies (condoms etc), sexual assault resources, trauma resources, sexual health education, self-protection education
support through advocacy, counseling, provision of harm reduction materials, privacy, but with a community feel to the building, no passed judgment
I believe that it is crucial to focus the supports and design features on all aspects of the human make-up. All physical, mental, spiritual and emotional aspects of each individual needs to be addressed taking into consideration the idea of this being "process" and underlining balance
access to supplies, safe places to use, non-judgmental supports dictated by residents, easy access to healthy food, safe place to work
medical support, education re health and substances
access to community programs and services, child care programs
easy and quick access to treatment and mental health services, harm reduction training around sex work
health, security, in-reach and outreach supports
housing first model, addictions/mental health services, harm reduction, opportunities for employment, means to decrease marginalization
public information
education and safe injection materials, monitored drug use, community partnerships
counseling if desired, job assistance if desired
ability to grow and change as needs change, health services, non-judgmental approach, lots of input from women
freedom with built in safeguards for health and safety of the residents
social space, separate bathrooms
best practices

**9. Such a residence should be located:**

- 75% downtown near services
- 4% away from downtown, services
- 26% unknown

more than one location so people have choice
more than one location so people have choice
OR accessible with bus pass provided and in-house services

**10. How important is it to have persons who use and/or used substances involved in designing AND delivering the programming?**

1	2	3	4	5
0%	0%	4%	11%	84%
Not important				very important

they can relate better with residents
strategic use of volunteers/staff is essential to success
"nothing about us without us"
their experience is indispensable
I think that such a program will not work as well as if you don't have input from the people it will be servicing
essential
absolutely
empowering and increases choices for services

**11. Establishing housing with support with a harm reduction focus will reduce crime and victimization in Waterloo region.**

- 92% yes
- 3% no
- 3% unknown

**12. Establishing housing with support with a harm reduction focus will likely reduce the financial burden for (check all that apply):**

- 70% non-profit sector
- 92% police
- 85% hospitals
- 85% (government) health services
- 81% (government) social services
- 85% court and prison systems
- 78% business sector
- 55% foundations and funders
- 14% other:

general community
suffering and cost in health to user

**13. You have just acquired \$1 million to fund initiatives for people experiencing persistent homelessness in Waterloo region. What are your priorities?**

wet housing in smaller groupings
first I would do my little happy dance - housing first, LONG TERM supports on site, medical supports, access to specialized treatment programs such as the one offered in London concurrent (excellent program results)... food bank, direct rent, and really, really loving, supportive, passionate staff who CARE...HARM REDUCTION an absolute must
more street outreach, create more supportive housing, increase harm reduction education within the community
establishing a strong foundation of both program and staff
purchase building, renovate into bachelor units, staff with 1-2 support staff, set up in-house health clinic, connect with outreach supports, have communal area, bring in managed alcohol, have staff support with meds distribution
Harm reduction housing, supportive housing for people with mental health/substance use issues.
no rules against drinking and using
a remote nature setting, managed alcohol and drug use, medical support
developing a housing strategy, building supportive housing, support programs already operating, focus on job creation and skills building programs
address concurrent disorders (mental health)
programs to effectively, efficiently and properly address concurrent disorders
acquisition of resources for housing/outreach/staffing
staffing for supportive housing facilities
incorporate existing social/mental health housing providers in the design
housing first, with supports
wet shelter
housing - case management - harm reduction - having someone who cares enough to chat with you, not pressure you into treatment such services
most vulnerable populations
harm reduction housing initiatives with focus on housing first, policy implementation that is inclusive of drug/alcohol users
a building with privacy but community, nurse and counselor on site, community involvement, job placement help
housing, outreach and transitional programs
ask the potential residents what their needs are, likely initiatives that have a housing first model
housing with support
set up site which prioritizes needs not currently service - housing for users, couples housing
develop a health facility for people with substance use issues and additional housing for people moving on

**14. Other comments?**

The workshop was great!
thanks for a wonderful session
thank you
thank you
creating a facility where people with drug/alcohol issues can get supportive housing is extremely important in preventing crime and reducing community costs
Thanks for promoting these important issues!
Great session, thanks!