

Homelessness & Behavioural Issues Task Force



Work Plan
September 2013

Executive Summary

Historically, Kenora has been a meeting place, a gathering point for business, friends, family and the surrounding communities. Today, we remain that central hub. In doing so, we embrace both the benefits and challenges that come with our common land, common ground vision, recognized as a large part of Kenora's identity. History brings with it both the positive and negative. It must be recognized that a number of factors over time have contributed to the issues we face today.



In looking to understand the homelessness and behavioural issues within Kenora, one thing is clear. We need to change how we think about the issues, and how to best address them. We all share this "common ground" and we all share in the responsibility of ownership for and addressing the issues we are currently facing. There needs to be an acknowledgement of accountability, not just within our community, our residents, visitors, businesses and our organizations, but also in a broader sense, with our surrounding communities and all levels of government actively working towards successful strategies and making difficult decisions needed to move forward.

The issues faced today are not significantly different than those experienced in Kenora forty years ago. Continuing to manage these issues is no longer acceptable. Status quo is no longer acceptable. In order to effect change in the homelessness and behavioural issues currently faced within Kenora, focus needs to shift to ending them. We are all part of the solution. Together, as a community, in partnership with the surrounding communities, we need to share in the vision and strategic planning of objectives to address homelessness and behavioural issues.

While there is not a true business case based on the available local information for moving forward, it is noted that studies are consistent in identifying that the costs for addressing these issues are lower than the costs for managing them through emergency and response services. It is anticipated that, in moving towards a resolution in the long term, there will be reduced demands on the system. This reduction is anticipated to include, but not be limited to, reduction in calls for service for policing, and reduction in emergency room visits and hospital admittances.

This document is intended to be an initial work plan, and not the final plan to end homelessness and behavioural issues for Kenora. It identifies issues that need to be addressed to move forward with the goal of ending homelessness and behavioural issues within Kenora. This "evolving" work plan recognizes that a continuum of work needs to be done identifying the specific needs within Kenora in

order to finalize the plan that will move Kenora forward. This work plan includes preliminary opportunities and strategies for moving forward in addressing homelessness and behavioural issues. The main strategies identified are as follows, and have been discussed further under the “Program Opportunities / Strategies” section of this work plan:

1. Housing First Philosophy
2. Integrated Services Delivery Model and Facilities Assessment
3. Prioritize Eliminating Chronic and Episodic Homelessness, Substance Abuse and Behavioural Issues
4. Provide Supports to Allow Individuals to Remain in their Home Communities
5. City Council Initiatives

Once the implementation of these strategies is actively moving forward, further work can be done on identifying priorities and targets for implementation, and a more robust ten year plan to end homelessness can be developed for Kenora.

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Message from the Chair

Together as a community we can make a difference, and only together can we make this happen. Each of us within our community of Kenora shares some responsibility for the homelessness and behavioural issues experienced in Kenora.

We are all impacted, and it is only together that we can truly tackle the issues and provide a resolution. For some, like the City, the role will be that of leadership in seeking buy in and commitment with the appropriate partners. We need to identify the partners who can make a difference in how we deal with these issues. To be effective, all levels of government need to be committed to moving towards positive change in implementing the recommended strategies.



When someone refers to homelessness, they are often referring to a variety of behavioural related problems. It is important to understand that, while these two separate issues often intersect, the terms are not synonymous. People that are homeless do not necessarily display behavioural issues, and those individuals who display behavioural issues and live on the streets are not necessarily homeless. It is recognized, however, that both of these issues exist within Kenora.

The Homelessness & Behavioural Issues Task Force was struck by City Council in response to concerns raised across the community during and prior to Kenora's branding efforts, as brought to Kenora City Council by the Lake of the Woods Development Commission. The Task Force was structured from a small cross section of individuals from the community and area, representing a variety of organizations that either work directly with or are impacted by the various issues. Seven individuals, tasked with a complex situation, for which it was recognized that difficult decisions may ultimately need to be made.

In order to move forward, the Task Force needed to clearly identify the primary problems, including the related pathways. Only by doing so could we move towards identifying the required resolutions. Also of importance to addressing these issues was the understanding that we are all responsible for making this change.

In reviewing the issues, one thing was clear to the Task Force. We are all impacted by these issues. We all share in a responsibility to work to address these issues. For decades now, Kenora has experienced the impacts related to homeless and behavioural issues. Many individuals and organizations throughout the City have worked tirelessly for years now to address this situation. The concerns, however, are not going away. We need to change how we think about these issues. We need to change our approach in how we deal with them. We, as a Task

Force, believe we can make a difference by changing how we address them. We need to stop managing the issues, and put in place the plans to work towards ending them. This means some difficult decisions must be made and difficult messages will need to be communicated. We need to be prepared to rethink what we do, to come up with a holistic strategy geared to addressing the needs of the individuals on our streets, ultimately moving towards eliminating the issues. The community has a key role to play.

This work plan includes some recommendations the Task Force has identified as priorities to better address the issues we face, including both short and longer term directions. These recommendations include rethinking how we address the problems today and how the various organizations can work together, focusing on both short and longer term priorities. We need to realign programs and facilities and shift resources to provide integrated services for addressing the issues. We need to: identify plans for individuals as they move through the various systems, including how they transition out of the various systems such as the court system; and work towards reintegrating individuals back to their home communities as well as advocate for resources so they may remain in their home communities. We need to identify the strategies needed and how best to implement them. Displacing individuals from their home communities and removing them from their support systems should no longer be considered an acceptable approach.

The Task Force calls on the community to aid in the implementation of the plan, it is focused on solutions.

"The road to success requires that you stay focused on the road to enable success"

Author unknown

A handwritten signature in black ink, appearing to read 'Louis Roussin', with a stylized, cursive script.

Louis Roussin,
City Councillor

Task Force History and Structure

For decades now, the Kenora area has struggled in dealing with issues related homelessness and other behavioural issues. It is recognized that many of these issues are symptoms of underlying problems that need to be identified and addressed. In 2011 and 2012, focus on this issue continued to increase in the region and across the Province, with the following occurring:

- Northern Ontario Service Deliverers Association (NOSDA) paper released entitled “A Pan-Northern Ontario Inventory of Homelessness Problems and Practices”, which identified the most common problems related to homelessness in Northern Ontario.
- Efforts by the City of Kenora, through the Lake of the Woods Development Commission (LOWDC) to move to a new brand for the City of Kenora. This process included a community wide survey of Kenora residents and visitors which identified homelessness and behavioural issues as critical problems that Kenora needed to resolve. Based on this, the LOWDC made a request to Kenora City Council for the City to develop a Task Force on Homelessness. Council determined this needed to be expanded to ensure all the identified issues, including behavioural issues, were included in developing a strategy.
- The consolidation of the housing and homelessness portfolios by the Province, with Provincial direction being “to transform the housing system and put people first”. The Kenora District Services Board (KDSB) was given a mandate by the Province to build a consolidated housing and homelessness related plan, addressing issues in each of its area municipalities.

Kenora City Council recognized that the issues of homelessness and behavioural issues are broad. A long term strategy was needed, and difficult decisions / recommendations may need to be made as part of developing that strategy. Ultimately, it was approved that a small group of seven individuals be brought together to form a primary Task Force on Homelessness and Behavioural Issues. This group was empowered to develop subcommittees as needed to address specific issues related to homelessness and behavioural issues.

A cross section of individuals was developed from various organizations with the intent of providing sufficient balance to a Task Force, while keeping the primary task force group small, with the recognition that there would be hard realities to face and difficult decisions that would need to be made in moving forward. The following individuals were selected to form this Task Force:

1. **Louis Roussin**, Council Lead, KDSB Council Rep, Kenora Non Profit Housing Board Council Rep, and Non Profit Housing Review Committee Council Rep
2. **Rory McMillan**, Alternate, Four Pillars Task Force
3. **Dave Lucas**, OPP Detachment Commander, Four Pillars Task Force
3. **Joan Schelske**, Ontario Works Manager, Kenora District Services Board (KDSB)

4. **Debbie Lipscombe**, Treaty #3 Representative, as appointed by Grand Chief Warren White
5. **Jack Martin**, Manager of Community Services for the Districts of Kenora & Rainy River, William W. Creighton Youth Services
6. **Rob Dokuchie**, Business Improvement Zone (BIZ) Executive
7. **Randy Seller**, Local Solicitor

Shortly after being formed, the Task Force developed a terms of reference, which included the following guiding principles to be used by the Homelessness & Behavioural Issues Task Force established by Kenora City Council in developing this work plan:

- The intent of the Task Force is to develop a strategy that will improve the quality of life, safety and prosperity for everyone in Kenora and our surrounding communities. The strategy must be respectful and recognize that everyone should have the opportunity to seek a good life – “*Bimaadiziwin*”
- The intent of the creation of this task force is to develop a strategy that will move towards ending homelessness and behavioural issues rather than simply managing those issues.
- The issue of homelessness is not the same as behavioural related issues. Individuals that are homeless may or may not exhibit behavioural issues. Individuals that exhibit behavioural issues may or may not be homeless. The term homelessness is sometimes used incorrectly to describe both types of issues. It is recognized, however, that these different issues can intersect, and that an overall strategy is needed to address both within the City of Kenora.
- In order to effectively work towards ending homelessness and behavioural issues, there needs to be a basic understanding of the issues and underlying causes.
- There is no one strategy that will work in every situation. One size does not fit all. More than one approach will be required for addressing the various issues. The strategy should include multiple and coordinated solutions, with identified priorities for implementation.
- We all have a responsibility to work together in identifying the issues and moving forward towards a resolution, including those impacted by homelessness and behavioural issues. An integrated community and region wide response is required. This includes all levels of government, as well as the District Services Board. Specifically, this is represented by Federal, Provincial, First Nations, Kenora District Services Board and the City. Partners are critical in the implementation of a successful strategy.

The terms of reference document for the Homelessness and Behavioural Issues Task Force has been included in Appendix 2 to this document. Appendix 1 to the terms of reference document, which represented definitions for that document, have been expanded on for the purposes of this work plan and those expanded definitions are included in Appendix 1 of this document.

Area History

The intent of this work plan is to address the issues that exist in Kenora today. It is not intended to address in any significant manner the history of the area. It must be recognized, however, that many factors have contributed to the realities faced in Kenora today. We cannot negate the historical impacts of many policy decisions that were made by the Federal government that significantly impacted our First Nations residents and surrounding communities.



In 1973, around the time the two residential schools in the Kenora area were being closed, the Grand Council Treaty #3 published and copyrighted a report entitled “While People Sleep” for Kenora. This report was initiated as a result of concerns by “a number of individuals, moved by the number of deaths of persons of native ancestry”. The report notes that there had been nearly 200 sudden deaths in the Kenora area over the three and one-half years prior to the report. This report goes on to provide a more detailed analysis of the sudden deaths at that time, including a correlation between these sudden deaths and alcohol involvement. The brief to Kenora Town Council included in Appendix B of that report notes several issues of concern to Treaty #3, including changes in Indian Affairs policy, together with introducing liquor outlets and pubs to the reserves. It should be noted that the “While People Sleep” report ultimately resulted in the introduction of the Kenora Street Patrol by the Nechee Friendship Centre. Fast forwarding to today, Kenora continues to experience sudden deaths related to homelessness and substance abuse.

This reference to area history is important as it underscores the responsibility of senior government in dealing with many of the issues related to homelessness and behavioural issues as discussed within this report. Both the Federal and Provincial Governments must be active participants in any strategy implementation.

Underlying Issues and Causes – Pathways to Homelessness and/or Behavioural Issues

The State of Homelessness in Canada 2013 report by the Canadian Alliance to End Homelessness and the Homeless Hub identifies three types of causes of homelessness, specifically, structural factors, system failures and individual and relational factors. It is recognized that one factor alone may or may not result in homelessness and / or behavioural issues, and multiple factors may ultimately culminate in one or some combination of these issues. Understanding that some of the underlying causes are structural factors and system failures can help identify strategies intended to work towards addressing and ultimately preventing homelessness. The following have been identified as pathways that represent significant impacts to Kenora and the surrounding areas:

Structural Factors

- Lack of and access to affordable housing – the lack of affordable housing has been identified as one of the most significant issues in addressing the homelessness situation in Kenora and surrounding areas.
- Poverty / lack of adequate income.
- Lack of adequate supports.
- Desensitization – ignorance of or simply ignoring the issues, resulting in alienation of affected individuals. This also includes discrimination, both towards another culture (First Nations), as well as towards homeless / street people.

System Failures

- Discharge from various systems, such as health care, child / foster care or the court system, without an identified plan for housing.

Individual and Relational Factors

- Health Issues, including:
 - Fetal Alcohol Syndrome Disorder (FASD) – it is worth noting that in 2004 through 2006, there was an 18 month pilot project in Kenora for a diagnostic clinic for FASD. During this time, 74 diagnoses were made. Since that time, an additional 150 FASD diagnoses have been made. It is estimated that for every diagnosis of FASD, there are 3 – 4 times the number of individuals actually impacted by this disorder.
 - Mental Health – The Kenora Branch of the Canadian Mental Health Association (CMHA) noted that it provided treatment services to 467 individuals during its most recent fiscal period. Of these, 265 individuals were provided support through the Mental Health Diversion Court Worker as a result of contact with the criminal justice system. Intensive case management services were provided to 37 of these individuals who were involved with the criminal justice system. Support within housing was provided to 18 individuals with 3,008

resident days of service under a program intended to provide safe, stable housing to these individuals.

- Physical and / or Developmental Disabilities
- Addictions / substance abuse – the OPP have advised that “Alcohol and alcohol derivatives (e.g.: Listerine, hand sanitizer and hair spray) fuels the vast majority of crime, disorder and behavioural issues in the city. The vast majority of crime consists of simple assaults related to alcohol, thefts to support addictions, breach of bail and probation conditions, disturbances, aggressive panhandling, indecent acts and exposure, intimidation, intoxicated in public and trespassing.”
- Historic Trauma Transmission (HTT), including:
 - Bail Release Provisions
 - Spousal / Child abuse – family violence
 - Family Breakdown
 - Childhood experience (eg. foster care)
- Job Loss

An additional dynamic that occurs within Kenora is the matter of individuals that chose to live on the streets as a way of life. These individuals are not necessarily homeless, but rather chose the lifestyle as a result of personal preference. This situation also results in additional system demands, but needs to be addressed in a separate manner than those individuals who are actually homeless.

Empirical Data

The estimated costs of homelessness, both transient and chronic / episodic, are difficult to estimate at best. Those organizations that have attempted to quantify them show significant variances from one organization to the other, depending on the source of the estimate. The following shows an example of the disparity in the various annual cost estimates reviewed by the Task Force in looking at the burden of homelessness on the taxpayer, together with the source and year of the estimate:

- **Making Kenora Home – Homelessness Costing Study 2007** – The estimated annual cost was \$19,297.10 per person (\$35,641.18 for the eldest senior member) based on costs for 5 agencies only, specifically the Lake of the Woods District Hospital, Ambulance (Kenora District Services Board), Kenora Police Services, Morningstar Centre (Detox) and Kenora Community Legal Clinic. It was further noted in this report that the estimated costs per person based on additional services provided were likely closer to \$35K - \$45K per person based on similar studies in other communities
- **Charity Intelligence in Canada – Homeless in Canada Report October 2009** – This report estimated the annual cost per person at \$35K. This report further noted that the Pathways Program in New York, which is a housing first strategy with an 88% success rate housing the chronically homeless, costs closer to \$24K US per person per year
- **Canadian Homelessness Research Network (Homeless Hub) (Gaetz, Stephen) – The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing? (2012)** – This report notes a number of sources related to anticipated costs, as well as anticipated savings generated through developing strategies to address homelessness, including the following quotes:
 - Studies have shown that investing in homelessness prevention costs less than it does to keep someone on the streets (National Council on Welfare, 2011)
 - A 2001 study in British Columbia indicated that it costs \$30,000 - \$40,000 annually to support one homeless person (Eberle et al., 2001)
 - A 2006 study in Halifax (Palermo et al., 2006) points out that investments in social housing would generate per person savings of 41 percent.
 - Study of homeless people with substance abuse and mental health issues in British Columbia argues that one homeless person costs the public system in excess of \$55,000 per year (Patterson et al., 2008). Alternatively, if this same population was provided with adequate housing and supports, it is estimated that the cost per person would drop to \$27,000 per year.

- The Report on the Cost of Homelessness in the City of Calgary calculated the annual costs of supports (including health care, housing, emergency services) to be \$72,444 for people who are transiently homeless, while the cost of chronic homelessness is \$134,642 per person (Calgary Homeless Foundation, 2008).

The report goes on to note an extensive number of studies and related statistics, including increased health care requirements, impacts related to the criminal justice system, and estimated savings for addressing homelessness through prevention rather than managing homelessness through emergency services. Ultimately, this report concludes “the review of research on the cost of homelessness in Canada and the United States does make a strong case for shifting our focus from an emergency response (emphasizing emergency shelters, day programs, and law enforcement) to prevention and rehousing. Through calculating – and then discussing – the cost of homelessness, there is a clear opportunity to educate the public, politicians and funders about the real economic impact of homelessness – and our current response – on Canadian society.”

- **Canadian Alliance to End Homelessness and The Homeless Hub – The State of Homelessness in Canada 2013** – this report estimates that homelessness costs the Canadian economy \$7.05 billion dollars annually. Other information included within that report used as reference for the Task Force included:
 - “In 2009, for instance, 147,000 different and unique individuals stayed in an emergency shelter at least once, a rate of about 1 in 230 Canadians.” Applying this average to Kenora’s population, this would translate to about 67 people in need of emergency shelter in Kenora. It is anticipated that this is a conservative estimate at best. It should be noted that this statistic is specific to use of emergency shelters.
 - “On average, for every one hundred people in the shelter system, there are 20 people who are unsheltered.” For Kenora, this translates to about 13 individuals, which is again considered to be a conservative estimate.
 - “Of those communities that count some portion of the provisionally accommodated, there are 31 people in this category for every 100 staying in emergency shelters.” For Kenora, this translates to about 21 individuals.
 - “We therefore cautiously estimate that there are 3 people who can be considered ‘hidden homeless’ for every one who is in emergency shelter and / or is unsheltered.”
 - These stats do not account for “turn-aways”, for which there were no reliable statistics available. They also do not account for information related to “Violence Against Women” which are generally not included in homelessness statistics.

- "These groups (chronically and episodically homeless) are significant because combined they account for less than 15% of the homeless population, but consume more than half the resources in the homelessness system, including emergency shelter beds and day programs."
- "We believe these numbers likely underestimate homelessness in Canada because of the challenges of counting and the lack of statistic across the country."

Kenora does not have a current homelessness count, and nor does it have information on the statistics and demographics of the individuals impacted by homelessness. The Task Force did not have sufficient resources available to adequately identify the scope of the problem. A lot was learned over the months the Task Force met. There is, however, still much to learn and more work to be done. The data is available locally, spread out through a number of local organizations currently working on these issues. It will be important to consolidate the available data so that the full scope of the current situation can be identified, and that specific goals and targets can be developed that will ensure the highest impact areas can be addressed first and most effectively.

There is, however, anecdotal information available from those who work directly with the homeless, together with those who have been impacted by substance abuse and related addictions. For example, the OPP estimates that the Morningstar Centre (Detox) provides over 13,000 incidents of support annually to people on the streets with severe addictions, the vast majority of which are services provided to about 50 individuals. It has been further estimated that there are approximately 17 unsheltered homeless in Kenora in the spring through fall seasons. This number has been estimated to drop to between 7 to 9 unsheltered homeless in Kenora during the winter months.

It has been noted by the OPP that the consumption of alcohol and alcohol derivatives, mental health issues and homelessness are all linked together as catalysts for these issues. An analysis has been developed by the local Ontario Provincial Police (OPP) of statistics related to the top 10 individuals, based on the top arrests / nights in jail specific to intoxication. Some additional statistics have also been provided by both the Lake of the Woods District Hospital as well as the Morningstar Centre in relation to individuals using those services.

Information Gathered by OPP, on a Per Individual Basis

2012 Data:

Individual:	Intoxication Arrests / Nights in Jail
A	135 *
B	88
C	73
D	33
E	30
F	29
G	26
H	23
I	22
J	21

2013 Data to Date (January – July):

Individual:	Intoxication Arrests / Nights in Jail
A	46 **
B	44
C	37
D	33
E	24
F	19
G	18
H	16
I	15
J	11

*Note – the individual with the most arrests in 2012 is currently living in Thunder Bay at the Shelter House Managed Alcohol Program.

**Note – the individual with the most arrests in 2013 was streamed through the Kenora Drug Treatment Court (May 22, 2013) and is currently in Winnipeg in residential treatment. This individual is doing well and has been in total compliance with their plan of care.

Information Gathered by the Lake of the Woods District Hospital

The Lake of the Woods District Hospital (LOWDH) has provided the following information related to their Emergency Room (ER) visits for their most recent fiscal year (April 1, 2012 through March 31, 2013):

- The top 30 individuals totaled 229 visits to the ER.
- Of the 229 visits, 21 were from three individuals who were also on the OPP top 10 arrest lists for 2012 and 2013.
- Three individuals accounted for 9.17% of the total ER visits. The same three individuals accounted for 59 arrests for Liquor License offences from January through July 2013.

Information Gathered by Morningstar Centre (Detox)

The following information was provided by the Detox centre with regards to their client admissions for overnight stays:

- The top 10 individuals represented 2,260 admissions. These individuals further accounted for 182 OPP charges, as well as 24 admissions to the ER at the LOWDH.

- The top 28 individuals represented 4,582 admissions. These individuals further accounted for 254 OPP charges, as well as 48 admissions to the ER at the LOWDH.

Total and Alcohol Related EMS, Police and Hospital Services in Kenora

The Task Force also had the benefit of access to research done in 2013 by Brian Lorbetskie, MS3, in relation to his study entitled "Putting Kenora on the MAP: Can a Managed Alcohol Program Work in Kenora?" The following five charts outline some of the high level information obtained by Brian Lorbetskie, together with some brief commentary as applicable.

Kenora - EMS Services Provided

Calendar Year	Total EMS Services	Services For Intoxication	% of Services	Three Year Average
2010	1,992	182	9.14%	8.63%
2011	2,000	153	7.65%	
2012	1,991	181	9.09%	

Kenora – Police Services Provided

Calendar Year	Total Police Services	Services For Intoxication	% of Services	Three Year Average
2010	13,628	2,234	16.39%	15.91%
2011	13,683	2,081	15.21%	
2012	13,310	2,147	16.13%	

Thunder Bay – Police Services Provided

Calendar Year	Total Police Services	Services For Intoxication	% of Services	Three Year Average
2010	26,329	2,598	9.87%	11.17%
2011	25,347	2,866	11.31%	
2012	22,397	2,811	12.55%	

Kenora – Hospital Emergency Room Visits

Calendar Year	Total ER Visits	Visits For Intoxication	% of Visits	Three Year Average
2010	21,631	1,008	4.66%	4.67%
2011	21,455	1,011	4.71%	
2012	20,838	966	4.64%	

(Does not include all alcohol related visits – is representative of only visits specific to intoxication without any other related issue – for eg., broken nose / bones, altercations which may have resulted from intoxication or assault.)

Kenora – Hospital Admittances

Calendar Year	Total Admittances	Admittances Intoxication	% of Admit.	Three Year Average
2010	2,313	160	6.92%	7.31%
2011	2,384	177	7.42%	
2012	2,333	177	7.59%	

It was noted in Brian Lorbetskie's report that there were some issues with the data accessed, including inaccurate existing data, and concerns noted by the various service providers that the numbers provided underestimated the actual burden of alcohol related calls. Nevertheless, it has been used to provide an overview of the

total and alcohol related services provided by these specific organizations. It is interesting to note that the Kenora police calls per service are disproportionately higher in Kenora than in Thunder Bay, with a population base of about 7 times that of Kenora (108,359 versus 15,348 per the 2011 census), but calls for service in 2012 for Thunder Bay closer to only 1.7 times that of Kenora. Kenora statistics also indicate a significantly higher percentage of calls for service related to intoxication, representing a three year average of close to 16% of all calls. To put this into perspective, Thunder Bay has an average of 25 calls related to intoxication per 1,000 count of population. Strikingly, Kenora has an average of 140 calls per the same 1,000 count of population, close to six times that as experienced in Thunder Bay.

In the “While People Sleep” study, noted previously under the “Area History” section of this report, there is a table entitled “Rates of Drunkenness Convictions by Judicial Districts for Ontario” for 1966. While it is recognized that “drunkenness convictions” would likely be different than the current “calls for police services for intoxication”, the comparison of the 1966 data with the more recent information is interesting. In 1966, Kenora & Patricia region had an average 71.0 convictions per 1,000 count of population. The next highest judicial district was Thunder Bay, with an average of 37.2 convictions per 1,000 count of population. At that time, the rate of drunkenness convictions for Kenora was about 1.9 times that of the next highest judicial district, being Thunder Bay. As noted previously, today, the calls for service related to intoxication in Kenora are about 7 times that of Thunder Bay.

It should be noted that Thunder Bay does have a managed alcohol program in place. There is not sufficient information available to confirm whether or not this has resulted in a reduced number of intoxication related calls for Thunder Bay since the implementation of that program. In looking at the long term trends, however, there is a significant shift between the rate per 1,000 population from 1966 for Thunder Bay as opposed to Kenora.

Given the lack of consolidated local data specific to homelessness, the Task Force was not able to develop a business case for many of the recommendations. The Task Force relied heavily on the research that consistently indicated that the costs of providing homes and proper supports were cheaper than the costs of providing emergency and response type services to deal with the issues. In addition, it must be noted in most literature that the human toll of living the homeless lifestyle is significant, resulting in reduced life expectancy, increased disease and increased exposure to or risk of violence to name but a few. The only acceptable approach to be pursued is identifying and developing strategies intended to address the underlying issues and end the cycle.

Program Opportunities / Strategies

In order to be successful, the strategies implemented must be flexible and adaptive to individual situations. It is recognized that one size does not fit all. There are a multitude of paths that can lead to homelessness and / or behavioural issues. There must be a multitude of paths that lead away from these same issues. It is also recognized that the strategies that can work in Kenora may be the same, but can also be different than those employed in other communities that are reporting positive results in addressing these issues. As such, the Task Force has identified the following specific opportunities, together with preliminary strategies, intended to move forward in addressing these issues within Kenora:

Opportunity #1 – Housing First Philosophy

Those municipalities that have shown the highest degree of success in addressing homelessness have done so through a housing first philosophy. In the past, too much emphasis has been placed on managing homelessness through response related systems and services. The housing first philosophy is designed to get people back home and recognizes that individuals are best positioned to move forward with positive change in their lives once they have permanent living accommodations, regardless of their individual challenges.

Housing First Philosophy Strategies:

- Develop a Central Agency / Community Officer position that will link individuals in crisis to appropriate housing facilities.
- Perform a housing study that will identify the need for housing within the City, by type of housing. The work already done by Making Kenora Home in their report entitled “Kenora’s Affordable Housing Needs Analysis 2013 Review” must be acknowledged here. This work can be used as a starting point and can be built upon to confirm priorities for establishing new housing. Identified housing types considered should include:
 - Supportive housing
 - Low income
 - Transitional
 - Social addiction beds
 - Other
- Develop baseline data for identifying the current housing situation within Kenora.
- Develop a strategy and timeline for working with partners to implement additional units based on priority needs as determined from the housing study. This includes identification of locations for this incremental housing.

- Work with the various organizations and systems (such as the Hospital, Court System, etc.) on targeted intervention strategies, to ensure that no one is discharged from a program without a known address.

Opportunity #2 – Integrated Services Delivery Model and Facilities Assessment

One of the challenges faced in Kenora is the multitude of various organizations, each working with independent purpose and funding towards achieving their own goals. Many of these organizations share the same or similar goals, but are set up in a manner that encourages them to work in silos, independent of other, similar organizations. This tends to result in increased overall costs, with reduced service levels. Issues cannot be adequately addressed by independent organizations working in isolation from each other. The focus needs to shift to one of an integrated service delivery model, wherein services provided are streamlined, aligned and adaptable, with one overall common network shared amongst agencies. This will ensure consistent access to information and continuous communications, resulting in agencies working together towards a resolution. This will also ensure the highest benefit to those in need of services, while providing the opportunity to realign resources to offer new services as identified. This shift must include an evaluation of the existing facilities for each program, suitability for the service provision, together with a determination of optimal location and co-location with other services.

Integrated Services Delivery Model and Facilities Assessment Strategies:

- Identify the individual who will take the lead role in facilitating change amongst existing organizations. This ties back to the Community Development Officer already identified under the Housing First Philosophy Strategies.
- Perform a current inventory of the various services provided within the City in relation to Homelessness and Behavioural Issues. Identify duplication in services and mutually reinforcing activities. Develop plan to streamline these services, and implement an integrated services delivery model. This includes leveraging with Ontario Works and the Pathway to Employment Program as applicable.
- Develop a framework where the organization leaders are brought together for the purpose of working together to solve the problems, ensuring coordinated efforts in moving towards shared goals.
- Consolidate existing data available for individuals currently experiencing homelessness and behavioural issues and develop baselines for evaluating impacts of strategy implementation.
- Implement a shared Housing Information Management System (HIMS) to be shared amongst all the various agencies. This includes implementing

- shared measurement systems and common vocabulary to encourage coordinated efforts.
- Implement integrated and networked case management, including a supportive housing wrap-around service model.
 - Perform an inventory of the facilities currently used in service provision in relation to Homelessness and Behavioural Issues. Evaluate adequacy of these facilities, including house rules and policies. Determine if changes need to be made. Review opportunities based on existing vacant facilities available. Identify optimal locations, and services that should be co-located. Look at developing a long term plan for relocating these facilities as required. The long term direction to work towards should be to group these services in a strategic location, allowing for service coordination and integrated service delivery. For example, co-located with the Lake of the Woods District Hospital.
 - Identify other facilities that may impact on the related problems, such as the LCBO and Beer Store, in an effort to ensure a long term plan developed for optimal location / relocation.
 - Future development of emergency protocols, such as extreme weather protocols.

Opportunity #3 – Prioritize Eliminating Chronic and Episodic Homelessness. Substance Abuse and Behavioural Issues

While it is estimated that individuals experiencing chronic and / or episodic homelessness are fewer in number than those experiencing other types of homelessness, it is recognized that these individuals provide the greatest burden on our systems. They are also the most at risk. For these reasons alone, addressing chronic and episodic homelessness must be a priority for Kenora. In reviewing statistics related to service provision within the City, it is clear that substance abuse plays a significant role in demands on emergency type services. Studies show that chronic and episodic homelessness is often linked to substance abuse. There is no question that there are behavioural issues resulting from individuals on the streets with substance dependencies. Addressing these issues must be central to a Kenora strategy.

Prioritize Eliminating Chronic and Episodic Homelessness. Substance Abuse and Behavioural Issues Strategies:

- Implement a Managed Alcohol Program (MAP). The following should be noted with regards to a proposed MAP for Kenora:
 - The MAP is considered to be in line with the Housing First Philosophy Strategies, with individuals being treated through a facility which provides accommodation and requires staying in the facility for treatment.
 - The MAP is considered a harm reduction program, and has been proven to reduce behavioural issues within a community.

- A transition plan for treatment should be developed for any individuals that would be considered eligible.
- Quantify the link between homelessness and substance abuse in Kenora, as well as the impact on other related services, and establish baselines for measuring changes resulting from implementation of these strategies.
- Implement a treatment option at the Kenora District Jail as per Section 37 of the Liquor License Act, which states that a person can be detained for up to 90 days to participate in a treatment program. This option must be made available where all alternatives to custodial treatment programs have been exhausted.
- Police to explore more efficient ways to address behavioural issues in community.

Opportunity #4 – Provide Supports to Allow Individuals to Remain in their Home Communities

Kenora is a hub community, with various district services, including a district Court House, Jail and Hospital. Individuals come in for various reasons and to access various services. For some services, such as the Courts, individuals are brought in to town in advance of the requirement to appear, resulting in a need to stay in housing facilities in Kenora. In most, if not all cases, individuals are released from the various systems back into Kenora, often with no ability to travel back to their home community and no identified housing location. There are support systems, including personal supports, for individuals in their home communities. The personal supports, in particular, are generally not available to them in Kenora. Other services are only available in hub communities, such as Kenora. Understanding that for the most part the individual's best opportunity for success comes with access to their supports is important. Creating the environment to support individuals in their choice of residence and community is crucial to the success of this strategy. Enabling individuals to remain in their home communities, and facilitating the re-integration those individuals into those communities is critical in ensuring success for these individuals. This must include additional housing being made available for those requiring transitional or other forms of housing.

Provide Supports to Allow Individuals to Remain in their Home Communities Strategies:

- Implement a strategy, including supports, to enable individuals to stay in their own communities while awaiting court dates and develop a program to return and reintegrate these individuals into their communities in a safe manner.
- Implement programs that will ensure transportation options are available for individuals who would otherwise have no reasonable alternatives to return to their home communities.
- Identify support systems in the surrounding communities, identify shortfalls and make recommendations for positive change to ensure adequate supports are in place.

- Review opportunities for treatment programs in the various communities, and make recommendations as appropriate to ensure the best opportunity for success for these individuals, while recognizing fiscal realities for providing programming in remote areas.
- Advocate to the Federal Government to meet their fiduciary responsibility with regards to First Nations individuals, both in Kenora and in the surrounding communities, to provide the services and support systems needed to ensure the best opportunity for success.

Opportunity #5 – City Council Initiatives

Review opportunities for other City Council initiatives, working in conjunction with the appropriate partners, for addressing the various issues, both symptomatic as well as core, in moving forward on these issues. This should include the appointment of a Committee to monitor and Champion the work plan, and amend it as required.

City Council Initiatives Strategies:

- Work with Treaty #3 to begin lobbying senior levels of government for active participation in the work plan strategies.
- Appoint Committee to oversee Work Plan progress.
- Work with the business community to address preventative programs involving alcohol derivatives and encourage review of store policies re display of these items (eg, Listerine, hand sanitizer, hairspray) together with the opportunity to store in a secure manner that prevents shoplifting.
- Work with the local Ontario Provincial Police to review City areas for potential structural or other changes that could be made that would help discourage loitering and vagrancy. Review ongoing development to ensure this type of issue is not created on a forward basis.
- Review provincial tax legislation to determine if property tax or other incentives specific to developing low income housing can be made available.

Next Steps



Nothing in this section should be considered to diminish the full scope and importance of all strategies identified for implementation within this work plan. Core to the successful realization of these strategies, however, is in understanding the scope of the issue. The existing situation needs to be quantified. The Coordinator position must be put in place to start consolidating the information. It is recognized that overall, the information is available locally through the myriad of organizations currently touched by and dealing with the problem of homelessness and behavioural issues. This information needs to be consolidated and shared in a common database for use by all organizations. Of importance in accomplishing this goal in a timely manner will be the cooperation of senior government in identifying and mapping out the existing facilities and programs, including housing stock under the related programs. Use of a Geographic Information System (GIS) would be a valuable tool in moving this forward.

Also vital to the successful implementation of the strategies in this document is the commitment by senior levels of government to provide the tools locally to effect change in their programs. Commitment to breakdown silos, streamline programs, introduce wraparound service models and eliminate duplication, all anticipated to allow a redistribution of existing resources, enabling expansion of programs and services required to meet individual needs. Change will not occur without senior government providing the commitment to enable this change at the local level.

Once the consolidated information is available, it will be critical to develop baselines so that results related to the implementation of the various strategies identified within this report to ensure progress can be measured and success evaluated. Baseline data should include:

- Existing housing situation, with identified additional housing requirements by category.
- Existing homeless situation, by type of homelessness.
- OPP calls per service for intoxication.
- OPP calls per service for behavioural issues not related to intoxication.

This document is an initial work plan. The initial strategies will help in determining the measurable goals that need to be attained to begin to address both the homeless and behavioural issues that exist within Kenora.

The Homelessness & Behavioural Issues Task Force has worked towards the following timelines in approving this plan:

- Submission to Kenora City Council and Treaty #3 in early September 2013 for their approval.

- Submission to the Kenora District Services Board for inclusion in their Ten Year Homelessness Strategy by September 13, 2013.
- Submission of the Plan to the Senior Government before the end of November 2013, pending Treaty #3 and City Council review and acceptance.
- Presentation of Plan to various Ministries, in person where possible, by Council representatives by February 2014.

As the strategies are implemented, a future plan, representing a ten year plan, needs to be developed. It is recognized that this plan will be a living document, which will need to be updated to reflect results related to the implementation of strategies and resulting impacts. Using the baseline data developed and monitoring changes will help determine the success of the strategies implemented, and where adjustments need to be made. Some recommended goals / targets that need to be identified in a future ten year plan include:

- Plan to increase housing units, by type of unit, identifying timelines for implementation.
- Reduction in chronic / episodic homelessness.
- Reduction in OPP calls for service for intoxication and / or behavioural issues.
- Reduction in Hospital ER visits and admittances for intoxication.

An annual progress report would be an important tool for keeping the partners, including the community, apprised of progress.

Key Partners / Partnerships – Roles and Responsibilities

Partnerships are critical to the successful implementation of the strategies included within this work plan. In reality, every agency, organization, group and committee which touches homelessness and / or behavioural issues in Kenora must be a partner in the implementation of the strategies. The entire community bears some responsibility to ensuring that the strategies implemented are successful.

Key partners that are critical to the success of this work plan include:

- Kenora District Services Board (KDSB)
- Provincial Government, including the various Ministries which deal with these matters, including, but not limited to:
 - Ministry of Community and Social Services
 - Ministry of Health
 - Ministry of Attorney General
 - LHINs Board
 - Ministry of Education and Local School Boards
- Federal Government
- Various local agencies, organizations, groups and committees, for which a comprehensive list must be confirmed to ensure that everyone is included and working together towards a common goal
- Private sector, including Kenora Business Improvement Zone (BIZ)

Treaty #3 and the City of Kenora are also recognized as key partners, each of which must play a strong leadership role in ensuring successful strategies are implemented within our community.

The active involvement of both the Federal and Provincial governments is critical to ensuring the success of this work plan, and a future ten year plan to end homelessness and behavioural issues within Kenora. Both these levels of government must come to the table to not only provide adequate funding to implement the required strategies, but also to ensure these new strategies are embraced and adopted in every organization receiving funding through senior government. In particular, given the significant impacts of homelessness and behavioural issues experienced locally by First Nations individuals, the Federal Government must be prepared to recognize its fiduciary duty and be a key partner at the table.

"If you're not part of the solution ... You're part of the problem"

Author unknown

Appendix #1 – Definitions:

Homelessness – the following definitions related to homelessness are as taken from “The State of Homelessness in Canada 2013” report by the Canadian Alliance to End Homelessness (Homeless Hub):

Homelessness – describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual / household’s financial, mental, cognitive, behavioural or physical challenges, and / or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing.

Unsheltered – living on the streets or in places not intended for human habitation.

Emergency Sheltered – staying in overnight emergency shelters designed for people who are homeless.

Provisionally Accommodated – people who are homeless whose accommodation is temporary or lacks security of tenure, including interim (or transitional) housing, people living temporarily with others (couch surfing), or living in institutional contexts (hospital, prison) without permanent housing arrangements.

At Risk of Homelessness – people who are not homeless, but whose current economic and / or housing situation is precarious or does not meet public health and safety standards.

Chronic Homeless – chronically homeless individuals who are typically long term shelter users, and ‘absolutely homeless’ individuals who live on the streets, the vast majority having serious mental health or addictions issues, and / or a physical disability.

Episodic Homeless – individuals who move into and out of homelessness several times over a three year period (and some of the moves may be into corrections or hospital).

Transitionally Homeless – individuals and families who generally enter the shelter system for a short stay (less than a month) and usually for one stay only.

Behavioural Issues:

Exhibiting behaviour or acting in such a manner wherein an individual of sound mind and body should reasonably know that their actions would be construed as offensive or threatening to another individual. For Kenora, these issues primarily manifest themselves as vagrancy, loitering, public intoxication, intimidation, indecent acts, aggressive panhandling, and violent / threatening behaviour behaviours, or some combination thereof. Many of these behaviours can be linked back to mental health issues. Appendix 3 provides some real life examples of disorderly behaviours which occurred in Kenora during 2012 as provided by the Ontario Provincial Police.

Appendix #2 – Task Force Terms of Reference:

Purpose:

At the October 22, 2012 Council meeting, Kenora City Council approved the establishment of a Homelessness and Behavioural Issues Task Force and gave direction for this Task Force to develop a community strategy to address homelessness and behavioural issues in Kenora.

The name of the Task Force shall be known as the "**Homelessness and Behavioural Issues Task Force**" hereafter referred to in this document as "the Task Force".

Principles:

- The intent of the Task Force is to develop a strategy that will improve the quality of life, safety and prosperity for everyone in Kenora and our surrounding communities. The strategy must be respectful and recognize that everyone should have the opportunity to seek a good life – "Bimaadiziwin"
- The intent of the creation of this task force is to develop a strategy that will move towards ending homelessness and behavioural issues rather than simply managing those issues.
- The issue of homelessness is not the same as behavioural related issues. Individuals that are homeless may or may not exhibit behavioural issues. Individuals that exhibit behavioural issues may or may not be homeless. The term homelessness is sometimes used incorrectly to describe both types of issues. It is recognized, however, that these different issues can intersect, and that an overall strategy is needed to address both within the City of Kenora.
- In order to effectively work towards ending homelessness and behavioural issues, there needs to be a basic understanding of the issues and underlying causes.
- There is no one solution that will work in every situation. One size does not fit all. More than one solution will be required for addressing the various issues. The strategy should include multiple and coordinated solutions, with identified priorities for implementation.
- We all have a responsibility to work together in identifying the issues and moving forward towards a solution, including those impacted by homelessness and behavioural issues. An integrated community and region wide response is required. This includes all levels of government, as well as the District Services Board. Specifically, this is represented by Federal, Provincial, First Nations, Kenora District Services Board and the City. Partners are critical in the implementation of the solutions and ensuring the eventual success of the strategy.

Scope:

The Task Force shall:

- Identify the main and underlying causes of the issues
- Identify the main groups impacted
- Review available materials, including what is being done to address similar issues in other communities, and what has been successful in those communities
- Inventory and review existing services and facilities within the City that provide supports for these issues
- Gather empirical data to identify the core challenges and scope currently existing within Kenora
- Engage in public consultation with a variety of partners, including those that either currently or have experienced these issues
- Develop a long term strategy to address the issue of homelessness and behavioural issues within the City – this should include the long term vision for services and location of facilities within the community
- Identify City involvement within the strategy
- Identify key partnerships required for implementation of the strategy

Membership:

The Committee shall be appointed by resolution of Council and shall consist of a total of seven members, selected as follows:

- Councillor Louis Roussin, Council Lead
 - Councillor Rory McMillan, Council Alternate
- Dave Lucas, OPP Detachment Commander
- Joan Schelske, Ontario Works Manager, Kenora District Services Board
- Debbie Lipscombe, Grand Council Treaty #3
- Jack Martin, Manager of Community Services (Kenora), William W. Creighton Youth Services
- Rob Dokuchie, Local Business Owner, Kenora BIZ; and
- Randy Seller, Hook Seller Lundin, Barristers and Solicitors

Karen Brown, CAO, shall act in the capacity of staff resource to the Task Force.

Heather Lajeunesse, Deputy Clerk, shall provide administrative support to the Task Force.

Committee Chair:

To show full Council support for this initiative, the Council appointment to this Task Force shall act in the capacity of Chair. In their absence, the Council alternate shall act in that capacity. In the event of the absence of both these individuals, the members of the Task Force shall appoint an acting chairperson from among its members.

Meetings:

Meetings of this Task Force shall be held at 12:00 p.m. in the Council Chambers at the call of the Chairperson or unless as otherwise determined by the Committee. The proceedings of this Committee shall be regulated in accordance with the City of Kenora Procedural Bylaw No. 120-2012.

Quorum:

At any meetings of the Task Force, the presence of a majority of the members is necessary for a quorum and the transaction of business.

Reporting/Release of Information:

The Task Force shall submit to Council its recommendations and such reports as may be required from time to time, as well as minutes and resolutions from meetings.

Task Force reports, documents and other written materials will be the property of the City of Kenora and subject to the municipal policies governing public disclosure and the Municipal Freedom of Information Act.

The final strategy shall be provided to Council from the Task Force on or before December 31, 2013.

Appendix #3 – Real Life Examples of Disorderly Behaviours:

The following represents real life examples provided by the Ontario Provincial Police related to behavioural issues experienced in Kenora during 2012:

- Aggressive panhandling for coins out of carts at No Frills, when not provided with the coin, kicking the person's vehicle.
- While intoxicated, urinating beside vehicles at senior's home and aggressive panhandling in parking lots of senior's homes.
- Indecent comments made to seniors as they walk to the mall.
- Sexual intercourse in stairwells of public building and outside in view of everyone.
- Aggressive panhandling in ATM bank vestibules.
- Yelling and swearing while intoxicated at the Winnipeg Symphony performance then aggressively panhandling the crowd as they leave.
- Passed out in public places: parking lots, bank vestibules, sidewalks, private property.
- Defecation and leaving garbage in new business under construction, in alleys and on private property.
- Shoplifting at businesses in the mall and at LCBO.
- Used needles left in various outdoor and indoor locations including trails, library and washrooms.
- Indecent exposure / masturbation in the library.
- Used condoms left in the library and on the property.
- Gaining access to seniors apartments, panhandling inside and passing out in common areas.
- While intoxicated, consuming alcohol and yelling in public areas, including beaches, parking lots and city property.
- Theft from unlocked vehicles.
- Male threw female to ground in competition for loonies from carts at No Frills.
- While intoxicated, yelling and chasing people out for a jog on the Harbourfront because they thought the jogger was trying to steal their intoxicated boyfriend who was passed out on the green belt.
- Intoxicated male putting fists up and swearing and challenging tourists and residents while on the Harbourfront and on the streets.
- Person yelling, throwing garbage around and knocking over garbage cans by the Chip Truck in front of line up of customers.
- Intoxicated person stumbling down Main Street holding up traffic and yelling.