Drug Strategy Accommodation Needs Assessment

A Community Plan for Thunder Bay

May, 2013
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# Table of Contents

**Executive Summary** .................................................................................................................... 5  
**Introduction** ................................................................................................................................. 6  
**Describing the Plan** ..................................................................................................................... 7  
  - Guiding Principles ..................................................................................................................... 7  
    - *Orientation to housing* ........................................................................................................ 8  
    - *Type of housing* ..................................................................................................................... 8  
    - *Connection to community* ................................................................................................... 9  
  - Services and Supports ................................................................................................................. 10  
    - *Services and supports for people in early engagement* ....................................................... 11  
    - *Services and supports for people pursuing recovery* .......................................................... 13  
    - *Services and supports for people maintaining recovery* .................................................... 14  
    - *Cross-cutting* ....................................................................................................................... 15  
  - Working Together ....................................................................................................................... 17  
    - *Networking and partnerships* ............................................................................................. 18  
    - *Integrated strategic planning* .............................................................................................. 18  
    - *Community engagement* ..................................................................................................... 19  
**Implementing the Plan** ............................................................................................................... 21  
  - Setting Priorities ..................................................................................................................... 21  
  - Short-term Action Strategy ....................................................................................................... 21  
**Evaluating the Plan** .................................................................................................................... 26  
  - System Logic Model ................................................................................................................. 26  
  - Measurement Framework ......................................................................................................... 28  
**Conclusion** .................................................................................................................................. 35
Executive Summary

This community plan was part of the Drug Strategy Accommodation Needs Assessment initiated by the Community Partnership of Thunder Bay with the purpose of identifying the housing and accommodation needs of people who use substances, and to develop a community plan for addressing their needs. The community plan is divided into three main sections: 1) describing the plan; 2) implementing the plan; and 3) evaluating the plan.

The describing the plan section provides an overview of the community plan. First, the five principles that should guide the implementation of the community plan are presented. These principles flow from the Thunder Bay Drug Strategy’s six guiding principles and are organized into three categories that relate to housing: orientation to housing; type of housing; and connection to community.

The describing the plan section also lays out concrete actions for both services and supports and how these services and supports should work together. Services and supports are organized into four main categories which reflect the different stages of an individual’s engagement and/or recovery. Eleven actions are suggested for services and supports. In terms of how services and supports should work together, eight actions are suggested and are organized into three main categories: networking and partnerships; integrated strategic planning; and community engagement.

The implementing the plan section outlines the process used for setting the priority areas for implementation. A short-term action strategy highlights the ten priority areas thought most likely to lead to immediate measurable improvements. Priorities are grouped into three areas of focus: 1) priorities for early engagement, 2) priorities for pursuing and maintaining recovery, and 3) priorities for system functioning. Under each priority area is a list of actions that need to be taken, including stakeholders to be engaged and resources to be considered. The Thunder Bay Drug Strategy will facilitate the implementation of these actions.

The final section, evaluating the plan, provides an overview of how the community plan could be evaluated. It includes a system logic model that includes the actions across the system of support and links them to their corresponding intended outcomes. A measurement framework based on the system logic model is also included in this section. This measurement matrix incorporates all the actions and links them to their corresponding outcome (both for substance use-related services and for housing). Lastly, indicators of success are included for each action.

This community plan is a comprehensive map of how the housing and accommodation needs of people who use substances may be met. Having drawn on the input and participation of a wide-range of stakeholders in Thunder Bay, this plan reflects a community-driven plan that will require a community-wide effort in its implementation and evaluation.
Introduction

This community plan presents a comprehensive way to meet the housing and accommodation needs of people in Thunder Bay who use substances.

The community plan was developed by a cross-section of people in Thunder Bay. It is based on the findings of the Accommodation Needs Assessment research project. This project involved in-depth interviews with people with lived experience (143 people), focus groups and interviews with service providers, Aboriginal and other civic leaders, family members and people with lived experience of substance use (75 people), an agency survey (22 agencies), and two community forums (total of about 100 people combined). In addition, the research looked at models of support in other communities.

The community plan is informed by the Thunder Bay Drug Strategy. The Strategy provides a road map to reduce the harms associated with substance use for citizens of Thunder Bay. The Strategy calls for all people in Thunder Bay to have access to safe, appropriate and affordable housing. It provides a list of 14 actions to make this possible.

This community plan takes these actions, and others identified through the research project, and organizes them in a thoughtful and coordinated way. It is a community plan because the responsibilities for implementing its ideas are shared among many. It is a community plan because it intends to support a wide-range of citizens. It is for people who:

- are actively using substances but who are not contemplating change and/or are not seeking out treatment
- are actively pursuing a journey of recovery and are presently accessing treatment and/or a range of supports
- are making efforts to maintain changes and working toward personal recovery goals.

The development of this community plan is guided by systems theory. According to systems theory, a good community plan describes three things:

- the components or parts that form the system of support
- how these components work together
- the guiding principles that ensure that the components work together in a focused way

In this plan, “guiding principles” capture the shared values and common assumptions that determine the way that services and supports are provided in Thunder Bay. The “components” or parts of the system describe the range of services and supports that should be available in Thunder Bay. “Working together” describes the relationships among services and supports that would lead to the desired outcomes.

The community plan is divided into three main sections:

- Describing the plan (guiding principles, services and supports, working together)
- Implementing the plan (priorities, short-term action strategy)
- Evaluating the plan (system logic model, measurement framework)
Describing the Plan

This section provides an overview of the community plan. It begins by describing the principles that guide how the plan is carried out. It then describes the concrete actions that need to be taken: both in terms of services and supports that are needed, and how these services and supports should work together. Taken together, these actions are recommendations as to how the current model of support can be augmented.

Some of the suggested actions are based on examples of what seems to be working well in other communities. These “promising practices” are acknowledged throughout this community plan and described in more detail in the needs assessment report. The promising practices acknowledge that Thunder Bay is not alone in responding to housing and substance use issues and offer insight into how actions might be implemented locally.

Guiding Principles

Guiding principles are the shared values and common assumptions underlying the way that services and supports should be provided in Thunder Bay.

The guiding principles for the community plan flow from Thunder Bay Drug Strategy’s (2011). Six guiding principles are named:

1) **Collaborative**: By working together as agencies, legislators and individuals, we will have greater success in preventing and addressing substance use-related issues.

2) **Evidence-based**: While we respect the legal, international and Canadian laws governing the use and distribution of legal and illegal substances, we also work towards policies that reflect more reliance on science, and less on ideology.

3) **Realistic**: We will seek ways to more effectively use existing community resources, services, and processes focused on substance use issues, programs and solutions. We will actively seek more resources to address gaps that cannot be addressed with current resources.

4) **Respectful**: We respect the equality, dignity, rights and choices of people, families, neighbourhoods and communities. Everyone is important.

5) **Innovative**: We are open to new and creative ideas that have promising features and fit within our goals.

6) **Compassionate**: Everyone has a story. We value compassion and thoughtful reflection.

The principles above provide general direction for the Drug Strategy as a whole. They do not focus exclusively on housing, as housing is only one part of the Drug Strategy. In fact, very few

Guiding principles define the norms of the community plan. They are used to evaluate options and guide decisions about which potential services and supports are included in the system and how they will work together. They also provide direction in defining system goals and desired outcomes, and in determining benchmarks and indicators of progress and success.
communities identify comprehensive guiding principles specific to substance use and housing.

People in Thunder Bay, however, wanted to be clear about how the Drug Strategy principles listed above relate to housing. Community stakeholders discussed this at a community forum. The discussions pointed to five principles that are organized into the three categories found below.

**Orientation to housing**

*Principle 1: A Housing First philosophy should be adopted*

The Housing First philosophy originated in New York with the Pathways to Housing program. The philosophy was unique because it provided a harm reduction approach with minimal barriers to securing housing. People are supported in a flexible and non-judgemental way, regardless of their needs, histories and behaviours.

A Housing First philosophy is based on three core ideas. First, housing is a basic right and should not be denied to anyone. This includes people who may or may not be connected to substance use-related services and supports. It also includes people who are presently using alcohol or substances, and who are homeless.

Second, housing is provided in a person-centred way which respects the individual’s choices. This means that the primary question in planning services and providing support is “What does this person need/want?” rather than “What supports are available?” or “What are the criteria for acceptance?”

Third, programs are recovery-focused. Recovery-focused means that people can come to live a healthy and vital life in the community. Recovery is more likely when people receive support to make choices that builds on their strengths, hopes and aspirations. The goal of individual services and supports, and of the system as a whole, is to support people toward recovery.

**Type of housing**

*Principle 2: Housing should be safe and appropriate*

Housing or accommodation must be safe and appropriate to the needs of the individual or family in order to support their pursuit or maintenance of personal recovery goals. Safe and appropriate housing assumes that the building structure is sound, that there is adequate space, layout, and cleanliness, that the building is accessible, and that amenities are readily available.

Being safe and appropriate also refers to the surrounding environment in which the housing or accommodation is located. For example, it can mean that housing is not in a poverty concentrated area, or that the housing is close to an individual’s place of education or employment.

Safety and appropriateness are determined by the particular needs of the individual or family.

“A person-centred approach requires that services and supports be provided with an appreciation and understanding of the needs, strength and choices of each person seeking help.”

National Treatment Strategy Working Group, 2008
Specific sub-populations such as women, youth or Aboriginal persons may have specific housing requirements.

**Principle 3: Housing should be stable and affordable**

Stability and affordability are interconnected and reinforce each other. Housing cannot be stable unless it is affordable. Stable housing helps people to focus on other important aspects of their life and recovery (e.g., improving their health and wellbeing, finding employment or pursuing education). Achieving success in these and other areas will improve a person’s ability to afford housing.

**Connection to community**

**Principle 4: Housing should be integrated within the community**

Housing and accommodation for people who use substances should be spread throughout the city. Housing should be integrated within neighbourhoods, not separated by real or perceived physical or social barriers.

Distributing and integrating housing in neighbourhoods across the city provides a community setting for residents. This helps to reduce stigma and promote inclusiveness.

For example, the Pathways to Housing program in New York never rents more than 20% of units in any one building and avoids grouping too many single-dwelling units in one neighbourhood to avoid the perception that a “housing program” is “taking over” a building or neighbourhood.

Likewise, the City of Vancouver’s supportive housing strategy recommends that supportive housing units be scattered throughout all neighbourhoods of the city to promote geographic balance. The Vancouver Housing and Homelessness Strategy defines success as achieving “a complete mix of housing in each of the City’s neighbourhoods”.

**Principle 5: A community-wide response should be encouraged**

Providing housing and accommodation services and supports for people who use substances requires the participation of everyone in the community. This includes substance use-related services, supports provided by health and social service agencies, faith-based organizations and other community organizations, along with informal supports from individuals, neighbourhoods, and community groups.

Participation may simply mean becoming educated about substance-related issues in Thunder Bay and reducing stigma towards people who use substances. It may include volunteering time or other resources, participating in fundraisers, providing rental units for individuals who are stabilized and are pursuing personal goals, or supporting policies to locate substance use-related housing and accommodation services and supports in a person’s neighbourhood.

As the Thunder Bay Drug Strategy says, substance use is a community issue; it requires a community response. This applies to housing and accommodation as well.
Services and Supports

The community plan calls for a range of housing and accommodation services and supports that should be available in Thunder Bay. The plan also describes how these intersect with substance use-related and allied services.

The community plan builds on the existing substance use-related services and supports currently available in Thunder Bay. Many of these are consistent with “best practice” models that were described in the needs assessment report. Where this is the case, the community plan encourages these services and supports to continue.

However, there are gaps in the system of support. Many of these gaps relate to a lack of capacity to offer the required services, and to barriers people experience in accessing services. Therefore, the community plan also includes services and supports that should be expanded or improved, as well as new options to address identified gaps.

Services and supports are organized into four main categories:

1) Housing and accommodation for people who are not currently contemplating change and/or seeking treatment related to substance use (early engagement)

2) Housing and accommodation for people who are actively pursuing a journey of recovery and are presently accessing treatment and/or a range of supports (pursuing recovery)

3) Housing and accommodation for people who are making efforts to maintain changes and working toward personal recovery goals (maintaining recovery)

4) Services and supports that cut across all three categories above (cross cutting)

The services and supports are summarized in Figure 1 and described in more detail below. Notice how the categories of services and supports are organized according to the different categories noted above.

In reality, these categories of services and supports are not as clear-cut as Figure 1 lends us to believe. We also know that recovery is seldom a simple or linear pathway, and that not all people are actively pursuing recovery. However, organizing them in this way makes the point that a range of specific services and supports are needed – needed to help a person wherever they happen to be on the continuum.

In this way, the community plan draws on leading models of substance use and housing models such as the UK National Treatment Agency for Substance Misuse (see Accommodation Needs Assessment Background Research Report for more details). These models stress that a continuum of support is needed within a given community. Having a continuum of support increases the likelihood that individuals are supported wherever they are in life.
Figure 1: Services and Supports

Services and supports for people in early engagement

Housing and accommodation is needed for people who are actively using substances but are not contemplating change and/or seeking treatment. In this category, people come into contact with emergency, crisis and harm reduction services and related accommodation options. Some people in this category may not be in a position to take steps on their own toward recovery.

The community plan emphasizes the housing needs of this particular group of people as they account for a disproportionate use of crisis and emergency services. The plan therefore includes the following actions.

Expand existing shelter programming

Shelter beds provide temporary accommodation for people who are homeless or do not have permanent housing. People who use substances can access shelter beds; however, shelters often limit admission to those under the influence of substances. In Thunder Bay, shelters attempt not to turn people away.

However, the need for shelter exceeds existing shelter programming in the city. Expansion and improvement of shelter programming is therefore needed. The actions include:

- Develop “universal low threshold” admission standards within existing shelters in Thunder Bay permitting all in need to enter the shelter. Adherence to these standards could be linked to core shelter funding.
- Develop new policies within shelters to make them more accessible to vulnerable populations, including caregivers with children who are not fleeing domestic abuse.
- Explore developing a sobering up centre. Such a centre could be created within an existing shelter in Thunder Bay. This would provide an initial counselling opportunity towards enabling people who are frequently arrested for public intoxication to pursue recovery or enter a Housing First program.
- Improve culturally and demographically appropriate shelter options. More specifically, improve shelter options for women, Aboriginal people and youth.

Expand existing shelter programming
- Develop long-term Housing First program
- Enhance crisis and emergency services

Maintain and enhance appropriate services for special populations (e.g. youth women, Aboriginal)
- Increase support services to enable people to remain in current accommodations

Maintaining Recovery
- Increase the availability of transitional housing
- Develop ongoing supports for those (re)entering employment or enrolling in school

Housing and accommodation is needed for people who are actively using substances but are not contemplating change and/or seeking treatment. In this category, people come into contact with emergency, crisis and harm reduction services and related accommodation options. Some people in this category may not be in a position to take steps on their own toward recovery.

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- Improve culturally and demographically appropriate shelter options. More specifically, improve shelter options for women, Aboriginal people and youth.
**Develop a long-term Housing First program in Thunder Bay**

There are a few Housing First programs in Thunder Bay that provide accommodation to individuals without requiring them to be abstinent. These are the Managed Alcohol Program (MAP), Alpha Court housing, and the Housing First units recently established by the Canadian Mental Health Association (CMHA) Thunder Bay. In accordance with the Housing First philosophy, housing in these programs is not conditional on abstinence or connection to treatment. The MAP, which accommodates people with chronic alcohol problems, provides regulated amounts of alcohol to residents to prevent withdrawal and reduce the use of nonpalatable alcohol while providing opportunities to improve health and wellbeing, move toward recovery, and/or re-build other areas of their life. The Accommodation Needs Assessment identified a need for more Housing First units in Thunder Bay.

A new Housing First program for people who use substances could build on the CMHA Housing First units or the MAP. This could be achieved by taking the following steps:

- Expand the MAP and support it with core funding to serve more people who use alcohol and other substances.
- Explore partnerships between public and private housing providers to obtain rental units across the community, in order to implement a Housing First pilot program.
- Consider retro-fitting existing buildings to reduce costs for the Housing First pilot program.
- Encourage urban planning strategies that reduce stigma of Housing First programs, including distributing units among neighbourhoods throughout the city.
- Develop referral mechanisms from emergency shelters to the Housing First program(s).
- Explore funding for the pilot Housing First program with Homelessness Partnering Strategy (HPS) or Canada Mortgage and Housing Corporation.

**Enhance crisis and emergency services**

Members of the Thunder Bay Police Service are trained for appropriate response to substance use-related crisis. Handling such cases often involves connecting people to hospital emergency rooms and detoxification facilities. Due to current capacity issues within crisis withdrawal management services, sometimes individuals needing such intervention are unnecessarily incarcerated to ensure their safety. Specifically, crisis and emergency services could be enhanced in the following ways:

- Increase the number of spaces available for crisis withdrawal management and stabilization services.
- Expand existing case management supports within withdrawal management program to facilitate access, follow-up and connection to other services and supports. This will ensure continuity of support and reduce the risk of relapse. Specifically, more addiction counsellors, intake and security officers, psychologists, social workers are needed in withdrawal management facilities, in addition to adding medical withdrawal services.
- Make information on spaces available at crisis detox centres and the proposed sobering up centres accessible to the Thunder Bay Police. This will facilitate the linking of people in crisis to services.
- Continue to provide training to officers to recognize and deal with substance use-related crises.
- Pursue other coordinated crisis service/response actions, as found under the “Working Together” component.

**Services and supports for people pursuing recovery**

Thunder Bay has a range of substance use-related services and supports for people who are actively pursuing recovery. Some of these services and supports are residential while others are non-residential. Still, the Accommodation Needs Assessment identified that services and supports need to be augmented in order to adequately meet the needs of people who use substances. Recommended actions related to these services and supports are listed below.

**Enhance supported housing**

Supported housing in Thunder Bay is working well but they are not sufficient to meet current demand. Supported housing is affordable housing available to individuals who are participating in substance use-related treatment or other services. Supported housing can be individual living (e.g. in an apartment) or some form of congregate living (e.g. a room in a building with shared common space and kitchen/cafeteria), and normally provides substance use-related services and supports on-site or on an outreach basis. Thunder Bay should:

- Increase the availability of supported housing.
- Ensure that housing options are flexible by providing both congregate and individual housing arrangements.
- Ensure that housing options are flexible in the delivery of supports (e.g., on-site or on an outreach basis etc.).
- Ensure that supported housing providers hire more counsellors and social workers to support residents.
- Make available specialized supports for clients in supported housing with complex needs (e.g., people with mental health challenges or severe medical conditions).
- Make supported housing units inclusive of families.
- Make available supported housing units that are appropriate to specific groups such as youth, women, and Aboriginal people. Services can be tailored to such populations (e.g., hire youth workers to support youth in supported housing).
- Create municipal policy to ensure that supportive housing is integrated throughout the city.

**Enhance residential rehabilitation services (Long-term and short-term)**

Thunder Bay has several long-term and short-term residential treatment programs. The findings of the Accommodation Needs Assessment indicated that these programs are working well. However, due to increasing demand, there is a need to increase the capacity of residential treatment programs both in terms of space and staffing. To achieve this:

- Decrease waitlist by adding spaces (beds & rooms) to both long-term and short-term residential rehabilitation facilities, and to explore funding for related capital expenses.
- Increase availability of medical supports (physicians, nurse practitioners, psychiatrists) within residential facilities to address the needs of clients with complex needs.
Enhance non-residential services

Non-residential treatment services are provided on an outreach or outpatient basis; housing and accommodation are not provided as part of the treatment program. Outreach services are often provided in the community or within the client’s home or place of residence while outpatient services are provided in a clinical setting such as a community based agency, doctor’s office or hospital. Non-residential services included in the community plan are counselling services, pharmacotherapies, behavioural interventions, peer support programs, follow up/aftercare programs and day programs. The findings of the Accommodation Needs Assessment indicated that non-residential treatment services are working well in Thunder Bay; however, they can be further enhanced. To enhance non-residential services:

- Increase supports for clients using outpatient services (e.g. housing supports, case managers, addiction counsellors).
- Hire case managers to assist clients in navigating the service system and facilitate referrals across the continuum of substance related services and allied services.

Services and supports for people maintaining recovery

There are several agencies in Thunder Bay that provide aftercare services and supports for people who are making efforts to maintain changes while working toward personal recovery goals. Services and supports occur in diverse settings such as periodic outpatient care, relapse/recovery groups, 12-Step and self-help groups, and halfway or transitional housing. In order to adequately meet the needs of people who are maintaining recovery, aftercare programs in Thunder Bay should be expanded by implementing the following actions.

Increase the availability of transitional housing

The findings of the Accommodation Needs Assessment identified a need to increase the availability of transitional housing in Thunder Bay in order to decrease waitlists for people who are in need of housing to support stabilization and/or pursue personal recovery goals. To achieve this:

- Increase the number of transitional housing units in the city through new development, retrofitting existing buildings or partnering with non-profit and private for profit housing providers.
- Continue to have adequate staff for connecting residents to needed supports.
- Provide supports (e.g., counselling, peer supports) on or off-site for people in transitional housing to help them stabilize and/or maintain their recovery.
- Create municipal policy to ensure that transitional housing is integrated throughout the city.

Develop ongoing supports for those (re)entering employment or enrolling in school

Individuals who have completed substance use-related treatment and are maintaining recovery require ongoing supports to enable them to achieve social stability and prevent set-backs. In order to extend supports to such individuals on an ongoing basis, Thunder Bay should:

- Provide supports for people who are living independently, employed and/or in school.
- Develop employment and educational supports in partnership with allied...
services such as employment services and educational institutions.

**Cross-cutting**

In addition to the actions described above which relate to the different stages of recovery, the Accommodation Needs Assessment also identified some actions that cut across recovery stages. Implementing these cross-cutting actions will enhance the substance use-related service system and help address accommodation issues facing people who use substances. The term cross-cutting refers to enhancements needed for services and supports along the entire continuum of recovery.

**Increase the availability and variety of social housing**

Many people in Thunder Bay who use substances are unemployed, on social assistance or earn low income (see profile in Accommodation Needs Assessment report). They are often unable to afford rental housing at current market rates and therefore require social housing. Social housing is assisted housing that is provided under various government subsidy programs, and is available to all residents who meet certain criteria. There is a considerable list of people waiting to access social housing in Thunder Bay.

In order to make social housing available for people who use substances, Thunder Bay should:

- Increase the social housing stock in Thunder Bay.
- Construct new buildings or retro-fit unused existing buildings for new social housing units.
- Continue to work with the DSSAB and other partners to advocate for a Federal Housing Strategy that includes increased funding for social housing.
- Implement recommendations of the Thunder Bay Housing Strategy (*Under One Roof*). This strategy has a vision for housing and supports that are people-centric, and lays emphasis on increased access to housing for all citizens.

**Maintain and enhance appropriate services for special populations**

Inclusive services and supports are those that meet the specific needs of individuals from different subgroups of people. For example, the needs of youth are different from the needs of adults, the needs of women are different from men, and Aboriginal people usually require services that are culturally safe and appropriate.

Thunder Bay has services and supports for special populations including women, youth, Aboriginal People, and for people living with concurrent mental health issues. These services need to continue. They also need to be enhanced to address existing programming gaps. To do this, Thunder Bay should:

- Provide childcare assistance for caregivers who are pursuing or maintaining recovery.
- Enhance withdrawal management supports for youth.
- Increase service capacity for females.
- Work towards representational employment of populations served.
- Develop transitional housing to meet the needs of youth who are maintaining recovery and are working towards achieving personal goals.
- Increase access to appropriate housing for caregivers with children who are pursuing recovery.
• Implement a storage facility program and personal identification (ID) storage program for vulnerable populations.
• Increase collaboration between mainstream agencies, including allied services, and Aboriginal services toward providing culturally safe and appropriate services.

**Increase support services to enable people to remain in current accommodations**

Some people who use substances deal with homelessness and poverty. In order to reduce the incidence of homelessness, Thunder Bay should:

• Provide rental support for low income earners to enable them to stay in their homes.
• Make other supports (e.g., meal support, energy rebates) available to people who need it. This may be done in collaboration with allied services (e.g., family and children services).
• Advocate for the return of Community Start-Up Maintenance Benefit (CSUMB), Social Assistance Reform, and allowing congregate living within social housing units.
**Working Together**

The community plan recognizes that having individual services and supports offered in Thunder Bay is not enough. These services and supports must interact in a way that allows the system of support to function as a whole rather than simply as a collection of parts. How well the system works together determines in large part how well it is able to achieve the overarching goals – in this case, providing housing for people who use substances at all stages of their substance use.

The community plan builds on the existing ways that housing and substance use-related services and supports already work together in Thunder Bay. Where something is working well, the community plan encourages these strategies to continue. The community plan also identifies ways in which existing collaborations can be expanded or improved. Finally, the plan identifies new strategies of interaction.

Working together actions are organized into three main categories:

1) Actions that encourage services to be carried out in an integrated way where common outcomes are shared and where “service silos” are broken down (networking and partnerships)

2) Actions that encourage services (whether housing, substance use-related, or other related services) to be thoughtful and reflective in how they work together (integrated strategic planning)

3) Actions that provide opportunity for all citizens to be engaged in being a part of the housing and accommodation solutions for people who use substances (community engagement)

The working together actions are summarized in Figure 2 and described in more detail below. They draw on leading models of substance use such as the US National Institutes on Drug Abuse (see Accommodation Needs Assessment Background Research Report for more details). These models stress that people need to be encircled by various types of substance use-related services, and other related supports. They also stress that these supports should be coordinated in response to emerging demands and changing community circumstances.

**Figure 2: Working Together**

<table>
<thead>
<tr>
<th>Networking &amp; Partnerships</th>
<th>Integrated Strategic Planning</th>
<th>Community Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase networking and partnerships between substance use-related and allied services</td>
<td>Maintain and enhance central data and information system</td>
<td>Educate the public about substance use-related issues</td>
</tr>
<tr>
<td></td>
<td>Develop more joint strategic planning</td>
<td>Engage the public in advocacy related to the issues of substance use and housing</td>
</tr>
<tr>
<td></td>
<td>Create joint training opportunities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct regular system evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explore re-allocation of resources</td>
<td></td>
</tr>
</tbody>
</table>
**Networking and partnerships**

The Accommodation Needs Assessment identified a need to strengthen partnerships and collaboration between substance use-related services and allied services. Service collaboration can help to reduce service fragmentation, duplication and client dissatisfaction. In order to achieve a collaborative system, Thunder Bay should:

**Increase networking and partnerships between substance use-related and allied services**

Thunder Bay has achieved service coordination and collaboration through the establishment of formalized networks among substance use-related services for both adult and youth. Yet there is need for more collaboration between substance use-related services and allied services (e.g. childcare, legal, financial, transportation, vocational, mental health, educational, HIV and AIDS and family services). Increased networking and partnerships would lead to better cross-sector referrals. Improved collaboration would also provide more comprehensive services for people who use substances. In order to increase networking and partnerships, Thunder Bay should:

- Develop formal partnerships for providing services among agencies (partnership agreements).
- Organize networking events for substance use-related and allied service providers to raise awareness about existing services and to strengthen existing formal and informal relationships among agency staff.
- Develop formal referral agreements among agencies.
- Explore joint service delivery options with allied services.

**Integrated strategic planning**

The substance use-related service system in Thunder Bay will require planning and ongoing evaluation to enable it to change and adapt to meet new demands. In order to achieve this, the Thunder Bay should implement the following actions.

**Enhance the central data collection and information sharing system**

There is ongoing data gathering on substance use-related services in Thunder Bay through the DATIS System (for agencies funded by the NWLHIN), ConnexOntario, and 211 databases. Through these databases, such information as types of services, agency capacity, and number of available spaces and/or length of waitlist should be made readily available to relevant stakeholders in the substance use-related service system. Easy access to such information would enable agencies to plan services in a way to avoid duplication, enhance referral systems, and generate data for continuous evaluation of the system. It will also help when conducting periodic environmental scans by providing information that is easily accessible.

There is a need to find mechanisms that would facilitate information sharing across service sectors at key points of the system. In order to achieve this, Thunder Bay should:

- Enhance the existing provincial DATIS, ConnexOntario, and 211 databases to ensure that data is available and accessible at the Thunder Bay level.
- Provide agencies easy access to data for referral, planning and evaluation purposes in such a way that respects privacy issues.
- Develop referral agreements including Memorandums of Understanding (MOUs) with data gathering agencies and community agencies, clarifying partner roles.
**Develop more joint strategic planning among agencies.**

There is evidence that coordination among services already exists in Thunder Bay. However, there is need for more strategic planning among sectors within the service spectrum. Joint strategic planning and coordination could be achieved by:

- Organizing joint strategic planning events among agencies under the Thunder Bay Drug Strategy.

**Create joint training opportunities**

Thunder Bay has been working towards developing a “community of practice”. To this end, joint training events such as DBT training, trauma informed training, and restorative practices training have been organized. These efforts must continue. Continued joint training will increase uniformity across services and promote networking among staff. To achieve these outcomes:

- Organize joint training events for staff of multiple organizations (e.g., recovery focus, person-centred planning, Housing First philosophy).

**Conduct regular system evaluation to monitor progress, and to identify and address gaps**

Regular evaluation will enable the substance use-related service system to monitor any changes due to the implementation of this community plan. For ongoing evaluation:

- Implement evaluation framework developed through this needs assessment.
- Gather data on an ongoing basis using a central data gathering system.
- Ensure centralized data base includes indicators of success that can be monitored.

- Conduct longitudinal evaluation starting with a baseline that captures the current levels of indicators of success.

**Explore re-allocation of resources to increase efficiency within the system of supports**

The findings of the Accommodation Needs Assessment indicated a need for better allocation of resources within the substance use-related service sector in Thunder Bay. Resource re-allocation would increase efficiency within the system. In order to achieve this, Thunder Bay should:

- Organize an event with funders to explore re-allocation of resources within the substance use-related service sector with the assistance of the Thunder Bay Drug Strategy.
- Establish a joint committee (with funders) to review current resource allocation in Thunder Bay and make recommendations for re-allocation.

**Community engagement**

All citizens of Thunder Bay can play a part in helping to meet the housing needs of people who use substances. To this end, the Accommodation Needs Assessment recommended a number of actions that could lead to better community engagement.

**Educate the public about substance-use related issues**

Individuals who use substances often feel stigmatized, which does not help in their recovery or in their motivation to seek help. Public education would increase understanding of addiction and the supports that people need to pursue recovery. In order to achieve this, Thunder Bay should:
• Expand existing public education about substance use and housing issues in order to reduce stigma.
• Educate the public about the importance of volunteering their time or resources to support the substance use-related service sector, and support local fundraising to implement strategies in this community plan.
• Encourage landlords to provide rental units for people who are maintaining recovery.

Engage the public in advocacy related to the issues of substance use and housing

The Thunder Bay Drug Strategy acknowledges the role of broader public in building a stronger, more unified Thunder Bay voice in advocating on substance use issues. Engaging the public in advocacy on issues related to substance use could have an impact on policy change. To this end, Thunder Bay should:

• Engage the public in advocating for the implementation of this community plan.
• Organize public information sessions to raise awareness about substance use issues and related housing challenges.
• Engage the public in advocating for a Federal Housing Strategy that includes funding for social housing, income supports and social assistance programs in Ontario.
Implementing the Plan

This section provides an overview of how the community plan could move from words to action. It outlines a short-term action strategy that would kick-off the execution of the plan. This action strategy is based on those action categories thought to be a priority in the near term. The way to evaluate progress on implementing these and other actions of the community plan is found in the next section.

Setting Priorities

The community plan outlined above is extensive. The plan lists 19 main action categories, each with a list of more detailed corresponding actions. The actions range along a continuum of support that requires the active participation of a variety of organizations, groups and community members.

All the actions listed in this community plan are important. Combined, they represent a broad-based response grounded in the evidence of research. Community forum participants affirmed that such a comprehensive solution was indeed needed. They saw that the plan as a whole held out a vision in which people who use substances have adequate housing and are supported in pursuing and maintaining recovery and as valued members of the community.

“Overall the action categories are reasonable and feasible in meeting the gaps and barriers identified. However some may be more so than others.”
Community forum discussion group

At the same time, the Accommodation Needs Assessment also acknowledged that it was important to prioritize actions. Identifying priorities would help to move implementation forward in a focused way. Priorities would give clarity on what was most likely to produce immediate results, while keeping in mind the long-term vision. Priorities would also signal the type of cross-sector collaborations that are immediately needed to ensure effective implementation.

The priorities listed below were identified through the research findings and through community forum and steering committee discussions. These priorities considered actions that were seen to be most reasonable and feasible in addressing the current gaps and barriers. Care was taken to ensure that priorities were identified across the continuum of recovery and across main components of the community plan (i.e., services and supports, and working together).

Short-term Action Strategy

The short-term action strategy highlights those priority areas thought most likely to lead to immediate measurable improvements. Priorities are grouped into three areas of focus: 1) priorities for early engagement, 2) priorities for pursuing and maintaining recovery, and 3) priorities for system functioning.

Under each priority area is a list of actions that need to be taken, including stakeholders to be engaged and resources to be considered. The Thunder Bay Drug Strategy will facilitate the implementation of these actions. To this end, a Thunder Bay Drug Strategy work group is identified for each priority with responsibility for moving each priority forward.
Priorities for Early Engagement

There are three immediate priorities to address under the early engagement category of the community plan. Early engagement actions begin to address the accommodation needs and reduce harm for people who are actively using substances but are not contemplating change and/or are not seeking treatment.

Stressing the importance of actions in this category is consistent with what brought about the Accommodation Needs Assessment in the first place: the urgency to better support the growing number of people using substances who were coming into contact with crisis and emergency services. Priorities include:

Housing First program. The Mental Health Commission of Canada has stated that “early access to housing is critical to the engagement process.” A Housing First program which combines access to housing within a supportive environment is an important step of early engagement, and subsequently to housing stability. To this end, the Managed Alcohol Program run by Shelter House should be expanded and supported with core funding to serve more people who use alcohol and other substances.

Also, very recently the Canadian Mental Health Association (CMHA) within Thunder Bay established a ten unit Housing First program. This initial program could be augmented with funding options available through the Homelessness Partnering Strategy (HPS) or Canada Mortgage and Housing Corporation (CMHC). A referral mechanism should be developed to ensure appropriate transition from emergency shelters to the Housing First program. Consistent with the Mental Health Commission of Canada findings, efforts should be made to provide adequate on-site support staff for all residents. Partnerships with public and private housing providers could be explored as a means of identifying (and perhaps retrofitting) rental units across the city. Responsibility for implementing these actions should rest with the Housing and Homelessness Coalition as the Housing Working Group of the Thunder Bay Drug Strategy.

Shelter programming. Existing shelter programs need to be expanded to better respond to the current and changing profile of people who use substances (including women, youth and Aboriginal people). In addition, existing shelters in Thunder Bay should be engaged to develop and implement “universal low threshold” admission standards to make shelter more accessible, especially to vulnerable populations. New policies should be developed to make shelters culturally and demographically appropriate for women, Aboriginal people, and youth, and to increase access to caregivers with children who are not fleeing domestic abuse.

Efforts should be made to work with an existing shelter to develop a sobering-up centre where people who are arrested for public intoxication can be taken to sober up. When sober, users of the proposed sobering up centre should be given access to initial counselling towards enabling them to pursue recovery or enter a Housing First program. Responsibility for implementing these actions should rest with the Housing and Homelessness Coalition as the Housing Working Group of the Thunder Bay Drug Strategy.

Crisis and emergency services (including crisis withdrawal management). There is a need to enhance crisis withdrawal management services and emergency services in Thunder Bay. To achieve this, existing beds at the Balmoral...
Centre could be realigned to increase the number of spaces available for crisis withdrawal management and stabilization. Increase staff capacity and expand existing case management supports within the facility.

There is also a need to develop safe and effective care pathways between crisis and emergency services to ensure that clients are receiving the right care, in the right place, by the right provider. For example, information about vacancies at the crisis detox centre and the proposed sobering up centres should be readily available at the front desk for emergency service personnel.

In addition, professionals who work within crisis, emergency or harm reduction services should be encouraged to attend networking and partnership activities as recommended under the priorities for system functioning. Responsibility for implementing these actions should rest with the Harm Reduction Working Group of the Thunder Bay Drug Strategy and the Withdrawal Management Enhancement Pilot Project Steering Committee.

**Priorities for Pursuing and Maintaining Recovery**

There are three priorities to address the pursuing and maintaining recovery categories of the community plan (as well as those that are cross-cutting). These actions will begin to address the needs of people who have transitioned and are now actively pursuing recovery, as well as those who have stabilized and trying to maintain changes while achieving personal goals. Priorities include:

**Supported housing.** The availability of supported housing units should be increased in Thunder Bay. Existing supported housing providers should be engaged to explore how best to increase the availability, flexibility and appropriateness of supported housing options for a range of people (including youth, women and Aboriginal people). Supported housing providers should seek resources to hire more counsellors and social workers, including specialized supports for individuals with complex needs. Responsibility for implementing these actions should rest with the Housing and Homelessness Coalition as the Housing Working Group of the Thunder Bay Drug Strategy.

**Transitional housing.** The availability of transitional housing units should be increased throughout Thunder Bay. Existing and potential transitional housing providers should be convened to explore how best to increase units through new development, retro-fitting existing buildings or partnering with non-profit or private housing providers. New transitional housing providers should be encouraged to connect residents to needed supports (e.g., counselling, peer supports). Responsibility for implementing these actions should rest with the Housing and Homelessness Coalition as the Housing Working Group of the Thunder Bay Drug Strategy.

**Social housing.** The availability of social housing units should be increased in Thunder Bay. Social housing is available to all residents who meet certain criteria. People who require social housing often are unable to afford rental housing at current market rates. The profile of people who use substances in Thunder Bay often matches that of low income earners who would qualify for social housing. The availability of social housing would therefore assist people wherever they are on the recovery continuum.

The Accommodation Needs Assessment noted that there is a lengthy waiting list of people (i.e., 1,226 people in 2010) wishing to access social
housing in Thunder Bay. Increasing the availability of social housing units should be a priority. However, it is a priority that the Thunder Bay Drug Strategy cannot take on alone and must involve other housing stakeholders.

In collaboration with these stakeholders, efforts should be made to increase the social housing stock in Thunder Bay. New buildings could be constructed or unused existing buildings could be retro-fitted into new social housing units. TBDSSAB and other partners should continue to advocate for a Federal Housing Strategy that includes increased funding for social housing. Finally, recommendations of the Thunder Bay Housing Strategy (Under One Roof) to increase access to housing for all citizens should be implemented. These recommendations call for an appropriate supply of affordable and subsidized housing; enhanced sustainability; and improved access, client services, and operational efficiency of social housing. Responsibility for implementing these actions should rest with the Housing and Homelessness Coalition as the Housing Working Group of the Thunder Bay Drug Strategy.

**Priorities for System Functioning**

There are four priorities to address the working together categories of the community plan. Combined, actions will encourage the system of accommodation and support to function as a whole rather than simply as a collection of parts. Priorities include:

**Networking and partnerships.** Existing collaboratives (i.e. TBIAS, IYS, GAPPS) should be expanded to include other service providers and to include exploration of shared consents. Events should be organized for substance use-related services and allied services to raise awareness of services available in the community and to improve cross-sectoral referrals. Allied services to be engaged should include: childcare, legal, financial, transit, vocational, mental health, education, HIV/AIDS, and family services. Formal inter-agency partnership and referral agreements should be explored to ensure that people receive support in a more comprehensive way. Responsibility for implementing these actions should rest with the Thunder Bay Drug Strategy Implementation Panel.

**Central database and information sharing.** There is ongoing data gathering about substance use-related services in Thunder Bay through the DATIS System, ConnexOntario and 211 databases. Under the leadership of the Northwest LHIN and in partnership with the Thunder Bay Integrated Addiction Services and the Integrated Youth Services, these central data collection and information sharing systems should be enhanced. These databases should be regularly updated to include information at the Thunder Bay level including, types of services each agency provides, agency capacity, and number of available spaces and/or length of waitlist. There should be easy access to the databases for referral, planning and evaluation purposes. Memorandums of Understanding (MOUs) could be developed to clarify partner roles, including government roles.

**Training and strategic planning.** Joint training events for staff of multiple organizations should be organized on topics relevant to this community plan (e.g., recovery-focused, person-centred planning, Housing First philosophy). In addition, joint strategic planning events should be initiated particularly among service providers related to the other priorities outlined in this community plan. Responsibility
for implementing these actions should rest with the Thunder Bay Drug Strategy Implementation Panel.

**Public education.** Existing public education about substance-use and housing issues should be expanded in order to reduce the stigma often associated with substance use. The value and importance of volunteering time and resources to support the system of support for people who use service should be promoted. Responsibility for implementing these actions should rest with the Drug Awareness Committee as the Prevention and Education Working Group for the Thunder Bay Drug Strategy.
Evaluating the Plan

This section provides an overview of how the implementation of the community plan could be evaluated. Ongoing evaluation can help to continuously improve the quality of the plan. The evaluation plan begins by describing how the actions are linked to desired outcomes through a diagram called a “system logic model”. It then provides a measurement framework for evaluating the progress of implementing the plan.

System Logic Model

The Thunder Bay community plan is summarized in the system logic model below. A system logic model is a diagram that presents the various actions across the system of support, and links these to their intended outcomes (i.e., desired changes). In other words, the logic model shows the “theory of change” of the community plan.

The various “services and supports” and “working together” actions recommended above are listed as actions at the top of the system logic model. Beneath these are the two broad substance use-related outcomes that the community plan is seeking: 1) people who have a history of substance use or are currently using substances are supported better through an improved system of services and supports and 2) the system better identifies and responds to existing and emerging demands, and to a changing community context when the system parts work together.

Next are the three broad housing-related outcomes: 1) greater access to housing that is provided in a person-centered and recovery focused way, 2) housing that is more stable, safe, appropriate and affordable, and 3) a housing response that is more broadly based and community-wide, with housing more integrated within community. Notice that these three outcomes mirror the three guiding principles outlined at the beginning of this community plan.

At the bottom of the system logic model is the longer-term visionary goal that the system model is ultimately trying to achieve. Namely, that all people who use substances have housing and are supported wherever they may be in their life.

More details about how these outcomes will be measured are found in section that follows the system logic model.
Figure 3: Drug Strategy Accommodation System Logic Model

- **Services and Supports**
  - Early Engagement
  - Pursuing Recovery
  - Maintaining Recovery
  - Networking & Partnerships
  - Integrated Strategic Planning

- **Actions**
  - Expand existing shelter programming
  - Develop long-term Housing First program
  - Enhance crisis and emergency services
  - Increase the availability and variety of social housing
  - Maintain and enhance appropriate services for special populations (e.g., youth, women, Aboriginal)
  - Increase supports services to enable people to remain in current accommodations

- **Substance Use-related Outcomes**
  - People are more likely to be supported in their journey of recovery
  - System better identifies and responds to existing and emerging demands & changing community context

- **Housing Outcomes**
  - Greater access to housing that is provided in a person-centred and recovery-focused way
  - Housing is more stable, safe, appropriate, and affordable
  - Housing response is community-wide, and housing better integrated in the community

- **Visionary Goal**
  - All people who use substances have housing and are supported in pursuing and maintaining recovery
**Measurement Framework**

The measurement framework found in this section builds on the actions and outcomes of the system logic model. It does this by identifying indicators of success for each action area and then proposing an evaluation research design to measure these. The intent is to implement an ongoing evaluation that will encourage and inform continuous quality improvement. In other words, evaluation can be used to continually shape the community plan in the future.

Table 1 and Table 2 below link the indicators of success and corresponding outcomes for each of the suggested action areas found in the community plan. Table 1 focuses on the actions related to services and supports along the continuum of recovery. Table 2 focuses on actions related to how services and supports should work together.

Notice that action areas in both tables are expected to bring about improved changes in both the substance use-related services that are available in Thunder Bay and in the housing options available. These two types of corresponding outcomes are listed in the centre columns of the table. This means that the community plan anticipates that action areas combined should have the dual benefit of supporting people with their substance use issues as well as providing needed housing and accommodation options.

The right hand columns of Table 1 and Table 2 list suggested indicators of success. Indicators of success point out how the community will know if the action area is being successfully implemented. Indicators can be expressed in the form of numbers (quantitative indicators), or they can be expressed in written or spoken words (qualitative indicators). Having both quantitative and qualitative indicators makes sure that the evaluation considers concrete numbers, as well as what people think and experience. The indicators listed below represent a menu of possible indicators that could be measured to build evidence about observable change. The evaluation design that follows suggests ways of how to do this.
<table>
<thead>
<tr>
<th>Actions</th>
<th>Corresponding Outcome Area</th>
<th>Indicators of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance Use-Related Services</strong></td>
<td><strong>Housing</strong></td>
<td></td>
</tr>
<tr>
<td>Expand existing shelter programming (Priority)</td>
<td>▪ People who use or have used substances experience better supports</td>
<td>▪ Greater access to housing that is person-centred and recovery-focused</td>
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<td></td>
<td></td>
<td>▪ Housing is more stable, safe, appropriate and affordable</td>
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<td></td>
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<td>▪ New shelter policies to encourage outreach and support to other vulnerable populations are created</td>
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<td>▪ Decreased # of people who use substances, who cannot find shelter</td>
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<td></td>
<td></td>
<td>▪ New “universal low threshold” admission standards established by all shelters throughout Thunder Bay attached to core funding</td>
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<td></td>
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<td>▪ Self-reports from women that emergency shelters are safe and sufficient</td>
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<td></td>
<td></td>
<td>▪ The delivery of shelter programming is coordinated to reflect community need</td>
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<tr>
<td>Develop long-term Housing First program (Priority)</td>
<td>▪ People who use or have used substances are supported better</td>
<td>▪ Increased # of people who are dealing with chronic substance use issues who are appropriately housed</td>
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<td></td>
<td>▪ Self-reports of people that they maintain continuous access to recovery programs and that they remain in housing for longer periods</td>
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<td>▪ A strategy for urban planning is developed</td>
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<td>▪ A referral mechanism between emergency shelter services and the Housing First program is developed</td>
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<tr>
<td>Enhance crisis and emergency services (Priority)</td>
<td>▪ People who use or have used substances experience better supports</td>
<td>▪ Greater access to housing that is person-centre and recovery-focused</td>
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<td></td>
<td></td>
<td>▪ Housing is more stable, safe, appropriate and affordable</td>
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<td></td>
<td></td>
<td>▪ Self-reports of people in substance use-related crisis who feel they are connected to appropriate services</td>
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<td>▪ Decreased # of people who are arrested for public intoxication spend time in jail</td>
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<td>▪ Emergency services report that they are able to connect people to appropriate services in a timely fashion</td>
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<td>▪ The Thunder Bay Police Service continues to provide training for officers to help them recognize and address substance-related crises</td>
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<td></td>
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<td>▪ Increased # of admissions into crisis withdrawal management services</td>
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<td></td>
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<td>▪ Increased # of human and physical resources for detox services</td>
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<tr>
<td>Actions</td>
<td>Corresponding Outcome Area</td>
<td>Indicators of Success</td>
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<tr>
<td></td>
<td>Substance Use-Related Services</td>
<td>Housing</td>
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<tr>
<td>Enhance residential rehabilitation services</td>
<td>▪ People who use or have used substances experience better supports</td>
<td>▪ Greater access to housing that is person-centre and recovery-focused</td>
</tr>
<tr>
<td>Enhance supported housing (Priority)</td>
<td>▪ People who use or have used substances experience better supports</td>
<td>▪ Greater access to housing that is person-centre and recovery-focused</td>
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<tr>
<td>Enhance non-residential services</td>
<td>▪ People who use or have used substances experience better supports</td>
<td>▪ Greater access to housing that is person-centre and recovery-focused</td>
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<tr>
<td>Enhance transitional housing (Priority)</td>
<td>▪ People who use or have used substances experience better supports</td>
<td>▪ Greater access to housing that is person-centre and recovery-focused</td>
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<tr>
<td>Actions</td>
<td>Corresponding Outcome Area</td>
<td>Indicators of Success</td>
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<tr>
<td><strong>Drug Strategy Accommodation Needs Assessment: A Community Plan for Thunder Bay</strong></td>
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<td><strong>Actions</strong></td>
<td><strong>Corresponding Outcome Area</strong></td>
<td><strong>Indicators of Success</strong></td>
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<tr>
<td><strong>Substance Use-Related Services</strong></td>
<td><strong>Housing</strong></td>
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<tr>
<td>Maintain recovery</td>
<td>People who use or have used substances experience better supports</td>
<td>Increased # of supports available for people who are re-entering the job market or</td>
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<td></td>
<td>Greater access to housing that is person-centre and recovery-focused</td>
<td>enrolling in school after substance use-related treatment</td>
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<td></td>
<td>Housing is more stable, safe, appropriate and affordable</td>
<td>Self-reports of people who say that they receive ongoing support to maintain education</td>
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<td>Decreased # of people return to treatment or leave employment/education due to substance use issues</td>
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<tr>
<td>Increase the availability and variety of social housing (Priority)</td>
<td>People who use or have used substances experience better supports</td>
<td>Increased # of social housing units in Thunder Bay</td>
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<td></td>
<td>Greater access to housing that is person-centre and recovery-focused</td>
<td>Reduction of waitlists for social housing</td>
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<td>Housing is more stable, safe, appropriate and affordable</td>
<td>Increased # of partnerships developed with private landlords to improve access to</td>
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<td>rental housing for people who are pursuing or maintaining their recovery</td>
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<td>The Thunder Bay Drug Strategy continues to advocate for a Federal Housing Strategy</td>
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<td>that includes increased funding for social housing</td>
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<td>The Thunder Bay Housing Strategy (Under One Roof) recommendations for increasing and</td>
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<td>improving social housing in Thunder Bay are implemented</td>
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<tr>
<td>Cross cutting</td>
<td>People who use or have used substances experience better supports</td>
<td>Increased # of spaces in programs designated for youth, women, Aboriginal people</td>
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<td></td>
<td>Greater access to housing that is person-centre and recovery-focused</td>
<td>Increased diversity in program staff</td>
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<td></td>
<td>Housing is more stable, safe, appropriate and affordable</td>
<td>Increased # of childcare spaces for women who are pursuing or maintaining recovery</td>
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<td>Increased # of beds are designated for youth as part of an expansion to existing</td>
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<td>withdrawal management facilities</td>
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<td>Increased representational employment for populations served</td>
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<td>A storage facility program and personal identification (ID) storage program for</td>
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<td>vulnerable populations is implemented</td>
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<td>Increased collaboration between mainstream agencies, including allied services, and</td>
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<td>Aboriginal services</td>
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<td>Increased representation of populations served on agency Boards of Directors.</td>
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<tr>
<td>Increase supports to enable people to remain in their homes</td>
<td>People who use or have used substances experience better supports</td>
<td>Increased economic resources (e.g. meal support, rental supplements) for people who use substances and live independently</td>
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<td></td>
<td>Greater access to housing that is person-centre and recovery-focused</td>
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<tr>
<td></td>
<td>Housing is more stable, safe, appropriate and affordable</td>
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</table>
### Table 2: Outcomes/Indicators for Working Together

<table>
<thead>
<tr>
<th>Actions</th>
<th>Corresponding Outcome Area</th>
<th>Indicators of Success</th>
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<tbody>
<tr>
<td>Integrated strategic planning</td>
<td></td>
<td></td>
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<tr>
<td>Increase networking and partnerships (Priority)</td>
<td><strong>Substance Use-Related Services</strong>&lt;br&gt;System better identifies and responds to existing and emerging demands and changing community context</td>
<td>• Increased # of networking events&lt;br&gt;• Increased # of formal referral agreements are organized&lt;br&gt;• Reports of joint service delivery opportunities with allied services&lt;br&gt;• Reports that the benefits and challenges of a system-wide service admission criteria and guidelines have been explored</td>
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<tr>
<td><strong>Housing</strong>&lt;br&gt;Housing response is community-wide and housing is better integrated in the community</td>
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<td>Enhance the central data collection and information sharing system (Priority)</td>
<td><strong>Substance Use-Related Services</strong>&lt;br&gt;System better identifies and responds to existing and emerging demands and changing community context</td>
<td>• Agencies report easy access to data that is current, informs referrals, planning and evaluation</td>
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<tr>
<td><strong>Housing</strong>&lt;br&gt;Housing response is community-wide and housing is better integrated in the community</td>
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<tr>
<td>Develop more joint strategic planning among agencies (Priority)</td>
<td><strong>Substance Use-Related Services</strong>&lt;br&gt;System better identifies and responds to existing and emerging demands and changing community context</td>
<td>• Increase in # of joint strategic planning initiatives held within the service spectrum</td>
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<td><strong>Housing</strong>&lt;br&gt;Housing response is community-wide and housing is better integrated in the community</td>
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<td>Create joint training opportunities (Priority)</td>
<td><strong>Substance Use-Related Services</strong>&lt;br&gt;Increased uniformity across services&lt;br&gt;Enhanced networking among staff</td>
<td>• Increased # of joint training events for staff of multiple organizations on such topics as recovery-oriented focus, person-centred planning, trauma-informed care, and the Housing First philosophy</td>
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<td><strong>Housing</strong>&lt;br&gt;Housing response is community-wide and housing is better integrated in the community</td>
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<td>Conduct regular system evaluation to monitor progress, and to identify and address gaps</td>
<td><strong>Substance Use-Related Services</strong>&lt;br&gt;System better identifies and responds to existing and emerging demands and changing community context</td>
<td>• Longitudinal evaluation is conducted&lt;br&gt;• Data is gathered, summarized, and shared bi-annually to determine actions</td>
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<td><strong>Housing</strong>&lt;br&gt;Housing response is community-wide and housing is better integrated in the community</td>
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<td>Explore reallocation of resources to increase efficiency within the system of supports</td>
<td><strong>Substance Use-Related Services</strong>&lt;br&gt;System better identifies and responds to existing and emerging demands and changing community context</td>
<td>• A review of how funding is currently allocated is conducted&lt;br&gt;• Self-reports from stakeholders of satisfaction with resource allocation</td>
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<tr>
<td><strong>Housing</strong>&lt;br&gt;Housing response is community-wide and housing is better integrated in the community</td>
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### Community engagement

<table>
<thead>
<tr>
<th>Actions</th>
<th>Corresponding Outcome Area</th>
<th>Indicators of Success</th>
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</thead>
<tbody>
<tr>
<td><strong>Substance Use-Related Services</strong></td>
<td>System better identifies and responds to existing and emerging demands and changing community context</td>
<td>Increased # of public education events about the social determinants of health and the impact of housing on community health</td>
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<td>Decreased # of negative responses (e.g., letters to editor, media, etc.) found within local media</td>
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<td>Increased # of subsidized units provided by private landlords</td>
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<td>Increased number of request for education and in-service training about substance use</td>
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<tr>
<td><strong>Housing</strong></td>
<td>Housing response is community-wide and housing is better integrated in the community</td>
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<td>Self-reports that information sessions and public forums are organized have raised awareness about substance use issues and related housing challenges</td>
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<td>Self-reports that greater numbers of the public participate in implementing the recommendations outlined in this report</td>
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<td>Self-reports that greater numbers of the public advocate for a Federal Housing Strategy that includes funding for social housing</td>
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<tr>
<td>Educate the public about substance-use related issues (Priority)</td>
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<td>Engage public in advocacy related to issues of substance-use and housing</td>
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The evaluation design that follows suggests how to measure the extent to which the indicators of success are being achieved. A longitudinal, mixed-method evaluation design is being recommended for this community plan.

A **longitudinal design** involves gathering data at distinct periods to allow comparisons across periods. Using this design, the evaluation should involve baseline data gathering with recurring follow-ups. For this community plan, we propose follow-ups in bi-annual cycles. This means that information will be collected, analyzed and reported on every two years.

A **mixed-method design** involves gathering both quantitative and qualitative information through the evaluation.

**Quantitative methods**: Quantitative methods allow for a broad-based understanding of progress in implementing the community plan. Methods should include service data gathered through the proposed enhanced central data gathering and information sharing system. The data should include the numbers and demographic information of people seeking various substance use-related services in Thunder Bay, the number of people who received services, and lengths of waitlists.

In addition, participant satisfaction surveys should be developed and administered at service points throughout the system to help understand the impact of the system change on clients. These surveys should be entered into the central data gathering system for easy access for evaluation purposes.
Finally, an agency survey should be distributed to all substance-use related and housing services during each evaluation cycle. The survey would gather information about the various quantitative indicators of success outlined in Table 1 and Table 2.

**Qualitative data:** Qualitative interviews allow in-depth exploration of issues and provide illustrative stories and examples for understanding them. Qualitative data should be gathered through key informant interviews and focus groups with service providers, service users and family members. These interviews should explore stakeholders’ perceptions and experiences of the changes as well as the impact of the changes on services in the community.

In order to track progress in the implementation of this community plan and its impacts, the community partnership should set up a monitoring and evaluation team once the plan has been accepted. This team should be guided by a cross-stakeholder evaluation advisory group.

The monitoring and evaluation team should develop a work plan beginning with baseline data gathering, and planned follow-up data gathering at two-year intervals. The team should first select those indicators of success (listed in the tables above) that best provide evidence of progress within priority action areas. The team should continue to consider action areas to be addressed in the future, and review and update indicators of success accordingly.

Information gathering and analysis should be staged so that evaluation findings can be shared with the advisory group and the broader community in an ongoing way. A final report should be written that summarizes evaluation findings for each two-year cycle. In addition to reporting on outcomes, final evaluation reports should also highlight areas of improvement for designated action-areas, and identify any new priority actions for the next two-year evaluation cycle.
Conclusion

This community plan presents a comprehensive way to meet the housing and accommodation needs of people in Thunder Bay who use substances. The plan provides a framework for implementing the recommendations of the Drug Strategy Accommodation Needs Assessment. The plan was developed with the input of a broad range of people in Thunder Bay.

In the same way, the successful implementation of this community plan will also require a community-wide effort. It will take the commitment and resources of all stakeholder groups, including service providers, services users, family members, and the entire Thunder Bay community. By working together, Thunder Bay can make great strides in ensuring that people who use substances have adequate housing and are receiving the supports that they need.

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2 See: Foster-Fishman & Behrens, 2007; Stokols, 1996
3 www.pathwaystohousing.org
4 See: Tsemberis, 2005
5 City of Vancouver, 2007
6 City of Vancouver, 2011