

Supportive Housing Advocacy – a coalition of faith communities and concerned citizens

OVERVIEW

Our advocacy project is intentionally focused on the *front end* of the housing continuum. It was spawned and informed through conversations with service providers in transitional, supportive housing, with agency leaders, faith leaders, bureaucrats, elected leadership. The following letter is being sent to MPPs, MPs and all Cabinet Ministers between March 18 and mid April by a minimum of 50 senders. The letter is lengthy, as is the subject, however the key messages are summarized here.

Key messages

Without judgement, shame or blame, we cannot ignore the impact of the mental health and the drug crisis on homelessness. It is coast to coast, cross-border, and being documented.

We believe we are witnessing a humanitarian crisis.

- Homelessness will not end without a strategy to actively address the mental health and drug crisis. A roof overhead is not enough.
- We have proven community based ‘solutions of support’ for the mental health and addiction crisis is critical to successfully transition our most vulnerable out of encampments and shelters, to stabilize their lives, to be successfully housed.
- Many vulnerable folks will *always* need ongoing support.
- The growing demand for support appears to outweigh current support systems; encampments continue to grow year over year and drug overdoses rise with the toxicity of supply.
- Supports are paramount to upstream prevention.
- There appears to be a shortage of skilled supports, the medical, mental health and addiction workers to support a rapidly growing cohort of people harmed by the opioid and synthetic drug crisis. (We believe that interrupting the supply chain of drugs requires international effort; much is being written about the current phenomenon.)

We are asking the Provincial and Federal governments to come together with funding to help address the human resources shortage required to support this growing epidemic; it is a national crisis.

We admire and support *all* regional efforts to deal with the homelessness crisis and the soon to be released Plan to End Chronic Homelessness. Thank you!

We are asking you, the Region, to make a mental health and drug strategy the foremost priority in the Plan.

March 22, 2024

Dear <Federal, Provincial elected officials>

We are witnessing a humanitarian crisis in encampments

As a group of faith communities and concerned citizens, we are writing with grave concerns and suggestions. Emerging data, the Public Health “Social Determinants of Health”, housing providers, healthcare and mental health workers, all tell us that *a roof overhead is not enough*.

Homelessness issues and plans to address them began several years ago and there is significant study of how we ‘got here’. The backdrop of the housing crisis, coast to coast, is lack of stock, affordability, poverty, the mental health crisis and the opioid and synthetic drug crisis.

Since 2020 some regions (e.g. Waterloo Region) have reached a growth rate of chronic homelessness of 28% year over year. The opioid and synthetic drug crisis is complicating homelessness at the emergency-end of the housing continuum. **The question is “how do we get ahead of this curve”?**

We know a variety of supports are essential to help the un-housed, the hard to house, and the vulnerable, to transition from an experience of homelessness, to stabilize when housed. We've heard transitions can be extremely difficult, there is a great need for wrap around support if we want to successfully tackle the housing crisis. Supports are as essential as the roof overhead. They are also critical to upstream prevention, to try and divert folks from slipping into homelessness, and, for far too many, mental illness and the drug crisis.

Without a flood of services such as street outreach and services for mental health, addiction, community systems navigation and coordination, the supportive housing model collapses and **homelessness will never end**. We will not get ahead of the rising rate of homelessness without professional support on the front line.

We believe there is inadequate recognition, or funding for, these critical human resources that are required to both prevent homelessness and transition people out of the chaos of homelessness, encampments, emergency shelters, and addiction.

Homelessness will not end by housing alone. It requires a significant investment in people.

UPSTREAM PREVENTION We believe in upstream prevention through an increased supply of human resources, (mental health, medical and addiction services, community service coordinators) as the critical prevention strategy. Providing enough workers on the front line and in the supportive housing system will:

- Help support and assist people on the brink of both homelessness and addiction.
- Help transition the hard to house into safe housing with the support to be successfully housed.
- Help alleviate pressure on emergency services (e.g. 911, hospital visits, police, and justice)
- Increase the supply and success of an effective Supportive Housing model.

WHAT IS REQUIRED?

We are asking elected officials to fully understand and commit the funds that are essential to address a critical human resources deficit. We see that the housing crisis and the drug crisis demand an expanded labour force of skilled medical, mental health and addiction support workers.

The work is hard, behaviors can be risky, and workers are typically not well paid. There needs to be more recognition that these frontline jobs are critical to success of the supportive housing goals. Appropriate reimbursements and benefits for frontline workers are necessary to support their own wellbeing. We are asking elected officials to:

1. Fund essential supports. Support the hiring of trained front-line support professionals (psychiatric nurses, mental health professionals, addiction supports, system navigators).
2. Provide wage subsidies to ensure a living wage for this work. (Services providers/agencies should be mandated to pay a living wage as a minimum.)
3. Subsidize training programs through our universities and colleges to increase supply and capacity of appropriately trained workers (psychiatric nurses, mental health professionals, addiction supports, system navigators).
4. Ensure SUSTAINABLE funding for the hiring, training and salaries is available.
5. Funds could be distributed to communities using the same structure as the Community Services Recovery Fund or the Investment Readiness Program, leveraging community connections, knowledge and expertise.

PROOF OF CONCEPT – What's working (local examples)

Supportive Housing of Waterloo Region (SHOW), 544 Bridgeport (Beyond Housing), St. Marks Place (Indwell), Shelter Care (House of Friendship), Lutherwood; The Bridges, have all proven the power of supports. Conversations with service providers all report that (24/7) 'wrap around' care is essential to stabilize those that have been unhoused, or hard to house, to be successfully housed. When left without adequate supports the entire system fails those that need it.

Supporting folks through transitions is critical. People boomerang backwards to an encampment or other shelter without the 24x7 wrap around support required to help stabilize their life. Addictions resume. Addiction does not end while in the chaos of homelessness. Risky and harmful behavior increases, and 911 Calls escalate.

ShelterCare run by House of Friendship in Waterloo is reporting a 75% drop in calls to '911' (for various emergency services) as well an increase in participation in addiction treatment from 1% of residents to 25%. Several residents have moved to permanent housing from this transitional 'wrap around' care. Support also includes social interactions (inclusion) and mentoring on how to be a good resident and neighbour. These statistics demonstrate that investment in supports work. Supports increase the safety and well-being, not only of those who were unhoused, but of entire neighbourhoods. Supportive Housing is proving to be the only effective way to transition people out of chronic homelessness, and there are just not enough resources to meet rising demands.

WHAT IS REQUIRED OF OUR ELECTED OFFICIALS?

When there is a large fire multiple fire departments will respond from across jurisdictions to fight the fire. Firefighters from across the country (and the world) responded to the BC fires last year.

Like the BC fires, there are no boundaries of who does what in a crisis. To say “this is not our responsibility” is unacceptable. Our humanitarian crisis requires Finance, Community Services, Healthcare, and Mental Health all pulling together. This housing crisis is far greater than bricks and mortar. The pandemic proved we can all effectively collaborate and problem solve across systems.

We are asking the federal and the provincial governments to make funding for supports, human resources, a priority to address this humanitarian crisis.

FINAL COMMENTS Faith Communities have always responded to community needs with benevolence, shelter support, community meals, clothing drives etc. We have supported Food Banks, and some have operated Out of the Cold sites. Many of us have personal connections to marginalized individuals who live in the chaos of homelessness, addiction and food insecurity. Many faith communities have supported: Habitat for Humanity, settlement for newcomers, the supportive housing model and Tiny Homes. Some are partnering with nonprofit housing developers like Indwell and Beyond Housing. We are ‘housing first’ communities, it is fundamental. Adequate supports are essential to fulfilling housing as a human right for the most vulnerable amongst us.

Submitted with hope,

Barbara Hill Board Secretary Trinity United Church;
Adam Cressler The Hub Community Network UCCan
Cathy Baer Trinity granting partner with WR Community Fndtn.

<https://www.trinityunitedkw.ca/ministries/affordablehousing>

<https://www.trinityunitedkw.ca/shag>