



WELLINGTON-GUELPH HEALTH & HOUSING COMMUNITY PLANNING
TABLE - COMMUNITY PARTNER WEBINAR

2025.02.04

Meeting Agenda

1. Welcome and Review Meeting Objectives
2. Updated Membership of Wellington-Guelph Health and Housing Community Planning Table (WGHHCT)
3. Overview of the Work of the WGHHCT :
 - a) Action Focus
 - b) Planning Focus
4. How to Get Involved & Stay Informed
5. Question and Answers (Time Permitting)
6. Closing Remarks



Health & Housing Community Planning Table - Community Partner Webinar

Meeting Objectives:

1. Engage and invite collaboration with enabling and impacted partners in the work of the Planning Table.
2. Update regarding work of Health and Housing Community Planning Table

Wellington Guelph Health & Housing Community Planning Table Membership



Emmi Perkins (Co-Chair)	Guelph Wellington OHT
Luisa Artuso (Co-Chair)	County of Wellington
Sarah Gillies	County of Wellington
Angela Stanley	Wellington Health Care Alliance
Elsa Mann	Rural Wellington Community Team
Councillor Rodrigo Goller	City of Guelph Council
Dominica McPherson	Wellington Guelph Poverty Task Force
Kristen Cairney	Wyndham House
Melissa Kwiatkowski	Guelph Community Health Centre
Kristen Kerr	Stonehenge Therapeutic Community
Gail Hoekstra	Stepping Stone
Helen Fishburn	WW CMHA
Matthew Tenenbaum	WDGPH
Councillor Dave Anderson	County of Wellington Council
Eric Philip	Thresholds Homes and Supports
Andrea DeJong	Guelph General Hospital
Dr. Sherief El-Gaaly	Homewood Health Centre
Colleen Clack-Bush	Guelph-Wellington Paramedic Service
Dave Purdy	County of Wellington

Wellington Guelph
Health & Housing
Community
Planning Table



Action Focus

Terms of Reference - Scope

ACTION

Practical, real-time opportunities and activities to advance integrated health and housing, including:

- Coordinated access
- Planning an operationalization of the 'Guelph Wellington HART Hub'
- Meeting the basic needs of people experiencing homelessness
- Shared services funding (eg. 10 Shelldale)
- Strategize and collaborate to address emerging issues and opportunities
- Improving communication and patient-level data sharing/shared care planning

Provision of Basic Needs Sub-Working Group Update

RECOMMENDATION #1: COORDINATED OUTREACH

RECOMMENDATION #2: ENCAMPMENT CHECK-INS

RECOMMENDATION #3: ACCESS TO BASIC NEEDS

RECOMMENDATION #1: COORDINATED OUTREACH

Principles of a Coordinated Outreach Strategy:

- Committing to common goals and definitions
- Comprehensive and includes both health and housing goals
- Team of service partners that bring service to where people are
- Centered on what the individual wants for themselves
- Primary point of contact to coordinate care plan and maintain engagement
- Continues throughout the housing and continuum of care plan for the individual

RECOMMENDATION #2: ENCAMPMENT CHECK-INS

Principles of Encampment Check-ins:

- Person-centered goals
- Housing-focused
- Outreach staff walking alongside the individual
- Removes barriers to supports and resources
- Informed by Persons with Lived/Living Experience

RECOMMENDATION #3: ACCESS TO BASIC NEEDS

Short-term:

Address gaps in existing services as identified by the Task Force for Poverty Elimination

Long-term:

Develop plan for sustainable services to meet the basic needs of those experiencing homelessness in both the City and the County

2024/25 Winter Response Update

1. Background
2. December 2024 Tracker Updates
3. December 2024 Key Highlights

Background

1. In September 2024, the County's Housing Stability team created a formalized system for a Winter Response Plan
2. The plan outlines how individuals experiencing unsheltered homelessness could be supported from October 1, 2024 – April 30, 2025
3. The plan involves the use of hotel spaces as well as an additional 25 spaces (minimum) at 128 Norfolk Manor as temporary accommodations
4. The County's plan was also informed by the People with Lived/Living Experience Advisory Group

December 2024 Tracker Updates

1. 37 individuals/households have accepted temporary accommodations at Norfolk Manor
2. County residents are offered hotels as part of the Winter Response Plan
3. 26 County residents have accepted temporary accommodations at hotels and 8 within the City of Guelph
4. Additional supports include receiving tangibles (e.g. winter clothing, boots, tents, tarps, sleeping pads & bags, hygiene items, etc.)

December 2024 Key Highlights

1. 11 new individuals moved from unsheltered homelessness to a temporary accommodation
2. 46 individuals/households continue to access temporary accommodations
3. 5 individuals/households retained permanent housing
4. On average, 36% of emergency beds were vacant each night

Celebrating Recent Successes in Health and Housing Integration



263 housing placements in 2024!

Emergency Treatment Funding

CTS Closure – Risk Mitigation Plan

HART Hub

Permanent Supportive Housing – Integrated Health Service

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Demand for Housing Services in Wellington-Guelph

	2019	2023	2024
By Name List (BNL)	132	150	201
BNL Monthly Average	145	187	237
Shelter Spaces	52	109	169*
Permanent Supportive Housing Spaces	0	40	72

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Background

- Call for ETF Proposals release date: October 11, 2024
- Proposal due date: November 8, 2024
- Eligible Applicants: Municipalities and Indigenous Entities, across Canada
- Primary priority for funding = “**urgency** - defined as the need for swift action in relation to the overdose crisis, as applied to an individual community's context.”
- Medical staff (e.g. nurses, paramedics) not eligible expense
- Term: one-year (2025/26), some funds for 2024/25

Process

- Community organizations mobilized quickly
- Decision for City of Guelph to submit one application for Guelph & Wellington County
- Decision to apply endorsed by Health & Housing Community Planning Table (HHCPT)
- Final draft shared with HHCPT for minor revisions
- Community partners supported writing the content for application
- City of Guelph supported development of grant and submitted on behalf of our community

Outcomes of Application

- Received word January 3 that application was successful
- 300 proposals were submitted and 60 were selected

Partners

- Corporation of The City of Guelph
- Guelph Community Health Centre (CHC)
- Sanguen Health Centre
- Mount Forest Family Health Team (FHT)
- Corporation of the County of Wellington
- Other health care services across Guelph Wellington

Project Overview: Health Outreach & Mobile Engagement

- Provide mobile wrap-around health care and outreach services, as well as access to addiction counselling, for people living in Guelph and Wellington County who are struggling with their substance use and who have barriers (including experiencing homelessness and/or precarious housing, living in rural and remote areas) to access traditional place-based health care services.
- Health Outreach & Mobile Engagement teams will include: outreach workers, peer workers, addiction counsellor, in-kind health supports (e.g. nurses)

Key Project Activities

- Provide harm reduction and overdose prevention education and supplies
- Crisis management
- Peer support
- Access to basic needs
- Connections and referrals to local services such as mental health, crisis, housing and income, recovery and treatment supports
- Wound care, vaccinations, point of care testing, and initial health assessments

Project Roles & Responsibilities

- The City of Guelph, as the recipient of funds, will administer the financial controls of the program.
- Guelph Community CHC will operate the urban mobile service within the City of Guelph
- Sanguen Health Centre will operate the rural mobile service across Wellington County
- The Mount Forest FHT will hire and oversee a team of peers to provide support across the County

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Updates



CTS CLOSURE – RISK MITIGATION
PLAN



HART HUB – STATUS UPDATE



PERMANENT SUPPORTIVE
HOUSING – INTEGRATED HEALTH
SERVICE



CTS Closure

Risk Mitigation Plan Update

Objectives

- Initiate a **community-based plan** to minimize harms associated with the closures
- **Improve public awareness** and knowledge of heightened risks of drug toxicity events among people who use substances and other community members
- **Capture local data** for ongoing surveillance and monitoring.
- **Communicate the identified risks** with the Guelph and Wellington communities



Activities planned and underway:

- **Public Education/Training** - anti-stigma, naloxone and de-escalation training, public brochure.
- **Client resources and pathways** - Maintaining referral pathways to harm reduction services.
- **Safety** – Public Health working with Bylaw to add 11 new sharps disposal bins within downtown core and County.
- **Rapid response planning** - refine alert process and create urgent response processes
- **New investments** - Emergency Treatment Fund (ETF) and HART Hub
- **Data monitoring** – to track impact of closure.

Public Education

Available on Wellington-Guelph Drug Strategy Website

CTS Closure Facts: Harm Reduction

On March 31, Guelph's Consumption and Treatment Services (CTS) will close.

The site will begin transitioning to a Homelessness and Addiction Recovery Treatment (HART) Hub. Starting April 1, the site will no longer offer supervised consumption services.

We are still in a drug toxicity crisis.

The unregulated drug supply is unpredictable and toxic. People who use substances are at risk of drug poisoning.

There are steps you can take to keep yourself and people you know safer.



Here are some local resources.

Carry naloxone (and learn how to use it)

Naloxone (also known as Narcan) is a medication that can temporarily reverse the effects of an opioid overdose. It is free and available at WDG Public Health, pharmacies, and other locations [on this map](#).



Never use alone

Use substances with others when possible, or call the [National Overdose Response Service](#):

1-888-688-NORS (6677)



Start low, go slow

For example, with any new purchase, start with 1/3 of a normal dose.



Reach out for support

In crisis or looking for support? [Here 24/7](#) will work with you to understand your needs and get you connected.



1-844-HERE247 (437-3247)

Test substances before using

You can use the Scatr Machine at 176 Wyndham St., or test strips. Learn more on the WDGS website.



Thank you for helping to keep our community safe.





GW HART Hub Status Update

Addressing known gaps: Building on OHT & Health and Housing work

Intensive Housing and Treatment Teams

- Attaching 1500 clients with wrap-around support
- Flow with clients no matter where they are on the continuum
- Clinical and housing staff working together
- Focus on matching to holistic treatment and housing solutions

HEALTH: Adding new treatment bed capacity

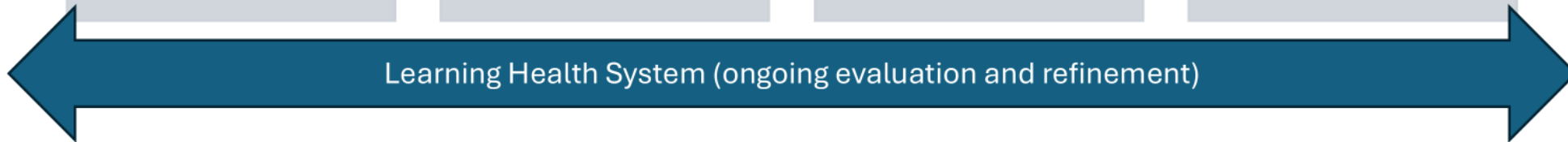
- 8 Withdrawal beds
- 8 Crisis stabilization beds
- Integrated Crisis Centre
- Focus is on stabilization so the team can connect the client with the next, right level of support

HOUSING: Adding new Permanent Supportive Housing capacity

- Bring AMH supports to 150 Wellington and Guelph residents living in County Housing
- Focus on prioritized access for HART hub clients

Implementation Plan

Year 0 (24/25)	Year 1 (25/26)	Year 2 (26/27)	Year 3 (27/28)
<ul style="list-style-type: none">• Approval• Launch working groups• Project readiness	<ul style="list-style-type: none">• Launch 8 crisis stabilization beds (222 Speedvale)• Launch intensive housing and treatment teams• Launch supportive housing teams (150 units)• Gap analysis and needs assessment for County of Wellington• Readiness for co-location, capital, renos• Readiness for ICC• Readiness for withdrawal management	<ul style="list-style-type: none">• Launch 16 beds (8 crisis + 8 detox)• Launch ICC• Colocation at 176 Wyndham St. N	<ul style="list-style-type: none">• Continue running programs and evaluate



Governance and Operational structure

GW HART Hub Steering Committee

Operations

Referral
Pathways

Evaluation

Capital

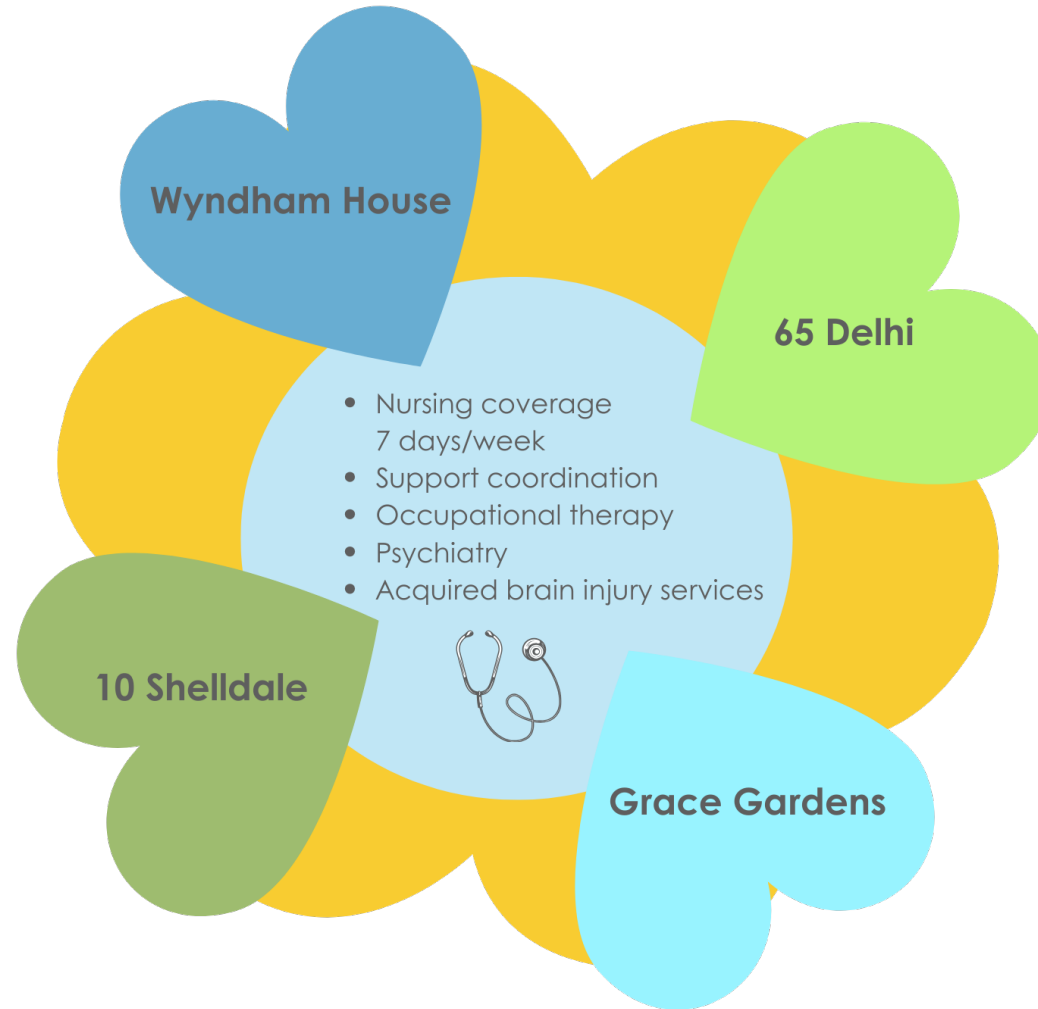
Communications

Rural Wellington



Permanent Supportive Housing
**Integrated Health
Team update**

Integrated Health Service Team



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65 Delhi: Transitional Housing

1. Transitional Housing Approach
2. Service Provider Contract
3. Operation Readiness
4. Next Steps

Transitional Housing Approach

1. Provide individuals with a low barrier safe space to stay temporarily with 24/7 onsite staff support
2. Receive individualized support services in order to move from homelessness to housing stability
3. Improve social inclusion, connection to health services, and a sense of belonging in the community
4. Prevent a return to homelessness

Service Provider Contract

1. Thresholds Homes and Support Inc. was awarded the Service Provider contract through the County's RFP process
2. Thresholds is a recovery-oriented, community-integrated agency that focuses on improved quality of life and enhanced independence for people experiencing mental health issues by providing access to affordable housing and flexible, individualized support
3. Thresholds' approach involves partnerships that span across existing health and housing community organizations

Operation Readiness

1. Construction is nearing completed with a short list of remaining items to complete
2. Continued effort focused on installing furniture and appliances
3. Construction completion expected mid February 2025
4. Developing Lease & Service Provider Agreement
5. Occupancy estimated for late February 2025

Next Steps

1. Continue to work with Thresholds to understand the participant journey
2. Developing Monitoring & Evaluation Tools to assess project success
3. Program refinement and adjustment
4. Update reports to County Council and community
5. Transitioning Housing Plans to permanent housing
6. Continue to learn from this initiative as a potential transitional housing model for future projects

65 Delhi: Transitional Housing

1. Transitional housing refresher
2. Project partners and roles
3. Where we are today
4. What we hope to accomplish

Transitional Housing Refresher

1. Often misunderstood and underutilized
2. Designed with intentionality and process
3. Delivered in consideration of the individuals autonomy and empowerment
4. Focus on skill development, cooking, cleaning, financial acumen, program engagement

Project Partners and Roles

1. Crow Shield Lodge
Provision of Indigenous healing and support for both Indigenous and Non-Indigenous individuals
2. Stonehenge Therapeutic
Provision of substance use management support
3. Guelph Community Health Center
Coordination of primary care and occupational therapy support through the Integrated Health Team
4. The County of Wellington
Funder and building support team

Where we are today

1. Staff have been hired and are currently onboarding and participating in program development.
2. Clients have been selected via the Bi-Name list and are being engaged on move in timelines
3. Clients will start moving in the last week of February.

Where are we going?

1. Creating deep ties to a community of support.
2. Decreasing the risk of eviction or stress within the broader community
3. Decreasing the need for long term support for individuals where possible
4. Setting the foundation for individuals to step outside the sector
5. A small towards solving the homeless crisis

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People with Lived Experience Advisory Group Input

Group has provided input on :

- Unsheltered Homelessness Check-Ins
- Winter Response Plan Tangibles and Supports
- Provision of Basic Needs for People Experiencing Unsheltered Homelessness
- Daytime Programming for People Experiencing Homelessness

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Planning Focus

Terms of Reference - Scope

PLANNING

The vision and plan will support the development of an integrated and equitable spectrum of social, housing and health supports and consider health and housing needs:

- in both the City of Guelph and the County of Wellington
- of families, youth, adults and seniors
- to address prevention as well as the needs of those who are in crisis, at risk of crisis and emerging from crisis.

Once developed, the Table will oversee execution and evaluation of the plan including development of KPIs.

Health and Housing Community Plan Vision Update

- Building on Community Vision from Health and Housing Symposiums
- Collaborating with People with Lived Experience Advisory Group to Develop a Vision Statement

Indigenous-led Solutions and Services Update

- Work is underway
- Consulting with OHT, GCHC, and Indigenous organizations

Community Planning Process

- 1. Create the Vision**
- 2. Assess the Current Situation**
- 3. Set Goals**
4. Establish Objectives
5. Develop Action Plans
6. Implement the Plan
7. Evaluate Progress and Results

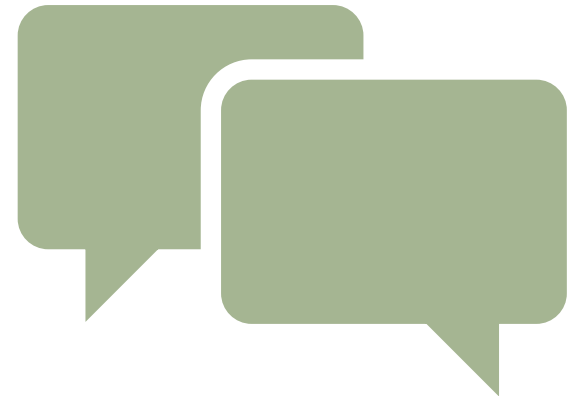
Next Steps for Planning Focus

- Validate symposium ideas and feedback
- Continue to collect evidence and follow best practices
- Continue to engage community, including key groups who did not attend Symposium
- Interim report in Spring/Summer 2025
- Plan finalized in early 2026

Health and Housing Community Partners Webinar



- **How to get involved & stay informed**
 - Quarterly webinars
 - Key Messages
 - Other?
- **Please send questions, comments and/or feedback about the work of the Planning Table and/or today's webinar to:**
healthandhousing@wellington.ca
- **In follow-up:**
 - A link to the recording of this webinar as well as the slides from the presentation will be sent to participants
 - A Q&A sheet will be developed from the questions collected in the chat and will be circulated to this group.
- **Next Quarterly Webinar – Late April 2025**



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Community
Partner
Webinar
Q&A



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Thank you for
your
participation!

