

Item No. 14.1

Halifax Regional Council

April 12, 2022

May 3, 2022

TO: Mayor Savage and Members of Halifax Regional Council

SUBMITTED BY: Original Signed by 
Jacques Dubé, Chief Administrative Officer

DATE: March 23, 2022

SUBJECT: Mobile Shower Pilot – Purchase of Truck and Shower Trailer

INFORMATION REPORT

ORIGIN

September 28, 2021 Regional Council motion (Item 15.1.8)¹:

MOVED by Councillor Mancini, seconded by Councillor Russel

THAT Halifax Regional Council direct the Chief Administrative Officer to:

1. Rent portable shower facilities for a period of nine weeks;
2. Explore the potential of refining and expanding the shower program in HRM operated recreation centers as well as with partner facilities; and
3. Return to Council with a report regarding options for the purchase of a truck and shower trailer.

MOTION AS AMENDED PUT AND PASSED

LEGISLATIVE AUTHORITY

The *Halifax Regional Municipality Charter*, S.N.S. 2008, c. 39, subsection 2(c) provides:

The purpose of this Act is to

...

(c) recognize that the functions of the Municipality are to

- (i) provide good government,
- (ii) provide services, facilities and other things that, in the opinion of the Council, are necessary or desirable for all or part of the Municipality, and
- (iii) develop and maintain safe and viable communities.

¹ See [Item No. 15.1.8 Halifax Regional Council September 28, 2021](#).

BACKGROUND

As noted in the prior mobile shower-report,² access to personal hygiene is a basic human need and an international human right.³ The ability to take care of basic hygiene needs and having the opportunity to meet social standards of cleanliness and personal appearance helps people transition to next steps while feeling more comfortable in social environments.

In September 2021, Regional Council approved funds for a nine-week pilot mobile-shower program. Further to Council's direction, staff explored options to provide improved access to hygiene for homeless individuals and deployed a fixed-location shower facility at the Dartmouth North Community Centre and Public Library.

To raise awareness and encourage use of the shower facility, staff created rack cards (Attachment 1) for distribution at homeless encampments and to homeless-population-serving organizations. The shower facility was operational three days per week between 10:30 a.m. and 1:30 p.m. Personal hygiene items were on-hand for shower-facility users. Mainline Needle Exchange (MNE) was contracted to staff the shower facility during hours of operation and site security was provided by a private firm.

The fixed-site shower unit was in place for 30 days (November 1st – November 30th) and no individuals used the facility. Owing to lack of use, Mainline staff recommended that the shower pilot end prematurely. Staff agreed to end the pilot and remaining budget was redirected to conducting a project summary report (see Attachment 5).

The project summary report concludes that shower facilities are more likely to be used if located within brick-and-mortar locations, particularly locations that provide other amenities and homeless-serving supports and are convenient to access. The evaluation recommends consideration of transportation services to facilitate access to public shower facilities and undertaking community engagement prior to future homeless-serving pilots.

Based on these findings, the concept of shower facilities should not be considered in isolation of other community supports and outreach services for the homeless and housing challenged populations. Moreover, these supports are best assessed and developed in conjunction with community partners and through first-person engagement. Following stakeholder consultation, staff will (if appropriate) return to Council to advise on engagement results and provide consultation-informed recommendations.

DISCUSSION

Homelessness Outreach

Homeless service providers, advocates, and consumers view outreach and engagement as critical components of homeless service delivery. Experts agree that outreach is a process designed to contact individuals in non-traditional settings who might otherwise be ignored or underserved.⁴ Its purpose is to improve physical and mental health and social functioning, increase use of human services, and re-integrate people into the community.

Effective outreach requires establishing a relationship with people who are often mistrustful of service providers and reluctant to engage. Outreach must be flexible, empathetic, respectful, nonjudgmental,

² See [Item No. 15.1.8 Halifax Regional Council September 28, 2021](#).

³ Access to water and sanitation are recognized by the United Nations as human rights, reflecting the fundamental nature of these basics in every person's life. See [UN Water](#).

⁴ Many people will avoid going to mainstream shelters and day programs for good reasons – they are afraid, they have pets (for company and safety), and staying in shelters may mean disrupting important and close relationships they see as vital to surviving on the streets.

committed, and persistent. Team members should have specialized knowledge of the issues facing the people they serve and be aware of the availability of services and systems of care such as housing, medical, behavioral health, and substance use disorder treatment.⁵

Mobile Outreach

Because the shower pilot was unsuccessful and feedback recommends different approaches, staff will work to identify alternative solutions – i.e., how can broader access to homeless services be improved? Outreach services can reach underserved populations by either bringing services closer to the client or transporting the client to those services.

One method of providing street-based services is by using Mobile Outreach Vehicles (MOVs). MOVs are buses, paratransit vehicles, ambulances, vans, trucks, trailers, or campers converted to provide homeless outreach services in targeted communities. Unlike outreach programs that utilize storefronts or offices as their intervention sites, MOVs meet at-risk individuals in their locations or neighborhoods. MOVs are effective because they can cover larger geographic areas, easily move between neighborhoods, and offer greater privacy than on-foot outreach workers. In addition, access to a vehicle may allow for diagnostic and other medical services that would otherwise be difficult to deliver without on-board resources.⁶

Mobile outreach services can support residents and vulnerable members of the community by:

- Removing transportation barriers by providing transportation to a shelter, between a shelter and a service provider or appointment, or to locate an individual who may require support.
- Providing access to medical appointments and acute care services.
- Supporting staff and health providers by ensuring that appropriate follow-up care can be received by street-involved clients.
- Reducing the use of police, fire and/or ambulance services by transporting individuals to other health services safely and efficiently (i.e. detox/sobering centres).
- Assisting with emergency response by picking up vulnerable people during extreme cold/warm weather and taking them to a cooling/warming centre.
- Providing transportation services for health and other community organizations.
- Building relationships with vulnerable people living on the street by providing them with clothing, food, water, hygiene items, harm reduction supplies, PPE, etc.
- Responding to calls from businesses, community members, and homeless-serving agencies.
- Facilitating individuals' access and entry to local emergency, temporary, supportive, and transitional housing.

Jurisdictional Scan

In considering how best to respond to Council's mobile-shower motion, staff did a jurisdictional scan of outreach models in municipalities where homelessness outreach is aided by access to a dedicated MOV. For the purposes of this report, these are referred to as Mobile Outreach Teams (MOTs). Attachment 3 provides detail on 24 MOTs operating in other Canadian jurisdictions but below are some key findings.

Mobile Outreach Vehicle Characteristics

In general, shorter MOVs are preferable in urban areas while longer units are easier to maneuver in rural areas. Larger MOVs can accommodate more clients, materials and services but are heavier and more expensive to drive, more difficult to park, and require a commercial driver's license to operate. Passenger vans are often preferred by outreach programs that mainly transport clients to services. The pan-Canadian jurisdictional scan revealed a wide range of vehicles used by MOTs (see Attachment 4).

⁵ See [Homeless Outreach Worker Best Practices](#).

⁶ See [Guide to Plan and Implement a Mobile Outreach Vehicle \(MOV\)](#).

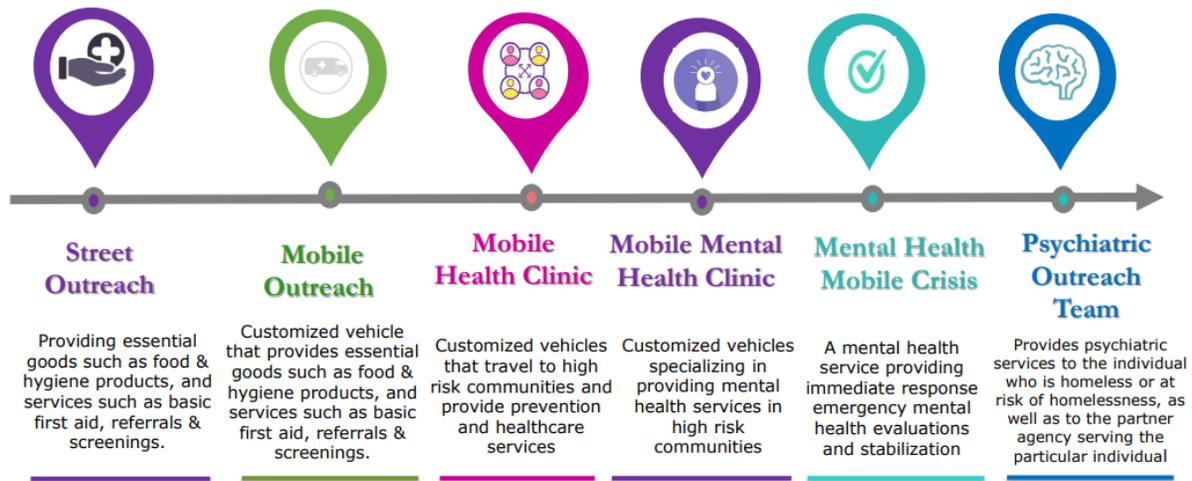
Hours of Operation and Team Composition

MOTs differ considerably in terms of team-members deployed and hours of operation. Operational variations include 24/7 models, daytime and evening models, or daytime only models. Some MOTs only operate on certain days of the week. Street outreach typically happens in teams of a least two staff as a team approach is safer, particularly when working outside fixed homeless outreach sites (such as shelters and day centers) or entering unknown areas.

Staffing models may include a mix of part-time and/or full-time staff and volunteers but all staff must be well-trained and knowledgeable. Most MOTs include ‘social’ and ‘housing’ supports. Social supports aim to promote community integration and improve quality of life and independent living while housing supports are meant to help with securing and maintaining housing. Some MOTs include medical team-members who provide primary health care and/or mental health supports aimed at improving health-outcomes.

Traditional models of primary health care that rely on physician-centered approaches are often inadequate for addressing complex health needs and mitigating the access barriers that homeless and marginally housed individuals often encounter.⁷ Consequently, alternative outreach-based methods such as mobile health clinics and crisis units are needed to deliver cost-free, comprehensive health care. Team-member qualifications can vary, but multi-disciplinary teams may include social workers, case workers, nurses, physicians, psychologists, counselors, and/or occupational therapists. Individuals who have lived experience with homelessness (peer support workers) may also be incorporated into the outreach team.

Figure 1: Spectrum of Outreach Programs



Source: [OMSSA Conference](#)

Target Population

Mobile outreach services strengthen the existing homeless-serving system and build upon, or strategically deploy, local capacity to underserved areas. With few exceptions, MOTs serve any individual on the Canadian Observatory on Homelessness’ homeless spectrum (unsheltered | emergency sheltered | provisionally accommodated | at risk of homelessness).⁸ Only a couple of the MOTs surveyed serve a subset of the homeless population. Surrey’s Atira Outreach Van serves homeless women, while Nanaimo’s Mobile Youth Outreach Team serve homeless youths.

⁷ See [Why Do Homeless People Use a Mobile Health Unit in a Country with Universal Health Care?](#)

⁸ For additional detail on the Observatory’s definition of homelessness, see [here](#).

Routes and Locations Served

MOTs can be deployed to rural, suburban, and/or urban areas, going to where clients congregate. MOTs often have regular schedules for fixed sites such as community centers, places of worship, shelters, drop-in and day centers, free clinics, hospitals and emergency departments, jails, libraries, and meal sites. Beyond visiting fixed sites, MOTs may also frequent public transportation stops, homeless encampments, wooded and covered areas, and other on-street locations known as meeting spots.

In some jurisdictions, MOTs operate on an on-demand basis. MOTs may respond to calls from police, the public and/or local government. Some MOTs publicize a contact number, allowing for direct contact with MOT staff on an as-needed basis. In jurisdictions where MOTs provide transport services, direct contact numbers help to facilitate/arrange passenger pick-ups. To manage demand, some jurisdictions triage MOT-calls on a case-by-case basis to ensure that the most at risk and vulnerable are attended to first.

Interagency Roles and Cooperation

MOT members act as ambassadors in their communities, establishing first impressions of homeless-serving agencies to prospective clients, community partners and stakeholders. Staff and volunteers serve as a bridge to agency services, establishing contact in the field and facilitating referrals. Once outreach teams engage clients, they can also serve as navigators, helping clients overcome system complexities and access appropriate services in the community.

Beyond engaging with potential clients, homeless outreach to other community agencies is essential for building a referral network to complement the services available within the outreach team. In the cross-jurisdictional sample, MOT agency partners span many sectors, including faith-based organizations (churches, synagogues, mosques, temples), hospitals, jails, mental health providers, free clinics, police, fire and ambulance departments, meal sites, homeless shelters, libraries, and community and day centers. Referrals happen in both directions – team members make referrals to partner agencies, but agencies can also refer to the MOTs.

Funding and Administration

Distinctions between MOT models are based on who is providing the services, where services are being delivered, and what type of arrangement underpins the relationships and shared responsibilities. MOTs often rely on public-private partnerships, creating a network of private, non-governmental, and government providers that together enable access to homelessness services.

The cost of delivering services through MOTs varies by the model used, the number and type of providers employed, and the distance that mobile outreach teams must travel. Sources of funding for MOTs include a mix of government grants, non-profit sector funding and corporate donations. Project administration can be government-led, non-profit-led or blended. Several faith-organization-led examples were identified in the jurisdictional scan. Health-focused MOTs are more likely to be funded and/or administered by provincial health authorities.

Common Outreach Challenges

On a client level, the biggest challenge usually identified is unmanaged mental illness. Other challenges relate to a lack of client readiness, including fear of committing to a program or service requirements and lack of trust. On the systems level, most MOT challenges revolve around limited resources, including difficulty contacting patients without phones or fixed addresses, and lack of readily available housing resources to offer clients. From a staffing perspective, challenges include burnout and safety.

MOTs face a variety of operational challenges including mechanical breakdown; parking availability; scheduling conflicts; inclement weather; and access to equipment/resources. Inadequate or inconsistent funding also poses a significant challenge, sometimes leading to breaks or gaps in service continuity.

Escalating demand for MOT services also poses a problem – a problem exacerbated by the COVID-19 pandemic and increasing numbers of homeless and precariously housed individuals.

Consultation with Homeless-Serving Community

Mobile outreach is an approach that works well in many contexts to increase engagement and access to a range of services for people experiencing homelessness or who are precariously housed. In Halifax, existing mobile outreach services include the North End Community Health Clinic's [Mobile Outreach Street Health](#) (MOSH) service, who deliver accessible primary care services to people experiencing homelessness; the two [Navigator Street Outreach](#) workers, who conduct ongoing outreach and service connection to people who are unhoused and sleeping outdoors; and [Mainline Needle Exchange](#), who conduct outreach to people who actively or formerly use drugs, including people who experience homelessness. See Attachment 2 for additional details on these service providers.

It is crucial that any proposed outreach activities be designed in consultation with community service-providers and potential service-users. Consultation can clarify whether additional outreach services are needed and identify how additional outreach might complement existing services in Halifax. Therefore, staff will continue to engage community organizations and people experiencing homelessness to determine what role(s) the municipality could play in efforts to address homelessness.

If stakeholder feedback is supportive of exploring a mobile outreach model, staff will gather input and advice and, if appropriate, return to Council to advise on the results of the stakeholder engagement and provide consultation-informed recommendations.

FINANCIAL IMPLICATIONS

No financial implications at this time.

COMMUNITY ENGAGEMENT

To gather information for the initial mobile-shower report, staff engaged several stakeholders, including HRM Recreation staff; Zatzman Sportsplex; Canada Games Centre; Halifax Regional Library staff; Out of the Cold Shelter; the Salvation Army; Halifax North Community Mobilization Team; Outreach Street Navigators; and Mainline Needle Exchange. For purposes of writing the shower pilot summary report, the authors consulted with individuals at Gray Arena, Meagher Park, North Grove Community Centre, Adsum Women and Children, MOSH Housing First and Mainline.

ATTACHMENTS

- Attachment 1: Shower Facility Rack Cards
- Attachment 2: Existing HRM-Based Outreach Services
- Attachment 3 Mobile Outreach Programs | Canadian Examples
- Attachment 4: Mobile Outreach Vehicle Images | Cross-Jurisdictional Examples
- Attachment 5: HRM-Mainline Shower Pilot Summary Report

A copy of this report can be obtained online at halifax.ca or by contacting the Office of the Municipal Clerk at 902.490.4210.

Report Prepared by: Scott Sheffield, Government Relations and External Affairs, 902.430.3654

ATTACHMENT 1 | Shower Facility Rack Cards



The Halifax Regional Municipality and Mainline Needle Exchange have partnered to offer **free shower facilities** to those experiencing homelessness in our region.



HALIFAX



Drop in any time between 10:30 a.m. - 1:30 p.m. on Monday, Wednesday, or Friday

DATES:
Ongoing until December 17, 2021

LOCATION:
Dartmouth North Community Centre and Public Library - Field
105 Highfield Park Dr.
Dartmouth, NS
B3A 0C2

TOWELS AND SHOWER SUPPLIES WILL BE PROVIDED



HALIFAX

ATTACHMENT 2

Table 2: Existing HRM-Based Outreach Services

Agency/Entity	Description
Mobile Outreach Street Health	<p>Mobile Outreach Street Health (MOSH) interdisciplinary team supports individuals who have experienced chronic homelessness; many of whom have also struggled with addiction, mental and physical health concerns. MOSH provides support based on principles of housing first, harm reduction, recovery, and choice. A team of five Intensive Case Managers, an Occupational Therapist and a Primary Health Care Nurse has the capacity to support 55 individuals. MOSH assists people to locate an appropriate, safe apartment of their choice and then provide ongoing, individualized support to help people to develop meaningful goals and enhanced independence. MOSH Housing First is a project supported by the Federal Homelessness Partnering Strategy, Housing Nova Scotia, the Nova Scotia Health Authority, Halifax Regional Municipality and numerous community partner agencies</p>
Navigator Street Outreach Program	<p>The Navigator Street Outreach Program (NSO) program helps people who are precariously housed, homeless, and/or street-involved access housing, education, employment, mental health supports, addictions treatment, social programs, and healthcare. Bringing services directly to the streets makes NSO almost unique in its approach to service delivery. NSO staff check in regularly with individuals who are sleeping-rough, panhandling, and/or carrying out daily living activities on the streets. An urban core on-street presence allows NSO to support individuals who are unwilling or unable to access embedded or in-house Homeless-Serving System of Care supports. NSO works collaboratively with the homeless-serving system to connect clients: NSO both receives referrals from HSSC organizations and refers clients to HSSC organizations. NSO works in collaboration with its partners to co-create individualized approaches to working with and/or for homeless and street involved individuals and engages in work that touches on all three segments of Halifax's homeless serving system.¹</p>
Mainline Needle Exchange	<p>Mainline Needle Exchange (MNE) is a health promotion project dedicated to supporting current and former drug users through harm reduction programs. It is also committed to encouraging drug users to focus on health and well-being through awareness, education and empowerment. MNE's outreach team provides: needles, syringes, sterile water, cookers, matches, filters, ties, condoms, safer use kits, safe disposal of used needles; awareness and education related to harm reduction, particularly safer injection and safer practices; peer support, including assistance with exploring and accessing detox, treatment, methadone; assistance in locating and navigating resources for legal, social services, employment and housing issues; and retrieval and safe disposal of needles when found in the community.</p>

¹ Since 2011, the municipality has supported the outreach component of Halifax's homeless-serving system by funding the Navigator Street Outreach program. For a funding historical overview, see [Item No. 11.1.3 Halifax Regional Council February 23, 2021](#).

ATTACHMENT 3

Location	Program Name and Web Site	Program Description	Client Transport Offered
Barrie, Ontario	Busby Centre Mobile Outreach Van	The Mobile Outreach Van allows workers to connect with those experiencing or those at imminent risk of homelessness where they are at while breaking down barriers for those who may not feel comfortable with traditional methods of accessing care to develop ongoing relationships. Staff assist with information and provide individual advocacy, resources, referrals, as well as short-term and long-term support to individuals living on the street. The Mobile Outreach Van is on the road seven days a week distributing food, water, clothing and other supplies to up to 140 people a night. Staff also provide people with brief crisis counselling; advocacy support and community referrals.	No
Calgary, Alberta	Downtown Outreach and Addictions Partnership	The Downtown Outreach Addictions Program (DOAP) assists vulnerable individuals in the community to get to a safe place. The DOAP team is a program of the Calgary Alpha House and it is designed to support emergency services such as police officers and Emergency Medical Services. DOAP is a service that helps link those who come into contact with individuals that have substance abuse issues with the appropriate social service agency. It is also an alternative response to calling 911 for someone who is intoxicated in the community. The DOAP team can help transport those under the influence of any drug and or alcohol for addiction treatment and related appointments. DOAP also provides referral services for shelters, detoxification, addiction treatment services, health needs, crisis counselling, advocacy and basic needs like food, housing and clothing. The DOAP team can also provide referrals to more appropriate youth services for young people experiencing homelessness.	Yes
Grande Prairie, Alberta	Mobile Outreach Program	Mobile Outreach Program (MOP) is a diversion program focused on mitigating the impacts of street level social disorder, addiction and public intoxication. MOP assists businesses and residents in handling their concerns related to the street engaged population. Concerns may include: trespassing, loitering, disturbances, public intoxication, needle debris and encampments. The MOP is intended to provide immediate support for a client's basic needs and navigation through local service systems such as emergency shelters, health care, addictions treatment and housing.	No
Hamilton, Ontario	Mental Health and Street Outreach Service	Mental Health and Street Outreach (MHSO) is a multi-disciplinary, multi-agency program under the auspices of Public Health, City of Hamilton's Mental Health and Street Outreach Service. Outreach Workers work with clients who are experiencing homelessness and have barriers to obtaining housing. There is one registered nurse seconded to this team from St Joseph's Healthcare Schizophrenia and Community Integration Service. MHSO helps individuals experiencing homelessness, many of whom have a serious and persistent mental illness. The program uses a recovery model and the social determinants of health to guide their approach. The outreach team: engages individuals on the streets and in shelters; assists individuals experiencing homelessness and	No

		having difficulty navigating the system to access: income resources; health care resources; housing; and additional living and support services; and works collaboratively with clients and service providers in identifying and negotiating systemic challenges	
Kelowna, British Columbia	Gospel Mission Outreach Services	Gospel Mission uses two minivans to distribute more than 200 daily meals to people on the streets. The vehicles act as a mini warming centre during winter and a cooling one in summer. The vans also are used as a mobile office, allowing outreach staff to meet with clients and provide case management on the spot. The outreach team deliver food, blankets, socks, underwear, toiletries and vitamins to those on the street. The vans serve both the downtown, where the homeless population seems to be concentrated, and additional neighbourhoods where there are people in need. The mission's outreach teams also help the homeless with referrals to mental health and addiction counselling.	No
Lethbridge, Alberta	Diversion Outreach Team	<p>The Diversion Outreach Team (DOT) offers a mobile diversion response to vulnerable individuals who may be facing homelessness, mental health concerns or addictions on the streets of Lethbridge. DOT actively liaises with concerned citizens, community businesses and emergency services to address concerns regarding individuals who are intoxicated and require access to emergency shelter services or other appropriate housing options.</p> <p>Through their outreach, the DOT works daily to mitigate problematic situations in the downtown area and in other identified hotspots in the community with both transportation and referral services as needed. DOT actively refers individuals accessing their services to other community supports and works from a harm reduction approach to actively reduce the effects of addictions and homelessness on our community.</p>	Yes
London, Ontario	Health Outreach Mobile Engagement	<p>The Health Outreach Mobile Engagement (HOME) program was developed to reach marginalized Londoners where they are, whether in shelters, encampments, or other community settings. The H.O.M.E Program provides a multi-disciplinary, multi-sectoral mobile response to improve the health outcomes and health equity of highly marginalized individuals in London. The H.O.M.E Program serves individuals who face barriers to accessing traditional models of healthcare and social services, including those who are homeless, insecurely housed, or under-housed. The program is a collaborative approach between the London Intercommunity Health Centre, Middlesex-London Paramedic Services, Addiction Services of Thames Valley, and Regional HIV/AIDS Connection with various site partners including Goodwill Industries, London & Middlesex Community Housing, Winter Interim Solution to Homelessness Coalition, and Youth Opportunities Unlimited.</p> <p>Services providing include the following: Medical care (triage and assessment, episodic care and prescribing, wound care, flu shots, treatment for infections); Harm reduction support (equipment, supplies, services, and information); Infectious disease testing (HIV/AIDS + Hepatitis C); Healthcare system navigation and linkage (e.g., mental health care, support accessing services for which clients must attend appointments, support accessing hospitalization if needed); Social service system navigation and linkage, and assistance with forms (e.g., housing, income); Housing support; Provision of basic needs (as available, e.g., food, water, clothing, hygiene products);</p>	No

		Referrals in real time, as needed and possible, to agencies and community partner services and care; Peer support and referrals to Recovery Community Centre.	
Montreal, Quebec	Solidaribus	To support those experiencing homelessness in Montreal, the city's transit authority (STM) gifted one of its city buses to the Old Brewery Mission. The bus, dubbed the Solidaribus, acts as a shuttle to bring people to shelters across the city during the winter months once the metro has closed. The bus roams the streets of Montreal from 4 p.m. to 10 a.m. seven days a week, with staff onboard -- offering safe transportation to around 100 people per night, in addition to the shuttle bus service the Mission has had in place for years. The decision to add a second bus providing this service was motivated by the challenges posed by the COVID-19 pandemic. The project is an agreement between the Mission, the STM, the City of Montreal, the Societe de developpement social, the Montreal police service and the government of Quebec. The bus driver's salary and fuel are paid for by the City of Montreal and the downtown CIUSSS has allocated funding to pay for social workers' salaries during the winter season.	Yes
Nanaimo, British Columbia	Mobile Youth Outreach Team	The Mobile Youth Outreach Team is a no-barrier outreach service for youth aged 12-29 who are experiencing homelessness in Nanaimo. Aimed at addressing the youth's immediate needs, the team delivers free personal hygiene goods, food, harm reduction supplies and survival gear. This initiative was started by the Youth Advisory Council, with initial funding from Nanaimo Community Action Team. The team not only distributes essential supplies, but also develops meaningful connections with the young people they serve. The team collects important data about the vulnerable youth through survey questions to learn what the best ways are to respond to youth homelessness.	No
Nanaimo, British Columbia	Community Outreach Response	Community Outreach Response provides community-based crisis response services including street-based outreach. COR team is comprised of nurses, social workers, clinicians, rehab workers and peer support workers. COR crisis services: Serves/supports people of all ages who are experiencing urgent distress or immediate concerns related to mental health and/or substance use issues. Response may include consultation, assessment, referral and short-term follow up. Services are accessed through the Vancouver Island Crisis Line. Crisis Line volunteers will provide immediate support, if further support assessment is needed the Crisis Line volunteer will connect the individual with COR. COR homelessness services provides street-based services to persons who are experiencing ongoing homelessness in Nanaimo. Service includes support and referrals for mental health and substance use issues, harm reduction supplies and support are offered, as well as mental, physical or emotional assessments and supports.	No
Niagara, Ontario	Niagara's Assertive Street Outreach	Niagara's Assertive Street Outreach (NASO) Team actively engages individuals, across Niagara, experiencing unsheltered homelessness to promote, connect, and coordinate access to the range of supports available across Niagara's Homeless-Serving System, including emergency shelter, housing and support services. NASO outreach workers proactively engage and respond to requests in the community for individuals in public spaces, who, for example, may be 'sleeping rough' or living outdoors (e.g. sleeping in a car, living in an encampment etc.). Assertive Street Outreach workers are focused on ending the experience of homelessness, particularly for those who	No

		would otherwise be underserved in traditional settings. Street-based outreach ensures that trained workers respond directly to a person's needs by bringing coordinated services from across the Homeless-Serving System to the individual, rather than waiting for them to seek services on their own. NASO is a collaboration between the following agencies: Gateway Residential & Community Support Services of Niagara Inc. (in partnership with Southridge Community Church); Niagara Resource Service for Youth (The RAFT); Port Colborne Community Association for Resource Extensions (Port Cares) Niagara Region Community Services.	
Ottawa, Ontario	Street Outreach	Salvation Army's Street Outreach van is used to transport homeless and at-risk people from the streets to safe, appropriate shelter. Appropriate shelter can include taking clients to harm reduction units and withdrawal-management services. Transport to a hospital is also provided in cases of a minor altercation or mishap that requires medical attention. Individuals who are homeless can contact 311 to arrange transport. Service providers can obtain the direct line. Street Outreach offers transportation services from 11:00 a.m. to 03:00 a.m., seven days a week (extended hours during extreme weather conditions). Street Outreach staff also generate referrals to other service providers, food banks, housing services, community research centres, clothing, employment centres, income resource centres, community meals, and mental health services.	Yes
Region of Peel, Ontario	Peel Outreach Services	Peel Outreach Services offers a continuum of housing support that seeks to end homelessness and increase access to mainstream services. The multi-agency collaboration helps get people experiencing homelessness out of the cold and on to a path to long-term housing. The program is funded by the Region of Peel and run by the Canadian Mental Health Association. The Street Outreach team consists of both a 24/7 Street Helpline and two mobile outreach teams that provide on-location supports including: access to shelter; COVID-19 prevention services; certain medical services and urgent supplies (e.g., food, clothes, and blankets); and connection to other supportive programs, including mental health, addiction, and employment services.	Yes
Saskatoon, Saskatchewan	Lighthouse Mobile Outreach	The Lighthouse Mobile Outreach (LMO) operates for 12 hours per day, from 10:00 AM – 10:00 PM. This team supports residents and shelter guests to attend appointments and connect to community resources. When resources allow, they also help community members in distress by driving through neighbourhoods checking on people and handing out food and water bottles. When contacted, LMO will send someone to check on individuals who appear to be without a home or in distress between 10-10pm. The goal of the program is to engage people without homes who have been living on the street to help them access housing and other community services including health care, and mental health and addictions resources. LMO is a Saskatchewan Health Authority funded program of The Lighthouse Supported Living Inc.	Yes
Sudbury, Ontario	Street Outreach	Street Outreach is a program administered by the Homelessness Network and intended to engage and support people who may be living outdoors, in tents, or other places not meant for human habitation. Outreach staff walk and drive to locations where people are known to be and offer help to individuals by providing a wide range of services aimed at intervention, reintegration and social and community re-	Yes

		<p>adaptation. Services provided include referral to community resources, suicide intervention, immediate first aid, health support and transportation to essential services. They also provide blankets, clothing and supplies to those in need. During an extreme cold weather alert, the outreach team operates the outreach van overnight to transport people to safe places, such as shelters and warming centres. The outreach team also provide people who choose to stay outside with extra clothing, blankets and coffee.</p>	
Surrey, British Columbia	Atira Outreach Van	<p>The Atira mobile outreach program supports women who are sleeping on the streets or who have no fixed address in Surrey BC. Operating seven days a week from 6:30pm to 2:30am and providing referrals to housing and shelters, support services, medical care and treatment as well as emotional one-to-one support, and immediate basic necessities including: Snacks, water and Hot drinks; Harm Reduction Supplies; Referrals to Emergency shelter and resources; Donations of gently used clothes, blankets, umbrellas, gloves, toques, scarves etc.; Advocacy, along with non-judgmental support; A sense of security and safety in the community; A safe ride to an emergency shelter or drop in program upon request; The services offered by the Outreach Van are delivered directly to women on the streets of Surrey, and embrace approaches that are women-centered, non-judgmental, and stigma-free. The program staff tailor their approaches to address the unique needs of each woman they encounter. The Outreach Van also provide peer opportunities for women with lived expertise who have barriers to traditional employment and who are looking to give back to their communities or to gain work experience an opportunity to earn income safely.</p>	Yes
Surrey, British Columbia	NightShift	<p>The Mobile Outreach Unit (MOU) is a vehicle designed to deliver outreach care to people in need in a variety of locations. This newly fabricated bus features two patient rooms, and an outreach space for clothing, care kits and more. The Mobile Outreach Unit's counselling focus is primarily crisis intervention and community referrals. Individuals requesting more in-depth or longer-term counselling are referred to counsellors at NightShift's Care Centre and offered a sliding-scale rate. Professional nurses provide basic care (assessing vital signs; obtaining medical history from the patient; administering wound care); distribute vitamins, meal replacement drinks and bars; educate patients about health and nutrition; and make referrals to the hospital or other healthcare facilities if further care is necessary. The MOU is also a way to provide information on resources and other resources. In addition to drop-in services, from time-to-time MOU partner with service providers who offer free hearing or eye tests and more. Clothing, care kits and other basic necessities will be handed out to people in need by volunteers in the outreach area of the MOU. Prayer needs may also be met there.</p>	No
Thunder Bay, Ontario	Care Bus	<p>The Care Bus provides care to individuals, providing access to food and water, hygiene supplies, personal protective equipment, warm clothing, and harm reduction supplies. Many individuals who access the Care Bus are seeking transport to the Warming Shelter, Isolation Shelter, Emergency Shelter, medical and social support services and to access food and resources. The Care Bus is a conventional transit bus with a predetermined route, staffed with harm reduction outreach workers and system navigators. The Care Bus, which is a City</p>	Yes

		bus, allows for sufficient space for physical distancing during Covid-19	
Toronto, Ontario	Streets-to-Homes (S2H)	The City of Toronto coordinates a street outreach service where workers will visit people staying outside to offer them help. Street outreach takes place 24 hours a day, seven days a week year-round. Street outreach is not an emergency service. Streets to Homes (S2H) and partners provide street outreach and housing-related follow-up supports to assist people who are experiencing homelessness and sleeping outdoors. S2H staff focus on establishing supportive relationships as a first step in addressing an individual's immediate health and safety needs. They also provide supports to move into housing. The following services are available to people who are 16 years or older and are sleeping outside: water and referrals to food programs; identification documents (ID) and income supports; supports to develop a housing plan, for those who are not already working with other housing workers or agencies; wellness checks; clothing and supplies; harm reduction supplies and harm reduction services; mental health supports through the Multi-Disciplinary Outreach Team ; blankets and sleeping bags in the winter; referrals to the shelter system through Central Intake; additional wellness checks and referrals to warming/cooling centres during extreme weather alerts	
Vancouver, British Columbia	Homelessness Services Outreach Team	The Homeless Services Outreach Team assists citizens at the storefront office Monday to Friday, as well as street outreach, with additional late evening shifts between 4:30pm to 11pm, 4 to 5 days a week. The street and alley outreach shifts provides additional support to those most marginalized in the community and the least likely to be accessing traditional social services. Outreach staff can offer: Assistance to find housing options and provide support with the application and move-in process; Assistance or referrals to maintain existing tenancies; Assistance to secure an income through Provincial or Federal Benefits, including applications for income assistance, employment insurance, pensions; Referrals to emergency shelters for a place to sleep, wash, and eat; Assistance to obtain identification, including applying for and safely storing identification; Referral to emergency shelters, health care, counselling, clothing, detox, and addiction services; Immediate assistance such as emergency first aid and emotional support; Harm reduction supplies such as needle exchange and safer sex supplies.	No
Windsor, Ontario	Mobile Outreach and Support Team	The Mobile Outreach and Support Team (MOST) supports the needs of those who have mental health or addiction challenges, require housing, or are street-involved. MOST is made up of a driver trained to support those with physical disabilities, a social worker, and an outreach worker. MOST will travel via an accessible van to Downtown and West-End Windsor locations with supplies such as food and personal care items while offering services. The team also responds to 311 calls on homeless encampments during shift times. Windsor Ontario's Mobile Outreach Street Team is a collaboration between Hôtel-Dieu Grace Healthcare, Family Services Windsor-Essex, the Canadian Mental Health Association (Windsor-Essex County) and Assisted Living Southwestern Ontario.	Yes

Winnipeg, Manitoba	Van Patrol Outreach Program	Main Street Project's Van Patrol is a mobile community outreach program that offers support to community members using a harm reduction approach. Van Patrol provides support such as a ride to MSP's emergency shelter warm clothing, blankets, water, coffee, food and harm reduction supplies. The van can also be called on to do wellbeing checks. During an average day, Van Patrol serves almost 100 people, providing over 150 food and beverage items, and over 80 harm reduction supplies per day. In addition to community outreach, Main Street Project is a principal partner in the City of Winnipeg's Voluntary Transport Protocol. In partnership with the Winnipeg Police Service and Winnipeg Fire Paramedic Service, MSP's Van Patrol helps to alleviate stressors on the health and emergency response system by providing a consistent mode of non-emergency related transportation to assist those who may have otherwise depended on emergency services. Main Street Project's Van Patrol Program is funded by Reaching Home.	Yes
Yellowknife, Northwest Territories	Yellowknife Street Outreach	Yellowknife Street Outreach (YSO) addresses the needs of the street-involved population, by providing for basic needs, such as water and snacks. The van also carries a first aid kit and a naloxone kit as well as condoms and referral pamphlets for community agencies and services. YSO offers safe rides to various locations, including shelters, homes, and health service providers. By extension, this service provides support to the RCMP and Emergency Medical Services, by addressing non-emergency calls related to individuals who are sleeping and/or intoxicated in public, and peace of mind to the public, by providing an on-call presence to address concerns about the safety of street-involved individuals in the community. The Street Outreach Van operates from 12 noon to midnight each day.	Yes
York Region, Ontario	Loft Crosslinks Street Outreach Van	York Region Public Health partnered with the Loft Crosslinks Street Outreach Van to provide mobile services and supplies for people who are street involved, homeless and at risk of being homeless. Services include mental health and addiction resources; crisis support, intervention, and prevention; referrals to shelters and other community supports; sexual health information and resources; harm reduction services for people who inject, snort drugs, smoke crack and crystal meth. The van is equipped with food, clothing and shoes; sleeping bags, tarps and blankets; condoms; needles, syringes, snorting, crack and crystal meth smoking supplies; Staff on the van can include mental health workers; harm reduction and outreach workers; peer support workers; and housing outreach workers.	No

ATTACHMENT 4

Table 4: Mobile Outreach Vehicle Images | Cross-Jurisdictional Examples





Halifax Regional Municipality

Shower Pilot Project for People Experiencing Homelessness

EVALUATION REPORT

February 2022

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BACKGROUND

On September 28, 2021 Halifax Regional Council approved a pilot project to provide shower facilities for people experiencing homelessness in Dartmouth. The concept entailed offering shower access either through retrofitted transit buses or partnering with a community organization to provide mobile shower trailers or working with recreation facilities.

Mainline Needle Exchange was approached to act as the community partner for the pilot project, with the idea that people experiencing homelessness might feel more comfortable accessing the service if it were endorsed by a familiar community agency and staffed by peers. Mainline agreed to arrange for existing staff and/or peers to operate the shower service and to promote it among their clients, in particular those known to be homeless and based in Dartmouth, e.g. sleeping in tents or temporary shelters (i.e., sheds), or staying at Gray Arena which was functioning as an emergency shelter at that time.

While city staff, led by Lillian Ash, worked to arrange the shower facility, Mainline was kept apprised of the progress and provided input on several occasions with respect to preferred location, considerations for operations and needed supplies. In mid-October city staff secured a suitable shower trailer containing 6 shower stalls, each with a small dressing area and a locking door. The unit was heated and hot water was provided via a pair of barbecue-sized propane tanks. Finding a suitable location that could provide a water hookup and ample parking for the large trailer proved challenging, and several options were considered before settling on the field behind the North Dartmouth Community Centre, located at 105 Highfield Park Drive. The trailer was delivered and installed between October 22 and 29, 2021.

SHOWER LAUNCH

Initially intended to launch October 1, 2021, the shower actually opened to the public on November 1, 2021. Securing a shower trailer and a suitable location proved challenging and the opening of the shower was delayed as city staff worked through the logistical challenges. Meanwhile, Mainline staff and peers procured the needed supplies for cleaning and operating the showers (soap, shampoo, towels, cleaning supplies) and promoted the shower on outreach, although without a concrete date for opening. Mainline staff and peers visited the shower during installation and were trained on how to operate the unit and who to call for support.

Beginning November 1, 2021, the shower was open Monday, Wednesday and Friday from 10:00am to 1:00pm. During open hours, a pair of Mainline staff/peers were at the shower and waiting for anyone to come make use of the service. Staff/peers were prepared to welcome people, provide access to the showers, monitor and track usage, and respond in case of any adverse events. They were also equipped to clean the showers after each use.

PROMOTION

In advance of the shower opening, Mainline staff started to spread the word about the upcoming project, gauging interest and promising more information when it was available. A few clients expressed casual interest. Once the location was confirmed, HRM communications department prepared flyers, which were finalized November 2, 2021 and delivered to Mainline later that week. Flyers were posted and distributed at Mainline's office in Halifax. Mainline staff and peers also delivered/posted the flyers during outreach at locations including: Gray Arena, Meagher Park (AKA "the People's Park"), North Grove community Centre, and 107 Albro Lake Road (home to Adsum Women and Children and MOSH Housing First). Mainline outreach staff also spoke to individual clients and distributed flyers during regular outreach in Halifax and Dartmouth, including those tenting and staying in sheds or other temporary shelters. This promotion continued for the duration of the shower project.

SHOWER USAGE

The shower was open and staffed 3 days/week from November 1st to November 29th. In that time no individuals came to use the shower. By the end of November the weather had gotten quite cold and given the lack of uptake, the decision was made to wrap up the project early.

EVALUATION METHODS

Mainline developed a brief survey for clients, asking about barriers or reasons for not using the shower. In recruiting participants we targeted individuals who might have been good candidates to use the shower, i.e., people experiencing homelessness, in particular those sleeping rough/tenting/living in sheds or other temporary shelters. We did not target individuals staying at shelters where there was already access to showers. The majority of those approached to do the survey had received the flyers and/or messages about the showers from Mainline outreach or staff from other agencies. Ten clients completed the survey. Recruiting individuals to take part in the survey was complicated by the winter weather and the fact that many individuals had moved to new locations by that time, e.g. several encampments were now abandoned or had few remaining residents; the Gray Arena was no longer being used as a temporary shelter; individuals who had been tenting in north Dartmouth had moved on or were now being put up in hotels, and it was difficult to find them. The survey asked about where people were staying and showering at the time of the survey as well as during the shower project, their reasons for not accessing the shower, and suggestions for what would make for a more successful shower service for people experiencing homelessness.

In addition to the client survey, we met with six Mainline staff and peers, including those who had promoted the shower and those who had staffed the shower during its opening hours. Staff and peers were asked why they thought the shower wasn't utilized, what type of shower service would be more suitable/popular, and what more could have been done to promote the shower. Those who had staffed the shower were also asked about their experience on site.

FEEDBACK FROM PEOPLE EXPERIENCING HOMELESSNESS

We completed the survey with ten clients who were staying outside, tenting or staying in temporary shelters at the time of the shower. Five of those had been staying in Dartmouth. Of those who completed the survey, 8/10 (80%) remembered hearing about the shower, six of them from Mainline and two from friends or other people at the encampment they were staying at. Participants were asked where they shower currently and where they were showering in November 2021; all had the same response for both timeframes. They reported accessing showers at the following locations:

Location	Number (%)
Friend’s house	4 (40%)
Public washrooms	3 (30%)
Adsum/OOTC showers Gottingen Street	2 (20%)
Use basin inside temporary shelter	1 (10%)

Participants reported the following reasons for not using the shower trailer in North Dartmouth:

LOCATION: Most participants mentioned the location was not convenient enough to travel to. As one participant said: “It’s the distance away from us. We would prefer to boil water and wash ourselves here in our tents. If it was closer we would use it”. On a related note, several clients mentioned lack of transportation as a barrier. “I didn’t have a bus pass or any money to get to Dartmouth”.

WEATHER: By the time the shower opened it was quite cold most days and the clients we surveyed said this contributed to not wanting to travel to or use the shower.

PRIVACY: Two clients mentioned concerns about privacy, with the shower trailer located in a field that was quite visible from the road and neighboring buildings.

OTHER OPTIONS FOR BATHING: All clients we spoke to said they had other options for bathing that worked better for them than traveling to the shower trailer.

When asked what would make a shower service more successful for people experiencing homelessness, clients suggested a more convenient location closer to where people are tenting, support with transportation such as a shuttle or designated transit pass, and more promotion.

FEEDBACK FROM MAINLINE STAFF/PEERS

The staff and peers who worked at the shower location for the month of November found it to be a challenging exercise. The use of an outdoor trailer for the shower meant there was nowhere for them to wait except in their vehicles, and the weather was getting colder by the day. They found it uncomfortable to spend 3 hours/day sitting in a cold vehicle with nothing to do but wait. One staff member mentioned that all the waiting left ample time to reflect on other services needed by people

experiencing homelessness and to feel that the resources put into the shower could have been used more effectively.

Staff and peers identified the following reasons why they thought the shower had not been used:

LOCATION: All staff/peers mentioned the location as a factor in the lack of uptake. Though understanding the limitations of the trailer and difficulty in securing a location, they also expressed that the shower was not close or convenient enough for the people who really needed it.

WEATHER: All staff/peers mentioned weather as a primary reason for lack of uptake, in particular due to the type of facility (outdoor trailer) and location. As one peer said, the cold weather made it “not very appealing to travel to Dartmouth, or to get a shower and then step out onto a cold field.”

THE STANDALONE NATURE OF THE SHOWER: Staff mentioned that the shower was isolated from other needed supports and services, and was therefore not enough to motivate people to travel to the location. They suggested that a shower would be more successful if embedded or paired with other supports people need. “I think a shower needs to be in a building where other services are available. Food, health care, a place to hang out and get peer support from people with lived experience, maybe staff to help them to get housing or other needs met”. Staff suggested that this would make the shower more appealing as a destination and would also help address concerns about stigma, that is, people experiencing homelessness would feel the space was for them and would expect to be welcomed and respected there.

LACK OF TIME FOR PROMOTION: A few staff and peers mentioned that the challenges in securing a location and logistics of getting the shower up and running made promotion difficult. Without a concrete location and opening date, Mainline couldn’t promote the shower with much lead time.

CONCLUSIONS

The idea of a shower service for people experiencing homelessness was well-intentioned, and the community members we spoke to expressed appreciation that the municipality was making an effort to provide supports for people experiencing homelessness. Unfortunately the timing, location and circumstances of this pilot project did not work out and the service was not utilized. Participants in the evaluation expressed hope that the lessons learned here can inform future efforts, and that the city will continue to engage community members and partner organizations in an effort to meet needs.

RECOMMENDATIONS

- A shower facility for people experiencing homelessness could be more successful and cost-effective if located within a **brick-and-mortar building**,

ideally one that is already home to other community organizations and/or services utilized by people experiencing homelessness. A fixed location would mitigate several of the barriers identified by this evaluation, including concerns about weather, privacy, and lack of time to promote the service. The **ability to access other supports and services in one place**, e.g. laundry, food, programming, peer support, would make for a more enticing destination where people could go for many reasons, including a hot shower.

- If future shower services are again provided in a mobile trailer, it might be more successful if offered during **warmer months** when more people are sleeping rough, and if **located closer** (ideally immediately next to) to areas where people experiencing homelessness are camping or staying in other temporary shelters.
- **Transportation services** should be considered for future shower facilities, or to support people to access existing showers that are open to the public, e.g., facilities at Adsum Alders on Gottingen Street, showers located in Sackville Community Centre, Captain William Spry Community Centre, Fort Needham Community Centre. This might include a dedicated shuttle service, bus tickets or a specific pass for people to take transit to essential service locations.
- For future pilot projects supporting people experiencing homelessness, a process of **community engagement** should precede the conceptualization and planning to ensure that services meet actual needs and to identify potential barriers to implementation.