DROP-IN PROGRAM EVALUATION

Belleville, Ontario

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Victoria Law, RN, BScN, MSc
Public Health Nurse (Social Determinants of Health)
Hastings Prince Edward Public Health
Steve van de Hoef
Program Manager
Bridge Street United Church

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Executive Summary

A drop-in program was developed at Bridge Street United Church in June 2021. This program was established to meet the needs of people experiencing homeless, those who live in poverty, and others who are systematically disadvantaged in the Belleville and surrounding communities. This program met a significant community gap during the COVID-19 pandemic. It was established as a Memorandum of Understanding between Bridge Street United Church, Hastings Prince Edward Public Health, John Howard Society, and Grace Inn Shelter. John Howard Society leads the day to day operations of the drop-in, while Public Health provides regular access to public health nursing and other related services. Bridge Street United Church supports with use of a physical space and Grace Inn Shelter has a vested interest as the drop-in services many of the same clients who use the shelter overnight.

The evaluation was conducted in the spring of 2022 and results were disseminated to interested parties through the Ontario Health Team network. The data was collected through surveys which consisted of both closed-and open-ended questions. Data collection included three separate survey tools, one for each of the target groups: people with lived experience, frontline staff, as well as managers and supervisors. People with lived experience were described as those who were the target audience for the drop-in, including those who used the drop-in, as well as those who chose not to use the program. Frontline service staff were described as staff who support people experiencing homelessness. Managers and supervisors included leaders of programs/agencies who directly or indirectly serve people experiencing homelessness. People experiencing homelessness and at risk of homelessness participated on paper surveys by invitations from frontline staff. Frontline staff and managers/supervisors received the invitation to the survey directly through their email. Findings were grouped by the target groups and can be summarized as follows.

People with lived experience

- Desire for more social programming
- Drug use and negative behaviour are significant concerns
- The drop-in services are accessible to the community

Frontline staff

- Services deemed appropriate
- Concerns about drugs and safety
- Desire for mental health and addictions services, as well as housing support

Managers and supervisors

- The drop-in has created an appropriate and coordinated service
- Desire to see more services at the drop-in overall (housing, mental health and addictions, coordination and primary care)

Five key themes were identified through these findings.

1. **Accessibility** (*Appropriateness + Approachability*): All levels of respondents made note that the program is accessible to those who need to use it.
2. **Services**: There was a strong desire to increase the available services at the drop-in program. Services of interest ranged from mental health and addictions to supervised consumption.
3. **Safety + substance use** (*Social Environment*): Some concerns were raised from all target groups about substance use on site. Safety was regarded as both a reason to visit the drop-in and a reason not to. Some people felt safer on site at the drop-in than other places, whereas others did not.
4. **Staff** (*Social Environment*): There was a lot of positive feedback about what staff do to support people who use the drop-in at all levels.
5. **Social programming**: Social inclusion was a key theme, people come to the drop-in to feel connected to others.

The findings led to discussion with the four aforementioned agencies. The outcome of the discussions was an agreed upon understanding of who the drop-in program is for. This includes:

- People who are homeless/unsheltered
- People who are emergency sheltered
- People who use substances
- People with mental health concerns
- People with financial challenges
- People who are hungry
- People involved in the justice system

This evaluation has helped to move forward community-based action to support people experiencing homelessness. Multiple community partners have come to the table to facilitate discussion about the best way forward. Next steps are to develop a proposal for a sustainability plan with support from community-based agencies, as well as the need to advocate for a safe consumption site in the community. At the program level there will be advocacy to increase primary care on site, training for staff to de-escalate crises, and simulation-based training to support staff responding to overdoses. The program will continue to meet urgent needs of community members as services are updated and revised as a result of the evaluation.

Background

The drop-in program located at Bridge Street United Church (BSUC) has become a staple in the Belleville and broader Hastings Prince Edward communities since its inception in the spring of 2021. This drop-in program filled an immediate gap when there were few, if any, spaces available for people experiencing homelessness to go during the day in the height of COVID-19 lockdowns.

A health equity impact assessment was conducted on the disproportionate effects of the COVID-19 pandemic for people experiencing homelessness in Hastings and Prince Edward (HPE) counties. This HEIA was completed in the fall of 2020, presented to the Board of Health, and helped to provide local evidence about how the HPE community's most systematically disadvantaged people coped through the first waves of the pandemic (Hastings Prince Edward Public Health, 2021a). This assessment demonstrated a significant need for a space for people to go during the day, which was even more so the case during extended COVID-19 lockdowns.

The drop-in program, a collaboration between BSUC, John Howard Society (JHS), Hastings Prince Edward Public Health (HPEPH), and Grace Inn Shelter, began with an expectation of the space to be a place for a few people to come during the day. The primary purpose was to provide a space for people experiencing homelessness to seek refuge and meet basic needs when there was no other appropriate place to go.

This drop-in at BSUC was to provide a scaled-up version of a similar program operated by JHS out of their building twice a week on a much smaller scale. This program operated in the earlier waves of the pandemic. The drop-in at JHS served 10-20 individuals on the days when it was opened, providing access to safe space and basic needs like snacks, laundry, toilets, and showers. Based on JHS' experience, the drop-in partners estimated that approximately 20-30 people would use the drop-in located at BSUC each day. Soon after the drop-in opened at BSUC it became apparent that many individuals would be accessing the drop-in, with peak use coming during the coldest months of the year. This demand was a learning experience for all of those involved, as well as the community at-large, in support of the growing demand for drop-in services.

Traditionally, drop-ins provide a range of services that may include food, healthcare, showers, laundry, information and referrals, and social and recreational activities to people who are homeless or at risk of homelessness (City of Toronto, 2022). The drop-in located at BSUC has offered many of these services over the past year. From January through March 2022, the City of Belleville's overnight warming centre, operated by Hastings County, was also located at BSUC, sharing the drop-in space. However, the drop-in and warming centre were separate services, with different lead agencies, simply sharing the space for a similar

target audience. The overnight warming centre will be operated at an alternate location for the 2022-2023 winter season.

The media release for the official launch of the drop-in was distributed on June 23, 2021 and was shared by HPEPH on behalf of all organizations who are signatories to the Memorandum of Understanding (MOU). The drop-in was said to be "a safe place to visit during the day for those who are experiencing homelessness or financial challenges. The drop-in program offers access to showers, laundry, phone, and Wi-Fi. Harm reduction and outreach public health nursing services are also provided on site, as well as a daily hot lunch and snacks" (Hastings Prince Edward Public Health, 2021b).

Funding for the drop-in was provided by Hastings County Community and Human Services, with a supplemental amount received from the City of Belleville's Social Infrastructure Grant. Capital funding was provided by the John & Bernice Parrott Foundation enabled BSUC to renovate its building to accommodate the drop-in. The initial operating funding and MOU for the drop-in was due to expire on March 31, 2022. The MOU was extended 90 days through the end of June 2022 to enable evaluation. The MOU has now been extended through the end of the fiscal year concluding at the end of March 2023. The leadership team, which consists of representatives from BSUC (SV), HPEPH (VL), JHS (NM) and the Grace Inn Shelter (AV), determined it was an appropriate time to undertake a formative evaluation, while keeping it within the scope of what could be accomplished over a short timeline.

Evaluation Purpose

The purpose of the evaluation was to guide future action for the drop-in program. The drop-in program came at a time of urgency and engaged the players who were already at the table rather than a slow and thoughtful engagement of possible partners. The evaluation sought to reconsider and affirm certain decisions while looking at the best way forward.

Methods

Survey development

In order to develop a survey that suited the needs of the leadership committee, they worked through a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to identify each of these dimensions of the work before moving forward (Appendix A).

The group also collaborated on an exercise by going through "*what the drop-in is*" and "*what the drop-in is not*" (Appendix B). This helped to create a shared understanding among the leadership team about the direction of the evaluation. While the exercise was not a final decision on what services would be available at the drop-in, it provided a springboard for discussion about what needs are to be met at the drop-in. For example, the leadership team determined that the drop-in program was a place for people to:

- obtain harm reduction supplies,
- safely spend time,
- obtain personal care service (shower, laundry, bathrooms),
- access remote services (virtual appointments),
- have a mental health check-in,
- look for assistance.

The leadership committee also considered what the drop-in is not. The group determined that as of the launch of the survey, the drop-in is not a:

- supervised consumption site,
- place to go during an acute mental health crisis,
- full service medical clinic,
- place for people to bring their pets,
- place to bring or leave a large volume of personal belongings.

This exercise brought the leadership together to help create a shared vision for the drop-in and consider what it might look like moving forward.

A representative from John Howard Society (NM) led a talking circle for people with lived experience which led to the preliminary development of the survey for people with lived experience.

Recruitment methods

<u>People with lived experience</u>

The leadership committee guiding the evaluation wanted to ensure that the target population for the drop-in program was included in the evaluation independent of whether they were using the drop-in program. Individuals within the target population who did not use the drop-in were invited to provide feedback through partners at Peer Support of

Eastern Ontario, Welcoming Streets (Belleville BIA) and Grace Inn Shelter. John Howard Society staff facilitated the survey uptake at the drop-in program by offering staff to help guests with low levels of literacy to fill out the surveys.

Most surveys for people with lived experiences were completed on paper and John Howard Society staff entered the surveys into Checkmarket and discarded of them appropriately.

Frontline staff

A curated list was developed by members of the leadership team which included frontline staff at John Howard Society who worked at the drop-in, as well as shelter staff, and other frontline service staff serving people experiencing homelessness focused in the Belleville region. These staff were provided with one follow up email to facilitate a higher completion rate. The surveys were available via hyperlink in emails through an online survey tool, Checkmarket.

Managers and supervisors

A curated list was developed by members of the leadership team which included supervisors and managers of those who responded to the frontline survey as well as those perceived to be in leadership positions who may not directly oversee homeless service staff. These individuals were provided with one follow up email to facilitate a higher completion rate. The surveys were available via hyperlink in emails through an online survey tool, Checkmarket.

Guiding questions for survey development and respective data analysis:

1. What is working?
2. What is not working?
3. What do you want to see?

Table 1 Survey response rates

	People with lived experience	Frontline staff	Managers and supervisors
Number of invitations	---	62	25
Number of partially completed surveys	----	4	1
Number of fully completed surveys	63	48	17
Response rate	----	73%	68%

Strengths and Limitations

There were several strengths and limitations to consider.

Strengths

- Collaborative review process
- Direct engagement of people with lived experience
- High response great and strong engagement from partners

Limitations

- Short time frame for completion
- Staff helped people with low literacy levels fill out surveys which may have introduced bias
- Unable to complete literature review prior to survey launch due to short timeline and resource constraints

Key Findings

Findings from people with lived experience

Unique findings emerged from guests and people with lived experience. The team was unable to determine a full list of eligible participants of the people with lived experience group for the survey. It was therefore not possible to determine the response rate. To consider how representative this sample was, participants in the survey were compared with the results of the November 2021 homeless enumeration for Belleville (Hastings County, 2021). In November 2021, 149 people were identified to be experiencing homelessness in Belleville: 26 individuals were unsheltered (18%), 37 were emergency-sheltered (25%), 63 were provisionally accommodated (42%), and 23 were undetermined (15%) (Figure 1). A prior enumeration completed in April 2021 found a greater number of individuals experiencing homelessness in Belleville: 50 people were unsheltered (28%), 27

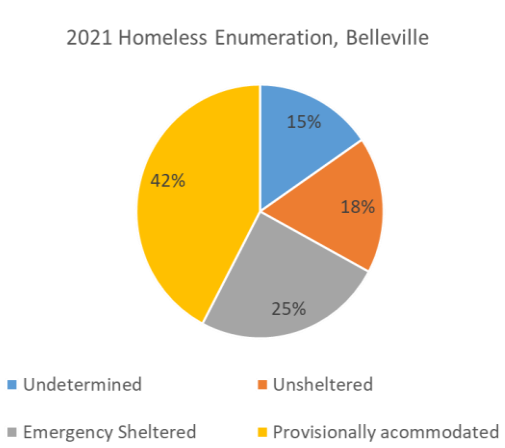

Figure 1 Homeless Enumeration (November 2021), Belleville

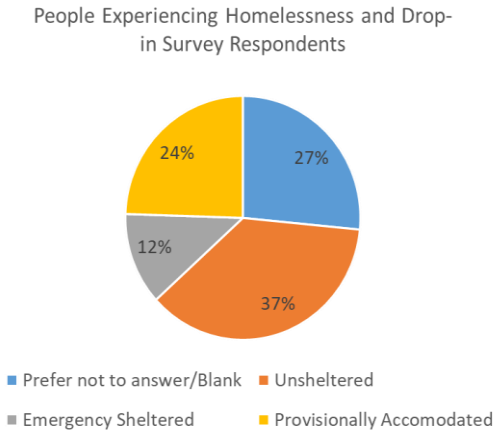

Figure 2 Types of homelessness among survey respondents

emergency sheltered (15%), 48 (27%) transitionally housed and 55 (31%) provisionally accommodated or "hidden homeless". Given the contrast between these numbers, we expect the larger number of unsheltered people as accounted for in the April 2021 enumeration to be more accurate.

Most survey respondents who were experiencing homelessness were unsheltered (37%), almost a quarter (24%) were provisionally accommodated, and only 12% were emergency sheltered. A further 27% chose not to answer the homelessness question or left it blank (Figure 2). Based on these results, those

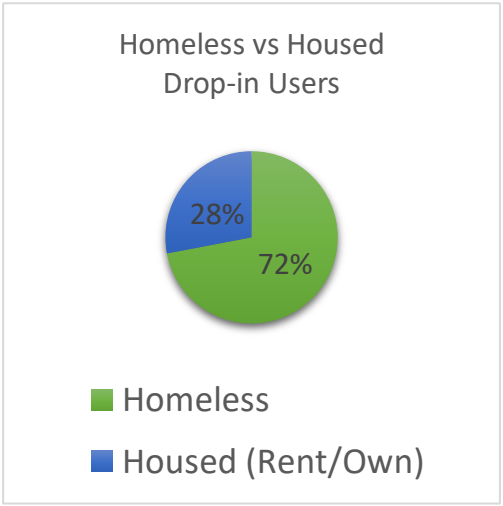

Figure 3 Housing status for people with lived experience survey respondents

who are experiencing unsheltered homelessness make up a greater proportion of those who use the drop-in compared to those experiencing other types of homelessness. This aligns with our expectations that the drop-in serves those who are unsheltered, who have limited access to showers, toilets, and laundry services. Those who are emergency sheltered may not be in as great of a need of these services as they are able to access some of the basic needs at the shelter. A lower proportion of those who are provisionally accommodated participated in this survey, as would be expected.

A further finding of note was the divide of housed compared to unhoused people used the drop-in program. Over a quarter of respondent were not experiencing homelessness but rather were housed and rent or own their property (Figure 3).

The survey was open to anyone who was or had been experiencing homelessness, regardless of whether they used the drop-in. In total, 94% of respondents had used the drop-in program at least once, and 60% of respondents used the drop-in program every day or almost every day, and 79% of respondents visited the drop-in at least once a week (Figure 3). Infrequent service users (once a month or less) and those who did not attend drop-in comprised 20% of all responses. People who do not use the drop-in program, or who may have used the drop-in in the past, but do not attend any longer, were important to include in this evaluation as they may provide valuable perspectives to inform the future development of drop-in services.

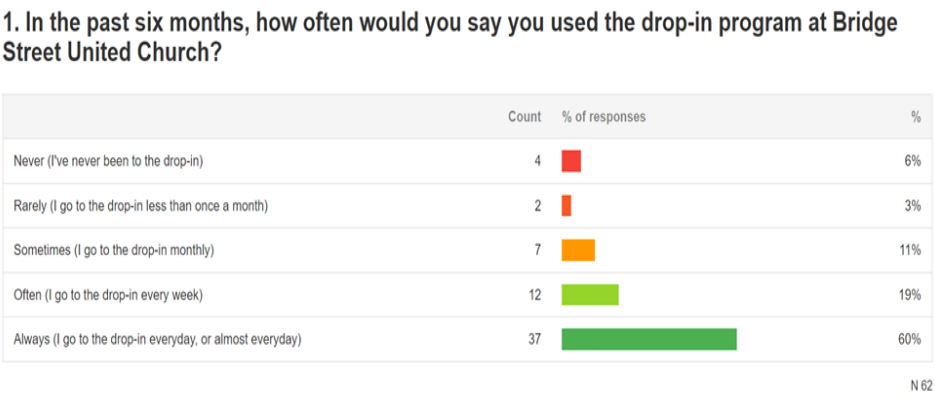

Figure 4 Frequency of drop-in use among survey respondents

Drop-in services

The leadership team sought to gain feedback on existing services and elicit feedback on what other services may be able to be offered in the future.

Respondents ranked access to bathrooms, access to meal programs, and access to public health nursing services as the most important. The figure below makes it clear that respondents considered all the services available to be important (Figure 5).

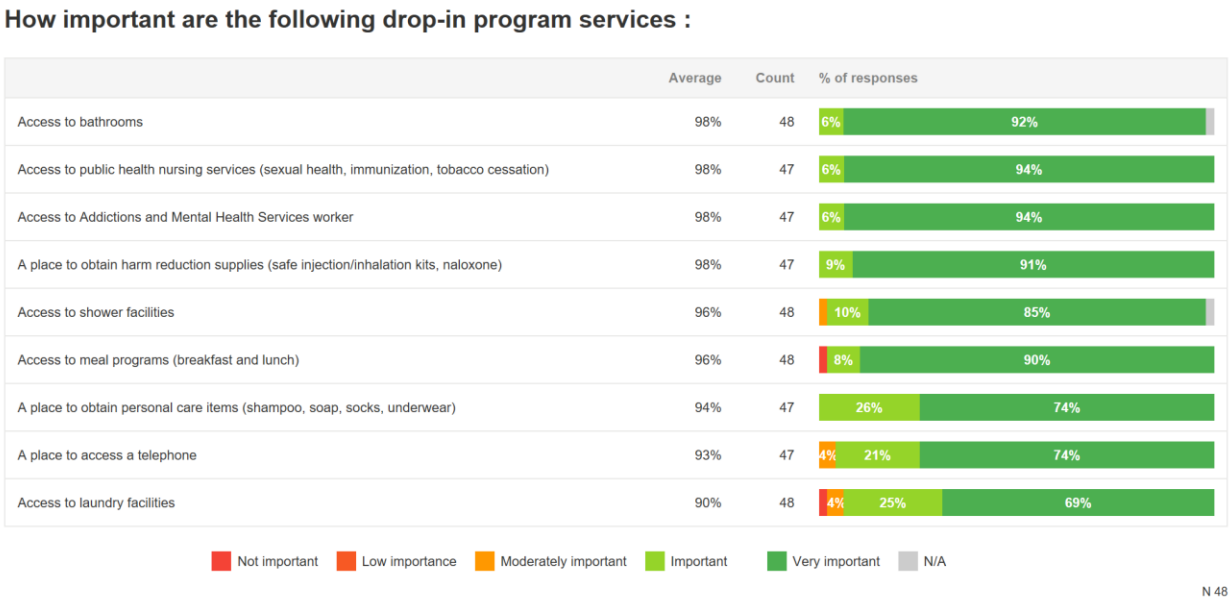

Figure 5 Importance of drop-in program existing services

Services to add

Survey respondents had several ideas of services to add to the drop-in. While the suggestions varied, the findings were coded by both VL and SV. The most frequently coded items were social services, activities, and food. Some examples of items on the social category were life skills support, self help groups, job programs, as well as Alcoholics Anonymous and Narcotics Anonymous. The activities that survey respondents mentioned included daily activities, crafts, sewing and more interactive games with staff. Respondents also mentioned that they would like more snacks available throughout the day.

Factors that influence the use of the drop-in

Positive factors

Survey respondents noted that they wanted to attend the drop-in for a number of reasons. The most commonly occurring code was the appropriateness of the service (n=19). In the analysis, appropriateness was described as “services fit the needs of those who use them and are provided in ways that suit their needs”. Coding for appropriateness included responses that referenced ‘outreach’ and ‘low barrier’ service delivery. Respondents noted that the drop-in provides services that some people cannot afford and that the drop-in program is ‘user’ friendly because “it has been non-judgemental and accommodates to all ages and walks of life”. Many people appreciated the services provided on site and that it is a place just be able to eat, be warm, do laundry and access basic needs. Some answers were as simple as noting that it is a warm place to go.

Respondents also noted that approachability was a key reason they wanted to access the drop-in. Approachability was described as “people who need services know they are available”. One person responded, “rent = $1163.80 ODSP = $1169.00; $5.20 left over”. This mere fact demonstrates the significant need when there is so little left over after paying rent from disability benefits. It indicates that drop-in serves those who are precariously housed as well as those experiencing homelessness. Others noted that they use the drop-in program because they are homeless, there is a lack of places to go, and they are low on money. Someone else mentioned “there is no where else and no one else to help”.

Social inclusion was also highlighted as a key theme. Respondents noted they wanted to come to the drop-in program for people and community, to be social and to see their friends.

Negative factors

Drug use was the primary reason why survey respondents did not want to use the drop-in (n=18). Drug use was coded as any reference to use of drugs at the drop-in, including substance use, availability, or culture. Respondents noted that drug use on the property made some of them feel less safe while accessing services. One respondent noted “signs of drugs and alcohol use all around church” as factors why people did not want to use the drop-in. One person noted that the drug use on site is a trigger, referring to risk of relapse into addiction. This is an important and pervasive finding that must be taken into consideration for future planning.

The next most common finding was client behaviour as a deterrent for using the drop-in. This was sometimes related to drug use, but also had unique factors. One respondent noted that loud and disruptive people discouraged them to use the drop-in and another noted disrespectful behaviour as a deterrent. The third most common theme was clients. A few respondents noted that they may not use the drop-in due to some of the people that attend.

Drop-in narrative

Clients were asked to respond to how they would tell the story of the drop-in to others in the Belleville community. The following were the key highlighted themes.

Respondents noted that the services were appropriate (n=14). The message that people shared was that the services that were being provided were a lifeline, that there are many resources on site, and that staff are helpful. The simple sentiment from one respondent, “it is a great help” was echoed throughout. Survey respondents also found that the program was approachable (n=11). Respondents stated, “it is there for those who are in need and have no other resources”. Respondents felt that it was simply a safe place for people to go. One other respondent noted, “it [is] a place to go to get help with many aspects of life”.

Survey respondents also noted that staff disposition is an important part of the story and speaks to the great work that is being done on site. Most who commented on staff disposition stated that staff are kind, and that they "have made living less hard to do". This affirms all the hard work of staff on site and demonstrates the services provided at the drop-in program are valued and meeting the needs of drop-in users. The feedback also affirms that the drop-in is achieving its stated intent of providing services in a hospitable way so that people choose to utilize services at the drop-in.

General additions

When participants were given an opportunity to add anything else, there was a range of feedback ranging from positive to negative. Some respondents noted that the drop-in is a "slice of positivity" and noted that "they are like family to me". Not all comments were positive though. Some respondents felt there was a need for additional security staff on site, with a belief that some of the harm reduction supports were enabling substance users. For example, one person stated "I would suggest stopping with enabling drug addicts, stop providing drug kits. Focus is mostly on difficult people, which leaves cooperating people always at a loss". The breadth of these additional comments should be taken into consideration.

Findings from frontline staff

The response rate for this survey was 73%. Of those who started the survey, 92% reached the end. Most respondents provide services to people experiencing homelessness on a regular basis. Over half of the respondents provide services to people experiencing homelessness always, and more than three quarters provides services to people experiencing homelessness often or more frequently (Figure 6).

1. Do you provide services to people who are experiencing homelessness?

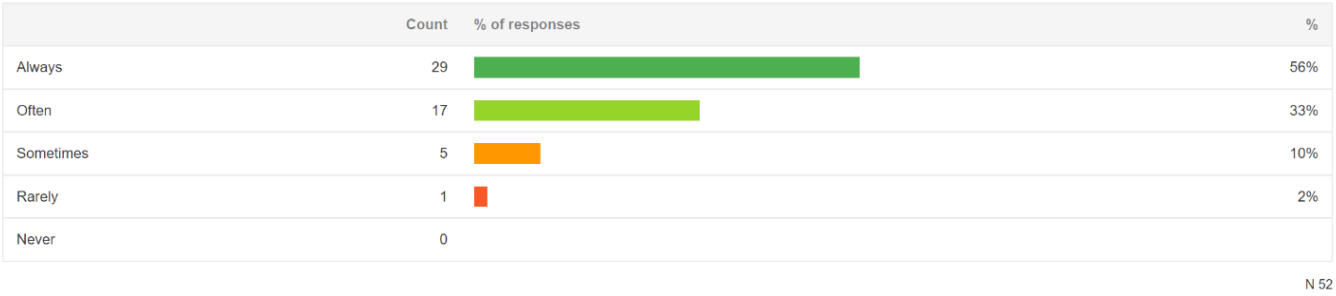

Figure 6 Services provided by respondents

Relationship to the drop-in

Most respondents had been to the drop-in, but not all use it as a space to interact with clients. For example, Grace Inn Shelter staff were invited to participate in this survey as

their staff serve clients who access the drop-in, but not at the drop-in. A total of 42% of respondents visit the drop-in to interact with clients, provide services to the drop-in facility, or the drop-in is their regular place to employment. Just under a third of respondents (29%) answered "other" with most mentioning that they are Grace Inn Shelter staff.

Recommendation of services

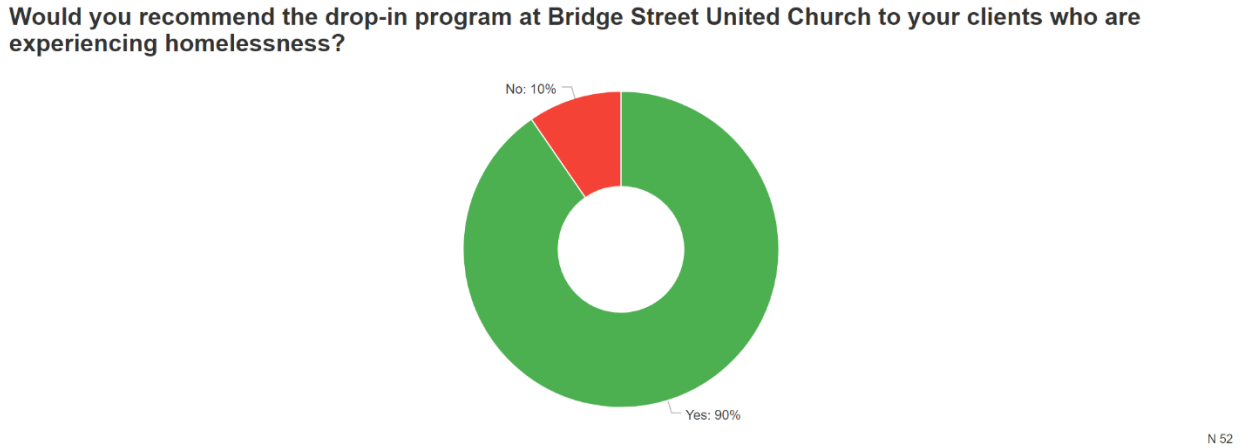

Figure 7 Recommendation of drop-in to clients

Most respondents (90%, n=47) answered that they would recommend the drop-in program at Bridge Street United Church to clients who are experiencing homelessness. The 10% (n=5) who stated they would not recommend the drop-in provided valuable feedback.

Enablers for recommendation

The drop-in was recommended for several reasons, but a few themes emerged most frequently:

- Appropriateness
- Food programming
- Safety
- Social inclusion

Appropriateness was described as services that fit the needs of those who use them and are provided in ways that suit their needs. This included responses with references to "outreach" and "low barrier" service delivery. Many respondents saw the program as a place for people to go when there is no other place to meet this significant service gap in the community. Frontline workers also spoke to the importance of the multi-dimensional aspect of the drop-in program with all the services under one roof. One respondent noted:

> *I would recommend the drop-in program to clients as it is a place where they can go to socialize, have lunch, interact with community partners (CRT, JHS, AMHS) and have access to Street Nurse Christie Reeves. This has also provided a place to be able to contact*

clients (through drop-in staff) and where I have been able to keep tabs on clients whom often go off the radar. I believe it is an extremely important spot for clients to know where to go, and where they can get connected with services.

Another stated it was important, "because it provides needed services, community connections, food, protection from the elements through the day, and many other positive services".

The food programming was also highlighted as a top reason why frontline staff would recommend the drop-in program. This thematic code described responses that referred to use of food services delivered at drop-in. There was overlap between the appropriateness and food theme as food was a necessary and appropriate service to provide on site. One respondent noted the relationship of being fed to supporting an individual's overall well being. "Drop-in provides basic physiological needs like food, water, shelter and clothing. When basic physiological needs can be met, an individual can be in a position to make positive changes in their life such as housing, mental health support, [and] battling addiction". Easy access to food is a key element of the existing drop-in program.

Safety was a third key theme that was raised by frontline service staff. The safety code was described as the social environment of the drop-in. It included responses that mentioned safety, safe environment, or security. It did not include services provided by professional security services, which were coded separately. From frontline staff, the feedback on safety was positive with many simply noting that it is a safe, warm environment for them to be in.

Social inclusion was another frequently occurring theme that was important to capture. It was described as positive social interactions, social networks, socialization, community-building, or feelings of belonging at the drop-in. Respondents noted the importance of simply have a place to connect and network with other people going through similar situations and to get connected with resources.

<u>Deterrents for recommendation</u>

It is important to note that the deterrent feedback is all constructive because respondents were prompted to reflect on why they would *not recommend* the drop-in. This feedback is helpful in determining who drop-in services are targeted to and how the drop-in can improve to serve this population.

Drugs and safety as interrelated concepts were highlighted as reasons not to recommend the drop-in. Concerns were raised about the amount of drug-use on the property, and the consequences of that behaviour. One respondent noted that the drop-in is "a breeding ground for chaos". Some also provided feedback regarding concerns about staff training noting that there are some observed challenges related to boundaries, and disrespect towards clients leading to an overall unsafe environment.

Drop-in accessibility

Most respondents agreed (Strongly Agree/Agree) that the drop-in provided services at a convenient location (90%), has supportive staff (82%), and staff who understand the unique circumstances of guests (82%). Offering hours of operation that are appropriate" received the most Neutral, Disagre or Strongly Disagree responses (28%) (Figure 8). It is unclear from the question wording whether respondents considered the hours too short, too long, or thought that different operating hours during the day would be appropriate.

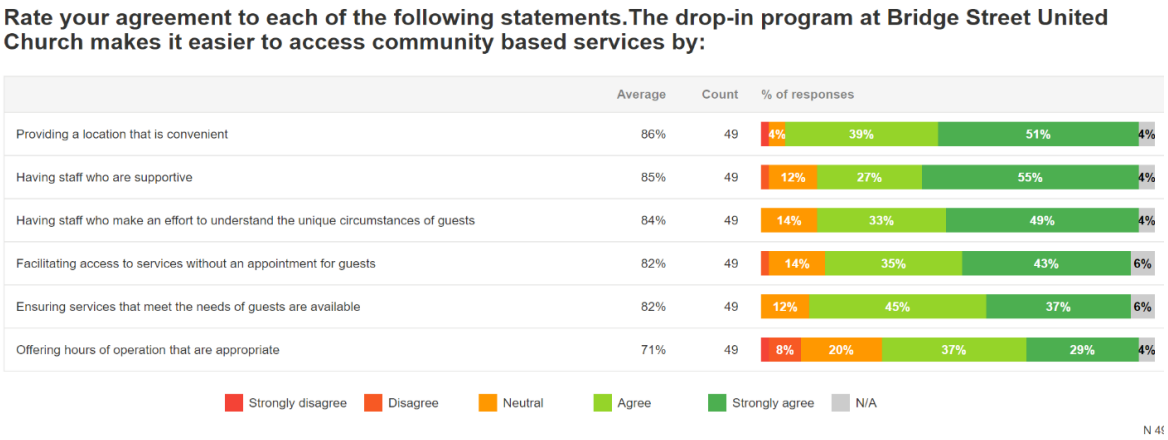

Figure 8 Drop-in program accessibility indicators

Drop-in services

Frontline service staff viewed services offered at the drop-in as important. Access to bathrooms, public health nursing services and access to addictions and mental health services worker had unanimous positive support. A small number of respondents thought that the laundry facilities and telephone facilities were less important, but still a vast majority of respondents viewed them as important or very important (94%) (Figure 8).

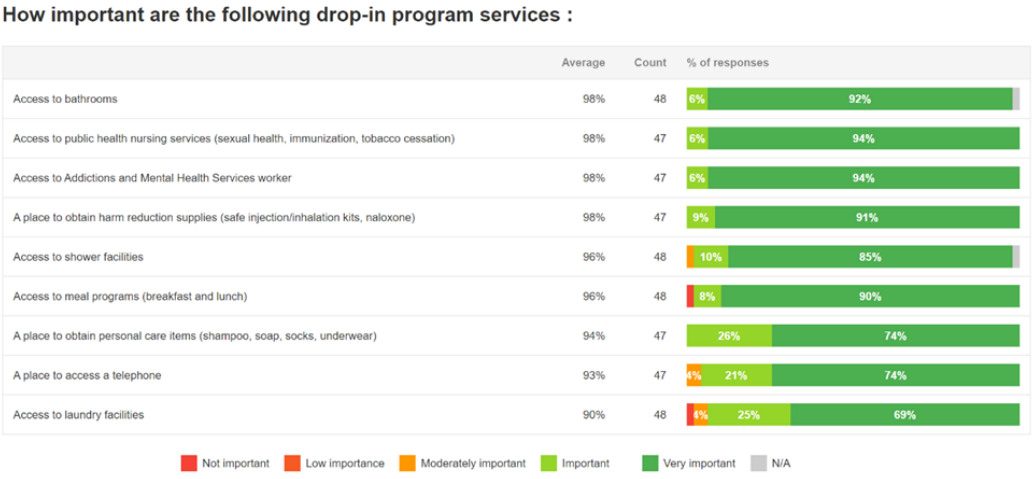

Figure 9 Importance of drop-in services

Services to add

Respondents were also given the opportunity to provide feedback on services that should be added. The most frequently occurring themes were mental health and addictions services, housing services, and systems navigation services. Safe consumptions services and social services were other frequently occurring themes in the feedback. Respondents noted a variety of ways that mental health and addictions could be supported on site. This included examples such as weekly group meetings for people who are on long waits for addictions and mental health services. Another person noted that “Pastor support, regular staffed mental health supports, professional trauma counseling, group counseling to support anger, depression, hopelessness, additions, self harm” would be helpful for service users.

Frontline workers who responded to the survey also highlighted the need for housing support. One respondent noted “a more organized housing support” with several mentioning the need for on site housing support while simultaneously recognizing the challenges with providing housing support when the stock for affordable housing is simply not available at this time.

Systems navigation was a theme in this response. Not only is it important that there are folks available to help navigate services, to help direct referrals but also to help provide more services under one roof. One respondent stated: “If services could meet them where they are and do primary care 'on site' it would likely produce better client outcomes”.

While safe consumption was not the top occurring theme, it was still highlighted by many. On respondent noted, “Whether it is at the Bridge Street United Church or not, a harm reduction facility needs to be added to the Belleville area”. It seems to be a well-known fact that drug use, while prohibited, does occur on site and it would be ideal if this could be prevented.

While negative feedback was not dominant in the themes, it is important to highlight some of the challenges that have been observed at the drop-in. This includes concerns around the social environment in the domains of staff and safety.

Safety and staff were raised in some of the negative yet constructive feedback. Some concerns were raised that the drop-in is not a safe environment and that there is a poor reputation for safety at the drop-in related to the skills of the staff on site. It is important to note that the same response included reference to removing all services at the drop-in which should be taken into context when considering this response.

Other comments

When survey participants were invited to provide additional feedback, most were coded positively under general positive and thanks. It is important to highlight that staff got both

positive and negative feedback. Many respondents contributed words of thanks towards what is happening at the drop-in with one person noting “the staff do amazing work. BSUC serves a massive need in the community”.

Some consideration should be given to constructive feedback where there was a statement: “there is a lot of complaints about the drop-in, mainly being that drug use is acceptable and staff allow clients to do whatever they want which makes it a place that clients (that don't use, or are trying not to use) attempt to avoid”.

Findings from managers and supervisors

Managers who responded to the surveys were mostly representatives of organizations who serve people experiencing homelessness, though not as the primary focus of their mandates. Only one organization responded that serving people experiencing homelessness is the primary focus of their mandate. All but one of the respondents had been to the drop-in for at least a tour, with the majority of respondents supervising staff who either provide services to clients at the drop-in, or, supervise staff who provide services to clients who use the drop-in, though not at the drop-in. This category could include all agencies that serve the same clientele (67%).

Drop-in impact

Appropriateness and coordination

Appropriateness was described as services fit the needs of those who use them and are provided in ways that suit their needs. This included reference to any outreach and low barrier service delivery. Coordination was described as coordination between services, including team-based care, case conferencing, service and/or system coordination, information sharing, etc. It includes references to collaboration, partnerships, and system-level coordination.

Several responses were coded with both appropriateness and coordination. Most managers made a comment about how the drop-in has provided a service that is appropriate. On respondent noted, “It [drop-in] has driven conversations about the importance of low to no barrier service, made us rethink a historical stance about outreach work, and to look at how we might make resources available at an earlier point”. Another respondent stated, “Supporting common clients, gives us connection to clients we perhaps wouldn't have another way, helps us partner with others to provide service to clients”. Further to this, someone stated:

> *[The drop-in is a] critical service that is ESSENTIAL to the vulnerable population and the community's wellbeing. By having the services at the current location, we can better serve the individuals at risk of or experiencing homelessness… this hefty goal cannot be attained without the valuable partnerships with essential service agencies such as yours*

that support the most vulnerable community members. As we improve their ability to access resources in our community that help them heal (or survive another day), we all heal as a community or, at a minimum, benefit from the ripple effect. We would love to see this agency continue and expand its important work. Our Program, [removed], is a great resource for the individuals that your agency serves and we feel that our partnership has made things better for them.

Safety

Safety came up both positively and negatively by management and supervisors, but worth noting that this only came up in two of the eighteen responses. One noted, "it has raised concerns with those we support, who have talked to our staff about their safety, people actively using inside the building and the negative consequences it has had on their recovery". The two sides to the conversation of safety should be considered. On one hand substance users find refuge in the safety of the drop-in program because they know that staff are looking out of them, and it can be a safer supervised environment for them to be under the influence. On the other hand, there is a perception that the behaviours associated with substance use threaten the safety of other clients on site.

Drop-in accessibility

The drop-in was viewed by managers as a place for people to access services in the community with greater ease. 95% of managers of who responded believed that the drop-in facilitates access to services without an appointment. 83% of respondents believed that staff are supportive, and staff try to understand the unique circumstances of guests. The item with the least agreeable response was offering hours of operation that are appropriate; a total of 11% strongly disagreed that the hours are appropriate. As above, it is not clear from the question wording what changes would be suggested to address hours of operation that are not appropriate. Only 6% of respondents strongly disagreed that staff are supportive, and staff try to understand the unique circumstances of guests.

Drop-in services

Managers and supervisors viewed services offered at the drop-in as important overall. Responses were more variable in the management group compared to the frontline workers with more moderately important and not important responses. Access to basic needs services were ranked highly with 94% rating access to shower facilities are very important or important. A place to obtain harm reduction supplies, access to a mental health and addictions worker, access to bathrooms, access to meal programs, a place to obtain personal care items, access to public health nursing services and access to laundry facilities all had a ranked importance of 89% viewing as important or very important.

Services to add

Several managers and supervisors requested the addition of housing support on site at the drop-in ranging from general housing support to access to a counsellor or navigator to support someone in finding housing. Mental health and addictions are also mentioned by mangers as something they are interested in having more of on site.

Coordination was identified as an area for development. Primary care was also mentioned by several as a service worth adding to the drop-in.

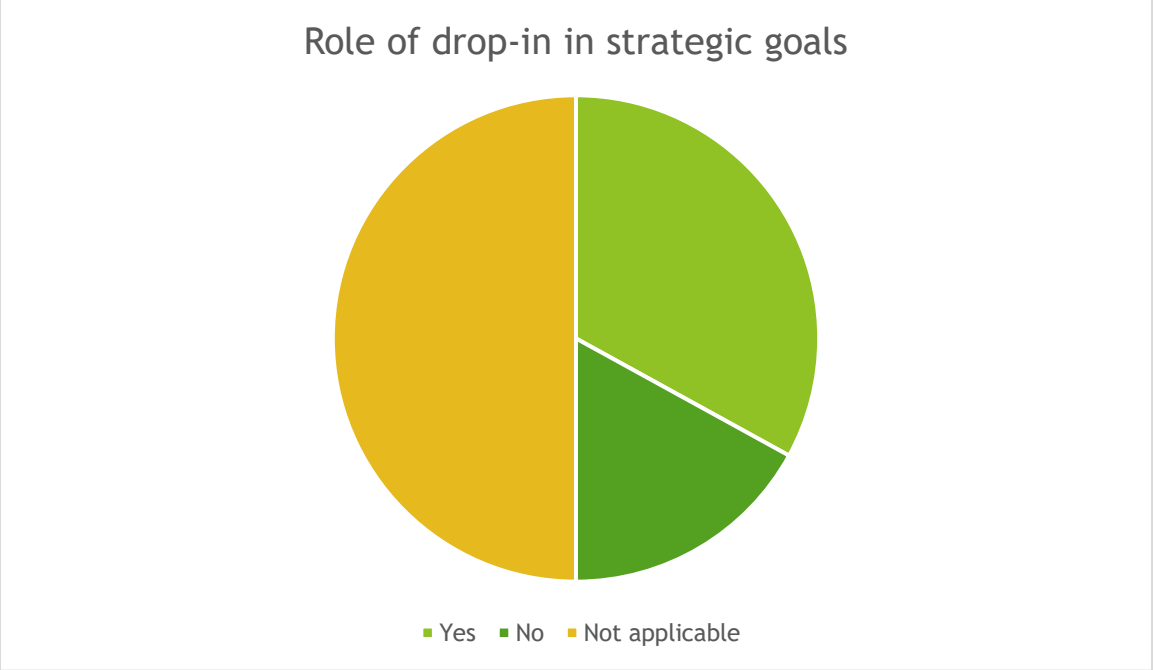

Figure 10. Has the drop-in played a role in your organization achieving your strategic goals?

Of the 50% of respondents who indicated whether the drop-in had an impact on achieving their organization's strategic goals, 33% said yes, and 17% said no, with the remaining 50% answering not applicable. One respondent stated, "Without a doubt having the drop [in] centre open their doors this past year has helped support our mission and mandate", another stated "It has provided the opportunity for our organization to enhance our relationship with existing partners and create new partnerships". Conversely, one respondent said "The 'drop-in' has resulted in a high rate of individuals who access our services becoming unwell in their recovery. Especially those living with addictions". Both sides of this feedback should be taken into consideration for future planning.

Success for the drop-in

Several respondents saw success for the drop-in as being a place that delivered appropriate services with low barriers to meeting needs. One respondent highlighted "it was an extremely valuable service at a very challenging time. As we move forward it will be important to determine what services are required by the drop-in, when and where".

Collaboration also came up several times as an indicator for success at the drop-in. One person noted “The very fact that the leadership team at the Drop-in program were willing to be a part of an overall solution during the height of a pandemic defines success”.

Meeting basic needs was identified as an indicator of success, affirming drop-in’s intended purpose and role in the homeless-serving system. Elements of client satisfaction including hospitality and safety were also important. Managers and supervisors want to see that clients feel safe and comfortable accessing the services at the drop-in where their basic needs can be met.

Additional comments

Most of the comments for general remaining feedback was positive, with many expressing gratitude for the work that has been done so far and that it is meeting a need in the community.

One respondent noted “The drop-in is providing much needed basic needs support to individuals experiencing homeless (supporting people IN homelessness, not supporting people out of homelessness); there is a need for a public awareness campaign (like ICH’s Support Not Stigma campaign)”.

Discussion

Comparison between responses

When taking the findings into consideration we should centre the feedback and experiences of people with lived experience. People with lived experience are the experts in their own stories. These individuals know what needs of theirs need to be addressed better than anyone.

The drop-in leadership team and their managers attended a data party in early June to discuss the findings. The group determined that it was appropriate to articulate more clearly who the drop-in is for. That would in turn help to provide strategic direction for next steps at the drop-in. The following groups have been identified as the key populations for drop-in (in no order):

- People who are homeless/unsheltered
- People who are emergency sheltered
- People who use substances
- People with mental health concerns
- People with financial challenges
- People who are hungry
- Peoplee involved in the justice system

Management of substance use on site

It is clear from several respondents in all groups that substance use on site is a concern. Substance use on site is and will continue to be prohibited at the drop-in. While the leaders of the drop-in adhere to harm reduction principles, there must be consequences for substance use on site or the situation may get out of hand quickly. The drop-in leadership team also acknowledged that substance use is a fact of life for many who use the drop-in, and that the drop-in has the means to call for help or provide life-saving naloxone for those who may overdose. This creates a challenging paradox for the drop-in as it seeks to find the right balance between limiting substance use in accordance with relevant laws and community needs while also supporting and advocating for individuals who use illicit substances. Witnessed substance use and related overdoses require a review of the "barring policy" by the John Howard Society to ensure that it strikes the right balance between deterring unacceptable behaviour and supporting people who use substances. It is the responsibility of everyone at the drop-in to be prepared to and respond to inevitable overdoses on site.

The drop-in has been described as a *damp facility,* meaning that people under the influence of substances may come on site, however they are prohibited from consuming on site. It is agreed that there are training and staff implications for this approach.

The group acknowledges the constraints of working within the given policy and seeks to meet the needs as best as possible given the current circumstances. There is a further desire to advocate for a supervised consumption site in the region. This would provide a safe, legal place for people to consume substances in a safe environment that has the capacity to respond appropriately to overdoses.

Management of behavioural issues at drop-in

The client population who accesses the drop-in have some associated behavioural issues that staff need to be prepared to manage. While most of the feedback regarding staff competence in responding to challenging situations with the client population was positive, there is always room for improvement. Consideration should be given to providing staff with appropriate training and the opportunity to practice de-escalation techniques.

Climate change resiliency

Climate change is a known risk to human health. As a result, climate change resiliency is another important factor to consider when developing a program or facility for equity deserving groups. This includes those who are experiencing homelessness, have mental health and substance use issues, and are otherwise financially marginalized. For members of the community who lack shelter or do not have access to a secure indoor space that is temperature regulated, having a program that is resilient to climate change is very important. Climate change adaptation is a crucial part of building a climate resilient community. Adaptation refers to policies, measures and strategies designed to reduce climate change impacts and support resilience; in a health context this is synonymous with prevention (Austin et al., 2015). Some of the greatest risks in Ontario include floods, storms, heat, UV radiation, air quality and infectious diseases. It is understood that "groups that are already the most socially and economically disadvantaged are believed to be the most vulnerable to climate change, with vulnerability exacerbated and manifest through existing inequalities" (Austin et al., 2015).

Recommendations

Systems level recommendations

1. Develop a proposal for sustainability plan with support from community-based agencies
2. Advocate for safe consumption site

Program level recommendations

1. Provide primary care on site
2. Increase staff training to de-escalate crisis situations
3. Encourage simulation-based training to support staff responding to overdoses
4. Improve management of substance use on site

Conclusion

This project provided a needed evaluation of the current drop-in program at located at Bridge Street United Church. The partnerships developed over the pandemic between Bridge Street United Church, John Howard Society, Grace Inn Shelter, and Hastings Prince Edward Public Health met a substantial need in the community for some of the most systematically disadvantaged residents. While much of these partnerships will continue, the engagement process has allowed for conversation with additional organizations and agencies to further the objectives of the drop-in and expand services in alignment with recommendations from the evaluation.

While this program meets the complex needs of individuals in our community, the next steps are clear. As outlined in the recommendations the next steps are to develop a proposal for a sustainability plan with support from community-based agencies, as well as the need to advocate for a safe consumption site in the community. At the program level there will be advocacy to increase primary care on site, support staff in training to de-escalate crises, and encourage simulation-based training to support staff responding to overdoses.

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Appendices

Appendix A: SWOT exercise

The leadership committee with representatives from Bridge Street United Church, John Howard Society, Grace Inn Shelter and Hastings Prince Edward Public Health.

Strengths	**Weaknesses**
• Location close to other community supports • Highly utilized service • Meal program situated within the drop-in program • Organization willing to step up to the plate in a time of community need • Bridge street is well known for willingness to serve disadvantaged community members • Key players at the table interested in further formalizing the support for people in this population	• Public perception • Public safety concerns • Physical layout not ideal for protecting and supporting people who use drugs • Program outgrew expectations quickly • Improve staff support (EAP program, other group support system for working in this challenging environment) • Only one health organization (HPEPH) currently at the table • Clients are high needs • Community doesn't understand the purpose of the drop-in program • No suitable outside space
Opportunities	**Threats**
• Collaborate better together with other services • Improve community understanding drop-in services • Provide more primary care services • Many organizations are working on their recovery planning • Community liaison committee like the one operated by ICH in Kingston • Formalize involvement with AMHS and CHC • Provide more services in one setting	• Negative political perception • Non-renewal of funding • Underfunding for staff -both # of positions and wage • Business community dislikes visible homeless and have political influence • Organizations in the community passing responsibility on to other to care for this population • Unable to safely control behaviour issues • Staff/volunteer burnout • False perception that the area around BSUC is unsafe because users of the drop-in program are present

Appendix B: What the drop-in is and What the drop-in is not

Results of brainstorming session by drop-in leadership team, in preparation for evaluation tool development.

The drop-in is a place for…	The drop-in is not…
• People to obtain harm reduction supplies in the community	• A safe/supervised consumption site
• A place to spend time outside	• Personal belongings • Will the fencing come down? • Mistreatment of property
• People to access mental health check-ins • Currently done informally and wanting it to be more intentional, and what to do with it	• Not where to direct officially but be prepared to respond • What to do when someone shows up in a mental health crisis. • Physical space for people to call crisis intervention centre (standards for monitoring) • Call IMPACT team • Limiting factor less on client side more on facility side, no space for people to have a crisis unless Christie or a staff member • Trauma informed response for team • Need a private space to support people in mental health crisis • Place for people to go during a mental health crisis
• People to safely spend time* • *This means consequences for bad behavior need to be consistently reinforced, and there should be agreed upon consequences, • in alignment with staff capacity and physical space • activities need to be addressed and planned for	• A place for people to expect to sleep each night in the winter • If drop-in program is going to be a place for people to sleep it needs to happen internal, not a municipal warming centre • Physical layout needs to be conducive to a sleeping space, BSUC may not be compatible to be a sleeping space

• People to have a place where they can have someone to listen • What does JHS do that no one else does • Validation of experience • Environment where people can unload, no expectation put upon them	• A place to hang out all day (inside / outside)** • putting this here for discussion re: "place to safely spend time.". Is the Drop-in a place to access services including space to safely rest for a time, or is it a place to spend as much time as desired, i.e. a "base of operations" for the day? What impact does hanging out all day have on operations and possibilities for what the Drop-in can offer? • Make the space for hospitable • Mitigating idle time (things happen due to boredom) • A place to come and receive services in an integrated way (it is not a base of operations) • if BSUC is a "living room" then there needs to be staff to support that kind of environment
• People to obtain personal care services (Shower, Laundry, Toilets)	• A place to store personal belongings
• A space to build healthy community service relationships and deliver services	• A medical clinic • (it is a place to obtain public health services)

• A place to access remote services (requires computer, private space, etc.) • ideally, current physical setup in not conducive to this • staff offering up personal devices • need to consider more private spaces, more aspirational than actual)	• A place to “find people” to collect on debts • debt collection, Part of “street life” and • police coming to find people
• A meal program • people who are homeless have higher nutritional demands • What are the nutritional needs for people who live outside/experience homelessness? • Food scarcity is reality	• A place for people to be dropped off when other, more appropriate services are not available
• Door Agency for housing and homelessness services (as part of a coordinated system)	• A place to bring pets, • NO public health requirements
• Peer led *(this is aspirational)*	• A place where clothing is available • Stock key items: socks, underwear • resourcing is important for personal health and hygiene
• A place where people can ask for assistance in connecting with other services (court, calls to OW, Grace Inn, crisis line, AMHS…) • systems navigation	