
Haldimand-Norfolk
Health and Social Services Advisory Committee

March 28, 2022

9:30 a.m.

Virtual Meeting

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HEALTH AND SOCIAL SERVICES ADVISORY COMMITTEE Minutes

Monday January 24, 2022
9:30 a.m.
Microsoft Teams meeting

**Present: Councillor Tony Dalimonte (Chair) Councillor Bernie Corbett,
Councillor Ryan Taylor, Councillor Stewart Patterson, Councillor Kim
Huffman,**

**Also Present: Heidi Van Dyk-Ellis, Lori Friesen, Stephanie Rice, Dr. Matt
Strauss, Christina Lounsbury (Recorder)**

Regrets: Councillor Van Paassen

1. Disclosure of Pecuniary Interest

None

2. Additions to Agenda

A. Mental Health and Addictions Services

3. Presentations/Deputations

4. Adoption/Correction of Advisory Committee Meeting Minutes

A. Health and Social Services Advisory Committee Meeting
dated November 22, 2021.

The minutes of the Health and Social Services Advisory Committee meeting dated November 22, 2021, having been distributed to all Committee Members and there being no errors reported, they were there upon declared adopted and signed by Chair Dalimonte.

5. Update on Reports

A. From the November 22, 2021 Meeting

Heidy VanDyk-Ellis, Acting General Manager, advised that all reports from the November 22, 2021 Advisory Committee Meeting were approved at council as presented.

6. Consent Items

7. Staff Reports

7.1 General Manager

7.2 Public Health

A. Dr. Strauss – Acting Medical Officer of Health – Verbal Update

Dr. Strauss gave a verbal update on the COVID-19 pandemic and Health Unit response. He also advised Committee members that, in response to a deputation from a community member at the Board of Health about the wearing of masks by kindergarten students, he conducted a review of relevant studies and is giving the opinion that masks for kindergarten students should not be required. He will provide this report at the next Board of Health meeting.

7.3 Social Services and Housing

A. Staff Report # HSS 22-01 Service Agreement - Home Comforts Childcare

Mover: Councillor Huffman

Seconder: Councillor Taylor

Carried.

7.4 Quality, Planning, Accountability and Performance

8. Sub-Committee Reports

9. Communications

Heidy VanDyk, Acting General Manager mentions that Norfolk County has completed their levy supported operating budget deliberations. The Health and Social Services budgets were considered and approved. These budgets were reviewed with Haldimand County Senior leadership team prior to Norfolk County council.

10. Other Business

A. Mental Health and Addictions Services

Councillor Corbett asked what is our response is to mental health and substance abuse in the community. Are there any funding resources that the county received and if so, how are they spent?

Heidy VanDyk, Acting General Manager of Health and Social Services states that the funding for these service agencies generated from the province. Social Services and Housing (SS&H) support individuals in how to navigate the system and connect to community services. The Haldimand Norfolk Health Unit operates a program for harm reduction. Housing and Homeless Prevention team provide ongoing support for individuals to obtain housing stability. We work with the community partners that are funded by the province.

11. Closed Session

12. Adjournment

13. Next Meeting – February 28th, 2022

Chair

Secretariat



Advisory Committee Meeting – March 28, 2022

Board of Health Meeting – April 05, 2022

Subject: 2022 Annual Service Plan and Budget Submission
Report Number: HSS-22-05
Division: Health and Social Services
Department: Haldimand Norfolk Health Unit
Purpose: For Decision

Recommendation(s):

THAT report HSS-22-05 be received as information;

AND THAT the Board of Health endorse the submission of the 2022 Annual Service Plan and Budget Submission to the Ministry of Health.

Executive Summary:

This report is to advise the Board of Health on the submission of the Annual Service Plan and Budget Submission (ASP) to the Ministry of Health and request that the Board endorse the submission.

Discussion:

The Ministry of Health (MOH) requires submission of an ASP to accompany the request for funding for mandatory, related and one-time programs.

The purpose of the ASP is to:

- Communicate program plans and budgeted expenditures for a given year; and
- Describe the programs and services Boards of Health (BOH) are planning to deliver in accordance with the Ontario Public Health Standards (OPHS), where requirements for Programs, Services, and Accountability (the "Standards") are based on local needs and budgets at the program level.

As was the case in 2021, due to the increased demands at the local level regarding COVID-19, the MOH scaled back the 2022 ASP submission template and only requested that public health units complete budget/financial sections and non-COVID-19 one-time requests for funding. Additionally, the MOH is providing public health units the opportunity to request additional one-time funding to support COVID-19 Extraordinary Costs (referred to as the 'COVID-19 General Program'), and the COVID-

19 Vaccine Program. The MOH has committed to support Public Health Units (PHUs) with funding to offset eligible costs associated with the pandemic. PHUs have an opportunity every quarter to update the MOH with their local needs. The MOH anticipates COVID-19 budgets will change throughout the year in line with the ongoing situation.

Similar to 2021, the MOH did not provide an opportunity to request additional base programs/funding. This submission was limited to six specific one-time requests, excluding the COVID-19 General and Vaccine Programs. Health Unit staff included one-time requests based on local need, strategic priorities and reducing the municipal levy contribution.

A summary of the Annual Service Plan and Budget Submission includes:

- 1) Base Funding: Total budget submission of \$9,241,200, for the cost-shared Mandatory Programs (\$8,703,300) and the Ontario Seniors Dental Care Program (\$537,900).
- 2) One-Time COVID-19 Funding Requests: Total budget submission of \$4,500,700 for the General Program (\$2,688,700) and the Vaccine Program (\$1,812,000).
- 3) Additional One-Time Funding Requests: Total budget submission of \$310,200 for specific requests; including Extraordinary Costs (non-COVID-19, Public Health Inspector Practicum Program and Smoke Free Ontario Enforcement Tablet Upgrades).

Note that the ASP does not include programs funded by the Ministry of Children, Community and Social Services, or third parties. Additionally, the School-Focused Nurses and Medical Officer of Health Initiatives are not included however remain one-time and ongoing MOH programs, respectively.

Financial Services Comments:

Norfolk

The Approved 2022 Board of Health Budget includes expenditures of \$11,566,100 for the Haldimand-Norfolk Health Unit, funded by the Ministry of Health (\$7,677,800), Norfolk County (\$1,677,000), Haldimand County (\$1,159,300), Ministry of Children, Community and Social Services (\$892,100), and third parties (\$159,900). Of the Approved Budget, the ASP includes expenditures of \$9,241,200 for base programs and \$1,204,700 for one-time programs, with the remaining \$1,120,200 not included, as these programs are is not part of MOH standards.

Table 1 provides additional financial and FTE details for one-time requests included in the ASP. These requests are not typically not included in the Approved Budget, and if approved, are 100% funded by the MOH.

Table 1 – One-Time Requests

Description	FTE Requested	Funding Requested (\$)
PHI Practicum Students ¹	0.70	28,300
Mental Health & Addiction Services	1.00	124,200
Women's Health Services	1.00	124,200
Non-Crisis Intervention Training	-	12,000
IPAC Barriers to support Protocols	-	20,000
SFO Tablets for Staff	-	1,500
COVID-19 General Program ²	17.20	2,688,700
COVID-19 Vaccine Program	16.74	1,812,000
Total One-Time Request	36.64	4,810,900

¹PHI Practicum Students – Included in the 2022 Approved Budget, funded from the levy.

²COVID-19 General Program – Included in the 2022 Approved Budget, ending June 30, 2022.

Once the MOH has communicated Approved Allocations via the Amending Agreement, a follow-up report will be presented to the Board for approval, with base or one-time budget adjustments requiring a budget amendment.

Haldimand

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services. Future costs over and above the Approved 2022 Board of Health Budget, would be cost shared based on the applicable cost sharing agreement, if not fully funded.

Interdepartmental Implications:

Norfolk
None.

Haldimand

Staff reached out to the H&SS to determine how the six specific one-time requests were identified. H&SS staff confirmed that the requests were based upon local needs and priorities identified in consultation with H&SS staff and the Medical Office of Health.

Consultation(s):

The Director of Facilities confirmed if any Health Unit capital projects relating to building infrastructure are required for 2022.

BOH Strategic Plan Linkage:

Communication, Healthy, Supportive Environment, Organizational Strength and Quality and Performance.

Explanation:

The ASPBS adheres to the MOH requirements to secure funds to achieve the OPHS and all the strategic goals, with a focus on local need.

Conclusion:

This report is to update the Board of Health of the 2022 Annual Service Plan and Budget Submission and requests that the Board endorse the submission.

Attachment(s):

- Attachment #1 – Base Funding Requests
- Attachment #2 – One-Time Funding Requests

Approval:

Approved By:

Heidy Van-Dyk Ellis

Acting General Manager, Health and Social Services

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2022 Annual Service Plan and Budget Submission

Board of Health for the Haldimand-Norfolk Health Unit

Budget Summary

Base Funding				
Source of Funding	Budget (at 100%) A	Provincial Share B= A*Prov.Share	Approved Allocation C	Variance Surplus / (Deficit) D = C - B
Mandatory Programs (Cost-Shared)	8,703,300	6,092,310	5,431,900	(660,410)
Ontario Seniors Dental Care Program (100%)	537,900	537,900	537,900	-
Total	9,241,200	6,630,210	5,969,800	(660,410)

Summary of Expenditures by Standard

Standards	Total Board of Health	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures
Direct Costs									
Population Health Assessment	120,400	76,500	20,700	1,400	3,700	12,700	1,500	-	3,900
Health Equity	175,600	111,100	34,000	1,800	4,900	16,700	1,900	-	5,200
Effective Public Health Practice	348,900	222,800	58,900	4,100	10,800	36,700	4,200	-	11,400
Emergency Management	53,900	34,300	9,900	600	1,500	5,300	600	-	1,700
Chronic Disease Prevention and Well-Being	1,020,800	294,700	86,400	6,200	16,200	55,000	545,200	-	17,100
Food Safety	428,200	317,600	86,900	6,000	15,700	53,200	6,000	(73,800)	16,600
Healthy Environments	368,400	229,600	59,900	4,900	12,800	43,000	4,800	-	13,400
Healthy Growth and Development	441,200	279,300	82,000	5,200	13,700	46,100	5,200	(4,700)	14,400
Immunization	530,100	344,600	100,000	6,800	17,800	59,900	6,700	(24,300)	18,600
Infectious and Communicable Diseases Prevention and Control	1,296,200	826,100	234,300	14,600	38,100	128,600	14,400	-	40,100
Safe Water	415,800	264,800	72,700	4,900	12,600	42,700	4,800	-	13,300
School Health	2,050,600	1,257,600	376,000	25,800	67,300	227,500	25,400	-	71,000
Substance Use and Injury Prevention	1,049,300	652,600	188,200	12,900	33,700	113,800	12,700	-	35,400
Total Direct Costs	8,299,400	4,911,600	1,409,900	95,200	248,800	841,200	633,400	(102,800)	262,100
Indirect Costs									
Indirect Costs	941,800	693,500	175,600	9,500	24,900	84,100	9,400	(81,400)	26,200
Total Expenditures	9,241,200	5,605,100	1,585,500	104,700	273,700	925,300	642,800	(184,200)	288,300

2022 Annual Service Plan and Budget Submission

Board of Health for the Haldimand-Norfolk Health Unit

One-Time Funding Requests

One-Time Funding Requests Summary	Amount
PHI Practicum Students	28,300
Mental Health and Addiction Services	124,200
Women's Health Services	124,200
Non-Crisis Intervention Training	12,000
IPAC Barriers to support Protocols	20,000
SFO Tablets for Staff	1,500
COVID-19 General Program Extraordinary Costs	2,688,700
COVID-19 Vaccine Program Extraordinary Costs	1,812,000
Total One-Time Funding Requested	4,810,900



Advisory Committee Meeting –

Council-In-Committee Meeting – April 05, 2022

Subject: 2021 Homelessness Enumeration Results
Report Number: HSS-22-02
Division: Health and Social Services
Department: Haldimand Norfolk Social Services and Housing
Purpose: For Decision

Recommendation(s):

Recommendation(s) of Health and Social Services Advisory Committee:

Recommendation(s):

THAT Staff report HSS 22-02 2021 Homelessness Enumeration Results be received as information.

Executive Summary:

The Ministry of Municipal Affairs and Housing (MMAH) directed in 2018 that all Consolidated Municipal Services Managers undertake a homelessness enumeration in their service area, to be completed bi-annually.

The purpose of this report is to present the findings of our second local Homelessness Enumeration in Haldimand and Norfolk which took place on November 17 and 18, 2021.

Discussion:

In 2021, MMAH directed that the method used for enumeration be a Point-in-Time Count (PiT). This resulted in the second enumeration for Haldimand and Norfolk Counties over the two days of November 17th & 18th, 2021. The goal of a homelessness enumeration is to provide data points that MMAH uses to evaluate effectiveness of current Community Homelessness Prevention Initiative (CHPI) funding, plan for future funding and programs, and measure and report on progress in efforts to prevent and end homelessness.

Successful planning and implementation of a homelessness enumeration is led by 6 guiding principles and targeted to include individuals experiencing 3 types of

homelessness including the unsheltered, emergency sheltered, and provisionally accommodated. Data was revised for any duplication prior to reporting to MMAH, ensuring individuals were only counted once.

Enumeration – Methodology and Staff & Volunteer Participation

The methodology required for enumeration in 2021 was a PiT count, as mandated by MMAH. A PiT count is meant to capture the number of people experiencing homelessness on one night (point) in time. For this purpose, the date chosen was November 17th. On the 17th Social Services and Housing staff and partner agency volunteers asked where a person would be sleeping that night, and on November 18th, asked where the person slept last night. The PiT Count included 5 screening questions that qualified participants as experiencing homelessness, or not, and if screened in included an additional 17 questions. It took approximately 7 minutes to complete for those who screened in and agreed to participate. All staff and volunteers completed a virtual training session to ensure all surveys were completed without bias in an ethically appropriate manner that met minimum service level standards.

Compared to the 2018 Enumeration, 2021 saw many changes to the approach, due to COVID-19 and the creation of the Homeless Prevention Services (HPS) Team, which did not exist during the 2018 enumeration. Some of these changes included:

1. Omitting the requirement of a Service Prioritization Determination and Assessment Tool (SPDAT) while surveying people in the community. The SPDAT is an assessment tool designed to measure acuity or “risk of homelessness”, and in 2018 was done in addition to the mandatory survey questions asked. The omission of this assessment for 2021 was done to reduce the exposure time for staff and participants face-to-face interactions in completing the survey. Instead, staff and volunteers gave participants the option to be contacted by the HPS team later to complete the SPDAT over the phone. This allowed the enumerators more time to contact more individuals, took less time for the participants in answering questions, and ensured staff still were able to contact people to complete the SPDAT questionnaire later to add them to our By-Name-List, also mandated by MMAH for implementation by January 1, 2022.
2. Reduced number of street teams. In 2018, 90 staff and volunteers were used in deploying 14 street teams, 16 hours/day over 4 days. In 2021, Social Services & Housing staff enumerated on the street and community partners focused their efforts on screening and surveying individuals who are already connected to their organization. This helped capture more of the “hidden homelessness” and reduced teams enumerating on the streets to 10 staff in groups of 2-3 covering various locations over 2 days throughout both Haldimand and Norfolk Counties.
3. More local agency partners. In 2018 we had the assistance of 10 local agencies, and in 2021 we had 20 local agencies assisting.
4. Targeted enumeration locations. Over the past 3 years the HPS team has developed a reporting relationship with the community and regularly responds to reports of people experiencing street homelessness in the community. As such, staff were able to utilize their first-hand knowledge of known and reported

locations to prioritize. As well, enumeration location feedback was requested from internal health and social services staff and community partners to ensure we were targeting our time and resources to enumerate areas known to have people frequently sleeping and staying.

In total, approximately 91 street locations were visited by Social Services & Housing staff over the course of 2 days from 9am-6pm. In addition to the street locations, Housing Staff were available in office to enumerate anyone who was able to participate over the phone and community partners enumerated agency clientele. Enumeration efforts were focused on the following areas in Haldimand & Norfolk Counties:

Norfolk

- Was covered by staff for a total cumulative time of 22 hours
- Towns visited included: Simcoe, Delhi, Waterford, Port Dover, Port Rowan, and Long Point.
- 45% of the population area was covered (as per Statistics Canada Census, 2016)

Haldimand

- Was covered by staff for a total cumulative time of 17 hours
- Towns visited included: Dunnville, Hagersville, Caledonia, Cayuga, Jarvis & Nanticoke.
- 46% of the population area was covered (as per Statistics Canada Census, 2016)

Community Partners

In preparation for the second homelessness enumeration, HPS staff reached out to 26 local agencies to discuss participation and involvement with enumeration. Of the 26 contacted, 20 confirmed their participation. This is a 60% increase in participation from 2018. In total, 43 staff and volunteers participating from Social Services and Housing, community partner agencies, and community volunteers.

The community partners and organizations that participated in enumeration from their agencies included:

- Norfolk OPP
- Haldimand OPP
- Holmes House
- CMHA
- Church Out Serving
- Indwell
- RAAM Clinic
- True Experience
- Victim Services of Haldimand, Norfolk, Mississaugas of the Credit First Nation
- Norfolk EMS
- Haldimand EMS
- Community Living Access Support Services
- Norfolk Association for Community Living
- Ontario Parole Probation (Simcoe office)
- Norfolk Pregnancy Centre
- Salvation Army Simcoe
- Salvation Army Dunnville

- Haldimand Norfolk Women's Services
- Youth Unlimited
- Haldimand Norfolk Health and Social Services

Key Enumeration Findings

In total, 350 individuals were tallied as part of the enumeration, with 102 individuals screening “in” to complete a survey. **A total of 117 individuals were found to be experiencing homelessness on November 17th, 2021.**

- 33.4% of the people who were contacted as part of the enumeration, were experiencing homelessness at that point-in-time (night of November 17th), compared to 8% in 2018.

Of the 102 people experiencing homelessness who completed a survey:

- 20% reported as being unsheltered (examples of this include sleeping outside in a public space, in an encampment/tent or in a vehicle), compared to 7% in 2018
- 16% reported being emergency sheltered, compared to 42% in 2018
- 62% reported as being provisionally accommodated, compared to 51% in 2018, which captures those who fall under the “hidden homeless” category (examples of this include couch-surfing, transitional housing, treatment facilities, and jail).

This data concludes that on any given night in the Counties of Haldimand and Norfolk there are at least 117 people experiencing homelessness. Of the 102 people who completed a survey, 52% met the Federal definition of chronic homelessness and 26% met the definition of episodic homelessness.¹

- The top reasons that caused the respondent to lose their housing most recently included: 35% reported not having enough income to afford housing, 24% reported a substance use issue and 14% reported that the building they were living in was sold or renovated.
- Notable income sources included: 40% social assistance (Ontario Works), 39% disability benefits (ODSP), 15% employment (casual, part-time, or full-time), and 9% senior's benefits (CPP/OAS/GIS). 6% reported as having no source of income.
- 23% of respondents reported their housing loss was related to the COVID-19 pandemic.
- The average age of a person's experiencing homelessness was 40. The largest category of individuals experiencing homelessness is the 25–35-year-old age group, with 35% of the respondents falling into this category. In addition, 10% of respondents were youth (18-24 years old) and 5% were seniors (over 65 years old).
- Of the respondents, 61% were male and 38% identified as female, with the remaining respondents identifying as non-cis-gender category. Non-cis-gender used to include people who do not have the same sex and gender but do not identify as transgender.

¹ The Ministry of Municipal Affairs & Housing defined “chronic homelessness” as “referring to people, often with disabling conditions, who are currently homeless and have been homeless for six months or more in the past year. Episodic Homelessness is defined as individuals who are currently homeless and have experienced three or more episodes of homelessness in the past year.

- The average age at which people first experienced homelessness is 31 years old.
- 50% of respondents identified as having an illness or medical condition, 39% identified as having a physical limitation, 41% identified as having a learning or cognitive limitation, 72% identified as having a mental health issue and 70% identified as having a substance use issue.
- 17% of respondents identified as Indigenous (First Nation, Metis, Inuit, or Indigenous ancestry)
- 27% of respondents had been involved with the child welfare or foster care system.

Recommendations for Future System Planning

The results of this second homelessness enumeration validate that homelessness exists in our small towns and communities within Haldimand and Norfolk and that it is more visible than it was in 2018. Specialized services and supports across social service sectors are essential and necessary to ensure the most vulnerable people are prioritized for homelessness and re-housing services.

Continuing to enhance the housing focused assessment/triage work necessary to prioritize those most at risk of homelessness is required both internally as an organization and externally throughout the communities of Haldimand and Norfolk. This function is currently completed by the HPS team which streamlined several previously external outsourced functions into one coordinated access point, currently known as the Intake /Diversion Line. Since October 2018, the HPS team has been operating the Coordinated Access System as a front door of access for service, benefits and support for households experiencing or at risk of homelessness.

There is significant cost to preventing and ending homelessness required at all levels of government and community. The cost of not making effort to reduce and end homelessness is far greater both economically and in the toll that it takes on human existence.

The keys to success in reaching functional zero and effectively ending homelessness are three pronged:

1. Housing supply – there must be enough affordable housing for all residents of varying income levels in our local communities.
2. Adequate supports for successful housing stability – there must be adequate supply of a range of housing types with varying types of supports available.
3. Access to support services – Once there is supply of a range of support services, they must be accessible and free of service system gaps across sectors.

It is important to note that the primary mechanism for preventing and ending homelessness is access to safe, appropriate, accessible, and affordable housing with support opportunities. Haldimand and Norfolk have made great strides in understanding the roots of homelessness, assessing, and implementing programming and service system management focused on prevention and response to homelessness as appropriate, and continues to dedicate resources to reduce overall homelessness in a responsible and accountable manner.

Financial Services Comments:

Norfolk

The Approved 2021 Levy Supported Operating Budget included \$1,641,200 for CHPI; sufficient budget, funded by the MMAH, to support programs inclusive of Housing Enumeration. Costs for the 2021 program totaled \$17,686.

The report as presented does not include any financial implications. Additional initiatives resulting from the Enumeration findings will be presented to Council for decision, at which point any financial implications will be determined and outlined.

Haldimand

[Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services. Future costs over and above the 100% funding envelope would be cost shared based on the applicable cost sharing agreement, and should be ranked and evaluated during the appropriate budget process.

Interdepartmental Implications:

Norfolk

[To be completed by staff from other Norfolk divisions that have been involved, i.e., Purchasing, Legal, HR.]

Haldimand

It is understood that this report is for information only.

This report aligns with the Haldimand County Council Priority – Affordable / Social Housing, to take the necessary steps and examine options related to implementing an affordable and social housing strategy. Understanding the root of homelessness will help to support this initiative.

Consultation(s):

[List divisions/individuals who have been involved.]

Strategic Plan Linkage:

1. Vibrant, Creative Communities – Where we fail our most vulnerable, we risk reaching the goal of achieving “beautiful, safe neighborhoods with a strong sense of community and great place to live.”
2. Optimal Place for Business – We find our unsheltered homelessness in our downtown core of Simcoe, primarily.

3. Quality Infrastructure – Completing homelessness enumeration every 2 years continues to highlight community need for housing and support development locally.

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Conclusion:

While enumeration findings are an important metric in the local picture of homelessness, it is important to understand the limitations of any enumeration and keep it in context that the results are a “moment in time” and always an underrepresentation of the actual number of individuals and families experiencing homelessness. It cannot be concluded that homelessness is getting better or worse in Haldimand and Norfolk with enumeration results alone. Data, analysis, and service system development at both the micro, (program level), and macro, (population level), are vital to the success of reaching functional zero in the fight against homelessness. When achieved, Functional Zero will be reflected in the results of enumeration, but the results themselves are not a reflection of whether we have been successful, and continue to be successful, in meeting the needs consistently of those experiencing homelessness.

Attachment(s):

Approval:

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