

Strategic Planning Discussion Document and Related Materials

June 2025



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PART ONE: DISCUSSION DOCUMENT

Introduction

This section provides an introduction to the strategic planning process

Strategic Planning

The Context

- Homes First Society (HFS or Homes First throughout this document) develops and provides affordable, stable housing and support services to break the cycle of homelessness for the people with the fewest housing options
- Homes First's 2021 2024 strategic plan focused on: a highquality portfolio, responsive programming, strong partnerships and organizational sustainability.
- Homes First is developing a new strategic plan to inform its decisions and ensure that its resources are having the greatest impact possible for the people and communities it serves
- This document has been created to provide information that can be drawn upon by:
 - Board of Directors and Senior Management as they prepare to make decisions regarding the organization's vision, mission, values and priorities
 - Management who will be engaged in subsequent planning sessions to operationalize the priorities

Strategic Planning Process

Strategic planning is about making decisions based on insights.

Now is the time for Homes First to articulate its values, vision and mission and decide how it will proactively and strategically move its mandate forward while also recognizing that the environment is constantly changing, and new and critical issues may be emerging that require response.

Vision, Mission, Values
Why we exist
What we want to be
What is important to us

Strategic Plan

How we get to our vision – priorities, goals and objectives

Performance Indicators and Key Results

Our measures of success

Implementation Plans

What we need to achieve our goals

Team and Individual Workplans

What staff need to be doing to enable the organization's success

Strategic Planning Objectives

Homes First contracted with SN Management to support the development of the new strategic plan by undertaking the following activities, in collaboration with the Strategic Planning Steering Committee:

- Conduct an Environmental Scan and Internal Assessment through a review of internal/external data/information and consultation with internal/external stakeholders
- Identify key strategic themes and opportunities based on analysis of the Environmental Scan findings.
- Facilitate planning sessions with the Board/Senior Management/Staff to:
 - Review and update/validate the vision, mission and values
 - Review and update or revise the three-year priorities and goals
 - Define three-year outcomes and key performance indicators
- Develop and finalize the strategic plan
- Develop objectives and key results for each year of the plan
- Develop the Year One Implementation Plan

Methodology

- SN Management has developed this Discussion Document to help inform the priority setting and planning exercises to be undertaken by the Board of Directors and management
- The document presents information, findings and considerations that can help to support thoughtful and productive planning sessions
- SN Management undertook the following activities to prepare the Document:
 - A review of background documents, internal and external to Homes First
 - Direct engagement and consultation with close to 170 people, including residents, tenants, staff, external stakeholders and the Board of Directors through focus groups and interviews

Key Themes and Considerations

Review and analysis of the information collected during the planning process highlights a consistent set of themes as well as opportunities specific to these themes

Themes – An Overview

There are 11 overarching but interconnected themes presented on the slides which follow. They appear in no particular order of relevance; however, they are organized using the balanced scorecard framework (see Appendices for information about the Balanced Scorecard).

Clients and Community

- Client Diversity and Complexity
- Pathways to Stable Housing
- Safe and Inclusive Communities
- System Leadership

Processes

Organizational Learning

People

- Organizational Health and Wellbeing
- Recruitment and Retention

Stewardship and Finance

- A Culture of Philanthropy
- Housing Portfolio
- Sustainable Organizational Growth
- Sustainable Growth Partnerships and Integration

Client Diversity and Complexity

HFS clients have become more diverse and their needs more complex and extensive. In keeping with its original mission, HFS continues to serve many people with long histories of chronic homelessness, unstable mental health issues and active substance use. HFS is considered a leader in harm reduction/low barrier housing for these populations and there is strong agreement that it should continue to strengthen its harm reduction competency. More recently HFS expanded to serving refugee claimants. It operates the only 2SLGBTQ+ transitional shelter for refugees and has been developing expertise and leadership in this area. Many HFS clients have concurrent physical, mental health and/or development disabilities and require specialized supports. The population is aging and senior and geriatric health and mental health concerns are increasing. Stakeholders agree that gaps in mental health, addiction treatment and seniors support services are most acute and effective partnerships will help to provide access to supports that are not available in-house. The vast majority of HFS clients are racialized/Black and as such, there is an onus to provide inclusive spaces and service models are culturally relevant and effective. Some stakeholders believe that HFS has drifted away from its focus on the hardest to serve, while others believe the HFS should work with diverse populations and that its value to the system is its capacity to innovate services that respond to emerging needs.

Opportunities: Address equity and anti-black racism priorities; create dedicated programs for clients with similar needs; work with the City to match clients to the right shelter; build staff capacity and service expertise to support current and emerging client needs; identify partners who can help to address service gaps, with a focus on mental health, seniors supports, addiction, etc.

Pathways to Stable Housing

There are many organizations operating shelters in the City and many operating supportive housing. HFS is one of few that does both in a substantial way. Most stakeholders agree that Homes First's value in the system is the continuum of housing options, from shelter to permanent housing with supports, that it provides; its ability to move people into more stable and permanent housing, and its commitment to working with people who are the most difficult to serve and house. There is agreement that HFS should maintain its current shelter footprint and seek measured growth as a shelter operator. On the other hand, there was very strong agreement that the organization should explore and pursue all available options to significantly grow its housing portfolio and flow more people from shelter to housing. It was also suggested that HFS strengthen and make more efficient the pathways from shelter to housing. For example: enable staff (through training and supervision) to hold clients to account for developing and following through on goals; introduce a stepped housing model where clients have fixed term stays as they move from dependent to independent settings; increase the number of housing workers, case management and follow up workers to support clients to move from shelter to housing options (transitional shelter, transitional housing, permanent housing (with supports based on need) as quickly and successfully as possible. There were some divergent perspectives: HFS should narrow its scope because it can be more impactful by focusing on either shelter or housing (but not both); HFS should expand its scope in the housing continuum to include homelessness outreach.

Opportunities: Increase the number of case management and follow up staff; develop organizational/staff competencies; implement an intentional, integrated and cohesive housing pathway

Safe and Inclusive Communities

Homes First has a long history of building community in its housing. The pandemic, along with lack of access to or availability of common spaces for social activity combined to heighten isolation and erode community belonging. In addition, many clients struggle with mental health issues and have a tendency for self-isolation. There is strong agreement that HFS should create/make available common spaces across its properties and deliver activities (movie nights, Bingo, gardening, etc.) that will reduce isolation and strengthen relationships among clients. The most significant concern expressed by clients and staff is the decreasing level of safety and security at buildings, most notably in low barrier properties, where there is active drug dealing and drug use by clients and/or strangers. Women, and older and more vulnerable tenants (i.e., with development disabilities) are particularly worried about victimization. It is difficult for clients to stabilize their lives when they are living alongside people whose lives are highly chaotic. Many clients, including active substance users, are frustrated by the lack of respect shown by some clients for the building, other clients and the wider neighbourhood. They recommended that HFS enforce a code of conduct, deal with clients who are not following the rules and establish processes for creating safer spaces for all. Finally, clients and staff alike have an interest in being good neighbours; many clients want to be involved in activities that "beautify" their homes, foster positive connections with local residents and break down stigma regarding homelessness

Opportunities: Open common spaces; deliver social recreational programs; facilitate resident/tenant meetings; strengthen community engagement activities; develop strategies for increasing safety in low barrier spaces; strengthen contracting/accountability measures with shelter residents and tenants

Organizational Learning

Homes First has many of the traits that define a "learning organization" or "learning system" There is strong interest in evidence-based decision-making and effective performance management. Development and learning for staff at all levels of the organization is supported and HFS is recognized for testing and launching innovative initiatives that address system wide issues (i.e., LGBTQ2S+ shelter, palliative care shelter). Establishing clear metrics for all programs, implementing strong information collection systems, and strengthening its research and analytical capacity will enable Homes First to better align its resources and talents towards its long term aims. In addition, given its size and leadership role, HFS is well positioned to undertake applied research and generate and share evidence and data to inform its own public policy/advocacy work and influence decision makers across all orders of government. Further, it can share its knowledge and learning to inform service system planning undertaken by networks like the Toronto Shelter Network and the Toronto Alliance to End Homelessness and by all levels of government. HFS regularly conducts client satisfaction surveys. There is a deep respect for client knowledge and experience and how important this is to delivering relevant and effective services. Stakeholders expressed interest in strengthening the role of people with lived experience/peers in planning and evaluation as well as service delivery.

Opportunities: Develop clear metrics for all levels of the organization; strengthen planning and evaluation practices; ensure client engagement in planning and evaluation; invest in staff learning; develop a research program; embed "learning organization" practices and expectations across the organization

System Leadership

The housing and homelessness system is extremely complex, and no one organization can an operate independently of others and organizations need to leverage their unique strengths to ensure system resources are used efficiently. Therefore, funders are asking organizations to articulate their value to system-wide goals and are increasingly looking at organizations to demonstrate both initiative and leadership. Funders value Homes First for its reliability, responsiveness, nimbleness and ability to execute. Others appreciate its history of developing and testing new approaches, practices and models for improving shelters and supportive housing. Homes First is a member of numerous networks/tables that carry out public policy/advocacy (Toronto Shelter Network, Toronto Alliance to End Homelessness, Canadian Alliance to End Homelessness, etc.) to improve services and policy/systems. At the same time, there is strong agreement among internal and external stakeholders that Homes First should play a stronger advocacy or public policy role. Given its size, its service delivery expertise, its experience with research and innovation and its leadership role in the sector, Homes First's voice can be influential and should be used to amplify the efforts being undertaken to address NIMBYism, improve wages for sector employees, increase the availability of deeply affordable and supportive housing, etc.

Opportunities: Build organizational capacity (skills, roles) to engage in advocacy or public policy work; strengthen research function to develop the evidence to support public policy/advocacy; enhance government relations; identify public policy issues that Homes First is well positioned to lead and where it can amplify the efforts of others.

Organizational Health and Wellbeing

The staff at Homes First, front line and management are highly collegial and supportive of each other. At the same time, many factors have come to together to foster a stressful work environment and increase the level of frustration among staff. These include: heavy workloads, lack of face-to-face engagement with colleagues (lingering since the pandemic), limited opportunities for professional development, the opioid crisis, a complex client population and complex homeless and housing systems, and inadequate and (for some staff) unsafe work conditions. The organization is very large, decentralized and departments are siloed. There is a sense among staff that policies, procedures and practices, including HR, are not consistent, that communication among staff and between staff and managers should be strengthened. In addition, many staff work in high stress environments and are exposed to violence or harm. Interest was expressed in activities, outside of the formal occupational health and safety program, that promote health and wellbeing, including improving access to individual supports for staff who have experienced trauma (client overdose or death) and group supports (walking or mindfulness groups) that foster general wellbeing There is strong interest among staff at all levels to build an organizational culture that is compassionate, values and encourages communication, learning and wellness, and recognizes the contributions of staff, regardless of their role.

Opportunities: Implement strategic initiatives that will help to strengthen shared values and culture; create clean, safe workplaces; foster organizational integration and communication; institute health and wellness initiatives.

Recruitment and Retention

The entire social services system is suffering from a lack of qualified employees, and Homes First is not alone in its challenges with recruiting, developing and retaining staff. System-wide HR challenges (see Appendices for "The Great Resignation") have created a highly competitive environment for employers. In the case of Homes First, the organization invests resources to attract and develop staff that are subsequently picked up by other employers, primarily the City because is offers better compensation and/or work conditions. Not only is this a drain on resources, it leads to a reliance on temporary agency staff, who often are lacking the knowledge and skills to work effectively with clients. As a result, service continuity is interrupted and service quality is not as consistent as it should be. Many staff spoke with concern about the number of vacancies, high rate of staff turnover and use of agency staff at Homes First, noting the impact of this on staff moral, absenteeism, efficiency, quality and professionalism. TSSS has prioritized wage parity for the sector, however, this applies to shelters. Because HR challenges are systemic; it was suggested that Homes First continue to advocate for fair wages for all roles and be creative in providing an attractive work environment. Many stakeholders recommended that Homes First strengthen its HR capacity so that it can establish an effective, non-adversarial relationship with the Union and create a skilled workforce that has the qualifications and core competencies.

Opportunities: Finalize the collective bargaining processes; roll out consistent HR policies and processes; identify and enhance core competencies; develop succession plans for key roles; fill key vacancies.

A Culture of Philanthropy

Homes First has grown significantly over the past five years, and at this time has revenues in excess of 80M (in comparison to Fred Victor – 54M and Woodgreen – 79M). At the same time, the vast majority of its revenue sources are government funders, primarily TSSS. Further, as an organization that is involved in capital development it does not have a lot of capital assets/equity to leverage (3M compared to Fred Victor 48M). There is strong agreement that Homes First diversify its revenue sources and decrease its reliance on the City. Further, there are potential priorities that are typically not funded or sufficiently funded by the City or government, such as infrastructure, housing development and advocacy, which will require new sources of funding or approaches to revenue generation. Homes First has been strengthening its fundraising capacity and there is strong agreement that it continue to do so. In addition, there were suggestions that Homes First embody a culture of philanthropy over the years to come. Doing so means embracing a donor-centered environment where everyone understands that charity and fundraising are critical to achieving the organization's mission and making fundraising a part of everyone's role with Board and management leadership. In addition, there was a recommendation that HFS be highly strategic about its brand. While it is committed to serving people who are hardest to house, messaging the diversity of its client population can help to mitigate the some of the NIMBYSM associated with the organization and attract new supporters and donors.

Opportunities: Empower board, staff and volunteers with fundraising/philanthropy knowledge and skills; increase resources dedicated to fundraising; embed philanthropy into policies, on-boarding, performance metrics; review brand messaging

Housing Portfolio Growth

The lack of both affordable and supportive housing stock in Toronto has been well documented. While much of HFS's growth has been in shelters, stakeholders strongly agree that HFS should prioritize housing moving forward. Many ideas were suggested, most notably: develop and/or operate a range of models - scattered, concentrated, low barrier, mixed income, population specific - in order to provide options that align with client need, and make a dent in the City's affordable housing crisis through mixed income buildings that may not offer high numbers of RGI or supportive units. Housing development is a slow and high-risk process that requires land/capital, expertise, infrastructure and extensive public and government relations strategies. Not surprisingly, stakeholders suggested that development may be an aspirational/long term goal for HFS. In parallel, it can redevelop and intensify its existing properties, acquire buildings/units through mergers/acquisitions or form a consortium of non-profit housing operators to pursue large scale builds. Some stakeholders suggested that HFS grow its portfolio by increasing its property management/operator role. Regardless of the pathway it chooses, the end result consistently envisioned by stakeholders is that Homes First will own and/or operate significantly more (i.e., double) properties and units than it currently does. This type of growth will require HFS to put place infrastructure (people and systems and a financial strategy) to scale up sustainably.

Opportunities: Clarify housing growth priorities and the housing growth strategy; strengthen organizational capacity for housing development and/or operations; build equity by acquiring housing; partner with non-profit housing providers on large scale development; redevelop existing properties; strengthen landlord engagement and acquire more private landlord units

Sustainable Organizational Growth

The City of Toronto, both TSSS and the Housing Secretariat, trust Homes First to take on priority projects, and as such HFS has grown considerably over the past five years. There is concern about the rapid pace of growth and its impact on the organization's infrastructure, staff and program quality. The organization's HR department is small given the significant recruitment, onboarding and performance management required with growth and to replace staff who are "poached" by other organizations, including managers/leaders. There is also concern about HFS' revenue model. It is highly reliant on the City for funding; however, City funds do not adequately cover the costs associated with operating the organization, in particular the capital dollars required to maintain the portfolio. This is of particular concern given how hard the client population is on their units/buildings and that many of HFS's buildings are aging. While funding for per-diems, shelter workers, rent supplements and support staff may continue to flow from the City, funding for the functions that will enable Homes First to deliver quality programming, create an attractive work environment and maintain leadership (information management, data analytics, planning and evaluation, research, government relations, community engagement, competitive salaries, etc.,) is harder to secure. Stakeholders suggested that HFS aggressively diversify its revenue model through fundraising, developing/managing mixed-income rental housing and mergers/acquisitions. Finally, HFS Board is responsible for providing the long-term vision, strategic guidance and oversight for a very complex organization. The Board needs to consider its learning needs and succession plan to ensure the long-term sustainability and effectiveness of the organization. and

Opportunities: Revenue diversification strategy; organizational growth strategy

Partnerships and Integration

Service providers are working in highly complex and fragmented service systems, and as such no organization can operate independently of others. Further, all funders are driving organizations to articulate their particular value to system-wide goals, and accountability agreements with funders increasingly include system-level outcomes. Given growing client/community needs and funder expectations; shrinking budgets and increasing fiscal pressures, organizations are looking at new ways of resourcing their programs and their operations, and pursuing strategic and highly effective collaborations to do so. Numerous stakeholders suggested that HFS increase the size of its portfolio through mergers and acquisitions. Others suggested that HFS leverage the equity and capacity made available through a consortium of non-profits to build housing at scale. In addition, Homes First requires partnerships to address increasingly complex clients needs. Health, mental health, substance use and geriatric/seniors service partnerships were identified most often by stakeholders, however employment, legal and settlement sector providers are also important collaborators. Finally, local and regional service planning is increasingly being driven at collaborative or inter-sectoral tables (i.e., Ontario Health Teams - OHT, TAEH, etc.). There was very strong agreement among stakeholders that HFS should be at these tables so that it's experience and expertise can inform and influence decision making and to leverage opportunities available through these tables to expand access to services (i.e., interprofessional health team available through OHTs).

Opportunities: Identify and pursue strategic and innovative government, private and public partnerships that will: increase housing stock, increases service capacity, advance policy priorities or build operational competencies

Strategic Questions

This discussion document presents a wealth of information and overarching themes. To prepare for the planning exercise that lies ahead, it is helpful to consider and think through questions/ considerations regarding the current and future environment. A number of these are highlighted here (and you may have your own). They have been organized using the dimensions of a traditional balanced scorecard. The balanced scorecard is framework that organizations use to help improve their operations and outcomes. We used our discretion in grouping the questions, however it is common for some questions to lie in more than one of the boxes.



Strategic Questions

Clients and Communities

- How does Homes First provide client centered and needs based services across all of its settings?
- Does Homes First expand or narrow the populations it serves?
- Does Homes First start doing homelessness outreach?
- Will Homes First strengthen its visibility in public policy/advocacy? If so, what resources and competencies will this require and what issues will it prioritize?
- How can Homes First improve the flow of clients from shelter to housing?
- How can Homes First enhance safety in low barrier settings?

People

- What are strategies for improving employee wellbeing and satisfaction?
- How will the Homes First address the compensation issues that are leading to recruitment and retention challenges?
- What will Homes First put in place to promote accountability and support staff in their roles?
- How can Homes First reduce reliance on agency staff?

Strategic Questions

Processes

- What are opportunities for Homes First to leverage technology – to improve service delivery and create organizational efficiencies?
- What does Homes First need to create and share knowledge that can help to inform programs and drive system improvements?

Stewardship and Finance

- How much bigger will Homes First be in the next three- five years?
- What will be the focus of growth?
- How much growth is too much?
- How will Homes First secure resources to fund it day to day and strategic priorities?
- What will be required for Homes First to adopt a philanthropic culture?
- Does the Homes First need to consider integration as a growth strategy?
- Does Homes First lean into development or its property management role?

PART TWO: SUPPORTING RESEARCH AND ANALYSIS

Organizational Snapshot

Vision, Mission and Values

Mission Statement

Homes First Society develops and provides affordable, stable housing and support services to break the cycle of homelessness for people with the fewest housing options.

Vision Statement

A leader in providing innovative and effective housing options for those in need.

Values

- Support tenants in overcoming effects of displacement, isolation from community, and dependence.
- Provide tenants with the tools and opportunities to control their own lives while respecting the rights of others.
- Manage Homes First Society resources in an effective, efficient, sustainable manner.
- · Develop and maintain cooperative relationships with our community.
- Ensure a workplace environment that encourages meaningful staff participation in strategic planning and program development.
- Ensure tenants have fair access to resources, equality of opportunity to contribute to decision-making at Homes First Society, and freedom from discrimination pursuant to the Human Rights Code of Ontario.
- To continue to develop new approaches to ensure the right to decent affordable housing, dignity, quality of life, and equal opportunities for individuals and families marginalized by poverty and homelessness.

Current Priorities

Provide the best housing portfolio options for our residents:

- Grow the number of housing units to support as many residents as possible
- Ensure the portfolio of housing options serves the unique needs of diverse groups
- Maintain or improve the existing housing portfolio to ensure Homes First standards of support for our residents in a cost-effective way

Enhance residents' quality of life and stability through responsive programming:

- Develop and improve programs that meet the identified needs of our residents
- Build capacity for anti-discrimination and intercultural competency as part of overall service delivery
- Expand our services to support people moving from shelter to housing:

Develop key partnerships and strategic alliances:

- Rationalize the approach to partnerships to ensure alignment with the strategic plan
- Develop partnerships and integration opportunities to increase and improve housing options and resident supports
- Work collaboratively with diverse organizations to raise awareness and support for issues and needs of people experiencing homelessness

Ensure best practices in a well-run organization:

- Ensure a positive and fulfilling work environment
- Ensure financial sustainability
- Integrate strategic thinking into operating procedures

Finance and HR

Finance

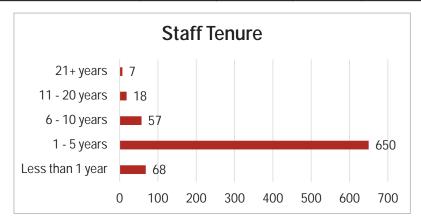
- Revenues and expenses have increased approximately 25% over the past three years
- Capital assets and mortgage payments have both decreased

HR

- The majority of staff are full time
- There is a high use of relief/agency staff
- 81% of staff have been with Homes First between 1 and 5 years

Fiscal Year	Revenue	Expenses	Capital Assets	Mortgages Payable
2022/23	\$59,516,448	\$59,486,351	\$5,238,245	\$4,864,191
2023/24	\$67,279,181	\$67,259,698	\$4,232,384	\$3,877,926
2024/25	\$80,171,030	\$80,146,812	\$3,540,734	\$2,864,079

Typo	Full Time		Part time		Total
Туре	Perm	Temp	Perm	Relief	iutai
Building/Property Services	34				34
Shelter/ Housing	301	13	3	351	668
Housing Supports	29	1	2		32
Development	4				4
Administration	60		2		62
Total	428	14	7	351	800



Staff Satisfaction



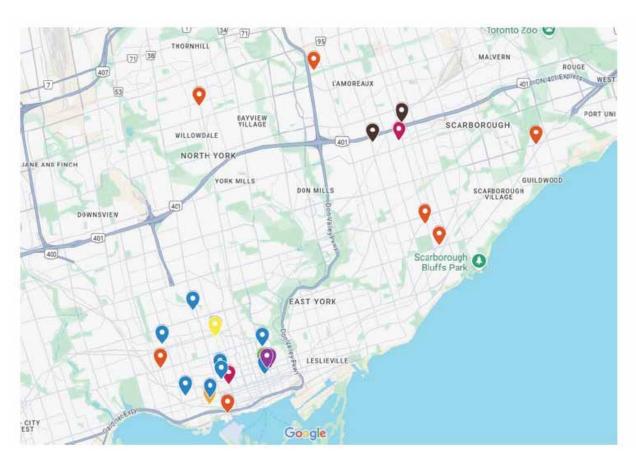
- In 2024 a survey was conducted with Homes First staff. The total participation rate was 39%. 33% of all active unionized employees; 62% of all active non-union employees and 15% of relief staff completing the survey. Key findings:
 - Net promoter score is 24;
 - When asked how likely they are to recommend Homes
 First as an employer, 80% of unionized staff and 92% of non-unionized staff picked 7 or more (on a 10-point scale with 10 being the highest and 1 the lowest)
 - 80% of unionized respondents and 85% of non-unionized respondents find the work they do to be fulfilling and rewarding or extremely fulfilling rewarding
 - 87% of unionized respondents identified working with clients as the most fulfilling aspect of their work compared to 76% the previous year
 - 21% of unionized staff would like staff recognition to be strengthened – a finding that was echoed in staff focus groups



Locations

- Emergency Shelter
- Temporary Hotel Shelter
- Managed Properties
- TCHC Managed Building
- Non-24 Hour Housing
- 24 Hour Housing Owned
- In Care of Properties
- Other

Row Labels		# Units Total	# Locations
Owned - In development			0
Not-owned –housing supports only	120	120	1
Not owned – shelters			9
Not owned – operator + supports		240	4
Owned – housing		270	12
Owned – shelters			



Support Services and Partner Analysis

- Spider: Specialized Program for Inter-Divisional Enhanced Responsiveness to Vulnerability
- M-DOT: Multi-Disciplinary Outreach Team
- PARC: Parkdale Activity Recreation Centre
- ICHA: Inner City Health Association
- TNG: The Neighbourhood Group
- SHN: Scarbrough Health Network

Partner	Service Provided
Hep Cure	Hepatitis C testing and supports to access treatment a Lakeshore, Spadina, Delta, Lawrence, Kennedy, St. Clair, Placer, All Saints locations
LOFT/M-DOT	Support clients with complex needs to access housing, medical and psychiatric support
U of T IMAGINE Clinic	Health related programming for tenants at 224 Spadina and shelter programs offered by University of Toronto medical students.
PARC	Peer support worker program at 545 Lakeshore and supports clients with harm reduction.
SPIDER	Spider is an interdisciplinary team supports access treatment, social, and legal supports.
ICHA	Medical and psychiatric care and supports
TNG	Peer program that hires Homes First clients to provide harm reduction supports, overdose responding and one-on-one addictions supports. ID clinics. At all but two shelters
St. Elizabeth Health Care/Journey Homes Hospice	14-bed hospice at 90 Shuter. Offers low barrier end-of-life option to current and formerly clients. Specializes in harm reduction, homelessness, and trauma informed care
SHN	Nurse Practitioner on a weekly basis at 39 Dundalk

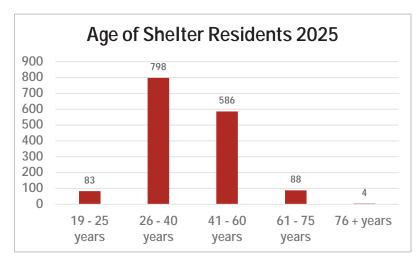
Support Services and Partner Analysis

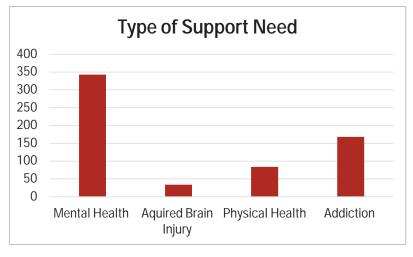
- PQWCHC: Parkdale Queen West Community Health Centre
- MWT-OHT: Mid West Toronto Ontario Health Team
- ACT: Assertive Community Treatment
- CAMH: Centre for Addiction and Mental Health
- SRCHC: South
 Riverdale Community
 Health Centre
- SASP: Scarbrough Addiction Service Providers

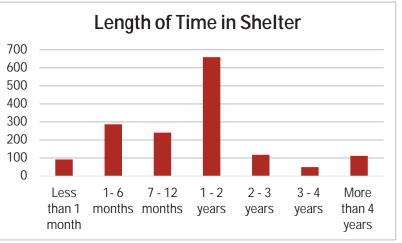
Partner	Service Provided
PQWCHC	 Iphare: Outreach, overdose response, referrals, case management, training and safe supply Outreach: Overdose response, referrals and case management Harm Reduction: Safe supply clinics, overdose prevention interventions and kit making at Spadina Health Centre: Nurse weekly at Spadina
MWT-OHT	Planning table that leverages medical and mental health supports across the Midwest Toronto's OHT geography
St. Michaels ACT Team/FOCUS	Supports for clients with complex mental health needs
Community Paramedicine Program	Non-emergency, community-based service with a focus on health promotion, system navigation and injury prevention at Willowdale
CAMH	 Pilot Place: supports and socialization to 18 residents at Shuter Meegwetch: supports to 15 clients at Meegwetch
SRCHC	Harm reduction training and outreach supports
Trustcare Pharmacy	Pharmacological supports at: Delta, Lakeshore, Spadina, Dundalk, Placer, Metro and Willowdale
Sherbourne Health	Treatment and supports to clients with Hep C
SASP	Funding to run addiction groups and to access a clinician to provide addictions clinical consultation

Client Profile - Shelters

- Average age declined to 40 years between 2004 and 2005
- 64% are refugee claimants
- 84% are racialized and 69% identify as Black
- 9% identify as LGBTQ2S+
- The percentage of clients with high needs fell from 20% in 2024 to 9% in 2025. Most support needs are related to mental health followed by addiction needs

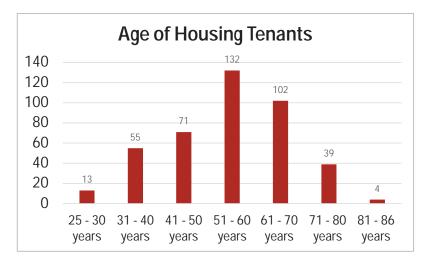


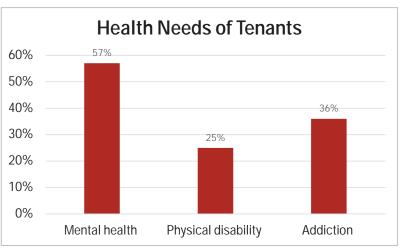




Client Profile - Housing

- Average age of tenants is 55 years, a slight increase from 2024
- 55% are racialized; 44% identify as white and 27% as Black
- The percentage of tenants with high needs fell slightly to 17% in 2025. Most support needs are related to mental health followed by addiction needs.





Client Satisfaction

- In 2024, 550 shelter residents (31%) and 89 (175) supportive housing tenants participated in the survey
- The majority of shelter clients expressed strong satisfaction with Homes First based on three indicators as described in the table
- Direct feedback from shelter residents indicates that the main areas of concern are related the cleanliness/condition of facilities (i.e., bathrooms) and quality of services during weekends/evenings
- The vast majority of housing clients expressed satisfaction with Homes First based on the four indicators described in the table.
- This aligns with feedback received from housing tenants who expressed greater satisfaction with their housing in comparison to shelter clients

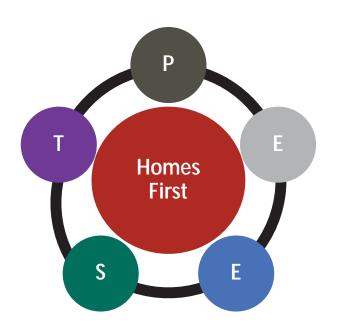
Shelter Clients	Strongly agreed or agreed	Disagree
Services & supports relevant to client's needs*	84%	16%
Living situation is contributing to overall well-being*	79%	21%
Client would recommend Homes First to a friend*	84%	16%

Housing Clients	Strongly Agreed or agreed	Disagree
Homes First housing unit was a good fit for me*	94%	6%
Services & supports relevant to my needs*	96%	4%
Living situation is contributing to overall well-being*	95%	5%
I would recommend Homes First to a friend*	92%	8%

Environmental Scan

This section includes a PEEST analysis and supportive/affordable housing systems scan

PEEST – Highlights



Political

- Potential for stability at the federal (Liberal) and provincial (Conservative) levels following recent elections
- Political transitions every four years limit long term planning
- All three orders of government have made a commitment to ending homelessness
- Many decision makers Federal Government (CMHC, Infrastructure), Provincial (MOH), Ontario Health, Municipal (TSSS, Housing Secretariat) - but there is a lack of clarity and transparency regarding decisions
- Increasing need for effective collaboration in governance and service delivery
- Increasing privatization
- Historical and current policies and models rooted in colonization and white supremacy
- Increasing political divisiveness, polarization and lack of tolerance



PEEST – Highlights

Environmental

- Climate crisis
- Increasing prevalence of natural disasters that will require planned responses (fires, evacuations, pandemics, etc.)
- Increase in climate migrants and refugees
- Greater focus on sustainability
- Procurement
- Infrastructure/planning
- Lasting impact of COVID-19 (mutations) and new health issues (measles)

Economic

- Increasing fiscal restraint and austerity measures
- Human resources crisis continues to evolve; competition for resources will become even more pronounced
- Compensation for the same roles varies significantly from organization to organization
- Compensation and labour relations issues emerging from COVID-19 (i.e., disconnecting, remote work)
- Rising rates of precarious employment and income disparity
- Increasing inflation, cost of living
- Stagnant social assistance (OW, ODSP) rates



PEEST – Highlights

Social

- Lingering disruptions related to COVID-19 pandemic
- Growing economic disparities and uncertainty
- Anit-racism movements
- NIMBYism impacts/derails new shelter and supportive housing projects
- Growing attention to mental health and addiction (MH&A) issues /crisis
- Generational shifts in values and behaviours (Boomers, GenX, Millennials...)
- Movement of populations from urban to rural areas and impact on the urban/rural divide
- Aging population with complex needs
- Diverse population and need for culturally competent service delivery
- Recognition of the impact of intersectionality (i.e. racialization and poverty) on wellbeing

Technological

- Ongoing barriers to digital access and digital equity
- Increased threat or vulnerability of IT systems to cyber breaches and privacy risks
- Lack of capacity/resources to use emerging technology or protect against threats
- System shift widespread adoption of virtual care and services
- Impact of COVID on community engagement
 increased isolation while digital engagement
 leaves people out
- Fragility of science/research for evidencebased care in wake of populism
- Funders investing in virtual MOH Digital First for Health Strategy
- Growing interest in electronic client management systems that facilitate coordinated care planning

Health, Mental Health and Addiction

Federal government

 \$5 billion to provinces/ territories to increase community-based mental health and addictions services

Ontario government

- Primary Care Act \$1.8B to attach 2 million people to primary care by 2029
- Roadmap to Wellness \$3.8 billion over ten years for mental health and addictions
- \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions
- Home and community care modernization underway
- Ontario Health Teams (OHTs) 58 OHTs in Ontario organize and deliver services in local communities. The teams bring together health care providers from across health and community sectors to work as one collaborative team to better coordinate care and share resources. Many have prioritized mental health and substance use and equity for vulnerable populations (i.e., homeless populations)
- Ban on supervised safe consumption sites (SSCS)

City of Toronto

- Toronto public health has oversight for population health including infectious disease
- Does not fund or provide health services except in certain situations (i.e., during the pandemic)
- Maintaining low barrier/harm reduction standards in its shelters and supportive housing

Housing Continuum

The diagram describes the homelessness to housing continuum (the housing continuum) as it is understood in the homelessness and housing sectors. Homes First locates itself in the red parts of the continuum. People in crisis may move through or circle through different parts of the housing continuum.

Unhoused

People that cannot/ choose not to use shelters (or when the community does not have a shelter) such that the person lives in places not meant for permanent human habitation

Emergency/ Transitional Shelter

Short term shelter for people experiencing a housing crisis; transitional shelters provide specialized programs and often longer lengths of stay

Transitional Housing

Temporary
(i.e., up to 4
years) housing
with support
services to
help
individuals
move towards
independence
and selfsufficiency

Supportive Housing

Combines rent supplements with flexible, individualized, and voluntary support services for people with high needs related to physical or mental health, developmental disabilities or substance use

Community Housing

Operated by municipal organizations, housing cooperatives and non-profit organizations. Tenants pay rent that is geared to income. Arrangement for support services may or may not be in place

Affordable Market Rental

Below market rent. Units owned and operated by private or public organizations. In theory, rent should be less than 30% of an individual's income (before tax)

Market Rental

Rental based on the current real estate market. Tenant incomes not factored into rental costs

City of Toronto Context

- Almost half of renter households spend more than 30 percent of their before-tax income on housing
- Approximately 100,000 households on the waitlist for social housing
- Demand for supportive housing far outstrips supply. 19,000 people are on the waitlist for mental health and addictions supportive housing. Nearly 60 percent of applicants have been on the wait list for supportive housing for two or more years.
- Shelter system is at capacity
- Between January 2022 and October 2024, the number of people using the Toronto's shelter system has been variable, with a low of 9,622 in September 2022 and a high of 11,173 in February 2024
- The number of refugees has increased from 1,726 in January 2022 to 6,075 in October 2024 and more refugees are entering than exiting
- Over the 2020 2022 period, 14% of people staying in shelter were under 16 years of age and another 12% were under 24 years of age, and 5% of people are 65 years of age and older. These figures have not changed significantly since 2018.
- 32% of adults using the shelter system and 68% of those sleeping outdoors first experienced homelessness as children/youth (Street Needs Assessment – SNA - 2021 and 2018)
- Disproportionate shelter use by Black, Indigenous and trans people
- In 2019, the average life expectancy for people experiencing homelessness in Toronto dropped to 49, compared to over 80 for the general population

City of Toronto

The Housing Secretariat	 HousingTO Plan is a ten-year plan to add 40,000 new affordable rental homes to Toronto's housing stock, including 18,000 supportive housing units for people experiencing or at risk of experiencing homelessness The Plan focuses on transitioning as many shelters as possible to supportive housing The Plan's 2023/24 priorities - 4,000 supportive housing opportunities for people experiencing homelessness – 2,500 new supportive homes and 1,500 COHB
TSSS (Shelter)	 5-year Strategic Plan: organized around three pillars - prevention/diversion, service delivery and transitions to stable housing (see Appendices) The Homelessness Services Capital Infrastructure Strategy (HSCIS): transitioning the current system from 41% permanent spaces to a system where 60% of all shelter spaces are permanent and purpose-built Shelter Safety Action Plan (SSAP): proposes actions to ensure the safety of clients and staff Meeting in the Middle: collaborative effort between TSSS and Indigenous organizations to address Indigenous homelessness in Toronto Confronting Anti-Black Racism (CABR): standards added to the Toronto Shelter Standards (TSS) in response to Action 10.2 of Toronto's Action Plan to Confront Anti-Black Racism Our Health Our City: City-wide strategy to reduce substance use related harms and promote mental health and well-being which recommends increasing and improving access to emergency shelter spaces and that have fully implemented the City's harm reduction approach

Federal Context

While housing policy and funding is extremely complex, all levels of government are focused on housing and ending homelessness. The federal government has committed to ending all chronic homelessness in Canada by 2028. As such there are policy and funding levers available, as described below.

Federal Government/CMHC

- Committed to ending all chronic homelessness in Canada by 2028
- Rapid Housing Initiative (RHI) -\$1.5B over 2 years
- Affordable Housing Fund (formerly NHCF) \$13.2 billion for new capital and redevelopment
- Affordable Housing Innovation Fund for housing innovation
- Rental Construction Financing initiative (RCFI) encourages construction of sustainable rental apartment projects
- Mortgage Loan Insurance for supportive housing
- Housing Accelerator Fund provides incentive funding to local governments.
- Mental Health \$5 billion to provinces/ territories to increase community-based mental health and addictions services
- Personal Support Worker Wage Support \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions

Provincial Context

Provincial Government

- Ontario Priorities Housing Initiative -\$5.75 billion to protect, renew and expand community housing
- Funding for rent-geared-to-income (RGI) units and rent supplements
- 2023 Budget added \$202 M to Homelessness Prevention Program Indigenous Supportive Housing
- Roadmap to Wellness \$3.8 billion over ten years for mental health and addictions
- Home For Good housing assistance & support services for those experiencing/at risk of homelessness
- Social Services Relief Fund \$1.2 billion to create longer-term housing solutions
- Community Housing Renewal Strategy \$5.75 billion
- Bill 23/More Homes Build Faster relief from charges
- Funding for 20 different supportive housing programs provided by the Ministry of Health (MOH), Ministry of Municipal Affairs & Housing (MMAH) and Ministry of Children, Community & Social Services (MCCSS)
- Homeless and Addiction Recovery Treatment (HART) Hubs on-site or integrated referral to shelter and/or transitional housing services and supports such as mental heath, primary care, substance use, addiction, case management for income security, employment and social service needs

Supportive Housing 101

- People in crisis may move through different parts of the housing continuum: from homelessness to a shelter, to a transitional program; through hospitalization; through contact with the criminal justice system
- Homes First provides shelter and supportive housing in Toronto to people experiencing the deepest poverty and living with chronic and often unstable mental health and substance use issues
- Supportive housing combines housing with support services that enable people to live as independently as possible in a community setting
- Supportive housing providers operate different types of housing: self-contained apartments, rooms in shared dwellings, and beds in boarding homes
- Supportive housing providers emerged from geographic, ethnic, religious and disability
 communities, especially after de-institutionalization of people with mental illness and
 changes to rooming house by-laws. There are now providers who have only a few buildings
 or units, through to large providers, such as LOFT, HLMS and Homes First
- Supportive housing tenants do not all need the same levels of support. Some require basic tenancy support services while others require intense mental health and/or harm reduction supports
- Support is provided either by employees of the host organization, or through agreements
 with social service agencies. There are dozens of agencies that employ qualified personnel
 to provide support targeted to people with specific needs. They each have their own
 mandate, eligibility restrictions, geographic catchment and capacity limitations. They range
 in size from very small to fairly large.

Supportive Housing – Funding

- In Toronto, both the City of Toronto and the Province of Ontario fund supportive housing.
- The province tends to fund supportive housing programs for people with histories of mental health. The City's focus is supportive housing for people with histories of homelessness (who may or may not have mental health issues).
- Provincially, funding for 20 different supportive housing programs is provided by the
 Ministry of Health (MOH), Ministry of Municipal Affairs & Housing (MMAH), and Ministry of
 Children, Community & Social Services (MCCSS). MOH funds the majority of health
 support services and some rent supplements; capital and operational funding tied to the
 units is generally provided by MMAH; MCCSS funds youth and youth justice spaces and
 housing for adults with developmental disabilities. In Toronto supportive housing is funded
 by the Housing Secretariat.
- Overall, it is difficult to precisely attribute the amount of funding allocated to supportive housing. There is increasing complexity and opacity in funding for supportive housing Funding for supportive housing requires both one-time capital (primarily for the development process) and ongoing operating funding (for support services and general operation costs).

Supportive Housing – Development

- The development process involved in building new supportive housing is lengthy, at least two to three years, and often longer.
- The process involves several resource and expertise-intensive processes such as finding and securing a site, obtaining planning approvals, designing the building, obtaining financing, and constructing the building.
- Non-profit agencies trying to add to the supportive housing stock experience access to
 capital funding that is sporadic and not predictable. This makes it difficult to plan, foster
 collaborations with other agencies and organizations, and engage the private sector.
 Further, it is difficult to coordinate the timing of capital and operating funding, which is
 essential in ensuring a positive cash flow scenario over the course of the development and
 operating phases of a project.
- While partnerships with municipal government, community agencies, private and nonprofit housing providers are important, ultimately, the lack of strong policy leadership and financial support poses difficulties for groups working to add to the supportive housing stock.

Supportive Housing – Competitors

- Homes First provides supportive housing to a large number (400) of clients in Toronto. It is able to compete in the supportive housing space for a number of reasons:
 - Its size (number of units it operates)
 - · Capacity to respond and pivot
 - A reputation for serving the hardest to house
 - · Low barrier/harm reduction housing
 - Established track record of providing quality tenant support
- It is surprisingly difficult to find accurate, up to date information on how many supportive
 housing units exist in Ontario and who owns and operates them. Below are some of
 Toronto's diverse supportive housing providers/operators large and small, with different
 kinds of population/clinical expertise and using different support service models:
 - HLMS (56 properties owned outright, 1500 tenants in HLMS and in private market)
 - LOFT (1,788 beds, 854 staff)
 - Fred Victor (250+ units; 6+ properties) + 100+ independent affordable housing units
 - St Clare's (5 sites, partner agencies provide supports)
 - EcuHome (58 shared houses, 5 apartment buildings, and a 59-unit rooming house)
 - Indigenous providers: NaMeRes, Anduhyuan, Wigwamen, New Frontiers, Gabriel Dumont
 - HIV/AIDs focussed: Fife House, Myrmex
 - Portland Place (1 site; 65 people)

Shelters – Competitors

There are 10,000 using shelter services every night. 90 different shelters operated by 35 shelter operators including the City of Toronto respond to this need. Homes First serves about 1,700 people in shelter each night – almost 20% of all shelter users. The table below situates Homes First within this environment in terms of size and expertise.

Type of Shelters	Competitive Position	Largest Competitors
Men's shelters	One of, if not the largest provider of shelter for men	Salvation ArmyFred VictorDixon HallCity of Toronto
Family shelters	Not one of the largest providersDoes not bring expertise with families/children	City of Toronto
Women's shelters	Serves women in mixed/co-ed spaces and in dedicated shelter spaces	City of Toronto
Refugee shelters	 Largest refugee emergency shelter provider Expertise in serving 2SLGBTQ+ refugee claimants 	• COSTI
Youth shelters	Does not serve youth	• n/a
Low barrier shelters	 All shelters must have harm reduction standards Some shelters recognized for taking a stronger abstinence approach (i.e., Salvation Army) Homes First is recognized for strong harm reduction standards 	Fred VictorDixon Hall

Supportive Housing - Population Trends

Feedback from stakeholders highlighted the socio-economic and health status issues for the Homes First clients:

The Population

- 19,000 people waiting for supportive housing
- More than 80% of clients are racialized
- Lack of access appropriate (needs based) housing and supports
- Aging population t

Determinants of Health

- Lack of deeply affordable housing
- High unemployment
- Income assistance is well below cost of living
- High food insecurity
- Lack of digital access and/or literacy
- Poor life skills due to long history of institutional living

Isolation/Belonging

- Tendency to self isolate due to mental health
- Racism and discrimination
- Landlord stigma
- Lack of visibility of gender diverse and LGBTQ populations
- NIMBYism
- Gentrification of "affordable" areas

Health

- Lack of sufficient primary care
- Increase in addictions and toxic drug supply and limited harm reduction supports
- Increasing mental health issues and lack of mental health services
- Lack of addictions treatment
- Lack of long-term care access for older clients with mental health and substance use issues
- Development supports not available

Stakeholder Engagement

Summary of findings from stakeholder engagement sessions. Points highlighted are those repeated more than 2 or 3 times

Who We Spoke With



- Between March 2025 and May 2025, a series of stakeholder engagement activities were held:
 - 1 group session with the Board of Directors (n =~10)
 - 1 group session with the Management Team (n = 27)
 - Interviews and groups sessions with Senior Leadership Team (n = 8)
 - 2 sessions with housing tenants (n = 17)
 - 2 sessions with shelter residents (n = 25)
 - 2 sessions with staff (n = 37)
 - Interviews with external stakeholders, including partners, other service providers and funders/policy makers (n = 12)

In total, close to **140** people, representing diverse perspectives and communities directly participated in the planning process.

Summary

Strengths and Limitations

Overall, Homes First has a strong reputation and is considered to be innovative, professional, stable and impactful. Areas of strength include:

- Size, scope and market share
- Capacity and commitment to working with the most difficult to serve and house
- Harm reduction competencies
- Continuum of housing options and its ability to move people into permanent housing
- Approach to collaboration (i.e., 519, ICHA, St. Elizabeth, etc.)
- · Responsiveness and "heroic" ability to get things done
- Staff are client centered, knowledgeable, experienced and compassionate
- Investment in staff learning and creating an organization that is seen as a place for growth/development
- Reputation for leadership in the sector and with funders

The main limitations or concerns:

- Increasingly complex client needs and lack of services and/or appropriate housing to meet needs
- Increasingly difficult to acquire or develop housing
- Internal silos between staff, management and programs
- High staff turnover and dependence on agencies
- Safety for staff and clients
- High dependency on the City for funds
- Lack of visibility in public policy/advocacy

Summary

Priorities

There is strong agreement across all stakeholder groups that the following should be priority areas of focus for Homes First:

- Increase the amount of affordable/deeply affordable and supportive housing in Toronto
- Improve pathways/speed up flow from shelter to housing
- Strengthen connections between clients and foster inclusion in shelter/housing communities
- Improve safety and security, especially in low barrier settings
- Strengthen and expand partnerships to achieve housing goals, address tenant needs and fill service gaps
- Create a stable, well compensated and highly skilled workforce
- Strengthen organizational communication and collaboration
- Diversify revenue sources by pursuing integrations/acquisitions and adopting a philanthropic mindset and culture

Stakeholder Feedback

3 – 5 Year Results Overall, stakeholders envision the following results with successful implementation of the strategic plan:

- More clients transition from shelter to housing
- Reduced length of stay in shelter
- · Improved client well-being and mental health
- Safer spaces for staff and clients
- Merger/acquisition completed
- The number of housing properties/units owned and/or operated by Homes First is significantly increased (double)
- Enhanced partnership and collaboration
- Improved support from the public/community for Homes
 First shelters and housing
- Improved relationships and communication between departments, managers and staff
- Better pay/compensation
- Improved staff wellbeing
- Diversified revenues with robust fundraising program

Clients

What I Value about my Housing

Housing

- Staff (case managers/case workers) are caring, supportive, accessible
- Small, safe and secure buildings
- Affordable, especially for people on fixed incomes
- Offers independence (my own unit with a key) and stability
- · Well maintained
- Sense of community
- Tenants understand each other, support each other and respect each other's privacy
- Food program; access to food
- Social recreational programs when they are offered

Shelter

- A roof over my head/a place to stay
- Meals
- Access to a bathroom
- Access to medical services
- Access to laundry
- Case workers and staff who are available to problem solve and offer guidance
- Provision of hygiene items

Areas of Concern/Suggestions

Housing

- Tenants who act out or do not follow rules are not being managed – destabilizes tenants/the community
- Lack of consistent access to food across properties
- Some building need attention (i.e., window repairs and window cleaning)
- Buildings that are not well maintained reinforce stigma in the community
- Safety and security are a concern at some buildings where strangers are accessing and there is intimidation and violence
- Some units are not accessible or appropriate for older tenants
- Not enough social recreational programming to help build a sense of community and to support those who have a tendency to self isolate
- Inconsistent approach to pets across properties
- Lack of access to health, employment and income supports
- Transfers to units can be difficult

Shelter

- Some staff, in particular evening and weekend staff lack compassion and/or skills in comparison to day time staff
- Lots of drug use; bathrooms are being used by people who use drugs and are not accessible to residents
- Staff have difficulty enforcing rules
- aggressive or difficult clients are not being managed and this leads to intimidation and violence
- Harm reduction practices are not being applied consistently, leading to preventable overdose
- Lack of consistent access to WIFI
- Lack of consistent food quality
- Lack of access to working bathrooms and showers
- Lack of access to mental health programs

Client Suggestions

- Enhance training, especially for weekend and evening staff
- Train and support staff to better deal with difficult residents/clients and to enforce rules that help to maintain an inclusive and stable community
- Improve security and safety –inside and around buildings
- Offer more social recreational activities to help engage residents/ tenants and build a sense of community
- Improve access to medical, mental health, addiction, income and employment supports
- Improve the consistency and quality of food programming
- Reduce exposure to smoke
- Improve access to technology (i.e., wife)
- Carry out activities that will reduce stigma and build relationships with neighbours
- Improve communication regarding work orders and repairs (housing)
- Improve access to crisis supports and emergency contacts (housing)
- Improve housing, case management and follow-up supports to help establish goals, stay focused, secure housing and stay in housing
- Use a stepped or staged approach to support people as they transition from shelter to independent living

Partners and Funders

Strengths and Challenges

Value to the System

- Economies of scale in shelter and supportive housing
- Experience with property management and taking care of assets
- Data informed decision making
- Commitment to learning/improving
- Reliable, trusted partners
- Housing development knowledge and experience
- Responsive, nimble, effective make stuff happen
- Population expertise most complex;
 LGBTQ2S+ refugee claimants
- Humble, not self-interested; put client and system needs first
- Community engagement skills
- Staff knowledge and experience

Considerations

- Complexity of capital development
- Perception of mission drift/focus (i.e., expansion to lower need clients; shelter and housing)
- Safety and security concerns (for staff and tenants) at some sites
- Stigma at the community level exacerbated by safety/security issues
- Brand focus on most hard to serve reinforces stigma
- Employee (leadership) turnover
- Public accountability requires stronger governance and engagement with community
- · High dependence on City for funding
- Reliance on agency staff

Opportunities and Priorities

Opportunities

- Leadership role at the OHTs
- Leadership in roll out of the Health Homelessness Services Framework
- Share data with City to inform good decision making
- Work with the City (central intake) to drive needs-based placement strategy
- Test case management and attachment models for highly transient clients
- Develop new shelter/supportive housing models
- Neighbourhood/community development and engagement
- Strengthen resident engagement
- Determine and pursue areas of excellence and impact

Suggested Priorities

- Build safe and inclusive communities for everyone
- Deliver client centered and needs based services and shelter and housing options
- Be the support provider of choice
- Diversify revenue sources
- Community engagement and integrated shelter/supportive housing
- Improve employee recruitment, development and retention
- Leadership on public policy and system issues
- Strengthen partner communications and agreements for maximize impact

Staff

Strengths and Limitations

Strengths

- Large number and diversity of shelter and housing options
- Rent that is geared to income within Homes First housing
- Commitment to working with the hardest to serve
- Qualified and experienced staff
- Compassionate staff
- Diversity of staff
- Management support
- Opportunity to advance in the organization
- Training opportunities
- Partnerships with other organizations and community support
- Low barrier/harm reduction expertise
- · Good benefits for staff

Limitations

- Insufficient numbers of staff in service delivery and back office and high reliance on relief/agency staff
- Lack of sufficient mental health and addiction supports for clients
- Insufficient follow up support for clients
- Lack of sufficient access to transitional and subsidized housing = slow flow of clients out of shelter
- Lack of supports and housing for older clients
- Lack of in-depth training for staff on key issues and practices (harm reduction, trauma, mental health)
- Workplace violence
- Lack of sufficient benefits and mental health supports for staff
- Lack of interdepartmental coordination and communication/organizational siloes and lack of communication between management and staff
- · Vacancies take a long time to fill
- Lack of orientation for new hires

Opportunities

Programming

- Acquire more buildings; provide more housing
- Enhance harm reduction and access to addiction treatment
- Increase staff to client ratios
- Establish partnerships to fill service gaps and deliver services on site: legal, financial, employment, settlement, health/mental health, etc.
- Establish partnership with long term care and palliative care to meet needs of seniors
- Test/pilot new ideas (i.e., transitional shelter or transitional housing)
- Hold clients accountable for contributing to safe spaces and for achieving goals
- Strengthen life skills supports, goal setting, case management and follow-up
- Match clients to housing/shelters that meet their needs (placement strategy)
- Deliver programming that helps clients to engage with each, learn, feel useful
- Strengthen connections and integration between clients and community (barbeques)

Organizational Wellbeing

- Enhance knowledge of diversity and address discrimination
- Focus on staff safety: mental health supports, safe spaces; build capacity (training, policies) to work with violent, aggressive and demanding clients
- Strengthen management staff relationship and communication
- Improve coordination and communication within and between teams/departments
- Improve onboarding (orientation, shadowing)
- Improve staff training/professional development
- Promote accountability for working professionally and maintaining standards
- Increase compensation (pay rate, benefits for part time)
- Foster relationships; hold social gatherings
- Improve infrastructure so that staff can be effective and efficient
- Enhance staff recognition (for tenure, good work, holiday gift card, etc.)
- Strengthen staff feedback processes

Management

Strengths and Limitations

Strengths

- Serving the most complex clients; client centered
- Ability to provide wrap-around support
- Continuum from shelter to housing
- Client placement strategy
- Ability to foster community in supportive housing
- Niche/unique services and housing models (i.e., hospice, Strachan House)
- Knowledge/expertise, experience and diversity of staff
- Responsive, able to mobilize quickly or pivot to deliver programs
- Dependable, trusted community partner
- Attract, retain strong leaders
- Size and market share high % of shelter beds; large # of supportive housing units and 800 employees
- Recognized as leaders in the sector and at planning tables
- Inter-departmental collaboration
- Learning organization

Limitations/Concerns

- Stigma re homelessness and our clients
- Lack of sufficient services (mental health, harm reduction) and infrastructure to meet client needs
- Criminalization of drugs; closure of SCSs
- Lack of health/mental health supports
- Impact of rising cost (on capital development, maintenance and repairs, day to day operations)
- Mission drift (i.e., low need clients/refugees)
- Economic and political uncertainty impact on donor base and donor fatigue
- Gaps on the board fundraising, non profit operations
- Lack of brand awareness
- Impact of growth on staff/culture
- Limited bandwidth in HR and Finance
- Competition for employees/retention
- Reliance on agency staff
- Departmental siloes
- Relationship with the union (adversarial)
- Role of technology and AI in service delivery and operations
- Housing inventory is aging
- Limited funding sources
- Gaps in employee skills/specializations
- Lack of efficient data collection and analytics

Opportunities

Programming

- Re-focus on most complex
- Research, innovate (i.e., in harm reduction, housing models, zero emissions, etc.)
- Design programs and housing for unique/diverse groups (i.e., ABI, seniors)
- Strengthen access to harm reduction, addiction treatment, health, mental health and geriatric services
- Expand partnerships; focus on addiction, mental health and Black-led organizations
- Expand # of: properties, supportive housing units and housing options (i.e. modular, affordable)
- Adjust housing (independent, congregate) and supports (high, low) to match changing client needs
- Expand follow up supports
- Expand partnerships for housing development (i.e., private and non-profit developers and consortiums)
- Strengthen engagement with community
- Strengthen client engagement, connections and feedback

Operations

- Improve human resources cycle recruitment, retention, training/development, performance management and advancement
- Improve staff competencies (harm reduction, geriatric care, etc.
- Improve communications between staff and management
- Improve the relationship with the Union
- Improve employee recognition
- Foster employee health and wellbeing (i.e., compensation, wellness activities)
- Strengthen employee engagement through feedback systems, team building, social events
- Diversify revenues (all levels of govt, fundraising and social enterprise)
- Diversify housing models (i.e., mixed income units) to maximize revenue
- Increase organizational investment in operations (i.e., expand HR)
- Create specialized team to support DEI/CABR
- Strengthen brand recognition
- Improve data collection and analytics
- Leverage technology

Three Year Results

- Clients are better supported in shelter and housing
- More capital assets (properties) and more housing/supportive housing units, including through shelter conversion
- Recognized leadership in harm reduction, housing and research
- Increased and improved partnerships
- More funding, increased revenue and diversified revenue streams
- Well trained workforce
- Improved compensation
- Motivated employees
- Improved staff retention
- Cohesive staff culture
- Stronger brand recognition/public support
- Improved engagement with community
- Less homelessness in Toronto

Board of Directors

Strengths and Challenges

Strengths

- · Compassionate, client centered
- Commitment to those who are hardest to serve
- Responsive and effective get things done
- Harm reduction model
- Variety of housing options
- Reputation and brand well known and able to attract partners
- Close relationship with City
- Geographic footprint and market share
- Comfort with and commitment to evaluation and learning
- Adapted to significant growth; maintained operational efficiency

Challenges

- Lack of clarity or focus regarding the organization's growth trajectory
- Challenging to innovative in restrictive funding systems
- Need to align the board and management on performance measurement and reporting
- New board with development needs
- High dependence on the City for funding will curtail envisioned future growth
- Limited public awareness/brand profile
- Not fundraising sufficient revenue

Priorities and Three Year Results

Priorities

- Increase our focus on housing (i.e., secure funding; engage in partnerships; maximize our assets/equity)
- Diversify revenue sources and increase fundraising
- Strengthen visibility in public policy/advocacy work
- Expand through mergers and acquisitions
- Enhance Board learning and capacity to be providing generative leadership
- Continue to provide a continuum of shelter and housing options
- Deliver the services and supports that clients need

3 Year Results

- Clients are connected to the services and supports they need
- Increase in the number of housing units owned or managed
- Increase in the amount of revenue fundraised
- Strong board management relationship
- Board growth
- Increased public profile
- More people are off the street

PART THREE - APPENDICES

Client Focus Group Guide

- What do you value/appreciate the most about Homes First?
- Overall, what do you think Homes First does best? Why?
- What do you think Homes First could do better? Where can it improve?
- What issues are you most concerned about or most worried about for yourself or your community? For example, housing, health, employment, etc.
- Over the next 3 years, what programs and services should Homes First offer to support you with your concerns or goals?
- Is there anything else that you would like to share with Homes First at this time?

Question Bank – Adapted for Use with Internal and External Stakeholders

- What are key needs and service gaps for the clients served by Homes First?
- What are Homes First's greatest organizational strengths and assets?
- What are some of Homes First's limitations? What is most holding the organizations back from being even more impactful?
- What factors (i.e., social, political, economic, etc.) in the r external environment will most impact Homes First's governance, operations and capacity to deliver services in the years to come?
- Where can the Homes First have the most significant impact in the housing and homelessness system?
- What are the greatest opportunities for Homes First to work in partnership or collaboratively?
- What concrete opportunities are there for enhancing Homes First's programs or services?
- What are the opportunities and priorities for strengthening workplace culture and employee health and wellbeing?
- What are the opportunities and priorities for strengthening collaboration and partnerships?

Balanced Scorecard

- The balanced scorecard (BSC) is a strategic planning and management system.
- The name "balanced scorecard" comes from the idea of looking at strategic measures in addition to traditional financial measures to get a more "balanced" view of performance
- The BSC gives organizations a way to "connect the dots" between the various components
 of strategic planning and management. It can provide a connection between the projects
 and programs that people are working on in each of the BSC areas, the measurements
 being used to track success (KPIs), the strategic goals and objectives the organization is
 trying to accomplish, and the mission, vision, and directions of the organization
- The BSC dimensions are:
 - Clients and Community: How do we create value for our clients and community?
 - People and Learning: What organizational capabilities and capacity will enable us to grow and evolve?
 - Business Processes: What business processes do we need to excel at?
 - Financial: What does financial success look like?

The Great Resignation

- Although it's taking place with more intensity in the U.S., employee retention challenges remain a problem for Canadian employers
- Canadian companies are collectively scrambling to fill 915,000 job vacancies, 80% more than in 2019, according to Statistics Canada, and well above pre-pandemic levels
- The hole in the job market is expected to widen as even more workers consider quitting this year. In a 2022 Microsoft Work Index study, 52% of Gen Zs and Millennials, both globally and in Canada, said they'd think about leaving or switching their jobs in the next twelve months, especially if their current position prevented them from enjoying their life
- More Baby Boomers (and other workers who delayed retirement in 2020) are also expected to exit the workforce this year
- What's unfolding then is not just the Great Resignation (the symptom) but the Great
 Prioritization (the cause). People are putting a greater focus on well-being, health (physical,
 social and mental), family (childcare and/or aging parents) and other hobbies and interests
 and by extension, taking the time to consider who they work for, how they work, and why
 they work.

Data sourced from https://www.hrpa.ca/hr-insights/is-the-great-resignation-over-not-even-close/ on April 21, 2023

Definition – Learning System

- Organizational learning includes the capacity or processes within an organization to maintain or improve performance based on experience.
- Organizational learning happens when internal data and experience (of tenants and staff) are systematically integrated with external evidence, and that knowledge is put into practice.
- As a result, tenants get higher quality, safer, more efficient services, and the organization become better places to work.

Adapted from the Agency for Healthcare Research and Quality

