Whitehorse Emergency Shelter Evaluation

Final – March 30, 2023

Prepared By:

VINK CONSULTING

TABLE OF CONTENTS

Executive Summary

In the summer of 2022, the Government of Yukon engaged Vink Consulting to conduct an evaluation of the Whitehorse Emergency Shelter. The purpose of the evaluation was to assess the operations of the Shelter to understand if the current approach is effectively implemented and appropriate. The scope included:

- Assessing whether the Shelter is meeting needs
- Determining what outcomes the Shelter has delivered
- Assessing the cost effectiveness of the Shelter.

The evaluation took a mixed methods approach involving a review of existing data and interviews with 42 Shelter guests, 12 Shelter staff, and 14 community stakeholders.

Key findings are summarized below.

Is the Shelter meeting needs?

The evaluation found the following about whether the Shelter is meeting needs:

- The Shelter is low-barrier and reaching people who are homeless and street-involved.
- Some adults experiencing homelessness, in particular some women, are not accessing the Shelter. Women are more likely to stay temporarily with family or friends. If women have a safe alternative to shelter, then this is seen as a good thing. Where it is potentially a negative thing is if women are staying in unsafe situations to avoid shelter. The Shelter still saw an average of 10 women per night, so many women are still accessing the Shelter.
- The Shelter is meeting basic needs of guests, providing meals, clothing, showers, and harm reduction supplies to overnight and drop in guests as well as shelter and three meals a day to guests spending the night.
- The Shelter is providing some case planning and support to access available services. Staff identified the need for additional structure to support case planning and case management, including mechanisms to communicate plans to other staff and have other staff follow up on action items.
- The Shelter has begun to implement a trauma-informed approach, but opportunities exist to further operationalize trauma-informed services.
- Culturally appropriate approaches have not been infused throughout the Shelter's approach to service.
- There are no structured efforts to conduct diversion screening to determine whether support needs can be met through natural or formal support outside of the shelter

environment, and there is some concern from stakeholders that some people accessing the Shelter have housing in another community. While it may be difficult to assess the appropriateness of alternatives, efforts should be made to screen out individuals with their own housing.

- The outreach worker provides some housing help services, but doesn't keep formal notes on housing plans for guests. It must be acknowledged that many single individuals receiving social assistance would be priced out of the private housing market without additional financial assistance and subsidized housing, and low-barrier housing and supports in particular, are limited. Nevertheless, the Shelter should systematically and consistently support all clients to do what they can to find permanent housing, including adding their name to the By-Name List of people experiencing homelessness and in need of housing, supporting them to submit applications for Yukon Housing, and helping them explore opportunities to meet their housing needs through natural supports.
- Most guests are satisfied with the services provided.
- Most staff reported that the Shelter is providing a healthy work-life environment.
- Staff reported that the required resources are in place and sufficient to implement the Shelter's intended services.

What outcomes has the Shelter delivered?

The evaluation identified the following key (material) outcomes for Shelter guests:

- Avoidance of death from drug toxicity as a result of monitoring and administration of naloxone (present value of $4,275,533)
- Increased safety and decreased experiences of violence ($1,712,119 value)
- Increased overall wellbeing, including positive changes in physical and mental health as a result of avoiding sleeping rough ($786,848)
- Avoidance of death from exposure to the elements ($432,524)
- Reduced food insecurity and hunger ($425,291)
- Increased health/reduced health crisis from increased access to appropriate health services ($388,703)
- Increased awareness and willingness to connect to supports ($124,164)
- Increased personal wellbeing as a result of increased knowledge and skills for reducing health and safety risks resulting in an increase in positive decision-making ($74,841)
- Avoidance of death from drug toxicity as a result of distribution of naloxone ($51,851)
- Reduced infections as a result of harm reduction (clean needle) supplies provided ($22,802).

The evaluation identified the following outcomes for Housing First residents:

- Increased overall wellbeing, including positive changes in physical and mental health ($160,400)
- Increased access to housing and decreased experiences of homelessness ($144,000)
- Decreased harm from substance use and increased ability to move towards reducing use ($68,000)
- Increased employment ($45,718)
- Increased sense of belonging ($13,300).

The following outcomes were identified for the government:

- Savings in justice, addictions, physical and mental health services (for Housing First residents) ($427,500)
- Savings in emergency services (as a result of increased access to appropriate health services to promote wellbeing) ($224,837)
- Costs of increased RCMP calls (reduced under-reporting) (-$145,000).

Is the Shelter cost effective?

The Shelter is providing benefits to shelter guests, Housing First residents, and the government that outweigh its costs. However, the Shelter is not as cost effective as alternative solutions of providing longer-term shelter guests with housing, along with supports where needed to maintain housing.

The present value of the outcomes in the past year and those expected in the future because of activities that occurred in the past year is $9,233,099. With a cost of $4,376,098, the social return ratio is therefore 2.11:1 – meaning that there was a $2.11 social return for every dollar invested.

This analysis found that for every dollar invested in a Housing First program, the estimated social return would be higher, at $2.90.

The Yukon Government and its partners should strive to increase investments in a range of housing, often along with supports, to more effectively serve homeless and street involved adults. This strategy would be particularly important for many of the 45 individuals who spent 90 or more nights at the shelter between October 2021 and September 2022. These individuals consumed a disproportionately large share of the bed nights at the Shelter. If these individuals received housing as an alternative to shelter, the Shelter would have only had an average occupancy of under 7 people per night, rather than 40 people.

Staff reviewed the needs of all 45 of these clients and identified that:

- 12 need supported housing,
- 19 need low-barrier supported housing (Housing First)
- 4 need a managed alcohol program
- 6 need assisted living/home care
- 9 need subsidized housing
- 1 needs market housing[1].

[1] These numbers do not sum to 45 as 13 clients were identified as having housing (6 who are no longer staying at WES and 7 who continue to access WES) and two clients have since passed away and there is potential for more than one housing type to meet the needs of some clients. Staff identified 12 clients whose needs could be met with different housing options.

1.0 Introduction

The Whitehorse Emergency Shelter is intended to provide a low-barrier, trauma informed, culturally-safe, and housing-focused shelter to homeless and street involved individuals, which includes meeting basic needs, case planning, and support to access available services. The Emergency Shelter provides emergency shelter beds in dorm rooms (24 beds) and overflow areas (30 beds) and provides 20 permanent Housing First units. The Shelter also provides drop-in services and supports to meet basic needs; harm reduction; crisis prevention and intervention. Additional programs and supports are delivered by partners including: EMS paramedics, Mental Wellness and Substance Use Services, Community Outreach Services, Safe at Home, Kwanlin Dün First Nation's Downtown Outreach Clinic, Sexualized Assault Response Team, and Blood Ties Four Directions Centre.

The Whitehorse Emergency Shelter provides an average of 37 people with overnight shelter per day, including 9 women and 28 men[2]. It also provides an average of 53 breakfasts, 109 lunches, 38 suppers, and 25 evening sandwiches per day[3]. Some 513 unique clients stayed at the shelter during the 12-month period from October 2021 to September 2022. There were a total of 14,702 bed nights during this period. Most people who use the shelter do not have long stays, but 45 individuals spent 90 or more nights at the shelter between October 2021 and September 2022.

The Yukon government has identified the following as intended short-term outcomes of the Shelter:

- Homeless and street involved adults have increased access to basic needs in times of emergency (including meals, shelter, harm reduction supplies, etc.)
- Homeless and street involved adults experience a reduction in immediate health and safety crises (reduced 911 calls, reduced overdose, reduced violence and crises, etc.)
- Homeless and street involved adults have increased knowledge and skills for reducing health and safety risks and increasing personal wellbeing (increase in positive decision-making)
- Homeless and street involved adults have increased awareness of available supports and positive attitudes towards being connected to appropriate support services
- Residents of Housing First have increased housing stability and skills for independence
- Homeless and street involved adults and stakeholders have increased feelings of trust and safety (specifically among stakeholders identified in the Community Safety Plan)
- Service providers have increased knowledge around best practices, collective practices and system navigation for serving homeless & street involved adults

[2] Based on data from July 22, 2021 to July 21, 2022
[3] Based on data from July 2021 to June 2022

- Service providers have increased ability to monitor trends, outcomes and needs of homeless & street involved adults.

1.1 Purpose

In the summer of 2022, the Government of Yukon engaged Vink Consulting to conduct an evaluation of the Whitehorse Emergency Shelter. The purpose of the evaluation was to assess the operations of the Shelter to understand if the current approach is effectively implemented and appropriate. The evaluation report (this report) was intended to assess and communicate the effectiveness of Shelter services and inform the transition of Shelter operations from Yukon government to a non-governmental provider.

The evaluation had three key questions:

- Is the Shelter meeting needs?
- What outcomes has the Shelter delivered?
- Is the Shelter cost effective?

1.2 Methodology

To inform the program evaluation, Health and Social Services prepared a logic model for the Shelter to capture the Shelter's activities and goals. A narrative description of the logic model components and a visual of the logic model have been provided in Appendix 2. It includes an indicator framework outlining how the Shelter's activities, outputs and intended outcomes will be measured.

Data collection tools, to support a mixed-methods evaluation, were prepared by the Consultant based on the logic model and indicator framework.

The evaluation involved:

- Individual interviews with 42 Shelter guests
- Interviews with 12 Shelter staff
- Interviews with 14 community stakeholders, including Emergency Medical Services (EMS) and Royal Canadian Mounted Police (RCMP), Justice and Protection Services staff, First Nations, and community organizations
- A review of existing data on services provided and costs of service delivery.

Interview guides have been provided in Appendix 3.

1.3 Limitations

The evaluation had a number of limitations:

The interviews with clients used a convenience sample. Participants were primarily individuals currently staying at the Shelter, but did include some individuals who have stayed at the Shelter in the past and now access the shelter for other purposes. As such, the self-reported outcomes of the clients interviewed may differ somewhat from the total population that has used the shelter over the past year.

The evaluation included a Social Return on Investment analysis. However, it is difficult to measure the social outcomes. Changes related to health and safety, for example, were measured by clients recalling changes. It was also difficult to accurately confirm which health and safety impacts would have occurred anyway, and which were more related to someone's experience of homelessness rather than their experience of staying at the Shelter.

It is also difficult to measure the financial impact of social outcomes. Ongoing health benefits of Housing First, for example, may take some time to manifest. Also, identifying accurate financial proxies was a challenge. When clients reported positive impacts on their immediate health and safety crisis, it was difficult to know the quantitative impact this had on emergency room visits, for example. Some impacts are difficult to quantify, such as increases in sense of safety. Some of the financial proxies that were used related to wellbeing were based on research done in the UK, as limited financial proxy data is available that is specific to Canada.

2.0 Is the Shelter meeting needs?

The following section outlines the results of the assessment of whether the Shelter is meeting needs.

The Shelter is Low-Barrier and Reaching People Who are Homeless and Street-Involved

The Shelter is widely recognized by guests and community stakeholders as being low-barrier and serving those who would otherwise be sleeping rough. All guests interviewed reported that they were able to access basic needs in times of emergency. The Shelter fully embraces a low-barrier approach to service:

- People seeking shelter are screened in, not out
- The Shelter is open 24/7
- People do not have to line up for a bed each night or leave early in the morning
- There is no drug or alcohol testing to get in
- Having a criminal record does not act as a barrier to access
- There are no requirements for income to get in
- There are no "housing-readiness" requirements
- Guests are allowed to bring some of their possessions
- People with the highest acuity/needs are prioritized for shelter, such as people who are street-involved who are at the greatest risk for severe health and safety consequences if not sheltered
- There are no requirements to participate in services to stay in shelter
- The Shelter serves people using substances and/or mental illness, regardless of treatment compliance
- The Shelter takes a harm-reduction approach
- The Shelter has simple, safe, behaviour-based rules.
- The Shelter does not discriminate based on sexual orientation or gender identity.

Stakeholders did suggest that there are opportunities to reduce barriers even further by:

- Engaging in more education related to sexism, racism, violence, and respectful conversations. For example, staff informally engaging with guests after observing guest interactions that involve disrespectful behaviour.
- Increasing the sense of welcoming to the 2SLGBTQ community. This may include promoting that the Shelter welcomes 2SLGBTQ guests, using inclusive language,

avoiding making assumptions about someone's sexual orientation and gender identity, and doing education around sexual orientation and gender identity

- Ensuring external agencies feel welcomed enough themselves to come to the Shelter to do some of the education by actively engaging and dialoguing with other community agencies.

Low barrier does not mean:

- Not having expectations of shelter guests
- Allowing people to act in ways that are unsafe to themselves or others
- Letting anything happen or letting everyone in.

Stakeholders reported that after the Yukon Government took over operation of the Shelter they perceived there to be next to no barriers, for example not restricting guests for very long after incidents of violence causing bodily harm or sexual assault, but acknowledged that the Shelter has since progressed in establishing more structure to create a balance of safety. The Shelter now has a service restrictions policy and procedure that outlines specific categories of restrictions and lengths of restrictions for each category.

Some Adults Experiencing Homelessness Are Not Accessing the Shelter

There are, however, some people who don't feel safe, and some women, in particular, are not accessing the Shelter due to concerns related to safety. As a result, women are more likely to experience hidden forms of homelessness, and cycle through whatever options they have, including couch-surfing, staying in unhealthy relationships, or trading sex for shelter to stay housed. Over the 12-month period from June 1, 2021 to June 30, 2022, 26% of Shelter guests were women, whereas women represent 45% of people on the By Name List of people experiencing homelessness in Whitehorse. By Name List data suggests that women are more likely to couch-surf when experiencing homelessness and less likely to be unsheltered, but many women are still accessing the Shelter. It should be noted that where it is safe to do so, staying with family or friends is a positive outcome rather than staying in shelter. For women fleeing domestic violence, there is also an alternate shelter that they can access.

Stakeholders also reported that people trying to stay sober don't find the Shelter to be a conducive environment for their recovery and try to avoid the Shelter. Shelter guests experiencing homelessness, who were not staying over night, reported the following about their reluctance to stay at the shelter:

> *"I'm staying at her father's place where there is a lot of drug use, because there are fewer people to deal with. There is usually some kind of drama going on at the Shelter. I don't do well with bullies, or someone drunk throwing their weight around. It is triggering having grown up around alcoholics who beat me."*

> *"I don't want to sleep beside anyone. It's a safety thing."*

Stakeholders acknowledged that having a low-barrier space is important, but some would like to see another space for people seeking Shelter with less violence and substance use. Kaushee's is only an option for women fleeing domestic violence.

The Shelter is Meeting Basic Needs

The Shelter is meeting the basic needs of guests, providing meals, clothing, showers, and harm reduction supplies to overnight and drop in guests as well as shelter and three meals a day to guests spending the night. Guests reported that:

> *"I am grateful for a roof over head, three meals a day, someone to talk to, and clothing if needed"*

> *"There is always something available to eat, if really stuck there is a bed, it's better than having to go rough. Sometimes people in my life that are difficult to take care of we bring them here, the other option is the clink, the hospital, or death".*

Many stakeholders reported that access to basic needs is working well. However, some stakeholders raised concerns about the reduction in access to meals for people not staying at the shelter as a result of policy changes that began as the onset of the COVID-10 pandemic limiting the dinner meal to only people staying overnight at the shelter. However, the Shelter's primary mandate is to provide shelter, drop-in services, and housing first residences to people experiencing homelessness or who are street-involved; services to other vulnerable populations, including those who are food insecure, are provided as capacity permits. It should also be noted that there were a number of reasons for reducing drop-in hours, including COVID and safety amongst escalating intoxication later in the day. Emergency meals are still provided to go if needed.

The Shelter is Providing Some Case Planning and Support to Access Available Services

The Shelter provides some case planning through the Shelter's Outreach Worker and the Social Workers and Outreach Workers that are part of Community Outreach Services. Many staff identified outreach as something that works well. Staff and other stakeholders also commonly identified other services that are brought into the shelter as strengths, including the paramedic services, the Referred Care Clinic, and Kwanlin Dün First Nation's Downtown Outreach Clinic. Guests interviewed reported:

> *"They give you all the services and point you in the right direction"*

> *"I love the fact that you can see a doctor here from the clinic to get methadone. I've been staying out of town, if I miss a ride and miss an appointment, I can get it here. It's a huge help."*

> *"They are more here to help you with the present not the future. We need more help related to the future. We need some guidance to go forward."*

Staff identified the need for additional structure to support case planning and case management, including mechanisms to communicate plans to other staff and have other staff follow up on action items.

The Shelter Has Begun to Implement A Trauma-Informed Approach but Opportunities Exist to Further Operationalize Trauma-Informed Services

"Trauma-informed" refers generally to a philosophical/ cultural stance that integrates awareness and understanding of trauma. There are a few aspects of trauma-informed care in Shelters:

- Trauma awareness – Trauma-informed Shelters incorporate an understanding of trauma into their work.
- Emphasis on safety – Because trauma survivors often feel unsafe, trauma-informed care involves taking precautions to ensure the physical safety of all guests. In addition, trauma-informed shelters are aware of potential triggers for guests and strive to avoid re-traumatization.
- Opportunities to rebuild control – Because control is often taken away in traumatic situations, and because homelessness itself is disempowering, trauma-informed shelters emphasize the importance of choice for guests. They create predictable environments that allow guests to rebuild a sense of efficacy and personal control over their lives. This includes involving guests in the design and evaluation of services.
- Strengths based – Trauma-informed shelters assist guests to identify their own strengths and develop coping skills. Services are focused on the future and utilize skill building to further develop resiliency.

The Shelter has an awareness of the importance of trauma-informed care and has begun to implement a trauma-informed approach. Staff receive basic training related to trauma-informed care, as well as de-escalation training, and acknowledge that most, if not all, guests have gone through trauma.

Staff are generally seen as providing a welcoming environment and being non-judgemental, although stakeholders noted that some take more of a trauma-informed approach than others. One stakeholder aptly stated that it is guests who get to decide whether staff are implementing a trauma-informed approach. When asked what was working well, 40% of guests interviewed specifically identified supportive staff as something that was working well at the shelter. Only two guests reported that they had negative experiences with staff[4]. The following comments from guests reflect common sentiments of guests about staff:

[4] It should be noted that guests weren't specifically asked about their interactions with staff, but were asked about any changes they experienced that were not positive.

"Staff are supportive, not judgemental"

"Staff are great. I've got my home and they respect it."

"They treat you with respect."

The Shelter has integrated some services to address mental health and substance use issues, which is helpful from a trauma-informed perspective.

There are, however, opportunities to further operationalize trauma-informed services:

- The Shelter can continue to build trauma-informed services through additional staff training to increase awareness of and sensitivity to trauma-related issues.
- Ongoing supervision, consultation, and support would help to reinforce trauma-based concepts
- Increasing on-site access to comprehensive and integrated mental health and trauma supports
- Include guests more fully in program development
- Work towards developing additional cultural competence, including having more staff who identify as First Nations[5].

Culturally Appropriate Approaches Have not been Infused Throughout the Shelter's Approach to Service

The Shelter has made some efforts to take culturally appropriate approaches to service. It provides a traditional meal once a week and provides smudging material. Periodically First Nations people and organizations have come into the Shelter to do smudging, run peer support circles, and do sewing, beading and other activities. Yukon First Nations is a mandatory course for staff, and a number of staff have undertaken the course, but availability has been limited.

Staff and other stakeholders reported that culturally appropriate approaches have not been infused throughout the Shelter's approach. Based on stakeholder feedback and best practice, opportunities to improve this include:

- Additional representation of First Nations people among leadership and other staff
- Additional training of staff to ensure all staff exhibit a level of cultural competence
- Quiet and safe places for people to decompress
- Establishment of responsive policies, services and supports for First Nations guests, including increased opportunity to participate in cultural supports and activities

[5] It should be noted that the Government of Yukon has First Nation hiring policies and welcomes additional First Nation staff

- More traditional foods
- First Nations art integrated into the space.

Housing-Focused Service Implementation Has Been Limited

A housing-focused shelter sees the purpose of shelter as the process of getting people re-housed rather than a destination to participate in programming, rehabilitation, treatment, stabilization or housing readiness. Housing-focused shelters:

- Whenever safe and appropriate, aim to reduce admissions if support needs can be met through natural or formal support outside of the shelter environment
- Have clear "housing messages" throughout the shelter, such as "shelter is not a destination, it is a process to get you housed" and "you can be housed"
- At entry, staff work with guests to start to focus on a "housing plan", which identify barriers to tenancy that will be worked through in the housing plan, including assisting them in becoming document ready (such as obtaining identification and filing their taxes), and supporting them to find housing
- Staff review and discuss the housing plan with the guest on a regular basis.

The Shelter is more connected to community efforts to establish and utilize coordinated access processes to housing and supports and is more progressive in helping guests with housing than in the past, but housing planning/supports are client driven and are generally only provided as individuals express interest. There are no structured efforts to conduct diversion screening to determine whether support needs can be met through natural or formal support outside of the shelter environment, and there is some concern from stakeholders that some people accessing the Shelter have housing in another community. While it may be difficult to assess the appropriateness of alternatives, efforts should be made to screen out individuals with their own housing. The outreach worker provides some housing help services, but doesn't keep formal notes on housing plans for guests.

It must be acknowledged that many single individuals receiving social assistance would be priced out of the private housing market without additional financial assistance and subsidized housing is limited. Many Shelter clients also require supports to remain housed, and low-barrier housing units along with supports are very limited. Staff reviewed the needs of all 45 individuals who spent 90 or more nights at the shelter between October 2021 and September 2022and identified that:

- 12 need supported housing,
- 19 need low-barrier supported housing (Housing First)
- 4 need a managed alcohol program
- 6 need assisted living/home care
- 9 need subsidized housing

- 1 needs market housing[6].

Nevertheless, the Shelter should systematically and consistently support all clients to do what they can to find permanent housing, including adding their name to the By-Name List of people experiencing homelessness and in need of housing, supporting them to submit applications for Yukon Housing, and helping them explore opportunities to meet their housing needs through natural supports.

Most Guests are Satisfied with the Services Provided

On average, the guests interviewed rated the services a 7 out of 10. Common things guests thought the Shelter does well include: supportive staff; food and basic needs, and shelter.

Other things mentioned by a few (three or fewer) guests as things the Shelter does well include:

- Cleanliness
- Low barriers to access
- Facility maintenance
- Location
- Safety
- Socialization
- Easier access to health and medical care
- Care provided which allowed them to avoid, jail, hospital or death.

Feedback from guests included:

> *"Some of the staff are really good, they go out of their way to help."*
>
> *"Staff will help you in an emergency crisis if you are freaking out."*
>
> *"They look after people, make sure people get fed."*
>
> *"It's been really positive since I've been here, they really helped me a lot."*

Most Staff Reported that The Shelter is Providing a Healthy Work-Life Environment

In general, Shelter staff reported that despite being an intense environment, the Shelter provides a healthy work environment. One staff reported:

[6] These numbers do not sum to 45 as 13 clients were identified as having housing (6 who are no longer staying at WES and 7 who continue to access WES) and two clients have since passed away and there is potential for more than one housing type to meet the needs of some clients. Staff identified 12 clients whose needs could be met with different housing options.

"It's a challenging environment because there's lots going on and staff are working with a population with trauma and challenging behaviours. A lot of staff are in it for the right reasons and find value in supporting people with those challenges."

Staff Reported that the Required Resources are in Place and Sufficient to Implement the Shelter's Intended Services

In general, staff reported having sufficient resources to deliver the intended services. However, the Shelter has some existing clients with personal care needs (e.g. continence care, bathing and hygiene, grooming, mobility) beyond the capacity of the Shelter. In addition to not being an appropriate place for these individuals, staff are spending a lot of their time supporting these individuals, which is detracting from their ability to support other guests. Staff would like to see more health supported services (e.g. home care / personal care supports such as continence care, bathing and hygiene, grooming, mobility supports) for these individuals.

3.0 What outcomes has the Shelter delivered?

The following sections looks at outcomes resulting from the Shelter's activities. Outcomes discussed below are based on those reported by guests and stakeholders, and may be under-reported because they may not have been top of mind for the people who were interviewed.

Shelter guests have experienced a range of positive outcomes:

- **Shelter guests have access to basic needs including meals, shelter, clothing, showers, and harm reduction supplies** – For the 12-month period from July 2021 to June 2022, the Shelter provided an average of:
    - 37 people with overnight shelter per day
    - 53 breakfasts, 109 lunches, 38 suppers, and 25 evening sandwiches per day.

  513 different individuals received shelter within a 12 month period from October 2021 to September 2022.

  For many, the Shelter has allowed them to avoid sleeping rough, and often this has meant avoiding experiencing violence or having their belongings stolen. 61% of Guests interviewed specifically identified that without the Shelter they would have had to sleep rough, at least some of the time.

  "It saved me from freezing and dying and having to curl up in an alley many times. It saved me from starving."

- **Shelter guests have increased feelings of safety** – 28% of Guests interviewed who stayed at the Shelter overnight specifically reported feelings of safety as one of the outcomes they have experienced.
- **The Shelter has had a positive impact on the immediate health and safety crises of guests** – Half (50%) of the guests interviewed reported that the Shelter has had a

positive impact on their immediate health and safety crises. Guests reported that the Shelter has allowed them to:

- Access medical care and reduce acute health conditions/symptoms
- Avoid emergency department visits and hospital stays
- Avoid 911 calls
- Avoid drug poisonings (overdoses)
- Avoid death, from drug toxicity and from the elements.

"One friend isn't seizuring in front of us anymore, it's under control. If people have issues they are picked up off the street and taken here. People get help."

"It makes a big difference when you have a place to go to. [My injuries that have resulted in] having to call the ambulance were self inflicted, but the ambulance has had to be called less because of staff here".

- **Shelter guests having increased knowledge and skills for reducing health and safety risks and increasing personal wellbeing** – One quarter (25%) of Shelter guests reported having increased knowledge and skills for reducing health and safety risks and increased personal wellbeing.
- **Shelter guests have increased access to available supports and willingness to connect to Supports** – 79% of guests interviewed reported that the Shelter has increased their awareness of available supports and willingness to connect to supports. Guests reported that they have been connected to: housing; health and medical care (including vaccinations); other food services; substance use services including withdrawal management, the supervised consumption site, sobriety circles; harm reduction supplies; drug testing; cultural activities/services; Fetal Alcohol Syndrome services; and employment services.
- **Some guests reported that the Shelter has contributed to a reduction in their substance use** – 6% of guests interviewed who stayed overnight at the shelter or accessed services mentioned that the Shelter has contributed to a reduction in their substance use.

Some Shelter guests reported having experienced unintended negative outcomes. However, it is likely that some of these negative outcomes, such as negative impacts on substance use and mental health, and experiencing violence, are more a result of homelessness than staying at the Shelter. It should also be noted that substance use rates have increased and mental health has decreased for many Canadians during the pandemic, which also suggests that these outcomes may not be attributable to staying in the Shelter. Rates of other reported negative outcomes are relatively low.

- **Social influences have negatively impacted their substance use** – 38% of guests interviewed reported that their substance use has increased as a result of accessing the Shelter.

- **Negative impacts on their health and safety crises** – One quarter (25%) of guests interviewed believe the Shelter has had a negative impact on their health and safety crises. However, the only examples given were negative impacts on their mental health, which has been identified separately below.
- **Negative impacts on their mental health** – 5% of guests interviewed reported that they Shelter has negatively impacted their mental health.
- **Being involved, experiencing, or observing violence** – 10% of guests interviewed reported being that the Shelter has contributed to being involved, experiencing or observing violence.
- **Concern for their safety** – 7% of guests interviewed reported that accessing the Shelter has reduced their feelings of safety.
- **Stolen property** – 2% of guests interviewed reported that that had more personal belongings stolen than if they hadn't accessed the Shelter.
- **Avoid working because the shelter provides an easier alternative** – 2% reported that the Shelter has allowed them to avoid working, because they prefer staying at the Shelter than being back home and working.

Housing First residents have experienced a range of positive outcomes:

- **Increased Housing Stability** – The Vast Majority (88%) of residents of Housing First who were interviewed reported having increased housing stability. A small proportion (12%) of Housing First residents have experienced evictions or have been temporarily restricted from their units due to safety concerns.
- **Increased skills for independence** – Half of the residents of Housing First interviewed reported that it has had Increased their skills for independence.
- **Employment** – 14% of Housing First residents interviewed reported having gained employment since moving into a Housing First unit
- **Enrolment in school** – 14% of Housing First residents interviewed reported having enrolled in school since moving into a Housing First unit
- **Other improvements to quality of life** – Some Housing First residents reported that the supports provided and the facility have contributed in other ways to their quality of life. Housing First residents reported that the following supports have contributed to their quality of life:
    - Getting to their appointments (reported by 14% of Housing First residents interviewed)
    - Medications (reported by 14% of Housing First residents interviewed)
    - Personal care (reported by 14% of Housing First residents interviewed)
    - Getting to their employment (reported by 14% of Housing First residents interviewed)

- Reduced substance use (reported by 14% of Housing First residents interviewed)
- A place of belonging (reported by 14% of Housing First residents interviewed).

There is Limited Evidence that Stakeholders Identified in the Community Safety Plan have Increased Feelings of Trust and Safety

Shelter staff reported that they have been working with the neighbours to try to build rapport. Staff pointed to some examples where they believe stakeholders have developed increased trust. However, in general, stakeholders identified in the Community Safety Plan have not experienced increased feelings of trust and safety. Stakeholders reported that they were uncertain whether the Shelter did enough to communicate the pieces of the Community Safety Plan that had been implemented.

Service Providers Outside of the Department of Health and Social Services Already Serving People Experiencing Homelessness have Somewhat Increased Knowledge around Best Practices, Collective Practices and System Navigation for Serving Homeless and Street Involved Adults

Stakeholders serving people experiencing homelessness reported that they learned some things about serving homeless and street involved adults. Some service providers reported that they were already working with this population group, so they couldn't point to areas of increased knowledge. Other service providers reported that their relationship and communication with the Shelter was not sufficient to have much of an impact on their knowledge of best practices for serving homeless and street involved adults.

The Shelter Increased the Community's Awareness of the Needs of Homeless and Street Involved Adults but did not Increase Service Providers ability to Monitor Trends and Outcomes

Stakeholders reported that the Government of Yukon learned a lot about the needs of homeless and street involved adults. Whitehorse Emergency Shelter staff and Department of Health and Social Services leadership were better able to monitor trends and needs of people experiencing homelessness, or who had street-involvement. The Shelter also increased the community's awareness of the needs. However, limited data was shared with other services providers to allow them to monitor trends and outcomes. Although, it should be noted that the Department of Health and Social Services has shared information about shelter usage with partners, including during the past year through the Quarterly Housing Report.

4.0 Is the Shelter cost effective?

The following section assesses the cost effectiveness of the Shelter.

The Shelter is Providing Benefits to Shelter Guests, Housing First Residents, and the Government that Outweigh its Costs. However, the Shelter is **Not as Cost Effective as Alternative Solutions of Providing Longer-term Shelter Guests with Housing.**

In 2021/2022, the costs of operating the Shelter were $4,376,000.

A full analysis was conducted of the social and economic value created by the Shelter. The analysis followed internationally standardized Social Return on Investment (SROI) methodology (details on methodology and limitations can be found in Appendix 4).

SROI analysis combines input from stakeholders, including Shelter guests and Housing First residents, with quantitative financial data to determine the value of outcomes from different stakeholder perspectives. The result is a ratio that compares the total amount invested to the financial value of social and economic outcomes that are achieved, showing – in monetary terms – the financial benefit of social investments.

The SROI analysis identified and valued the following key outcomes for Shelter guests, Housing First residents, and governments of all levels. For a full list of financial proxies, assumptions, dollar values, and sources, refer to Appendix 4.

Stakeholder	Key Outcomes	Value
Shelter guests	Avoidance of death from drug toxicity as a result of monitoring and administration of naloxone	$4,275,533
	Increased safety and decreased experiences of violence	$1,712,119
	Increased overall wellbeing, including positive changes in physical and mental health as a result of avoiding sleeping rough	$786,848
	Avoidance of death from exposure to the elements	$432,524
	Reduced food insecurity and hunger	$425,291
	Increased health/reduced health crisis from increased access to appropriate health services	$388,703
	Increased awareness and willingness to connect to supports	$124,164
	Increased personal wellbeing as a result of increased knowledge and skills for reducing health and safety risks resulting in an increase in positive decision-making	$74,841
	Avoidance of death from drug toxicity as a result of distribution of naloxone	$51,851
	Reduced infections as a result of harm reduction (clean needle) supplies provided	$22,802

Housing First residents	Increased overall wellbeing, including positive changes in physical and mental health	$160,400
	Increased access to housing and decreased experiences of homelessness	$144,000
	Decreased harm from substance use and increased ability to move towards reducing use	$68,000
	Increased employment	$45,718
	Increased sense of belonging	$13,300
Government	Savings in justice, addictions, physical and mental health services (for Housing First residents)	$427,500
	Savings in emergency services (as a result of increased access to appropriate health services to promote wellbeing)	$224,837
	Costs of increased RCMP calls (reduced under-reporting)	-$145,000

The SROI analysis found that the $4,376,000 investment produced at least $9,233,099 in social and economic value produced. For every dollar invested, the estimated social return was $2.11; more than double the investment.

An alternative scenario was created to compare the social value if long stay Shelter guests were provided with housing along with intensive supports (sometimes referred to as Housing First) rather than emergency shelter services. This analysis found that for every dollar invested in a Housing First program, the estimated social return was higher, at $2.90 It should be noted that this scenario assumes intensive supports for people with high needs. However, the social return on investment is likely even higher for people needing only affordable housing with light supports. For example, an analysis of Social Return on Investment for Indigenous housing in British Columbia found a $7.40 return for every dollar invested[7].

The Yukon Government and its partners should strive to increase investments in a range of housing, often along with supports, to more effectively serve homeless and street involved adults. This strategy would be particularly important for the 45 individuals who spent 90 or more nights at the shelter between October 2021 and September 2022. These individuals consumed a disproportionately large share of the bed nights at the Shelter. These 45 individuals represented only 8.8% of all clients, but accounted for 55.2% of total bed nights (8,116 nights stayed). If these individuals received housing as an alternative to shelter, the Shelter would have only had an average occupancy of under 7 people per night, rather than 40 people. Staff reviewed the needs of all 45 of these clients and identified that:

- 12 need supported housing,

[7] Aboriginal Housing Management Association, British Columbia Urban, Rural and Northern Indigenous Housing Strategy, 2022 (https://www.ahma-bc.org/s/AHMA_BCURNIHousingStrategy_220124-jdl4.pdf)

- 19 need low-barrier supported housing (Housing First)
- 4 need a managed alcohol program
- 6 need assisted living/home care
- 9 need subsidized housing
- 1 needs market housing[8].

[8] These numbers do not sum to 45 as 13 clients were identified as having housing (6 who are no longer staying at WES and 7 who continue to access WES) and two clients have since passed away and there is potential for more than one housing type to meet the needs of some clients. Staff identified 12 clients whose needs could be met with different housing options.

Appendix 1: References

Collins, Brendan, (N.D), How do we value wellbeing? Combining data to put an economic value on the change in Short Warwick Edinburgh Wellbeing Scale (SWEMWBS) scores. Accessed at: https://livrepository.liverpool.ac.uk/3006576/1/SSRN-id2869251.pdf

Goering, Paula et al (2014). National At Home/Chez Soi Final Report. Calgary, AB: Mental Health Commission of Canada. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/mhcc_at_home_report_national_cross-site_eng_2_0.pdf

HACT (Housing Association's Charitable Trust), HACT Social value calculator, accessed at: accessed at: http://www.hact.org.uk/value-calculator

Juusola J, and Brandeau M, 2015, HIV Treatment and Prevention: A Simple Model to Determine Optimal Investment, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4775360/)

Public Safety Canada, 2012, A Better Estimation of Police Costs by Offence Types, accessed Sept. 29, 2022 at: https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2015-r018/index-en.aspx, (written by Holly Ellingwood)

Statistics Canada, (2021), Construction of a Northern Market Basket Measure of poverty for Yukon and the Northwest Territories, accessed at: https://www150.statcan.gc.ca/n1/pub/75f0002m/75f0002m2021007-eng.htm

Trotter, L., Vine, J. & Fujiwara, D. (2015). The health impacts of housing associations' community investment activities: Measuring the indirect impact of improved health on wellbeing. London, UK: HACT.

Whitehorse General Hospital Fee Schedule, accessed Sept. 29, 2022at: https://yukonhospitals.ca/sites/default/files/rates_and_fees_-_wgh.pdf

Yukon (Government of), Yukon's Minimum Wage, https://yukon.ca/en/find-minimum-wage-yukon

Appendix 2: Whitehorse Emergency Shelter Logic Model

4.1 Narrative

The following is a narrative description of the logic model components.

Vision
The elimination of homelessness in Whitehorse: Achieving functional zero in homelessness due to the existence of supportive community systems which ensure that any experience of homelessness is rare, brief, and non-recurring.

Mission
The Whitehorse Emergency Shelter supports the elimination and prevention of homelessness through housing-focused interventions aimed at improving quality of life and housing outcomes for community members who are homeless or street involved.

Mandate
The Shelter provides a low-barrier, trauma informed, culturally-appropriate, and housing-focused shelter to homeless and street involved individuals, which includes meeting basic needs, case planning, and support to access available services. The Emergency Shelter provides 20 permanent housing first units. Additional programs and supports are delivered by partners including EMS paramedics, Mental Wellness and Substance Use Services, Community Outreach Services, Safe at Home, and Kawnlin Dün Downtown Outreach Clinic.

Principles / Values
The Shelter provides services that are:
- Responsive to the needs of community members who are homeless or street involved;
- Supportive of the safety of shelter clients and staff, and respectful of those who reside or work in the immediate vicinity;
- Evidence-based and grounded in collective practices;
- Aimed at filling gaps and ensuring that no individuals fall through the cracks of the available social services network;
- Trauma-informed, culturally responsive and inclusive;
- Focused on improving wellness and removing barriers while maintaining a housing focus; and,
- Within a low-barrier framework while maintaining expectations for safety and wellbeing of others (low-barrier, not low-expectation).

Outcomes
The Logic Model has 15 identified outcomes, including short-term, intermediate, long-term and ultimate outcomes. Outcomes are specific, attainable and measureable changes that are expected to result from the program activities.

<u>Ultimate Outcome</u>

1. Homelessness in Whitehorse is eliminated (functional zero achieved)

Long-Term Outcomes

2. Homeless & street involved adults experience improved wellbeing and quality of life
3. Homeless & street involved adults secure and maintain appropriate housing

Intermediate Outcomes

4. Homeless & street involved adults apply skills and knowledge to reduce risks and increase their wellbeing (increase in positive decision-making)
5. Homeless & street involved adults increase their connections and maintain engagements with supports and services
6. Homeless & street involved adults increase their involvement in personal goal setting and participation in case planning/management
7. Service providers collaborate to improve system coordination and efficacy in serving homeless & street involved adults

Short-Term Outcomes

8. Homeless & street involved adults have increased access to basic needs in times of emergency (including meals, shelter, harm reduction supplies, etc)
9. Homeless & street involved adults experience a reduction in immediate health and safety crises (reduced 911 calls, reduced overdose, reduced violence and crises, etc)
10. Homeless & street involved adults have increased knowledge and skills for reducing health and safety risks and increasing personal wellbeing (increase in positive decision-making)
11. Homeless & street involved adults have increased awareness of available supports and positive attitudes towards being connected to appropriate support services
12. Homeless & street involved adults and stakeholders have increased feelings of trust and safety (specifically among stakeholders identified in the Community Safety Plan)
13. Service providers have increased knowledge around best practices, collective practices and system navigation for serving homeless & street involved adults
14. Service providers have increased ability to monitor trends, outcomes and needs of homeless & street involved adults
15. Residents of Housing First have increased housing stability and skills for independence

Activities

There are eight activity categories, each encompassing multiple activities:

1. Harm Reduction

   The Shelter operates as a low-barrier facility that can be accessed by clients who may be under the influence of alcohol or drugs, although no substance use is permitted on the premises. The front desk distributes harm reduction supplies to clients upon request, including safer injection kits, safer crack pipe kits, safer meth pipe kits, and naloxone kits. Shelter staff provide education and resources to reduce harms associated with substance use, including skin infections, HIV and Hepatitis C transmission, and overdose.

2. Crisis Prevention & Intervention

Staff support clients to prevent and manage crises through regular rounds and safety check-ins, conflict de-escalation and conflict resolution, suicide intervention and risk assessment, and responding to emergencies and calling emergency services such as EMS or RCMP when needed. Staff ensure clients are made aware of their rights and responsibilities in terms of behaviour expectations at the Shelter when they access the facility, and staff work with clients to resolve health and safety issues before incidents occur. If an incident does occur, clients may be issued service restrictions depending on the severity incident, following the Service Restrictions policy. Staff will work with any clients who have service restrictions to ensure their immediate needs are met and to manage re-accessing the facility.

3. Emergency Shelter

The Shelter provides emergency accommodation including 24 overnight beds in dorm rooms (5 female beds and 19 male beds. In addition, there are 30 overflow beds (6 female beds, 24 male beds). Staff provide intake for shelter beds 24/7. Intake includes diversion services to identify safe alternative housing arrangements and supports to help clients access other options, including contacting family and arranging transportation. There is no limit to how long clients can stay at the Shelter. Staff ensure cleanliness and safety of overnight accommodations by cleaning and preparing bed areas each day and supervising bed areas during the night.

4. Drop-In Services and Supports to Meet Basic Needs

Many services are provided at the Shelter to help clients meet their basic needs:

- Supports for contact and communication (mail distribution, phone access, message board)
- Managing client property and assigning lockers for temporary storage
- Outreach services to link homeless and street involved adults to available services and supports
- Breakfast and lunch programs for drop-in clients, and dinner program for overnight clients
- Access to hygiene services including hygiene product distribution and showers
- Distributing clothing and footwear donations
- Assistance with activities of daily living (ADLs) and personal care needs provided by Health Care Aides
- First aid when needed
- “Meds Assist” program to support clients to independently manage their medications
- Access to on-site primary care through EMS paramedics (available daily for 16 hours/day and will increase to 24 hours/day once staffing is in place), Kwanlin Dun Outreach Clinic (1 day/week), Referred Care Clinic Outreach Nurse and Doctor (2 days/week)

5. Case Planning and Access to Wellness and Support Services

Shelter staff work to build relationships with all clients through daily interaction and provide lay counselling and supportive listening as needed. Regular overnight clients are engaged in case planning and case management to identify housing needs, goals, barriers, and supports. This

includes systems navigation support and referrals to more specific services outside the Shelter including income assistance, mental health services, and substance use treatment. Staff liaise with other service providers and advocate on behalf of clients to support referrals and linking. Day programming is offered to clients on a drop-in basis, including cultural, recreational, life skills, and art-based programs. The Shelter also hosts partner agencies to provide programs and services including Mental Wellness and Substance Use Services, Community Outreach Services, Safe At Home (housing resources, adding clients to By-Name List), Sexualized Assault Response Team, Blood Ties Four Directions Centre (harm reduction resources), Whitehorse Aboriginal Women's Circle (cultural programs), and Quit Path (smoking cessation resources).

6. System Awareness and Collaboration

The Shelter engages with agency stakeholders involved in delivering services to vulnerable populations including NGOs, First Nation Governments, and other YG departments, by participating in meetings and working groups. The Shelter is a member of the Coordinated Access System, which works to streamline local housing and homelessness services across providers. In addition, the Shelter is involved in the continued implementation of the Community Safety Plan (CSP) and through this has strengthened partnerships with local stakeholders including businesses, neighbourhood residents, people with lived experience of homelessness, and the City of Whitehorse. Ongoing work under the CSP includes developing a Community Engagement Plan as the Shelter transitions to an NGO operator, and the establishment of a Community Advisory Committee to provide continued oversight.

7. Shelter Operations

Shelter operations support the delivery of all activities and include:

- Access and intake procedures
- Policy development and implementation
- Staff recruitment, training, and ongoing professional development
- Ensuring safety and security of building and premises
- Facilities maintenance and janitorial services
- Data collection and tracking through use of HIFIS and other information systems
- Program monitoring and evaluation

8. Housing First

The Shelter has 20 units of permanent, supported housing delivered in-line with housing first principles. Residents of Housing First units are engaged in case planning and case management to identify independent living needs, goals, barriers and supports. Staff support residents to understand and follow tenancy rights and responsibilities and assist them with housing upkeep to maintain their housing. Staff also assist with ADLs as needed, such as grocery shopping and meal preparation, budgeting and bill payment, and scheduling and attending appointments. There is work to re-establish day programming at Housing First, as was in place prior to the COVID-19 pandemic. There is also work to re-establish a Resident Advisory Committee to ensure residents are involved in decision-making.

Inputs

Inputs are the resources invested into the Shelter to support operations. There are eight categories of inputs:

1. Staffing
2. Funding
3. Facility
4. Partnerships with other agencies
5. Service contracts
6. Policies and procedures
7. Program supplies and materials
8. Information systems

Definitions

Functional zero:

Functional zero is a metric used for ending homelessness by Built For Zero Canada (BFZ-C) and adopted by many jurisdictions across the country, including Whitehorse. Functional zero is achieved in a community when the number of people experiencing chronic homelessness is zero, or if not zero, then three or fewer. Functional zero chronic homelessness is confirmed when this goal is reached and sustained over three consecutive months, as measured through a quality By-Name List (that includes complete and reliable data for single adults, youth and families).

Chronic homelessness:

BFZ-C defines chronic homelessness based on the definition from Reaching Home. According to this definition, chronic homelessness refers to individuals who are currently experiencing homelessness AND who meet at least one of the following criteria:

- They have a total of at least 6 months (180 days) of homelessness over the past year
- They have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)

By-Name List:

A By-Name List (BNL) is a real-time list of all people experiencing homelessness in a community. This real-time actionable data supports triage to services, system performance evaluation, and advocacy for the policies and resources necessary to end homelessness.

In Whitehorse, Safe At Home coordinates the BNL in partnership with homeless-specific service providers, including Yukon Anti-Poverty Coalition, Fetal Alcohol Spectrum Society Yukon (FASSY), Blood Ties Four Directions Centre, Yukon Women's Transition Home Society, Victoria Faulkner Women's Centre, Community Outreach Services, Whitehorse Emergency Shelter, Kwanlin Dün First Nation, and Yukon Housing Corporation.

Sources

1. Built for Zero Canada (February 11, 2021). Functional Zero Homelessness Question and Answer Document. Retrieved from: https://bfzcanada.ca/wp-content/uploads/Functional-Zero-QA.pdf
2. Safe At Home (July 2020). Safe At Home: Ending and Prevention Homelessness in Yukon. Our Progress 2017-2020. Retrieved from https://yapc.ca/assets/files/S%40H-ProgressReport-2020Jul-Online-Compressed.pdf

4.2 Visual

A visual of the logic model has been provided on the following page.

Whitehorse Emergency Shelter Logic Model

NOTES

An ultimate goal is not something that the Shelter would achieve alone. Rather it is an ambitious, long-term ideal situation that many organizations and stakeholders contribute to working towards, and achieving together. The ultimate goal reflects an impact on societal-level conditions whether they be social, environmental, economic, civic etc

Reflect changes in conditions at a more specific scale

Reflect changes in actions: behaviours, practices, decision-making, policies, social action

Reflect changes in learning: awareness, knowledge, attitudes, skills, opinions, aspirations, motivations.

Activities performed by the organization and staff that contribute to acheiving the program outcomes. Most will relate directly to the organization mandate and program components. However, there might be other organizational activities that don't necessarily fall under any specific program, that will contribute to acheiving the outcomes. For example - partnership building, or increasing the organization's capacity for evaluation and monitoring, or increasing staff training.

The resources invested into a program or initiative.

Ultimate Outcomes / Vision	1 **Homelessness in Whitehorse is eliminated (functional zero achieved)**								
Long-term Outcomes	2 **Homeless & street involved adults experience improved wellbeing and quality of life** ***(leads to 3, 1)***	3 **Homeless & street involved adults acquire and maintain appropriate housing** ***(leads to 2, 1)***							
Intermediate Outcomes	4 **Homeless & street involved adults apply skills to reduce risks and increase their wellbeing** (increase in positive decision-making) ***(leads to 2, 3)***	5 **Homeless & street involved adults increase their connections and maintain engagements with supports and services** ***(leads to 2, 3)***	6 **Homeless & street involved adults increase their involvement in personal goal setting and participation in case planning/management** ***(leads to 2, 3)***	7 **Service providers collaborate to improve system coordination and efficacy in serving homeless & street involved adults** ***(leads to 2, 3, 1)***					
Short-term Outcomes	8 **Homeless & street involved adults have increased access to basic needs in times of emergency** (including meals, shelter, harm reduction supplies, etc) ***(leads to 4, 5, 6, 2)***	9 **Homeless & street involved adults experience a reduction in immediate health and safety crises** (reduced 911 calls, reduced overdose, reduced violence and crises, etc) ***(leads to 4, 5, 6, 2, 3)***	10 **Homeless & street involved adults have increased knowledge and skills for reducing health and safety risks and increasing personal wellbeing** ***(leads to 4, 5, 6, 2, 3)***	11 **Homeless & street involved adults have increased awareness of available supports and positive attitudes towards being connected to appropriate support services** ***(leads to 5, 6, 7)***	12 **Homeless & street involved adults and stakeholders have increased feelings of trust and safety** (specifically among stakeholders identified in the Community Safety Plan) ***(leads to 4, 5, 6, 7)***	13 **Service providers have increased knowledge around best practices, collective practices and system navigation for serving vulnerable adults** ***(leads to 5, 7)***	14 **Service providers have increased ability to monitor trends, outcomes and needs of homeless & street involved adults** ***(leads to 5, 7)***	15 **Residents of Housing First have increased housing stability and skills for independence** ***(leads to 4, 5, 6, 2, 3)***	
Activity Categories	**Harm Reduction** ***(leads to 8, 9, 10)***	**Crisis Prevention & Intervention** ***(leads to 9,12)***	**Emergency Shelter** ***(leads to 8)***	**Drop-In Services and Supports to Meet Basic Needs** ***(leads to 8, 9, 10, 11)***	**Case Planning and Access to Wellness and Support Services** ***(leads to 10, 11)***	**System Awareness and Collaboration** ***(leads to 11,13, 14)***	**Shelter Operation** ***(leads to 12, 13, 14)***	**Housing First** ***(leads to 11, 12, 15)***	
Specific Activities	• Low-barrier access policies • Handing out harm reduction supplies and kits • Harm reduction support and education • Naloxone kit distribution	• Safety check-ins and individual safety planning • Behaviour management, de-escalation, and conflict resolution • Suicide intervention and risk assessment • Responding to emergencies and calling 911 when needed • Managing service restrictions with clients	• 24/7 intake • Shelter diversion to identify alternative housing arrangements (e.g. contacting family, arranging transportation, etc) • Preparing beds in dorm rooms (24 beds) and overflow areas (30 beds) • Assigning beds • Nightly supervision • Morning wake-up routine and room cleaning	• Communication supports (e.g. mail distribution, phone access, message board) • Managing client property and locker assignment • Outreach services • Meal provision (breakfast, lunch, dinner) • Hygiene product distribution • Showers • Distributing clothing and footwear donations • "Meds Assist" medication program • First aid • Assistance with ADLs and personal care needs • On-site primary care (provided by EMS, Kwanlin Dun Outreach Clinic, RCC Outreach Nurse or Doctor)	• Client interaction and relationship building • Lay counselling and supportive listening • Case planning and case management with overnight clients to identify housing needs, goals, barriers, and supports • Systems navigation and referrals to more specific services (e.g. income assistance, mental health services, substance use treatment, etc) • Liaising with other service providers and advocating on behalf of clients • Developing and facilitating day programming (e.g. cultural, recreational, life skills, art, etc) • Hosting partner agencies to provide programs and services (e.g. MWSUS, COS, Safe At Home, SART, Blood Ties,	• Strengthening relationships with local stakeholders (businesses, residents, people with lived experience, City of Whitehorse, etc) • Engagement with networks, participating in meetings and interagency working groups • Integration with Coordinated Access System to streamline local housing and homelessness services across providers • Continued implementation of Community Safety Plan actions: 1) Develop Community Engagement Plan, 2) Establish Shelter Advisory Committee	• Access and intake procedures • Policy development and implementation • Staff recruitment, training, and ongoing professional development • Ensuring safety and security of building and premises • Facilities maintenance and janitorial services • Data collection and tracking through use of HIFIS and other information systems • Program monitoring and evaluation	• Permanent housing provision (20 units) • Case planning and case management with Housing First residents to identify independent living needs, goals, barriers and supports • Supports to maintain housing including housing upkeep and tenancy rights and responsibilities • Assistance with ADLs • Re-establish day programming (e.g. cultural, recreational, life skills, art, etc) • Re-establish Resident Advisory Committee	
Inputs	**Staffing**	**Funding**	**Facility**	**Partnerships with other agencies**	**Service contracts**	**Policies and procedures**	**Program supplies and materials**	**Information systems**	
Specific Inputs	1.0 Manager 4.0 Supervisors 4.0 Team Leads 19.0 Support Workers 1.0 Social Worker 1.0 Outreach Worker 1.0 Kitchen Supervisor 2.0 Cooks 6.0 Dietary Aides 6.0 Health Care Aides 0.5 Maintenance Worker	• Staffing costs • Operations and maintenance costs • Administrative costs	• Entrance and front desk • Kitchen and dining areas • Drop-in space and programming areas • Shelter dorm rooms and overflow area • Washrooms, showers and laundry facilities • Staff offices and meeting rooms • Lockers and storage areas • Outdoor space and seating • Housing First units and common areas	• EMS paramedics • Mental Wellness and Substance Use Services (MWSUS) • Community Outreach Services (COS) • Safe At Home Society • Kwanlin Dun Downtown Outreach Clinic • Sexualized Assault Response Team (SART) • Blood Ties Four Directions Centre • Whitehorse Aboriginal Women's Circle • Quit Path • etc	• Cleaning services and supplies • Linen service • Waste removal • Taxis • Security monitoring • Pest control • Food suppliers • Internet/cable • Business services • Snow removal • Maintenance and repair services • etc	• General Information P&Ps • Staff P&Ps • Administration P&Ps • Shelter Operations P&Ps • Health & Safety P&Ps • Emergency Preparedness P&Ps • Overnight Shelter Services P&Ps • Drop-In Services P&Ps • Residential Program (Housing First) P&Ps	• Harm reduction supplies • Hygiene products • First aid supplies • Day programming supplies • Office supplies • etc	• Homeless Individuals and Families Information System (HIFIS) • Other data collection tools and information systems • Data collection by partner agencies	

4.3 Indicator Framework

The following indicator framework was developed to measure the Shelter's planned activities, intended outputs and outcomes.

1. Process Indicators

Activity Category	Outputs	Indicators	Data Sources
1. Harm Reduction	Harm reduction supplies and education delivered Low-barrier access provided	1.1 Number of harm reduction kits and type of kit distributed per reporting period* 1.2 Number / % of staff who have received harm reduction training 1.3 Number of Naloxone kits distributed 1.4 Number of overdoses responded to on-site 1.5 Low barrier access policies and procedures developed and in place	Administrative data Document Review
2. Crisis Prevention & Intervention	Crisis prevention supports and intervention responses delivered	2.1 Number of incidents requiring incident reports and type of incident (number of violent incidents involving clients, number of violent incidents involving clients and staff) 2.2 Number of emergency responses requiring 911 calls 2.3 Number / % of clients with service restrictions imposed and type of restriction (length and reason) 2.4 Number / % of staff who have received training on crisis prevention and intervention (de-escalation training, non-violent crisis intervention, mental health first aid, ASIST suicide intervention training, etc)	Document review (eventually on HIFIS) Log book review Document review (eventually on HIFIS) Administrative data
3. Emergency Shelter	Shelter beds provided and utilized (Shelter occupancy)	3.1 Number / % of Shelter beds occupied per reporting period* 3.2 Number / % of nights Shelter is at capacity (including at capacity for dorm beds and at capacity for overflow beds) 3.3 Number of clients turned away due to Shelter capacity 3.4 Average length of stay per client 3.5 Number / % of clients staying more than __ nights per reporting period* 3.6 Number / % of clients staying fewer than __ nights per reporting period*	HIFIS
4. Drop-In Services and Supports to Meet Basic Needs	Basic needs services provided	4.1 Number of meals served per mealtime (breakfast, lunch and dinner) 4.2 Average cost per meal 4.3 Number of clients accessing on-site primary care (provided by EMS, Kwanlin Dün Outreach Clinic, RCC Outreach Nurse or Doctor)	Administrative data TBD (can data be provided by primary care programs?)

5. Case Planning and Access to Wellness and Support Services	Case plans developed and delivered Support services identified and referrals made	5.1	Number / % of regular overnight clients with case plans (Note: need to determine when overnight clients are considered "regular" clients and eligible for case management)	HIFIS
		5.2	Number / % of clients with case plans referred to one or more services	
		5.3	Number of case plans closed due to planned discharge (exits to permanent housing)	
		5.4	Number of case plans closed due to unplanned discharge	
		5.5	Number of clients returning to Shelter (homelessness) after planned discharge to permanent housing	
		5.6	Number of day programs delivered	Administrative data
		5.7	Number of programs and service delivered at the Shelter by partner agencies	
6. System Awareness and Collaboration	Partnerships built and maintained Service network participation	6.1	List of service agencies that overnight Shelter clients have been referred to (see indicator 5.2)	HIFIS
		6.2	Number of Coordinated Access System meetings attended by the Shelter	Meeting minutes review
		6.3	Number of Community Safety Plan meetings attended by the Shelter	
		6.4	Progress on key tasks of Community Safety Plan (develop Community Engagement Plan with Connective and CYFN, establish Shelter Advisory Committee)	
7. Shelter Operation	Shelter operations conducted	7.1	Consistent access and intake procedures developed and in place	Document review
		7.2	Policies developed and in place	
		7.3	Number of vacant staff positions	Administrative data
		7.4	Number / % of staff fully trained as per mandatory training requirements and training timeframe in *Standards for Supported Residential Living* (Vink Consulting, 2022)	
		7.5	Building operations and maintenance schedules and contracts in place	
		7.6	HIFIS information system implemented and utilized	
8. Housing First	Permanent supportive housing provided	8.1	Number of residents living in Housing First units / % of Housing First units occupied per reporting period*	Administrative data
		8.2	Number / % of residents who have maintained housing for 6/12/18/24 months	
		8.3	Number / % of residents issued tenancy warnings	
		8.4	Number / % of residents issued evictions	
		8.5	Number / % of residents with case plans	HIFIS
		8.6	Number and type of support provided per resident (tenancy supports, ADLS supports, etc)	

		8.7 Number of day programs delivered / Number of residents attending day programs	Administrative data
		8.8 Number of Resident Advisory Committee meetings held / number of residents attending Resident Advisory Committee meetings	Meeting minutes review

2. Outcome Indicators

Outcomes (Short-term)	Indicators	Data Sources
9. Homeless & street involved adults have increased access to basic needs in times of emergency (including meals, shelter, harm reduction supplies, etc)	9.1 See indicators above: 1.1 Number of harm reduction kits distributed 1.2 Number of Naloxone kits distributed 3.1 Number / % of Shelter beds occupied 4.1 Number of meals served per mealtime 4.3 Number of clients accessing on-site primary care	 Administrative data HIFIS Administrative data TBD
10. Homeless & street involved adults experience a reduction in immediate health and safety crises (reduced 911 calls, reduced overdose, reduced violence and crises, etc)	10.1 Number of emergency responses requiring 911 calls 10.2 Number of overdoses on-site 10.3 Number of clients with service restrictions	Log book review Administrative data Document review
11. Homeless & street involved adults have increased knowledge and skills for reducing health and safety risks and increasing personal wellbeing	11.1 Client reports of increased knowledge and skills to reduce health and safety risks and increase personal wellbeing (Note: need to determine indicators for health and safety risks and personal wellbeing)	Client survey
12. Homeless & street involved adults have increased awareness of available supports and positive attitudes towards being connected to appropriate support services	12.1 See indicators above: 5.1 Number / % of regular overnight clients with case plans 5.2 Number / % of clients with case plans referred to one or more services 12.2 Client reports of positive relationships with social worker / case management team 12.3 Client reports of satisfaction with case management process 12.4 Client reports of satisfaction with referrals	 HIFIS Client survey
13. Homeless & street involved adults and stakeholders have increased feelings of trust and safety (specifically among stakeholders identified in the Community Safety Plan)	13.1 Progress on Community Safety Plan actions (see Community Safety Plan report) 13.2 Client reports of feelings of safety at the Shelter 13.3 Service provider reports of feelings of safety at the Shelter	TBD Client survey Service provider survey

14. Service providers have increased knowledge around best practices, collective practices and system navigation for serving homeless & street involved adults	14.1 Number / % of staff participating in education opportunities on best practices for serving homeless & street involved adults 14.2 Service provider reports of knowledge of local agencies and referral processes 14.3 Service provider reports of effective collaboration with agency stakeholders	Service provider survey
15. Service providers have increased ability to monitor trends, outcomes, and needs of homeless & street involved adults	15.1 HIFIS system fully implemented and utilized 15.2 By-Name List utilized to support Coordinated Access System and capture all Shelter clients experiencing homelessness	Administrative data
	15.3 Program monitoring and evaluation frameworks in place 15.4 Service provider reports of utility of program monitoring and evaluation in understanding trends, outcomes, and needs of homeless & street involved adults	Service provider survey
16. Residents of Housing First have increased housing stability and skills for independence	16.1 See indicators above: 8.2 Number / % of residents who have maintained housing for 6/12/18/24 months 8.3 Number / % of residents issued tenancy warnings 8.4 Number / % of residents issued evictions	Administrative data
	16.2 Number / % of evictions by reason, as reported in case plan notes	Administrative data
	16.3 Resident reports of increased skills for independence (life skills)	Resident survey
Outcomes (Intermediate)	**Indicators**	**Data Sources**
17. Homeless & street involved adults apply skills to reduce risks and increase their wellbeing (increase in positive decision-making)	17.1 Client reports of increased positive decision-making (Note: need to determine indicators for reducing risks and increasing wellbeing)	Client survey
18. Homeless & street involved adults increase their connections and maintain engagements with supports and services	18.1 See indicators above: 5.2 Number / % of clients referred to one or more service 12.4 Client reports of satisfaction with referrals	HIFIS Client survey
	18.2 Number / % of clients with connections to external service providers as documented in case plan	HIFIS
	18.3 Client reports of personal support networks (clients have positive social relationships)	Client survey
19. Homeless & street involved adults increase their involvement in personal goal setting and participation in case planning/management	19.1 Number / % of clients (including both "regular" overnight clients and drop-in clients) with case plans within first two weeks of service, as per *Standards for Supported Residential Living* (Vink Consulting, 2022)	HIFIS

20. Service providers collaborate to improve system coordination and efficacy in serving homeless & street involved adults	20.1 See indicators above: 14.3 Service provider reports of effective collaboration with agency stakeholders	Service provider survey
Outcomes (Long-term)	**Indicators**	**Data Sources**
21. Homeless & street involved adults experience improved wellbeing and quality of life	21.1 Client reports of improved wellbeing and quality of life (Note: need to determine indicators for wellbeing and quality of life)	Client survey
22. Homeless & street involved adults secure and maintain appropriate housing	22.1 See indicators above: 5.3 Number of case plans closed due to planned discharge (exits to permanent housing)	HIFIS
	5.5 Number of clients returning to Shelter (homelessness) after discharge to permanent housing 22.3 Client reports of ability to find and maintain permanent housing after Shelter use 22.4 Client reports of reasons for return to Shelter after finding permanent housing 22.5 See indicators above: 8.2 Number / % of Housing Fist residents who have maintained housing for 6/12/18/24 months	Client survey Administrative data
Ultimate Outcome	**Indicators**	**Data Sources**
23. Homelessness in Whitehorse is eliminated (functional zero achieved: homelessness is rare, brief, and non-recurring)	23.1 Number of people experiencing homelessness in Whitehorse 23.2 Average length of stay at local shelters (Whitehorse Emergency Shelter, Yukon Women's Transition Home Society, Skookum Jim Friendship Centre) 23.3 Diversion from local shelters to appropriate and safe housing alternatives 23.4 See indicators above: 5.3 Number of case plans closed due to planned discharge (exits to permanent housing) 5.5 Number of clients returning to Shelter (homelessness) after discharge to permanent housing	Point in Time count Occupancy data from local shelters (WES, YWTHS, SJFC) By-Name List HIFIS

Appendix 3: Data Collection Tools

4.4 WES Client Interview Guide

Getting Started:
Welcome! Thank you so much for agreeing to participate.

On behalf of the Government of Yukon, we are having a series of conversations to hear about your experience with emergency shelter services at the Whitehorse Emergency Shelter and what impact receiving shelter has had on you.

Currently, the Government of Yukon is working towards transitioning the shelter to a non-profit community organization. The information we gather through these conversations will be compiled into a report that will be shared with the Government of Yukon and will provide valuable information to will inform whether the current approach to services is effectively implemented and appropriate.

Before we get started, I would like to review a few things:

Your participation in this project is voluntary. If you decide not to participate, or to withdraw your participation at any time.

The survey will last approximately 15 minutes. I will be taking notes to help capture accurate information about your feedback.

Participants will receive a $20 Tim Hortons or Subway gift card.

The identities of all participants will be protected.

Are there any questions before we start?

Interview

Questions:

1. **Have you accessed any services at the Whitehorse Emergency Shelter in the past year? If so what?**
   (Food, Paramedic service, Emergency shelter, Housing first, Other)

2. **If not accessed shelter, have you experienced homelessness? Where did you stay?** Have you slept rough? Why didn't you stay at the emergency shelter? Did you face any challenges or difficulties in accessing shelter?

3. **If have accessed shelter, is this the first period of time you have stayed at the shelter?** In the past year, have you stayed at the shelter, got housing, and then have had to come back to the shelter?

4. **Approximately how long have you been staying at the shelter this time?** If you are a Housing First resident, how long have you been a Housing First resident?

5. **Before you came to stay at the Whitehorse Emergency Shelter, what were hoping WES would provide that made you agree to coming?** (*Probes:* How were you feeling then? How did not having housing or a place to stay effect your life?)

6. **What has changed for you because of you coming to WES?**

- Have you been able to access basic needs in times of emergency (including meals, shelter, harm reduction supplies, etc)?
  - What impact has that had on you?
- Has it impacted how often you have had immediate health and safety crises (911 calls, reduced overdose, reduced violence and crises, etc)?
  - What impact has that had on you?
- Has it increased your knowledge and skills for reducing health and safety risks and increased personal wellbeing (increase in positive decision-making)?
  - What impact has that had on you?
- Has it increased awareness of available supports and positive attitudes towards being connected to appropriate support services?
  - What impact has that had on you?
- (If you are a resident of Housing First) has it increased housing stability?
  - What impact has that had on you?
- (If you are a resident of Housing First) has it increased your skills for independence?
  - What impact has that had on you?

Probes:

a. Has all the change been positive? If not, can you tell me about any changes that were not positive?
b. Has anything changed that you weren't expecting? If so, can you tell me about the changes that you were not expecting?
c. Were there any other changes?

7. **How much of a difference will each of these changes make to you?** *(Note: Try to have the interviewee provide information on/quantify the difference for each change)*

8. **How long do you think these changes will last? (***Note: Try to have the interviewee provide information on duration for each change)*

9. **Can you put the changes you have mentioned in priority order of how important they are to you? Which are worth most/least to you?**

   - access basic needs in times of emergency (including meals, shelter, harm reduction supplies, etc)
   - immediate health and safety crises (911 calls, reduced overdose, reduced violence and crises, etc)

- increased knowledge and skills for reducing health and safety risks and increased personal wellbeing (increase in positive decision-making)
- increased awareness of available supports and positive attitudes towards being connected to appropriate support services
- increased housing stability
- Increased your skills for independence

10. **What might have happened for you if you were not involved the Whitehorse Emergency Shelter?** (*Follow-up:* Would you still be able to access the same shelter or supports if the Whitehorse Emergency Shelter did not exist?)

11. **Was anyone else beyond the shelter involved in making these changes happen? If so, who were they and how much of the changes would you say were down to them?**

12. **(When you were experiencing homelessness), have you received any help or information from the shelter about finding housing?**
    a) Are housing help services available?
    b) What challenges or difficulties did you face in accessing services?
    c) If you have re-gained housing, what services helped you to re-gain housing?

13. **In your opinion, what you do think the Whitehorse Emergency Shelter does well?**
    [probe: shelters should be welcoming, safe, provide respectful, confidential service, meet your immediate shelter needs (bed, showers, etc.), provide culturally appropriate services, help you plan for housing, and access available services]

14. **What is not working well and how could services be improved?**

    a) Are there any groups of people who are street involved whose needs aren't being met by the current shelter?
    b) What would make it easier for you to access the help you need to re-gaining housing?

15. **Overall, how satisfied are you with the services you have received?**

Honorariums
As a token of our thanks for your participation today. We have a $20 Tim Horton's/Subway gift card for you.

4.5 WES Staff Interview Guide

1. **In your opinion, what you do think is working well about the services at Whitehorse Emergency Shelter?**

2. **Is the Shelter meeting the needs of people who are homeless and street involved in line with its mandate of providing a low-barrier, trauma informed, culturally-appropriate, and housing-focused shelter to homeless and street involved individuals**? [probe about whether it is

meeting basic needs, providing housing case planning, and supporting to access available services]

3. **Is the Shelter meeting the needs of residents in the 20 permanent housing first units?** [probe about housing stability and impact on independence]

4. **To what extent is the Shelter operating in line with the principles of a low-barrier shelter?**

    a. Are there any groups of people who are homeless, and in particular those who are street involved, who are not accessing the shelter or are only accessing certain services of the shelter?

5. **To what extent are staff providing trauma informed services?** [probe about whether they have training in trauma informed care]

6. **To what extent does the Shelter provide culturally-appropriate services?**

7. **To what extent is the shelter housing-focused?**

    a. To what extent do staff work with clients to conduct housing case planning?
    b. How is the shelter working to reduce length of stay, increase exits to permanent housing, reduce returns to homelessness (shelter) after exits to permanent housing?

8. **To what extent is the Shelter supporting access available services (referrals and linking)?**

9. **What could be improved?**

10. **What has changed for WES guests because of the shelter? (i.e., what impact does the shelter have for guests?)**

    a. Do guests have increased access to basic needs in times of emergency (including meals, shelter, harm reduction supplies, etc)?
    b. Do guests experience a reduction in immediate health and safety crises (reduced 911 calls, reduced overdose, reduced violence and crises, etc)?
    c. Do guests have increased knowledge and skills for reducing health and safety risks and increasing personal wellbeing (increase in positive decision-making)?
    d. Do guests have increased awareness of available supports and positive attitudes towards being connected to appropriate support services?
    e. Do guests have increased feelings of trust and safety?
    f. Do residents of Housing First have increased housing stability and skills for independence?

11. **Do you think stakeholders identified in the community safety plan have increased feelings to trust and safety as a result of the shelter's efforts?**

12. **Do you think service provides have increased knowledge around best practices, collective practices and system navigation for serving homeless & street involved adults because of the shelter?**

13. **Do you think service providers have increased ability to monitor trends, outcomes and needs of homeless & street involved adults as a result of the shelter?**

4.6 Stakeholder Interview Guide

Whitehorse Emergency Shelter Review – Stakeholder Interview Questions

1. **In your opinion, what you do think is working well about the services at Whitehorse Emergency Shelter?**

2. **Is the Shelter meeting the needs of people who are homeless and street involved in line with its mandate of providing a low-barrier, trauma informed, culturally-appropriate, and housing-focused shelter to homeless and street involved individuals?**

3. **Is the Shelter meeting the needs of residents in the 20 permanent housing first units?**

4. **What could be improved?**

5. **What has changed for WES guests because of the shelter? (i.e., what impact does the shelter have for guests?)**

6. **Do you think stakeholders identified in the community safety plan have increased feelings to trust and safety as a result of the shelter's efforts?**

7. **Do you think service provides have increased knowledge around best practices, collective practices and system navigation for serving homeless & street involved adults because of the shelter?**

8. **Do you think service providers have increased ability to monitor trends, outcomes and needs of homeless & street involved adults as a result of the shelter?**

Appendix 4: Social Return on Investment Impact Map

4.7 Number Experiencing Outcome

To establish how much of the change described in the Outcomes Section of the report is brought about by the Shelter we needed to ask the questions what would happen anyway, how much is down to other factors and how long do the changes last for stakeholders.

The table below discusses the assumptions made and records the sources to information used to determine the number of people experiencing the outcome.

Stakeholder	Outcome	Number Experiencing Outcome	Assumptions
Shelter guests	Avoidance of death from drug toxicity as a result of monitoring and administration of naloxone	25 per year	Naloxone administered a minimum of 25 times by shelter staff as per data provided by WES (25 documented times, staff reported that it was likely significantly higher)
	Increased safety and decreased experiences of violence	144 per year	513 unique clients a year X 28% of clients interviewed reported this outcome
	Increased overall wellbeing, including positive changes in physical and mental health as a result of avoiding sleeping rough	Average of 37 clients per night	As per data provided by WES

	Avoidance of death from exposure to the elements	2 per year	2 clients interviewed reported this outcome and also is a reasonable estimate
	Reduced food insecurity and hunger	73,085 meals (plus late night food) annually	As per data provided by WES
	Increased health/reduced health crisis from increased access to appropriate health services	Average of 11 clients per night (149 over year)	Average of 37 clients per night X 29% of clients interviewed reported this outcome
	Increased awareness and willingness to connect to supports	Average of 29 clients per night	Average of 37 clients per night X 79% of clients interviewed reported this outcome
	Increased personal wellbeing as a result of increased knowledge and skills for reducing health and safety risks resulting in an increase in positive decision-making	Average of 9 clients per night	Average of 37 clients per night X 24% of clients interviewed reported this outcome
	Avoidance of death from drug toxicity as a result of distribution of naloxone	1	Estimate of 32 drug toxicity deaths to occur in Yukon in 2022 based on YTD data to July. 87% in Whitehorse, based on data provided by the Coroner. Estimate of 81.5% experiencing homelessness at time of death (Government of Canada, 2022, https://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research/homelessness-substance-related-acute-toxicity-

			deaths.html). Estimate of 21% of people experiencing homelessness staying at WES at any given time based on occupancy of WES (37) and BNL data from Safe at Home. Estimate that 21% deaths averted as a result of naloxone distribution (National Institute on Drug Abuse, Naloxone for Opioid Overdose: Life-Saving Science)
	Reduced infections as a result of harm reduction (clean needle) supplies provided	0.4 per year	Des Jarlais et al., 1994b, 1995; Paone et al., 1994b have compared seroconversion rates of various injection drug user groups in New York city. The HIV seroconversion rate among high-frequency drug injectors not using the needle exchange programs ranged from 4 to 7 per 100 person years at risk, compared with needle exchange participant groups with seroconversion rates ranging from 1 to 2 per 100 person years at risk. Therefore assumed 4.0% chance per year. (Juusola J, and Brandeau M, 2015, HIV Treatment and PRevention: A Simple Model to Determin Optimal Investment, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4775360/)
Housing First residents	Increased overall wellbeing, including positive changes in physical and mental health as a result of going from shelter to being housed	20 clients per year	Based on number of Housing First residents (Data provided by WES)
	Increased access to housing and decreased experiences of homelessness	20 clients per year	Based on number of Housing First residents (Data provided by WES)
	Decreased harm from substance use and increased ability to move towards reducing use	3 clients per year	20 Housing First residents X 14% of residents interviewed reported

	Increased employment	3 clients per year	20 Housing First residents X 14% of residents interviewed reported
	Increased sense of belonging	3 clients per year	20 Housing First residents X 14% of residents interviewed reported
Government	Savings in justice, addictions, physical and mental health services (for Housing First residents)	20 clients per year	Based on number of Housing First residents (Data provided by WES)
	Savings in emergency services (as a result of increased access to appropriate health services to promote wellbeing)	128 emergency department visits, 12 hospital stays	513 unique clients stayed in shelter per year. 25% of clients interviewed reported decreased 911 calls/emergency department visits and 2.4% reported decreased hospital stays. Conservatively assumed one visit/stay per client reporting these outcomes.
	Costs of increased RCMP calls (reduced under-reporting)	334 calls	Based on data provided by the RCMP. Took the difference in calls between 2019/2020 and 2021/2022

4.8 Valuation

Key to the process of creating the SROI framework is assigning financial proxies to the positive changes brought about by the Shelter. The table below shows the financial proxy chosen for each indicator along with the unit cost (what will be counted each time an indicator is met), the assumptions made in the creation of the proxy and the source of any information involved in developing the proxy.

Different types of financial proxy have been used including:

- Value of a Quality Adjusted Life Year
- Cost savings to government
- Cost of equivalent services
- Wellbeing valuation.

Stakeholder	Outcomes	Value per person experiencing outcome	Assumptions/ Source of Financial Proxies
Shelter guests	Avoidance of death from drug toxicity as a result of monitoring and administration of naloxone	$50,000/year	The impact for the year (QALY) is $50,000 Years gained as a result of naloxone administration: 9.2
	Increased safety and decreased experiences of violence	$11,920	Victim's Tangible/Direct and Intangible costs of an assault (Gabor, T. 2015) Discounted to avoid double counting with increased wellbeing by avoiding sleeping rough
	Increased overall wellbeing, including positive changes in physical and mental health as a result of avoiding sleeping rough	$23,460	Rough sleeping to temporary accommodation (Fujiwara, D., & Vine, J. (2015). Page 11)
	Avoidance of death from exposure to the elements	$47,420	The impact for the year (QALY) is $50,000. Discounted to avoid double counting from avoiding rough sleeping
	Reduced food insecurity and hunger	$6,372	equivalence scale for one person used the square root of Northern Market Basket Measure for Whitehorse for family of four (Statistics Canada)
	Increased health/reduced health crisis from increased access to appropriate health services	$32,885	Good overall health (HACT Social value calculator)

	Increased awareness and willingness to connect to supports	$4,030	Able to obtain advise locally (HACT)
	Increased personal wellbeing as a result of increased knowledge and skills for reducing health and safety risks resulting in an increase in positive decision-making	$8,063	From Collins livrepository.liverpool. ac.uk/3006576/1/SSRN-id2869251.pdf equivalent financial value to a 1 point increase in middle of SWEMWBS scale (from point 16 to point 17) for those with low wellbeing at baseline.
	Avoidance of death from drug toxicity as a result of distribution of naloxone	$50,000	The impact for the year (QALY) is $50,000 QALY's gained as a result of naloxone administration 9.2
	Reduced infections as a result of harm reduction (clean needle) supplies provided	$50,000	The impact for the year (QALY) is $50,000 Net present QALYs gained from avoiding HIV infection: 9 (Juusola J, and Brandeau M, 2015, HIV Treatment and Prevention: A Simple Model to Determine Optimal Investment, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4775360/)
Housing First residents	Increased overall wellbeing, including positive changes in physical and mental health	$8,019	Wellbeing valuation: Temporary accomodation to secure housing - average (Fujiwara, D., & Vine, J. (2015) page 11)
	Increased access to	$7,200	Value of rent supplement

	housing and decreased experiences of homelessness		
	Decreased harm from substance use and increased ability to move towards reducing use	$24,257	Wellbeing valuation: Personal value of addressing drug and alcohol problems (Fujiwara, D., & Vine, J. (2015)
	Increased employment	$16,328	Amount earned through part time employment (20 hrs per wk), employment at Yukon minimum wage ($15.70), 52 wks per year (Government of Yukon)
	Increased sense of belonging	$4,745	Wellbeing valuation: Talks to neighbours regularly (Trotter, L, Vine, J & Fujiwara, D., 2015)
Government	Savings in justice, addictions, physical and mental health services (for Housing First residents)	$21,375	Justice, addictions, physical and mental health services saved when housed with case management- high needs (Goering et al. (2014))
	Savings in emergency services (as a result of increased access to appropriate health services to promote wellbeing)	$335 $14,772	cost of one emergency department visit. Fee for emergency visit at Whitehorse General Hospital for uninsured patient $335, Whitehorse General Hospital Fee Schedule Fee for 6 days inpatent medical bed at Whitehorse General Hospital for uninsured patient ($2,462 X 6 days, Whitehorse General Hospital Fee Schedule, https://yukonhospitals.ca/sites/default/files/rates_and_fees_-_wgh.pdf), 6.3 average length of stay in hospital in Yukon https://www.cihi.ca/en/dadhmdb-inpatient-hospitalizations-volumes-length-of-stay-and-standardized-rates
	Costs of increased RCMP calls (reduced under-reporting)	-$435	cost of most common offence - distrubing the peace - Public Safety Canada, A Better Estimation of Police Costs by Offence Types (Waterloo, 2012)

4.9 Duration, Drop Off, Deadweight, Displacement, Attribution

Duration

Unless otherwise noted, all outcomes were assumed to last for the current year only. Four outcomes were assumed to last longer than one year. Each of these were assumed to last for five years:

- Avoidance of death from exposure to the elements
- Shelter guests reduce infections as a result of harm reduction supplies provided
- Shelter guests avoid death from drug toxicity as a result of distribution of naloxone
- Shelter guests avoid death from drug toxicity as a result of monitoring and administration of naloxone

The SROI also needs to consider how long the outcomes last beyond the first year or period of intervention. In future years, the amount of outcome is likely to be less or, if the same will be more likely to be influenced by other factors, so attribution to the Shelter will be lower. Drop off is used to account for this and is only calculated for outcomes that last more than one year.

Drop Off

Drop off rate refers to the % at which the value for year 1 remains eg. 0% means no value remains). Each of the outcomes that were assumed to last for five years were assumed to have an 8% per year drop off based on US study that found a range of 3% to 9% mortality for people experiencing homelessness (Source: https://nhchc.org/wp-content/uploads/2020/12/Section-1-Toolkit.pdf

Deadweight

Deadweight refers to what would happen anyway if the Shelter's services did not exist. Deadweight for all outcomes has been assumed to be 0%.

Displacement

Displacement refers to services that would have otherwise been provided by other community organizations. It has been assumed that a proportion of the services related to four outcomes would have otherwise been provided by other community organizations/individuals:

- Increased overall wellbeing, including positive changes in physical and mental health for Shelter guests staying overnight who avoid sleeping rough – 14% (14% of shelter guests interviewed indicated that they would have found somewhere else to stay if the shelter was not available).
- Shelter guests reduce infections as a result of harm reduction supplies provided – 75% (only 25% of people who use drugs surveyed for the Opioid Treatment and Safer Supply

Needs Assessment for Whitehorse and Throughout Yukon who reported receiving harm reduction supplies from WES reported only accessing supplies from WES and not other community organizations.)

- Shelter guests avoid death from drug toxicity as a result of distribution of naloxone – 75% (only 25% of people who use drugs surveyed for the Opioid Treatment and Safer Supply Needs Assessment for Whitehorse and Throughout Yukon who reported receiving harm reduction supplies from WES reported only accessing supplies from WES and not other community organizations.)
- Shelter guests avoid death from drug toxicity as a result of monitoring and administration of naloxone – 25% (assumed 25% would have received naloxone from another source in time to save their life if shelter did not exist)

Attribution

Attribution looks at how much of the change can be credited or attributed to the Shelter and how much is down to other factors.

No portion of the outcomes identified above have been attributed to other sources. Outcomes related to the health and social services provided on site have not been included in the analysis of impact of the shelter, only the health outcomes as a result of increased access to health services.

4.10 Sensitivity Analysis

It is important to assess the extent to which the SROI analysis would change if some of the assumptions made in the previous stages were adjusted. The aim of such an analysis is to test which assumptions have the greatest effect on the SROI model.

Sensitivity analysis has focused on the outcomes that had the largest values or biggest assumptions and could have most impact on the end ratio. Combined, the two alterations would reduced the SROI ratio from 2.11 to 1.5.

Stakeholder	Outcome	Alteration	Impact on SROI Ratio
Shelte	Avoidance of death from drug toxicity as a result of monitoring and administration of naloxone	Increase displacement from 25% to 50%	0.33

	Avoidance of death from exposure to the elements	Decreased number of people experiencing outcome from 2 to 1	0.28