MOBILE JEWISH RESPONSE TO HOMELESSNESS:
Paths to Positive Change

BACKGROUND

Mission Statement of Ve'ahavta:

Ve'ahavta is a Jewish humanitarian organization dedicated to promoting positive change in the lives of people of all faiths and backgrounds who have been marginalized by poverty and hardship. Ve'ahavta mobilizes volunteers in meaningful, hands-on experiences to fulfill our collective responsibility to care for our neighbour.

The Mobile Jewish Response to Homelessness (MJRH) fits into the overall mission of the organization by providing direct relief for the most vulnerable people in our city – those who are on or near the streets of Toronto. It provides meaningful and impactful volunteer experiences for community members, increasing their awareness of the issues and enabling them to physically serve and directly interact with this vulnerable population.

Background and history of the program:

MJRH has been running for 21 years, and is one of the central programs of Ve'ahavta. MJRH goes out 6 nights /week from 6:30pm to 12am, and Sundays 12-6pm, providing coffee, food, clothing, hygiene supplies, and harm reduction kits. It focuses on the downtown core, currently bounded by the lake (the Lake , St. Clair, Bathurst, and Church, depending on the need on a particular night) and on Sundays goes on a somewhat different route, given that it is a daytime shift and usually has youth volunteers. The Van goes out in hours where many drop-ins and other community services are not open, so fills a gap in service.

Three community volunteers join the Outreach Worker on a Van shift, providing support in serving the coffee and food, and distributing the clothing, but also opportunities for social interaction with the clients. The experience increases awareness of poverty and homelessness of the volunteers. Volunteers include youth 13-17 plus a parent, as part of the "Young Riders" initiative which emphasizes education and awareness of homelessness and poverty for youth, particularly those in their B'nai Mitzvah period. It includes online modules delivered through an iPad.

The Van route focuses on areas where homeless people gather and/or sleep, e.g. under the Gardiner bridge, drop-in centres, overdose prevention site, parks, and ravines. One of the program's unique features is its focus providing essential supplies, (most outreach programs are focused on Harm Reduction only) and on the development of relationships based on trust and accountability with service users, with no "agenda".

There have been several impressive stories over the years of long-time rough sleepers (who the Van served for 5-10 yrs) connecting to resources and contacts provided by Outreach Workers, and being housed with sustainable day to day supports.

Mealbox Program

The *Mealbox* initiative is an integral part of MJRH . *Mealbox* provides paid work placements for up to 10 individuals (many of whom come from My Toronto or VSA programs) who have experienced poverty and homelessness. They supervise a kitchen staffed with volunteers, who prepare hot meals. These meals are then distributed on the MJRH Van at night. The *Mealbox* program ensures access to healthy hot meals, which include whole grains/beans, fresh fruits and vegetables. This has significantly increased the quality of the food served from the Van, and is appreciated by the clients.

There have been many improvements and augmentations to the MJRH program over the past 5 years.

These include:

- Inclusion of Harm Reduction kits and Naloxone (emergency OD treatment) on the Van, in response to the surge in Fentanyl use and incidence of drug overdose
- The addition of the Young Riders program to build educational opportunities for youth volunteers, and to build on the B'nai Mitzvah program.
- The *Mealbox* program which has become a core program after the Trillium Seed Grant ended.
- With use of the Sales Force database, ability to systematize client data for those receiving referrals/follow up by the Outreach Worker.
- Standardized and mandatory training requirements for Outreach Workers (Crisis Intervention, De-Escalation, Health and Safety practices, Naloxone administration, First Aid)
- Better volunteer orientation--expectation that Van volunteers review an online preparation course
- Involvement as a partner in the Street Health project funded by the federal government, incorporating 2 peer support workers trained in harm reduction that spend time on the Van one shift/week each.
- The addition of emergency response devices for use by staff on Van shifts in order to increase safety for staff, volunteers and clients.

The change processes for MJRH support Ve'ahavta's core objectives: to continue on the path of professionalizing and systematizing all mission-centric programs and services, in keeping with best practices, to maximize impact, and provide the most effective services in the most cost efficient manner possible. The needs assessment and redevelopment of the MJRH program is a part of this organizational initiative.

Some of the questions addressed include:

- Number of outreach workers on a Van shift
- Number of volunteers per shift: the goal is to increase numbers of volunteers who can participate in the Van shifts to 6 from 3, with flexibility for 7-8 on occasion
- Nature of role of volunteers, esp. regarding those who come on the Van on a frequent basis and could play more of a "lead" role
- How to create a balance between excellent volunteer experiences, and effectively serving clients, while maximizing safety for staff, service users, and volunteers

- Background of MJRH staff, e.g. housing workers, case managers, peer workers; assessing staffing needs for the current and future MJRH program, and the corresponding skills that would be required
- What type of vehicle would be optimal e.g. a passenger Van, a retrofitted wheeltrans type of bus, a camper Van, and would these options require different licensing and insurance coverages
- Is the program serving the best geographical area and is it meeting gaps in service, should it continue to serve the same "stops" as is current practice, or fan out into other areas of the GTA?
- Should there be more than one route – i.e. More than one Van operating each night? If so, how many Vans would it take to cover the highest need areas of the city?
- Should services be expanded, e.g. case management services such as connection to health services, housing placement

There is interest in looking at options for enhancement/expansion, and the costs, benefits and risks of these options. Specific details of Human Resources and budget required for the particular options will be addressed by Ve'ahavta's management.

Options presented in this report were developed through discussion with key stakeholders—MJRH staff, long-term, frequent MJRH volunteers, key social service agencies serving the homeless and marginalized/vulnerable population, particularly agencies providing foot or Van outreach, and service users/clients through a survey.

Discussions were focused on : developing a SWOT analysis (strengths, weaknesses, opportunities and threats); their experiences to date have been with MJRH, and how they see improvements in future; ways to achieve a better balance between providing positive volunteer experiences and client services; gaps and needs in services to the homeless and marginalized/vulnerable populations, and how MJRH should or should not address these; potential partnership opportunities with other social service agencies.

MJRH CLIENTS

Rough sleepers are defined as those who primarily sleep on the street with possible temporary stays in shelters or emergency programs such as Out of the Cold. They are typically disengaged from support services and lack faith in the social service system. Transitioning from homelessness to housing requires intensive and tailored supports that promote health and housing stability. Researchers view street outreach as the initial and critical step in connecting rough sleepers to services. Street outreach, through a harm reduction approach that allows trusting relationships to develop, assists individuals in engaging and maintaining engagement with services. The MJRH program currently collaborates with a number of organizations in the Toronto downtown core in various capacities, and has links with organizations providing shelter, harm reduction, counselling, mental health services, and long-term housing, etc. To date these collaborations have been informal, with the exception of the new Street Health project which provides funding for 2 part-time Peer Support workers.

The clients served by MJRH, particularly those who are chronically homeless and/or rough sleepers, or those who are precariously housed, have multiple and complex barriers usually involving substance use,

mental health issues and past trauma. This creates instability, which results in challenges regarding follow-up and evaluation of program outcomes. Suggestions for evaluation of program results will be addressed below.

Research and Information Gathering Process

In order to assess the context and get input from those directly involved with MJRH, interviews (either in-person or by telephone) were held with key stakeholders, to obtain input for the SWOT analysis and identify possible partnerships going forward in the case of social service agencies.

Social services:

Interviews were carried out with the following Agencies, which serve the MJRH client group (homeless or precariously housed) and represent different geographical areas:

- Parkdale Queen West Community Health Centre
- Regent Park Community Centre
- The Works, City of Toronto
- Youth Unlimited
- Street Health (2 interviews: Clinical Supervisor and Manager, Harm Reduction)
- Agincourt Community Centre
- Loft/Crosslinks, York Region
- Sherbourne Health Bus

Volunteers:
Discussion with 6 MJRH volunteers who have been volunteering on the Van for a number of years, and go out on a monthly or bi-weekly basis

Ve'ahavta Staff:
Discussion with the ED, Director of Programs, Management and Outreach Staff who have direct involvement with the MRJH program and related programs (volunteer engagement and *Mealbox*), including the 3 Outreach Workers

Client survey:
A survey for MJRH was developed in consultation with the MJRH Manager and Outreach Workers. The goal was to survey 25 service users in a 2 week period, representing both the night and Sunday shifts. It was to have been administered by volunteers.

Due to competing pressures, only 16 surveys were done (an additional week was added), with no indication of whether they were from the Sunday or night-time shifts, therefore the assumption about differences in the client demographics/needs between day and night shifts could not be addressed. Given the variability of the volunteers administering the surveys and the small sample size, caution must be taken in interpreting the results. However, they have been summarized in a separate PPT document.

A few interesting demographic data which can impact the services include:

80% of clients are male, 20% female
44% of clients are 55+ yrs of age
70% of clients use the Van multiple times/week

Overall, client input was very positive, and appreciative of the services provided. Key comments included- “appreciate being treated with courtesy and respect; friendship; clothing provided (esp. jackets); social aspect, talking to staff and volunteers; food and coffee.”

The negative experiences focused on: the food (1-too much cheese) a volunteer not being cooperative about providing food requested (1) ; disappointment and frustration if the Van doesn’t show up when expected, or when the schedule changes (3).

SWOT ANALYSIS

STRENGTHS	**WEAKNESSES**
• Unique and in-demand volunteer program • Many long-term and experienced volunteers • Positive volunteer feedback • Young riders program provides effective education on poverty and homelessness • Clients are very positive and appreciative of services • High quality food (*Mealbox* program) • Outreach Workers are well-trained and experienced, and are effective with volunteers on clients • Flexibility in route and stops depending on client needs on the shift • Set schedule on Mon-Thur and Sat/Sun results in client trust and satisfaction • Referrals of clients to necessary community services has resulted in some of them being housed • Longevity and “branding” of program and importance to Ve’ahavta as a key service • Delivery of essential supplies in a non-judgmental way with no “agenda” • Shift hours fill needed gaps in service when other services for the population are not open	• One Outreach Worker on a shift is not best practice (all other outreach programs have 2 staff); creates safety issues and competing pressures to address client and volunteer needs • Lack of clarity on role of MJRH Outreach workers in terms of degree of Case Management activities with clients • Dual priorities of volunteer engagement/education, with client services can make objectives unclear • Difficult for Outreach Workers to juggle overseeing volunteers with serving clients, esp with youth volunteers • Outreach Workers have too many logistical tasks (e.g. shopping, loading Van and bins) which doesn’t allow enough time to follow up with clients • High burn-out rates of Outreach Workers, and difficulty in recruitment and retention • Too much reliance on being reactive to donations, and not enough ongoing reliable proactive-based sources of essential clothing supplies, e.g. long underwear, hoodies, underwear, shoes/boots • Dependence on volunteers to prepare food for Sat /Sun shifts which don’t receive *Mealbox* food

• Repeated use of program by the same clients helps build relationships and trust with Outreach Workers • Breaks down isolation and dehumanization of rough sleepers • Access to possible pathways of support programs within Ve'ahavta programs, e.g. My Toronto and BFW/VSA	• No consequence for last minute volunteer cancellations which is disruptive for Outreach Workers, especially on Sat/Sun shifts • Inability to expand geographic coverage of the program due to time constraints with one Van
OPPORTUNITIES • Strengthen client pathways to services and life skills education within Ve'ahavta e.g. more MJRH clients going into VSA/BFW abd My Toronto • Formalized partnerships with community agencies serving the same population would enhance the services and effectiveness and raise the profile of MJRH • More involvement at tables such as Outreach Services Working Group, TAEH (Toronto Alliance to End Homelessness), and attendance at CAEH (Canadian Alliance to End Homelessness) annual conference, for networking and information sharing regarding affordable housing, shelter system and services to homeless people, and best practices. • More opportunity for corporate engagement, including speakers bureau events, corporate wide drives for necessary clothing items • Experienced and effective volunteers could be taking more of a leadership role and supervision role with new volunteers • Increase in volunteers involved in more than one program • More scope for youth education through partnerships and collaboration with schools • Resources available to expand MJRH from one to two Vans, and additional staff can expand catchment area and scope of the outreach	**THREATS** • Liability risks to have one Outreach Worker in terms of volunteer safety and de-escalation of client crises, esp in the case of youth volunteers • Health and safety risk to Outreach staff when only one staff on a shift • No ongoing funding from government or foundations, dependent on individual donations • Mealbox does not have ongoing funding from government or foundations • Lack of affordable housing and inadequate shelter system makes it difficult to address clients who wish to get housing or improve their housing situation • Increase in overdose incidences and decrease in government support for overdose prevention sites • Severe cold weather alert days and inadequate shelter and temporary housing services • Difficult to develop quantitative outcome measures given the variability of location of clients, many without phones, and instability related to substance use, mental health issues and trauma→ lack of quantitative outcomes to support accountability

THEORY OF CHANGE.

MJRH fits well into the overall mission of the organization by providing direct relief as well as social services referrals for the most vulnerable people in our city – those who are on or near the streets of Toronto. MJRH provides meaningful and impactful volunteer experiences for community members, increasing their awareness of the issues and enabling them to serve and directly interact with this vulnerable population.

MJRH is a service which successfully supports safety, security, and well-being of clients, as well as raising awareness of community volunteers. One of the key questions in the Theory of Change is the degree of "case management" [1] and key objectives of the program, which will inform the outcomes.

Key Activities/focus	Outcomes
Focus on provision of essential supplies to clients, and effective volunteer engagement • Providing social contact and engagement, essential survival supplies/food/harm reduction kits, basic referrals to shelters and social services on a reactive basis e.g. to hospital for medical crises, or shelters/Out of the Cold during cold weather alerts.	• helps meet basic and immediate physical needs of those who are homeless • promotes safety and well-being of those who are homeless
• Providing consistent, frequent, and compassionate service with no "agenda" • Providing emotional support through regular interactions with Outreach staff and volunteers	• helps build trust to support well-being of clients • decreases social isolation of clients through "normalized" contacts with community volunteers, especially frequent volunteers who develop a relationship with clients

- [1] The goal of case management is to facilitate coordination, communication, and collaboration with consumers, providers, ancillary services, and others in order to achieve goals and maximize positive consumer outcomes based upon individual assessments of consumers' needs.
    - engagement and relationship building;
    - information collection and assessment;
    - planning and prioritisation of needs;
    - allocation, development and negotiation of resources;
    - implementation of a plan;
    - monitoring of the plan; and.
    - review of the plan, case closure or reassessment.

  Case management is a very specific role which usually requires a university degree, and dedicated counselling support. These function are carried out by Ve'ahavta Case Managers who work with in the life skills programs (Building Foundations for Women and Ve'ahavta Street Academy). Full Case Management is out of scope for Outreach Workers, and duplicates many services which focus on homeless and marginalized clients. They could be doing more active referrals, and building partnerships with social services.

A stronger focus on referrals and partnerships with social service and healthcare organizations. Focusing on stable MJRH clients who wish to move off the street and address substance use and mental health issues • Developing partnerships, alliances with, and personal contacts within social service organizations and housing support organizations, legal assistance services, healthcare services, particularly those serving homeless and vulnerable populations	• Referrals and follow-up outside of the MJRH shift, made by Outreach Workers result in life changes for clients (housing, health, more stability) • Effective linkages of clients with services, based on need and request, for housing, healthcare, legal services, addiction, mental health etc.
• Engaging and educating volunteers	• Provides assistance to Outreach Workers for organization and distribution of supplies, and social contact with clients, especially in the case of adult long-term and repeat volunteers • Helps raise consciousness about homelessness and poverty, reduces stereotypes, and inspires community solutions to end homelessness in the long term • Provides means of supporting MJRH and Ve'ahavta in the short-term

Overarching Issues

When looking at the SWOT, and options for program change, there are some elements of MJRH which are strong, and should be maintained. There are improvements which would strengthen the program, irrespective of which direction the enhancement and changes take.

- MJRH fills a gap in service
    - Interviews with social service and government organizations serving the homeless and precariously housed population, as well as with service users, demonstrated that MJRH fills an important gap in terms of clothing, hygiene products and food—essential items for those sleeping on the street or on precarious housing. In the GTA there is no other outreach service that provides these services, and if they do it is with an "agenda" e.g. Light Patrol which is an Evangelical Christian group. It is part of the MJRH brand to give out these supplies, and it provides necessary support to clients' well-being.

- Acquiring and Keeping a Sufficient Inventory of Supplies

- All interviews with both MJRH volunteers and staff flagged a need to improve the "supply chain" process for essential clothing and hygiene supplies provided by MJRH – create more mechanisms through organizing more clothing and shoe drives and ongoing donations of hygiene products, to ensure an adequate supply of the most essential clothing and hygiene items (socks, underwear, long underwear, coats, shoes/boots, hoodies, sweaters, blankets, sleeping bags).

- If two Vans are being entertained as the long-term best model, it would require double amounts of essential supplies, and would require staff oversight to organize creative ways of accessing more donations. Improvement is also needed in the inventory and sorting of clothing; utilizing part-time volunteers does not seem to be sufficient.

- Consideration should be given to ongoing purchase of items which are rarely donated or in very high demand, such as sleeping backs, long underwear, hoodies, shoes/boots, and hygiene products, if donations of these items run low.

- Have 2 staff on every MJRH shift.
  - No other outreach service targeted to MJRH's client group has one Outreach Worker. For safety of the staff, volunteers and effectiveness in client interventions, it is necessary to have 2 staff on each shift. (staffing options will be discussed in more detail below).

- Consistent presence of Ve'ahavta at key outreach and homeless services coalition meetings to enhance profile and create a network of referral services.

MJRH VEHICLE

All options for enhancement will require a new vehicle, since the current Dodge Caravan passenger Van (approximately 160 cubic ft) is no longer adequate due its four seat configuration and lack of storage space for supplies. This restricts volunteer participation (more seats can be created but this significantly cuts down on storage space for supplies). Two staff on a shift means one less seat for volunteers.

Also, the current Van is not properly outfitted with shelving and space to store supplies. It does not have enough capacity for essential supplies needed on a shift. It presents safety issues due to the door opening up on the street side of the Van, and the proximity of hot food and coffee to the passengers.

Option 1:

Bus, or converted RV size vehicle. Youth Unlimited and Sherbourne Health both use an RV size bus which is equipped for clients to come onto the vehicles to obtain services (Youth Unlimited, some basic health support, supplies and food, Sherbourne Health Bus—various types of medical services, case management, referrals to necessary health/mental health services-no food or clothing provided)

Pros:

- More fulsome services could be provided; only a standard G license required for drivers

- Would accommodate more volunteers

Cons:

- Very costly to purchase and retrofit buses—Sherbourne Health Bus cost $350,000 to purchase and customize. The Light Patrol Bus cost $20,000 to retrofit but it was done by their own training program machine shop.
- The size of the bus means that it can only accommodate set stops in limited locations where it can be parked. These two programs only stop in 2-3 places, and do not go out not every day.
- Would limit the geographic scope of MJRH; would potentially serve far fewer people per day
- Would not lend itself to volunteer support if the services were more health focused.
- Would be out of scope of MJRH mandate (health services are not in the mandate, and staff do not have this background) of supporting general well-being and social contact.
- More than 3 volunteers at a time can be too overwhelming for clients and respondents flagged that this could be perceived as "poverty tourism."

Option 2:

Sprinter – type commercial Van. There are many models, and retail starting prices are included for comparison. Leasing, and buying used vehicles are options.

This type of Van would still allow for nimble-reactive response as they would be small enough to make frequent stops and manoeuvre in the downtown. They vary from 216-460 cubic ft., depending on configuration of space and model. They would allow for 5 seats, and retrofit and customization, i.e. shelving, refrigerator and separation of food and clothing items, more flexibility for entry and egress, and enough space for standing inside.

Mercedes Sprinter ($60,000), Chevrolet Express Commercial ($45,000), Nissan NV 3500, ($46,000) Ford Transit ($44,000), Ram Promaster ($37,000) (links to photos and further information provided to Marni).

Since Discount provides the current passenger Van lease as a donation, the ideal would be to see if they could increase the size of the Van and provide the lease gratis, or if they can provide a passenger Van with 5 seats. It is recommended that Ve'ahavta purchase a second Sprinter type Van with five seats and customization for supplies and food storage and dispensing. [2]

[2] Youth Unlimited has a youth training program in Newmarket with a full auto mechanic shop. Their Van and bus retrofit was coordinated or done by this shop. Their bus cost $20K to retrofit but the Van could be done for much less, possibly $5000, if Ve'ahavta finds a supporter with access to a mechanic/welding shop. There may be room to negotiate with the YU training shop.
Loft Van outreach program in York region has the Sprinter-type van supplied by the Region of York. York Region contact can provide advice on Sprinter Van models, retrofit vendors and best elements to install. Cost of LOFT Van retrofit: $24,700 (see Interview summary for cost details)
The City of Toronto Works Outreach Van is a Mercedes Sprinter, and the respondents strongly recommend against this model, as it has been mechanically problematic. They recommend the Ford Transit.

Pros:

- Will provide sufficient seating for 2 staff and 3-4 volunteers
- Can be equipped with shelving, and proper storage facilities to accommodate clothing/hygiene supplies and food in a safer, more efficient, and effective way, including safer storage of hot food and refrigeration for cold food.
- Is large enough to accommodate the functions required in an enhanced MJRH, but small enough to be navigable in downtown core.

Cons:

- If Discount does not provide this type of Van, and if another lease donation is not acquired gratis, it would add significant cost to the MJRH budget for the purchase and retrofitting of the Van
- Expenses would be higher for fuel and possibly maintenance, depending on whether the vehicle is leased, purchased, new or used.
- Would require research, time and dedicated to determine the best model in terms of reliability, space and price. (with Discount there is no decision as they provide the same Van every 2-3 years)
- Insurance will be higher due to the higher value of the Van

Going from one to two vehicles could be done as a staged process where the current Discount Van continues to be used for Young Riders , with one youth and a parent on Sundays and 2 other evenings, and the Sprinter Van is purchased to cover the other evening shifts, and can explore other areas of the GTA (Parkdale, Regent Park).

STAFFING

If Ve'ahavta wishes to enhance the effectiveness of working with the percentage of clients who are interested in referrals or support of Outreach Workers outside of the Van shifts, it would require developing formal collaborative relationships and partnerships/ MOU agreements with organizations serving the homeless population, e.g. Parkdale/Queen West CHC, Street Health, or Regent Park, for operational implementation of the chosen enhancements to MJRH.

This would enable a continuum of services and supports, such as referrals to counselling, mental health services, healthcare, identity card clinics and linkages to housing workers.

Formalizing partnerships and collaborations and developing a network of contacts in key services will allow Outreach Workers to make more effective referrals, and to do follow-up that will lead to improved outcomes, without the expectation of intensive case management services. As discussed above, formal Case Management is not within the qualifications of Outreach Workers, and is effectively delivered by a number of GTA social services, which are open to partnering and collaborating with Ve'ahavta (Regent Park CHC, Street Health, PQWCHC, and Agincourt CS).

The inclusion of Case Managers services, or Housing Workers in MJRH was discussed with stakeholders, but is not recommended. It duplicates already existing services, and providing intensive social or housing services is out of scope of MJRH's Mission.

Many of the potential partner organizations which support the homeless and vulnerable population use Peer Support Workers in their programs. A Peer Support Worker is defined as someone who has lived experience of homelessness, substance use, mental health issues, etc., who may or may not have formal social service education. (at LOFT, many of the outreach workers have lived experience and experience/education in the social service field. In Agincourt CS, the Outreach workers are funded by the City's Streets to Homes program, so must have housing worker experience and background; PQWCHC, Regent Park CHC and Street Health all use Peer Support Workers in their outreach programs, but also have Case Managers and social workers on staff.)

Ve'ahavta is currently one of the approximately 10 partner organisations in a Peer Support Training program sponsored by Street Health, funded by the Substance Use and Addictions Program of the federal government. The program runs until 2020, and provides training and supervisory support for 2 Peer Support workers who go out on one shift/week each. These 2 Peer Support workers came from VSA and *Mealbox* programs.

All the below staffing models assume that Outreach Worker job descriptions would need to be modified to align with the key objectives and roles of the positions.

Option 1:

Expand Outreach Worker staffing complement to two staff per shift. If there are two Vans, two additional FT Outreach Workers would be added, for a total of 4.5 Outreach Workers. (there is currently a PT outreach worker who covers the Sun. shift) Developing an active referral contact network through ongoing engagement and visits to key services, keeping apprised of current status of GTA social, health, housing/shelter services would be part of their job. They would also be expected to develop agreements with key agencies for the use of meeting space for clients needing support outside of the shift, and to accompanying clients to appointments to assist with referral follow-up if necessary.

Pros:

- Will follow best practice protocols of all other outreach programs, and allow enough staffing capacity to support volunteers and engage with clients. Would provide more flexibility in the case of vacations or illness of Outreach Workers, (at those times there might need to be one Van, but at least the shift would not be cancelled).
- Frees up time of Outreach Workers (since they will be sharing the logistical tasks such as supply inventory and organizing/packing the Van) so that they can meet with clients
- Supports the focus of MJRH objectives to support life changes, referral, and stronger affiliations with other agencies serving the homeless and marginalized population
- Will allow for a focus on an up to date list of referral resources for clients and personal contacts in key services, i.e. proactive contacts/meetings with housing services, shelters, counselling services, addiction treatment services, etc.
- Would provide sufficient staff for two shifts/ Mon-Thur, and Sunday.
- Would allow an increase in volunteer numbers to 6 per shift (assuming that the Vans have 5 seats) and sufficient staffing support to carry out effective volunteer orientation and education, and a robust Young Riders program.

Cons:

- Would add significant staffing salary/benefits costs.
- Would not reduce the day to day logistical responsibilities of Outreach Workers, such as shopping and packing the Van.
- It would leave a gap in terms of sorting donations and keeping track of inventory if Outreach workers were focused on doing shifts, supporting clients, and developing referral networks.

Option 2:

One additional Outreach Worker to allow time for client follow-up, partnership and key contact development with social service network, and development and updating of referral resources, plus 2 full-time Peer Support Workers or 4 Part-Time Peer Support Workers to accompany one Outreach Worker on each shift (Peer Support Workers often prefer PT hours as a step into the workforce)

In this option, the Peer Support Workers could be affiliated with, and trained by either Street Health or Parkdale Queen West Community Health Centre (PQSWCHC), both of which have strong programming in Peer support and training.

The Peer Support workers' job description would include: picking up food donations and necessary items that are not ordered online (via taxi or Uber), doing inventory of the storage rooms on a weekly basis to identify needs or gaps in supplies, and where these exist to advise responsible staff (to trigger donation drives, or purchasing the necessary items) packing the bins and loading the Van prior to each shift, assisting the volunteers who are making sandwiches and packing food, assisting the Outreach Worker with distribution of supplies and food to clients during the shift.

Ideally, the Peer Support staff hired by Ve'ahavta could be augmented by developing formal agreements with Street Health, PQSWCHC, and Regent Park CHC, Sherbourne Health to provide a Peer Support Worker to staff the Van on a rotating basis, to supplement the 2 Peer Support workers currently working through the Street Health SUAP program and the additional Peer Support Workers which would need to be hired to cover all the shifts.

Pros:

- Peer support workers have been found by the agencies interviewed to be very effective in engaging clients, due to their lived experience, particularly with clients requiring harm reduction intervention.
- Utilizing Peer Support workers from partner agencies would be a win-win, since it would enrich partner agencies' outreach functions through expanding their geographic range, (their programs are foot or bicycle outreach only), would expand social contact for clients via volunteers, and would provide essential clothing and food, engage new clients, and deepen contact with current clients.
- It could support the strengthening of the referral process, as the Peer Support Worker would engage the client as a first step into the social service system.
- Use of Peer Support workers could enhance the quality of client intervention and the reputation of MJRH with the client community.

- Would enhance the partnership opportunities with agencies serving the homeless and vulnerable population.
- It would enhance pathways and the continuum of programs within Ve'ahavta, providing work opportunities for graduates of VSA, BFW and My Toronto.
- If partnerships could be established for participation of Peer Support workers from other agencies on a part-time basis, this would further reduce costs.

Cons:

- Since it is unlikely that the Peer Support workers would drive, it would mean there would be no flexibility in the event that the Outreach Worker is ill or on vacation for a particular shift, and the Outreach Worker would still need to be the sole driver.
- It would take Management efforts to coordinate the partnerships with other agencies to arrange for their Peer Support workers doing shifts on the Van
- Finding Peer Support workers with both lived experience and social service experience may be difficult, although possible.

ROUTES AND SCHEDULE

- Research confirmed that the current schedule fills a gap—MJRH runs when other services such as drop-in centres, community centres, and overdose prevention/harm reduction equipment provision sites, are closed.
- If the decision is to move towards a focus on client referral, and stronger partnerships with agencies serving the client group, this would mean expansion/changes to the current route, in order to see more clients who have not ordinarily used the Van services, or do not use it on a regular basis.
- There could be more of a focus on clients who are more recently homeless, or precariously housed, who could benefit from intervention and follow-up by Outreach Workers. The current route in the downtown core aligns with the highest concentration of rough sleepers and tends to attract many of the same clients. This is positive (builds trust and relationships) but doesn't focus on accessing clients who may be more "hidden" or in areas outside of the typical route stops.
- The 6pm-12 AM shifts can establish new routes in areas not currently serviced by MJRH, where there is a large homeless population (Moss Park, Regent Park, West Scarborough, Parkdale). This would benefit from input from Agincourt CHC, PQWCHC, and Regent Park CHC. It could also augment or complement outreach services provided by Sherbourne Health Bus, Regent Park and Street Health in these areas. These new routes could be piloted for 6 months, and then evaluated in terms of effectiveness.
- With 2 Vans, there could be 2 Young Rider Sunday shifts with different routes, plus 2 evening shifts on two different nights, 5-10pm, with different routing than the 6-12pm shifts. These shifts would avoid the more unpredictable stops such as under the Gardiner bridge, and focus more on drop-ins, overdose prevention sites, and parks, where there are homeless populations gathered already to access other services, which close before the Van hours.
- One underserviced area flagged by respondents was Etobicoke. The key service there is LAMP CHC. According to some respondents, LAMP has recently reorganized and cut their staffing for homelessness outreach, to focus more on other target groups such as seniors and newcomers. Attempts to reach the contact at LAMP were not successful. In the longer term, it might be

worth searching for other contacts in LAMP or trying to connect again after their internal changes have stabilized.

VOLUNTEERS ON MJRH

The following directions were recommended by respondents:

- Improve volunteer education process prior to Van shift and create more formalized roles for frequent volunteers as "leads." It would be ideal to pair experienced volunteers with new volunteers on each shift.

- Have a meeting with all the "veteran" volunteers to come up with a tip sheet and process for organizing the tasks on the shift, and protocols for "lead" volunteers to help with new volunteers.

- Create a video of a couple of nighttime Van shifts as part of mandatory prep by new volunteers as it is always helpful to have a concrete view of what to expect.

- Formalize ongoing volunteer feedback and recommendations for improvements through a follow-up process

- Promote opportunities for MJRH volunteering more widely to the corporate sector –set annual target for number of private sector organizations who provide volunteer support and receive educational programs from Ve'ahavta.

- Create a process to deal with volunteers who cancel without adequate notice to replace them on a shift. This seems to happen most frequently with synagogue blocks of MJRH seats. This disrupts the schedule for the Outreach Workers on that shift, and in the case of Sat night and Sunday shifts means they have to prepare all the sandwiches on top of their other responsibilities.

- Formalize clothing and shoe drives, and encourage Van volunteers to do drives in their synagogues, workplaces, and schools prior to coming out on the Van. This has a precedent, and can be augmented through supporting community educational events with Speakers Bureau graduate participants and presentations by Ve'ahavta staff.

EVALUATION AND OUTCOMES

One of the major challenges with community services is having quantitative, meaningful outcomes. As mentioned in the SWOT analysis, this is particularly challenging in MJRH, since the client group is unstable, has complex needs and barriers, and faces environmental realities such as lack of affordable,

decent housing in the GTA, and rise in opioid usage. Once decisions are made about directions for change, there are some means to enhance outcome measures.

Evaluation would need to take a participatory approach to collect and analyze data, generate ideas and make recommendations for changes. Surveys of clients and volunteers, interviews, and stories can illuminate how interventions are perceived and what contribution MJRH makes to the lives of homeless and precariously housed clients.

The results of partnerships with other services working with the population can be developed in a participatory way with the partners.

Pre and Post surveys/interviews could be used to assess new routes

With systemic and complex issues at play, Ve'ahavta should focus on controllable variables, and on qualitative as well as quantitative data gathering. For example:

- Ve'ahavta's relationship with agency partners and feedback from them on referral outcomes; effectiveness of letters of agreements and MOUs regarding partnerships to better serve clients
- Data gathered on specific supports to clients and documenting differences between the downtown core and new geographic areas in expanded Van routes (document both supplies provided, and referrals made to other services/resources) –pre and post change
- Feedback from frequent, long-term volunteers, regarding their experience of program enhancements, and from new volunteers, as to how the experience has impacted their awareness and about effectiveness of their orientation and educational materials
- Record data on number of clients who were referred to shelters, housing, health, legal, mental health and other services, and the outcome of the referrals
- Stories of success wherein clients with long-term homelessness were able to improve their housing, mental health or other life situations
- Stories of clients who participated in other Ve'ahavta programs such as My Toronto or Mealbox as part of the pathway of programs within Ve'ahavta
- Surveys of clients focusing on feedback about how MJRH has assisted them

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