

Supports for those living unsheltered in Hamilton

Presented by

Jen Bonner

Executive Director

THE [] HUB

Hospital Funded Overnight Drop In

THE [] HUB

OPERATIONAL SUMMARY: 102 DAYS

5202

Total Visits

308

Unique Individuals

346

Direct Referrals from Hospital

Warm Hand Offs & Services

- 38 to SHN docs
- 12 to Social Navigators
- 68 Referrals (Taxes, ID, etc.)
- 21 Wounds treated
- 8 Justice assistance
- 4 clients attached to the SUS team

\$228,782.45

Total spend

Overspend due to additional staffing & transportation costs (cabs/bus fares)

Some booked for multiple nights due to lack of accessibility, health, or safety concerns

78 Shelter Calls

10 SPOTS SECURED

EMERGENCY RESPONSE

3 Police calls • 5 Ambulances
(2 Overdoses, 3 health concerns)

Impact Testimonials

THE [] HUB

USER FEEDBACK ON PROGRAM SUCCESS

SURVEY PERIOD: WINTER
2025/26

"I felt safe, for the first time in 10 years my usage is at an all time low. I have been able to make better everyday choices and the staff has helped boost my self esteem"

"Knowing i could sleep and that my stuff wouldn't be stolen means i can actually function on things i need to do"

"The staff here made you feel welcome regardless of your situation and help to finish my bad days off on a positive note"

"Having somewhere to go meant I didn't have to do things I didn't want to with men i didn't want to just to have a warm bed"

"Literally kept me from freezing, provided food and safe environment and connected me to peers..."

"I had an infection in my leg and the doc came in the morning to see me and get me some antibiotics"

What We Know

CITY STATEMENTS & PROGRAM IMPACT

THE [] HUB

2022-2023: Purpose of Drop-ins

"These spaces are designed 'to help meet the basic needs while fostering trust and facilitating connections to additional housing resources.'"

March 2024: Program Success

"The Winter Response Strategy has been well utilized... analysis has shown positive results. Client feedback has been favourable."

Tiny Shelters Project Demand

"In reports discussing the 'Barton Tiffany' site... Baird highlighted: 'There continues to be an ongoing demand for this type of service.'"

JANUARY 2025: EXTREME COLD IMPACT

"As of overnight Thursday, the city's shelters were reaching critical capacity limits."

98% Men's Shelter • 94% Women's Shelter • 83% Co-ed Shelters

— CBC Hamilton, January 2025

The Data Distortion

THE [] HUB

CRITICAL GAPS IN ACCESSIBILITY & REPRESENTATION

Availability vs Accessibility

Presence of services does not equate to their usability or reach.

The Geography of Data Distortion

Mapping services often overlooks the physical barriers and localized displacement.

Static Stats vs Fluid Need

Rigid reporting fails to capture the dynamic nature of unsheltered living conditions.

The Reality Check

The disconnect between official data and lived experience on the ground.

The Hard Facts

Funding Analysis & Operational Reality

THE [] HUB

The Federal Influx

In early 2025, the City of Hamilton received **\$5.2 million** from the federal government through the *Unsheltered Homelessness and Encampments Initiative*. (up to end of 2026)

Emergency Treatment Fund (ETF)

In March 2026, the City announced **~\$1.2 Million** for urgent support for the Opioid Crisis.

The Reallocation

Funds designated for "encampment response" were instead used to cover **cost overruns** at the Barton-Tiffany site.

The Operational Reality

The City created its own team instead of leveraging the ETF to coordinate services, failing to reduce duplication in service provisions already done by many organizations on shoestring budgets

System Feature	Reactive (Stop-Start)	Proactive (Year-Round 24/7)
Operational Costs	High turnover, seasonal recruitment, and retraining.	Stable teams, specialized staffing for high-acuity needs. Peer Employment and engagement.
Facility Use	Temporary solutions: Warming buses, expensive hotels, rec centers	Dedicated fixed-site locations with stable, predictable costs.
Client Outcomes	Case management is interrupted when seasonal programs close.	Continuous engagement to build trust and movement toward housing and recovery benchmarks. Peer support and choice
Municipal System	High reliance on 911 (EMS and Police) for wellness checks.	On-site health and crisis integration prevents escalation. Greater collaboration between service sector & health partners.

The Call to Action

STABILIZE THE FOUNDATION & SHARED RESPONSIBILITY

THE [] HUB

Fiscal: Stabilize the Foundation

THE ASK: Transition seasonal funding into a permanent, annualized 24/7 budget.

THE "WHY": End the cycle of emergency seasonal grants for predictable year-round funding. Retain staff and maintain critical 'warm hand-offs'.

Health: Shared Responsibility

"The City should not have to fund healthcare out of a housing budget and hospitals shouldn't have to fund overnight spaces."

Advocate for 'Health-in-Housing' and inclusion of municipal health partners in 24/7 support plans.

STRATEGIC EXPLORATION

- Explore funding models and best practices from other municipalities.
- Direct staff to explore a reporting matrix focused on efficacy over simple interactions.