Bridging Health & Housing:

A Rapid Innovation Challenge Connecting Healthcare and Homelessness Response Systems

A Report on the Health and Housing Resilience Challenge

Facilitated by the
Pond-Deshpande Centre at the
University of New Brunswick

September 2025

EXECUTIVE SUMMARY

As Moncton's housing crisis has escalated, more and more people experiencing homelessness have been falling through the cracks between the healthcare system and the homelessness response system. In 2024, the University of New Brunswick's Faculty of Nursing approached the City of Moncton with an invitation to investigate innovative solutions to this growing problem.

The result was a 100-Day Challenge, facilitated by the Pond-Deshpande Centre at the University of New Brunswick (PDC). The Health and Housing Resilience Challenge brought together senior leaders from the multiple systems that support Moncton's homeless population: healthcare, government, police, and homelessness response. Nursing students from UNB also supported the Challenge.

Following a proven innovation methodology, Challenge participants developed three prototype solutions to help reduce homelessness in Moncton.

Prototypes

In a **social innovation context,** a **prototype** is a **small-scale, low-risk experiment** designed to test an idea or intervention in a real-world setting before investing significant resources. It's not about creating a polished final product but about **learning quickly:**

- **Exploring** whether a concept addresses the problem it's meant to solve.
- **Engaging stakeholders** (community members, service users, policymakers) early in the design process.
- **Testing assumptions** about what might work in practice.
- **Gathering feedback** to adapt, refine, or pivot the idea.

Unlike pilots, which are often larger-scale and more resource-intensive, prototypes are intentionally **lightweight, fast, and iterative.** They're a way to safely explore systemic solutions in complex environments where traditional linear planning often fails. Each of the prototypes developed during the Challenge is now moving forward to the next phase of development.

- **Map of Moncton's fragmented health and homelessness response systems from the perspective of a person experiencing homelessness.** This prototype is developing into a practical research project, which will be led by Dr. Ali McGill of UNB's Faculty of Nursing, with a funding contribution from PDC. The research will produce a visual map of the ecosystem of support for people experiencing homelessness in Moncton, identifying gaps and other issues to address.

- **Map of Moncton's fragmented systems from the perspective of service providers.** This prototype will inform Dr. McGill's research.

- **A video sharing the story of a person with lived experience of homelessness.** Created in collaboration with students from the Anglophone East School District, a video is being used as a **powerful training tool to reduce stigma** and shift perceptions of people experiencing homelessness. Its impact has sparked interest in producing additional videos that highlight first-person perspectives on Moncton's homelessness crisis, helping to build empathy and understanding across the community.

Recommendations

Through follow-on discussions with Challenge participants, the following three recommendations have emerged:

1. The City of Moncton is encouraged to collaborate with Dr. McGill to develop a blueprint for a downtown health clinic.
Such a clinic could be patterned after the Fredericton Downtown Community Health Centre (FDCHC), which provides primary healthcare as well as wraparound services (such as food, clothing, and access to social services), training for student nurses, and opportunities for research. A Moncton clinic would need to be designed with Moncton's unique culture and community needs in mind.

2. The City of Moncton is encouraged to increase the number of staff on the housing and homelessness file.
For a municipality of its size, Moncton is seriously under-resourced to tackle homelessness. We recommend that the City hire at least one bilingual staff member within the next year and then expand from there.

3. Organizations that wish to engage people with lived experience of homelessness in video storytelling are encouraged to follow the Guidelines for Amplifying First Voices Through Video.
These guidelines, which appear in Appendix C, emerged in response to insights shared by an Advisory Table of people with lived experience of homelessness. The Advisory Table enriched the Challenge by stress-testing prototypes. The group is now in the process of incorporating as a consulting firm to offer its services to other organizations engaged in social innovation.

Next Step

Since the Challenge concluded, we've been encouraged to see conversations continuing, and new discussions starting.

This fall, PDC will host a virtual showcase featuring the Challenge. We invite you to join in this gathering and help keep the momentum going.

About the Pond-Deshpande Centre at the University of New Brunswick (PDC)

Founded at the University of New Brunswick in 2012 with a visionary donation from entrepreneurs Gerry Pond and Gururaj and Jaishree Deshpande, PDC uses social innovation and social entrepreneurship to address and help solve some of society's most pressing challenges. We develop inclusive workforces, invigorate civic innovation, and create more just economic systems. Fundamentally, we bring people together to solve complex challenges.

Some of our past projects include the Economic Immigration Lab and the Early Childhood Education Lab. Much like a social innovation lab, the 100-Day Challenge initiative brings people together who share a passion and drive to solve a longstanding problem. PDC acts as a guide through the 100 days as participants define and analyze the problem, develop solutions, and rapidly test those solutions.

Read more on our website: www.ponddeshpande.ca.

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INTRODUCTION

Jesse knew his leg was in bad shape. Following an injury, he'd bounced between the hospital and the street, and the wound kept getting reinfected.

As a person experiencing homelessness, Jesse was well aware of the hurdles he'd have to overcome to access healthcare and a safe space to heal. Desperate to find a way past those barriers, he committed a crime and turned himself in to the police. At least in prison, he reasoned, he'd have a shot at recovering his physical health.

Jesse Thistle relates this true story in his book *From the Ashes: My Story of Being Métis, Homeless, and Finding My Way.* His arrest happened in Brampton, Ontario, but it could just as easily have happened in Moncton.

In New Brunswick's largest city of Greater Moncton, an escalating housing crisis also means an escalating health crisis.

People experiencing homelessness tend to suffer from complex health conditions, often facing both physical and mental issues, and they encounter many hurdles to accessing health services.

Scattered health services for the homeless population are available through the Salvus mobile clinic (affiliated with the Horizon Health Network), the Community Hub on Joyce Street, RECAP, and Horizon's Health Care Coordination Team, which visits shelters. However, this patchwork of care leaves many people falling through the seams despite dedicated efforts by all of these organizations.

Recognizing the seriousness of this situation, in 2024 the University of New Brunswick's Faculty of Nursing approached the City of Moncton with an invitation and a challenge: to tackle the growing problem of homelessness from a health perspective.

Origin of the Challenge

In Fredericton, under the leadership of Joan Kingston (now Senator Kingston), the Faculty of Nursing had developed a model of comprehensive, integrated health care for people experiencing homelessness. Since 2017, the Fredericton Downtown Community Health Centre has been delivering primary health-care along with a wide array of wraparound supports, such as food, clothing, help navigating the health and social systems, and more. (See Appendix A for a detailed description of the Fredericton Downtown Community Health Centre.)

> **The nurses had data to show the positive impact of their model, which also serves as a training environment for student nurses and provides a living lab for research on social issues. They wondered whether something similar could make a difference to Moncton's dire circumstances.**

Mayor Dawn Arnold was keen to find out. Consequently, in collaboration with the Pond-Deshpande Centre (PDC), the two parties formulated a 100-Day Challenge—the Health and Housing Resilience Challenge.

By initiating the Challenge, the organizers recognized how deeply entangled issues of homelessness and health had become in Moncton. They also acknowledged the variety of possible solutions proposed, but not yet activated, by many well-meaning organizations. Given the lack of progress, it was clearly time to try something different.

Purpose of the Challenge

The goal of the Challenge was to catalyze both the health and the homelessness response sectors and help them find innovative ways to collaborate on coordinated solutions. The Fredericton Downtown Community Health Centre provided one possible model, but Challenge participants would have free rein to explore other options. The overarching aim of the project was to convene senior leaders and facilitate cross-sector conversations that would enable Moncton to take bold, unified action.

The proven Challenge methodology, which has galvanized communities across the U.S. into reducing homelessness, was intended to clarify questions, design realistic answers, and lay the groundwork for a focused action plan.

As host and guide through the Challenge, PDC's role was to organize and facilitate this design sprint, which was made possible through funding from the City of Moncton and Northpine Foundation, who have a focus on formerly incarcerated people. The Faculty of Nursing at UNB also provided support for the project; they made an in-kind contribution by engaging nursing students and faculty in the project.

Challenge participants divided into three teams, and each group focused on an issue that could potentially be contributing to Moncton's homelessness problem:

- **Unconscious bias among healthcare workers,** which could be reinforcing the stigma associated with homelessness
- **Operational and relational gaps between different parts of the care system,** which could be hindering collaboration
- **Policies creating those gaps and the practices perpetuating them,** which could be making it difficult for positive changes to gain traction

Purpose of This Report

This document provides a guided tour through the Health and Housing Resilience Challenge, from its origins through to the forward-looking activities it has helped set in motion.

First, the report describes the discovery journey of the Challenge participants and the prototypes (preliminary designs for solutions) the teams produced:

- **A video project to reduce unconscious bias among front-line healthcare workers**
- **A new project to map the complex intersection of health and housing services in Moncton**
- **A plan to review policy and practices at various levels and identify gaps in both the health and housing system**

Second, the report also articulates the major insight the Challenge uncovered: Moncton's ecosystem of support for people experiencing homelessness is missing enablers of collaboration.

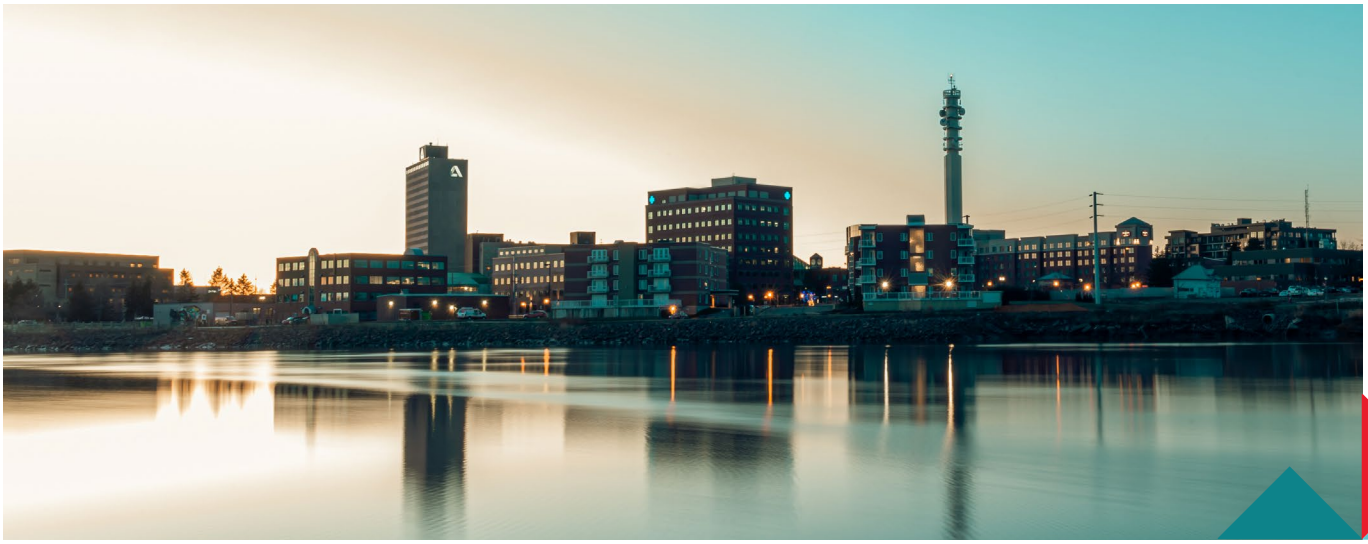
Without structural elements to foster communication and cooperation, it is difficult (and sometimes impossible) for front-line workers to coordinate their efforts. The disconnected nature of the so-called system helps explain why homelessness has been such an intractable problem in Moncton despite a promising research study conducted from 2009 to 2013.[1]

Third, the report outlines the next steps that are now happening as some of the Challenge participants take their prototypes to the next stage. Chief among these will be ground-breaking work by Dr. Ali McGill and her team in the new Health Systems Lab in UNB's Faculty of Nursing.

Working closely with Moncton service providers in the health and homelessness response sectors, these researchers will create a visual map of existing services and identify gaps to fill.

This practically oriented research will be partially financially supported by PDC through Challenge funding, and we see it as laying the foundation for a centrally located, brick-and-mortar health clinic with wraparound services. This is a collaborative model that has proven highly effective in Fredericton, and we strongly recommend that the City of Moncton consider adapting it to their unique needs.

Finally, we recommend some specific actions the City of Moncton can take to keep the conversation and the positive momentum going.



1. During this period, Moncton participated in a national housing study, the At Home/Chez Soi project, which included four other communities from across Canada. This gave the city the opportunity to test locally an approach widely considered best practice, and the results were positive. Eleven years later, however, the blueprint provided by the study had not yet been implemented in a cohesive or consistent way. For more information about the At Home/Chez Soi project in Moncton, see Mental Health Commission of Canada. (2014). *Moncton final report: At Home/Chez Soi Project.* https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/at_home_report_moncton_eng_0.pdf

BACKGROUND

Current State of an Ongoing Crisis

As one of the fastest-growing municipalities in Canada, Moncton is well aware of its growing pains, and the most obvious of these is the increasing number of people experiencing homelessness.

Known by New Brunswickers as the "Hub City," Moncton attracts people experiencing homelessness from both the northern and southern parts of the province. About a third of these people have experienced incarceration,[2] likely in one of the two detention centres nearby (the provincial correctional centre in Shediac or the federal penitentiary in Dorchester).

488

Moncton – people experiencing chronic homelessness
(May 2025)

+114 %

Increase over two years (228 → 488)[3]

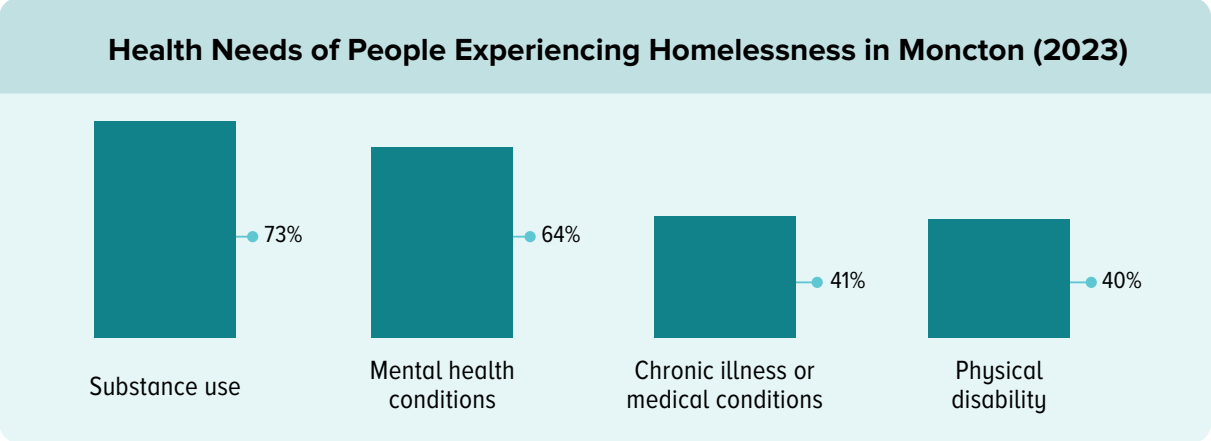
The greatest spike in Moncton's homeless population occurred during the COVID-19 pandemic, and the situation has continued to escalate. In the past two years, the number of people experiencing chronic homelessness has jumped from 228 (May 2023) to 488 (May 2025), an increase of 114 percent.[3] These statistics make Moncton the New Brunswick city with the most people experiencing homelessness, ahead of Saint John by 204 people and Fredericton by 300 people.

2. A 2023 survey conducted by the Human Development Council found that 33% of Moncton's homeless population had experienced incarceration within the previous year. *(Moncton Point-In-Time Count: Key Highlights—2023 Homelessness PiT Count in Moncton.* https://sjhdc.ca/wp-content/uploads/2023/12/PiT-23-Moncton-1.pdf)

3. Human Development Council. Dashboard for May 2025. https://sjhdc.ca/nb-data-portal/

Many in this vulnerable population have what medical professionals call complex needs.

AS THE CHART BELOW SHOWS,[4] HOMELESSNESS TENDS TO COINCIDE WITH SUBSTANCE USE ISSUES, MENTAL HEALTH CONDITIONS, CHRONIC ILLNESS, AND/OR PHYSICAL DISABILITY.



Precarious housing correlates so strongly with precarious health that Moncton's homelessness crisis is equally a health crisis. To date, however, the city has not been able to establish an integrated, health-based approach to caring for people experiencing homelessness. Moncton's response to homelessness seems to have hit an impasse—even though we have empirical, local evidence demonstrating a model that clearly works.

Integrated Care by Fits and Starts

The At Home/Chez Soi initiative, which wrapped up in 2013, provided an important testbed for trying a health-oriented strategy in the Moncton context.

Moncton was one of four Canadian cities to participate in this national research study, which was funded by the Mental Health Commission of Canada. The project examined the impact of providing housing to people experiencing homelessness without preconditions, such as sobriety, and placing mental health professionals and other support workers onsite.

4. See footnote 2.

For the last two years of the study, 100 people experiencing homelessness along with long-term mental health issues were provided housing that included access to a robust support team. That team included a diverse roster of practitioners to help with physical health, mental health, and social concerns (such as navigating social services or finding a job).

Toward a Housing First Strategy

This holistic approach to ending homelessness had already generated impressive results in New York City, where it originated, in Finland, and elsewhere.[5] It's become widely known as the Housing First model, although that short label—which has also become a rallying cry in communities around the world—doesn't fully express the radical premise beneath the concept.

The Housing First approach strips homelessness of the moral connotations that have traditionally prevented communities from stepping up to solve the issue. It counters the popular narrative of blame and shame, which associates homelessness with laziness ("Why don't they just get a job?") or corruption ("People who get addicted to drugs have to take the consequences of their sins.")

Instead, Housing First reframes homelessness as a human rights issue and a health issue. It operates from a basis of three key principles:

Regardless of what a person has done or not done, they're entitled to safe housing and to health.

It's almost impossible to achieve the second unless you have the first.

Addiction and housing are systemic issues that require systemic coordination, and the recognition of the impact of trauma.

Housing First provides shelter and a sense of belonging as the first step toward improving the health of both the homeless population and the community around them. Housing First dwellings typically include **integrated health services**[6] to help residents overcome mental health and addictions as well as other medical conditions.

In other words, Housing First might more accurately be called Housing and Health First. As a new paradigm for understanding homelessness, it upends the conventional treatment model, which requires people experiencing homelessness to overcome health issues while they're unhoused. Instead, it views homelessness as part of a larger health picture and recognizes that the best way to improve a person's health is to start by giving them a home.

> In Finland, an ambitious Housing First strategy adopted between 2008 and 2022 decreased the national homeless population by 68%.[7] But Moncton is not Helsinki, and the researchers behind the At Home/Chez Soi study wanted to learn whether the European model could work in the Canadian context.

5. The term Housing First was first used by Dr. Sam Tsemberis who, with the not-for-profit Pathways to Housing, developed the approach. For a lay summary of the evidence to support Housing First, see this report: National Low Income Housing Coalition. (n.d.) *The evidence is clear: Housing First works.* https://nlihc.org/sites/default/files/Housing-First-Evidence.pdf

6. This integrated approach typically includes a specialized team of practitioners that provide mental health and social services, often called an Assertive Care Team(ACT for short).

7. For an overview of the Finland case study, see Morales, L.M.R. (2024, April 16). *Finland's "Housing First" policy successfully tackles long-term homelessness (2008-ongoing).* Inequality Solutions website. https://www.sdg16.plus/policies/housing-first-policy-finland/#policy-reference-21

Hopeful Results

Over 24 months, the At Home/Chez Soi study at the Moncton site provided no-strings-attached housing to people experiencing homelessness. The housing also integrated support services for physical health as well as mental health and addictions.

The results showed great potential for adopting an integrated care response to homelessness in New Brunswick. Study participants were divided into two groups: one group followed the standard treatment model and the other experienced the Housing First approach. In the final six months of the study, **74 percent of those in the Housing First group were housed continually, compared with just 30 percent in the "treatment as usual" group.**[8]

Today, scattered examples of integrated care exist in Moncton, but progress toward this model has been inconsistent. A Housing First approach with onsite support services remains the exception, and piecemeal care is still the rule.

During the Challenge, participants noted a number of promising signs, instances of service providers meeting homeless people where they are. For example, the Peter McKee Center on St. George Street provides free eye and dental care, and Horizon Health operates a downtown mental health clinic for people experiencing homelessness (at 81 Albert Street). Salvus Clinic also runs a mobile health unit and offers peer supportive housing, which provides onsite counseling for substance abuse issues and mental health.

What's missing is a coordinated strategy that would bring holistic, health-oriented approaches to the forefront of efforts to end homelessness. The 100-Day Challenge was conceived as a means of bringing health back to the centre of discussions about how to respond to homelessness in Moncton.

8. Mental Health Commission of Canada (2014, p.5).

Insights from Shelter in the Storm

The lack of coordination among various organizations in the health and homelessness sectors became apparent almost as soon as the Challenge was proposed. Fortunately, before the Challenge began, an opportunity emerged to build on an important body of work that might otherwise have been overlooked.

The initial proposal for the Challenge, which was created in January 2024, hadn't yet coordinated with the significant work that had been taking place for almost two years under the leadership of the Greater Moncton consulting firm O Strategies.

Through funding provided by the Canada Mortgage and Housing Corporation, O Strategies convened a National Housing Strategy Solutions Lab, Shelter in the Storm, to develop "pathways to generationally-secure housing in Southern NB."[9]

The Lab included many of the same organizations that would later participate in the 100-Day Challenge, but not the same people. (No one from UNB's Faculty of Nursing on the Fredericton campus participated in the lab, for instance.) Shelter in the Storm highlighted contributions from two groups:

People with lived experience (PWLE), the people using health and social services rather than the people creating and operating them

People on the front lines of service delivery (people in close contact with PWLE)

The lab's design placed first voices (the voices of people with lived experience) and front-line experience at the forefront of the research, analysis, and ideation. Senior leaders from government and service organizations provided input at the beginning of the project, but the main participants were employees involved in day-to-day service delivery.

Since the results of the O Strategies Lab hadn't yet been disseminated when PDC facilitators started to recruit for the 100-Day Challenge, the PDC team didn't immediately recognize the connection with the earlier work. Luckily, as the 100-Day Challenge started to take shape, O Strategies heard about the project and reached out to the Challenge team. Cory Herc, a lead consultant in the O Strategies lab, then became part of the PDC leadership and facilitation team.

9. O Strategies. (2024). *CMHC Housing Solutions Lab: "Shelter in the Storm": Pathways to Generationally-Secure Housing in Southern New Brunswick, Prototypes Report.*

This collaboration enabled Challenge participants to build on the positive momentum created by Shelter in the Storm, which had produced 14 different prototypes and an advisory group of people with lived experience. Several of the prototypes touched on matters related to health, including one that proposed a way to integrate nurse practitioners into supportive housing (housing that includes care services).

Elizabeth (Beth) Pavlovic, an instructor from UNB's Faculty of Nursing Moncton campus, helped co-create this model, which would plug a significant gap in current healthcare services. Currently, someone staying in a shelter can access primary healthcare through Horizon's Health Care Coordination Team (HCCT). When a person leaves the shelter, however, they lose access to that service, so there is no continuity of care.

For someone transitioning out of homelessness, the prospect of finding a new care provider (and paying for transportation to get to their clinic) can be daunting. Being able to access primary care in their new place of residence will enable them to get the healthcare they need to stabilize and move forward.

APPROACH

Tackling a Multiplex Issue

Like Jesse Thistle, many of the people experiencing homelessness in Moncton have come in contact with many different systems. The homeless response system interconnects and overlaps with the health system, the justice system, the foster care system, the education system, the social services system, and more.

In other words, the homelessness issue isn't just a complex issue. It's a multiplex issue, comprising many moving parts bound together in a complex relationship.

For example, let's consider the fictional story of Jeff, a 33-year-old homeless man living without shelter in downtown Moncton.

THE DIAGRAM BELOW SHOWS THE MANY SYSTEMS JEFF HAS INTERACTED WITH, JUST DURING THE PAST YEAR.

Jeff, a 33-year-old homeless man living without shelter in downtown Moncton

Mental health and addictions system
saw a counsellor regarding a meth addiction

Justice system
completed term at correctional centre in Shediac and is now on parole

Social services system
applied for social assistance, attended a drop-in class on employability skills, ate at a soup kitchen

Legal system
met with Legal Aid to discuss asking for a shorter parole

Public health system
consulted nurse practitioner and received prescription for a heart condition (which is likely related to his methamphetamine addiction)

The 100-Day Challenge set out to mirror the multiplex nature of the homelessness crisis by bringing together leaders from of as many different systems and subsystems as possible.

The goal was to view the issues through multiple lenses, with the aim of addressing four critical issues facing people experiencing homelessness:

- **Limited access to health and community services**
- **Complex and urgent health needs**
- **Silos and barriers limiting collaboration among the healthcare workforce and community**
- **Duplication of efforts and inefficiencies in the care management of unhoused population**

The Shelter in the Storm lab had investigated many of these concerns from Jeff's perspective. The plan wasn't to redo work that others had done, but rather to build on it by enlarging the circle of systems and organizations consulted. This strategy purposefully engaged system-builders (policymakers) and system-operators (service providers) as well as system users (people with lived experience of homelessness).

The question the Challenge sought to answer was framed with this multiplexity in mind:

How might we increase access to care and deliver a collective approach to patient/client care for the unhoused population in Moncton?

Tip of the Iceberg

Implied in the Challenge question was the Housing First approach demonstrated through the At Home/Chez Soi project. As noted above, this holistic approach, which integrates healthcare into housing, is now widely considered the most effective approach to ending homelessness. The Canadian government's current policy structure for ending homelessness, for example, identifies Housing First as the preferred basis for funding applications:

... Housing First remains a federal priority for all funding streams, recognizing that immediate access to permanent housing is the solution to homelessness, and that some people will need additional support to establish and maintain their housing, particularly those with deeper levels of need or longer periods of housing instability.[10]

In convening the Challenge, therefore, the organizers felt they already had the answer to the question "What do we need to do?" Their aim was to explore the How.

10. *Reaching Home directives.* https://housing-infrastructure.canada.ca/homelessness-sans-abri/directives-eng.html

That line of inquiry would, however, open up a messy, multi-system exploration that surfaced significant other questions, such as these:

- **What has made it so difficult for the Moncton community to act on evidence-based knowledge?**
- **What has made it so challenging for Moncton to move forward with system-scale solutions when other Canadian communities have significantly reduced homelessness?**[11]
- **What makes it so hard to collaborate across different social systems and parts of systems?**

Although the homelessness situation in Moncton had been examined in depth, once the Challenge got going, it became clear that there was much left to discover. As is typical of complex social issues, especially those involving multiple systems, only the tip of the iceberg had previously been visible.

Beneath the observable trends and research findings, the fragmented structure of various, disconnected social structures had not yet been thoroughly probed. Nor had previous investigations fully exposed the web of relationships required to knit those structures together and make them fully functional.

As the Challenge unfolded, participants embarked on a discovery journey that showed how fragmented and fragile that web currently is.

The innovative methodology guiding the Challenge led participants away from merely creating copycat versions of solutions practiced elsewhere. Such solutions can generate a feel-good vibe in the moment because they create the illusion of rapid progress. But a 100-Day Challenge to solve a complex social problem is not an overnight hackathon, and solutions replicated in haste aren't likely to be sustainable in the local context without strong, collaborative relationships to support them.

Resisting oversimplification, the Challenge pushed participants deeper into the problem. It enabled them to consider barriers to ending homelessness in terms of hidden obstacles hindering collaboration and coordination.

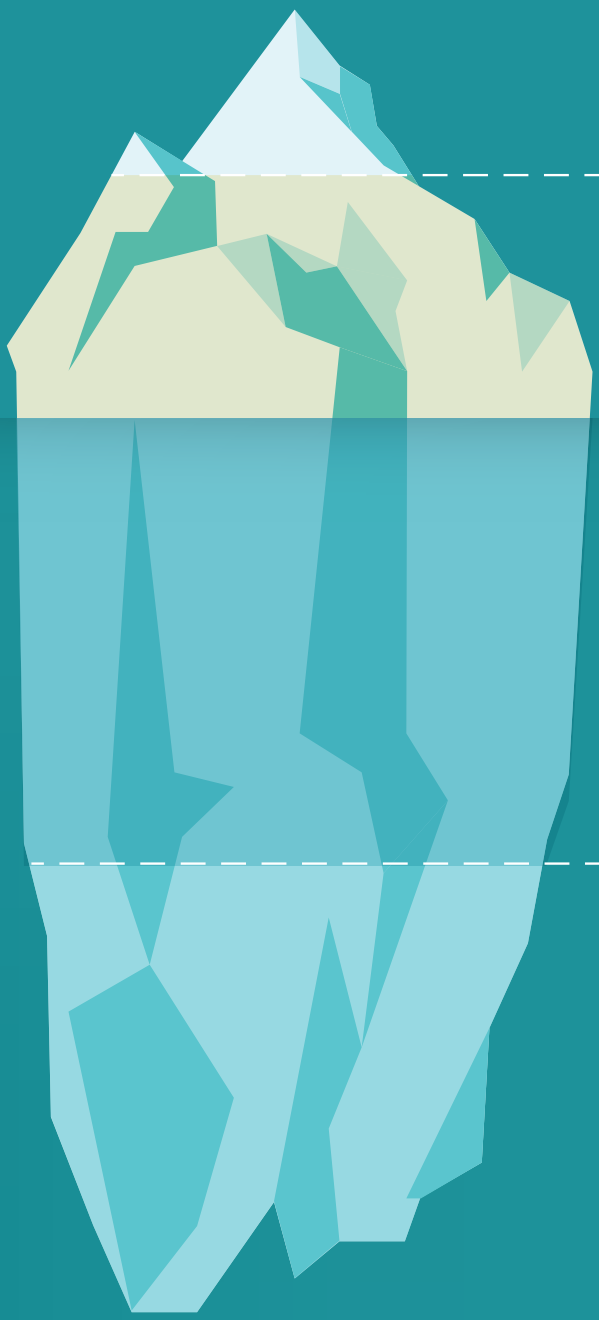
AS THE GRAPHIC BELOW EXPLAINS, THESE OBSTACLES FORM THE SUBMERGED PART OF THE ICEBERG, THE ROOT CAUSES THAT AREN'T APPARENT UNTIL YOU INTENTIONALLY DIG BENEATH THE VISIBLE BASE.

11. In April 2025, the Canadian Alliance to End Homelessness reported on three Ontario communities that have recently reduced chronic homelessness by 13 to 32%. See Bright spot: How 3 Canadian communities are reducing homelessness. (2025, Apr 10). https://caeh.ca/bright-spot-how-3-canadian-communities-are-reducing-homelessness/

Iceberg Model of Moncton's Homelessness Crisis

VISIBLE

INVISIBLE



EVENTS

Incidents drawing attention to the issue, such as the establishment of a new encampment or complaints from downtown business owners

PATTERNS + TRENDS

- Increasing numbers shown in HDC Point-In-Time Counts
- Two-year study of Housing First approach (At Home/Chez Soi project from 2011-2013)
- Turnkey solutions developed elsewhere

SYSTEMS + STRUCTURES

- Gaps between multiple systems (e.g., health, justice, homelessness response, social services)
- Nonexistent or weak relationships between different systems or parts of systems

MENTAL MODELS

- Beliefs and attitudes that interfere with service delivery, such as attaching a stigma to homelessness
- Lack of trust between systems or parts of systems

The Methodology Behind the Challenge

The Health and Housing Resilience Challenge followed a proven methodology, which the Pond Deshpande Centre has adapted from the American NGO, Re!nstitute.

Re!nstitute has used the framework of the 100-Day Challenge to create customized solutions to homelessness in more than 100 U.S. cities. These community-based initiatives have housed more than 37,000 people.[12]

A key factor in this success is the innovative, collaborative culture nurtured through the Challenge's three-phase process. Diverse communities come together—including people with lived experience, service providers, and policymakers—to engage in a series of structured activities that break through siloed thinking and design novel solutions.

The innovation journey is unmapped because the problem involves so many players and pieces. Individually, the people participating in the process see part of the problem, but its full depth and breadth isn't disclosed until everyone shares their knowledge.

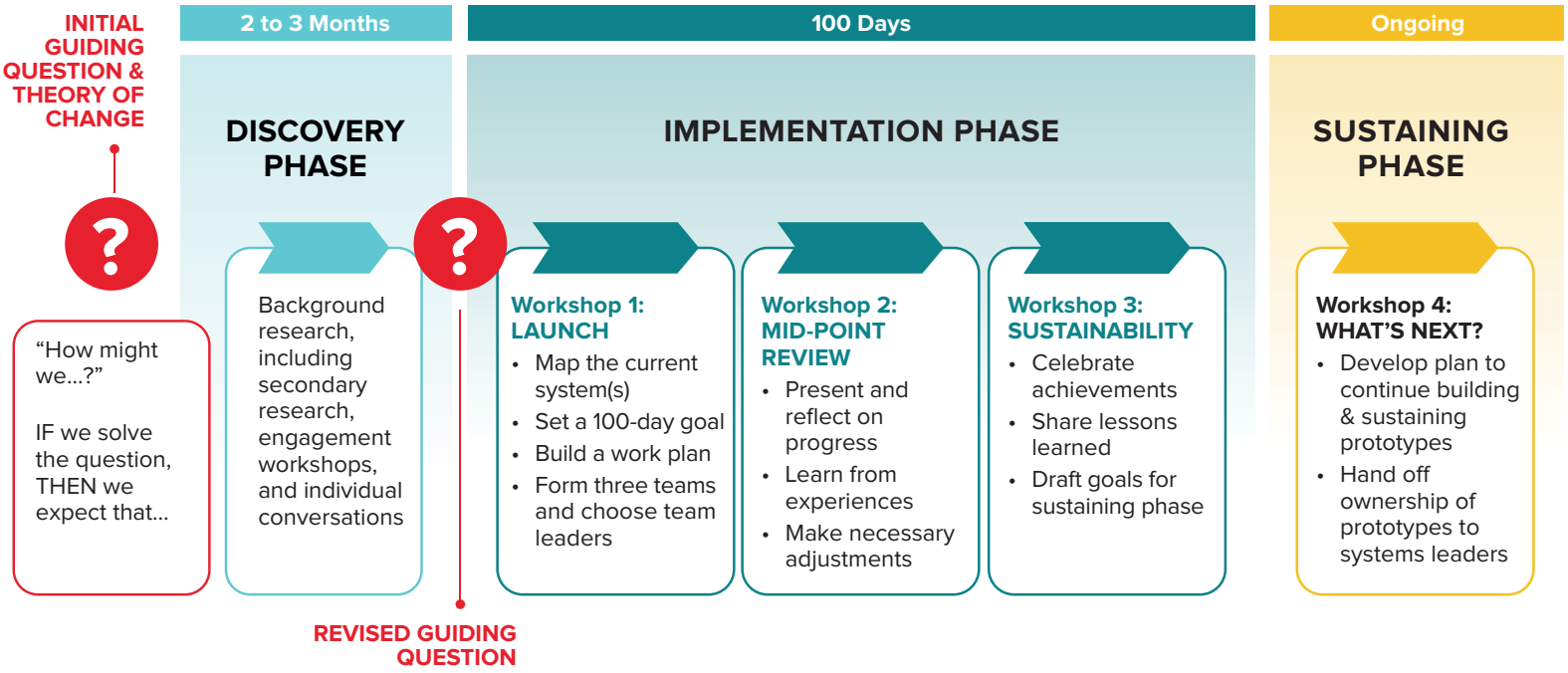
Unpredictability is, in fact, a chief characteristic of any innovative design process. If you have a clear picture of the solution you want to create going into the process, then you're not really headed for innovation. The innovation route is, by definition, something you can't predefine.

Dr. Nathan Furr, Professor of Strategy and Innovation at INSEAD, one of the world's top business schools, puts it this way: **"where there's no uncertainty, there's no innovation. Uncertainty is the soil out of which innovation grows."**[13]

THE FIGURE BELOW DESCRIBES THE FRAMEWORK THAT GUIDES THE 100-DAY CHALLENGE AND THE ACTIVITIES THAT DRIVE CREATIVITY AND COLLABORATION AT EACH STAGE. FOR A MORE IN-DEPTH EXPLANATION, PLEASE SEE THE NOTES PANEL BELOW THE DIAGRAM.

12. Re!nstitute. *Housing and Homelessness.* Re!nstitute website. https://re-institute.org/our-impact/housing-and-homelessness

13. Furr, N. (2016, July 4). Embracing uncertainty for innovation. INSEAD blog. https://knowledge.insead.edu/strategy/embracing-uncertainty-innovation. INSEAD is the Institut Européen d'Administration des Affaires, a global business school with campuses in Europe, Asia, the Middle East, and the U.S.



NOTES:

- **Initial Guiding Question.** This is framed to spark participants' imagination and steer them toward blazing new paths rather than following the trail of conventional problem-solving.

  The Guiding Question always starts with "How might we...". For the Health and Housing Resilience Challenge, it was first stated as "How might we increase access to care and deliver a collective approach to patient/client care for the unhoused population in Moncton?"

- **Theory of Change.** This is the logic behind the Guiding Question. It spells out how solving the How Might We question should deliver meaningful, sustainable results.

  The theory of change can be expressed as an If/Then statement. For example: ***IF*** *we make it easier for people experiencing homelessness to access housing without conditions,* ***and IF*** *we integrate into that housing support services for physical and mental health (including addictions),* ***THEN*** *we will reduce both homelessness and drug use.*

- **Discovery Phase (2 to 3 months pre-launch).** The discovery phase looks different for each Challenge. The purpose of this crucial stage is to uncover background knowledge to help refine the Challenge Question and guide participants as they engage with the question and create solutions to address it. During this stage, Challenge organizers also recruit participants.

- **Revised Guiding Question.** A thorough Discovery Phase tends to result in rethinking the Challenge Question. As new information emerges, the question may shift the focus of the investigation or target a narrower query.

- **Implementation Phase.** Through three onsite workshops, Challenge participants work in teams to examine the How Might We question from multiple perspectives and develop a prototype, a design for a possible solution. As part of this process, they receive feedback from other teams, and sometimes people from outside the Challenge, so they can refine their prototype.

- **Sustaining Phase.** Through a What's Next? workshop, participants develop an action plan to ensure that their prototype launches successfully and takes root in the community.

THE CHALLENGE STEP BY STEP

Discovery Phase

Background research to frame the Health and Housing Resilience Challenge involved three main activities:

PHASE 1

INTERVIEWS WITH SECTOR LEADERS. The Challenge facilitators from the PDC conducted interviews with the healthcare and homelessness response sectors. These conversations revealed key themes about challenges involved in collaborating across departments, organizations, and systems to meet the needs of people experiencing homelessness who have complex health histories.

FROM DIFFERENT PARTIES, FACILITATORS HEARD CERTAIN INSIGHTS REPEATED:

Siloed systems create stressful working conditions. Fragmentation leads to burnout among providers, who struggle to keep up with changes, navigate disconnected networks, and deliver cohesive support.

Reactive orientation results in band-aid solutions. Systems are currently set up to be reactive, responding to crises as they arise rather than proactively addressing underlying issues or slowing the inflow.

Complex needs are difficult to meet. Multifaceted health and social concerns require a coordinated and comprehensive approach, sometimes involving a dozen or more parties.

Stigma interferes with service delivery. Stigma associated with being unhoused impedes progress towards eliminating homelessness.

Inconsistency breeds distrust: Contradictions in policies and systemic failures lead homeless people to distrust the systems meant to serve them.

PHASE 2

RESEARCH CONDUCTED BY NURSING STUDENTS. Four nursing students investigated the working conditions of front-line workers serving the homeless population. They examined "workforce burnout, barriers to collaboration among the healthcare workforce and community, and inefficiencies in the care management of the unhoused population, such as duplication of services."[14]

As part of this project, the students designed and distributed a survey of healthcare workers serving the homeless population. In their final report on this study, they identify barriers to collaboration and inefficiency among healthcare workers, including funding shortfalls, rigid eligibility requirements, technology limitations (especially the ability to share data across systems), and lack of time. They also point to team-oriented models of care and the Housing First approach as possible ways to overcome these obstacles

PHASE 3

CONSULTATION WITH O STRATEGIES. Cory Herc, who had helped lead the Shelter in the Storm lab, provided valuable background information. To promote knowledge transfer between Shelter in the Storm and the 100-Day Challenge, Cory also joined the Challenge as a facilitator.

DURING THE DISCOVERY PHASE, THE CHALLENGE FACILITATORS ALSO RECRUITED 10 SYSTEMS LEADERS AND A DIVERSE ROSTER OF MORE THAN 35 CHALLENGE PARTICIPANTS.

Systems leaders were people holding leadership roles in their sector. Sectors engaged in the Challenge included research, healthcare delivery, provincial government, municipal government, and police, and homelessness response.

Participants included academics (from UNB's Faculty of Nursing), leaders from the Horizon and Vitalité health networks, representatives from provincial departments (Health and Social Development), not-for-profits serving people experiencing homelessness, and staff from the national advocacy organization Canadian Alliance to End Homelessness.

Because the intent was to examine systemic issues from within the system itself, the Challenge team recruited mainly policymakers and service providers. To balance this internal perspective, they also involved people with lived experience. One person with lived experience was on a Challenge team, and facilitator Cory Herc brought another first voice to the discussions. In addition, an Advisory Table of six people with lived experience, which had formed through Shelter in the Storm, contributed significantly to the Challenge's outcomes. This group provided feedback on the team prototypes (see "Sustainability Phase" below), and they attended a briefing by nursing students after the Challenge had officially ended.[15]

14. Harris, L. Toledo, A., Pryimak, N., & Zaiachuk, M. (2024). *Empowering Moncton's Frontline Workers: Unifying Care for the Homeless Population.* [Unpublished manuscript.] University of New Brunswick.

15. Two groups of nursing students contributed to the Challenge. One group did background research before the Challenge began, and the other did follow-up research after the Challenge ended. The timing of the students' involvement was determined by their academic calendar as participation in the Challenge counted toward course credit.

Implementation Phase: Launch

On July 30, 2024 systems leaders and participants gathered in person for a two-day Launch workshop.

Drawing on insights gleaned through the Discovery phase, Challenge facilitators presented a revised Guiding Question:

How might we address the complex and urgent needs of individuals transitioning from homelessness to ensure their long-term well-being and the sustainability of their housing situation?

Using this revised question as their starting point, and staying mindful of the emphasis on wellbeing stated in the original question, each team then formulated their individual Guiding Question.

THE TABLE BELOW SHOWS THE MEMBERS OF THE THREE CHALLENGE TEAMS AND THE GUIDING QUESTION EACH TEAM FORMED DURING THE LAUNCH WORKSHOP.

Team	Issue	Team Members	Guiding Question
Stigma	Addressing stigma among healthcare workers and the broader society	› Andrea Anne, United Way Moncton › Claire Williams, NP, UNB Nursing › Jocelyne Gallant, Horizon Health Network, Mapleton Road Clinic › Janis Mallet, Salvus › Marie-Cécile Léger, Vitalité Health Network › Murielle Doucet, Horizon Health Network › Sarah Doucet, Dept. of Social Development › Tara-Lynn Pitre, Horizon Health › Cory Herc, Co-creator, O Strategies	How might we break down stigmas of those that are and have experienced homelessness to ensure that they feel part of community and are able to obtain and retain their housing sustainability?
Workforce	Developing a supported workforce to provide care for people experiencing homelessness	› Josée Poirier Dickinson, Horizon Health Network › Ana Larade, Youth Impact › Dale Hicks, Rising Tide › Dr. Kelley Scott-Storey, UNB Nursing › Melanie Richard, Vitalité Health Network › Ashley MacBeth, Dept. of Social Development › Dr. Ali McGill, UNB Nursing › Chantal Legere, Vitalité Community Health Clinic	How might we help build a holistic support team to effectively keep precariously housed people housed, focusing on building trust in this team and their contribution to their journey towards healthy, sustainable housing?

Issue	Issue	Team Members	Guiding Question
Patient-Centred Policy	Revamping policy to make it patient-centred	› Monique Brideau, Vitalité Health Network › Sue MacDonell, Harvest House › Anne Arseneault, Addiction & Mental Health NB, Dept. of Health › Gisèle McLaughlin, Regional Senior Program Advisor, Dept. of Health › Liam Murphy, United Way Greater Moncton and SENB › Joanne Murray, Dept. of Social Development › Amanda Fielding, Youth Impact	How might we ensure policies are flexible enough to accommodate a wide range of needs?

Five days after the Launch workshop, on August 5, the 100-Day Challenge clock officially began ticking. To prepare for the mid-term review, teams worked on identifying their audience, intended outcomes, and means of assessing impact. They also created an action plan for their project.

The teams were supported throughout the Challenge by the systems leaders and other collaborators, as shown in the chart below.

SYSTEMS LEADERS AND OTHER COLLABORATORS

Systems Leaders:	Lorna Butler	UNB Faculty of Nursing
	Vincent Merola	City of Moncton
	Trevor Goodwin	RCMP
	Sara Tessier	Northpine Foundation
	Katie Davey	Pond-Deshpande Centre at UNB

Other Collaborators:	Senator Joan Kingston	Senate of Canada
	Chantal Legere	Vitalité Health Network
	Bronwyn Davies	Dept. of Social Development
	Greg Bishop	Human Development Council
	Benoit Bergeron	Vitalité Health Network
	Rachel Boehm	Horizon Health Network
	Elizabeth (Beth) Pavlovic	UNB Faculty of Nursing
	Kathleen Buchanan	Salvus
	Jonathan Cornect	Horizon, Addiction and Mental Health NB
	Serge Bourque	Addiction and Mental Health NB, Dept. of Health
	Marc Belliveau	Harvest House

Other Collaborators:	Tasha Laroche	Dept. of Social Development
	Kerri Flemming	Community Housing Transformation Centre
	Dawn Wheadon	Canadian Alliance to End Homelessness
	Robyn LeBlanc	Canadian Alliance to End Homelessness
	Kristen Seely	Salvus Clinic
	Nathalie Mazerolle	Dept. of Health
	Stéphane Bérubé	Dept. of Health
	Rebecca Roussel	Dept. of Social Development

Implementation Phase: Mid-term Review

On September 17, 2024, Challenge facilitators and participants re-assembled to share preliminary ideas and exchange feedback.

Common Themes

Although the three teams had been addressing different aspects of the homelessness response system(s), each team pointed out similar strains within the system. These included stress and burnout among workers and obstacles to collaboration and coordination.

Technology appeared at the top of the list of such barriers. Currently, the system used to track the homeless population, the Homeless Individuals and Families Information System (HIFIS), does not connect with healthcare systems. Privacy regulations prevent the two systems from sharing information. For example:

- **If a homeless person is admitted to a shelter and experiences a health incident there, the shelter operators can't access the person's health record to get background information or update the file.**
- **When a homeless person interacts with the health system, say through the emergency room, then the healthcare practitioner has no way of sharing information with other service providers.**
- **In the case of a disease outbreak, a healthcare practitioner can't locate and contact a homeless person to recommend a vaccine.**

Due to such information gaps, the person experiencing homelessness, who typically requires care from multiple systems, lacks an integrated digital identity. Consequently, the care they receive tends to be poorly informed and fragmented.

Since the Challenge, discussions about integrating health records with HIFIS records have been continuing at different levels of the health and homelessness response systems. Technological innovation to improve information sharing could go a long way to enabling a more integrated, health-oriented approach to addressing Moncton's homelessness crisis.

Initial Prototypes

THE TABLE BELOW SHOWS THE INITIAL PROTOTYPES CREATED BY EACH TEAM, ALONG WITH THE TARGET OUTCOMES.

Team	Prototype	Desired Outcomes
Stigma	Video featuring a person with lived experience of homelessness, targeted to healthcare workers and nursing students	› Increased empathy for people experiencing homelessness › Better treatment of people experiencing homelessness on the part of healthcare practitioners, landlords, and others
Workforce	Integrated care model (Housing First model) that would function effectively across systems	› Improved coordination between systems and parts of systems › More resources for acute cases › More retention of housing
Patient-Centred Policy	How might we ensure policies are flexible enough to accommodate a wide range of needs?	› Avoid mismatches between policy and real needs › Create pathways to advocate for client needs

At this point, however, the Challenge had to take a break while New Brunswickers prepared for a provincial election, so the 100-Day Clock paused for the campaign period and restarted the day after the election.

Implementation Phase: Sustainability workshop

On November 26, 2024 (Day 77 of the resumed Challenge), the three teams came together once again. This time, their task was to present their modified prototype, to summarize what they'd learned through the Challenge process, and to outline their sustainability strategy, a plan for moving their prototype off the drawing table and into action.

Besides receiving input from other teams, each team also presented their prototype to the Advisory Table of people with lived experience of homelessness.

Team Presentations

Below is a summary of what each team achieved, what they learned, and the questions their efforts opened up for further investigation.

Since much of the teams' time had been spent considering different examples of people moving through systems, each summary includes a snapshot from the life of our fictional homeless person, Jeff.

Team 1: Stigma

Refined Guiding Question:

How might we break down stigmas of those that are and have experienced homelessness to ensure that they feel part of community, and are able to obtain and retain their housing?

Achievements:

- In collaboration with students from the IDEA Centre (an entrepreneurship centre run by the Anglophone East School District), created a sample video telling the story of a person experiencing homelessness.
- Following the Challenge, conducted a small research study (31 participants) to evaluate the impact of the video on how nursing students perceive people experiencing homelessness. Participants completed two surveys with nursing students, evaluating their attitudes toward people experiencing homelessness before watching the video and afterwards.

Learnings:

- The research study showed small shifts in perception, but it was not clear that these were statistically significant. Changing public attitudes toward people experiencing homelessness is a complex task that will take more than a single video or a single campaign.
- Video storytelling shows potential as a means of bringing the voices of people with lived experience into nursing education

Next steps:

- How can co-creative storytelling help change the narrative concerning homelessness among the public?
- What strategies and techniques have been used successfully elsewhere?
- What key relationships need to form to support this work?

Jeff, a 33-year-old homeless man
living without shelter in downtown Moncton

The risks of storytelling

In their feedback to the Stigma team, the Advisory Table pointed out that people with lived experience of homelessness may have mixed feelings about telling their personal story. On the one hand, they may be eager to collaborate on awareness-raising or advocacy campaigns. On the other hand, they may want to keep private parts of their history that could influence people to view and treat them negatively.

Remember, for example, our fictional person with lived experience, Jeff? Let's say you're recruiting first voices for a video series that will document the transformational impact of the Housing First model. Jeff moved into supportive housing seven months ago, and since then he has entered a recovery program for his meth addiction, started studying for his GED, and secured a part-time job stocking shelves at a warehouse. From where you sit, he looks like the perfect candidate to star in a storytelling video.

From Jeff's perspective, however, the thought of exposing his life to the world makes him wary of the project. Just thinking of the scenes he'd have to mentally revisit makes him feel anxious. He has also started to make friends with some of the other workers at the warehouse; he doesn't want to taint their image of him by painting a picture of himself that is no longer accurate.

People with lived experience aren't stories to be captured. They're potential collaborators deserving of respect and choice.

Team 2: Workforce

Refined Guiding Question:

How might we address knowledge gaps around available services and supports for individuals transitioning to supported housing?

Achievements:

- The team created four different fictional representatives of the homeless population (personas like Jeff).
- For each persona, the team tried to map the character's journey from an initial point of contact with a social system (such as a visit to a foodbank or a mobile clinic) to stable housing. They were unable to find a viable path for any of the four personas.

Learnings:

- To a person experiencing homelessness, the intertwined social systems they interact with form a labyrinth that's confusing and almost impassable. This is also true to people working within the system, who often don't know where to refer someone for the help they need.
- Many homeless people have multiple medical and social needs, layered on top of each other, and that makes it difficult for a single service provider to respond appropriately. In some situations, it may take a dozen or more professionals from different systems to convene an emergency meeting and develop an action plan.

Next steps:

- How can we make the labyrinth of services more visible and easier to navigate, for both people experiencing homelessness and people serving them?
- Through research partially funded by PDC, Dr. Ali McGill will pursue this question and develop a visual roadmap of the health and homelessness response systems. This tool will then enable policymakers to move toward a Housing First approach that integrates health services.
- How can we foster connection and collaboration among different nodes in the systems that form the labyrinth?

Confusion On Both Sides of Service Delivery

In a typical month, Jeff engages with service providers from multiple systems. For example, he connects with his parole officer, Hugh, every Friday. Twice a week, he meets with his mental health and addictions counsellor, Melanie. Each weekday morning, he attends GED classes, where he connects with three different instructors: Adelle, Yan, and Ankit. In addition, he periodically consults the nurse practitioner who runs the mobile clinic. From time to time, he also interacts with staff from the Department of Social Development regarding the financial assistance he receives.

None of these front-line workers is, however, familiar with the others. Hugh has never met Melanie, the GED instructors, the nurse practitioner, or any of the other people whose job it is to support Jeff as he reintegrates into society after being incarcerated.

This frequently results in what Jeff calls "runarounds." For instance, when Melanie suggested he look into taking a course through NBCC, she didn't know where to direct him. Jeff asked his GED instructors for help, and they didn't have any suggestions either. Because Jeff doesn't have easy access to the Internet, he had to walk to the NBCC campus in person (a 40-minute trek) to get answers to his questions. Once there, he was sent from office to office, until finally an office administrator suggested he email Simon LeBlanc.

At this point, he started to lose his patience, and he treated the admin clerk more gruffly than he normally would.

"Don't shoot the messenger!" she said.

As Jeff stomped off, she sighed to a colleague: "This job gets more and more stressful every day. No wonder Sally and Bruno both had to take stress leave this semester."

Team 3: Patient-Centred Policy

Refined Guiding Question:

How might we ensure policies are flexible enough to accommodate a wide range of needs?

Achievements:

- The team mapped the journey that homelessness response organizations and healthcare organizations would need to take to support a person who is experiencing homelessness and has complex health needs. This uncovered practical barriers that impede collaboration.
- Mapping the two systems at the same time exposed gaps in both of them and the duct-tape solutions that are being used (for example, convening an ad hoc committee of a dozen or more professionals to respond to the health and housing needs of a single person).

Learnings:

- Examining the two systems together and recognizing how challenging it is to navigate encourages service providers and policymakers to view people experiencing homelessness with empathy.
- Given the complexities faced by individuals transitioning from being unhoused to finding permanent housing, we need a more cohesive approach to both policy and practice so we can provide integrated and supportive services.

Next steps:

- What gaps in policy and practice are making it difficult for the health system and the homelessness response system to cooperate?
- How can the technology systems of the healthcare and homelessness sectors better integrate?

Lost in the labyrinth

Jeff, you'll recall, has a heart condition, which is probably related to damage caused by his substance use disorder.

While he was still unhoused, Jeff went to the ER with chest pains and was told he was having a stroke. He was admitted to the hospital and ended up staying there for three weeks to undergo heart surgery and receive post-operative care.

During that time, Jeff also started working with a psychiatric nurse to address the mental health issues underlying his addiction. By the time the day came for his discharge, he felt he was solidly on the road to living a drug-free life.

But things went downhill as soon as the nurses started filling out the discharge forms. He couldn't give them a home address, and because the social worker they usually dealt with was out sick, they didn't know how to connect him with a shelter. His prescriptions were also a problem as Jeff had no pharmacy record and no money to pay for his new heart meds.

The nurses made a few phone calls and even tried to convene an informal meeting involving a community pharmacist and the social worker on call, but there was no clear path to getting straight answers. Since the bed Jeff had been occupying was needed for other patients, out the door he went, back onto the street.

It wasn't long until Jeff returned to his former lifestyle. Within two weeks, he was back at the ER, this time with a full-blown heart attack.

Feedback from the Advisory Table

The Advisory Table of people with lived experience in housing instability in Moncton brought incisive comments to help teams revise their prototypes. Each team pitched their idea to the Advisory Table as if they were appearing on Dragon's Den, and the Table responded in the same spirit—with candid feedback to help improve the draft solutions.

The opportunity to stress-test prototypes in this way illustrated the value of integrating first voices as early in the innovation process as possible. Here (paraphrased) are some of the most significant recommendations from the Advisory Table:

Team 1 (Stigma): Develop an equitable, collaborative approach to storytelling

- Recognize the need to build trusting relationships with people with lived experiencing before inviting them to become video subjects.
- Mitigate the risk of treating people with lived experience as objects to put on display before the public (acknowledge that people own their own stories).

Team 2 (Workforce): Ensure that analysis leads to action

- Avoid duplicating work done elsewhere, which could perhaps simply be adapted to the local context.
- Work toward fixing problems, not just creating an aid to navigating fragmented systems. Mapping existing services and gaps should be the first step toward setting Moncton up to become a Housing First city.

Team 3 (Patient-Centred Policy): Include first voices in the analysis

- Engage people with lived experiences in mapping policy and policymaking structures, taking precautions to protect their privacy.
- Articulate a clear pathway from analyzing systems to making change.

Following the Sustainability Workshop, the Advisory Table also submitted a detailed report, which blended first-voice

reflections with deep analysis rooted in expertise in social innovation and system change. The Table is now in the process of incorporating as a consulting firm so they can provide similar insights to other groups working toward innovative social solutions.

This development will be transformative for the Moncton homelessness response sector as it addresses a significant hurdle to designing solutions that really work. Even when policymakers and practitioners operate with the best intentions and want to engage with people with lived experience, it is difficult to gather around the same table those who run the system and those who have been let down, misled, harmed, or abused by it. Power imbalances make it difficult to create equitable conditions for sharing information and making decisions, and it takes time to build genuine, trusting relationships.

The consulting model is a breakthrough to developing truly inclusive opportunities to design truly viable solutions. It gives first voices an equal voice and enables purposeful, productive conversations. We strongly recommend that the Moncton community continue to leverage the Advisory Table's expertise as they continue to work toward reducing homelessness and the many other social issues associated with it.

Sustaining Phase: What's Next? Workshop

December 17, 2024 marked the final leg of the 100-day discovery journey. Challenge teams came together one last time, joined by the Advisory Table. In this meeting, they focused on turning their prototype into concrete action steps.

The Challenge facilitators reminded teams to keep people experiencing homelessness at the centre of their ongoing work and to continue in a spirit of empathy and collaboration.

Each team shared the insights they'd gained through the Challenge process and their hopes for their prototype. They also learned how to take a user-centred design approach to refining and launching their solution.

By the end of the workshop, each team had an action plan to keep the energy of the Challenge going and bring their prototype concept to life.

RESULTS

A New Guiding Question for Moncton

In rare cases, a front-line worker may convene an emergency meeting to address a life-and-death situation, bringing together people from different government departments (from different levels of government), health services, and homelessness response organizations. Otherwise, the different parts of New Brunswick's social systems, and their software applications, don't often talk together, despite people wanting to collaborate.

Our systems meant to address homelessness are so fractured that we shouldn't be surprised when people get lost in the labyrinth or fall through the cracks. Nor should we be astonished at the high burnout rate among healthcare workers and others serving the homeless.

We should, however, be shocked each time a person experiencing homelessness makes it through the labyrinth to find their way to the services and supports they need. The system is so disconnected that it places hurdle after hurdle in front of them.

The Health and Housing Resilience Challenge has generated a new, burning question to guide Moncton's response to the homelessness crisis:

How might we create more formal and informal paths for collaboration as the next step toward creating a Housing First community, supported by integrated care?

Each of the three prototypes revealed the need for more formal methods of collaboration within the different systems involved in the homeless response as well as between systems. We must build stronger relationships to reconnect broken links and create clearer, more accessible pathways to housing and health. This effort should:

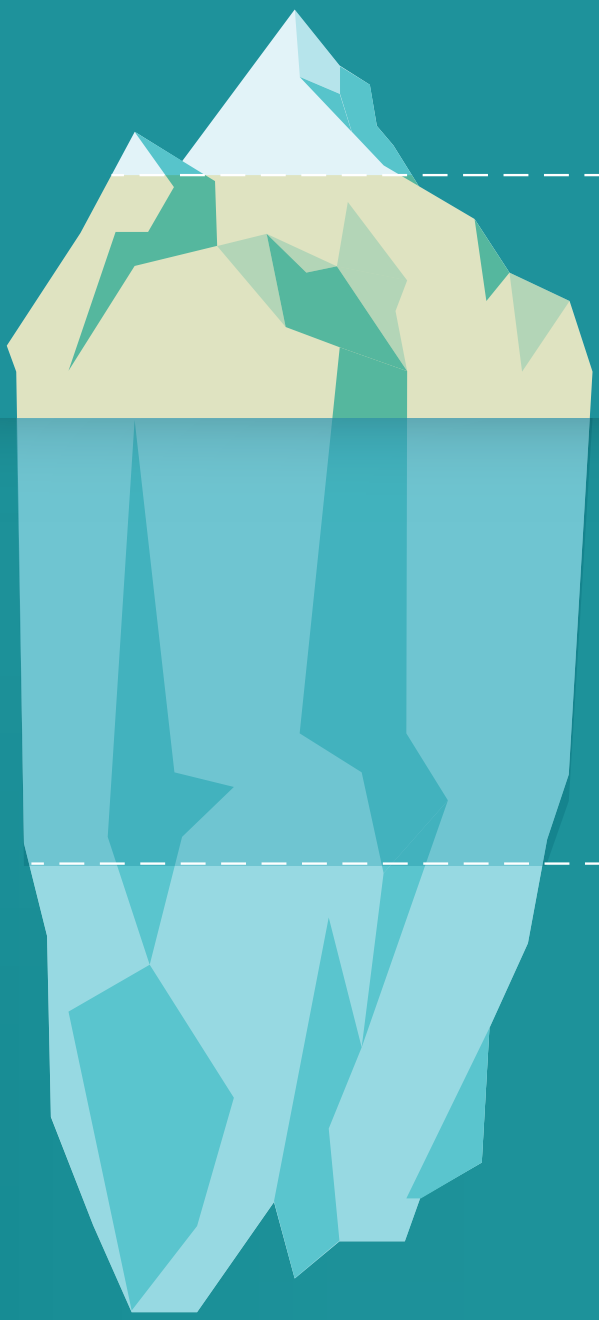
- **Reduce the stigma associated with homelessness by educating healthcare workers on how to interact empathetically with people experiencing homelessness**
- **Alleviate stress and burnout among workers frustrated by obstacles to providing the services people experiencing homelessness need, including technology barriers**
- **Connect policymakers to the leaders, front-line workers, and people with lived experience who can help co-create a Housing First policy framework that includes integrated care**

THIS IS THE BOTTOM-OF-THE-ICEBERG WORK IT TAKES TO DRIVE GENUINE CHANGE AT THE SYSTEMS LEVEL, AS THE GRAPHIC BELOW ILLUSTRATES. AN INTERCONNECTED, INTERFUNCTIONAL HOMELESSNESS RESPONSE SYSTEM—BUILT ON TRUST AND COLLABORATION—FORMS AN ESSENTIAL BASE UPON WHICH WE CAN BUILD POSITIVE TRENDS.

Iceberg Model Based on Interfunctional Social Systems

VISIBLE

INVISIBLE



EVENTS

Positive stories of people successfully transitioning from unhoused to house.

PATTERNS + TRENDS

- Decreasing numbers in Point-in-Time counts
- Reduced stress on health and social services and the workers who provide them
- Moncton's approach to Housing First becomes a model for other municipalities

SYSTEMS + STRUCTURES

- Strong connections and trust between systems and parts of systems
- Policy framework that enables a holistic approach to health and homelessness
- Ongoing conversations about ways to improve

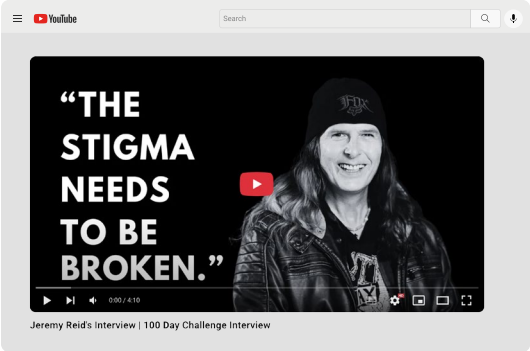
MENTAL MODELS

- Empathy and understanding for people experiencing homelessness, among frontline workers and the public
- Homelessness and health are seen as intertwined

Tangible Outcomes

The prototypes produced by Challenge teams are now progressing to the next stage:

1



The video produced by the Stigma team has been taken up by the Greater Moncton Homelessness Steering Committee (GMHSC), a federally funded organization that brings together not-for-profits and government agencies who are working to end homelessness. GMHSC recently used the video to effectively counter NIMBYism in Dieppe. ("NIMBY" stands for "not in my backyard." It's shorthand for a community's opposition to place supports for the homeless in their neighbourhood.)

2

In 2026, Dr. Ali McGill will start creating a visual map of Moncton's ecosystem of support for people experiencing homelessness. She will do this on-the-ground research not merely for the sake of surveying the systems. The goal will be to identify gaps, recommend corrective actions, and lay the groundwork for designing a made-for-Moncton version of Fredericton's downtown clinic.

Other Encouraging Developments

Since the Challenge, many collaborative discussions about health and homelessness have been continuing, and others have started. For example:

- Some Challenge participants have joined the **Greater Moncton Homelessness Steering Committee (GMSHC)**.
- **Elizabeth (Beth) Pavlovic** of UNB's Faculty of Nursing, Moncton campus, and **Claire Kelly** of Moncton's Community Incubator recently visited Outflow Ministries in Saint John to see the transitional spaces they're building to accommodate people experiencing homelessness who have just been discharged from the hospital. They are interested in exploring the possibility of bringing a similar model of post-hospital care to Moncton.
- Kelly and Pavlovic are also collaborating on an **experiential learning project** that could place UNB nursing students and Université de Moncton social work students in shelters.
- **The Department of Social Development** has committed to investing in supportive housing (the Housing First model) across New Brunswick. Premier Holt's mandate letter directs the department to "Provide wraparound services to those experiencing chronic homelessness, starting with housing, and support a community case management approach."[16]
- **The Department of Health** has also launched a pilot project through the New Brunswick Extra-Mural Program, which will enable nurses to regularly visit shelters.

16. https:/w/www.gnb.ca/en/gov/contacts/members-executive-council/mandates-letters/mandates-miles.html

Improvements to the Challenge Process

Each time we facilitate a 100-Day discovery journey, we discover ways to improve the process itself. Through the Health and Housing Resilience Challenge, we learned important lessons about consulting with people with lived experience and conducting thorough background research.

ENGAGE EARLY AND OFTEN WITH FIRST VOICES

Each of the teams benefited from the insights delivered by the Advisory Table, and we recognize that all the final prototypes could have been improved through earlier feedback from that group.

Asking for the Table's input earlier on would also have made it easier for Challenge participants to embrace the feedback. (When you've spent months approaching a solution from one perspective, it can feel jarring to suddenly encounter a radically different perspective.)

As we look ahead to upcoming Challenges, we've learned how critical it is to build into our innovation process a formal way to hear from first voices. Structural issues call for structural solutions, and the Advisory Table construct has proven a powerful tool for redressing the power imbalances and trust issues embedded in our flawed systems.

DIG DEEPER IN DISCOVERY

Conducting deeper background research before a Challenge launch will enable us to better clarify the objectives and scope of each innovation journey we facilitate. A hundred days is not a long time to get oriented to and then grapple with a multiplex issue, and teams would benefit from a more precise description of the issues and expectations early on. Going forward, defining our scoping process will help busy participants make the most of the valuable time they invest in the Challenge and produce more targeted solutions.

RECOMMENDATIONS

A 100-Day Challenge is a catalyst for ongoing innovation, and since the Challenge officially ended, the PDC team has continued to engage with participants. Some of the recommendations below emerged during the Challenge while others have developed through later conversations.

1. We recommend that anyone creating video stories of people with lived experience of homelessness follow the Guidelines for Amplifying First Voices Through Video provided as Appendix C. These guidelines draw on insights shared by the Advisory Table.

2. We urge the City of Moncton not to let Dr. McGill's mapping exercise end up on the shelf. It should be considered the first phase in the larger project of creating a made-for-Moncton version of the Fredericton Downtown Community Health Centre. (See Appendix A for a description of the Fredericton model.)

Such a clinic must reflect the special characteristics of the Moncton environment, including its bilingualism and its dual health care system. It should provide primary health care as well as wraparound services, training for student nurses and social workers, and research opportunities. It is essential that this clinic collaborate closely with Salvus Clinic and other relevant clinics in Moncton.

See Appendix B for further details about how we recommend that the City of Moncton collaborate with Dr. McGill to turn her research into concrete results.

3. We strongly encourage the City of Moncton to increase the number of staff on the housing and homelessness file. For a municipality of its size, it is seriously under-resourced.

During the Challenge, we saw how difficult it was for the City to engage meaningfully throughout the full 100 days because the burden of participation fell on just one person. According to a contact at Canadian Alliance to End Homelessness, Moncton-sized cities typically employ three or more people on this issue.

We recommend that the City of Moncton establish a more appropriately sized team to tackle homelessness. At a minimum, we would like to see a second (bilingual) staff member hired within the next year, and a plan to expand from there.

MORE TO COME

In Fall 2025, the PDC will feature the Health and Housing Resilience Challenge, along with other innovation projects it has guided, in a virtual showcase.

This will be a great opportunity to hear from Challenge participants how their discovery journey has impacted the way they approach the homelessness crisis now.

Moncton's journey toward becoming a Housing First community is underway, and it will take many other collaborators to make the vision a reality. We invite you to become part of the conversation at the showcase and help make Moncton a safer, healthier city for everyone.

To find out more, stay connected with us through our newsletter. If you're not already a subscriber, sign up here.

Appendices

Appendix A: Overview of the Fredericton Downtown Community Health Centre

Jointly supported by Horizon Health Network and the University of New Brunswick's (UNB) Faculty of Nursing, the FDCHC functions as a clinical, research, and educational hub. It provides a unique model of service delivery and clinical education that addresses the complex needs of vulnerable populations. The model also prepares the next generation of nurses and healthcare providers to work with those populations in team-based settings.

A Community Health Hub

The FDCHC delivers comprehensive, team-based primary care to individuals who face multiple barriers to accessing mainstream healthcare. The centre serves as a trusted care site for people experiencing homelessness, individuals with mental health and substance use challenges, newcomers to Canada, and those living with chronic conditions in contexts of poverty, trauma, or social isolation.

What sets the FDCHC apart is its interdisciplinary model, which includes:

- Nurse practitioners, physicians, infectious disease specialists, registered nurses, occupational therapists, respiratory therapists, and dietitians
- Social workers and outreach teams
- Harm reduction services and a community access room
- Partnerships with settlement agencies and housing organizations

This integrated approach enables FDCHC to address many nonmedical factors that impact health, such as stable housing, income, food security, and trauma histories. It does this in ways that are trauma-informed, culturally responsive, and grounded in building authentic relationships.

Training the Next Generation of Nurses

The UNB Faculty of Nursing has integrated clinical placements at the FDCHC into its undergraduate and graduate nursing programs, allowing students to:

- Engage directly with marginalized populations
- Learn the principles of trauma- and violence-informed care
- Practice system navigation, advocacy, and culturally safe communication
- Collaborate with interdisciplinary teams in real-time clinical settings

Faculty from UNB provide on-site mentorship, reinforcing learning outcomes that align with evidence-informed nursing practice and provincial workforce development priorities.

This collaboration ensures that New Brunswick's future health workforce is equipped with the competencies needed to work in team-based primary care models and serve diverse populations with empathy, skill, and awareness of systemic inequities.

Appendix B: Laying the Groundwork for a Moncton Integrated Care Clinic

Dr. Ali McGill's research study could become part of a larger project to create a blueprint for an integrated health clinic in downtown Moncton.

Such a clinic could share the approach and core values of the Fredericton Downtown Community Health Centre but reflect the specific needs of the Moncton community. For example, it could be:

- A central hub providing nurse-led primary care, social support (e.g., food cupboard, housing connections), and community space
- Staffed by UNB and Université de Moncton nursing faculty and social work students
- Rooted in the existing network of service providers, such as Salvus, RECAP, and the Community Hub on Joyce
- Led by a coalition including the City of Moncton, UNB, Université de Moncton, and community partners
- A place of ongoing learning, where teaching, training, and research take place

What would it take to integrate Dr. McGill's research into an actionable plan to create such a community asset? Following are suggested next steps the City of Moncton might use to guide the process.

Phase 1: Initiation & Governance

- Establish a steering committee (City of Moncton, UNB, Université de Moncton, Salvus, RECAP, YMCA ReConnect, Harvest House, John Howard Society, etc.).
- Define study scope: environmental scan, needs assessment, model development.

Phase 2: Environmental Scan & Engagement (Dr. McGill's research)

- Map existing services, programs, and supports (English/French).
- Identify gaps, overlaps, and bottlenecks in care provision.

Phase 3: Needs Assessment & Feasibility (this phase could run in parallel with Phase 2)

- Assess demand and health needs (ER usage, wait times, primary care shortages).
- Compare models (Fredericton's clinic and others across Canada).
- Evaluate site options, staffing, governance models, and costs.

Phase 4: Model Development & Partnership

- Co-design the Moncton model with stakeholders.
- Integrate teaching/research components.
- Develop partnership and funding frameworks.

Phase 5: Creation of Clinic Blueprint

- Produce a description of the model and funding framework.
- Outline implementation pathway: pilot project, phased rollout, evaluation.

Appendix C: Guidelines for Amplifying First Voices Through Video

The following guidelines will help you conduct interviews with people with lived experienced of homelessness in a way that respects their privacy and dignity.

1. Make your guest comfortable. Make sure the seating is comfortable and you have water available. You may also want to offer an object for your guest to handle if they feel fidgety due to anxiety (a stress ball or fidget spinner, for example).

2. Remember that the person you're filming owns their story and their identity. Approach the interview with equal measures of curiosity and respect. You are entering into someone's private life, so tread lightly and cautiously, mindful that you step forward only with the interviewee's permission.

Something like the First Nations principles of data sovereignty (Ownership, Control, Access, and Possession, or OCAP) applies here. The interviewee is in charge of their story, and they get to decide how and with whom it's shared. With that in mind, always make sure that the interviewee has final approval regarding the finished video (a point you may want to reiterate during the filming and editing process).

3. Respect boundaries. Full stop. If the interviewee seems reluctant to talk about a subject, back off. If they're not comfortable with a certain posture or camera angle, adjust. If they change their mind about speaking with you on camera, make it easy for them to bow out of the interview.

4. Be mindful of vulnerabilities. A person who has experienced homelessness may be concerned about sharing their story publicly because of possible repercussions. For example, they may be worried about exposing secrets they have never told friends or family. Or they may be concerned that a person from their past could locate them through the video. As the teller of their story, the interviewee has the right to censor themselves without apology.

5. Avoid shaping the story. The stories we read in books or watch in movies tend to follow predictable patterns, and you may find yourself trying to guide the interviewee into a familiar plot. Ask open-ended questions, let the story unfold in its own way, and resist the urge to shoehorn it into a formula.

6. Be clear about process. Clarity about the filming and editing process will help put your interviewee at ease:

- Before the interview, let them know exactly what to expect (where the interview will take place, what questions you'll ask, how long the conversation will take).
- At the start of the interview, take time to introduce yourself and engage in small talk. Also introduce the videographer and anyone else who is part of the shoot. Explain your role in the interview and how the interview will proceed.
- At the end of the interview, thank the interviewee and let them know about next steps. Make sure you know how to reach them so they can review the edited interview. (They should have final approval!) Let them know where and how the finished video will be distributed.

7. Hold space. Allow more time than you think you'll need so you can stay present and focus on the interviewee's face, without needing to watch the clock. Be mindful that strong emotions may come up during the interview—for you as well as for the interviewee. If that happens, don't be afraid of silence. Simply allow space for processing feelings and wait patiently for the next thought to unfold.

8. Make it safe to mess up. Be prepared to film multiple takes. And have a sense of humor about the do-overs. Appearing on camera is nerve-wracking for many people, so keep the mood light, be generous with your appreciation, and make it 100% normal to start again for the fifth time.

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