



STAFF REPORT ACTION REQUIRED

Update on Emergency Shelter Services

Date:	March 4, 2013
To:	Community Development and Recreation Committee
From:	Acting General Manager, Shelter, Support and Housing Administration
Wards:	All
Reference Number:	

SUMMARY

This report responds to a number of requests by City Council and Community Development and Recreation Committee for information about the current capacity and use of the emergency shelter system, including how clients access the shelter system, how clients use the Streets to Homes Access and Referral Centre for a variety of purposes including shelter access, and how information about services is provided to homeless people during emergencies and extreme weather situations.

The City's Shelter Management Information System shows that there are beds available every night and additional emergency spaces are available to be activated if the need arises. In 2012, Hostel Services received a total of 302 complaints about shelter services. Of these, 11 complaints related to access to a bed and just one complaint was due to being advised that there were no available beds. Notwithstanding this evidence, there continue to be anecdotal reports that people seeking shelter are being told that no beds are available and no effort is made in assisting them in finding shelter. These reports could be symptomatic of perceptions about the adequacy and appropriateness of the overall system of housing and homelessness prevention services. They may also reflect concerns about the efficiency of the City's emergency shelter services.

Operationally, there is always room to make process and customer service improvements and seek efficiencies. Some opportunities for improvements are identified throughout the report. These include engaging an external third party to conduct random checks of bed access practices.

Discussion of the performance of the shelter system necessarily raises broader systemic questions about the purpose and place of emergency shelter services within an outcome focused housing stability service system. These questions properly fit into the

consultation and service planning process that the City is undertaking in the spring and summer and that will culminate in a report to Council in the fall.

RECOMMENDATIONS

The Acting General Manager, Shelter, Support and Housing Administration, recommends that City Council receive this report for information.

Financial Impact

There is no financial impact associated with this report. Funding for emergency shelter services is provided in the 2013 Operating Budget for Shelter, Support and Housing Administration (SSHA).

The Deputy City Manager and Chief Financial Officer has reviewed this report and agrees with the financial impact information.

Equity Impact

The Emergency Shelter system in Toronto serves equity-seeking groups such as seniors, people with disabilities, individuals with mental health issues, the working poor, and other vulnerable groups. Effective operation of the shelter system is important in ensuring that temporary accommodation is available to a variety of equity seeking-groups.

DECISION HISTORY

At the meeting on October 30, 31 and November 1, 2012 City Council adopted Executive Committee report EX23.15, which provided an overview the new provincial Community Homelessness Prevention Initiative (CHPI) that has changed the funding and program framework for several homelessness prevention and social assistance services administered by the City. The report outlined an implementation strategy for the new program for 2013 as a transition year, as well as plans to develop a long-term investment strategy for 2014 and beyond. The report indicated that because, within the CHPI framework, provincial funding for shelters is now capped and not tied to demand elasticity, staff would report to Budget Committee through Community Development and Recreation Committee if shelter costs exceeded the amount budgeted for 2013.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2012.EX23.15>

At the meeting held November 27-29, 2012 City Council requested the Director, Office of Emergency Management and the General Manager, Shelter, Support & Housing Administration "to review the protocol and communications strategy for our homeless and street-involved populations during emergencies and to report back to the Community Development and Recreation Committee in March 2013 with a revised and updated emergency preparedness plan for this demographic."
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2012.CD17.10>

On January 15 and 16, 2013 City Council adopted Executive Committee Report EX27.1, the 2013 Capital and Operating Budgets. Council requested the General Manager of Shelter, Support and Housing Administration to report to the Community Development and Recreation Committee in April 2013 with "a first quarter status report on hostel services, including shelter occupancy statistics and client profile, impacts from the elimination of the Personal Needs Allowance, and any recommendations related to increased service demand and funding needs."

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.EX27.1>

On January 31, 2013 the Community Development and Recreation Committee requested the General Manager, Shelter, Support and Housing Administration to bring the above-referenced report forward to the March meeting of the Community Development and Recreation Committee and to include the following information:

- a. What is the process and timeline for Central Intake to be notified of available shelter beds?
- b. What is the process for information to be circulated on available beds to front-line outreach and drop-in staff?
- c. On average, how many individuals are waiting at the Peter Street Central Intake and Referral Centre each night for more than half an hour?
- d. Recommendations to improve communications between shelters, outreach workers, and Central Intake.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.CD18.9>

This report responds to the Council and Committee requests referenced above.

ISSUE BACKGROUND

Changing Context

The City of Toronto plays a central role in providing housing stability for low income Toronto residents. The City administers and funds a range of housing, homelessness prevention and other services that contribute to housing stability. In addition to all of the services provided through Shelter, Support and Housing Administration, these include income supports, employment initiatives, public health supports, recreation and childcare programs provided by other City divisions. Emergency shelters play an important role within this overall service system.

Since its adoption in 2009, the *Housing Opportunities Toronto* (HOT) 10 year affordable housing strategy has set out Council's strategic directions to guide Toronto's housing services, including a Housing First approach to end homelessness.

More recently, the Province has introduced the Community Homelessness Prevention Initiative (CHPI), which, beginning in 2013, replaces existing funding across the province for a range of homelessness services, including emergency shelters. The integration of existing funding streams within a program framework that provides greater flexibility to meet local needs provides a unique opportunity to re-think how services are provided to achieve greater housing stability outcomes. As directed by Council, 2013 is a transition year while a longer term strategy is developed. In the fall of 2013, following consultation with service providers, service users and other community stakeholders, staff will bring forward a Service Plan for Council's consideration that supports consolidation and transformation of existing City managed homelessness and housing related programs into an integrated, outcome-focused housing stability service system.

The goal of the Housing Stability Service Plan is to build on the Housing First strategic objectives provided by HOT, and continue to transform the planning, management and delivery of the City's housing and homelessness services. The Service Plan will guide implementation of CHPI as part of the overall transformation of housing and homelessness services. The Service Plan will identify opportunities for more integrated service delivery and greater co-ordination among partners, as well as articulating clearly identified housing stability outcomes, and a way of measuring and evaluating progress in meeting identified outcomes.

The objective of the Service Plan will be to shift the focus of services from reactive, emergency responses to homelessness towards services that focus on prevention, diversion and rapid re-housing. In the emergency shelter system, this means building on the progress to date in providing services that help people who are homeless move directly into housing from the street and emergency shelters, and focusing the shelter system on its original role of providing temporary emergency assistance. This includes development of a funding model for emergency shelters that better aligns with a Housing First approach.

Community Concerns

Following the provincial changes to the way that homelessness prevention services are funded, during the City's preparations for Hurricane Sandy and during and since the City's 2013 budget process, several community advocates and some members of Council expressed their concerns about the capacity of the emergency shelter system to meet the demand that is placed on it. The City's shelter statistics show that there are beds available in the system every night and additional emergency spaces are available to be activated if the need arises. However, there continue to be anecdotal reports that: people seeking shelter are being told that no beds are available and no effort is made to assist them in finding shelter; homeless people may not know how to access the shelter system and may not be aware of the services that are available during extreme weather or emergencies; shelters are overcrowded; and that there has been an increase in deaths of people who are homeless.

COMMENTS

It is expected that stakeholder consultations, the forthcoming Streets Needs Assessment and service planning process in 2013 will provide an opportunity to focus on systemic issues and options for service system changes that may be appropriate and affordable. At the same time, it is important to identify customer service, staff training, information dissemination and service process improvements that can be made now to address actual or perceived shortcomings in the emergency shelter system.

This report discusses:

- the current capacity and role of the emergency shelter system;
- the role of the Streets to Homes Assessment and Referral Centre within the emergency shelter system;
- the processes in place to provide access to shelter beds;
- the process to inform people about services during emergencies and extreme weather situations; and
- the performance of the emergency shelter system.

Current Capacity and Role of the Emergency Shelter System

The shelter system in Toronto provides 3,836 beds at 57 shelter locations. Nine of these locations are operated by the City and provide 1,315 beds in permanent shelters and, for families, supplemented by motel spaces. Forty eight of the programs are operated by community non-profit organizations, which provide 2,521 beds under Purchase of Service agreements with the City. In addition the city operates the Streets to Homes Assessment and Referral Centre (SHARC) which provides street respite and up to 40 beds for street involved clients who have difficulty using the regular shelter system and are actively working on a housing plan with the Streets to Homes program.

The goal of the emergency shelter system is to intervene at a time of crisis in people's lives and help them, in a short period of time, to get into permanent housing. Over the years, in response to service reductions in other sectors such as health services and as affordable housing has become more scarce, the shelter system has been expanded to provide transitional services and in some cases permanent housing to people who should more appropriately be housed in affordable housing, supportive housing, long term care facilities or other forms of assisted living.

Of the 3,836 beds noted above 2,797 are emergency beds including motel spaces where it is anticipated that clients will remain in the program for shorter stays. The remaining 1039 beds are in transitional programs that either assist clients in developing higher degrees of stability prior to moving into the community or are essentially operated as

supportive housing. These transitional programs work with people who are homeless and have specific needs, including vulnerable seniors, individuals living with mental health challenges and clients developing employment skills.

Additional capacity is available to supplement the 3,836 permanent beds in the shelter system. University Settlement House provides 75 beds Friday through Sunday nights during the winter and on Saturday and Sunday nights the rest of the year.

The City also funds up to 172 emergency spaces at 18 locations to supplement the permanent beds when the need arises. These spaces are fully activated during Extreme Cold Weather Alerts and can also be activated at other times the SHARC deems is necessary to provide additional shelter spaces.

Between November 15 and April 15, sixteen faith based groups across the City also provide an additional 88 spaces per night on average through the Out of the Cold program. Out of the Cold programs are coordinated by volunteers. However, the City funds a community agency, Dixon Hall, to provide on-site support for both the volunteers and guests. Dixon Hall provides staffing to manage guest registration, maintain the safety and security of the operations, and provide additional support such as cleaning, shuttling of clients to other locations, laundry, and transit token distribution. Dixon Hall also provides additional support to guests with presenting needs such as health issues, and access to housing opportunities.

The Role of the Streets to Homes Assessment and Referral Centre (SHARC) within the Shelter Service System

The Streets to Homes Assessment and Referral Centre at 129 Peter Street was opened in the fall of 2010. It was established to replace services that had previously been provided at 110 Edward Street and subsequently, on a temporary basis, overnight at the Adelaide Women's Resource Centre at 67 Adelaide Street East. It is operated by the Streets to Homes Program which was established to provide housing services to individuals who are living outdoors, are street involved, or who are housed and panhandle. While sometimes confused with Central Intake, the SHARC is a separate facility with a distinct mandate.

The following four programs are offered at the SHARC at 129 Peter Street:

Street Respite Program

The Street Respite Program provides a safe and healthy alternative to being on the street and/or street involved. The respite program allows staff an opportunity to communicate and engage with individuals who are street involved, have extensive service restrictions, refuse to go to a shelter or cannot be referred to available shelter spaces or support services due to intoxication or other complications. The goal of the respite program is to provide a safe place where staff can build trust and engage users in housing plans.

The respite provides low barrier, low threshold programming. A housing first and harm reduction philosophy underpins the service approach providing non-judgemental inclusive space for some of the most vulnerable and isolated people in the community. Program users who have been using substances are welcome to use the Street Respite, although consumption of alcohol and other substances is not allowed on site.

Shelter Referral Program

Any adult in need of emergency shelter can attend the SHARC for assistance in finding a bed and transportation to get there. Staff greet people looking for an emergency shelter bed, determine any particular needs they have and use the Shelter Management Information System to determine where open beds are available. Once a bed match has been made, people are offered a transit token to get there. If the shelter location is outside of the downtown core or if the referral is being made after transit systems are closed, people are provided transportation by taxi.

This referral function predates the opening of the SHARC and was available at previous locations including 67 Adelaide Street and 110 Edward Street.

Transition to Housing Program

Up to 40 beds are available at the SHARC to individuals and couples actively working on a housing plan with a Streets to Homes counsellor. The mandate for these beds fits that of the overall Streets to Homes Program and they are limited to individuals who are living outdoors or are street involved. On occasion, an individual receiving follow up supports may access a bed while in need of respite from their housing if it will assist in preventing eviction. People who traditionally use the shelter system do not have direct access to the transition to housing beds but instead receive a referral back to the shelter with which they are most engaged.

Housing Walk-in Program

The Housing Walk-in Program provides another pathway to housing services for those who meet the mandate of Streets to Homes. The program assists eligible individuals to find permanent housing and connects them to follow up supports once housed. Clients are given housing options so they can make informed decisions on the location and type of housing they want to live in. Individuals seeking housing support are not required to make an appointment but can drop in to the SHARC Monday to Friday from 9:00 a.m. until noon.

It should be noted from this service description that many individuals seen in the respite program at the SHARC may simply be coming in from the elements, doing their laundry, visiting a housing worker or having a meal rather than seeking referral to a shelter bed. Appendix B provides a snapshot of activity at the SHARC on a single day in February.

Processes in Place to Provide Access to Shelter Beds

Multiple Points of Access

The shelter bed access system in Toronto is decentralized. Clients can come from a variety of circumstances. They may be on the street, being discharged from a health care or criminal justice institution, leaving family or friends, or facing eviction from their address and they access shelter beds in a number of different ways. They can:

- self refer by walking into or calling any of the 57 shelter sites;
- call 311 and be connected to Central Intake;
- call Central Intake directly;
- come in person to the SHARC;
- have a worker (drop in, housing help, mental health, information service, etc.) refer them; and
- during winter season, November 15 – April 15, go directly to an Out of the Cold site.

Two programs are designed to assist with access. They are Central Intake and the SHARC. Central Intake is a phone based program that allows clients to seek information or a shelter bed. The SHARC can be accessed in person. Families do not use the SHARC.

The City advertises 311 as the central contact point for shelter access. A 311 operator confirms that the client is requesting shelter service and refers the client to Central Intake.

The family shelter sector utilizes Central Intake as a best practice and it is preferred that all families be referred through Central Intake. This system was developed many years ago and was based on the experience that families rarely present in person to access a shelter bed and almost always make initial contact by telephone. However, this is not required. While City operated family shelters do admissions through Central Intake, the Purchase of Service family shelters do accept referrals from other agencies and services in addition to Central Intake.

In the single adult and youth sectors, clients are much more likely to present themselves in person at a shelter or telephone the shelter directly using neither Central Intake nor SHARC to access a shelter bed. Clients can, in principle, present themselves to multiple locations or portals seeking a bed.

Tracking Bed Availability – Shelter Management Information System (SMIS)

Beds availability is monitored through SMIS which is a real time web based bed management system that tracks admissions to and discharges from the system and associated client information. Once a client is admitted to a bed it shows as occupied and not available. When a client is discharged from the electronic system the bed then shows as being available. At any time workers can go into the system and look at all facilities in the shelter system, determine whether and where beds are available and make a referral.

Staff at Central Intake and front line staff in all 57 shelters have full access to the SMIS system and are aware at all times of the beds that show as being available in the emergency shelter system. They liaise with the SHARC regarding the use of additional emergency spaces and are aware that the SHARC is authorized to activate these spaces in response to heightened demand even when an extreme cold weather alert is not underway.

In 2013 staff working in City funded street outreach programs will also be given access to SMIS and will be able to see where beds are available. There are no plans at the present time to provide bed information access directly to drop in staff. They would be requested to have their client call Central Intake or would call Central intake on the client's behalf to access a bed.

The daily occupancy reports provided by Hostel Services and the occupancy numbers posted on the SSHA web site reflect beds shown as occupied at 4:00 a.m. each morning.

Out of the Cold spaces are not part of the SMIS system and numbers are reported to the City each morning by the Dixon Hall staff.

Intake, Referral and Admission to a Shelter Bed

A worker should complete an intake through SMIS whenever a client requests a shelter bed. Intakes in SMIS require a client's full name, date of birth and gender. They also require the client to identify their current sleeping arrangements, whether they have stayed in a shelter before, the reason they are requesting service and where they have lived 12 months previously.

Once the intake is completed the worker can review the SMIS occupancy list and see in real time where there are bed vacancies and make an on line referral for the client. It is expected that the worker will also make voice contact with the referring shelter and advise the shelter that they are referring the client.

Once the client arrives at the shelter a worker completes an on-line admission form and the client is admitted into the shelter system and assigned a bed.

The Process to Inform People about Services During Emergencies and Extreme Weather Situations

When an extreme cold weather alert is called a notification goes out to over 100 agencies serving people who are homeless or vulnerable, including drop ins, shelters and housing help centres where homeless people might be located. Staff at these facilities are directed to post the notice regarding the extreme cold weather alert in a location where clients will be able to see it. A notice is placed on the Shelter Management Information System which is seen when a worker logs on to the system. A ticker highlighted in red also scrolls across the SMIS page indicating that an Extreme Cold Weather Alert has been called. This can be used for other forms of alerts as well. A detailed news release is issued about the Extreme Cold Weather Alert which provides information on services for the homeless and how the services may be accessed. The link to the release is also tweeted via the City's twitter account, which currently has approximately 18,000 followers.

When extreme weather is forecast, even when there is not a cold weather alert, regular street outreach worker patrols advise the people they contact on the street that significant weather is coming and encourage them to make a plan or to seek shelter inside. During extreme cold weather alerts additional outreach teams are put on patrol to make further contact with individuals on the street and check on their condition. During the most recent cold weather alerts the additional teams made contact with approximately 25- 30 people a night. Usually only one or two of these individuals, if any, accepts offers of service or transportation to a shelter, the SHARC or their home.

Following the preparations for Hurricane Sandy, SSHA and the Office of Emergency Management (OEM) were asked to review notification practices for homeless people during emergencies. SSHA has met with both OEM and Strategic Communications to review the importance of highlighting services to homeless and vulnerable people during emergencies. Both divisions have agreed that on a go forward basis information about services to homeless and vulnerable individuals will be considered and included as part of the key messages the City provides during emergency events.

The updated protocol for the notification of homeless persons during emergency and extreme weather conditions will be as follows:

- In the case of declared emergencies the OEM will contact SSHA and advise them of the declared emergency.
- In the case of weather emergencies, other than extreme cold weather alerts, SSHA will advise OEM of the response that they will be providing for sheltered and unsheltered homeless people.
- The Director of Hostel Services will assess the potential impact of the declared emergency on sheltered and unsheltered people who are homeless.

- SSHA will provide fax and electronic notification of the declared emergency to homeless serving agencies in the affected area and request that they post the information for their clients.
- SSHA will notify street outreach workers to alert them to the declared emergency and request that they contact clients on the street, if they are able to safely do so, and advise them of the situation and what steps they may take.
- SSHA will provide OEM and Strategic Communications with the steps being taken to connect people who are homeless and on the street to services during a declared emergency.
- OEM and Strategic Communications will include messaging regarding responses available to homeless individuals and agencies serving them in corporate messages issued through the City Manager's Office and through news releases, media availabilities and social media vehicles as appropriate.

SSHA and OEM have reviewed literature on communicating with clients during emergencies and all identify as a best practice gathering information directly from clients. During April and May 2013, the two divisions will work together to survey and meet with clients regarding how they feel they could best receive information during an emergency situation and will update the protocols as may be appropriate.

SSHA will develop pocket information cards to provide to clients on the street advising them of what steps they can take in the event of extreme weather or a declared emergency. SSHA will also develop laminated posters that agencies can post when Extreme Cold Weather Alerts and other weather and declared emergencies are underway.

Performance of the Emergency Shelter System

Occupancy Levels

Appendix A shows the number of permanent and emergency beds available in the co-ed, single women, single men and youth sectors for each night in the first two months of 2013.

The information in Appendix A shows that beds were available in the system every night in January and February. However, it does show that system occupancy is tighter in some sectors. The single men and youth sectors show a higher nightly availability of permanent beds. There are fewer available permanent beds in the women and, especially, co-ed sectors.

As an illustration, the following chart describes occupancy and availability of permanent beds by sector on February 19, 2013.

Sector	Bed Capacity	Bed Occupancy	Beds Available	% Occupancy
Youth	497	483	14	97%
Single Women	537	529	8	99%
Single Men	1,662	1,518	144	91%
Co-ed Adult	298	297	1	100%
Family	842	842	0*	100%
Total	3,836	3,669	167	96%

(* Note that the family sector has flexibility to expand and contract into the motel program as demand rises and falls and thus will always show as being at 100% occupancy.)

The distribution of emergency shelter and transitional beds needs to be taken into account when interpreting the bed availability data. Transitional beds make up a majority of available beds each night. These beds are not always available for direct emergency referrals. This means that occupancy levels in the permanent emergency shelter beds are tighter than the aggregate data suggest. However, the data in Appendix A also describe that additional emergency flex beds, which are activated as needed, are available to respond to demand every night.

Because system occupancy is tight as would be expected in winter, exact bed matches are not always immediately available. Among the various sectors, beds for couples and for individuals with mobility issues including those using wheelchairs can be challenging.

When an exact match is not available SHARC staff can activate an emergency flex bed in the system or advise people of their options and have them wait inside at the SHARC until a suitable match is available.

Staff monitor the use and availability of beds in the transitional part of the system and follow up with shelters if there is a consistent pattern of unused transitional beds. In those circumstances, staff work with providers to explore options to make more efficient use of transitional beds in order to free up beds in the emergency part of the system.

The 2013 Operating Budget for SSHA does not include a reduction in the number of beds funded in the shelter system. In January and February beds were occupied 2,342 times more often than was forecast when the budget was prepared last summer. In practical terms, this means that 40 more beds were filled on average each night in January and February than had been forecast. Occupancy data indicate that the higher levels of occupancy than forecast are in the transitional system for men and youth as opposed to the emergency system where bed occupancy levels appear to match the forecast.

Three million dollars was recently made available in the 2013 budget process to offset occupancy pressures in the emergency shelter system if needed. Some of this funding may be used to offset the cost of activating flex beds outside the regular cold weather alerts.

Occupancy Space Standards

In October 2002 City Council adopted Shelter Standards including space standards which were established after examining 6 national and international standards. The Shelter Standards state that:

"It is important to provide a minimum amount of space per person in the sleeping area, to decrease the potential spread of illness, to enhance personal security and to decrease altercations resulting from lack of personal space. To meet these goals the sleeping area will provide 3.5 square metres (37.7 square feet) per person.

"For safety reasons, for example in the event of an evacuation, a separation distance of 75 cm (2.5 feet) between the edge of beds (bunks of mats) must be maintained."

Shelter sites were measured to ensure that space standards were being adhered to and staff continue to monitor compliance with the space standards with site visits.

Given that Out of the Cold program sites are open for the winter only and most of them are used only 25 nights in a year, the full application of the shelter standards is not reasonable. However, in the winter of 2004-2005 Hostel Services worked with Dixon Hall to apply these standards to Out of the Cold programs.

Hostel Services has commenced a process to update the Shelter Standards and anticipate that they will be brought forward to Council for approval in 2014.

There are large facilities in the shelter system particularly in the single men's system where hundreds of people are being provided shelter and where people may have to occupy a dormitory with up to 40 other individuals experiencing some complex and challenging issues. Notwithstanding adherence to the shelter space standards in these facilities, there is no doubt that these are difficult living circumstances and the City has acknowledged the need to make changes to this system with the proposal to redevelop Seaton House.

In its current form, Seaton House does not adequately meet the diverse and complex needs of clients and does not contribute to a healthy neighbourhood. In November 2009, City council directed the General Manager of SSHA to consult with stakeholders for the redevelopment of the Seaton House shelter property into a purpose-built facility that may include affordable housing units, supportive housing units, emergency shelter and long-term care beds for the homeless as well as private market uses appropriate for the area.

It is envisaged that a new facility at 339 George Street would continue to house homeless men and to provide the programs and services they require. Redevelopment presents an opportunity to explore new forms of program and shelter service delivery to best meet client needs within the City's "housing first" approach, in the context of the downtown east revitalization strategy and in partnership with stakeholders.

An initial phase of stakeholder consultations is complete and SSHA is engaging a consultant firm for the development of a feasibility study. Staff will report back to council later this year.

Accessing Shelter Beds

In 2012 there were 67,983 admissions to the shelter system. This number includes people/families who were admitted more than once to the system.

From these data it is apparent that for many clients the access system works very effectively. Nevertheless, there continue to be anecdotal reports that some clients are being told that beds are not available, even when the system shows beds as being available and that clients have to wait, sometimes a number of hours, until a bed referral can be made.

The data also show that the majority of people do not access the system through the SHARC. On a single day in February, for example, when there were 363 intakes to the shelter system and 174 admissions, 35 admissions (or 20 percent) were referrals through the SHARC. The remainder of clients accessed a bed in one of the ways described above, for example, by calling a shelter or Central Intake or walking into a shelter site.

As previously noted, the referral system is decentralized and at any point in time clients can request a bed through approximately 58 different locations and one phone portal. These assorted locations have over 1,000 front line staff working rotating shifts seven days a week. This presents a significant challenge in ensuring consistency of message and practice regarding bed access, bed availability and referrals. It relies on the training, expertise and motivation of the individual employees to provide correct information to the client. It is possible that on occasion workers are inappropriately advising callers that a bed is not available at their location and not offering an alternative solution.

Shelter referrals are made 24 hours a day, 365 days a year. People seeking a shelter space late at night or very early morning, for example, 4:00 a.m. onwards may face difficulty finding an immediate bed match. At that time of day shelters would be required to clear and make up empty beds to which people have not returned, which is disruptive to other clients already staying and sleeping in the program. People seeking a referral at that time of day will likely be asked to wait at the SHARC or return in the morning for a referral.

It is also possible that not all workers are doing intakes when someone calls seeking a bed. The intake requires a significant amount of information if not actually admitting the client. This could deter some front line workers from initiating an intake. Hostel Services is currently reviewing required fields in the intake form.

In order to increase the capacity of the system to properly record and respond to requests for service, Hostel Services will be updating and re-issuing protocols related to service requests and referrals and will be seeking an external third party to conduct random

checks of bed access practices. These activities are part of a quality assurance process related to provision of correct information and appropriate completion of intakes.

Complaints regarding Access

Hostel Services Head office has a Customer Service Supervisor who manages complaints and information inquiries regarding the shelter system. In 2012 there were 302 complaints received regarding shelter services. Of these, 11 complaints (or just under 4 percent) related to access to a bed as follows:

- 2 complaints were from clients who did not wish to enter a regular shelter and wanted access to Streets to Homes beds at the SHARC.
- 1 person could not get shelter with a pet.
- 1 could not get their shelter preference, but was offered beds at other shelters.
- In 2 instances there were no available beds for couples, but there beds were available in respective single shelters.
- 4 complaints were due to Central Intake's shelter system diversion procedures, that is, Central Intake staff had worked with clients to remain at their current locations.
- 1 was due to being advised that there were no available beds.

Opportunities for System Improvements

There are a number of areas where improvements can be made to the shelter access system and efficiencies may be achievable.

Lag between actual discharge and electronic discharge – The accuracy of the bed availability information relies on an electronic discharge being completed at the same time the client actually leaves the program. There are reports that this sometimes does not happen due to short staffing or high activity in the shelter. Further, when a client is discharged from a room/bed staff have to strip the beds, clear any belongings left behind and sanitize the bed and area the former resident was staying. This can take some time and is a health and safety measure to protect client property and to inspect beds for possible infestations. Staff will review discharge practices with a view to reducing the time between a client leaving the program and the recording of an electronic discharge.

Fail to returns – On any given night, there are 10 – 20 beds in the system which are held for clients who fail to return to the shelter – mostly in the single men's sector. These beds will show as occupied until the shelter curfew – often 1:00 – 2:00 a.m., or until 4:00 a.m. at which point the occupancy count used for the billing is done. Hostel Services will be monitoring discharge times at individual agencies with a view to identifying opportunities for earlier release of beds.

No shows – On any given day/night, 10 – 15 beds are held for referrals that do not arrive at the shelter. For example, on average approximately 75 percent of the people referred to shelters by the SHARC arrive at the shelter to which they were referred. For those who do not arrive, the bed is generally held for 2 – 3 hours and is not available to other clients seeking shelter. Staff are reviewing the protocols related to holding beds with a view to finding efficiencies in the way beds are released back into the system.

At any given time between beds being held for people who fail to follow through on a referral or fail to return to the shelter where they were already admitted up to 40 additional beds could potentially be made available.

Why are people waiting or sleeping at the SHARC?

As described earlier in this report people use the SHARC for a variety of reasons, many of them unrelated to seeking shelter and as such it is likely that those individuals will be seen in the SHARC for periods considerably longer than half an hour.

There are a several reasons that people might be sleeping or waiting at the SHARC which include:

- Some clients refuse offers of shelter altogether, choosing to sleep outside and come to the SHARC to get warm or out of other unfavourable weather. Reasons provided sometimes relate to mental health and/or dislike of sleeping in a dormitory setting.
- Some clients want to stay at the SHARC in the respite program rather than travel to a shelter particularly if available space is not in the downtown area. Reasons given include preference for the downtown location which is near to programs that they will use the next day including drop in programs and they like the fact that they are not "bothered" by staff.
- Some people refuse to accept specific referrals to shelters like Seaton House and Maxwell Meighan. As noted, these facilities are large and require living communally, sometimes in larger dormitories, with a variety of people with complex needs. Beds at these locations, both permanent and those part of the Extreme Cold Weather Alert response, are sometimes refused.
- Some clients show up at the SHARC too late or too intoxicated or under the influence of drugs for appropriate referrals to be made and, rather than return to the streets, take respite and rest at the SHARC. Sometimes people under the influence of drugs and/or alcohol present behaviours that are unacceptable in some shelters or that make transferring or transporting them to a shelter dangerous or difficult.
- Some people seen sleeping at the SHARC are waiting for a bed to be made ready for them in the system. Sometimes there is a time lag between the request for shelter and the availability of the bed, as discussed above. In these cases staff allow the client to

sleep while they wait. There is no rule that prohibits sleeping while waiting in the respite.

People using the SHARC respite program are not required to accept a shelter referral nor are they forced to go to a bed that may be available.

Deaths of Shelter Clients

As of February 28th, there had been two reported deaths in 2013 of shelter clients, or clients who had been discharged from a shelter within the previous 60 days. When a client dies on site, or a shelter becomes aware of the death of a client previously discharged they are expected to provide a verbal report to Hostel Services within 24 hours and have up to 30 days to submit a completed report. Statistics on deaths of shelter clients are now posted on the SSHA web site. Over the past 5 years that SSHA has been collecting data there have been 125 reported deaths. There are no trends in numbers apparent from this data. Shelter operators and Hostel Services are not normally advised of cause of death information which is generally provided to next of kin. SSHA has provided this data to the community advocates who maintain the Homeless Memorial.

Conclusion

This report has presented information about the role, operation and performance of the emergency shelter system in the City of Toronto. Operationally, there is always room to make process and customer service improvements and seek efficiencies. Some opportunities for improvements are identified throughout the report. Discussion of the performance of the shelter system necessarily raises broader systemic questions about the purpose and place of emergency shelter services within an outcome focused, housing stability service system. These questions properly fit into the consultation and service planning process that will culminate in a report to City Council in the fall.

CONTACT

Anne Longair, Director, Hostel Services
Shelter, Support and Housing Administration
Tel.: 416-392-5417; E-mail: alongair@toronto.ca

SIGNATURE

Phillip Abrahams
General Manager (Acting)
Shelter, Support and Housing Administration

ATTACHMENTS

Appendix A – Available Shelter Beds by Sector, January 1 to February 28 2013

Appendix B – A Day at the SHARC

Appendix A – Available Shelter Beds by Sector, January 1 to February 28 2013
(P- Permanent Shelter Beds; E - Extreme Weather/Emergency Beds)

BEDS AVAILABLE BY SHELTER SECTOR										
DATE	COED		MEN		WOMEN		YOUTH		TOTAL BEDS AVAILABLE	
	P	E	P	E	P	E	P	E	P	E
January 1	5	8	143	78	16	31	34	5	198	122
January 2	5	19	146	83	14	34	27	5	192	141
January 3	4	19	145	87	12	33	23	5	184	144
January 4	3	20	161	99	15	35	28	5	207	159
January 5	5	19	165	94	13	35	24	5	207	153
January 6	6	29	150	98	11	33	26	5	193	165
January 7	7	19	148	94	13	35	36	5	204	153
January 8	3	19	156	84	11	35	32	5	202	143
January 9	4	19	161	83	13	35	32	5	210	142
January 10	3	19	165	86	14	33	30	5	212	143
January 11	6	29	159	103	19	35	24	5	208	172
January 12	3	29	151	94	16	35	38	5	208	163
January 13	4	29	164	98	16	35	27	5	211	167
January 14	9	19	171	84	17	35	30	5	227	143
January 15	8	19	160	78	20	35	23	5	211	137
January 16	7	15	154	80	19	35	26	5	206	135
January 17	8	17	159	83	17	35	31	5	215	140
January 18	8	29	153	93	16	35	27	5	204	162
January 19	5	29	149	92	15	35	27	5	196	161
January 20	6	19	169	94	15	33	22	5	212	151
January 21	7	14	154	62	16	24	25	3	202	103
January 22	7	9	137	57	13	18	22	4	179	88
January 23	6	8	133	55	12	20	22	3	173	86
January 24	4	4	144	55	10	18	16	3	174	80
January 25	5	29	120	93	12	31	24	5	161	158
January 26	3	29	129	80	9	31	18	5	159	145
January 27	3	29	131	96	11	35	22	5	167	155
January 28	4	19	130	93	10	34	20	5	164	151
January 29	6	19	133	79	8	35	31	5	178	138

BEDS AVAILABLE BY SHELTER SECTOR										
DATE	COED		MEN		WOMEN		YOUTH		TOTAL BEDS AVAILABLE	
	P	E	P	E	P	E	P	E	P	E
January 30	6	19	140	89	11	35	26	5	183	148
January 31	4	19	169	91	10	31	13	5	196	146
February 1	17	29	176	103	13	35	11	5	217	172
February 2	4	28	169	103	9	33	12	5	194	169
February 3	6	29	172	103	9	35	17	5	204	172
February 4	2	19	179	86	14	33	13	5	208	143
February 5	2	19	149	78	11	33	16	5	178	135
February 6	7	19	150	83	9	34	19	5	185	141
February 7	5	19	138	74	6	25	15	5	164	123
February 8	7	17	142	78	4	26	12	5	165	126
February 9	4	12	148	90	14	31	17	4	183	137
February 10	3	29	145	95	11	35	19	4	178	163
February 11	3	19	161	80	10	35	20	5	194	139
February 12	2	19	147	83	7	32	15	5	171	139
February 13	0	19	142	72	11	34	11	5	164	130
February 14	2	19	144	88	9	33	9	5	164	145
February 15	5	29	139	89	7	34	19	5	170	157
February 16	3	15	143	70	5	24	8	5	159	114
February 17	4	29	132	88	8	34	9	5	153	156
February 18	5	29	146	79	7	32	15	5	173	145
February 19	1	19	144	73	8	35	14	5	167	132
February 20	3	19	145	83	7	33	11	5	166	140
February 21	3	18	132	82	8	32	14	5	157	137
February 22	3	27	127	99	12	33	16	5	158	154
February 23	5	29	127	98	14	35	23	5	169	167
February 24	4	29	133	97	8	35	14	5	159	166
February 25	3	19	150	93	13	35	15	5	181	152
February 26	2	18	148	91	11	32	18	3	179	144
February 27	2	17	181	93	10	35	15	5	208	150
February 28	5	19	162	96	11	33	17	5	195	153

Appendix B – A Day at the SHARC

The following provides information on who came to the SHARC and what services they were provided on February 7, 2013 which was the day of an Extreme Cold Weather Alert. Due to the Alert volumes were slightly higher than on average.

Total Visits: From 12:00 a.m. February 7, 2013 to 11:59 p.m. February 7, 2013 there were 130 visits to the SHARC by 118 unique individuals (some individuals came more than once). Of the 130 visits to the site people came for the following services:

Shelter Referral:

- 62 people came to the SHARC for a referral to an emergency shelter of these 46 people were provided with a referral. Of these 46 referrals, 39 arrived at the shelter they were referred to.
- 16 people came to the SHARC for an emergency shelter referral and did not end up being referred to shelter. The following describes the result of these interactions:

2 couples (4 people) were not willing to split up to receive a referral to a single adult shelter. No couples beds were available in the emergency shelter system and instead they decided to sleep on the floor of the SHARC.

5 people left before a referral could be made for them.

5 people refused to accept the shelter bed referrals that were available and instead stayed at the SHARC for the night.

1 person came into the SHARC at 5am looking for a referral and decided to wait until morning and make their own arrangements.

1 person was discharged from the hospital with medical needs which made a referral to shelter not possible. They stayed at the SHARC overnight and were sent back to hospital in the morning.

- 40 people came to the SHARC requesting a referral and a token to access an Out of the Cold Program.

Street Respite Services:

15 people used the street respite centre to escape the cold, have a nap, take a shower or do laundry.

People using respite services are usually very street involved. Many do not use the shelter system and come to the SHARC for a break from the elements, connect with staff, use the phone, have a shower or do laundry. Some of the people using the respite also sleep while in the building. The goal of the respite is to provide a safe place for people to access while building trust with the aim of engaging people in developing housing plans.

Housing Walk-in Program:

6 people came to the SHARC to meet with a housing counsellor or other Streets to Homes staff.

Other Visits:

7 people came to the SHARC for other reasons as follows:

2 were provided assistance in accessing a drop-in

2 were provided assistance (TTC) to travel home

1 person was brought by Toronto Police Services and was too intoxicated to be referred to emergency shelter. Staff monitored him sleeping on the ground floor.

1 missed his bus home to Kitchener and asked to stay until morning

1 was provided assistance in getting to hospital