

Feasibility of 24-Hour Drop-in Service for Women

Date:	April 3, 2014
To:	Community Development and Recreation Committee
From:	General Manager, Shelter, Support and Housing Administration
Wards:	All
Reference Number:	

SUMMARY

This report provides recommendations on the feasibility of establishing a 24-hour drop-in for women, based upon consultations conducted with service users and providers from December to March 2014.

An update report on the need and consultation process for developing a safe overnight space for women was received by Community Development and Recreation Committee on January 21, 2014. Currently, there are very few places for women to go overnight, particularly if they will not go to shelters, or if they need respite for a short period of time.

A majority of those consulted agreed that there is a need for a low-threshold overnight or 24-hour service for women. A drop-in that is open during the most dangerous times for street-involved women, when other services are closed, will meet basic safety needs and provide identified essential service needs including showers, laundry, provision of healthy food and snacks, counselling and referrals. The recent consultations indicate the service philosophy must incorporate low-barrier, harm reduction, trauma-informed care.

A majority suggest that a 24-hour drop-in will best meet the need for a low-barrier overnight service for women. While a stand-alone 24-hour drop-in is the most appropriate service model to meet the needs of the most vulnerable street-involved women, enhancing a current drop-in to provide overnight services represents another viable option.

Regardless of the option to be pursued, however, there will be a cost impact to expanding services that will be a challenge to implement if there is a desire or expectation to keep property tax increases at or around the rate of inflation.

RECOMMENDATIONS

The General Manager, Shelter, Support & Housing Administration (SSHA), recommends that:

1. City Council authorize the General Manager, Shelter, Support and Housing Administration, to issue a Request for Expression of Interest (REOI) in 2014 to establish community interest in operating up to two 24-hour low-barrier drop-ins for women, one in the east end and one in the west end of the city; and
2. City Council direct the General Manager, Shelter, Support & Housing Administration, to prepare a report to Budget Committee during the 2015 Operating Budget process for their consideration on the results of the REOI, feasibility of the service, and estimated program costs and tax impacts.

Implementation Points

If the new service proceeds to implementation, an Advisory Committee of City Staff, service providers and service users would be created to work with the funded community agency and SSHA to refine the service model. A Committee with this mandate would support local capacity building and coordination among community partner agencies, a key action of the *2014-2019 Housing Stability Service Planning Framework*, while designing programming to meet vulnerable women's needs.

Equity Impact

Housing and homelessness services, including Toronto's shelter system, serve a range of equity seeking groups including people experiencing homelessness, the working poor, youth, seniors, Aboriginal people, and other vulnerable groups. Consultations on the need and feasibility of establishing a 24-hour drop-in and/or harm reduction low-barrier shelter for single women took into account various stakeholder needs including the experience of Aboriginal women, members of the LGBTQ community, sex workers, women with substance use and mental health challenges, women with disabilities, and seniors.

Financial Impact

There are no financial implications for the 2014 Operating Budget for Shelter, Support and Housing Administration resulting from the recommendations in this report.

The 2014 Approved Operating Budget for SSHA includes \$16.406 million of funding for 196,061 bednights of women's only shelter beds. This includes \$9.644 million for 158,158 bednights in purchased shelter services and \$6.762 million for 37,903 bednights

in directly operated shelters. In addition, funding of \$47.698 million for a combined 683,678 bednights in purchased and directly operated shelters is available to women participating in mixed use programs such as youth, co-ed and family shelters.

Preliminary estimates suggest that a new stand-alone 24-hour drop-in could require up to \$2 million in annual funding. Expansion of an existing service could cost less than that. The costs will become clearer with the results of the proposed REOI and, subject to City Council adoption of the recommendations in this report, will be reported to Budget Committee for consideration as part of the 2015 budget process.

The implementation of an overnight drop-in service for women, whether through the creation of a new stand-alone 24-hour service or the expansion of an existing service to include overnight hours would represent an enhancement to existing service levels in SSHA and would add a cost pressure to the division's operating budget. It should be noted that the estimated outlook pressure for 2015 and 2016 is \$125.150 million and \$56.330 million respectively to maintain 2014 service levels in SSHA, primarily due to reductions in provincial and federal funding for social housing programs.

More importantly, the 2015 and 2016 Operating Budget Forecasts for the City estimate net budget pressures of \$333 million and \$204 million, respectively. This would represent a potential residential tax increase of 14 percent and the corresponding one-third non-residential property tax increase in 2015 and 8 percent residential tax increase and the corresponding one-third non-residential property tax increase in 2016. Given this level of funding pressures, it will be increasingly difficult and a significant challenge to implement service enhancements AND keep tax increases at the rate of inflation.

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

DECISION HISTORY

On October 28, 2013, Community Development and Recreation Committee directed the General Manager, Shelter, Support & Housing Administration to consult with women's homeless service providers and stakeholders to review the feasibility of establishing a 24-hour safe drop-in for women, review existing services and available funding for Capital Improvements, and report back in the Spring of 2014 on the consultation.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.CD24.7>

On December 4, 2013, Community Development and Recreation Committee, in adopting CD25.10, directed the General Manager, Shelter, Support & Housing Administration to expedite the consultation with women's homeless service providers and stakeholders on the feasibility of establishing a 24-hour safe drop-in for women and/or a women-only low-barrier harm reduction shelter and review existing services and available funding for Capital Improvements and provide a progress report to the January 21, 2014 meeting of the Community Development and Recreation Committee.

<http://app.toronto.ca/tmmis/viewPublishedReport.do?function=getMinutesReport&meetingId=6840>

At its meeting on December 16-18, 2013, City Council unanimously adopted Community Development and Recreation Committee report CD25.10, the *2014-2019 Housing Stability Service Planning Framework*. A number of key actions within the report relate to improving access to and equity in the delivery of housing stability services as well as strengthening partnerships and coordination to enhance service delivery.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.CD25.10>

On January 21, 2014, staff reported to Community Development and Recreation Committee on progress made toward determining the feasibility of opening 24-hour drop-in services for women. Consultations with service users and service providers were scheduled to take place in January and February 2014 with a report back to CDRC in April 2014 on the results of the consultations, including options for a service delivery model, appropriate services, suitable location and the financial impact.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.CD26.6>

ISSUE BACKGROUND

The single women's emergency shelter system currently has 575 beds, supplemented by 35 flex beds, across 11 shelters, administered directly by the City of Toronto and through purchase of service agreements with community agencies. In addition, single women can access beds in co-ed shelters and street-involved women are also able to seek respite at the Streets-to-Homes Assessment and Referral Centre (SHARC). Over the past few years, the occupancy rate for the single women's sector has consistently been near or at capacity which has sometimes compromised timely access to emergency shelter beds.

SSHA responded to this pressure by opening a temporary 30 bed emergency shelter for women in November 2013. A permanent 40 bed short-term transition to housing program to replace the temporary site will become operational in the coming months.

The emergency shelter system is currently the only overnight option for women who are homeless or marginally housed in the City. Toronto's emergency shelters are relatively low-barrier at present. However, there are some basic rules and expectations that apply to all shelter clients. All clients are expected to have returned to shelter by curfew unless special accommodation has been made and, in a dormitory setting, clients are expected to sleep or rest overnight to respect all clients' need for sleep. With respect to substance use, admission and discharge decisions are made based on behaviour, not substance use alone, with the exception of abstinence-based shelters. All shelters work from a harm reduction perspective, including those that are abstinence-based.

While the emergency shelter system is able to meet many women's needs, and shelter operators work to accommodate various needs, some women do not access this overnight service because of difficulties associated with sharing, following rules, regimented meals and bedtimes which represent insurmountable barriers to accessing shelter.

In addition, some women do not feel safe in shelter, or feel they are better able to maintain their independence by sleeping outdoors or couch surfing in unsafe environments. These women may use shelters on occasion, but their stays are short and they tend not engage in case management. The reasons why a woman does or does not use the emergency shelter system are based on individual experiences with the system and are thus varied. While there is always room for system improvements, extensive community consultation points to a significant need for a flexible, low-barrier overnight service that caters to the needs of women who do not access emergency shelters, are street involved, in the sex trade, or may have serious substance use and/or mental health issues.

The drop-in model offers more flexible service delivery than is possible in shelters and can accommodate more women, but there are no drop-ins in the City of Toronto that are open after 9 pm or 24 hours a day, and no women-only drop-ins open regularly after 6 pm. Several co-ed drop-ins have women-only hours during the day, but currently just three drop-ins focus on serving women-only:

- Sistering (962 Bloor Street West at Dovercourt Road in Ward 19), open Monday from 11:30am – 3:00pm; Tuesday and Friday from 9:30am - 5:00pm; and Wednesday, Thursday, Saturday and Sunday from 9:30am – 3:00pm.
- Fred Victor Adelaide Resource Centre for Women (67 Adelaide Street East at Church Street in Ward 28), open Monday to Friday from 10:00am – 3:00pm.
- The 416 Community Support for Women (416 Dundas Street East at Parliament Street in Ward 28), open Monday to Friday from 8:30am – 6:00pm; Saturday and Sunday from 8:30am – 4:30pm.

In consultations conducted over the winter, women expressed overwhelmingly that a safe space is a women-only space. Women-only programming can be targeted to help women achieve their goals, and most women feel safer in environments without men, making these three drop-ins well-regarded choices by the community. Overnight hours will address the need for a safe and accessible space overnight for women who do not use the emergency shelter system.

COMMENTS

On January 21, 2014, staff reported to CDRC with an update on the work underway to determine the feasibility of opening a 24-hour drop-in for women. The report provided the results of preliminary stakeholder interviews and an environmental scan of similar services operating in other jurisdictions.

Additional consultations with service users and service providers were held during the winter to gather information about the service model, types of services, preferred location

and costs associated with operation of a low-barrier overnight service or a 24-hour drop-in for women.

Environmental Scan

While a wide range of jurisdictions were investigated, the most meaningful lessons for Toronto appear to come from North American examples.

Outside Toronto, the vast majority of overnight services for homeless and marginally housed individuals are bedded programs at shelters. The primary difference between an overnight drop-in and a shelter is the availability of beds. Drop-ins generally allow clients to sleep in chairs, but offer neither beds nor mats. There are few overnight or 24-hour drop-in centres in operation across North America. Where such services exist, the primary client group is people who are street-involved and choose not to access the shelter system. Within this population are sex workers and people with severe addictions and/or mental health issues.

Some key characteristics of the overnight drop-in services reviewed include:

- Low-threshold or low-barrier service is required to make the space safe and welcoming.
- Peer-led and peer-supported programming can be effective at stabilizing clients.
- Staffing levels, including security personnel, must be intensive in order to meet client needs.
- The location of the service is important to connect with clients (i.e., "a chair where I am now is better than a bed across town").
- Hot meals, showers, and laundry are heavily used services; most facilities offer medical and mental health services in addition to case management.

The results of the environmental scan including examples from Vancouver and New York City are included in Attachment 1.

Consultation Process

Preliminary stakeholder interviews were conducted in December 2013 with community-based shelter and drop-in providers and City staff to gain a better understanding of the current need for an overnight or 24-hour safe drop-in for women.

Those stakeholders suggested that there is a need for an overnight or 24-hour drop-in for women in Toronto. Critical hours for women to access services are evenings, overnights, and early morning. Safety, accessibility, and creating a welcoming and flexible service

model were three key themes that arose from these discussions and are consistent with the findings from the environmental scan.

In January and February 2014, SSHA held five focus groups and two public forums that were attended by 114 service users. These women were either homeless or precariously housed with lived experience of homelessness. They spoke about their own experiences and those of friends who could not be present. To ensure consultations included women who access services infrequently, SSHA also conducted 11 individual interviews with women who could not attend a group session. These interviews took place at 129 Peter Street, the Metro Hall warming centre and Maggie's, an organization run for and by local sex workers.

The women who provided input closely mirrored the priority groups identified in the *2013 Street Needs Assessment (SNA)*. Ten percent of focus group or interview participants were aged 61 or older, 33 percent of women identified as Aboriginal and 38 percent of women identified as LGBTQ. In addition, 73 percent of women reported a physical or mental health challenge. In the 2013 SNA, emergency health care services were the most commonly used services by homeless people in Toronto, with 61 percent of respondents indicating they had accessed health and treatment services during the 6 months prior to the survey.

SSHA held two focus group sessions with agencies that serve women, including women-only and co-ed services. Shelters, drop-ins, street outreach, harm reduction programs, withdrawal management programs and health services were invited to these sessions, which over 30 agencies attended. In addition, SSHA led a targeted group discussion with 10 agencies, including those involved in the preliminary consultations in late 2013. The discussion focused on operational issues and challenges of operating a 24-hour or overnight drop-in service.

Consultation was also undertaken with Toronto Police Service (TPS), Toronto Emergency Medical Services (EMS), Toronto Public Health (TPH), and Social Development, Finance and Administration (SDFSA). Additionally, staff met with a representative of the Toronto Central Local Health Integration Network (LHIN).

The consultation process addressed issues of safety, accessibility and creating a welcoming and flexible service model. Women were asked what makes a space feel safe and welcoming, and what makes a service accessible. Consultations also focused on the preferred service delivery model for a new overnight service.

Service Delivery Model

There was a high level of agreement between service users and agencies on the preferred service delivery model. Although some women wanted a new low-barrier shelter, many preferred a space they could use for shorter periods, several hours at a time when needed, with no curfew and a minimally invasive intake process. Women spoke about how a drop-in model fosters a greater sense of community through group counselling and

activities. Women who are homeless and precariously housed are more susceptible to violence and assault than women who are in stable housing, particularly since women in crisis have fewer resources to build safety networks. Developing social connections and mutual trust within a community of women improves their ability to stay safe.

While a drop-in with overnight hours would be open to all women, the mandate of the service and its programming should be geared toward serving the most vulnerable, street-involved women, including those with serious substance use and/or mental health issues and those engaged in sex work.

There was a high level of agreement in consultations that the program should be community-operated. Developing a service model and programming should be determined through collaboration with the agency operator, an Advisory Committee(s) and City staff. There are some key elements of service delivery supported by service users and providers that can frame this future work.

The service philosophy must incorporate low-barrier, harm reduction, trauma-informed care. Developing a harm reduction framework for shelter services that enhances access and choice is a key action of the *2014-2019 Housing Stability Service Planning Framework* and is strongly supported by community agencies and clients.

Services

Essential services include showers, laundry, access to healthy meals and snacks, counselling and referrals. It is most effective to connect the most vulnerable, street-involved women to services on-site, rather than through referrals. Having both options available in an overnight or 24-hour service provides the most opportunity to engage with women who do not currently use services.

Ideally the space would also have an accessible kitchen and some supplies for women to make their own meals. Women expressed a need for beds or cots, as having somewhere to sleep, even for a short period of time, is essential to health and well-being. There are drop-ins in the City that offer short-term beds or mats with great success; however, as there are currently only day-time drop-ins in Toronto, the operational challenges of providing beds or cots in an overnight drop-in environment have not been tested. This aspect of the service delivery model would require more work with the contracted agency. In addition, availability of lockers was an area of concern for women as an option to keep their belongings safe. The process that could be used to provide lockers at a drop-in would also require more work after contracting.

A key concern among women and agencies was the staffing of the program. Well-trained staff should be able to de-escalate conflict without requiring security or police intervention. Peer support workers must be a key part of the staffing team and, ideally, women should be able to volunteer to lead activities. Staff should be trained in harm reduction, substance use and mental health, overdose identification and response, trauma-informed care, conflict mediation and de-escalation skills.

Health care and nursing were identified as a key service needed by women overnight. Although developing community partnerships will be important, stakeholders suggested that in-house nursing and case management supports be included in the operating budget, recognizing that there will be difficulties in accessing staff from partner agencies during night-time hours.

A majority of women expressed the view that a safe space is an abstinent space and no drug use should occur on-site. There was some interest in safe spaces to use, particularly safe spaces to smoke; however, women generally envisioned a 24-hour or overnight drop-in as a space that would not allow on-site drug use. There was recognition that services must operate within a harm reduction approach, including provision of safe use kits and supplies, sharps disposal containers, information on safe drug use and the option of addictions counselling. Staff should be trained to recognize and respond effectively to overdoses.

Serious substance use and mental health issues are often associated with disruptive behaviour that cannot be tolerated in shelters or drop-ins, thus forcing women to stay on the streets even if they may want to go inside. Most facilities currently use a series of escalating warnings for all but the most serious behaviours (such as violence or threatening behaviour) and service restrictions at a facility are used as a last resort. A new low-barrier drop-in, to be welcoming, will have to continue to use and enhance policies around escalating warnings, but comprehensive staff training can further decrease the incidence of service restrictions.

Women and agencies largely agreed that uniformed security is not desirable and that appropriately trained staff, with clear protocols respecting when an incident requires police intervention, will be able to ensure the safety of both clients and staff without creating barriers to women using the service. Designing the space safely can also mitigate risk.

Location

The location has to allow women to "drop-in". Preference was expressed for a program in the downtown area in which there is access to 24-hour transit, ideally with one drop-in in the downtown east and one in the downtown west. Service providers and users and City staff, including EMS and TPS 51 Division, indicated that there is a great need for the service in the downtown east area, and that if only one service location was possible, this would be the priority service area.

Women are more comfortable using a service in a neighbourhood they already know and generally feel safer in areas that are familiar. There is an assumption that women will not travel across the City to use a drop-in, particularly if they are seeking short-term respite, and many women do not feel safe travelling long distances at night.

Strong links with existing outreach services could improve access to the drop-in for women outside the downtown core.

Approaches to Meet Overnight Service Needs

The results of the community consultations and service review indicate that establishing an overnight or 24-hour drop-in will help street-involved women stay safer, particularly as most services are closed overnight.

A low-barrier overnight or 24-hour drop-in would expand the continuum of services offered to a diverse group of women, including seniors and older adults, Aboriginal People, LGBTQ, and people with substance use and/or mental health issues. Responsiveness to the needs of these groups is a key action of the *2014-2019 Housing Stability Service Planning Framework*.

There are three approaches that can meet the need for an overnight service. These are:

1. A new stand-alone overnight drop-in;
2. A new stand-alone 24-hour drop-in; and
3. Enhancing an existing service by extending hours around-the-clock.

Women and service providers expressed a preference for a 24-hour service over one that only operates overnight. The continuity offered by a round-the-clock service fosters community and creates a level of stability for women who currently live in chaotic situations to begin to utilize the services they need to find permanent housing. A 24-hour drop-in also provides more opportunities for staff to create a space that is accessible and welcoming, with services and referrals geared specifically toward women.

Offering limited overnight hours, for example, by providing only 16 hours of service, presents challenges to the service operator that could be mitigated in a 24-hour model. Asking women to leave in the morning can be challenging. Even if other services have opened, if a woman presents at 4 a.m., asking her to leave at 8 or 9 am can be impractical and destabilizing as it interrupts the continuity of service.

The need for a 24-hour drop-in service could be met by opening a new, stand alone facility or enhancing a current service by extending hours around-the-clock. Enhancing a current service is expected to cost less than the creation of a new stand-alone 24-hour facility. It could also require less time to set up than opening a new service and would be able to draw on community acceptance and support for the established agency.

When asked for their views on these two options, women largely preferred a new service. An existing service already has clients who have defined a sense of community, which becomes widely known to service users and can present a barrier to access for women who feel they do not fit into this pre-defined community. A new service offers the opportunity for the women who will use the drop-in to define the space and create a new sense of community, specific to their needs. Some stakeholders thought that a service

enhancement will not meet the needs of women who rarely or never use services now unless they already feel comfortable and welcomed in the space.

Partnerships and Support

During consultations with service providers, consideration was given to community capacity to operate a 24-hour drop-in. Several agencies informally expressed interest in operating such a service, subject to sufficient funding being made available by the City to operate the drop-in safely, including adequate staffing levels and support services.

Conversations with City staff also suggested opportunities for collaboration and coordination to better connect vulnerable people experiencing homelessness to appropriate services, a key action in the *2014-2019 Housing Stability Service Planning Framework*. SSHA met with the following Divisions and organizations to discuss possible supports for this project, as well as how a 24-hour drop-in could complement other City initiatives:

- Toronto Public Health, The Works
 - Provision of harm reduction supplies.
 - Training for staff on overdose prevention, identification of overdose, administration of Naloxone, mediating violence associated with drug use and safety working with women who are using drugs.
- Social Development, Finance and Administration
 - Ongoing work around identifying and working with victims of human trafficking.
- Toronto Emergency Medical Services
 - Establish response protocols, to better ensure safety of paramedics, clients, and staff.
 - Ongoing evaluation of call volume and type, to foster ongoing system improvements.
- Toronto Police Service
 - Participation in safety audit of location, once formalized, to minimize potential health and safety risks.
 - Establish response protocols, to better ensure safety in the community and within the facility.

- Develop ongoing relationship, for TPS to utilize drop-in as a resource and for agency to work effectively with TPS as required.
- Consultation with Toronto Central LHIN
 - Identified the opportunity to develop a healthcare focused pilot in partnership with LHIN funded healthcare agencies and the newly formed Health Links networks.

Funding Considerations and Next Steps

Service providers and service users were consistent in the view that there is the need for at least one overnight low-barrier drop-in service for women in the downtown core. The community, through extensive consultations, has indicated that the preference is a new stand-alone 24-hour service. There are also other approaches that can help meet the need for overnight services including a new drop-in with overnight hours or enhancements to existing services.

Preliminary estimates suggest that one 24-hour drop-in will require up to \$2 million in annual funding, exclusive of any property acquisition and retrofits. SSHA is seeking Council approval to issue a Request for Expressions of Interest (REOI) in 2014 to better determine community interest in operating an overnight or 24-hour drop-in and the costs associated with this service.

CONTACT

Karen Smith, Director, Hostel Services
Shelter, Support and Housing Administration
Tel.: 416-392-5417; E-mail: ksmith@toronto.ca

SIGNATURE

Phillip Abrahams
General Manager
Shelter, Support and Housing Administration

ATTACHMENTS

1. Environmental Scan
2. Who We Talked To
3. 24/7 Drop-in Service for Women: Stakeholder Consultations Executive Summary

ATTACHMENT 1 ENVIRONMENTAL SCAN

While a wider range of jurisdictions were investigated, the most meaningful lessons for Toronto appear to come from North American examples.

There are no 24-hour or overnight drop-ins currently operating in the City of Toronto. Co-ed drop-ins are open at various facilities from 8 am to 9 pm every day, with additional hours weekday mornings. There are two women's-only drop-ins in the City with some co-ed sites offering women-only hours. Services are available for women at various facilities from 10 am to 3 pm every day, with varied additional hours before and after.

Outside Toronto, the vast majority of overnight services for homeless and marginally housed individuals are bedded programs at shelters. The primary difference between an overnight drop-in and a shelter is the availability of beds. Drop-ins generally allow clients to sleep in chairs, but offer neither beds nor mats. There are few overnight or 24-hour drop-in centres in operation across North America. Where such services exist, the primary client group is people who are street-involved and choose not to access the shelter system. Within this population are sex workers and people with severe addictions and/or mental health issues.

Some key characteristics of the overnight drop-in services reviewed include:

- Low-threshold or low-barrier service is required to make the space safe and welcoming.
- Peer-led and peer-supported programming can be effective at stabilizing clients.
- Staffing levels, including security personnel, must be intensive in order to meet client needs.
- The location of the organization is important to connect with clients (i.e., a chair where I am now is better than a bed across town).
- Hot meals, showers, and laundry are heavily used services; most facilities offer medical and mental health services in addition to case management.

Vancouver and New York City provide good examples of how overnight drop-in services are offered.

Vancouver: WISH Drop-In Centre Society

The WISH Drop-in Centre is for women only and sex workers specifically. WISH had been established as a drop-in for 28 years when, as a result of the Missing Women's Inquiry in 2012, the organization was offered provincial funding of \$750,000 annually to run a 24-hour drop-in centre for women engaged in the sex trade.

Starting in March 2013, the WISH Drop-In Centre went from being open five hours a night (6:00 p.m.—11:00 p.m.) to seventeen hours a night (6:00 p.m.—11:00 a.m.). Between 80 and 100 women use the service every day. Basic services include: serving hot meals, providing shower facilities, dispensing make-up, hygiene items, and clothing, providing on-site nursing care, and making referrals to detox, treatment and shelters.

New York City

New York State has established the legal right to shelter for homeless individuals. Drop-ins are viewed as an auxiliary service, accessed only by those people who do not want a shelter bed. A 24-hour co-ed drop-in is located in each of New York City's boroughs. Drop-ins partner with churches and synagogues that offer overnight beds, and will bus clients to these facilities at night and pick them up in the morning. This model is able to serve only a small portion of clients and those who choose to remain at the drop-ins overnight sleep in chairs. Both drop-ins highlighted below have 24-hour security, with anywhere from 1 to 4 security personnel onsite at all times.

The Living Room/Safe Haven, Bronx

The Living Room/Safe Haven is operated by BronxWorks in the Bronx. The Living Room is a 24-hour co-ed drop-in for street involved adults, located in the same facility as Safe Haven, a 50-bed temporary shelter. Basic services include: housing placement and benefits assistance; medical and psychiatric care; nutritional assistance; medication monitoring; substance abuse counselling; and drug and alcohol treatment referrals. Laundry and shower facilities are available and hot meals are served 3 times a day.

The Living Room serves those individuals who choose not to access the shelter system and has an outreach program for street-involved adults. The drop-in serves approximately 100 people each day. Case workers are available during business hours only.

The Olivieri Drop-In Center, Manhattan

The Olivieri Drop-In Center, operated by Urban Pathways, is located in Manhattan. It is a 24-hour co-ed drop-in for street-involved adults. Basic services include: on-site medical care, mental health and substance abuse assessments, access to meals, clothing and showers, referrals to rehabilitation and recovery programs, individual counselling, entitlement assistance, banking facilities, vocational training, money management and instruction in other independent living skills.

When the Center started in the 1980s, it offered only daytime hours and has since extended its hours overnight. Prior to 2009, the Center served only women. Program staff believe the co-ed model is working well, and there is less conflict between clients now than when the program was women-only. Case management is offered during the day.

ATTACHMENT 2 WHO WE TALKED TO

Client Consultations and Demographics

Consultations were conducted with services users through 5 focus groups, several interviews and 2 public forums as follows:

1. Sistering, 13 participants
2. Native Women's Resource Centre of Toronto, 12 participants
3. Adelaide Resource Centre for Women, 9 participants
4. The 519 Community Centre, 15 participants
5. Maggie's, 5 participants
6. Open Public Forum, February 20, 29 participants
7. Women-Only Forum, February 27, 31 participants
8. Interviews, 11 individual interviews

Participants in focus groups and interviews were asked to complete anonymous questionnaires asking basic questions such as age and current housing situation. 63 of 65 women completed these questionnaires, which indicated that we spoke with a majority of women aged 25-60 (84%). 68% of women indicated that they were housed; however, this number includes women living in precarious housing such as rooming houses and couch surfing, and women who are currently housed, but due to various factors could still be considered precariously housed.

We also asked women whether they self-identify as Aboriginal or LGBTQ and whether they have physical or mental health challenges. Their responses are summarized in the following table:

Self-Identification	% of Respondents ^{*not cumulative}
1. Aboriginal	33% (21n)
2. LGBTQ	38% (24n)
4. Physical or mental health challenges	73% (46n)

Agency Consultations

Consultations were conducted with agencies through 2 general focus groups and 1 targeted focus group. The following agencies attended consultations:

416 Community Support for Women
Breakaway Addiction Services
Canadian Red Cross

Covenant House
Eva's Initiatives
Flemingdon Neighbourhood Services
Fontbonne Ministries, In Good Company
Fontbonne Ministries, Mustard Seed
Fred Victor Centre
Gerstein Crisis Centre
Good Neighbour's Club
Homes First Society, Savard's
Homes First Society, Scarborough
Maggie's
Margaret's Toronto East Drop-In
Native Women's Resource Centre of Toronto
Nellie's
Regent Park Community Health Centre
Salvation Army, Evangeline Residence
Salvation Army, Florence Booth
Sanctuary Ministries of Toronto
Scott Mission
Sistering
South Riverdale Community Health Centre
St. Christopher House
St. Felix House
St. Stephen's Community House
Street Haven
Street Health
The 519 Church Street Community Centre
Toronto Drop-in Network
Toronto North Support Services, Multi-Disciplinary Outreach Team
University Health Network – Women's Own Detox
University Settlement
YMCA, Y House

City Staff Consultations

The following Divisions and programs were consulted both through the agency focus groups listed above or through focussed meetings to discuss implications of the proposed service model on other services, as well as opportunities for collaboration:

Emergency Medical Services
Social Development, Finance and Administration
Streets to Homes Street Outreach (SSHA)
Toronto Police Service
Toronto Public Health
Women's Residence (SSHA)