

October 20, 2015

Dear Executive Committee members, and Council Members.

Thank you for this opportunity to speak to the health impacts of the George Street Revitalization.

My name is Dr. Michaela Beder, and I am a psychiatrist at St Michael's Hospital. I work with people with severe mental illness, homelessness, legal issues, and substance use, and see many clients at Seaton House. I am the Mental Health Lead for Inner City Health Associates, a Lecturer at the University of Toronto, and the Physician Lead for CATCH-Homeless, a program that serves homeless people coming out of hospital. I am here speaking on behalf of Inner City Health Associates and St Michael's Hospital.

The city has made several important commitments:

1. Achieving shelter occupancy below 90%
2. Maintaining all shelter beds during and after the Seaton House transition
3. Adhering to Housing First, a housing model which includes high level mental health supports, rent supplements, and client choice

I am very concerned that this report, as it stands, does not allow the city to adhere to these three commitments. I'm glad that Seaton House is going, and support many of the things in this report. What I am here to ask for is clarification on the details, as they can add up to life or death.

Firstly, I am concerned about the loss of shelter beds. The current report results in a net loss of over 200 shelter beds in the system. This is a dangerous cut, considering that shelter use has increased 11% since 2011¹, and occupancy rates in the emergency shelter system go up to 97%². With ongoing gentrification and rising real estate prices, and until sufficient high support and subsidized housing is built, we need to enhance, not cut, current shelter beds, to ensure that the 90% target is met.

Recommendation: We respectfully ask for a report that shows how the 674 beds at Seaton House and the Schoolhouse will be maintained, and how the target of <90% occupancy will be met in the system as a whole.

Secondly, I am concerned that the new permanent and temporary shelters will be located outside of the downtown core and away from the services that people depend on. My clients have created community around Seaton House, and are well connected with drop-ins, harm reduction services, mental health teams, and primary healthcare. The potential displacement of several hundred people to the periphery of the city, where the levels of services are very low, is extremely

¹ March 9th report, p7

² March 9th report, p6

concerning, and cannot be allowed to proceed. People gravitate to the downtown core both for shelter beds, but also for the array of life-preserving services and expertise in homeless healthcare.

Recommendation: We respectfully ask that any new shelter be located downtown in an area that has access to the necessary services for people with complex health needs. Should any shelter be located outside of the core, we ask that an environmental scan be completed prior to committing to the site, and that no beds be relocated to an area without a guarantee of full access to health and social services, as well as transit.

Thirdly, I am concerned that the principles of Housing First³, a model for ending homelessness for people with mental illness that was researched here at St Michael's Hospital, are not being adhered to. Housing first means finding good quality independent housing, it means rent supplements of at least \$600/month, it means high intensity mental health supports, and it means client choice, which seems to be lacking in the GSR report. Will clients get to choose whether they return to the new George Street site, or move off-site? We ask that people be allowed to choose where they live.

Further, the proposed \$400/month housing supplement outlined in the March 9th report to city hall⁴ is inadequate^{5,6}. Rent supplements need to be at least \$600/month in line with best evidence and the housing market.

Recommendation:

Clarification is needed as to how many Seaton House residents will be eligible for the rent supplements and high level mental health support- the report notes 150 units of housing⁷ in one place, and then 200 in another⁸.

³ Toronto Final Report: At Home/Chez Soi. "At study end, HF participants had been stably housed for 80 per cent of the time compared to 54 per cent among Treatment as Usual (TAU) participants. In the last six months of the study, 72 per cent of HF participants were housed all of the time, 16 per cent some of the time, and 12 per cent none of the time; whereas 36 per cent of TAU participants were housed all of the time, 25 per cent some of the time, and 39 per cent none of the time."

⁴ March 9th report to city hall, p13

⁵ the At Home/Chez Soi research project, which led to a 72% rate of housing retention, provided up to \$600/month supplements.

⁶ With an average apartment costing \$1071 per month, and shelter benefits between \$276 and \$479, a rent supplement of \$400 is inadequate to maintain housing retention.

⁷ Staff report, EX9.6, p21

⁸ Staff report, EX9.6, p7

Clarification is also needed as to the scope and method of the Housing First programs⁹ - who will run them, and how will they be evaluated to ensure they are evidence-based.

During this time of transition, there is also a concern that people will slip between the cracks, and be lost to care, which may lead to increased use of emergency departments. We know that a critical time intervention model such as CATCH-Homeless can lead to improvements in mental health, as well as decreased admission to hospital. We ask for increased resources to support mobile intensive case management models such as CATCH.

Mayor Tory – you have made a commitment to people experiencing homelessness in the city. We support the positive aspects of the report. At the same time, there are major concerns, including the loss of shelter beds, the displacement of poor people from the downtown, the health risk of placing beds away from healthcare services, and insufficient rent supplementation. We request that, before these plans proceed, there be a supplementary report that provides clarification, and explains how the city will maintain the current number of Seaton House shelter beds and ensure that shelter occupancy reaches your own target of less than 90%. We ask for this report to be made available before the 2016 budget process.

⁹ Staff report, EX9.6, p21