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TORONTO

STAFF REPORT
ACTION REQUIRED

Infrastructure and Service Improvement Plan for the Emergency Shelter System

Date:	March 9, 2015
To:	Community Development and Recreation Committee
From:	General Manager, Shelter, Support and Housing Administration
Wards:	All
Reference Number:	

SUMMARY

This report sets out an infrastructure and service improvement plan to guide transformation of the emergency shelter system. This plan reflects the City's Housing First approach to ending homelessness by assisting people to move from emergency shelter into permanent housing as quickly as possible, while recognizing the importance of maintaining a robust and responsive emergency shelter system to provide assistance to people in crisis. The plan also supports the City's Poverty Reduction Strategy.

The report provides a detailed overview of the emergency shelter system in a city that is seeing less and less affordable housing, rising property values, and increased poverty. It discusses how the system is structured, who uses it and current service use trends. It highlights areas that need to be changed in order for client needs to continue to be met in an effective and efficient manner. This analysis lays the foundation for a range of proposed actions, including:

- Development of a new program that focuses on housing long term shelter users to free up shelter beds for their original emergency purpose. The report outlines a range of Housing First approaches to achieve this objective, including partnership opportunities with Local Health Integration Networks (LHINs) to provide housing and supports for clients with complex physical, mental health and substance use issues.

- An overview of the additional shelter capacity required to meet a 90% occupancy target in each emergency shelter sector, while also responding to the need for relocation of multiple existing shelter sites, including those related to George Street Revitalization and the displacement of existing shelters caused by real estate

development initiatives. The report sets out a clear process for identifying and seeking approval for new shelter sites that will be needed, and outlines a plan for the capital investments required.

- An update on a number of strategic initiatives underway to improve access and the effective operation of the emergency shelter system. These include updating the Shelter Standards, review of the use of transitional shelter programs, development of an enhanced centralized access system for emergency shelters, development of a harm reduction framework and development of strategic performance indicators and a new funding model that creates incentives to support clients in moving to permanent housing.

RECOMMENDATIONS

The General Manager, Shelter, Support and Housing Administration (SSHA), recommends that City Council:

1. request the Director, Real Estate Services, to assist Shelter, Support and Housing Administration staff to identify appropriate facilities for use as the 15 potential new emergency shelter sites, both temporary and permanent, that will be needed in the next five years;

2. request the General Manager, Shelter, Support and Housing Administration, to work with the Chief Corporate Officer and the Director of Equity, Diversity and Human Rights to identify strategies to increase the number of physically accessible shelter beds available;

3. request the General Manager, Shelter, Support and Housing Administration, to report through the 2016 budget process on the impacts of the strategies identified in this report in achieving a 90% occupancy target in each emergency shelter sector, and the implications for additional resources needed;

4. refer this report, in particular the workplan on a Mental Health and Substance Use strategy in shelters, to the Board of Health for information; and

5. request the federal and provincial governments provide additional funding to create additional supportive housing spaces for long term shelter users with significant health, mental health and addiction issues.

Financial Impact

The 2015 Recommended Operating budget for SSHA includes funding of $3.8 million to increase capacity in the shelter system to achieve the target of 90% occupancy in each emergency shelter sector by adding 127 new beds in the Coed, Men's and Women's shelter sectors, 54 new beds for LGBTQ2S youth, and continued funding for 32 existing beds that were added in 2014. These measures provide funding for an overall increase of 57,158 bed nights in 2015.

This report also identifies a number of strategies aimed at reducing demand for emergency shelter, in particular by creating a Housing First pilot program to assist long term shelter users to move into permanent housing.

Staff will monitor the impact of these initiatives on occupancy levels through 2015 and report on any future financial implications of strategies identified in this report through the 2016 budget process, including:

- Start-up costs of relocating existing shelter sites
- Achieving the goal of increasing the number of accessible spaces available to 20% of all available shelter beds
- Replacement of flex beds to return surge capacity function to the emergency shelter system
- Extending the Housing First in shelters pilot program

The financial impact of the George Street Revitalization (GSR) and transition plan will be brought to Council for consideration in September 2015 as part of a comprehensive staff report on GSR.

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 including seniors, people with disabilities, individuals with mental health and/or substance use issues, the working poor, and other vulnerable groups. Effective operation of the shelter system is important in ensuring that temporary emergency accommodation is available to a variety of equity seeking-groups, and that these vulnerable residents are assisted to move back into permanent housing as quickly as possible. It is also a critical element in the City's Poverty Reduction Strategy.

DECISION HISTORY

At its meeting of July 16, 17, 18 and 19, 2013, City Council adopted EX33.17, *Update and Next Steps of Proposed Redevelopment of Seaton House and Revitalization of*

George Street, which approved in principle the redevelopment of Seaton House, including an emergency shelter, a long-term care home and a service hub.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.EX33.17

At its meeting of December 16, 17, and 18, 2013 Council unanimously adopted CD25.10, *2014-2019 Housing Stability Service Planning Framework* (HSSPF). The HSSPF includes a Strategic Direction to continue to maintain a strong emergency shelter system and a key action to achieve a 90% shelter occupancy standard. The Framework also identifies as a key action the development of a ten-year capital management and infrastructure strategy that supports the maintenance and redevelopment of the shelter sites city-wide and is sensitive to changing and diverse needs of people who are homeless.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.CD25.10

At its meeting of June 10, 11, 12 and 13, 2014 Council adopted EX42.15, *Investment in Affordable Housing Program Extension*, which approved the funding allocations for the Investment in Affordable Housing program at a rate of 52 percent for operating programs (housing allowances) and 48 percent for capital programs (new rental housing development, housing repair and modifications, and affordable home ownership assistance). Council authorized the General Manager to enter into agreements as required to administer the program.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.EX42.15

At its meeting of July 8, 9, 10 and 11, 2014, City Council adopted CD30.6, *Comprehensive Review of Cold Weather Protocols*, which requested the General Manager, Shelter, Support and Housing to include in SSHA's 10 year capital management and infrastructure strategy an analysis of the financial impact of delivering an additional 100 permanent shelter beds with the aim of returning flexibility to the shelter system to respond to unanticipated surges in occupancy levels.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.CD30.6

At its meeting of August 25, 26, 27 and 28, 2014, City Council adopted CD31.7, *Update on Relocation of Cornerstone Shelter*, which directed the General Manager, Shelter, Support and Housing to report to the Community Development and Recreation Committee in 2015 on best practices for community engagement in establishing shelters.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.CD31.7

At its meeting of January 15, 2015, Community Development and Recreation Committee approved CD1.7, *Toward an Integrated Mental Wellness Strategy*, which directed the General Manager, Shelter, Support and Housing Administration, to include in the report on the shelter system:

1. A workplan to develop an integrated strategy with potential funding sources indentified for:

    a. expanding supports available for residents in Toronto's shelter system experiencing mental illnesses, substance abuse or addiction issues;

b. addiction and substance abuse interventions among residents in Toronto's shelter system; and

c. a pilot project to assist residents in the City of Toronto's shelter system experiencing mental illnesses, substance abuse or addiction issues that would be designed to deliver measurable results.

2. A strategy to develop closer integration with community agencies that work with individuals experiencing mental illnesses, substance abuse or addiction issues, within the context of the provincial government's Plan to End Homelessness and Poverty Reduction Strategy.

3. Requests to the Federal and Provincial Ministers of Health for enhanced funding for programs for residents in the City of Toronto's shelters experiencing mental illnesses, substance abuse or addiction issues.

http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.CD1.7

ISSUE BACKGROUND

Current Shelter System Overview

Accessing shelter beds

Most people seeking emergency shelter access services by presenting themselves in person at any of the 59 shelter locations. There are also two central access points – Central Intake and the Streets to Homes Assessment and Referral Centre (SHARC). Central Intake is a 24/7 phone-based service that allows clients to seek information or a shelter bed. 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. Anyone can go to the SHARC in person and staff will find an available shelter bed or refer them to another appropriate service. Clients can use 24/7 respite services at the SHARC, if required, while they wait for a shelter bed to become available.

Shelter capacity

The current capacity of Toronto's emergency shelter system for people experiencing homelessness is just under 4,500 beds in 59 locations across the City. Ten shelters are City-operated and 49 are operated through purchase-of-service contracts by community non-profit agencies. Total capacity also includes 40 beds at the SHARC and the 172 flex beds that were made part of the permanent system by City Council in 2013. It also includes up to 410 beds that are available in motels in the family sector. The use of motel rooms allows the family sector to expand and shrink based on demand. Demand in the family sector can be more volatile than in other sectors since changes in immigration trends and visa policies have a significant impact on the number of families seeking emergency shelter. On weekends, an additional 85 beds are available through a part-time

program at University Settlement House which provides service Friday through Sunday in the winter and on Saturdays and Sundays in the summer. Attachment 1 provides an overview of the current shelter locations and bed capacities.

Between mid-November and mid-April, the City-funded and volunteer-operated Out of the Cold (OOTC) program is in effect, providing meals and overnight accommodation in faith-based facilities throughout the city. Space standards are governed by the *Toronto Shelter Standards*. Currently, there are 16 OOTC sites, providing services for 15 to 75 people each. On any given night there are up to four sites in operation. In addition, when an Extreme Cold Weather Alert (ECWA) is called 26 extreme weather beds are available and two 24-hour drop-ins are activated.

The difference between emergency and transitional shelters

Every night there are 3,395 shelter beds available for emergency use by those in housing crisis. There is no program referral required and it is expected that clients will be returning to permanent housing within a relatively short period of time. These beds represent three-quarters (76%) of the 4,476 full-time beds in the shelter system. The remaining 1,081 beds (24%) are in transitional programs that require referral from another shelter program, and where clients may stay for up to a year or more as they work to stabilize their situations while working on a housing plan. Programming in these facilities is specialized and targeted to the needs of specific client groups such as youth in school, clients developing employment skills, clients in harm reduction or substance treatment programs, and recent immigrants. Attachment 2 provides a description of current transitional shelter programs.

Beds in transitional programs are not intended to be available for immediate admission of people in crisis entering the shelter system. Clients must be referred from another emergency shelter program, usually after some form of assessment shows they meet the specific eligibility criteria of the program. It is desirable that these transitional programs operate as close to 100% occupancy as possible in order to reduce demand on the true emergency shelter system. Attachment 3 describes current daily occupancy in the emergency and transitional shelters.

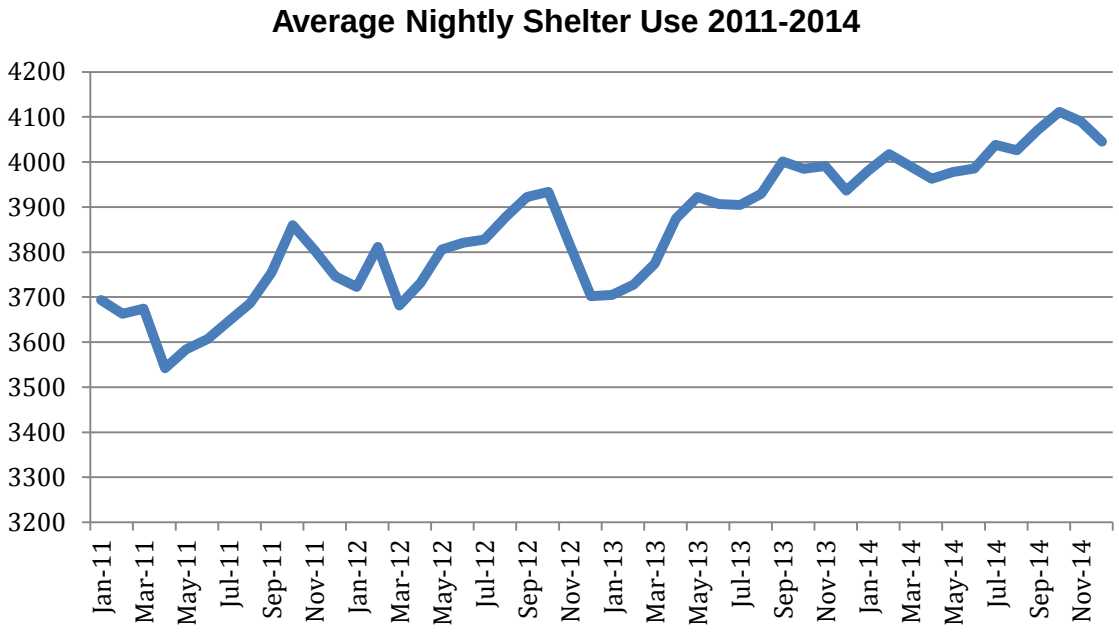
Emergency and Transitional Shelter Capacity and Occupancy

	Occupancy	Capacity	Available Beds	Occupancy Rate
Emergency Shelters	2889	2985	96	97%
Motels	273	410	137	67%
Transitional Shelters	1007	1081	74	93%
Total Full-time Beds*	4169	4476	307	93%

* Includes all permanent, motel and flex beds, plus interim capacity added in January 2015. Occupancy as of February 19, 2015

Demand is growing for shelter

Average nightly shelter occupancy has been increasing year over year since 2011, the first full year that the Shelter Management Information System (SMIS) was in operation. It grew by approximately 11% between January 2011 and January 2015. Monthly average nightly occupancy was on the rise throughout 2014, particularly in the second half of the year. Attachment 4 describes occupancy trends in more detail.



The average shelter occupancy rate in January 2015 was approximately 93%, with some sectors, particularly co-ed and women's, even higher. Interim measures were introduced in mid-January to respond to occupancy pressures, including opening an additional 20 motel rooms with a capacity of 60 to 90 beds, and bringing 21 beds online in existing shelter locations until April 15, the end of the 2015 winter season. The impact of these interim measures is a reduced occupancy rate of 92% overall, with a reductions in the co-ed sector to 91% from 97%.

Shelter client profile and trends in service use

In 2014, more than 16,000 unique individuals accessed the shelter system.

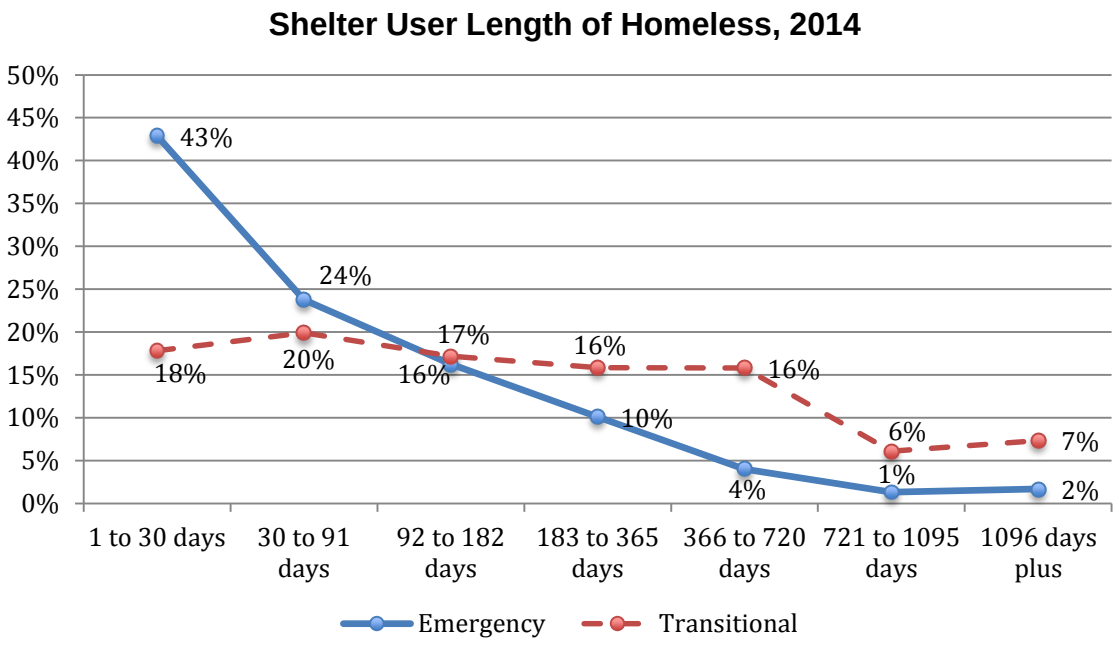
Last year each shelter bed was used, on average, by 3.7 different people. Overall, 64% of shelter users were male, 35% female and 1% identified as transgender. The average age of all shelter users was 35, and the average age of adult shelter users (those 25 and older) was 44. In total, 69% of those using the shelter system were adults, 19% were youth (aged 16 to 24) and 19% were children under 16.

There were 3,501 individuals in 1,163 family households with dependent children using the shelter system in 2014. Of those, 23% were two-parent households and 77% were

single parent households. The average number of dependents per family was 1.9. Attachment 5 describes the shelter client profile in greater detail.

In 2014, the majority of people using the shelter system stayed for a short period of time before moving on. The average length of homelessness for the system as a whole was 151 days, or approximately five months, where an episode of homelessness is defined as a group of admissions with a break of not more than 30 days in between. Half of all shelter users stayed for 54 days or less (the median). However there was a small group of clients who stayed for much longer periods of time and used a disproportionate amount of resources. Ten percent of shelter users had been homeless for more than a year and 2% had been homeless more than 3 years. Those 10% of long term homeless clients used 32% of all shelter bednights available in 2014. Attachment 6 provides more details on length of stay patterns.

The average length of homelessness for those in emergency shelters was 122 days, while the average length of homelessness for those in transitional shelters, where programs are often designed for longer stays, was 328 days.



What drives demand for shelter

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 move into permanent housing. Over the years, in response to service constraints in other sectors and, as affordable housing has become more scarce, the shelter system has filled the gaps created by these systems. The City's shelters have become de facto housing for many people who should more appropriately be receiving housing or supports from other service systems.

Demand for emergency shelter is driven by the following factors:

- *Economic factors* – While shelter occupancy did not increase immediately following the financial downturn in 2008 and 2009, continued economic instability, rising unemployment rates, and high Ontario Works caseloads create a trickle down effect that may be reaching the emergency shelter system in more recent years. Research from previous recessions shows that the impact on homelessness may not become manifest for several years after the economic shock. People tend to exhaust resources gradually over time, such as unemployment supports, savings, and reliance on family and friends. Economic insecurity increases until finally resulting in loss of housing.

- *Health care policies and funding* – Many people in the emergency shelter system deal with significant mental health, physical health and substance use issues. Many of these individuals are not being adequately served by the primary health, mental health or substance use service systems. This is in part due to a high demand and limited capacity in those systems. The result is that many people end up in the emergency shelter system, often for long periods of time, without getting the level of support they require. In addition, growing pressures on hospitals to free up inpatient beds, and inadequate convalescent care options for vulnerable populations, means that some patients are discharged directly to shelters. Often they arrive with significant ongoing health care needs that shelters are not equipped or mandated to accommodate.

- *Aging population* – As the population ages, pressures on health services for people who are homeless will increase. In particular, there is a growing number of seniors in the emergency shelter system who have complex health needs but, because of their mental health, addictions or other behavioural issues, are not eligible for, or are unsuccessful in existing long-term care homes.

- *Criminal justice system* – Many people leaving correctional institutions are discharged directly into homelessness. In some cases the terms of their release actually force them into homelessness by restricting them from returning to their previous housing or neighbourhood. In many cases people get caught in a cycle between homelessness and detention facilities because they do not get the supports they need while incarcerated to re-enter the community successfully and find appropriate housing.

- *Child welfare systems* – Many children who have been taken into the child welfare system move through a series of foster or group homes and struggle to move successfully to independence after leaving care. Some end up homeless and in emergency shelter or on the street.

- *Immigration policies* – Many newcomers to Canada, particularly refugee claimants, do not receive adequate supports from the provincial and federal governments to achieve housing stability and end up in the emergency shelter system. In particular, people without status, who have no ability to access legal employment, income supports, subsidized housing, or health services, may become trapped in the shelter

system for long periods, with few options for housing. Council's recently approved Sanctuary City policy ensures that these vulnerable residents receive the emergency services they need. However, provincial and federal immigration policy decisions place increasing pressure on shelter occupancy.

- *Victims of domestic violence* – The provincial government directly funds emergency shelters for victims of domestic violence. However, there are not enough services to meet the needs of women fleeing violence. These women must often seek shelter in the municipal emergency shelter system, which may not have the appropriate supports in place to respond to the needs of these women and their children.

- *Lack of affordable housing* – The most significant pressure on the emergency shelter system is the difficulty in finding appropriate, affordable housing. The average market rent for a one-bedroom apartment in Toronto is $1071 per month, while a bachelor is $899. The monthly shelter benefit for a single person receiving Ontario Works benefits is $376. This amount is slightly higher for the Ontario Disability Support Program at $479 per month. Even for someone working full-time at minimum wage (~$1900 per month), the average rent for a bachelor apartment would consume nearly 50% of their before tax income. With a vacancy rate of just 1.6%, finding appropriate and affordable housing options for clients is the biggest challenge facing those working to help people end their homelessness.

All of these factors have contributed to increasing shelter occupancy rates. The critical lack of affordable housing intersects with the limitations of other service systems to respond adequately to people's needs, and places ever greater pressures on the emergency shelter system. The pressure to respond by creating additional emergency shelter beds in turn compounds the problem, as more resources are committed to fund emergency responses rather than being available to invest in longer term, more proactive and preventative solutions.

Future Infrastructure Needs

Over the next five years, there will be a significant amount of change in the emergency shelter system, due to the need for relocation of existing shelter facilities as a result of pressures caused by the real estate market, the need to upgrade deteriorating shelter facilities to better meet client needs, as well as transition planning for the George Street Revitalization project. The result of these changes is that several new shelter locations, both temporary and permanent, need to be identified and purchased or leased in neighbourhoods across the city. While this represents a significant challenge in terms of potential instability in the service system in the short term, it also represents an opportunity to improve shelter service in two ways. First, building capacity in under-served neighbourhoods outside the downtown core; and second, developing facilities that are accessible and can accommodate couples and pets. Attachment 7 includes a map of the distribution of current shelter locations across the city.

Shelter system infrastructure

The shelter system operates in a mixed delivery model, where 10 shelter locations are directly operated by the City and the remaining 49 sites are operated through purchase of service contracts with community providers. Some 83% of the 59 shelter locations are operated through purchase of service contracts with community agencies, representing 68% of all regular shelter beds. While many of these agencies have operated shelters for many years, they operate on year to year contracts and, as independent organizations, can make the decision at any time to cease operations after giving the City 90 days notice.

Some of the facilities in which shelters are located are owned by the City, and some are owned or leased by community providers. Where facilities are leased, there is less security of tenure and real estate development pressures put the stability of the shelter system at risk. Currently, 20 (34%) shelter sites are on City owned properties, 30 (51%) are owned by the shelter provider, and 9 (15%) are leased properties.

It is important to maintain the right balance of leased versus owned facilities and directly operated versus purchase of service to ensure the shelter system remains nimble and responsive while also providing system stability and ensuring service is available to people in need. Over the next five years, SSHA should seek to reduce reliance on leased facilities to ensure greater system stability.

George Street Revitalization

Due diligence is underway to plan for the redevelopment of Seaton House as part of the George Street Revitalization project. The project offers a unique opportunity to pilot a new continuum of care for a complex client population with mental health, addiction and behavioural issues. If approved by Council, an emergency shelter for men, an assisted living residence, a long-term care home and affordable housing will be cornerstones of the new development. A service hub will provide a holistic "one stop shop" for integrated programming and services to address the social determinants of health of these residents and the surrounding neighbourhood.

As part of the redevelopment, a detailed transition plan is being developed to manage the opening of temporary replacement facilities for the programs that will be moved back on site when development is complete, as well as the creation of new permanent shelter sites to replace the shelter capacity currently located at Seaton House.

COMMENTS

Council has established a target of achieving 90% occupancy in each sector of the emergency shelter system. In order to meet this target and to respond to the significant redevelopment and relocation challenges and opportunities over the coming years, the following action plan is proposed with a mix of strategies that address both the demand for emergency shelter and the available supply. While adding new capacity to the shelter system responds to the immediate needs of people who are homeless and in crisis,

without at the same time implementing strategies to ensure people are able to return to housing quickly, the pressures on the emergency shelter system will only continue to increase.

The plan includes actions in four key areas:

1. Housing First approaches for long term shelter users
2. Add new emergency shelter capacity
3. Maintain existing shelter capacity by managing redevelopment and relocation pressures
4. Review of policies and processes to improve use of existing resources

1. Housing First Approaches for Long Term Shelter Users

As outlined, some people remain in the shelter system for long periods of time and use a disproportionate amount of resources. In these situations, shelter beds are effectively being used as housing, rather than for the short-term crisis support for which they were intended. For every long term shelter user who is housed, that bed is then available to be used for emergency purposes. This in turn reduces the necessity and cost of opening additional shelter beds to meet demand.

While shelters already provide housing assistance to thousands of people every year with excellent results in helping clients to become rehoused in the community, this Housing First approach will be enhanced to focus on long term shelter users who have been homeless for one year or more. This group represented 10% of all shelter users in 2014, but used 32% of all shelter beds available. Attachment 8 provides a more detailed profile of the target population.

Two primary approaches are recommended as follows:

- The first is a program of intensive case management supports, similar to the Streets to Homes program, along with a housing allowance. Case management includes at least a year of follow up supports by workers regularly meeting with clients once they are housed to troubleshoot any developing issues with landlords, make referrals to community services, and connect clients to local resources for groceries, medical appointments, social opportunities, etc. This model has proven very effective for clients with many complex challenges. More than 80% of clients housed through Streets to Homes are able to maintain their housing for more than a year using these types of supports. Similarly, the At Home/Chez Soi national research project found that over the course of the two year study, participants receiving intensive case management supports were stably housed 72% of the time.

  A system-wide Housing First team will coordinate efforts to identify long term shelter users throughout the shelter system and identify appropriate housing options and level of support needed based on a pilot housing assessment tool for shelter clients. Clients

will be provided follow-up supports for at least a year after moving into housing. The Housing First team will aim to house a target of 200 long term shelter users per year.

The estimated cost of the Housing First pilot is approximately $2,260,000 annually, or $11,300 per client. This includes five Housing First Case Workers to assist clients to find appropriate housing options ($477,070 using 2015 FTE estimate) and ten Follow-up Support Workers (estimated $800,000) to help clients to maintain their housing for at least one year, as well as a $400 monthly housing allowance ($4800 per household per year).

To implement this program, beginning in 2015, existing SSHA staff will be reassigned temporarily to create a team of Housing First Case Workers. Funding for follow-up supports will be allocated from within existing provincial CHPI and federal HPS funding envelopes, and implemented through a Request for Proposals (RFP) to community agencies. This investment will be leveraged with housing allowances funded through the federal/provincial Investment in Affordable Housing (IAH) program. Based on results of the pilot program and its impact in reducing occupancy pressures, resources needed to extend the pilot on an ongoing basis will be considered through the 2016 operating budget process.

This investment in a Housing First approach to provide long term shelter users with permanent housing and supports will cost less than creating the equivalent number of new shelter beds. As illustrated in the following table, it will cost approximately $3.2 million less per year to provide a Housing First approach with supports to 200 clients than it would to create and operate 200 new shelter beds.

Cost Comparison of a Housing First Approach vs. Creating New Shelter Beds

Program	Outcome	Approximate Annual Cost	Approximate Cost for 200 Clients
Housing First with supports	Long term shelter users housed	$11,300 per person	$2,260,000
Create new shelter	Shelter beds created	$27,375 operating cost per bed ($75 average per day)	$5,475,000
Difference		($16,075)	($3,215,000)

- The second approach is a pilot program, in partnership with the health care sector, to move people with very complex physical and mental health challenges into more appropriate supportive housing. These are clients who require more intensive supports and 24/7 care due to complex health and/or behaviour challenges. The City will partner with the Toronto Central LHIN to use IAH housing allowances to leverage support service funding to more effectively serve this population. Eligible clients will be those who are assessed by the Housing First team as needing a higher level of support than the Intensive Case Management (1:20 client caseload) provided by follow-up support workers. This approach provides a more appropriate level of

support for clients with complex health needs. It also has the potential to offset the higher cost of creating new shelter beds.

SSHA will also work with the Affordable Housing Office (AHO) to identify opportunities to integrate supportive and transitional housing, funded in partnership with the health care sector, into new housing developments and shelter redevelopment projects. For example, the George Street Revitalization project, which may include a component of affordable housing, presents an opportunity to develop an innovative new housing model that, when matched with health related supports, could provide an appropriate housing option for long term shelter users with the most challenging health and behavioural issues.

The AHO uses federal/provincial Investment in Affordable Housing (IAH) funding and other sources for new rental housing development and affordable housing repair and modifications. The AHO will also soon issue an RFP for new funding under Toronto Renovates for the repair and renovation of rooming houses, an important source of affordable housing for those transitioning out of shelters.

The number of clients housed through both pilots will be tracked, along with housing outcomes. The project will work towards a target of reducing the number of clients in the shelter system who have been homeless for one year or more by 20%.

The end result of this pilot project will be to reduce nightly demand for emergency shelter, free up available shelter capacity for people seeking shelter due to a temporary housing crisis and move towards achieving a 90% occupancy rate in the emergency shelter system. The pilot project embodies the objectives of the *2014-2019 Housing Stability Service Planning Framework* and continues the transformation of the service system from one that is reactive and focused on temporary, emergency responses to one that is proactive and focused on permanent, preventative solutions.

2. Additional Capacity Needed to Meet Occupancy Target

As stated earlier, the shelter system has been at capacity with nightly occupancy above the Council-approved 90% occupancy threshold.

An additional $2.5 million is included in SSHA's 2015 recommended operating budget to help reach the 90% occupancy target in each emergency shelter sector by adding an estimated 127 beds in the Men's, Women's and Co-ed sectors. The budget also includes up to $1.2 million funding for two LGBTQ2S youth transitional shelters with 54 beds total. These beds will be added to the system in the coming months, subject to Council approval of the 2015 budget, and the impact on the occupancy rate should begin to be seen later in 2015.

Occupancy rates fluctuate according to seasonal variations as well as the external pressures contributing to homelessness identified earlier in this report. For this reason the system needs to have built in flexibility to respond to what are sometimes swift variations in demand. Such flexibility can be maintained by having a range of different shelter

program models. It is also why it is important to address demand for emergency shelter through initiatives like the Housing First pilot for long term shelter users, in addition to adding new capacity.

Based on occupancy levels in mid-February, staff estimate there is a need for 153 new permanent emergency shelter beds to achieve 90% occupancy in each emergency shelter sector. This equates to three new shelters, one each in the Co-ed sector (60 beds), the Men's sector (50 beds), and the Women's sector (42 beds).

	Current Emergency Occupancy	Total Capacity Needed to reach 90%	Current Regular Emergency Capacity*	Additional Emergency Shelter Beds Needed
Co-ed	255	283	223	60
Men	1110	1233	1181	50
Women	506	562	520	42
Total	1871	2079	1890	153

* Does not include interim beds added that do not have ongoing funding past April

The investment of $2.5 million through the 2015 budget is intended to address this need for expanded capacity, which will be implemented through a combination of the following strategies:

a. *Continuation of existing temporary beds as needed*

Additional motel beds and temporary beds in existing shelter sites were introduced in mid-January 2015 as interim measures to address occupancy pressures in the short term.

These were to be in place until the end of cold weather season on April 15. However, these measures may be continued beyond April until more permanent solutions are brought online. In addition, 16 beds were added while the new Cornerstone shelter location was undergoing renovation and 23 temporary women's beds were added while a new women's facility was being made ready for occupancy. There is the option to continue to operate these beds to help relieve occupancy pressures. This would be a total of 102 potential emergency shelter beds of the 153 needed that could be available immediately and continued until more permanent solutions are in place.

b. *Identification of new or expanded shelter locations*

SSHA released a Request for Expressions of Interest (REOI) in January 2015 to expand the permanent emergency/transitional shelter beds in the single women, single men and co-ed sectors – the sectors with the greatest occupancy pressures. The purpose of the REOI is to identify shelter operators and service providers that work with marginalized populations that are interested and able to operate new or expanded current emergency or transitional shelters, explore service delivery models that address complex needs of service users through a Housing First framework, and identify resources including property, staffing and other supports that will be required for the proposed program. The

REOI closed at the end of February and 22 responses from 15 organizations are being reviewed.

c. *Expanded use of motel space*

Utilizing motel space has proven to be a successful option for households experiencing homelessness whose members require minimal supports and who are able to function independently to meet their daily living needs.

Consistent with the City's Purchasing policies, staff are developing an RFP that will detail minimum mandatory requirements with the purpose of creating a list of successful motel vendors in various geographic areas of the city with proximity to amenities and community agencies to support the individuals/families sheltered. This list could then be used to expand motel capacity as needed to respond to occupancy pressures in the future.

d. *Returning flex capacity requires an additional 100 permanent beds*

In April 2013, Council directed SSHA to make the 172 flex beds in the shelter system available every night, effectively making them part of the permanent shelter bed system. This action was taken to try to reduce occupancy pressures and achieve the 90% occupancy target.

Before this, the flex beds were intended to be brought online to respond to short term surges in demand due to cold weather, emergency evacuations, or other circumstances. When the beds were made permanent, the system lost this surge capacity function.

On average, 99 of these flex beds have been occupied on a nightly basis since May 2013 when they became available. However, the average nightly use has increased to nearly 130 in January and February this year, as shown in the following table.

Average Flex Bed Use Nightly

	Jan	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
2013	-	-	-	-	85	85	90	93	97	99	96	90
2014	97	93	94	94	94	94	95	95	95	107	116	114
2015	126	130	-	-	-	-	-	-	-	-	-	-

To ensure the City can respond rapidly to unforeseen events, including extreme cold weather, and provide emergency shelter to people in need, this surge capacity needs to be restored to the shelter system. In July 2014, as part of a Comprehensive Review of Cold Weather Protocols, City Council requested the General Manager, Shelter, Support and Housing to provide an analysis of the financial impact of delivering an additional 100 permanent shelter beds with the aim of returning flexibility to the shelter system to respond to unanticipated surges in occupancy levels.

The average cost of operating a shelter bed is $75 per day. The cost of operating the flex beds as permanent beds is already built into SSHA's operating budget. The annual

operating cost of an additional 100 beds would be 100 multiplied by $75 dollars per day multiplied by the number of days they are expected to be used. The greater challenge is spatial, as additional locations will be required to set up flex beds when needed. The review of responses to the REOI will consider opportunities to provide space for flex beds. The need for these additional beds will be considered through the 2016 budget process, within the context of the results of the Housing First pilots, and the impact these have on occupancy levels. If the pilots reduce demand for shelter beds, this may offset the need to create new beds to return surge capacity to the system.

3. Maintain Existing Shelter Capacity by Managing Redevelopment and Relocation Pressures

Shelter system infrastructure needs renewal

Pressure created by a rising real estate market and the need to upgrade existing shelter facilities to better meet clients needs will result in several changes in the shelter system over the next five years.

One example of this already underway is the experience of the Red Door family shelter, which was facing uncertainty about its future operation following the sale to a developer of the building the shelter has been leasing for many years.

In addition, Salvation Army Hope, a men's shelter with 124 beds onsite, will close in April, as their leased property has been purchased by a new owner. Transition plans are currently underway to locate an appropriate replacement site, and potentially relocate some capacity to other shelter locations with available space.

The Dixon Hall Schoolhouse program is a 40 bed men's emergency shelter located on City property next door to Seaton House. This program will need to be relocated before any start of construction on the George Street Revitalization project, potentially in 2017.

At least one other shelter will need relocation this year as a result of their leased property being sold. Two other shelters may require relocation due to unsuitable conditions and poor state of repair of facilities.

In summary, over the next few years, a total of six shelters will have to relocate, barring any unforeseen circumstances at other shelter locations. All will need assistance to find new space, or the shelter beds will have to be otherwise replaced.

George Street Revitalization (GSR)

Transition plans for this major project will include multiple temporary and permanent replacement shelter sites located throughout the city. Seaton House contains 634 shelter beds for men – 294 emergency shelter beds and 340 transitional shelter beds. Demolition to make way for construction of the new facility is slated to begin in 2017, subject to Council approval of the development plan.

During construction of the new facility, two temporary shelter sites will be needed to accommodate the programs that will move back into the new building when completed – a 100 bed emergency shelter and an assisted living facility to accommodate the existing managed alcohol program. Four additional permanent sites will also be needed to replace the existing capacity at Seaton House. This includes two facilities for permanent replacement of the remaining 194 emergency shelter beds and two facilities to replace 170 transitional shelter beds currently available at Seaton House. Attachment 9 provides more details.

A range of new services and programs will be part of the continuum of care in the new facility along with a long-term care home that will, as part of its service mandate, help to serve current Seaton House and other homeless clients who are eligible for admission into long-term care, but face challenges in traditional long-term care home settings.

These changes will result in the need for six new shelter sites over the next two years. Details on the cost of relocation and financing options, transition plans, programming that will be available, and processes in place to ensure a seamless transition for clients will be outlined in a report to Council on the entire George Street Revitalization project in September 2015. A search for appropriate shelter sites is underway in partnership with Real Estate Services.

Shelter By-law and the process to create new shelters

Combining the need for additional capacity to meet the 90% occupancy target, relocation of existing shelter sites, and replacement shelter locations needed during the George Street Revitalization will mean that potentially up to 15 new temporary and permanent shelter facilities will need to open in locations across the city over the next several years.

Currently, shelters are located in 23 wards throughout the city. Twenty-one wards have no shelter beds, and, as illustrated in Attachment 10, fifty-three percent of all shelter beds are concentrated in three downtown wards. In identifying new shelter sites, underserved locations outside of the downtown core should be prioritized for new shelters.

The location of new emergency shelters will need to conform to the requirements of the Shelter By-law.

Toronto's Housing Charter, as approved by City Council in 2009, states that all residents have the right to equal treatment in housing without discrimination as provided by the Ontario Human Rights Code, and to be protected from discriminatory practices which limit their housing opportunities. Consistent with these principles, the Shelter By-law states that emergency shelters are a permitted use in all areas of the city, provided that the location:

- complies with all existing applicable zoning provisions;
- is on a major arterial road or minor arterial road;

- is located is at least 250 metres from any other lot with a municipal shelter or emergency shelter, hostel or crisis care facility; and
- has been approved by City Council.

Emergency shelter is an as of right use, subject to the above-noted provisions. But, of course, best practice is to provide information to the local community about the new shelter. Holding a public meeting provides the opportunity to share information, build positive relationships between the community and the shelter provider, and ensure community support for these services. The following best practices for community engagement in establishing shelters will be followed wherever possible:

- Inform the ward Councillor of potential shelter sites in their ward once identified for consideration.

- Support the ward Councillor in holding a public information meeting to inform the community about the use of the site and answer any questions or concerns.

- Provide written communications to local residents and businesses informing them of the intended use and notifying them of the date and location of the public information session, at least two weeks in advance where possible.

- At the public information meeting, staff and a representative from the agency will provide further details on the project and an overview of the approvals process and next steps.

Attachment 11 provides more detail on community engagement best practices regarding the development of emergency shelters.

AODA needs will boost capital requirements

Under the Accessibility for Ontarians with Disabilities Act (AODA), amendments to the Ontario Building Code set out new requirements to substantially enhance accessibility in newly constructed buildings and existing buildings that are to be extensively renovated. Any new shelter created will likely require either a new building or substantial renovation to an existing building, and will therefore be required to meet the new requirements. The new requirements include visual fire and smoke alarms, elevator or barrier-free access, power door operators at entrances and at entrances to barrier free washrooms and common areas. These additional requirements will add to the start up costs of opening new shelters.

There are a limited number of physically accessible shelter locations and beds in the system currently, and the need for accessible beds continues to grow. Currently there are just over 500 accessible beds in the shelter system (approximately 12% of total beds). However, the majority of these are in transitional shelters. Only 7% of emergency shelter beds are accessible for individuals with physical mobility issues.

SSHA staff will work with Real Estate Services and Equity, Diversity and Human Rights to identify strategies to increase the number of physically accessible shelter beds to 20% of available beds, including identifying potential funding sources for accessibility enhancements to existing shelter facilities. Staff will bring forward financial implications of the identified strategies through the 2016 and future budgets.

4. Review of existing policies and process to improve effectiveness and efficiency

A number of additional actions were identified in the *2014-2019 Housing Stability Service Planning Framework* to transform the emergency shelter system to provide better customer service, improve coordination, and enhance housing outcomes for clients. Work on these key initiatives is currently underway, as outlined below.

Updated Shelter Standards nearing completion

The Toronto Shelter Standards provide shelter operators and residents with a clear set of expectations and guidelines for the provision of shelter beds and services. All City-funded emergency and transitional shelters are required to adhere to the Toronto Shelter Standards. The current standards were approved by Council in November 2002. A key action identified in the *2014-2019 Housing Stability Service Planning Framework* is updating of the Toronto Shelter Standards. This work is nearing completion.

In 2014, SSHA created 10 working groups with participation of approximately 100 community stakeholders representing shelters, drop-ins, housing providers, health, mental health and addiction services, as well as other City divisions. Each working group focused on a specific topic such as access, rights and responsibilities, housing supports, programs for children and youth, services for LGBTQ2S clients, facilities and health and safety, food and nutrition, business continuity, human resources and documentation and reporting. In addition, seven service user focus groups were held to explore questions of access and welcome in shelter for specific populations of Aboriginal people, seniors, people with physical disabilities and LGBTQ2S youth. Three shelter provider focus groups focussed on identifying challenges and issues specific to transitional shelters, families and shelters serving newcomers.

A complete draft of the updated Shelter Standards has been developed, based on the feedback and recommendations from this first phase of community engagement. The revised Shelter Standards have a number of improvements over the previous version, including a format that is user friendly and easy to use, and additional standards on emergency preparedness, facilities management, and programming for youth, as well as mandatory Trans-sensitivity training.

The draft updated Shelter Standards will be released for further input and consultation with stakeholders. The draft document will be available on the City's website for public comment, and focus groups with shelter providers and shelter service users are underway.

Once all feedback has been reviewed and incorporated, the final updated Shelter Standards will be submitted for Council approval in the summer of 2015.

Review and update policies for transitional shelters

Over time, the role of the emergency shelter system has shifted to provide more supports and programming for groups with specific issues and challenges in response to growing needs. In some cases, these transitional shelters function more like transitional or supportive housing. They were developed as part of the shelter system, in part, because that was where operating funding was available. Now that there is more flexibility within the provincial funding envelope, there is an opportunity to re-define and classify programs according to their actual function along a continuum from emergency shelter, through transitional shelter, to housing.

Currently, a transitional shelter is defined as a shelter that is not available on a nightly basis for emergency use, but requires a referral from an emergency shelter and an assessment of client eligibility for the program. There is no standard length of stay requirement, although some programs may establish recommended lengths of stay depending on the programming offered. Programming targets a variety of client groups, such as youth in school, people seeking employment, newcomer families, and people accessing substance use treatment or harm reduction programming.

In 2015, staff will review the definition of transitional shelter, clearly define the role of transitional shelters versus emergency shelters within the system, and assess existing programs against that definition. Programs that do not meet the established definition and purpose of a transitional shelter may be recategorized either as emergency shelter or supportive housing. The range and types of programs offered will also be reviewed to ensure a good match with current client needs.

Making it easier to get a shelter bed

Since 2013, staff have been working on improving access and reducing occupancy pressures in the shelter system through administrative measures to improve the efficiency of allocation and release of occupied beds in the system while maintaining a focus on good customer service. Expectations around proper procedures for requests for service, intakes and referrals have been re-confirmed with all providers, as well as expectations regarding monitoring the queue of clients referred to the shelter, customer service and performing timely discharges all with the aim of improving access. SSHA staff conducted a bed audit in June 2014 in which 18 shelters were randomly selected to receive unannounced visits late at night to determine if the beds were occupied as per SMIS occupancy. Throughout 2014 and 2015, Hostel Services worked with shelter providers to maintain the service efficiency gains made through improved management of intakes, referral queues, held beds and discharges.

To further reduce barriers to accessing shelters, the practice of charging user fees for shelter clients is being discontinued in City operated shelters. Transitional shelters operated by the City have set a date of April 2015 to end the practice and have been

working with clients to establish savings programs to facilitate their move to housing in the community.

Enhanced centralized access service model

The 2014-2019 Housing Stability Service Planning Framework identified as a key action improving shelter access and service outcomes by strengthening the existing centralized access system for shelter services. There are several interrelated issues that can make accessing a shelter bed challenging:

- Decentralized referrals – There are 59 different locations with over 1,000 front line staff working rotating shifts seven days a week, creating significant challenges in ensuring consistency of message and practice regarding bed access, bed availability and referrals. Clients can access the system through Central Intake or SHARC, but currently only a small proportion of intakes go through these referral pathways (~15%).

- Lack of information – Staff at individual shelter locations do not have access to information about a client's history of shelter use and possible service restrictions when attempting to make a referral to another shelter.

- System complexity – Shelters have a range of different service mandates and capacities – related to age, gender, substance use, health, behaviour, etc. Some clients, particularly those with more complex needs, may not be eligible for service at some shelter locations, making it more challenging for them to find an available bed.

- Varying capacity – At some shelters, or at some times of day, if a bed is not available at that location staff may not have the time to conduct a thorough assessment of the client's need for shelter services in order to make an appropriate referral.

Enhancing the existing system of coordinated access to shelter beds will improve customer service responsiveness for clients in locating appropriate available beds and ensure the most efficient use of existing resources. An SSHA staff working group has conducted a review of the existing emergency shelter access system, analysed good practices from access systems across North America through a jurisdictional review, and developed a proposed new service model for an enhanced centralized access system.

The review found that centralized/coordinated intake systems are increasingly common, particularly in US jurisdictions where they are now a federal government funding requirement. There is a recognition that more coordinated client screening and assessment will allow jurisdictions to better target program assistance to where it is needed and use scarce resources more effectively. Good practices for common program components include:

- Easily accessible means to request assistance, either through a centralized geographic location in person or a centralized phone service, or a combination of both. Particularly in large geographic areas, more than one access point is required.

- A standardized assessment to determine the programs and services the household needs. This initial assessment is often followed up with a more intensive assessment once a household is in shelter, usually within the first week.

- Coordinated access to a broad range of housing programs, including eviction prevention, rapid re-housing and emergency shelter.

- A process and tools for making program admission and eligibility decisions and/or making referrals to other needed services.

- Provision of services at the access site, in some cases, such as crisis counselling, emergency funds, temporary shelter, phone, food and clothing.

Benefits of centralized access systems include:

- For service seekers, to simplify and speed process of accessing multiple needed services in one location.

- For service agencies, to decrease time spent responding to requests for assistance and assessing eligibility, allowing staff to focus on service to clients.

- For the system, to improve efficiency in allocating available resources, ensure services are matched closely to clients' assessed needs, and improve system coordination and collaboration.

The proposed new service model will build on the existing system in place with Central Intake and SHARC, to develop enhanced coordinated access points that will serve as the entry point into the shelter system for all people who are homeless and in need of shelter. Each coordinated access point will conduct an initial assessment with every household accessing emergency shelter to determine the client's needs, including opportunities for eviction prevention or shelter diversion interventions, and, if required, need for special accommodation within the shelter system, prior to referring to an appropriate available shelter bed.

Staff will work with community partners in 2015 to refine the proposed service model and identify implementation options and resource requirements.

Renewing the funding model for shelter operators

The HSSPF also identifies as a key action the development of a new shelter funding model in consultation with shelter providers that is predictable and performance based

with a continued focus on moving shelter users into appropriate housing as quickly as possible.

Until 2013, the City received funding from the provincial government for shelter services through the *Ontario Works Act*, under an 80/20 cost sharing formula up to a fixed per diem amount. In 2013, the province introduced the Community Homelessness Prevention Initiative (CHPI), which combined a number of program funding streams, including emergency shelters, into a single funding envelope. Under the terms of the new program, the City has flexibility to determine how emergency shelters are funded and is no longer required to use a per diem based model.

Under the per diem model, shelter providers are paid based on the number of beds occupied each night. If shelter occupancy goes down, shelter operators receive less funding, although the majority of their costs are fixed. The per diem model, in fact, creates perverse incentives for operators to keep beds filled each night, or risk jeopardizing their organization's financial stability. A new funding model, based on benchmarked operating costs, will provide greater stability for shelter providers, with positive incentives to help people to find housing and leave the emergency shelter system.

Currently, there is a considerable variation in funding levels between different service providers. A new funding model will provide funding to agencies initially based on current funding levels, with gradual movement towards more standardized, benchmarked funding levels over time. A new funding model represents a shift from paying for usage of shelter services (occupancy) to paying for capacity, and provides greater predictability and stability. The new funding model will also include clear performance indicators for the shelter system, to track progress over time in reducing the length of stay and assisting people to find housing.

Proposed principles for a new funding model are outlined in Attachment 12. These principles set out the City's objectives for the emergency shelter system and provide criteria against which funding model options can be assessed. A phased approach to implementation of a new funding model is planned, to allow for engagement with key partners, time to develop required structures and tools, and to maintain service system stability during this transitional period. Options for the new shelter funding model have been identified, and staff will work with shelter providers to develop the new model and an implementation plan in 2015, with the first phase of implementation planned for 2016.

Housing First case management

A range of other initiatives, identified through the HSSPF, are underway to improve services and housing outcomes for people using the shelter system. Identified priorities for 2015 include developing strategic performance indicators, release of a Housing First Case Management Handbook, piloting a housing needs assessment tool for shelter clients, and completing an eviction prevention strategy. In the next phase of the HSSPF implementation plan, the focus will be on implementation of the housing needs assessment tool system wide, implementation of a new service model for emergency

shelter with individualized service plans for all clients, and enhancing the case management capabilities of the Shelter Management Information System (SMIS). These initiatives will all build on the strategies outlined in this report, and support the overall transformation of the shelter system.

Work plan for an integrated mental health and substance use strategy

Mental illness and substance use issues are significant contributors to the root causes of homelessness for many people. For others, the condition of being homeless can create or exacerbate these issues. Many people who are homeless and in the emergency shelter system end up there because of long waiting lists and difficulty accessing services for people with mental health and substance use issues.

There is a small, but significant group of people who have very complex service needs. This group includes individuals who have been homeless for long periods of time (often a mixture of precarious housing and episodic shelter use), and who have significant substance use and/or mental health issues that affect their ability to carry out activities of daily living independently. They may suffer from chronic, disabling substance use, serious mental illness, neurodevelopmental disorders, and/or cognitive impairment, and significant physical health problems. A subset of this group also suffers from acquired brain injury resulting in a chronic lifelong disability linked to aggressive behavior that requires sustained care and support.

The Community Development and Recreation Committee has directed the General Manager, Shelter, Support and Housing Administration to develop a workplan for an integrated strategy with identified potential funding sources for the development of a pilot project to expand supports available for residents in Toronto's shelter system experiencing mental health and/or substance use issues. This would be within the context of the provincial government's Plan to End Homelessness and Poverty Reduction Strategy.

The provincial government's Mental Health & Addictions Strategy, outlined in the report, *Open Minds, Healthy Minds*, is in its second phase of implementation, and is intended to support the work of the Poverty Reduction Strategy and Plan to End Homelessness. While the first phase of implementing the Mental Health and Addictions Strategy was on children's mental health, the Province has indicated that the focus in the second phase will be on substance use and adults. There may be opportunities to access funding through this initiative, but details are not yet known. The Ministry of Health has also recently released *Patients First: Ontario's Action Plan for Health Care*, which identifies mental health and substance misuse prevention and links to employment and housing as critical, but further details on implementation are not yet available.

There are currently a number of services available in emergency shelters for people who experience mental illness and addictions. These include:

- Partnerships with Inner City Health Associates and Inner City Family Health Team to provide physician and psychiatric services in shelters throughout the city;

- Partnerships and referral agreements with local Community Health Clinics, hospitals and other health services;

- Harm reduction training offered to all shelter staff through the Hostels Training Centre, in partnership with Toronto Public Health; and

- Substance use treatment and harm reduction specific programming, such as:

    - Managed Alcohol Program and other harm reduction services at Seaton House;

    - Abstinence based program at Downsview Dells, in partnership with Humber River Regional Hospital;

    - Good Shepherd DARE, a post-detoxification and pre-treatment program that offers homeless men with addictions a safe, supportive place to live while waiting for treatment;

    - Good Shepherd Barrett House, for men with HIV/AIDS and mental health challenges;

    - Fife House, provides a harm reduction approach for men and women with HIV/AIDS;

    - Strachan House offers harm reduction programming for men and women with addiction and/or mental health issues;

    - Eva's Satellite, with harm reduction programming for youth;

    - Maxwell Meighan Primary Support Unit for people experiencing a mental health crisis; and

    - COTA Bailey House for people with mental health challenges and co-occurring diabetic conditions

However, more can be done to ensure the needs of this vulnerable population are addressed. In particular, innovative solutions and collaborative partnerships are required to address the unique service needs of the most complex homeless clients. SSHA staff have consulted with staff in Toronto Public Health, Long-Term Care Homes & Services, the Toronto Central LHIN and the Inner City Family Health Team to identify opportunities to expand supports available for residents in Toronto's shelter system experiencing mental illnesses and addiction issues and to develop a pilot project designed to deliver measurable results. Attachment 13 outlines the work plan for the strategy in more detail.

Opportunities identified in the work plan include:

- Implementing a needs assessment for shelter clients with complex challenges and developing a profile that will inform service options and gaps;

- Implementing innovative pilot programs, as described earlier in this report, to achieve measurable results in housing long term shelter users with complex health issues, including mental health and substance use;

- Developing a harm reduction framework for SSHA services to ensure there is a continuum of services available to respond to the needs of people who use substances;

- Developing options in partnership with Toronto Public Health for expanded harm reduction programming, including overdose prevention strategies; and

- Developing service models in the George Street Revitalization project that provide housing options for long term shelter users with significant substance use, physical and mental health issues, including increased access to long-term care homes.

Measurable outcomes associated with the strategy and pilot will include the number of long term shelter users successfully housed through the pilot, the number of staff provided with new training opportunities, and the number of clients assisted through new service models and community partnerships.

CONCLUSION

This report identifies a mix of strategies to maintain and increase the capacity of the shelter system, ensure the system is flexible to respond to unanticipated circumstances, and reduce demand for shelter by piloting innovative programs to move long term shelter users into permanent housing. Together, these strategies aim to achieve Council's target of 90% occupancy in each emergency shelter sector.

The report also identifies the infrastructure needs over the next few years – up to 15 new shelter locations – as a result of adding new capacity (up to three shelters), relocating existing shelters (six locations), and permanent and temporary sites needed for the redevelopment of George Street (up to six shelter sites).

SSHA will monitor the impact of these initiatives on occupancy levels throughout 2015 and report on any future financial impacts of strategies identified in this report through the 2016 budget process.

In addition, a range of measurable outcomes and performance indicators for the shelter system will be monitored and reported including:

- Number of long term shelter users housed;
- Reduced average length of stay in shelter;
- Increased number of accessible shelter beds; and
- Reduced reliance on leased properties to improve stability of the service system

The overall goal of this plan is to ensure that appropriate shelter services are available to people in housing crisis in Toronto, while at the same time transforming the shelter system from one that is reactive and focused on temporary, emergency responses to one that is responsive, flexible and focused on permanent, preventative solutions.

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ATTACHMENTS

1. Shelter Locations and Bed Capacities
2. Transitional Shelter Programs
3. Daily Shelter System Occupancy
4. Shelter Occupancy Trends
5. Shelter Client Profile
6. Length of Homelessness
7. Shelter Locations Map
8. Long Term Shelter Users
9. George Street Revitalization Infrastructure Needs
10. Shelter Beds by Ward
11. Community Engagement Best Practices for Emergency Shelters
12. Shelter Funding Model Proposed Principles
13. Integrated Mental Health and Substance Use Strategy for Emergency Shelters Work Plan

ATTACHMENT 1:
Shelter Locations and Current Bed Capacities

Emergency Shelters

Single Men Sector	Permanent Beds	Flex Beds	Temporary Beds	Total Beds	Address	Ward
Christie-Ossington Men's Hostel	61	5	2	68	673 Lansdowne Ave.	18
Cornerstone Place (planned opening March 2015)	(50)			(50)	616 Vaughan Rd	15
Good Shepherd	66			66	412 Queen St. E	28
Na-Me-Res	63		6	69	14 Vaughan Rd	21
Salvation Army - Gateway	108	10		118	107 Jarvis St.	28
Salvation Army – Hope (closing as of April 2015)	110	14		124	167 College St	20
Salvation Army - Maxwell Meighen	250	10		260	135 Sherbourne St.	28
Scott Mission	45	5	8	58	502 Spadina Ave.	20
Dixon Hall - Schoolhouse	40			40	349 George St.	27
St. Simon's	57	5		62	525 Bloor St. E.	28
**Seaton House - Hostel	240	54		294	339 George St	27
Total	**1040**	**103**	**16**	**1159**		
Single Women Sector	**Permanent Beds**	**Flex Beds**	**Temporary Beds**	**Total Beds**	**Address**	**Ward**
Fred Victor Women's Hostel	40	4		44	86 Lombard St.	28
Homes First - Savard's Women's Shelter	30			30	1322 Bloor St. West	18
Nellie's Women Shelter	10			10	unlisted	
Salvation Army - Evangeline Residence	90	9		99	2808 Dundas St. W.	14
Salvation Army - Florence Booth	60	4		64	723 Queen St. W.	19
Street Haven	46	4		50	87 Pembroke St.	27
St Vincent De Paul - Elisa House	40			40	60 Newcastle Street	6
St Vincent De Paul - Mary's Home	38	6		44	70 Gerrard St. E	27
YWCA - First Stop Woodlawn	28			28	80 Woodlawn Ave E	22
**Women's Residence	103	8		111	674 Dundas St W	20
Total	**485**	**35**	**0**	**520**		
Adult Co-ed	**Permanent Beds**	**Flex Beds**	**Temporary Beds**	**Total Beds**	**Address**	**Ward**
**Family Residence interim program			40	40	4222 Kingston Rd.	43
Costi Reception Centre	16			16	100 Lippincott Street	20
Dixon Hall - Heyworth House	70	9		79	2714 Danforth Ave.	31
Fred Victor - Bethlehem United	60	10		70	1161 Caledonia Rd	15
Homes First - Scarborough Shelter	60		8	68	3576 St Clair E	35
Homes First - Strachan House			5	5	805A Wellington St. W.	19
Total	**206**	**19**	**53**	**278**		

Youth Sector	Permanent Beds	Flex Beds	Temporary Beds	Total Beds	Address	Ward
Covenant House Residence	94			94	20 Gerrard St. E.	20
Eva's Place	32			32	360 Lesmill Rd.	34
Eva's Satellite	32	1		33	25 Canterbury Place	23
Horizons for Youth	35			35	422 Gilbert Ave.	17
Second Base	56	4		60	702 Kennedy Rd	35
Turning Point	35			35	95 Wellesley St. E.	27
YMCA House	40			40	7 Vanauley St	20
Youth Without Shelter	30			30	6 Warrendale Court	1
YWCA - First Stop Woodlawn	28			28	80 Woodlawn Ave E	22
Kennedy House	23			23	1076 Pape Ave	29
Total	**405**	**5**	**0**	**410**		
Family Sector	**Permanent Beds**	**Flex Beds**	**Temporary Beds**	**Total Beds**	**Address**	**Ward**
Christie Refugee Welcome Centre	70			70	43 Christie St	20
Red Door - Family Shelter	106			106	875 Queen St E	30
Sojourn House	58			58	101 Ontario St	27
**Birkdale Residence	160			160	1229 Ellesmere Rd.	37/36
**Family Residence	110			110	4222 Kingston Rd.	43/44
**Robertson House	90			90	291 Sherbourne St	28
Toronto Community Hostel	24			24	191 Spadina Ave.	20
**Motels	410			410		
Total	**1028**	**0**	**0**	**1028**		
Emergency Shelters Total	**3164**	**162**	**69**	**3395**		

Transitional Shelters						
Single Men Sector	**Permanent Beds**	**Flex Beds**	**Temporary Beds**	**Total Beds**	**Address**	**Ward**
** Birchmount Residence	60			60	1673 Kingston Rd.	36
COTA - Baily House			2	2	1330 King St W.	14
** Downsview Dells	28			28	1651 Shepherd Ave. W.	9
** Fort York Residence	74			74	38 Bathurst Street	19
** Fort York Residence SRO	24			24	38 Bathurst Street	19
Good Shepherd - Barrett House	5			5	35 Sydenham St	28
NaMeRes - Sagatay	22			22	26 Vaughn Rd	21
**Seaton House - Annex	140			140	339 George St	27
**Seaton House - Long Term Program	140			140	339 George St	27
**Seaton House - O'Neill	60			60	339 George St	27
Salvation Army - Maxwell Meighen Primary Support Unit	10			10	135 Shebourne St	28
Salvation Army - Maxwell Meighen Transition to Housing			10	10	135 Shebourne St	28
Good Shepherd D.A.R.E.	25			25	412 Queen St E	28
Total	**588**	**0**	**12**	**600**		

Single Women Sector	Permanent Beds	Flex Beds	Temporary Beds	Total Beds	Address	Ward
Fred Victor Transition to Housing			23	23	389 Church Street	27
**Women's Residence - Bellwoods House	10			10	63 Bellwoods Ave	19
St Vincent De Paul - Amelie House	20			20	126 Pape Ave.	30
St Vincent De Paul - St. Clare's Residence	30			30	3410 Bayview Ave.	24
Total	**60**	**0**	**23**	**83**		
Adult Co-ed	**Permanent Beds**	**Flex Beds**	**Temporary Beds**	**Total Beds**	**Address**	**Ward**
Fife House - Denison	5			5	70 Denison Ave	20
Fife House - Sherbourne	11			11	490 Sherbourne St	27
Homes First - Strachan House	76			76	805A Wellington St. W.	19
**SHARC	40			40	129 Peter St.	20
Total	**132**	**0**	**0**	**132**		
Youth Sector	**Permanent Beds**	**Flex Beds**	**Temporary Beds**	**Total Beds**	**Address**	**Ward**
Covenant House - Rights of Passage	28			28	20 Gerrard St E	27
Eva's Phoenix	50			50	11 Ordinance St.	19
Native Child and Family	12			12	558 Bathurst St	19
Youth w/o Shelter-Stay in School	20			20	6 Warrendale Crt	1
Total	**110**	**0**	**0**	**110**		
Family Sector	**Permanent Beds**	**Flex Beds**	**Temporary Beds**	**Total Beds**	**Address**	**Ward**
Sojourn House Transitional Housing	76			76	101 Ontario St	27
YWCA - Beatrice House	80			80	177 Caledonia Road	17
Total	**156**			**156**		
Transitional Shelters Total	**1046**	**0**	**35**	**1081**		
Shelter System Total	**Permanent Beds**	**Flex Beds**	**Temporary Beds**	**Total Beds**		
Men	1628	103	28	1759		
Women	545	35	23	603		
Co-ed	338	19	53	410		
Youth	515	5	0	520		
Family	1184	0	0	1184		
Total	**4210**	**162**	**104**	**4476**		
Part-time	**Permanent Beds**	**Flex Beds**	**Temporary Beds**	**Total Beds**	**Address**	**Ward**
University Settlement	75	10		85	23 Grange Rd	20

**City Operated Shelters

ATTACHMENT 2
Transitional Shelter Programs

Single Men's Sector	Description	# of beds
Birchmount Residence	Assists men aged 55 years or older who have a long experience of homelessness. Residents are similar to clients staying at supportive retirement home and long-term care facilities. There is no time limit to length of stay.	60
COTA - Baily House	Assists street involved men living with mental health challenges and concurring diabetic or pre-diabetic conditions.	2
Downsview Dells	Serves men recovering from drug or alcohol addictions in an abstinence-based setting using a behavioural modification model. Approach combines detoxification, pre-treatment/ assessment and outpatient treatment with employment and housing support, and life skills training. Clients seek outside detox support prior to admission. There is no time limit to length of stay.	28
Fort York Residence	Assists individuals actively looking to find and/or maintain employment, pursuing educational advancement and seeking permanent housing. Offers enhanced case management while promoting savings and volunteering. There is no time limit to length of stay.	74 24 SRO
Good Shepherd - Barrett House	Serves men with HIV/AIDS who have mental health issues. Length of stay is one year.	5
Good Shepherd D.A.R.E.	Serves men with addiction issues in an abstinence-based drug and alcohol rehabilitation program. Provides group and individual counselling, residential treatment and transportation for medical appointments.	25
NaMeRes - Sagatay	Serves Aboriginal men 16 years and older and offers cultural programming and life skills training. Length of stay is one year.	22
Salvation Army - Maxwell Meighen Primary Support Unit	Provides respite, crisis stabilization and 24 hour support for homeless men experiencing difficulties related to emotional or mental health Offers medical and psychiatric consultations and assistance in pursuing identified goals. Length of stay is 3 weeks.	10
Salvation Army - Maxwell Meighen Transition to Housing	Serves men aged 18 years or older. Offers enhanced case management, counselling, addiction support services and assistance to find employment and housing.	10
Seaton House – Annex and Infirmary	Annex - Serves men with significant alcohol and drug use, mental illness and other complex and acute health conditions, who are often street involved with challenging behavioural issues, acute brain injury, and significantly decreased executive functioning. Operates a harm reduction/ managed alcohol program, providing health care, and counselling, and personal support around ADL's with a multidisciplinary team. Infirmary - Serves men with acute and/or uncontrolled chronic illness, post-operative recovery, mental health crisis. Palliative care provided through both programs. Works closely and collaborates with the Inner City Family Health Team.	140

Seaton House - Long Term Program	Serves men who have been homeless for long periods of time. and require increased support due to disabilities, brain injury, developmental delay and age-related reasons. Often chronic stable physical/mental health issues. There is no time limit to length of stay.	140
Seaton House - O'Neill	Serves a mixed population of men who are housing focused and new comers/refugees, many with undiagnosed mental health issue. Some men have no status and connected with justice system.	60
Single Women Sector	**Description**	**# of beds**
Fred Victor Transition to Housing Temporary	Provides accommodation and support for single women using a harm reduction approach with a focus on rapid transition from shelter to housing. Offers enhanced case management services.	23
SVDP - Amelie House	Serves women who have experienced difficulty in maintaining permanent housing, including individuals with addictions or mental health issues. Offers enhanced case management and life skills training. Length of stay is two years.	20
SVDP - St. Clare's Residence	Supports women aged 25 years or older who have experienced difficulty maintaining permanent housing. Length of stay is two years.	30
Women's Residence - Bellwoods House	Supports women aged 50 years or older who are long term homeless. Provides enhanced case management and counselling services. Admission is by referral from Women's Residence. Length of stay is two years.	10
Adult Co-ed	**Description**	**# of beds**
Fife House - Denison	Serves men and women with HIV/AIDS using a harm reduction model. There is no time limit to length of stay.	5
Fife House - Sherbourne	Serves persons with HIV/AIDS using a harm reduction model. Some clients have serious mental health and addiction issues. Length of stay is nine months.	11
Homes First - Strachan House	Serves men and women with addiction and/or mental health issues using a harm reduction approach. There is no time limit to length of stay.	76
SHARC	Supports street-involved individuals working on a housing plan. Offers specialized supports including ensuring continued payment of rent, life skills development and connections with health care, social and recreational resources for a period of one year after finding housing.	40
Youth Sector	**Description**	**# of beds**
Covenant House - Rights of Passage	Serves males and females aged 18 to 24 years in an abstinence-based setting. Provides enhanced case management services and mental health counselling. Length of stay is one year.	28
Eva's Phoenix	Provides housing for youth aged 16 to 24 years in an environment that supports independent living. Provides housing, life skills training and employment and/or schooling assistance. Length of stay is one year.	50
Native Child and Family	Serves male Aboriginal youth aged 16-24 years who do not currently have drug or alcohol issues. Offers enhanced case management and works with community to provide spiritual help and life skills. Length of stay is 18 months.	12

Youth w/o Shelter-Stay in School	Serves youth aged 16-24 years, providing educational opportunities to stay and finish school. Offers enhanced case management, basic necessities and supports.	20
Family Sector	**Description**	**# of beds**
Sojourn House Transitional Housing	Serves refugees requiring longer-term support to transition and integrate into the broader community. Provides settlement counselling, cultural orientation, housing assistance and community outreach. Length of stay is 2 years.	76
YWCA - Beatrice House	Serves women who have children and are homeless or at risk of becoming homeless. Offers enhanced case management, counselling, housing assistance, life skills training and programming for children. Length of stay is 2 years.	80

ATTACHMENT 3

Daily Shelter System Occupancy
February 19, 2015

	Occupancy	Capacity	Available Beds	Occupancy Rate
Emergency Shelters – Full time Beds*				
Coed	252	278	26	91%
Men	1134	1159	25	98%
Women	513	520	7	99%
Youth	387	410	23	94%
Emergency Singles Total	**2286**	**2367**	**81**	**97%**
Families (Shelters)	603	618	15	98%
Families (Motels)	273	410	137	67%
Families Total	**876**	**1028**	**152**	**85%**
Transitional Shelters				
Coed+	126	132	6	95%
Men	542	600	58	90%
Women	80	83	3	96%
Youth	105	110	5	95%
Families	154	156	2	99%
Transitional Total	**1007**	**1081**	**74**	**93%**
Total Full-time Beds	**4169**	**4476**	**307**	**93%**
Part-time beds				
Co-ed		85		
OOTC				
Extreme Weather Beds				
Men		11		
Women		15		

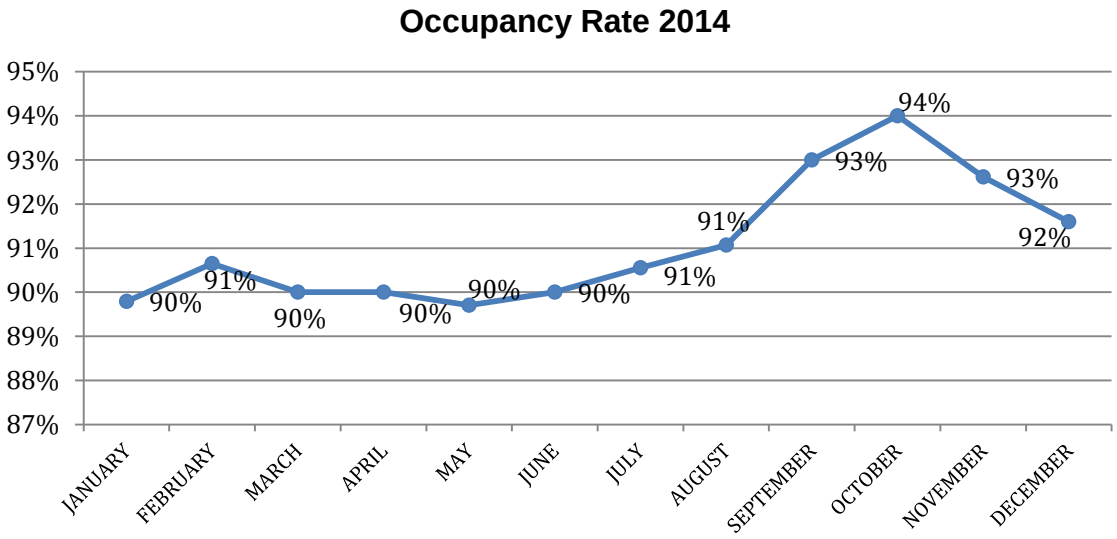
*includes all permanent and flex beds, plus interim capacity added in January 2015
+includes 40 beds at SHARC
++University Settlement part-time and flex beds

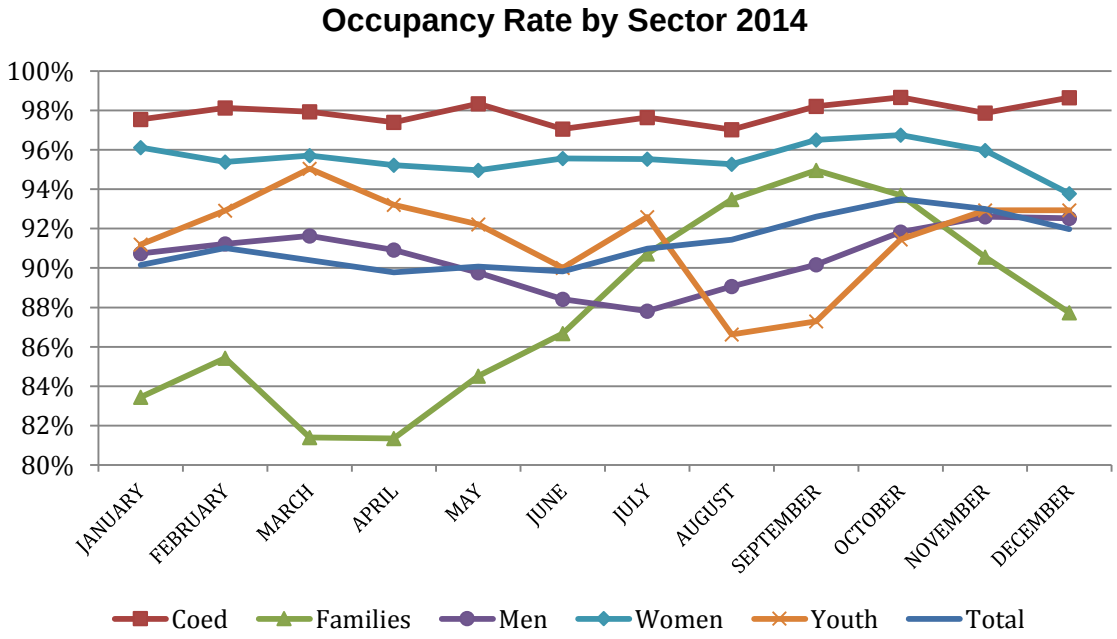
Shelter Occupancy Key Terms

Shelter:	A facility that provides at a minimum overnight accommodation, access to meals and basic supports to persons experiencing homelessness. The facility can be operated directly by the City of Toronto or by a not-for-profit organization contracted by the City to deliver the service.
Shelter Sector:	A group of shelters that serve the same or similar client group; usually classified as single men, single women, co-ed, youth and families.
Emergency Shelter:	A shelter that is accessible with or without a referral to any person experiencing homelessness. Provides short term accommodation and supports required to get clients into housing.
Transitional Shelter:	A shelter that is only accessible by referral to persons experiencing homelessness whose service needs match the program focus. Most transitional shelters have defined timelines for length of stay.
Full-time Shelter:	A shelter that is available 365 days of the year.
Part-time Shelter:	A shelter that is available part of the week on the same predetermined days throughout the year.
Motel Program:	Shelter services provided through contracted use of rooms with private motel operators. Currently, motel programs are within the family shelter sector, and are delivered by municipally operated family shelters.
Bed:	A bed refers to a piece of furniture with a mattress intended for sleeping. Cots and mats may be used as exceptions and require prior approval from SSHA.
Permanent Beds:	The core number of beds a shelter has been contracted to provide. These beds are located in designated sleeping areas.
Flex Beds:	Additional beds that a shelter has been contracted to provide and are activated as needed. These beds are often not located in designated sleeping areas. Since May 2013, flex beds have been available on a permanent basis every night.

Extreme Cold Weather Beds:	Flex beds that a shelter has been contracted to provide and are activated only on nights that Extreme Cold Weather Alerts are called by Toronto Public Health.
Out of the Cold bed:	Between mid-November and mid-April, the City-funded and volunteer-operated Out of the Cold (OOTC) program provides meals and overnight accommodation in faith-based facilities throughout the city. Space standards are governed by the Toronto Shelter Standards.
Funded Capacity:	The number of beds a shelter is paid to make available to clients through a contract with the City.
Occupied Bed:	A bed that has been assigned to a person.
Occupancy:	The total number of beds that have been assigned to people as of the final bed count.
Occupancy Rate:	The number of occupied beds as a percentage of total funded capacity.
Family shelter occupancy:	Because family shelters are generally rooms occupied by one family, the calculation of occupancy based on beds presents some challenges. For example, a room in a family shelter may have four assigned beds. If a family of three is admitted to that room, the fourth bed shows as unoccupied, although it may not be available for admission to another family. At another time, a family of five with a baby in a crib may be admitted to the same room, although it has an official capacity of 4 beds.

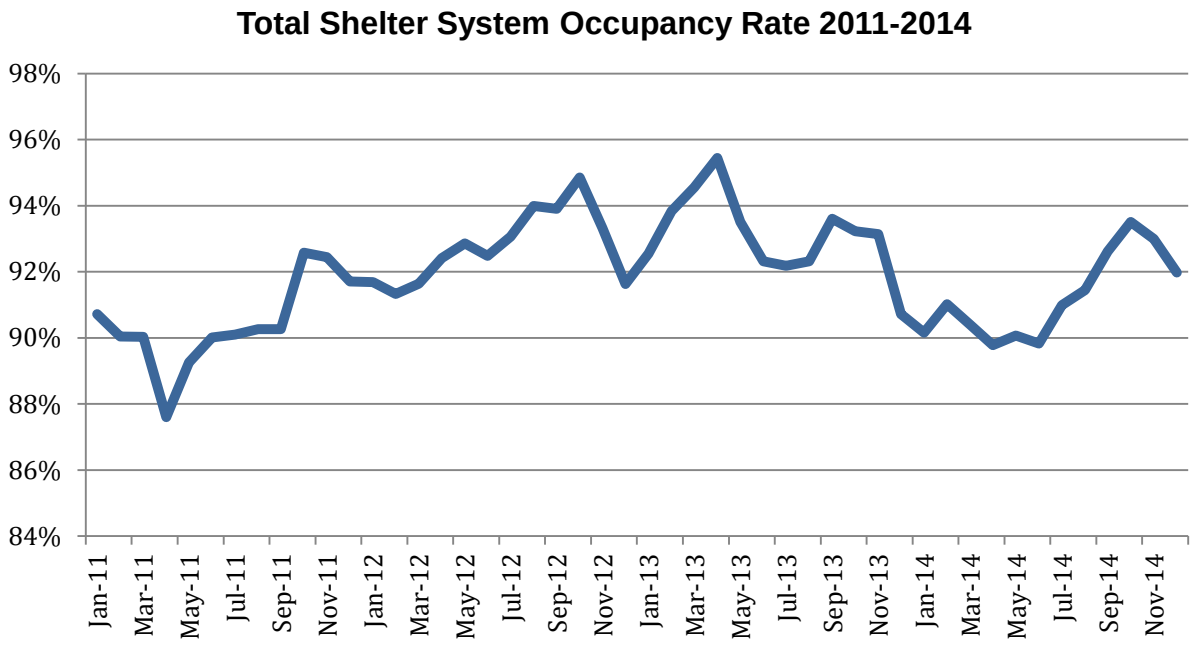
ATTACHMENT 4
Shelter Occupancy Trends



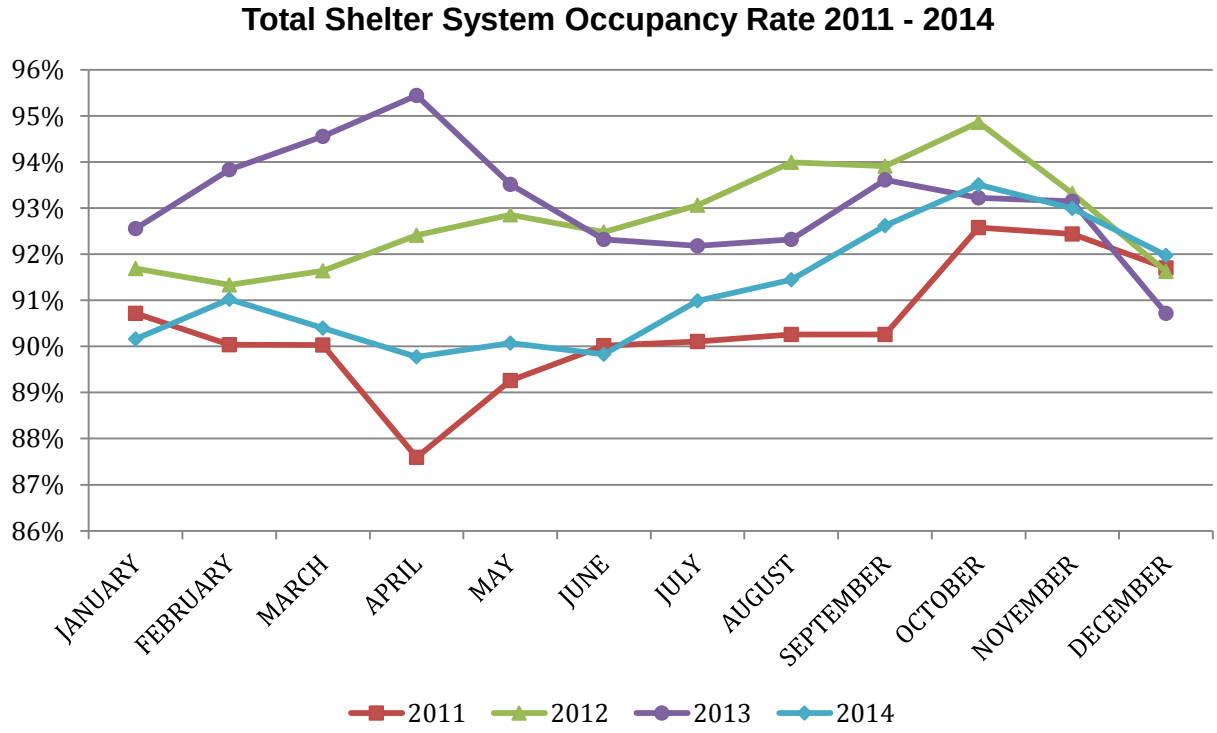


	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Co-ed	98%	98%	98%	97%	98%	97%	98%	97%	98%	99%	98%	99%
Families	83%	85%	81%	81%	85%	87%	91%	93%	95%	94%	91%	88%
Men	91%	91%	92%	91%	90%	88%	88%	89%	90%	92%	93%	93%
Women	96%	95%	96%	95%	95%	96%	96%	95%	97%	97%	96%	94%
Youth	91%	93%	95%	93%	92%	90%	93%	87%	87%	91%	93%	93%
Total	90%	91%	90%	90%	90%	90%	91%	91%	93%	94%	93%	92%

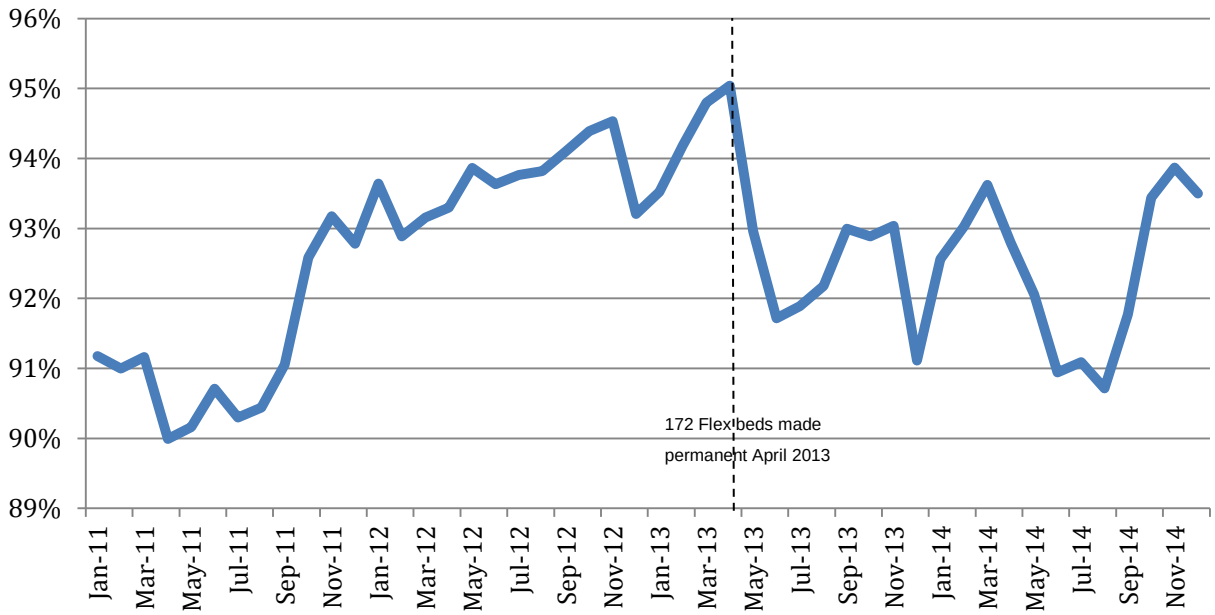
*all occupancy rates include all full-time beds, including regular, SHARC, and flex beds as of May 2013. Does not include part-time beds, OOTC or extreme weather beds. Prior to 2014, motel capacity was not included in family shelter occupancy rates.



	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2011	91%	90%	90%	88%	89%	90%	90%	90%	90%	93%	92%	92%
2012	92%	91%	92%	92%	93%	92%	93%	94%	94%	95%	93%	92%
2013	93%	94%	95%	95%	94%	92%	92%	92%	94%	93%	93%	91%
2014	90%	91%	90%	90%	90%	90%	91%	91%	93%	94%	93%	92%



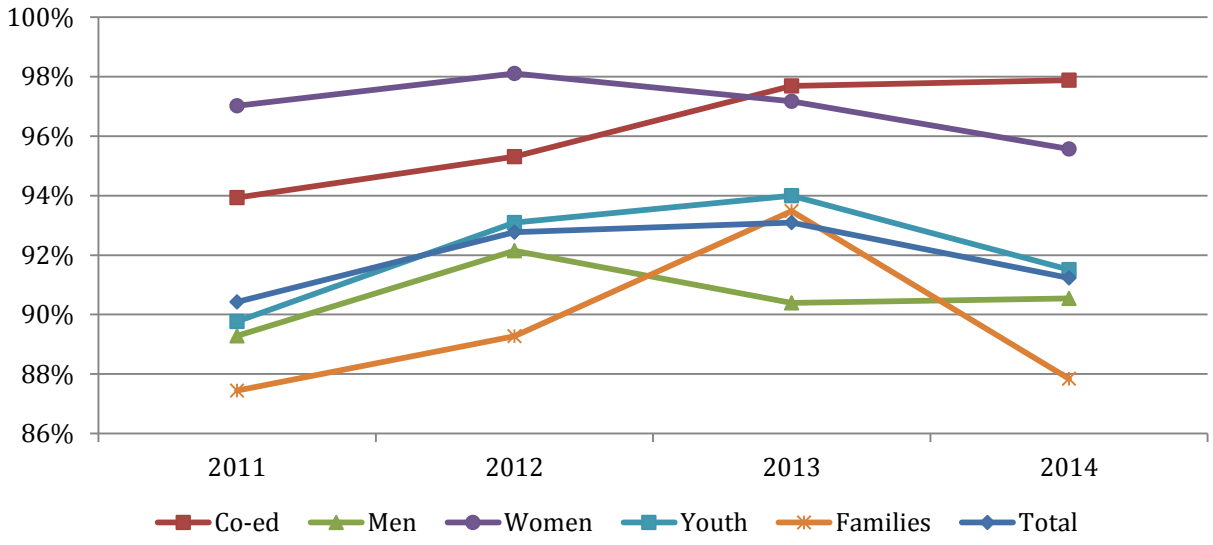
Singles Sectors Shelter Occupancy Rate 2011-2014



	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2011	91%	91%	91%	90%	90%	91%	90%	90%	91%	93%	93%	93%
2012	94%	93%	93%	93%	94%	94%	94%	94%	94%	94%	95%	93%
2013	94%	94%	95%	95%	93%	92%	92%	92%	93%	93%	93%	91%
2014	93%	93%	94%	93%	92%	91%	91%	91%	92%	93%	94%	94%

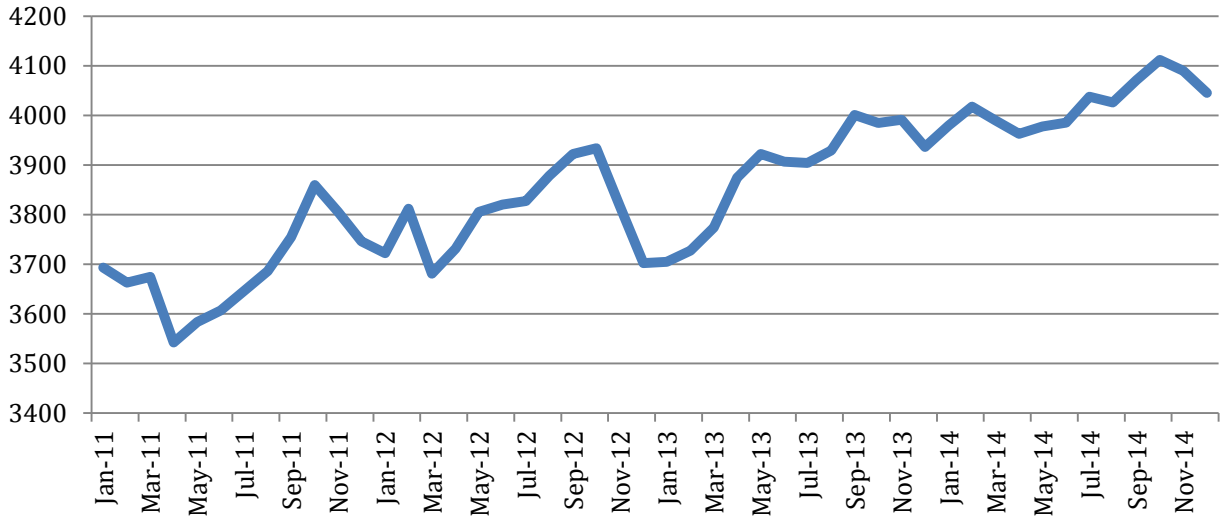
*Includes Men's, Women's, Co-ed and Youth Sector

Occupancy Rate by Sector Annual Average 2011-2014



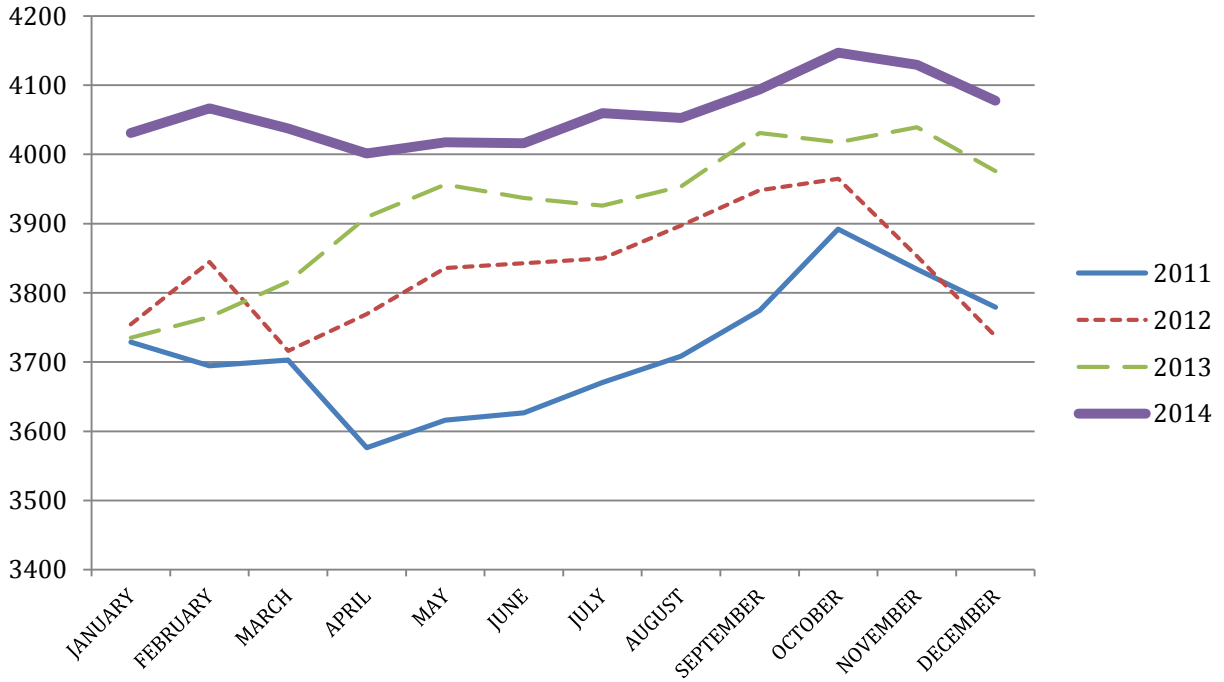
	Co-ed	Men	Women	Youth	Families	Total
2011	94%	89%	97%	90%	87%	90%
2012	95%	92%	98%	93%	89%	93%
2013	98%	90%	97%	94%	93%	93%
2014	98%	91%	96%	92%	88%	91%

Average Nightly Shelter Use 2011-2014



	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2011	3729	3695	3703	3577	3616	3627	3671	3708	3774	3892	3834	3779
2012	3755	3844	3716	3769	3836	3843	3850	3897	3948	3965	3853	3737
2013	3735	3765	3816	3909	3957	3937	3926	3954	4031	4017	4039	3976
2014	4031	4067	4037	4002	4017	4016	4060	4053	4094	4147	4129	4078

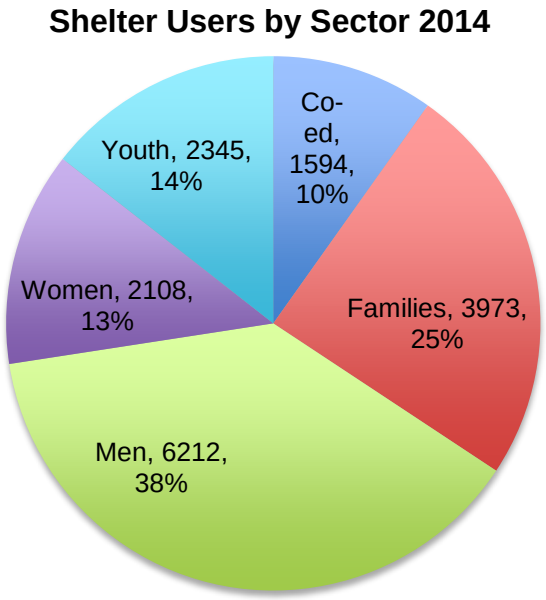
Average Nightly Shelter Use by Year 2011-2014



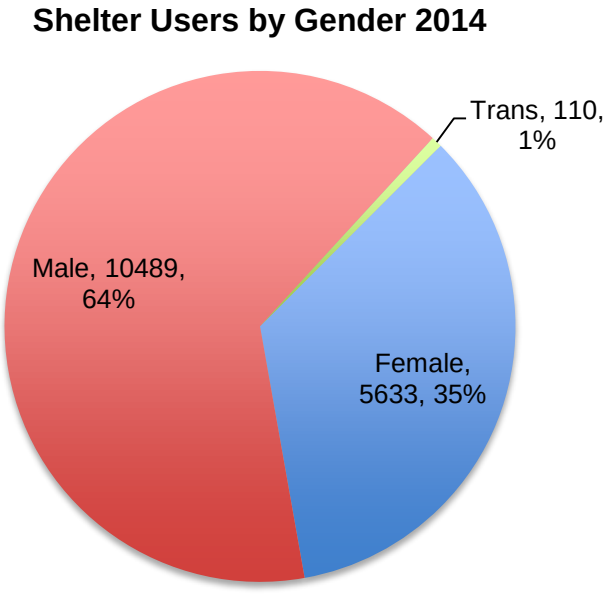
*all includes all full-time beds, including regular, flex and SHARC, plus part-time and extreme weather bed use. Does not include OOTC.

ATTACHMENT 5
Shelter Client Profile

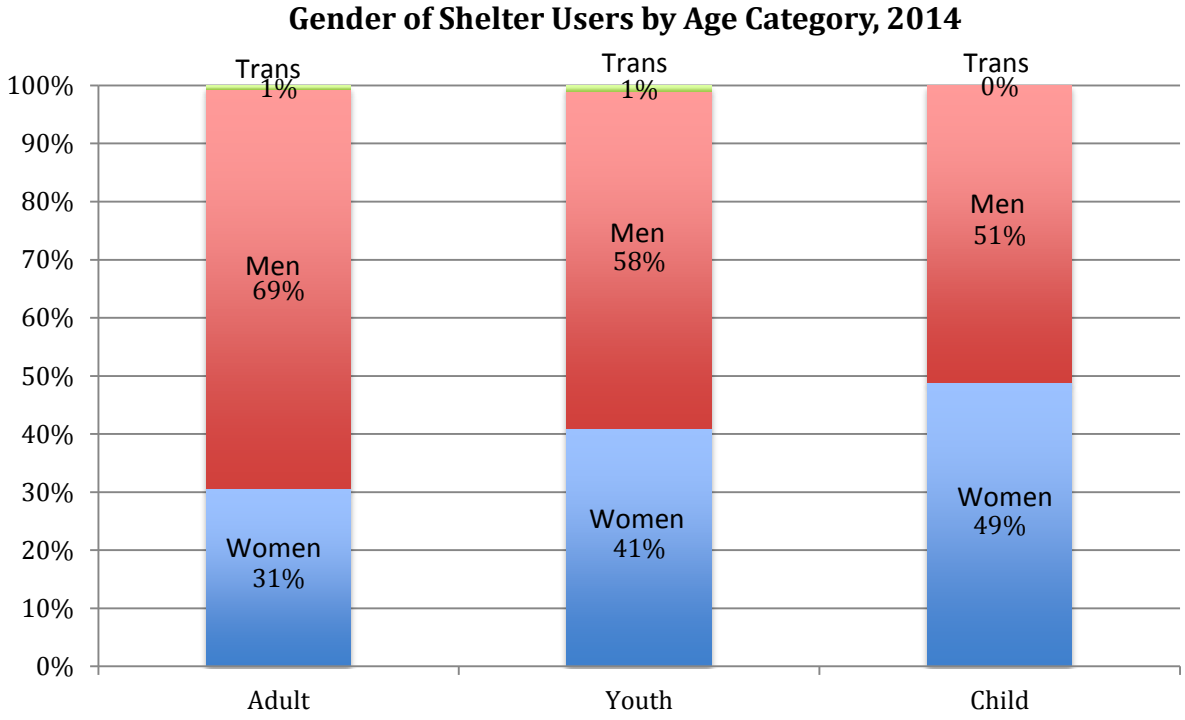
In 2014, 16,232 different individuals used the shelter system. This means that each shelter bed was used, on average, by 3.7 different people.



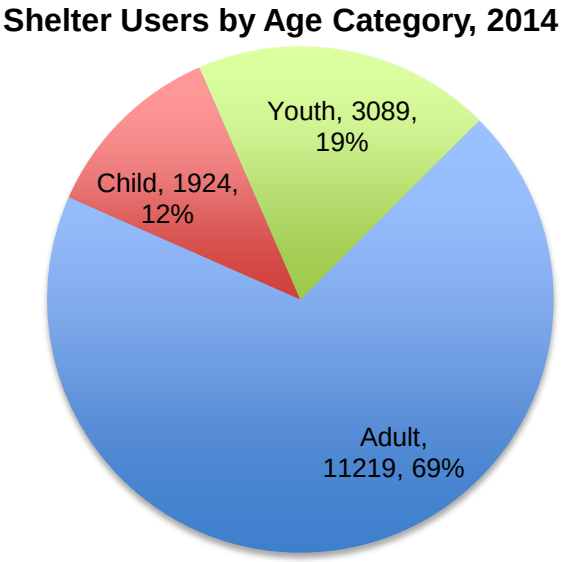
Overall, 64% of shelter users were male, 35% female and 1% identified as transgender.



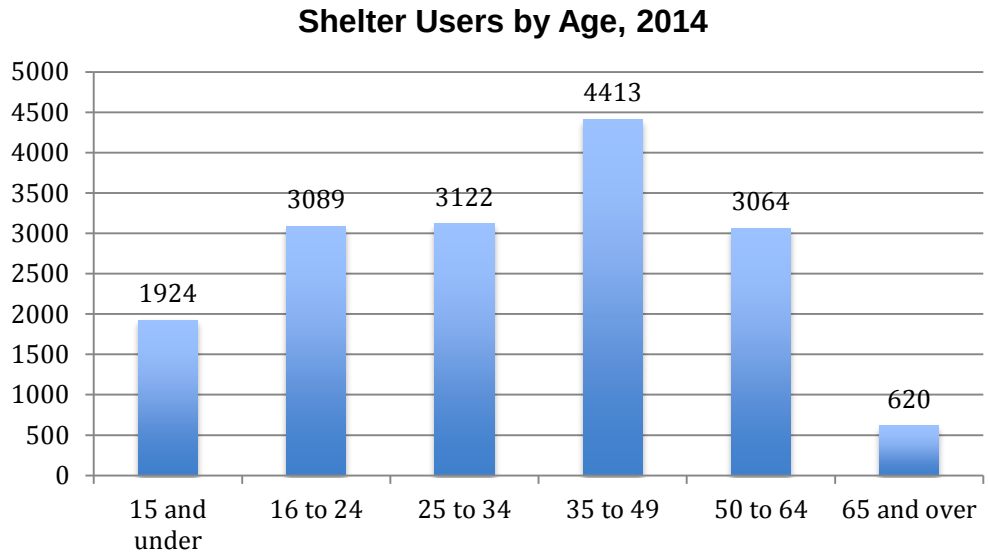
While males make up 69% of adult shelter users, they represent 58% of youth and 51% of children (i.e. the proportion of females is higher among children and youth shelter users than adult shelter users).



In total, 69% of those using the shelter system were adults, 19% were youth (aged 16 to 24) and 19% were children under 16.



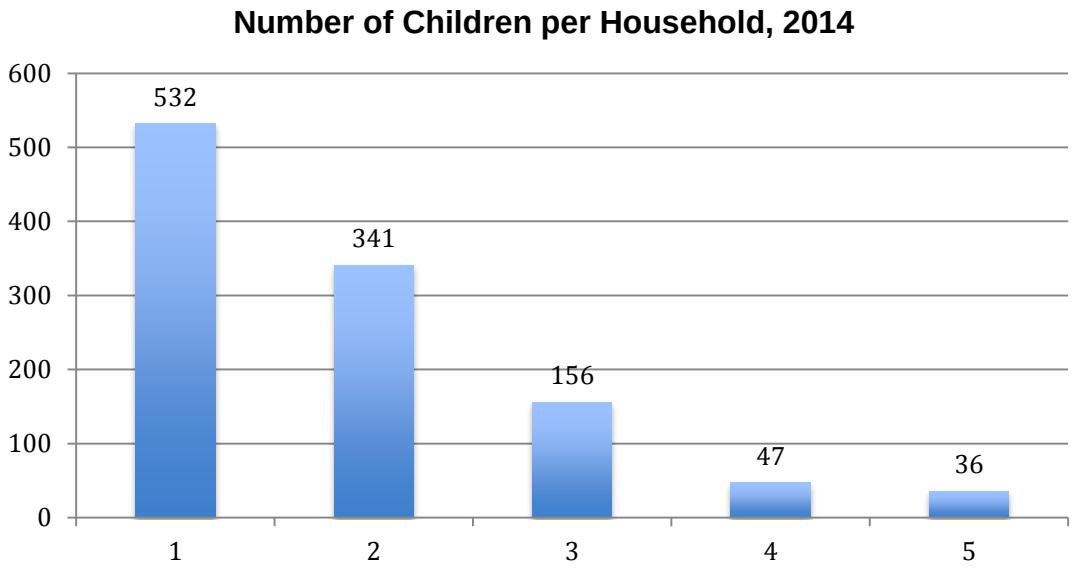
Average age of all shelter users was 35 and the average age of adult shelter users (those 25 and older) was 44. A majority of shelter users (77%) are under the age of 50, with 19% aged 50 to 64, and 4% seniors 65 and over.



Family Composition

There were 3,501 individuals in 1163 family households with dependent children using the shelter system in 2014. Of those, 23% were two-parent households and 77% were single parent households.

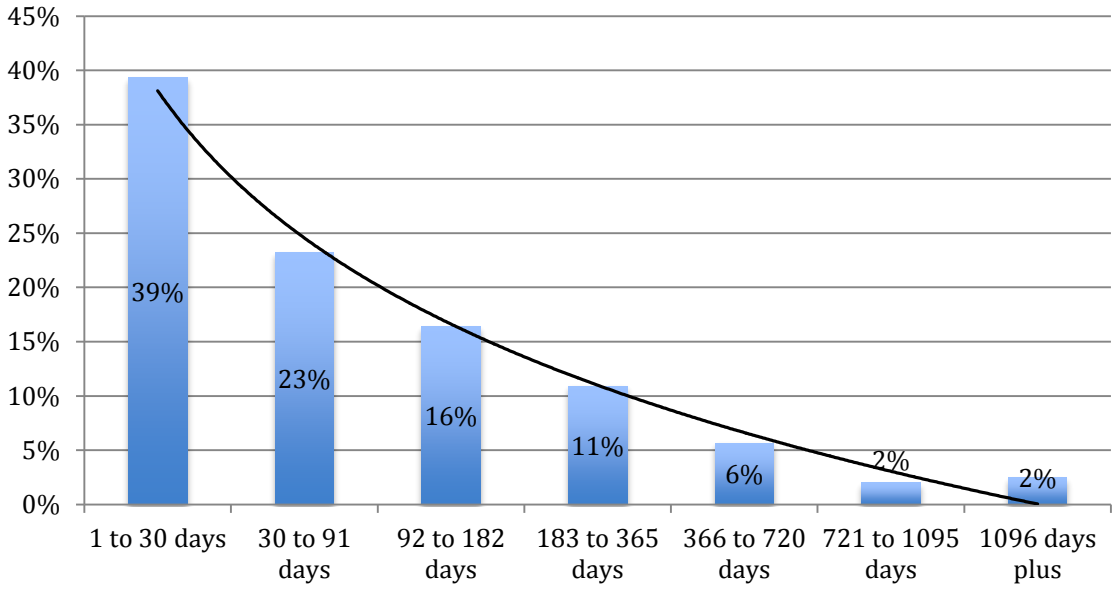
The average number of dependents per family was 1.9. 48% of families had one child, 31% had two children, and 21% had three or more children.



ATTACHMENT 6
Length of Homelessness

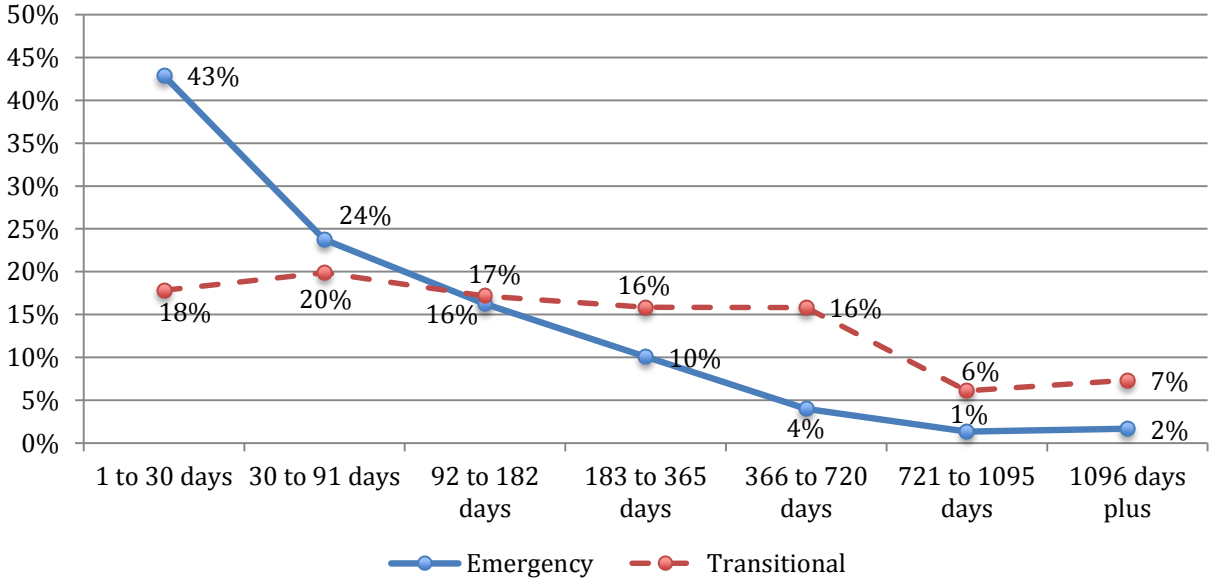
In 2014, the average length of homelessness for those using the shelter system was 151 days, or approximately 5 months. Half of all shelter users exited homelessness in 54 days or less (the median). For these purposes, an episode of homelessness is defined as a group of admissions with a break of not more than 30 days in between.

Shelter Users' Length of Homelessness, 2014

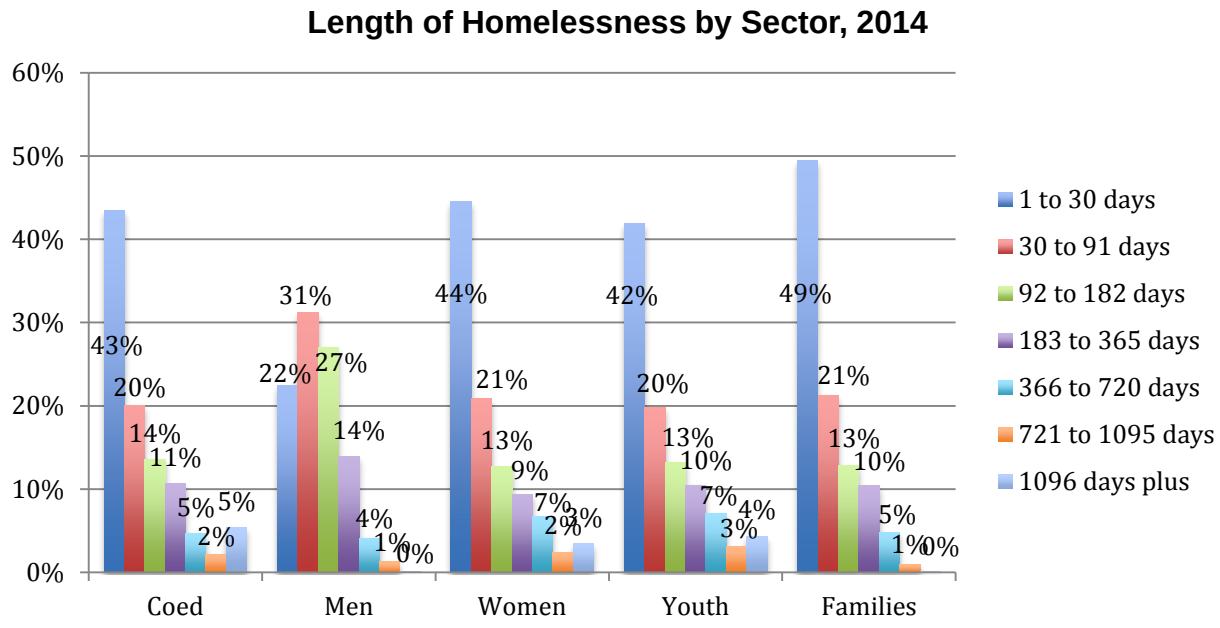


The average length of homelessness for those in emergency shelters was 122 days, while the length of homelessness for those in transitional shelters, where programs are often designed for longer stays, was 328 days.

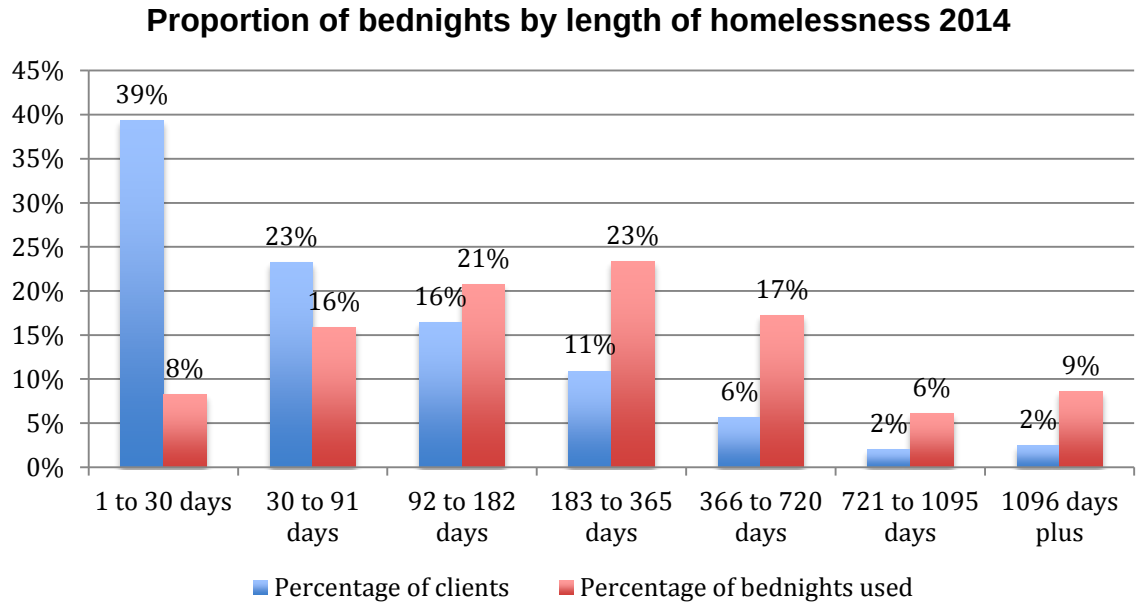
Emergency and Transitional Shelter Users' Length of Homeless, 2014



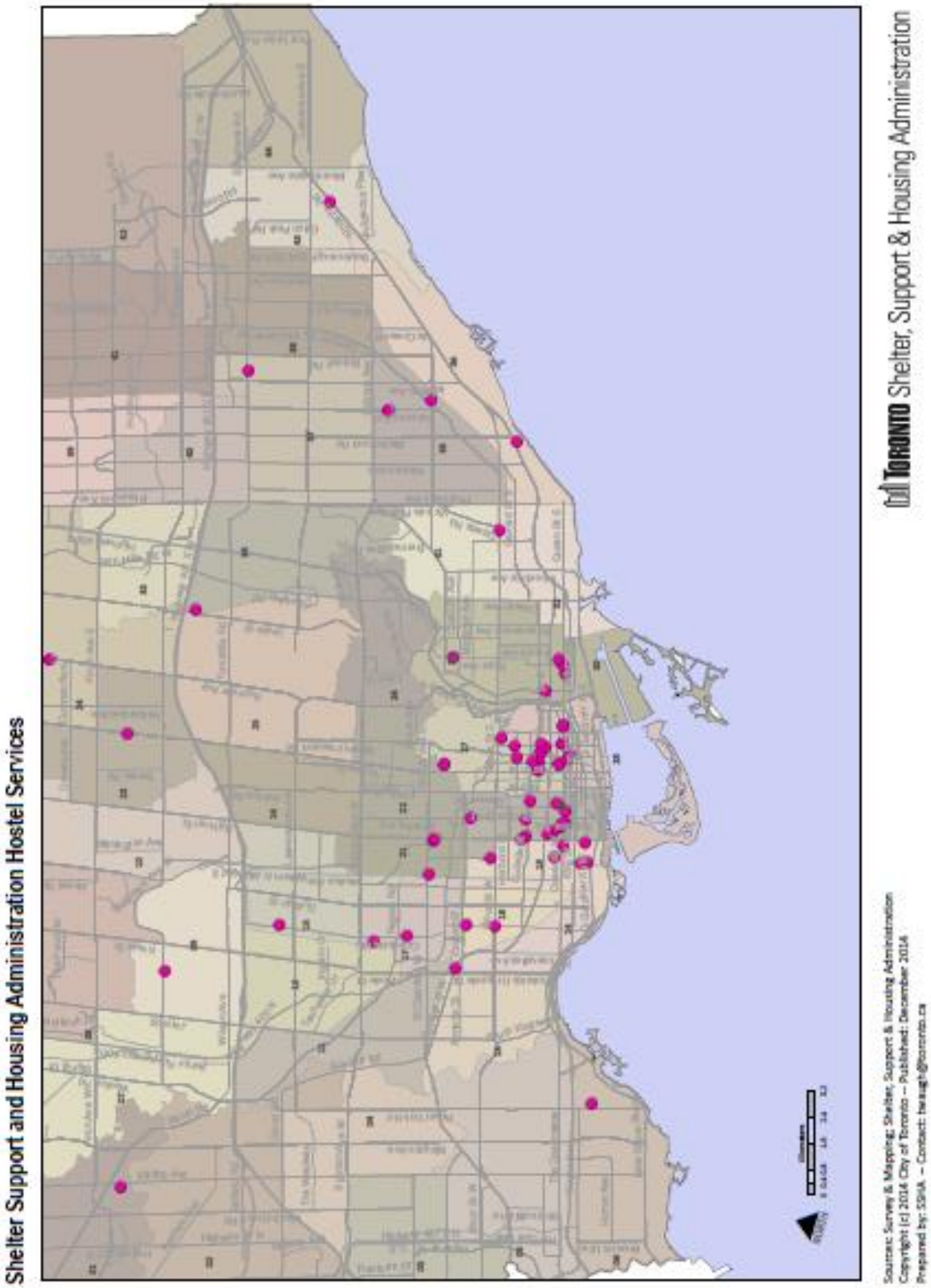
The average length of homelessness was shortest in the youth sector (95 days) and longest in the Co-ed sector (190 days)



There is a small group of clients who stay for much longer periods of time and use a disproportionate amount of resources. Ten percent of shelter users had been homeless for more than a year and an even smaller subset, 2%, had been homeless more than 3 years. Those 10% of long term homeless clients used 32% of all shelter bednights available in 2014.



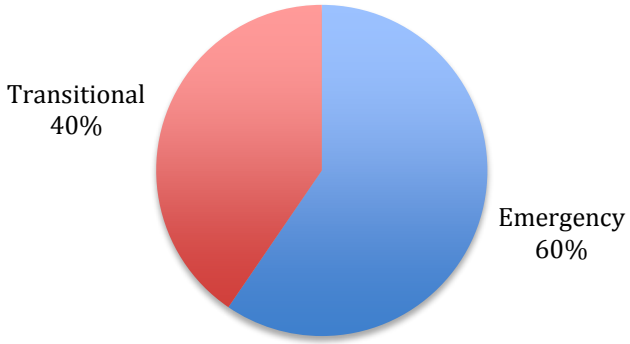
ATTACHMENT 7
Shelter Locations Map



ATTACHMENT 8
Long Term Shelter Users

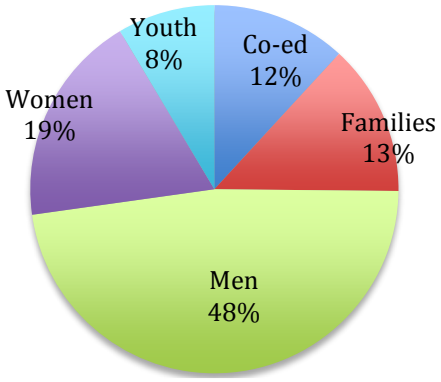
Of the 1,646 individuals using the shelter system in 2014 who were homeless for a year or more, 60% were in the emergency shelter system and 40% were in the transitional shelter system.

Long Term Shelter Users by Shelter Type



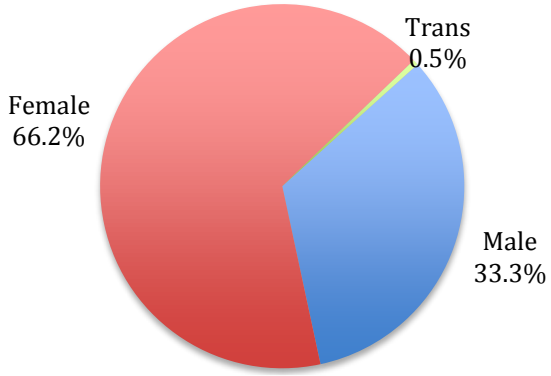
The majority of long term shelter users (79%) were in the single adult sectors (Men's, Women's and Co-ed), while 13% were in the Family sector and 8% in the youth sector.

Long Term Shelter Users by Sector

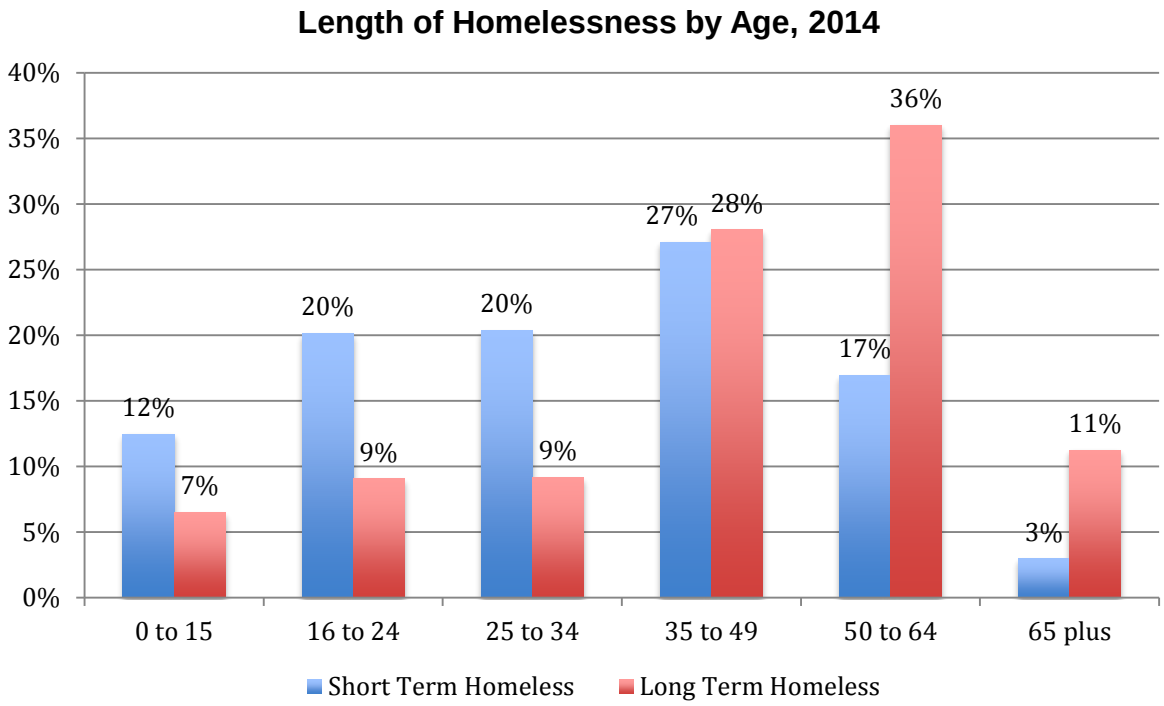


The majority of long term shelter users were male (66.2%), while 33.3% were female and 0.5% identified as transgendered.

Long Term Shelter Users by Gender, 2014

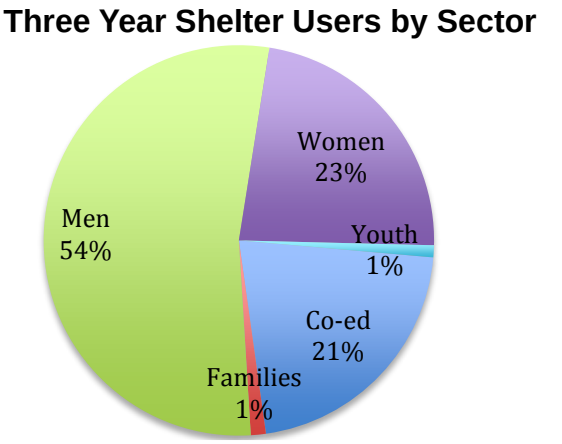


Long term shelter users tend to be older, with 47% over the age of 50, compared to just 20% of those who were homeless less than one year.



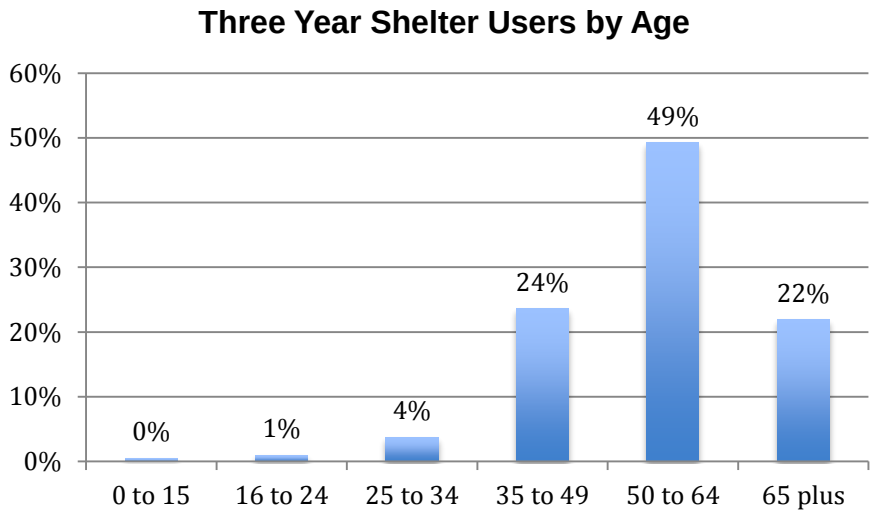
Of the 1,646 individuals who were long term shelter users in 2014, a subset had been homeless for even longer. 402 people had been homeless three years or more, representing 2% of all people using shelter in 2014.

The key differences between this group of people who were homeless for three years and people homeless one year or more are the shelter sector and age. In the longer group, there was a smaller proportion in the family and youth sectors. 98% of those homeless three years or more were staying in the single adult shelter system.

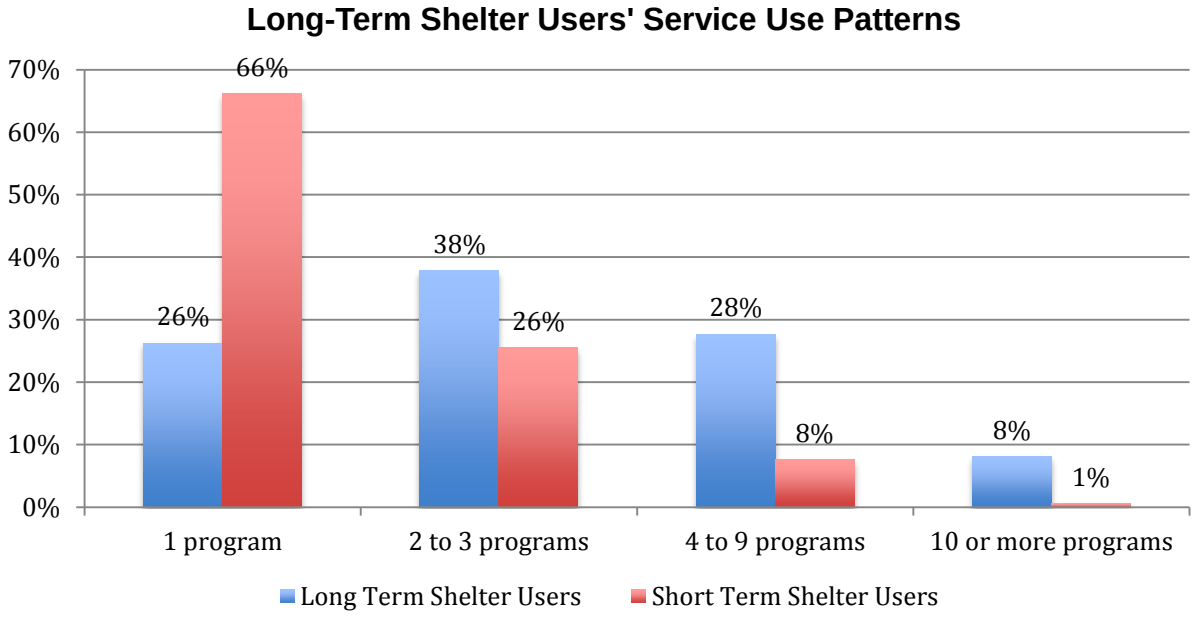


However, there was little difference in the proportion of people in the emergency or transitional shelters between these two groups, as 58% of the people homeless three years or more were in emergency shelters, compared to 60% of those homeless one year or more.

The people who were homeless three years or more tended to be even older, with 71% over the age of 50.



Of those who had been homeless for a year or more, there are two distinct service use patterns. The majority of clients (64%) have used three or fewer different shelter programs during their current episode of homelessness. In fact, 26% have used only one program. This is the group of clients who are essentially using the shelter system as housing. There is another group that moves frequently around the shelter system – 36% had used four or more programs, with a small group (8%) using 10 or more programs in their current episode of homelessness.



ATTACHMENT 9
George Street Revitalization Infrastructure Needs

Four new permanent sites for the City to acquire

- Permanent replacement of 194 emergency beds (2@~97 each)
- Permanent replacement of up to 60 transitional beds (ONeill)
- Permanent replacement of up to 110 transitional beds (Annex/Long Term)

Two new interim sites

- One for 100 emergency shelter beds
- One for pilot Assisted Living program (90 men's beds)

Long Term Care

- 80 Long Term Care Home spaces (approximately 60 may relocate back to George St)

Program	Current Men's Shelter Beds	Permanent Replacement Offsite	Replacement Shelter Beds Onsite	Other Housing Types
Emergency Shelter Beds	294	194	100	
Transitional Shelter Beds (Annex and Long Term)	280	110	90 Pilot Assisted Living	80 LTCHS
Transitional Shelter Beds (ONeill)	60	60		
Total	**634**	**364**	**190**	**80**

ATTACHMENT 10
Shelter Beds by Ward

Ward	Number of Shelter Beds
Ward 1 Etobicoke North	50
Ward 2 Etobicoke North	0
Ward 3 Etobicoke Centre	0
Ward 4 Etobicoke Centre	0
Ward 5 Etobicoke-Lakeshore	0
Ward 6 Etobicoke-Lakeshore	40
Ward 7 York West	0
Ward 8 York West	0
Ward 9 York Centre	28
Ward 10 York Centre	0
Ward 11 York South-Weston	0
Ward 12 York South-Weston	0
Ward 13 Parkdale-High Park	0
Ward 14 Parkdale-High Park	101
Ward 15 Eglinton-Lawrence	130
Ward 16 Eglinton-Lawrence	0
Ward 17 Davenport	115
Ward 18 Davenport	98
Ward 19 Trinity-Spadina	315
Ward 20 Trinity-Spadina	573
Ward 21 St. Paul's	91
Ward 22 St. Paul's	56
Ward 23 Willowdale	33
Ward 24 Willowdale	30
Ward 25 Don Valley West	0
Ward 26 Don Valley West	0
Ward 27 Toronto Centre-Rosedale	1093
Ward 28 Toronto Centre-Rosedale	690
Ward 29 Toronto-Danforth	23
Ward 30 Toronto-Danforth	126
Ward 31 Beaches-East York	79
Ward 32 Beaches-East York	0
Ward 33 Don Valley East	0
Ward 34 Don Valley East	32
Ward 35 Scarborough Southwest	128
Ward 36 Scarborough Southwest	110
Ward 37 Scarborough Centre	160
Ward 38 Scarborough Centre	0
Ward 39 Scarborough-Agincourt	0
Ward 40 Scarborough Agincourt	0
Ward 41 Scarborough-Rouge River	0
Ward 42 Scarborough-Rouge River	0
Ward 43 Scarborough East	150
Ward 44 Scarborough East	300

**Does not include OOTC programs

ATTACHMENT 11
Community Engagement Best Practices for Emergency Shelters

The following best practices for community engagement when opening emergency shelters were developed based on previous experience in Toronto and a jurisdictional review.

Identification of Proposed Site

- Identify site and complete due diligence process to assess suitability.

- Meet with Ward Councillor to inform them of the potential use of the site as emergency shelter. If the site is within 250 metres of another Ward, notify that Councillor as well.

Holding a Public Information Meeting

- Schedule an evening public information meeting to inform the local community regarding the use of site as an emergency shelter.

- Prepare a written communication to be circulated to local residents and businesses within 250 meters informing them of the intended use of site and identify the date, time, location of the public information meeting. Provide at least two weeks notice of the meeting, wherever possible.

- The meeting should be held as close to the site as possible. The local councilor or BIA could assist in finding a location, e.g. restaurant, school, place of worship, community centre, etc.

- Invite the Councilor or a member of their staff to the meeting to hear from their constituents, ask questions, and collect information needed to guide their subsequent decision-making.

- Where possible, consider choosing a 3rd party facilitator(s) who are neutral and respected by the neighborhood, with experience facilitating large groups on contentious issues. The facilitator could be a paid professional or a respected local leader (such as a faith leader, school principal or the executive director of a local community centre).

Format of the Public Information Meeting

- The purpose of the public information meeting is to deflect a kind of "us vs. them" atmosphere by providing information and allowing residents to express their concerns and ask questions in a respectful atmosphere.

- At the public information meeting, staff and a representative from the agency will provide:

    - Further details on the project described in written communication
    - Overview of the approvals process and next steps
    - The date of the Community Development and Recreation Committee meeting at which the proposed use of site will be considered
    - Information on how deputations can be made before the Community Development and Recreation Committee
    - The date of the Council meeting at which the proposed use of the site will be considered

- Options for the meeting can include:

    - Tours of the site
    - Booths inviting opportunities for one-on-one conversations with shelter providers, city staff, the police, community agencies, etc.
    - Small discussion groups
    - Information displays
    - Opportunities for written comments

- Other recommended approaches include:

    - Greeters to welcome people at the door and explain what is happening
    - Sign-in sheet to collect e-mail addresses or other contact information for follow-up information
    - Short, informal presentations only, with most of the available time alloted for discussion and answering questions
    - A note taker present to record comments for review by staff after the meeting
    - Follow-up communication summarizing feedback, recaping information provided in response to questions and summarizing next steps in the approval process

Community Liaison Committee

- Names of residents interested in participating in an ongoing Community Liaison Committee may be solicited at the public information meeting.

- If the site is approved, staff will call together the Community Liaison Committee to provide further information to the local community, answer questions, and address any concerns. The Community Liaison Committee may also assist in identifying resources and services within the community to support the emergency shelter residents.

ATTACHMENT 12
Shelter Funding Model Proposed Principles

Principles for a new funding model establish the City's objectives for the emergency shelter system and provide criteria against which funding model options can be assessed.

A new shelter funding model should:

- Support a Housing First approach and the objectives of the Housing Stability Service Planning Framework
- Focus on helping clients move into appropriate housing as quickly as possible and reduce length of shelter stays
- Be performance based, improve accountability and support an outcome focussed approach
- Provide a transparent and rationalized means of allocating funding
- Increase predictability and stability for providers, the City and the service system
- Reduce administrative burden on both providers and the City
- Be flexible enough to respond to the diversity of service providers and service needs within the shelter system
- Be developed in consultation with shelter providers and with a transition plan that takes into consideration any impacts on existing providers and clients

ATTACHMENT 13
Integrated Mental Health and Substance Use Strategy for Emergency Shelters Work Plan

Area	Actions	Timeline
Complex client needs assessment and profile	Work with the Toronto Central CCAC, TC LHIN, and the Inner City Family Health Team to conduct a needs assessment for shelter clients with complex challenges and develop a profile that will inform service options and gaps.	Q1/Q2 2015
Housing First pilot	Implement pilot coordinated Housing First team with intensive case management supports to achieve measurable results in housing long term shelter stayers with complex health issues, including mental health and addictions	Q3/Q4 2015
	Explore joint service planning opportunities with the TC LHIN to leverage available housing and support funding to create housing opportunities for people with complex health, mental health and addictions issues, with measurable outcomes.	Q4 2015
Innovative service models through George Street Revitalization	Develop a service model, in partnership with Long Term Care Homes and Services (LTCHS) for an Assisted Living Program in the George Street Revitalization project that provides services for clients with significant substance use, physical and mental health issues.	2015/2016 ongoing
	Work with the Affordable Housing Office to identify opportunities to develop a low barrier permanent housing option for long term shelter users with complex needs, including harm reduction programming.	2015/2016 ongoing
Long Term Care and services for older adults who are homeless	Develop options to increase access to Long Term Care Homes for clients with significant substance use and mental health issues.	2015/2016 ongoing
	Explore opportunities to increase supports for older people who are homeless in emergency shelters, though partnerships with resources such as Psychogeriatric Resource Consultants and Geriatric Mental Health Teams.	Q4 2015
Development of SSHA's Harm Reduction Framework	Complete a harm reduction framework for SSHA services to ensure there is a continuum of services available to respond to the needs of people who use substances.	Q3 2015
	Develop specific recommendations for harm reduction approaches in the emergency shelter system	Q4 2015
	Explore opportunities to provide additional harm reduction training in partnership with Toronto Public Health.	Q3 2015
	Develop options in partnership with Toronto Public Health for overdose prevention strategies, including providing training and exploring making naloxone available in shelters.	Q3 2015

Area	Actions	Timeline
	Explore opportunities for more harm reduction specific shelter programs, in partnership with Toronto Public Health and The Works	Q4 2015
	Explore harm reduction service options to be provided at two new 24 hour women's drop-ins	Q2 2015
Community Partnerships	Explore opportunities to expand on partnerships with community agencies that work with individuals experiencing mental illnesses, substance abuse or addiction issues, to offer additional services to people in emergency shelters, such as: • Peer support programs • Short-term, harm reduction based beds and support to people who are intoxicated • Substance use/mental health counsellors to provide short-term support to people in the shelter system while they are waiting for treatment and services • Substance use prevention and mental wellness programs for youth and families • Support in navigating access pathways to treatment and services, particularly detox programs	Q4 2015
	Explore opportunities to develop discharge protocols with hospitals, to provide more coordinated service to people moving between the health care system and the shelter system.	Q4 2015
Research	Building on the work of the At Home/Chez Soi project, research effective practices in other jurisdictions for housing services for people with complex mental health and addictions issues	Q4 2015
	Gather client input on access to service and service needs for people with complex mental health and addictions issues	Q3 2015
	Continue participation in the national research project on Managed Alcohol Programs in shelters and housing	2015 ongoing
Intergovernmental	Explore options through the Provincial Mental Health and Addictions strategy for any new funding available	2015 ongoing