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Community Development and Recreation Committee
100 Queen Street West
Toronto, ON M5H 2N2

Dear Members:

Re: Improving Data Collection Management of Toronto's Homeless Population

The health outcomes of the City's homeless population are staggeringly poor, with at least 70 reported people—an average of 1.8 people per week—dying outdoors, in shelters, social service agencies or hospitals in 2017. The Medical Officer of Health has noted that more than half of these deaths were individuals under the age 50 and that underreporting means the true number of people dying due to living with homelessness is likely higher.

The Toronto Political Advocacy Committee, a group of students at the Medical Society at the Faculty of Medicine at the University of Toronto, have engaged the City to advocate for better data collection and management. The committee suggests that Toronto should adopt a Homeless Management Information System (HMIS), similar to a system adopted in Calgary, Alberta. This HMIS model, the committee argues, allow for shelter staff to better collect data to identify needs, coordinate referrals to other services and provide opportunities for programmatic evaluation of services.

The General Manager of Shelter, Support & Housing has advised that the city's Shelter Management Information System is evolving, with changes being made to better collect data and track individuals who come into and move through the system as a core piece of work that staff are currently engaged in. He has expressed that he would be happy to meet with the Toronto Political Advocacy Committee to discuss their ideas on how to improve the Shelter Management Information System.

RECOMMENDATIONS

It is recommended that:

1. City Council direct the General Manager of Shelter, Support & Housing meet with the Toronto Political Advocacy Committee with the Medical Society at the Faculty of Medicine at the University of Toronto and report back to Community Development and Recreation Committee in Q1 2018 on measures to improve tracking information on admission and discharge of homeless individuals in between shelters, respites and hospitals, and the tracking and reporting on in-house healthcare provision.

Thank you for your consideration.

Respectfully submitted,



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