

RE: CD29.10

**The Interfaith Coalition to Fight Homelessness
Report on The Out of the Cold Shelters
Presented to:
Community Development Recreation Committee
City of Toronto, June 13, 2018**

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A) OVERVIEW

The Out of the Cold Shelters (OOTCS) were established 32 years ago by Sister Susan Moran to provide food and shelter in places of worship to a small group of homeless individuals who had been left behind by the system. Over the years the City abdicated more and more of its responsibility to the homeless placing it on the shoulders of the OOTCS. The number of guests the OOTCS served grew exponentially, and the number of OOTCS jumped to 16 sites. The OOTCS were turned into something they were never intended to be— front-line organizations.

In its 2017/2018 season the OOTCS provided approximately 14,000 mats, 35,000 dinners, 13,000 breakfasts, and 11,000 bagged lunches to its guests, as well as clothing, social activities and array of services and programs that vary from site to site.

The OOTCS are inexpensive for the City to operate as the financial burden of running each site is handled by the hosting faith-based organization. Over the years the OOTCS have saved the City millions of dollars because it did not have to rent facilities, higher large numbers of staff, or pay for the thousands of meals (some that are served each season. The OOTCS did not receive any financial assistance from the City until 2017/18, in the form of a \$30,000 food subsidy. The City's major expense for running the OOTCS is its contract with Dixon Hall which helps to administer the sites. The bulk of the work is handled by the OOTCS and their volunteers.

Unfortunately, the City has hijacked Sister Susan's compassionate idea and used the OOTCS in place of seeking permanent solutions to homelessness such as supportive and affordable housing, and addressing the root causes of homelessness such as mental health and addiction to name a few. The City expands its shelter system with OOTCS in the winter, which operate for 5 months, leaving the homeless searching for shelter for the remaining 7 months of the year.

The current model that the OOTCS are operating under is no longer tenable as the City has failed to:

- 1) Protect the OOTCS sites, its guests and the public who use these buildings, by providing them with disease prevention guidelines, and consistent cleaners trained in these guidelines.
- 2) Prepare the OOTCS for the opioid crisis.
- 3) Invest in services that will help the OOTCS guests get off the streets including: mental health and housing supports, and the necessary medical attention through doctors and effective nursing.
- 4) Ensure the financial stability of the OOTCS through greater financial assistance.

This report will address these failings as well as a new vision for the OOTCS which will see them help their guests get off the streets.

B) PROTECTING OUR FACILITIES AND EVERYONE WHO USES THEM

The OOTCS have been allowed to operate in multi-use facilities for 32 years without health standards and guidelines for disease prevention. This will no longer be tolerated. There has been no regard for our guests, who are highly susceptible, or for the clergy, congregants and public, including infants and children who use our nurseries and daycares.

The following is a list of our repeated attempts to safeguard our facilities and all who use them:

-June 13, '17 in a meeting between the Interfaith Coalition to Fight Homelessness (The Coalition) and Shelter Support and Housing (SSHA) we were assured our concerns on disease prevention would be looked after.

-September 25, '17, I deputized at the Toronto Board of Health (TBOH) requesting help after Leigh Chapman from the Moss Park OPS informed me that the OOTCS were not prepared to handle the opioid crisis. I also mentioned the need for cleaning guidelines. We received no guidance and were forced to learn how to deal with the crisis on the job.

-Oct 3, '17 in a meeting with SSHA and the OOTCS we expected cleaning protocols and were shocked when we did not receive any. SSHA called Toronto Public Health and were told none existed.

-Oct 19, '17 OOTC meeting with Dixon Hall we were told we would get "best practices" for disease prevention. We received nothing.

-The Coalition asks Councilors Mihevc and Cressy who sit on both Community Recreation Development Committee (CDRC) and TBOH for contacts at TPH and start the process of getting cleaning protocols and disease prevention guidelines ourselves.

-Oct 13 '17 and Dec 13 '17 the Coalition has two conference calls with TPH. We receive a 90 page document to review.

-Jan 15 '18 after a near disaster with a toddler and a discarded needle in a playground the Coalition appeals to all Councillors on CDRC for assistance to get SSHA, Dixon Hall and TPH to redact the 90 page document so that is applicable and easily understood by the OOTCS.

-Shortly after a meeting took place between SSHS, Dixon Hall and TPH to complete the above work. I was assured by Dixon Hall that we would have the redacted document for our use shortly. Once again, we did not receive anything and there was a second outbreak of Strep A at Seaton House

C) PROTECTING OUR FACILITIES AND ALL WHO USE THEM

When we fail to receive cleaners from Dixon Hall, this is a health threat to our facilities and everyone that uses them. Those left to clean and disinfect the building often have to take shortcuts so the site can open its administrative offices and programs on time, some of which are preschools and daycares.

During the 2016-2017 Dixon Hall failed to supply the OOTCS with cleaners consistently. For the most part Dixon had contracted the cleaning out to a company that was not reliable. Out of 22 weeks St. Brigit's only received cleaners twice leaving them to handle this task. At other sites we could never seem to get the same cleaner twice and spent an inordinate amount of time instructing individuals who never returned to us. At Beth Sholom/Beth Tzedec we were often left with one cleaner instead of two.

Dixon Hall had assured us that they would hire their own cleaners and provide training for them to prevent the problems experienced the previous season. There were not enough Dixon Hall cleaners and they did not receive the promised training. Many OOTCS had to perform their own cleaning duties without any advance warning. Often agency cleaners were used. The agency cleaners lacked skills, knowledge of cleaning protocols and site requirements. St. Brigid's once again experienced the revolving door of cleaners.

Some OOTCS are not receiving cleaners for mysterious reasons or that they apparently opted out of this service years ago.

For years, St. Patrick's, the largest Out of the Cold, has been provided with one cleaner in the mornings, who on many occasions is late or does not show up. It takes 5 cleaners to get the church ready to open. St. Patrick's has had to pay for the additional cleaners at a cost of \$5,000.00 annually.

Blythwood Rd. Baptist, another large Out of the Cold, operates on Saturday evenings and must have its building cleaned early Sunday morning before services begin. It has been left to them to find a cleaning company and pay it \$4,000 annually.

We are requesting:

- 1) Permanent, consistent cleaners for all sites who have been trained in cleaning protocols and are familiar with individual site needs and expectation

- 2) St. Patrick's receive \$5,000 a year to cover the cost of cleaning.
- 3) Blythwood Rd. Baptist receive 2 cleaners from Dixon Hall in the morning or that Dixon Hall arrange for a cleaning company at their expense so the church can open for services.

D) ELIMINATING THE USE OF TEMP AGENCY WORKERS BY DIXON HALL

For the most part the Dixon Hall on site staff are extremely helpful. They have a familiarity with our guests from working at various sites, are trained in de-escalation and administering Naloxone. This year Dixon Hall began using Unitas, a temp agency at the OOTCS. The agency workers are not trained or qualified to be at our sites and are merely bodies occupying seats. This leaves us short staffed. Our guests are under enormous stress and facing many challenges which these temps are unable to address appropriately. They failed to react to an incident at one of the sites where many of the volunteers are seniors. In another case we could not communicate with one of the agency workers and believe that the individual did not speak English.

We are requesting that only Dixon Hall employees staff our sites and a review be conducted with the OOTCS to determine how many Dixon Hall staff are needed at each site taking into consideration the number of guests, the timing of the program and the specific layouts of the sites that may influence the number of staff required for adequate supervision. It is important that there be at least one female Dixon Hall staff at every site for the entire time it is open. Similarly, we want input into the number of cleaners required at our individual sites to meet the needs and timelines of each facility.

E) ADDRESSING THE MEDICAL NEEDS OF OUR GUEST

The OOTCS offer an important opportunity for program users to access health services. This can potentially prevent further health complications and reduce the need for emergency hospital visits.

1) THE URGENT NEED FOR PHYSICIANS

Very few sites are receiving physicians. We urgently need physicians at every OOTC on multiply nights each season. If the Inner City Family Health Team cannot do this other arrangements will have to be made with doctors to ensure the medical needs of our guests are not neglected.

2) THE IMPROTANCE OF EFFECTIVE NURSING

Unfortunately, many of the OOTCS have either not had consistent nursing provided or the nurse refused to provide many basic services.

Before the beginning of the season, the OOTCS requested that Dixon Hall, who was arranging the nursing staff, provide a clear description of what services the nurse would provide to the guests as well as the supplies that the nurse would be bringing to the programs and what supplies the programs needed to purchase. Despite numerous complaints about the nurses and services provided, this information was never made available.

Throughout the 2017/2018 season, the OOTCS reported the following common concerns:

- Nurses not showing up without notification or consistently coming late and leaving early – sometimes not even taking their coats off or appearing available. The nurse does not answer to the OOTC coordinators so we are unaware of scheduling changes, or who will be coming and who we can speak to if there are concerns.
- Nurses refusing to dispense Tylenol and other over the counter medications to guests.
- Nurses not prioritizing urgency of treatment – for example, refusing to attend to guest vomiting until free from seeing guests who did not require immediate care.
- Nurses refusing to use own phone to call 911 when client clearly is in medical distress – delays getting help as volunteer must get phone out of cloakroom to call 911.
- Nurses leaving nursing cart containing supplies and medications in accessible space after shift where guests can access/take supplies; nursing cart often left with bag of night's nursing garbage which is unsanitary.
- Nurses consistently lack presence and proactivity. The nurse waits in a designated area for guests to approach rather than circulating among guests and building a relationship of trust with them.

- Nurses who show up on site and act like one of the guests helping themselves to food and resting rather than doing the job they are paid to do.
- No mechanism in place to address concerns with individual nurse/services – no accountability to the OOTC coordinator or Dixon Hall staff.

To be effective, the OOTC Programs require consistent nursing by individuals who are qualified and actually care about providing nursing care to our guests. To eliminate any frustrations that may arise when there is a disconnect between the nurse performance and the expectations of the OOTC program we request the following:

A memo of understanding between the nursing provider and the OOTCS that clearly outlines the following:

- A detailed description of the services that nurses will provide; expectation that nurses will clean up their nursing station and put away all supplies.
- A detailed list of supplies that nurses have access to and will provide for the site
- A list of optional supplies that are not provided but will be administered to guests if provided by the program (vitamins, muscle cream etc.).
- A description of the types of referrals to community resources that the nurse can make for guests.
- A protocol for reporting attendance/lateness and checking in with OOTC Coordinators on site to communicate availability, needs and concerns.
- Advance notice if a scheduled nurse will not be on site for the evening and a method for securing a replacement nurse.
- Requirement to wear a name tag that identifies them as qualified nurse.
- A provision of nurses hours based on the size of the program – 2 hrs is not sufficient for large programs.

- An agreement on the hours of nurse availability that reflects the needs and timing of the programs (provide access while clients are waiting for other services like food and clothing room access)

F) INVESTING IN SUPPORT SERVICES FOR THE GUESTS OF THE OOTC: HOUSING & MENTAL HEALTH SUPPORTS

The City has not invested in any support services for the OOTCS. The Interfaith Coalition to Fight Homelessness wants to help its guests do more than survive. We want them to thrive.

1) HOUSING SUPPORTS

We are requested housing supports be made available at each site on every night we are open. Many of the OOTCS did not receive housing supports. When they did they were not coordinated with the site so they came at inopportune times or did not introduce themselves so we did not know who they were.

2) THE EXPANTION OF MENTAL HEALTH SUPPORTS

The Coalition embarked on a pilot project with the Toronto Branch of the Canadian Mental Health Association (CMHA) that brought mental health supports to the Beth Sholom/Beth Tzedec Out of the Cold. This marked the first time in the 32-years of the Out of the Colds that a project of this magnitude had been launched. We know that mental health is the number one issue facing our guests, and by addressing this problem we can help them get off the streets. We want to thank Steve Lurie C.M., Executive Director of CMHA, Toronto, for making this possible.

The pilot project ran for a total of seven weeks. The pilot project showed that it is necessary to bring services to the places visited by those in need. Many of the guests of the OOTC are not comfortable in other settings where they can receive help. It takes approximately 3 weeks for the support workers to gain the trust of the guests before they request help. Not all of the guests come on consecutive weeks. In order to increase the success of the program it needs to run for a number of months at various sites. This will allow guests to become comfortable with the staff and the services they are offering.

The cost to have two Concurrent Disorder Specialists per week (they work in pairs for security reasons) at a site for four hours is \$344.

We are asking that the pilot program be expanded to 12 weeks at Beth Sholom/Beth Tzedec at a cost of \$4,128, and five additional sites for 16 weeks at a cost of \$5,504 a site totalling \$31,648.

G) THE FINANCIAL STATUS OF THE OOTCS

The OOTCS are very expensive and time consuming to run for the places of worship that host them and their volunteers. Over the years the financial burden on the OOTCS has grown as more and more people turn to us for food and shelter. Fundraising has become an ongoing urgent priority for us. There are currently a number of mitigating factors that have made this more challenging than ever:

- Diminishing congregations and the consequent challenges of remaining open with reduced financial supports while still supporting the OOTCS.
- Increased food costs.
- A number of congregations holding OOTCS have other outreach programs for the vulnerable in their communities including food banks, and drop-ins for seniors and those who are marginalized.
- Lost revenue from not renting the space used by OOTCS over a 5 month period.
- One site is losing a \$10,000 donation it has been receiving for years.
- Three of the OOTCS: Beth Emeth, Beth Tzedec/Beth Sholom, and Holy Blossom operate out of synagogues and serve kosher meat, which drives up their costs.
- First Interfaith does not operate out of its own facility and pays rent of \$6,000 annually.
- Three OOTCS are going through renovations. Congregants are asked to support these initiatives leaving fewer donors able to support their respective OOTCS.

H) CREATING FINANCIAL STABILITY FOR THE OOTCS

Prior to the 2017/18 season SSHA created two funds to assist the OOTCS financially. The first was a Food Subsidy Account totalling \$30,000. The second was a Capital Expenses Account totalling \$53,000. This was to be used for damages to our buildings, health and safety, as well as the rent that First Interfaith was paying to run its OOTC.

The total of the bills approved from the second fund is \$13,228.26

The total money received by the OOTCS from the City was \$43,228.26

We are requesting that the remaining \$39,771.74 from the Capital Expenses Account be divided up by the OOTCS according to our wishes to help defray the costs of running our sites.

To alleviate the financial uncertainty and the pressure to continuously fundraise for the 2018/ 2019 season we are asking that a sum of \$6,000 be earmarked for each OOTC (the exact sum for each site would be determined by us) prior to the season. This would entail the merging of both of the above funds plus an additional \$16,000, for a total of \$96,000. We would also set aside funds for emergencies - any remaining funds at the end of the season would be distributed after the season to defray program costs.

The total number of beds, dinners, breakfasts and bagged lunches provided by the OOTCS to our guests totals 73,354 and costs the City .59 cents (\$43,228 received from the City divided 73,354) for each meal and mat provided by the OOTCS.

If the OOTCS receive \$96,000, it would cost the City \$1.31 for each meal and mat. The OOTCS continue to carry the bulk of the financial responsibility for program delivery and donate thousands of volunteer hours.

J) CONCLUSION

We ask that SSHA respond to our requests no later than July 16, 2018 so that each OOTC can decide upon their participation in this program based on health standards, services provided to their guests, and the cost of running each site.