



STAFF REPORT ACTION REQUIRED

Comprehensive Review of Cold Weather Protocols and Cold Weather Health Impacts in Toronto

Date:	June 10, 2014
To:	Board of Health Community Development and Recreation Committee
From:	Medical Officer of Health General Manager, Shelter, Support and Housing Administration
Wards:	All
Reference Number:	

SUMMARY

This report reviews the temperature thresholds for issuing an Extreme Cold Weather Alert and whether any changes to the protocol are required. It also reports the findings of program reviews of the Metro Hall Warming Centre pilot project and the Out of the Cold program, and updates City Council on previous Council direction to open all 172 flex beds to relieve occupancy pressure in the shelter system.

In cold weather, hypothermia, frostbite, and trenchfoot can arise relatively quickly among homeless populations as a result of direct exposure to cold, with severe consequences including death. Emerging research now shows that cold weather also likely increases overall deaths and hospitalizations in Toronto, mainly due to cardiovascular and respiratory causes. Those most at risk among the general population are the elderly and people with pre-existing health concerns.

To protect homeless populations, Shelter Support and Housing Administration (SSHA) co-ordinates a suite of winter services including respite services such as drop-in centres that provide temporary escape from the cold, outreach services to connect with individuals on the street and check on their condition, and additional shelter beds. Currently, SSHA calls Extreme Cold Weather Alerts when the temperature reaches -15 °C or colder, or when other extreme winter weather conditions or circumstances warrant it, such as a severe snow storm. During an Alert, SSHA scales up street outreach, transit token availability and shelter access.

A new Cold Weather Plan co-ordinated by Toronto Public Health (rather than SSHA), with the Medical Officer of Health responsible for calling Extreme Cold Weather Alerts, will enable the full range of health impacts known to be associated with cold weather to be addressed and offers

an ideal opportunity to review and update the criteria for calling Alerts. This transition aligns with practise across much of Ontario, is consistent with the City's approach to calling heat alerts, and provides an opportunity to engage City and community partners in a co-ordinated approach to cold weather messaging and response. As part of this plan, SSHA will maintain a leadership role in providing services to homeless populations.

The Metro Hall Warming Centre pilot and the Out of the Cold program are low barrier/low threshold programs that serve people living in precarious housing and a segment of homeless people at risk of exposure to extreme cold weather including those who do not regularly access other homeless support programs or services. These programs provide a valuable service and should be continued.

The activated flex beds removed flexibility from the shelter system to respond to sudden demand surges and compromised Shelter, Support and Housing Administration's ability to respond to such surges in a timely fashion. Flex beds should be returned to their original purpose, as soon as permanent shelter beds can be introduced to the system.

RECOMMENDATIONS

The General Manager of Shelter, Support and Housing Administration, in collaboration with the Medical Officer of Health recommends to the Community Development and Recreation Committee that:

1. City Council approve the transfer of responsibility for co-ordinating Toronto's cold weather alert and response program from Shelter, Support and Housing Administration to the Medical Officer of Health in time for the 2014-2015 cold weather season.

The Medical Officer of Health recommends that the Board of Health, should City Council approve the transfer of responsibility for co-ordinating Toronto's cold weather alert and response program from Shelter, Support and Housing Administration to the Medical Officer of Health in time for the 2014-2015 cold weather season (Recommendation 1 above):

2. Request that the Medical Officer of Health assume responsibility for calling Extreme Cold Weather Alerts as of the 2014-2015 cold weather season when Environment Canada forecasts a temperature of -15 °C or colder, taking into account wind chill and other weather conditions;
3. Request that the Medical Officer of Health update the weather criteria for calling Extreme Cold Weather Alerts as appropriate based on current scientific evidence;
4. Request that the Medical Officer of Health develop a comprehensive Cold Weather Plan in collaboration with the General Manager of Shelter, Support and Housing Administration and other City officials as appropriate to reduce health risks for City of Toronto populations;

5. Forward this report to Public Health Ontario, Environment Canada, Health Canada, the Director of the Environment and Energy Division, and Social Planning Toronto.

The General Manager of Shelter, Support and Housing Administration, recommends to the Community Development and Recreation Committee that:

6. City Council request that the General Manager, Shelter, Support and Housing Administration:
 - a. Issue a Request for Expression of Interest (REOI) in 2014 to establish community interest in operating and/or co-ordinating 24-hour drop-in services during Extreme Cold Weather Alerts; and
 - b. Prepare a report to Budget Committee during the 2015 Operating Budget process for their consideration on the results of the REOI, feasibility of the service, potential service delivery model(s) and estimated program costs and tax impacts;
7. City Council request that the General Manager, Shelter, Support and Housing Administration, engage in a collaborative outreach effort with the co-ordinating agency of the Out of the Cold program to expand program sites for the 2014-15 season; and
8. City Council request that the General Manager, Shelter, Support and Housing Administration, include in SSHA's ten-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.

Equity Impact

The emergency shelter system and related homelessness services in Toronto serve equity-seeking groups including people experiencing homelessness, seniors, people with disabilities, individuals with mental health issues, the working poor, and other vulnerable groups. Effective operation of the shelter system and related homelessness services, particularly in the winter is important in ensuring that equity-seeking groups have access to necessary supports.

Financial Impact

There are no financial implications for the 2014 Approved Operating Budgets for either Shelter, Support and Housing Administration or for Toronto Public Health, resulting from the recommendations in this report. Toronto Public Health's new role in calling Extreme Cold Weather Alerts can be accommodated within its existing budget and SSHA anticipates the ability to fund up to 46 new Out of the Cold bed spaces (i.e. operated once per week) within existing funding envelopes.

However, the implementation of a 24-hour drop-in service during Extreme Cold Weather Alerts represents an enhancement to existing service levels in SSHA and would add a cost pressure to the division's operating budget.

The costs will become clearer with the results of the proposed REOI and, subject to City Council adoption of the recommendations in this report, will be reported to Budget Committee for consideration as part of the 2015 budget process.

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

DECISION HISTORY

On November 23, 2004, the Audit Committee approved a report (June 20, 2004) from the Auditor General reporting the results of the review of hostel operations and the status of implementation of the recommendations included in the Auditor General's March 2001 report on Hostel Vacancy and Bed Rates, including recommendations to review the Out of the Cold program (<http://www.toronto.ca/legdocs/2004/minutes/committees/au/au041123.pdf>).

At its meeting of December 4, 2013, the Community Development and Recreation Committee approved a staff report (November 20, 2013) that confirmed that SSHA opened all flex beds in an effort to temporarily increase the capacity of the shelter system and alleviate demand pressures, in accordance with direction provided by Council at its meeting of April 3 and 4, 2013 (<http://www.toronto.ca/legdocs/mmis/2013/cd/bgrd/backgroundfile-64009.pdf>).

At the meeting held December 16, 17 and 18, 2013 City Council received a report on the feasibility of establishing 24-hour warming centres during Extreme Cold Weather Alerts (<http://www.toronto.ca/legdocs/mmis/2013/cc/bgrd/backgroundfile-64903.pdf>).

At this same meeting City Council requested the General Manager, Shelter, Support and Housing Administration, in consultation with the Medical Officer of Health and the Director, Office of Emergency Management to review the temperature thresholds for issuing an Extreme Cold Weather Alert and whether any changes to the protocol are required and to report to the January 21, 2014 meeting of the Community Development Recreation Committee (<http://www.toronto.ca/legdocs/mmis/2014/cd/bgrd/backgroundfile-65622.pdf>).

On January 21, 2014, the Community Development and Recreation Committee received an update that SSHA and TPH would collaborate to review the current processes for issuing an Extreme Cold Weather Alert and report back in June 2014 (<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.CD26.5>).

ISSUE BACKGROUND

Direct health impacts of cold weather on homeless populations include hypothermia, freezing injuries such as frostbite, and non-freezing injuries such as trenchfoot. Hypothermia occurs when the body's core temperature drops below 37 °C and can progress to a life-threatening condition

when shivering stops, the person loses consciousness, or cardiac arrest occurs. Untreated severe frostbite can lead to permanent nerve damage, blisters, and even to infection and loss of limbs. Trenchfoot results from prolonged exposure to a damp or wet environment and can lead to numbness, leg cramps, swelling, tingling pain, blisters or ulcers, bleeding under the skin, and even gangrene.

People experiencing homelessness are at elevated risk for cold weather injuries because they are more likely to spend long periods of time outside. Many chronic problems faced by people experiencing homelessness, including inadequate clothing, malnutrition, and underlying infection increase the risk of developing and dying from hypothermia or suffering from frostbite. Some factors that contribute to the risk of homelessness, such as alcohol use, psychiatric disorders, and use of certain medications can also increase the risk of cold weather injuries.

Currently, SSHA co-ordinates a suite of services that support people experiencing homelessness living outside and provides assistance during winter months and extreme cold weather conditions. These services build on existing year-round homeless support services and include respite services such as drop-in centres that provide temporary escape from the cold, outreach services to connect with individuals on the street and additional shelter beds.

As well, SSHA issues Extreme Cold Weather Alerts when the overnight temperature is predicted to be -15°C or colder, or when other extreme winter weather conditions or circumstances warrant it. This alert triggers extra services designed to ensure the immediate safety of vulnerable, homeless people, including scaling up street outreach, transit token availability and shelter access.

In 2013-2014, Toronto experienced its coldest winter in 20 years. This resulted in the City of Toronto issuing 36 Extreme Cold Weather Alerts, the most alerts issued in a season in the past 10 years.

In light of the unusually cold winter and as a result of concerns about the adequacy of the Cold Weather Alert Protocol, the Medical Officer of Health and SSHA agreed to collaborate on a comprehensive review and analysis of the current business process of issuing an Extreme Cold Weather Alert, including the temperature threshold, and report on any recommended changes. The review was to include an examination of any recent evidence in medical literature about links between cold weather and health risks, and the extreme cold weather protocols in place in other jurisdictions and their rationales. SSHA was also tasked with piloting a warming centre to provide additional opportunities for street-involved people to temporarily seek respite from the cold.

Events likely to activate all or parts of the City's Emergency Plan are beyond the scope of this report, such as the combination of extreme cold and power outage that occurred during the December 2013 ice storm. Response to the ice storm will be considered in a July 4, 2014 report to the Executive Committee.

COMMENTS

Section A: Review of Cold Weather Health Impacts and Alert Protocols

Health Impacts of Cold Weather

Emerging research suggests that the health impacts of cold weather are not limited to direct impacts of cold on homeless populations. Studies in countries around the world including many northern countries found that the risk of premature death or hospitalization increases in the general population as temperatures get colder. Periods of especially cold weather that are unusual relative to normal conditions are also linked with higher rates of premature death and hospitalization. The research consistently shows that these effects occur several days and up to several weeks after exposure to cold weather. The temperature-related impacts persist even when the contribution of wintertime influenza to mortality and illness is considered.

Most of these outcomes arise from heart problems, especially heart attacks. The effect is not thought to be related to snow shovelling. Researchers believe that it may occur because the body protects core temperature from cold weather by restricting blood flow to extremities, which increases overall blood pressure. There is also some evidence that cold increases the risk of respiratory conditions including asthma and chronic obstructive pulmonary disease, as well as risk of stroke.

The elderly and those with pre-existing health conditions, especially heart conditions, may be at particular risk from exposure to the cold. A World Health Organization report estimated that those over 75 years of age may have a winter excess mortality of about 30%. Some evidence suggests that socioeconomic factors such as deprivation also increase the risk of hospitalization or death due to cold.

A 2005 analysis concluded that cold contributes to an average of 105 premature deaths each year in Toronto. Separate analyses also suggest that for Toronto's elderly population, the risk of cold-related death could be up to six times the risk that exists for the general population. These findings may underestimate the impact of cold weather as they did not account for more recent evidence that the effects of cold weather on mortality and morbidity can occur days and even weeks after exposure.

Additional details about the health impacts of exposure to cold weather are available in a technical report called *Health Impacts of Cold Weather* at www.toronto.ca/health/reports.

A Renewed Cold Weather Alert and Response Plan for Toronto

A renewed Cold Weather Program offers the opportunity to better serve homeless populations by reviewing the criteria used for calling Extreme Cold Weather Alerts to ensure they are sufficiently protective. At the same time, the scope of the program can be expanded to more broadly consider the health impacts of cold on the Toronto population.

Guidelines for Calling Extreme Cold Weather Alerts

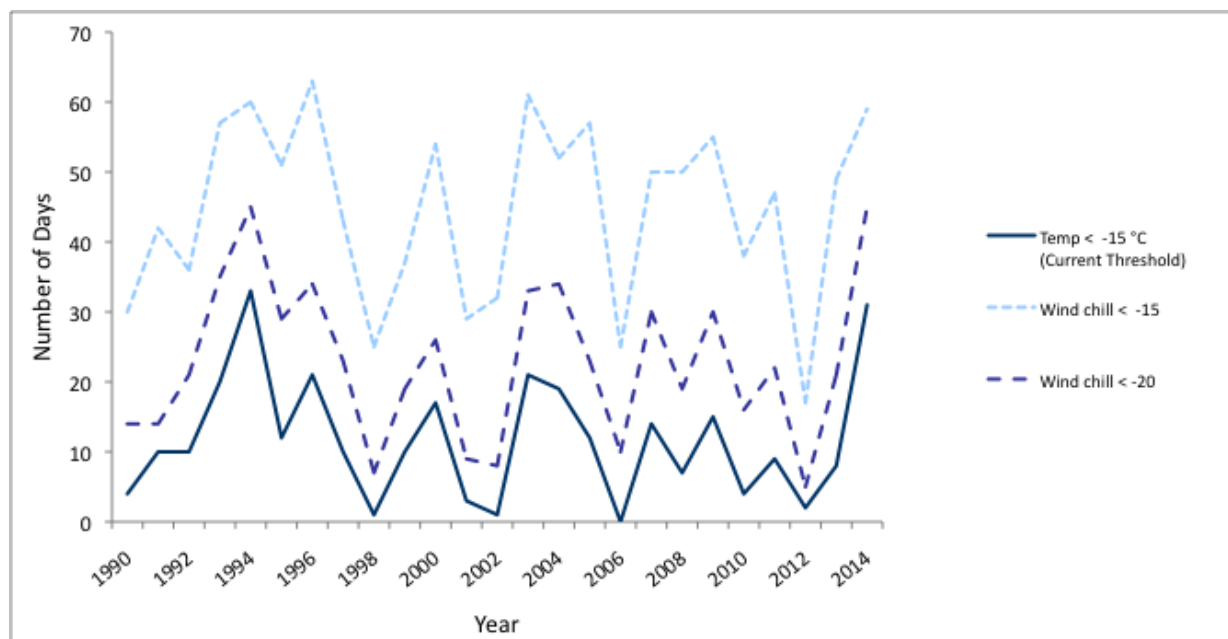
Extreme Cold Weather Alerts activate responses that are primarily intended to protect homeless populations, so Alerts should be declared based on risk of direct health impacts of cold exposure. Alerts are currently called based on outdoor temperature (at a temperature of $-15\text{ }^{\circ}\text{C}$ or colder). However, windy and wet conditions can make it feel as if the weather is colder than it actually is. As wind speed increases, conditions feel progressively colder. Environment Canada's wind chill index accounts for the impact of wind to describe what the temperature feels like on exposed skin. For example, a temperature of $-10\text{ }^{\circ}\text{C}$ actually feels like $-15\text{ }^{\circ}\text{C}$ at a wind speed of 10 km/h , and feels like $-20\text{ }^{\circ}\text{C}$ at a wind speed of 30 km/h .

There is some evidence to suggest that the Alert threshold should be more protective than it currently is. Environment Canada reports that for people who are outside for long periods of time without adequate protective clothing, the risk of hypothermia is present at a wind chill of $-10\text{ }^{\circ}\text{C}$ and below and the risk of frostbite begins to increase at wind chills of $-28\text{ }^{\circ}\text{C}$ and below. This means that in windy conditions hypothermia could occur at temperatures as high as $-5\text{ }^{\circ}\text{C}$, and frostbite is a possibility at $-15\text{ }^{\circ}\text{C}$. Research indicates that among homeless groups, deaths from hypothermia can occur at even warmer temperatures, even in cold regions, especially if they are associated with alcohol or other drug use.

On the other hand, setting the threshold for calling Alerts at a temperature that is too warm could result in a high number of Alert calls each year. This would not only stretch resources, but could result in message fatigue, where people begin to ignore the information and prevention advice.

Figure 1 shows the number of days in Toronto that temperatures or wind chills as cold as $-15\text{ }^{\circ}\text{C}$ or $-20\text{ }^{\circ}\text{C}$ were reached over the past thirty years. The figure shows that there is no average winter, and that the resources required to respond to extreme cold are likely to vary considerably year-to-year. The figure also shows that in any given year, using a wind chill of $-20\text{ }^{\circ}\text{C}$ or $-15\text{ }^{\circ}\text{C}$ would be a more precautionary approach than using a temperature of $-15\text{ }^{\circ}\text{C}$ alone.

Figure 1: Number of Days in Toronto with temperature or wind chill below selected thresholds



Data Source: Environment Canada
Prepared by Toronto Public Health

An environmental scan of 32 municipalities¹ was conducted to determine whether and how other jurisdictions issue Extreme Cold Weather Alerts. Overall, 18 of these municipalities (16 Canadian, two American) have a formal cold weather alert system or protocol in place. Of the 16 Canadian municipalities with a cold weather alert system in place:

- 14 relied on a public health body to issue the alert;
- 12 relied on -15 °C as a trigger to issue an alert;
- 12 relied on Environment Canada’s extreme weather warning as a trigger to issue an alert;
- 11 relied on Environment Canada’s wind chill warning as a trigger to issue an alert;
- 12 relied on locally established wind chill values as a trigger to issue an alert (i.e. ranging from -20 °C to -35 °C).

A precautionary compromise between the tensions of adequate protection for homeless populations, message fatigue, and the City's capacity is to maintain the current temperature threshold as is and introduce consideration of wind chill to the alert criteria. The Medical Officer of Health will apply the guidelines with some discretion given current and expected conditions. This allows response services to be maintained when conditions warm up briefly between cold spells or prevent them from being needlessly mobilized when temperatures dip for brief periods during an otherwise pleasant day.

¹ The largest 26 municipalities in Ontario (excluding Toronto), four municipalities outside of Ontario (Montreal, Winnipeg, Edmonton, Calgary) and two cities in the US (Chicago, New York) were included in this scan.

An active community of researchers continues to investigate the health effects of cold weather, including efforts to examine thresholds for intervention. This includes a rigorous analysis by Public Health Ontario on the relationships between temperature and morbidity and mortality for Toronto. Toronto Public Health (TPH) will continue to monitor this research to ensure that emerging findings are considered by the City in preventing and responding to cold-related health risks.

Building on the Existing Cold Weather Program and Response

Transferring the responsibility for calling Cold Weather Alerts to the Medical Officer of Health is in line with practise in many other Canadian jurisdictions where public health authorities issue cold weather alerts. It also offers an opportunity to build on the existing program and develop a Cold Weather Plan that addresses the range of health impacts associated with cold and winter weather. It will provide a forum for discussing how to best communicate risks about lagged effects without diluting messages about the more immediate risks to homeless populations. A Cold Weather Plan also provides a mechanism for regular review of the thresholds for calling alerts as more information becomes available.

Expanding the Cold Weather Program falls within the mandate of public health units to increase awareness of health risks associated with extreme weather events. The governance structure used for another type of extreme temperature condition - the hot weather program - may serve as a model for renewing the cold weather alert and response program. To prevent heat-related deaths and illness, TPH maintains a formalized Hot Weather Response Plan, which outlines specific responsibilities of key partners across the City. When the Medical Officer of Health issues a Heat Alert, he/she notifies partners who have major responsibilities under the Hot Weather Response Plan, hot weather response committee members who provide direct services under the Hot Weather Response Plan, staff at TPH and other specific City divisions, and community agencies and individuals servicing vulnerable populations of Alerts.

Similarly, development of a formalized Cold Weather Plan would support co-ordination of response across city divisions and with external agencies. Currently, organizations in the City other than SSHA may use the Extreme Cold Weather Alerts to help inform their decision-making related to cold weather. For example, GO Transit keeps their stations open longer during an Extreme Cold Weather Alert. Recently, the TTC was asked to examine the possibility of providing free services on blue line bus services during Extreme Cold Weather Alerts. However, there is currently no mechanism to identify these responses or support co-ordinated action by City divisions and external partners during an Extreme Cold Weather Alert.

As part of a Cold Weather Plan, SSHA would maintain full leadership over Extreme Cold Weather Alert response activities intended to prevent cold-related injury among people experiencing homelessness.

Section B: Review of SSHA's Service Response

SSHA recently conducted reviews of the Metro Hall Warming Centre (MHWC) pilot project and the Out of the Cold program to ensure that these services were meeting the needs of homeless or

under-housed clients, were being delivered in a cost-effective manner, and to make recommendations regarding the future direction of these two services.

Metro Hall Warming Centre Pilot

Located on the ground floor near the east entrance of Metro Hall, the MHWC provided a 24-hour client centred, low-barrier/low-threshold and pet friendly service. The MHWC pilot was opened for 31 nights and 40 days between January 6 and March 17, 2014. It served a total of 793 unique clients as well as 16 pets at an estimated cost of \$200,000 (or \$5,000 per day).

A mixed staffing model² was used to deliver a range of services to clients of MHWC, including: intakes, referrals, refreshments (e.g. snacks, coffee/tea, cereal bars, fresh fruit), TTC tokens to facilitate client access to other services, and temporary onsite sleeping arrangements (i.e. mats and blankets). Even though meals were not planned as part of the MHWC services, clients were occasionally served pizza or hot meals brought by volunteer/community agencies.

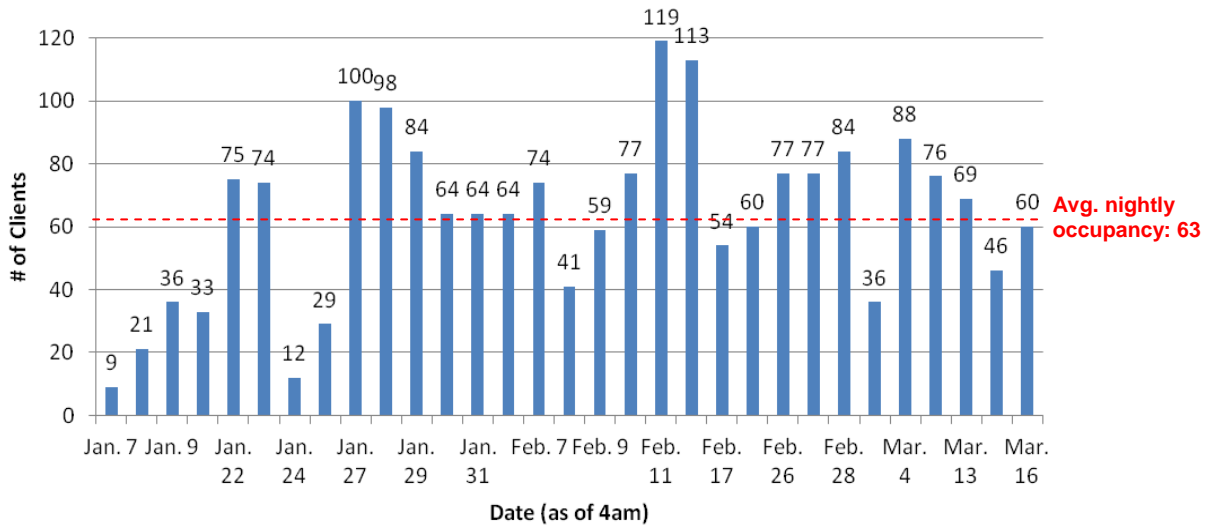
When the MHWC pilot project concluded, SSHA held nine consultation sessions involving over 20 service providers and community groups to solicit input and feedback about the successes, challenges, lessons learned and alternative service delivery models to the MHWC. SSHA also surveyed 32 clients to capture their perspectives on the scope and quality of the services provided. A summary has been appended to this report with key findings listed below.

Key Findings

Figure 2 shows the overnight occupancy levels for the MHWC each night that it was open. As this figure illustrates, the occupancy fluctuated between 9 and 119, but averaged 63 clients nightly.

² SSHA staff (i.e., staff from City-operated shelters, Hostel Services Head Office and SHARC) worked with staff from **Change Toronto** to deliver the MHWC. *Change Toronto* is a network of frontline workers from homelessness and poverty organizations and the social service sector, people with lived experience of homelessness, business people and representatives from the City of Toronto Cooling Centres and homelessness initiatives.

Figure 2: Overnight Occupancy Levels of the MHWC



With 793 unique clients and nearly two thirds of MHWC clients having had previous contact with the shelter system, it was hypothesized that MHWC operations might have an impact on shelter system occupancy. However, no discernible relationship between shelter system occupancy and the MHWC occupancy was revealed. Shelter system occupancy remained relatively stable and actually increased during certain periods when the MHWC was in operation, indicating that the MHWC did not draw clients away from the shelter system.

It is more likely that the MHWC was used by a cohort of the homeless population whose needs are not met by the current shelter system or who generally avoid the shelter system. The vast majority of the MHWC clients (95%) indicated that they were not housed. While most (65.5%) had accessed shelters in the past, approximately 46% of clients would not likely access shelter services on their own as 34.5% of clients had not previously used shelters and 11.2% had an active service restriction from a shelter.

The MHWC provided enhanced services compared to more conventional warming centres that generally have no sleeping arrangement or meals. It provided a 24-hour client centred, pet friendly, low barrier/low threshold service in a less formalized and structured, but safe, environment. It also provided a platform for multiple service providers to provide services to homeless people while facilitating informal case management. In this way, the MHWC functioned as an overnight drop-in for a large number of service users, and was a complementary program to Out of the Cold, providing an alternative option to service users who would not otherwise make use of shelter beds, due to restrictions or lack of choice.

There were inherent challenges associated with delivering 24-hour respite services for people experiencing homelessness as a stand-alone service in a location frequented by the general public including lack of privacy as well as general health and safety. However, these challenges can be mitigated by delivering the service through modified models of existing programs.

SSHA recognises that there is a need for a 24-hour, low barrier/low threshold service, particularly for those who do not typically access homeless shelters. Based on the findings of the MHWC pilot evaluation, SSHA proposes investigating other approaches to delivering a 24-hour, enhanced service for homeless people during Extreme Cold Weather Alerts.

The Out of the Cold program, the Streets to Homes Assessment and Referral Centre (SHARC) respite program, and drop-in programs serve a similar client base, are staffed by people who are accustomed to and experienced in working with homeless people, and have accessible locations. The Out of the Cold (OOTC) program may not be a good fit to deliver a 24-hour service because it is volunteer driven and may lack the capacity to operate around the clock. Similarly, the SHARC respite program may not be a good option because it is based out of a single location and may not be able to accommodate more than 35 people at a time. However, drop-ins represent a viable option.

Drop-ins can be found in various locations across the City and already possess the basic amenities required to ensure an effective 24-hour service in response to Extreme Cold Weather Alerts such as running water, washrooms, showers, space for clients to sleep, and storage space for the drop-in's supplies. Drop-ins are also experienced at delivering the same or similar services that were provided at the MHWC such as providing food/snacks, issuing TTC tokens, and providing referrals to other programs and services.

SSHA proposes issuing a Request for Expression of Interest to formally identify service providers/community agencies that would be interested and able to provide this enhanced service, and to explore service models and funding levels that would be required to provide a 24-hour service during Extreme Cold Alerts.

Out of the Cold

Overview of the Out of the Cold Program

The Out of the Cold program (OOTC) offers both a meal program and an overnight bedded program that are delivered by volunteers in a network of interdenominational, faith-based organizations that are coordinated by a community agency through a purchase of service agreement with SSHA. Currently, there are 16 OOTC sites dispersed throughout the city. These sites typically operate one night per week between November and April. The number of beds available at each location currently varies from 15 up to 75. On any given night there could be up to four sites operating.

The OOTC program is used by individuals experiencing homelessness and not families. Its service delivery model is more informal than traditional shelters. The temporary and transitory nature of the program means that full shelter services and case management are not provided. However, rather than being a limitation, this may appeal to sub-groups of the homeless population that do not seem to access other related services, possibly because of the low-barrier nature of the program.

These individuals likely find an acceptance and tolerance here that they do not find in other programs. Further they are accepted as "guests" and not as "clients" – an important distinction for some homeless individuals who may be proudly independent, fearful of traditional institutions or who avoid highly structured programs.

The results of past Street Needs Assessments show that the Out of the Cold meal program and bedded program are two of the most frequently accessed services by street homeless people. In addition to these main programs, some Out of the Cold sites offer auxiliary services that vary from site to site. For example, some sites may offer clothing programs, art programs, provide reading material, movies and other recreational programming.

Client Profile of Out of the Cold Service Users

A survey was completed among Out of the Cold service users to determine a client profile and how the program is valued among its clients.

In general, the majority of people that access the Out of the Cold program identify as male (84.5%) with 21% of all clients identifying themselves as Aboriginal.

Clients of the meal program tend to be housed, receiving social assistance and report spending between 31% and 90% of their income on housing costs. Although men were the predominant users in the meal program, participation by women was higher in the meal program (34.3% of clients identified as women) than the bedded program (12.8% of clients identified as women). A higher representation of seniors, aged 60 and older, was also found to use the meal program, as compared to the bedded program.

In contrast, the overwhelming majority of bedded program clients identified as male, and most clients had stayed outside, at a shelter, or both in the previous month and reported using the service every night regardless of the changing locations.

In addition:

- The majority of respondents indicated that they have been accessing the program for two years or more;
- Respondents that chose to use the overnight program indicated that when Out of the Cold is not available, they mostly sleep outside; secure (or hope to secure) some form of housing; stay at a shelter, or stay with family/friends and primarily stayed overnight because they dislike/fear shelters; value the food/meals; like volunteers; want to avoid exposure to elements; and for companionship;
- Respondents chose to use the meal program primarily because they: lack enough financial resources to purchase adequate amounts of food; for companionship and opportunities to socialize; and because they enjoy the quality and taste of the food.

In trying to determine whether Out of the Cold clients utilized other support services, SSHA conservatively estimates that approximately 28% had previous contact with a homeless shelter, and approximately 13% had contact with Streets to Homes workers. In other words, Out of the Cold clients, much like MHWC clients, do not readily access homeless shelters or the Streets to Homes program.

Value of the Out of the Cold Program in the Overall Service System

The overall cost paid out by the City for the Out of the Cold program is based on a per diem rate of \$73 that has been unchanged since 2007. The City paid \$875,927 for the 2013-14 Out of the Cold season.

Based on information provided by OOTC providers, SSHA estimates that faith-based organizations collectively donate over \$500,000 annually in volunteer labour and in-kind contributions to the program. They provide program space, volunteer hours dedicated to preparation work, program delivery, clean up, and in-kind donations of food, supplies, clothing and more at no cost to the city. This represents just over one-third (36.3%) of the total value of the program.

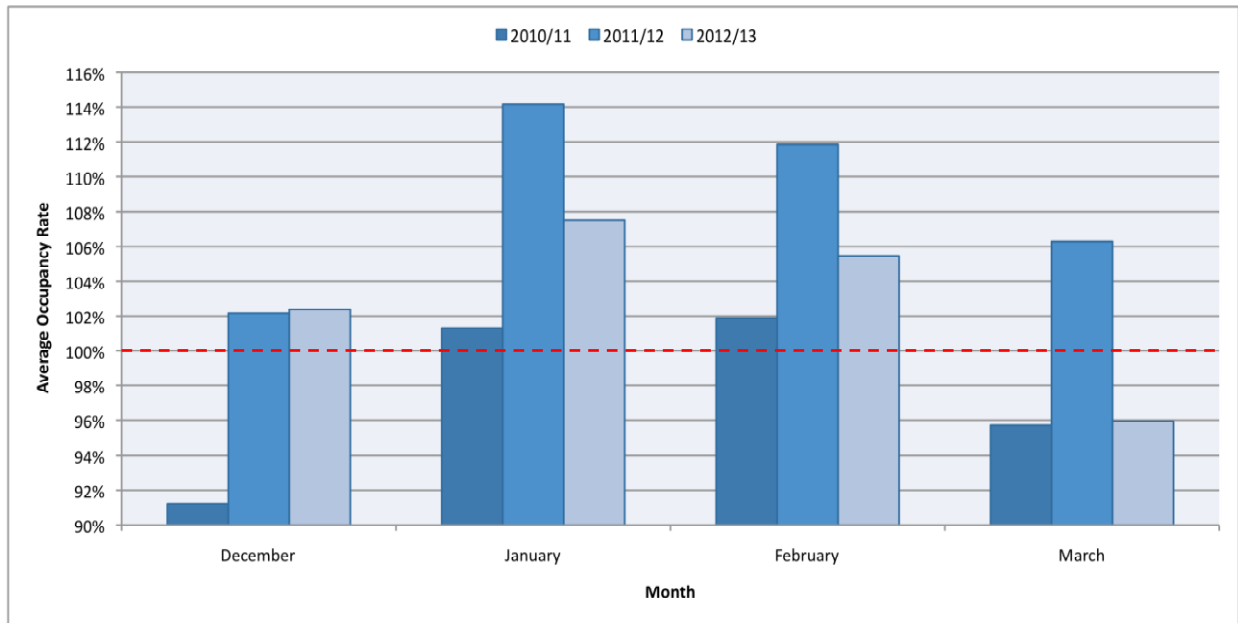
Findings from the client survey suggest that the Out of the Cold meal program benefits the community as a whole, acting as a food supplement and poverty reduction program, assisting low income members of the community to remain housed by reducing their living expenses and to access healthy, nutritious meals.

The Out of the Cold program plays a valued role within the range of homeless support programs and services delivered in the City of Toronto. Based on the findings of SSHA's program review, SSHA concludes that the Out of the Cold:

- is frequently accessed by street homeless people, as well people who have unstable housing and lack the financial resources to provide themselves with nutritious foods;
- appears to be valued by its clients and volunteers;
- has a large number of overnight bedded program clients who do not appear to access other support services; and
- benefits from service providers that contribute a substantial amount of money through in-kind donations and services, and are an important partner.

Figure 3 shows the average monthly occupancy levels of the OOTC program for three seasons. While the OOTC season takes place between November and April, occupancy data is limited to the months of December through March when the different sites run at full capacity. This figure shows that the Out of the Cold occupancy levels peak in January, but more importantly, it also shows that average occupancy typically exceeds 100%, indicating significant demand pressures on the program. In other words, in order to not turn people away, some sites will accommodate a larger number of clients than approved by Hostel Services if there is demand.

Figure 3: Average monthly occupancy of Out of the Cold program for 2010, 2011, 2012



To improve accountability and bed management, SSHA piloted the use of the Shelter Management Information System (SMIS) at an OOTC site during the 2013-2014 season. SSHA's plan for the coming winter season is to continue building on this pilot program by expanding the use of SMIS incrementally.

Consequently, SSHA proposes investigating the possibility of expanding the number of Out of the Cold sites for the next winter season in order to provide additional overnight spaces for people seeking to escape the winter weather. SSHA anticipates the ability to fund up to 46 new Out of the Cold bed spaces operated once per week within the current funding envelope.

Given that Dixon Hall has been the coordinating agency for the Out of the Cold program for some time, SSHA proposes exploring the level of interest amongst qualified service providers, including Dixon Hall, to provide the required coordination and support services moving forward, in order to ensure diligent contract management.

Flex beds

The shelter system historically had approximately 172 flex beds designated in specific shelter programs, which expanded the capacity of the shelter system when they were activated (e.g., during Extreme Cold Weather Alerts). However, in an effort to relieve occupancy pressures in the shelter system, Council directed that all 172 flex beds be activated and remain active throughout 2014. This allowed for an immediate and short-term expansion in shelter system capacity, but also resulted in the loss of flexibility to respond to surges in demand due to extreme weather or other factors.

SSHA is recommending that the flex beds be returned to their intended purpose. In order to do so, SSHA would need to create 100 permanent bed spaces in order to ensure that clients are not displaced when the current 100 flex beds used nightly are deactivated. The remaining 72 activated flex beds are not regularly occupied primarily because clients refuse the referral to the specific shelter program where beds are located. This was also seen in the MHWC pilot where clients rejected referrals to flex bed spaces once they were informed of the shelter location.

Once the 100 permanent bed spaces are created, SSHA will restore the full complement of flex beds and reserve their use to respond to unanticipated demand for shelter beds. The current shelter system has no capacity to add permanent beds, so any new bed spaces would need to come from the redevelopment of an existing shelter or the development of a new one.

A key strategic action in the Council approved *2014-2019 Housing Stability Service Planning Framework* is to address the long-term sustainability of the shelter system through the development of a ten-year capital management and infrastructure strategy that supports the maintenance and redevelopment of shelter sites. Work on the strategy is underway. SSHA will include an analysis of the resources required to return the flex beds to their original purpose within this capital management and infrastructure strategy and report to Council at a later date.

CONTACT

Monica Campbell
Director, Healthy Public Policy
Toronto Public Health
Phone: 416-392-7463
Email: mcampbe2@toronto.ca

Karen Smith
Director, Hostel Services
Shelter, Support and Housing Administration
Phone: 416-392-5417
Email: KSmith@toronto.ca

SIGNATURE

Dr. David McKeown
Medical Officer of Health

Phillip Abrahams
General Manager
Shelter, Support and Housing Administration

ATTACHMENT

Summary of Warming Centre Pilot Evaluation