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2017 OPERATING BUDGET BRIEFING NOTE

Downsview Dells

Issue/Background:

On January 12, 2017, as part of BU29.1, Budget Committee requested a briefing note as follows:

The General Manager, Shelter, Support and Housing Administration report on the implications of the closure of Downsview Dells and include:

- a. what services are provided?
- b. can these services be provided elsewhere in the area?
- c. how many clients are served?

This briefing note addresses the request.

Downsview Dells is a transitional shelter that provides supportive, transitional housing to men who are attending addiction treatment programming off-site at the Humber River Regional Hospital and other facilities. The programming assists clients to deal with their addiction to alcohol, drugs and/or gambling. Downsview Dells is located at 1655 Sheppard Avenue West (Sheppard and Keele, in Ward 9), close to the hospital.

Downsview has a base budget of \$698,300 gross and net, with 5.4 FTEs.

Downsview Dells provides 28 transitional shelter beds for men. These beds are part of the overall capacity of the men's sector of the shelter system. Council has directed the City to target a 90% occupancy rate overall. With demand for shelter on the rise, this is increasingly difficult to achieve and the loss of these beds would bring additional pressure to the system.

Key Points:

Services

Downsview Dells provides transitional shelter for up to 28 residents who can stay a maximum of six months. The program is abstinence-based. Staff provide case management support, training in life and social skills, employment supports, daily treatment-focused groups and facilitation of peer-to-peer support.

While they are at Downsview Dells, all clients participate in various other treatment programs including those at CAMH, Humber Regional (Bridgeway), Toronto East General Withdrawal Management day treatment program and Branson 10 week abstinence-based outpatient program.

All clients at Downsview are in recovery and working towards treatment. The environment is less triggering for the clients who are committed to making a change. Clients identify the peer to peer support and afterhours support as a key factor for their success.

SSHA's goal is to house clients after successful completion of treatment, not transfer them to another shelter. Housing is a focus of their case plans from early on so that the right option can be identified. Generally clients move out the month following the completion of the treatment.

Upon discharge many residents go to private market housing or return to live with families. Some go to other treatment programs that have more intensive treatment or supports.

In 2016, Downsview admitted 140 men and discharged 135. Of those discharged, 43 went directly into housing.

Reason for Discharge

Social housing	6
Supportive housing	3
Transitional housing	16
Private market housing	18
Other temporary accommodation	7
Staying with friends	2
Returned home or to family	7
Admitted to another program	10
Detox or treatment program	3
Police custody or incarcerated	1
Hospital or ER	4
Decided to leave	20
Voluntary transfer	1
Failed to return and discharged by staff	26
Service restriction (no referral)	4
Service restriction (with transfer)	7
Total	135

Alternative Providers

There are no other shelters in the area around Downsview Dells, the loss of the 28 beds from the overall shelter capacity is the most significant issue.

Salvation Army Harbour light (160 Jarvis Street) does offer an abstinence program but not all clients staying there are in recovery.

CAMH has a 28 day treatment program that some clients attend. Downsview has worked closely with CAMH while clients (dual diagnosis) wait to be admitted and they often return to Downsview post treatment to complete outpatient aftercare in a stable and abstinence based environment.

There are programs such as Renaissance House that are fee based treatment programs. However, due to issues such as cost, the shelter population's needs are not always a match for this type of program.

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