



Update on Emergency Shelter Services

Date: February 20, 2018

To: Community Development and Recreation Committee

From: Deputy City Manager, Cluster A

Wards: All

SUMMARY

This report responds to direction from the City Council meeting of January 31, February 1 and 2 to provide an update on work underway to expand and improve services available to people experiencing homelessness, including the extension of winter respite services after April 15, as well as longer-term approaches to ending homelessness.

Demand for services to respond to the needs of people experiencing homelessness continues to rise, driven by increasingly scarce affordable housing, low-incomes and increases in precarious work, lack of supportive housing to meet the needs of vulnerable people with mental health and addictions issues, increasing numbers of refugee claimants, as well as Toronto's increasing overall population growth.

As a result of this increasing demand, the City has responded by adding more than 1400 shelter beds to the system, a 30% increase, as well as opening eight Winter Respite Service locations. The City of Toronto, in partnership with the provincial and federal governments, is taking action to ensure appropriate emergency shelter is available to people who require it.

In addition to expanding shelter system capacity, the City is working to change the way shelters operate with a new service model that includes housing-focused case management supports and increased access to health and other social services in collaboration with the Local Health Integration Networks (LHINs). The 2019 Shelter Infrastructure Plan will be considered by Council later this spring, outlining plans for the continued expansion and improvement of Toronto's shelter system, as well as a service plan for the 2018/19 winter.

Better understanding the distinct needs of specific populations and the flow of individuals and families through the system is key to helping build a flexible and responsive system. The City is committed to improving data collection and performance measurement systems to support evidence-informed practice and positive client outcomes through the 2018 Street Needs Assessment and enhancements to the Shelter Management Information System.

Emergency responses like shelters and respite services are critically important to fill the gap when people are in immediate housing crisis. However, the real solution to homelessness is to continue to build capacity in our prevention and housing stability services in order to move towards reducing and ending homelessness in the longer term.

In addition to focussing on emergency shelter solutions, supporting Torontonians experiencing homelessness to find secure, suitable, permanent housing and investing in solutions that prevent homelessness continue to be key priorities for the City, as set out in the City's 10-year Housing Opportunities Toronto Action Plan 2010-2020.

City staff have started preparing for the next Housing Opportunities Toronto (HOT) Action Plan 2020-2030, which will guide the City's housing and homelessness initiatives over the next decade and will include specific targets for affordable, transitional and supportive housing needed. The updated HOT plan will be informed by market and demographic research and analysis, and will be developed based on extensive engagement with the other orders of government and key community partners and stakeholders. A directions report outlining the vision for HOT 2020-2030 will be brought forward to Council this spring.

The City is working closely with community partners and the provincial and federal governments to continue to expand the permanent shelter system, develop more preventative approaches, build more affordable and supportive housing and connect people with permanent housing opportunities.

RECOMMENDATIONS

The Deputy City Manager, Cluster A recommends that:

1. City Council thank the Provincial Government for providing 354 George Street (a provincial property) to the City for winter services and shelter use and request that the provincial government continue to work with the City on identifying additional surplus properties for emergency shelter, supportive and affordable housing uses.
2. City Council thank the provincial government for Toronto's allocation through the Homes for Good program and request them to confirm ongoing operating funding and increased capital funding that meets the demand for supportive housing beyond the current program commitments to March 2020.
3. City Council request the provincial government to provide a response to City Council's previous request to immediately re-introduce funding mechanisms to offset the cost of sudden and prolonged increases in demand for emergency shelter space in Toronto.
4. City Council request that the provincial government convene a regional Greater Toronto and Hamilton Area (GTHA) homelessness Service Manager action group, to identify opportunities to enhance collaborative regional service planning and services for people experiencing homelessness.

5. City Council request that the Ministry of Health and Long-Term Care and the Local Health Integration Networks operating in Toronto to work with City staff, based on the current health service model pilots for shelter clients, to develop a clear minimum level of service and provide adequate funding for the model to be implemented system-wide.

6. City Council request the federal government to, at a minimum, double and make permanent the Homelessness Partnership Strategy funding, with a focus on allocating funding in a flexible manner to those municipalities experiencing the greatest increases in absolute homelessness.

FINANCIAL IMPACT

There are no financial impacts associated with this report. The financial impacts associated with bringing 1000 new shelter beds online as well as the continuation of winter respite services beyond April 15, 2018 were considered and approved as part of the City's 2018 budget process.

The Acting 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, women, members of LGBTQ2S communities, 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 and its allied services is important in ensuring that temporary emergency accommodation is available to equity seeking-groups, and that these vulnerable residents are assisted to move into permanent housing as quickly as possible.

DECISION HISTORY

At its meeting of January 31, February 1 and 2, 2018, City Council, in its consideration of CD25.5 "Review of Current Winter Respite and Shelter Services During the Recent Cold Weather", directed the General Manager of Shelter Support and Housing Administration to review the report "An Evaluation of Toronto's Warming Centre and Winter Response to Homelessness, January 2018" by the Health Providers against Poverty and to report back to the February 28, 2018 meeting of Community Development and Recreation Committee on the feasibility of implementing the recommendations in that report. Additionally, Council directed the Deputy City Manager, Cluster A to report back to the February 28, 2018 meeting of Committee on recommendations 2, 3, 4 and 5 listed below:

2. City Council request the Federal Government to provide ongoing access and support in retaining operation of the Moss Park Armoury as a respite centre until April 15, 2018 at no cost to the City of Toronto.

3. City Council request the Federal Government to consider the uploading and / or sharing of costs, operations and management of housing and shelter-related services including hotel contracts, for specialized populations which the Government of Canada is currently responsible for such as asylum seekers, refugees, veterans and Indigenous persons and to ensure that culturally and linguistically appropriate wrap-around community service supports are in place for such residents.

4. City Council direct the Deputy City Manager, Cluster A, in consultation with the General Manager, Shelter, Support and Housing Administration and the Interim Chief Financial Officer to:

a. retain operations of the necessary respite centres, warming centres, and drop-in programs beyond the scheduled April 15, 2018 timeline to respond to the overcrowding in the shelter system;

b. work with the operators of the Out of the Cold programs with the aim of keeping the program running beyond the scheduled April 15, 2018 timeline to respond to the overcrowding in the shelter system;

c. immediately begin preparations for the 2018-2019 Winter season and to consult with all interested parties in these preparations with interested community stakeholders;

d. immediately develop service and maintenance standards for winter respite drop-ins, 24 hour drop-ins, warming centres and the Out of the Cold programs; and

e. ensure necessary budget adjustments are made for 2018 and subsequent years.

5. City Council request the Ministry of Health and Long-Term Care and the Toronto Central Local Health Integration Network to immediately develop, in consultation with service providers, a comprehensive and funded plan to provide adequate health services, including mental health and harm reduction supports, throughout the shelter system, including within shelters, winter respite centres, warming centres, drop-in centres and Out of the Cold programs.

In addition, Community Development and Recreation Committee, in its consideration of CD25.5 "Review of Current Winter Respite and Shelter Services During the Recent Cold Weather", directed the Deputy City Manager, Cluster A to report back to the February 28, 2018 meeting of the Community Development and Recreation Committee on a number of items related to the shelter system.

The following is the link to the Council decision along with the Decision Advice from Committee:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.CD25.5>

At its meeting of December 5, 6, 7 and 8, 2017 City Council adopted item CD24.7 "2018 Shelter Infrastructure Plan and Progress Report" and approved 2018 Shelter Infrastructure Plan and a new property development approach to shelter infrastructure planning and approvals. The report also provided an update on the development of a new shelter service model and its application to pilot projects.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.CD24.7>

At its meeting of April 26, 27 and 28, 2017, City Council adopted CD19.6 "Proposed New Engagement and Planning Process for Emergency Shelters" which provided recommendations to improve the community engagement process for opening new emergency shelters. It also described the further steps needed to change the model for emergency shelters and change the conversation about homelessness in Toronto.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.CD19.6>

COMMENTS

Meeting the immediate needs of Torontonians experiencing homelessness is a critical priority for the City's emergency shelter system. Supporting Torontonians experiencing homelessness to find secure, suitable, permanent housing and working to prevent low income households from falling into homelessness are also key priorities.

The City of Toronto, in partnership with the provincial and federal governments, is taking action to ensure appropriate emergency shelter is available to people who require it, while also investing in solutions that prevent homelessness and support residents to find and maintain permanent, stable housing.

At its meeting of January 31, February 1 and 2, 2018, City Council requested an update on work underway to expand and improve services available to people experiencing homelessness, including the extension of winter respite services after April 15, increasing the number of permanent shelter beds available, and longer-term approaches to end homelessness. This report responds to that request and provides updates and information on work underway in the following areas:

1. Background and Context
2. Winter Respite Services - Current and Future Response
3. Expanding shelter system capacity and improving services
4. Homelessness Prevention and Housing Supports
5. System Planning and Coordination
6. Next steps and longer term housing solutions

1. Background and Context

Shelter System Overview

The City of Toronto's shelter system is comprised of over 6,100 beds in 63 shelters located across the city. Ten (10) shelters are directly operated by Shelter, Support and Housing Administration (SSHA) and 53 are operated by community partner agencies.

Motels rooms are also used to provide additional capacity in the system, especially in the family sector, that can expand and contract in response to demand.

Table 1 Total Space Capacity as of January 31 2018

Program Type	Capacity (# beds/spaces)
Men's	1852
Women's	743
Mixed Adult	475
Youth	523
Family	835
Motels	1682
Shelter System total	6110
Winter Respite Services	660
24-Hour Women Drop-Ins	112
Out of the Cold program (average spaces per night)	96
Allied Services Total	868

Just over 1000 shelter beds within the shelter system are part of transitional shelter programs. In contrast to regular emergency shelter programs, transitional shelters offer specific programming that is focussed on assisting clients with specific needs to find housing and offer additional services related to, for example, education for youth, employment, health, substance use treatment, and harm reduction. Participation in programming is a requirement of staying in these transitional shelter programs, and referrals are made from the emergency shelter programs. Both emergency and transitional shelters are part of the shelter system and are not designed or intended to provide permanent housing.

In addition to emergency and transitional shelters, the City also funds complementary allied low-barrier services that provide people with a safe, warm place indoors and connections to other supports. These services include two (2) 24-hour women's drop-ins that operate year round, eight (8) Winter Respite Services and additional Warming Centres during cold weather alerts. In addition, the City provides funding to Dixon Hall to provide coordination support to the Out of the Cold program, which is operated by faith-based volunteer groups.

Emergency shelters that provide services specific to the needs of women fleeing domestic abuse are funded and administered directly by the Ministry of Community and Social Services. These services are not part of the City administrated shelter system.

Please see Attachment 1 for more details on shelter locations and capacities.

Demand for Emergency 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 increasingly scarce affordable and supportive housing and service constraints in other sectors, the shelter system has filled the gaps created by these systems.

Demand for shelter services has been trending up since 2012 and remains above the Council-approved 90% occupancy threshold. Compared to a year ago, there is a 30% increase in the average nightly use of shelter beds. Much of this is driven by the decrease in housing affordability, loss of low-end of market rental stock to real estate development pressures, low incomes, and stagnant social assistance rates.

In particular, the inadequate supply of supportive housing and the gaps in the ability of the healthcare system to meet the needs of vulnerable people with mental health and addictions issues contributes to increasing pressures on the shelter system. Over the past year, an increase in refugee claimants seeking emergency shelter has also increased demand for services. Additionally, the City of Toronto's population continues to grow as the city remains an attractive place for people to live, work and play which is creating significant housing demand in an already constrained housing market, both in affordable home ownership as well as a tightening rental market. House prices in Toronto increased by 40% between 2010 and 2016; while the current vacancy rate in the Greater Toronto Area sits at a 16 year low at 1.1%.

For approximately ten years (up to 2015), the number of permanent shelter beds has remained relatively consistent, with a more substantial growth in the past year and a half (see Attachment 2). Current experience demonstrates that whenever a new program is brought online, the beds fill very quickly with no impact in reducing the system's overall occupancy rate.

Client Profile and Shelter Use Patterns

Toronto's Shelter Management Information System (SMIS) is the City's local Homeless Management Information System (HMIS) platform. All City-funded shelters and the Streets to Homes Access and Referral Centre (SHARC) use SMIS. This system enables the City to track shelter bed availability and service use patterns of individuals and families across the shelter system over time.

Last year, more than 19,000 unique individuals accessed the shelter system. Most shelter clients exit the system in less than 60 days and use the system only once. A smaller portion (21%) of clients have an episode of homelessness of more than six (6)

months and are likely to have more complex challenges and need housing with supports in place.

A Housing First approach has been a core component of Toronto's service system for over 10 years. Over 5,200 people moved to housing from shelter last year. Of those individuals, SSHA continues to support over 1650 people with a combination of housing allowances and supports.

Some people accessing shelters and other homelessness services in Toronto may come from other GTA and Ontario municipalities seeking available services. A 2017 survey of Winter Respite and Out of the Cold program service users found that 85% had lived in Toronto for more than five years. Similarly the 2013 Street Needs Assessment found that 81% of respondents had lived in Toronto for at least one year.

For more details on shelter client profiles, see Attachment 3.

Shelter System Funding

SSHA manages funding from all three orders of government and invests it in the social housing system and in homelessness and Housing First programs, including emergency shelter. The main funding sources for the shelter system and other homelessness services are the provincial Community Homelessness Prevention Initiative (CHPI), the federal Homelessness Partnering Strategy (HPS), and municipal contributions. For details on the last ten years of SSHA's Homelessness and Housing First Solutions budget, see Attachment 4.

The Province introduced CHPI in 2013, which consolidated funding from five former provincial programs into one single program. Emergency Hostels, the Consolidated Homelessness Prevention Program (CHPP), the Rent Bank, and the Emergency Energy Fund as well as Domiciliary Hostels (which did not apply in Toronto). CHPI funding can be used for a variety of services to support people experiencing homelessness and those at-risk of homelessness, including emergency shelters, supportive and transitional housing, services and supports (e.g., case management, financial literacy, etc.), and homelessness prevention. While CHPI provides greater flexibility for municipalities to respond to local needs, the new funding formula is not as responsive to sudden increases in demand for shelter space. See Attachment 5 and 6 for details on CHPI funding allocations.

The City is also the designated Community Entity responsible for administering Toronto's federal Homelessness Partnering Strategy (HPS) funding allocations. HPS funding can be used to provide programming that assists individuals and families who are experiencing homelessness, at-risk of housing or recently housed, including creation of transitional and supportive housing, but cannot generally be used to fund emergency shelter services. The federal government requires that 65% of HPS funding is allocated to Housing First initiatives, which limits the City's flexibility to use the funding to respond to local priorities.

As part of the National Housing Strategy, the Government of Canada's 2017 Budget announced a total investment of \$2.1 billion over 11 years to expand and extend

funding for the HPS through an average annual investment of \$191 million. With the HPS set to be renewed in 2019, the Federal Government has struck an Advisory Committee on Homelessness to provide advice on its redesign. It is recommended that City Council request that the Federal Government double the HPS from 2016 levels (from \$175 million to \$300 million), and make it permanent, with a focus on allocating funding in a flexible manner to those municipalities experiencing the greatest increases in absolute homelessness. This request was also outlined in Toronto's submission on the National Housing Strategy. These requests are aligned with those made by the Federation of Canadian Municipalities.

2. Winter Respite Services - Current and Future Response

2017/18 Winter Respite Services Provided

Planning for services this winter began last year. During the 2016/17 winter season, staff undertook a review of existing winter services to help inform planning for this year. The review included talking to 500 people using winter services as well as roundtable consultations with service providers and community stakeholders.

Based on the information gathered, City Council approved an increased response for 2017/18 that included investments of \$6.1 million to increase the number of winter respite services from three (3) to five (5) which operate continuously from November 15 to April 15. This more than doubled the number of overnight spaces available compared to last winter. See Attachment 8 for more details.

Similar to SSHA's experience with opening shelter beds, as the winter respite spaces opened, they immediately filled. Given the fact that the permanent shelter system is very tight with little flex capacity to respond to increases in demand, the City responded by opening additional services to meet increasing demand.

At its December meeting, City Council directed staff to add 400 additional spaces as soon as practically possible and authorized the spending of \$10.6 million for this purpose. Since then, the City has added over 700 spaces including 100 additional shelter beds, 200 new hotel/motel beds and over 400 additional winter respite and warming centre spaces. This included use of the Better Living Centre and Moss Park Armoury.

The response also included partnership with the Office of Emergency Management and the Red Cross to open warming centres at Wellesley Community Centre and Regent Park Community Centre. A warming centre was also opened at Metro Hall and continues to operate during Extreme Cold Weather Alerts called by the Medical Officer of Health.

At the end of January, two (2) new 24-hour Winter Respite Services were opened at 354 George Street and 348 Davenport Rd. The Department of National Defence agreed to provide the Moss Park Armoury to the City on a temporary basis at no additional cost until January 29. At that time, the provincial government provided the new space at 354 George Street for operations. All clients formerly staying at Moss Park Armoury and Regent Park Community Centre were successfully transitioned to the new sites or other shelter and respite locations.

Extending Respite Services Beyond April 15

City staff are continuously monitoring winter respite drop-in and warming centre usage to manage occupancy levels to ensure there is sufficient safe capacity to provide warm places for all who ask for them.

Staff will continue to monitor occupancy and assess the need for continued services after April 15 in response to ongoing demand. Staff are currently working with service operators to determine if the services are able to continue in the current locations or in alternative locations. Staff are also exploring the feasibility of expanding the capacity of respite services provided at 705 Progress Rd.

The Out of the Cold (OOTC) program is a volunteer run program through faith based organizations. There are 16 individual locations and congregations who support this program through the winter (see Attachment 1). Staff have engaged Dixon Hall and the OOTC volunteer coordinators to determine whether the church facilities will be available after April 15 to continue operation and whether the volunteers have the capacity to continue offering the service.

Planning for Winter 2018/19

City staff have also begun planning for services for the 2018/19 winter season and will be consulting with all interested parties as part of the service planning process. This includes working with the Toronto Alliance to End Homelessness, as the largest community stakeholder association in the sector, as well as the Toronto Shelter Network, Out of the Cold volunteer coordinators, health care providers and other interested stakeholders.

Staff have reviewed the Health Providers Against Poverty recommendations on improving respite services. See Attachment 14 for details on how the recommendations are being implemented.

As part of this service planning process, staff are developing service standards that will apply to Winter Respite Services and 24-hour drop-ins. The standards will focus largely on physical space and facilities, health and safety, as well as service and staffing.

Winter Respite Services operate a low-barrier service model, distinct from a full emergency shelter, which is designed to engage and provide service to people with more complex needs who may otherwise not access traditional shelter beds. Any standards put in place will need to balance provision of high quality services while ensuring a low-barrier service model continues to be offered and facilities are available on an emergency basis that meet the standards.

In the short-term, a set of interim service standards will be shared with community partners and service providers over the coming months and SSHA staff will be conducting site visits to assess implementation. In the medium-term, a full set of service standards will be developed and finalized through a comprehensive consultative process over the spring and summer in preparation for the 2018/19 winter.

Existing protocols for referrals from shelter and Winter Respite sites that are at capacity to other available shelter or respite sites is provided in Attachment 15.

Also as part of the service planning process, staff will engage and work with the Office of Emergency Management (OEM) in conjunction with provincial and federal partners to develop activation protocols and a regular testing and exercise program, including emergency evacuation protocols and surge capacity protocols, to identify options to respond quickly to urgent situations, should they be required in future.

3. Expanding shelter system capacity and improving services

2018 Shelter Infrastructure Plan New and Replacement Beds

In December 2017, City Council adopted the 2018 Shelter Infrastructure Plan and Progress Report. This included a new property development approach to shelter infrastructure planning to improve the way the City conducts its real estate transactions and reduce the challenges of securing properties for new shelter sites.

The 2018 Shelter Infrastructure Plan originally identified 291 beds (121 new and 170 replacement beds) to open in 2018 with an additional three (3) shelters to open in 2019. As per Council direction, staff are working to open an additional 11 sites over three years to add a total of 1000 new shelter beds to the system. See Attachment 9 and 10 for details on shelter system capacity and planned additional sites.

New Shelter Service Model Pilots

In addition to expanding shelter system capacity, the City is working to change the way shelters operate with a new service model. Work on the new service model is a result of Council direction and the recommendations of the third party consultant (Public Progress Inc.) who lead a review of the shelter development process championed by Councillor Fletcher and Deputy Mayor Bailão.

Elements of the new service model include:

- Wrap around services including housing, health, employment, culture and recreation
- Housing-focused case management supports that use a client-centred and strengths focussed approach
- Increased access to health services, in collaboration with the Local Health Integration Networks (LHINs)
- Community integration and co-location with housing and other City and community services
- Development of best practice design guidelines
- New property development and approvals process that leverages city-wide development opportunities and planning tools
- Third party, expert led engagement with the community

This new service model will be piloted in the five (5) new shelter sites already in operation or currently planned to open in 2018, and will be added to any additional new shelter programs that open in future.

Measurement of key performance indicators is a key aspect of the pilots and will be used to evaluate success in improving client housing outcomes.

Renaming Shelters

As part of the new service model, Council directed staff to develop options for a new name for Toronto's homelessness services system, including shelters, along with messaging and recommendations for rolling out a new name. The options for a new name identified will reflect the positive roles that shelters play in neighbourhoods and in the lives of Toronto's most vulnerable residents.

A third party consulting firm has been engaged and have completed a first phase of work which involved an online survey (629 respondents) and 10 focus groups (94 participants). In Phase 2, underway now, they are testing the names and concepts that emerged with a secondary online survey and four (4) additional focus groups.

Staff will report back to Council in Q2 on the results of process and recommended name options.

Partnership with LHINs to Improve Health Services for Shelter Clients

As part of the new service model, staff are currently working closely with health and shelter sector partners, including the Local Health Integration Networks (LHINs), to develop a coordinated approach to health services delivery for shelter clients.

The new health services model will provide a consistent approach that can be tailored to the profile and health service needs of clients at different shelters, and to leverage the array of health services that are available in the community. See Attachment 13 for more details on the health service model.

In addition to the implementation of the health services model at the pilot sites, staff are also working with the TC LHIN and health sector partners to assess client health service needs and to identify the services needed in the transition plan to ensure required health care services will be maintained during the redevelopment phase of George Street Revitalization (GSR) of Seaton House. This initiative will be informed by the new health services model pilots and is intended to also identify new and innovative service responses specifically for clients with more complex health needs.

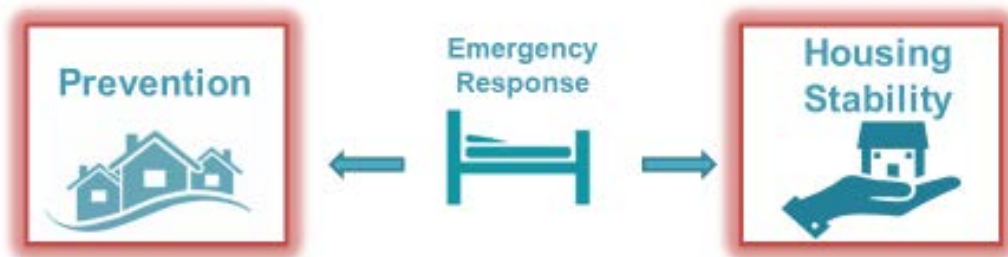
SSHA and Long Term Care Home Services (LTCHS) are also working together to develop pilot initiatives to increase access of eligible shelter clients with complex health needs to long term care beds. The divisions are currently working on a joint funding proposal for submission to the Ministry of Health regarding a specialized long term care unit for people with histories of homelessness for the new GSR site.

4. Homelessness Prevention and Housing Supports

While it is critically important to ensure we maintain an adequate emergency shelter system to respond to demand, it is not the only solution. To make progress in reducing homeless, it is also critically important to focus on providing services to help people keep their housing and avoid homelessness through both prevention and housing stabilization services.

Ensuring there is an effective continuum of services and supports available to meet the diverse needs of those who are at risk of or experiencing housing instability or homelessness is key. These include:

- Emergency shelter and respite services to provide an immediate response to people in housing crisis;
- Transitional housing to help bridge the gap from homelessness to permanent housing for those who need it;
- Housing stabilization supports that provide individualized, flexible supports to assist people with low to moderate needs to stabilize in housing;
- Supportive housing that includes wrap around supports for people with more complex needs;
- Preventative supports like rent banks, emergency financial assistance, drop-in programs, meal programs, legal clinics, mental health and other social services;
- An adequate supply of affordable housing across the spectrum, including affordable rental, home ownership, non-profit, cooperative and social housing and portable housing benefits.



Emergency responses like shelters and respite services are important to support people when they are in immediate crisis. However, the real solution to homelessness is to continue to build capacity in our prevention and housing stability services in order to move towards reducing and ending homelessness in the longer term.

Homelessness Prevention

Preventing homelessness is an important strategic direction identified in SSHA's 2014-2019 Housing Stability Service Plan, approved by Council. Several key actions are underway to increase system responses for prevention and housing stability.

In 2016, the City released an Eviction Prevention Framework and engaged more than 180 stakeholders, service providers and people with experience of eviction on how to improve services that will better help households facing eviction. Based on that input, a comprehensive Eviction Prevention Strategy is under development. The strategy will

include an implementation plan with performance indicators and outcome measurements.

As one of the key actions identified through the engagement process, SSHA is currently implementing and evaluating an Eviction Prevention in the Community (EPIC) pilot that supports tenants facing imminent risk of eviction. The pilot is working with 190 households and has successfully prevented more than 75 evictions to date. The lessons from this pilot will help to inform future services to prevent homelessness.

SSHA and City Planning have developed a protocol to identify redevelopment applications which will result in the displacement of vulnerable tenants, and work together to secure appropriate resources to support tenants and prevent homelessness. The City has implemented five Tenant Relocation Support Service (TRSS) responses since 2016 to respond to situations in which properties that were operating as medium-to-large scale rooming houses have been sold for redevelopment and have assisted more than 55 households to find new housing and avoid homelessness.

Homelessness Prevention is also the focus of a number of programs offered by a range of City Divisions and funded community partners, including:

- 211 and 311, which provide information and referrals on community/government programs and non-emergency City services respectively
- The Tenant Hotline, a free service operated by the Federation of Metro Tenants' Associations and funded by the City of Toronto, provides information on tenant rights and obligations, including leases, maintenance, repairs, evictions and discrimination
- The Housing Stabilization Fund and Emergency Energy Fund operated by Toronto Employment and Social Services and funded by the provincial CHPI program, which provide emergency funds to help people maintain their housing
- Property Tax and Water Relief programs, administered by Revenue Services, which helps low-income seniors and people with a disability to apply for deferral, cancellation and rebates of property taxes and water bills
- Rent Bank, which provides interest-free loans for rental arrears, funded through provincial CHPI program
- Housing Help Centres, located throughout the City with provincial and federal funding, that help people find and keep housing and avoid eviction
- Drop-in programs, funded in part by the provincial CHPI program, which provide people at risk of housing instability with a safe space where they can have meals, do their laundry, meet with outreach or follow-up workers, and engage in group activities to foster social and community connections
- The Specialized Program for Inter-Divisional Enhanced Response to Vulnerability (SPIDER), led by the City's Social Development, Finance and Administration division, which acts as a last resort to address unresolved, complex health and safety risks involving vulnerable residents
- Toronto Public Health's Vulnerable Adults and Seniors team provides supports to adults or seniors (with a focus on older adults 55 years of age and older) who need help taking care of themselves, are living in poor conditions, and/or have limited supports

- Toronto Renovates, administered by the Affordable Housing Office, which provides federal/provincial funding for lower-income seniors and people with a disability to make health or safety repairs or accessibility modifications that will allow them to stay in their homes
- The rental demolition and replacement requirements of the Official Plan and Municipal Code which prevents rental housing from being demolished or converted without replacement of the units.

Home for Good and the Need for Housing with Supports

The recent provincial commitment of \$90 million in Home for Good capital and operating funding for Toronto until March 2020 (which represents 44% of the overall provincial funding) is a welcome contribution to support the City's ongoing efforts to assist vulnerable residents. Home for Good will fund housing assistance and supports for up to 2,000 people who meet one or more of the provincial homelessness priority areas: people experiencing chronic homelessness (six months or longer), Indigenous people experiencing homelessness, youth experiencing homelessness, and those leaving institutional care into homelessness.

However, there is an ongoing need for supportive housing as a permanent solution to homelessness. In 2017, 21% of those using emergency shelter, approximately 4,000 people, stayed for 6 months or more, meeting the definition of chronic homelessness and likely needing some form of housing supports. As of January 2018, there are more than 14,000 households on the Access Point waiting list for mental health supportive housing in Toronto. Estimates from a recent Wellesley Institute Report suggest that Ontario requires up to an additional 56,000 units of mental health and addictions supportive housing. Based on population share, equivalent estimates for Toronto could be at least 18,000 units of supportive housing, or 1,800 new units a year over the next ten years. See Attachment 11 for more details on current supportive housing in Toronto.

The provincial investment in housing with supports through the Home for Good program, along with 244 new units of mental health supportive housing announced this month, is an important first step. Additional ongoing operating and increased capital funding is needed to meet the demand for supportive housing and ensure continuing housing and supports are available for these vulnerable households. Should additional Home for Good funding be made available in future years, the Province should increase the City of Toronto's allocation to continue to address that demand.

Tenants First

Another important initiative to provide appropriate housing supports to vulnerable tenants is through the Tenants First plan for Toronto Community Housing (TCHC). As part of this work, Council approved the conversion of 204 units of TCHC owned and operated rooming houses to supportive housing using Home for Good funds.

A Request for Proposals (RFP) was issued in February 2018 seeking an agency to assess, co-ordinate and deliver support services to current and future TCHC rooming house tenants. There is a focus on connecting tenants to resources, supporting their

housing stability and working alongside neighbours to create and sustain healthy communities.

New supportive housing opportunities in TCHC properties are also being created through the use of capital and operating funding from the Home for Good program to revitalize and provide supports to vulnerable tenants at 389 Church Street and the Winchester rooming houses, being led by the Affordable Housing Office.

Developing new Affordable Housing Opportunities

The City's affordable housing action plan Housing Opportunities Toronto 2010-2020 provides a target of 1,000 new affordable rental homes annually. In 2017, the City met and exceeded this target, approving some 1,200 new affordable rental homes. The City supports a variety of affordable rental housing developments built by the non-profit and private sectors. New homes supported by the City have been delivered with rents ranging from OW/ODSP and rent-geared-to-income levels, up to a maximum of City average rents, as reported annually by CMHC.

In 2016, the City launched the Open Door Affordable Housing Program, providing expanded and streamlined access to City financial incentives, access to surplus public lands and an expedited Planning review service for new affordable housing developments. To deliver new supportive and transitional homes, the Open Door Program is combined with federal and provincial program funding, monthly housing allowances, City capital dollars and surplus real estate. This "stacking" of resources enables the City to target low-income tenants and help address homelessness and shelter pressures.

- **The Provincial Affordable Housing Lands Program**
City Council has pre-approved Open Door Program support for 760 new affordable rental homes to be delivered through this innovative use of surplus provincial lands. The new homes will rent between average market rents down to 40% of average market rent. Led by Infrastructure Ontario, the City's Affordable Housing Office, Shelter, Support and Housing Administration, Corporate Finance, and City Planning divisions are working in collaboration with the Ministry of Housing on three surplus provincial sites across Toronto. In addition to the 760 affordable rental homes, the initiative will deliver an estimated 1,400 purpose-built market rental homes and 80 affordable ownership homes.
- **Home for Good Program Capital Component**
Open Door Program support has been provided for the first two pilot projects under the capital component of the provincial Home for Good program. As described above, the Home for Good Program is a much-needed new supportive housing initiative. The first two capital projects are TCHC properties at 389 Church Street and 13-19 Winchester Street, which combined will deliver 155 affordable and supportive homes.
- **New Non-Profit Supportive Housing**
The Open Door Program has supported a number of new non-profit affordable rental developments that provide housing with supports to tenants who have experienced

or are at risk of homelessness. Recent examples include the St. Clare's Multifaith Housing Society development at 25 Leonard Street, the Native Men's Residence redevelopment of 63/65 Homewood Avenue, and the Humewood House transitional and supportive housing initiative for pregnant and parenting young women at 55/57 Humewood Drive.

- **Anti-Human Trafficking Community Supports Fund - Capital Component**
This provincial program has enabled the City to work with Covenant House Toronto to acquire a suitable property to provide new supportive homes for young women survivors of human trafficking.
- **City Planning requires and negotiates the provision of new affordable housing through the planning application approval process.** The Province recently released a proposed regulation on Inclusionary Zoning. While the proposed regulation provides the opportunity to create affordable ownership housing in condominiums, it fails to provide the opportunity to create much needed affordable rental housing. On January 31, 2018, City Council adopted nine recommendations in response to the Province's consultation draft, and requested the Province to further consult municipalities and stakeholders on an appropriate and flexible implementation framework for inclusionary zoning prior to proclaiming the regulation. If proclaimed, the City will be seeking opportunities to advance securing new affordable housing as part of new development.

5. System Planning and Coordination

Improving Data

Better understanding the individuals and families who are in need of emergency shelter is key to developing and maintaining a flexible and responsive system. SSHA is committed to improving data collection and performance measurement systems to support evidence-informed practice and positive client outcomes.

Efforts are underway to expand the City's Shelter Management Information System (SMIS) and increase capacity to track clients across a wider range of housing stability programs. A pilot was initiated in December 2017 to integrate Streets to Homes outreach services into SMIS which will roll out further in 2018. As part of the new health services model pilots, staff will work with the LHIN to explore how tracking and reporting on health needs and services can be enhanced.

Work is also underway to develop indicators of client flow through the shelter system, as well a new online dashboard to facilitate regular reporting on shelter bed availability and other key indicators from SMIS. SSHA is working with the Chief Information Officer and the Chief Transformation Officer to identify opportunities to enhance data analytics will work with Open Data to explore opportunities to increase the data on occupancy available through the portal, while protecting client privacy.

In April 2018, the City will undertake our fourth Street Needs Assessment (SNA), a comprehensive survey and needs assessment of people experiencing homelessness in Toronto. This effort will update the findings from the 2013 SNA, and contribute to the first-ever coordinated provincial and national point-in-time count of people experiencing

homelessness. The SNA will contribute to understanding of trends in homelessness in Toronto, as well as the particular needs and experiences of different groups.

The City has also begun to explore other relevant data opportunities, including discussions with the federal government regarding the Homeless Individuals & Families Information System (HIFIS), to explore how this national shelter use data may assist in a more comprehensive understanding of mobility patterns of people experiencing homelessness into and outside of Toronto.

The findings from the 2018 SNA, as well as data from the Shelter Management Information System and other housing stability programs will inform ongoing service planning and system transformation efforts.

Intergovernmental Collaboration

Solving homelessness requires all governments working together, in partnership with a full range of community stakeholders. To this end, the City is collaborating with provincial and federal partners to address a range of housing and emergency shelter needs in Toronto.

The City welcomes the actions taken by the provincial government through the Ontario Fair Housing Plan. The sixteen actions identified are important steps to address issues such as extending rent control to all rental housing and making surplus provincial property available for new affordable and rental housing.

The provincial government has also provided access to 354 George St for use as a Winter Respite Service.

Another example of this collaborative approach is the Bridges to Housing program, in which the City has partnered with Community Living Toronto, Inner City Family Health Associates and Developmental Services Ontario, with funding provided by the Ministry of Community and Social Services, to implement an innovative pilot program to provide wrap around multi-disciplinary supports to 25 people with complex needs and developmental disabilities that have enabled them to leave the shelter system and maintain permanent housing.

Most recently, City and provincial staff have been meeting to strengthen collaboration on addressing the immediate pressures in the shelter system. An action group has been convened by the Deputy City Manager, Cluster A and the Assistant Deputy Minister, Ministry of Housing, with senior representatives from Shelter, Social Housing and Administration, Public Health, City Planning, Social Development, Finance and Administration, the Ministry of Health and Long-Term Care, the Ministry of Citizenship and Immigration and the Ministry of Housing. This action group of City and provincial officials will continue to meet on a regular basis to ensure coordination and identify opportunities for increased collaboration.

One key opportunity being pursued is convening a meeting of Greater Toronto and Hamilton Area Service Managers, facilitated by the Ministry of Housing, to explore

opportunities for more coordinated service planning and improved homelessness and housing services across the region.

The City is also working with partner agencies to identify opportunities to better meet the shelter needs of refugees. This includes engaging with other orders of government and encouraging the federal government to improve their capacity to process refugee claims more responsively to sudden increases in refugee flows, so that it can meet the legislated timelines. A report will be brought to Council in June with a proposed Refugee Capacity Plan.

6. Next steps and longer term housing solutions

In addition to meeting immediate needs and improving existing services, the City is committed to collaborating with other orders of government and housing stakeholders on action to improve housing stability and prevent homelessness, including providing access to existing and new housing opportunities. Affordable and supportive housing, a robust social security system, and intergovernmental collaboration are essential to meeting the housing needs of different vulnerable populations.

Planning for Housing Opportunities Toronto 2020-2030

Over the last eight years the City's first housing action plan: Housing Opportunities Toronto 2010-2020, has guided the City's policies and programs in taking action on housing and homelessness issues.

Through an interdivisional working group, City staff have started the process of creating the City-wide Housing Opportunities Toronto (HOT) Action Plan 2020-2030. The HOT Plan 2020-2030 will guide the City's housing and homelessness initiatives, policies, and programs over the next decade and will include specific targets for affordable, transitional and supportive housing needed. The plan will be informed by the engagement of the federal and provincial governments, including input from a full range of stakeholders.

To provide a foundation for developing the next HOT Plan, a Toronto housing market analysis has been commissioned. The results of this work and other research will provide a full range of housing data and forecasts to inform planning for the future. The draft HOT 2020-2030 Plan is to be considered by City Council in mid-2019.

SSHA's Housing Stability Service Plan 2014-2019 was the first five year service plan for the housing stability service system, which outlined a key actions required to begin transformation of the service system towards an integrated client-centered, outcome-focused service system that addresses homelessness and improves the housing stability of Torontonians.

A new SSHA service plan for the next five years will be developed in alignment with the strategic direction of the new HOT Plan and through engagement with City Divisions and community partners, including the Toronto Alliance to End Homelessness. The new service plan will build on existing efforts, while including new and emerging

opportunities to partner with the federal and provincial governments, and other community stakeholders to continue to improve the housing stability service system.

Poverty reduction and income security

Addressing poverty and income inadequacy and insecurity are key to supporting housing stability in Toronto. Responding to the significant need to transform the province's income security system, the Provincial Government appointed an Income Security Reform Working Group and has now received their report and recommendations, *Income Security: A Roadmap for Change*.

In alignment with the goals of TO Prosperity: Poverty Reduction Strategy, City Council has endorsed the report which outlines recommendations for Provincial actions to transform social assistance to achieve income adequacy for all Ontarians. The recommendations include direction to transform the social assistance structure to ensure all adults have access to a consistent level of support regardless of living situation, and the introduction of an Ontario Housing Benefit to assist all low-income people with the high cost of housing. The City will continue to advocate to the Province to move forward with these important directions.

National Housing Strategy

The City welcomes the opportunity to work with the federal and provincial government to implement the recently announced National Housing Strategy. On November 22, 2017, the Government of Canada released Canada's first National Housing Strategy to support a range of affordable and social housing and homelessness initiatives. The 10-year investment of \$40 billion includes amounts for provincial/territorial cost-matching and is comprised of both grants and loans. Action on the National Housing Strategy has become more urgent with the City facing unprecedented demand for emergency shelter and respite services for people experiencing homelessness, while needing to provide more robust homelessness prevention strategies and long-term housing solutions.

As a number of initiatives in the Strategy require provincial cost-matching and program delivery it is essential that the federal government reach an agreement with Ontario as soon as possible.

Given the City's track-record in successfully partnering to deliver federal and provincial homeless and housing programs, the National Housing Strategy provides an opportunity to address a number of key Toronto issues such as providing funding to support the repair of TCHC homes, maintaining social housing operating funding, investing in "quick start" housing projects, and increasing new affordable and market rental housing supply.

Next Steps

As outlined in this report, City staff will continue to monitor demand for emergency shelter and respite services, while working with other governments and community partners to both increase capacity to respond in the short term and investing in longer

term solutions to preventing homelessness and connecting people with permanent housing and supports.

In line with Council direction, SSHA will be working with Real Estate Services and community partners to extend the winter respite services beyond April 15 and to aggressively acquire additional permanent shelter sites to add 1000 new beds over the next one to three years. In June 2018, SSHA will report on progress to date and bring forward the 2019 Shelter Infrastructure Plan, outlining plans for the continued expansion and improvement of Toronto's shelter system.

Working in partnership with the LHINs, SSHA will continue to pilot and develop the new service model for shelters, including a coordinated approach to health services delivery, as well as other wrap-around services such as housing and employment.

The City is also working with partner agencies to identify opportunities to better meet the shelter needs of refugees. A report will be brought to Council in June with a proposed Refugee Capacity Plan.

Solving homelessness in Toronto requires collaboration and action across all City divisions and with all orders of government as well as community partners. Some inter-governmental actions to address the housing and homelessness challenges faced by residents of Toronto are underway, including the new National Housing Strategy, the Ontario Fair Housing Plan, and the Home for Good program. But much more needs to be done.

City staff have started preparing for the next Housing Opportunities Toronto (HOT) Action Plan 2020-2030, which will guide the City's housing and homelessness initiatives over the next decade and will include specific targets for affordable, transitional and supportive housing needed. The updated HOT plan will be informed by market and demographic research and analysis, and will be developed based on extensive engagement with the other orders of government and key community partners and stakeholders. A directions report outlining the vision for HOT 2020-2030 will be brought forward to Council this spring.

Now is the time to build on our collective efforts, as the City looks ahead to address the ongoing and longer-term issues required to ensure that residents of Toronto not only have a safe place to seek emergency shelter, but are also able to find and maintain a safe, suitable and secure place to call home.

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ATTACHMENTS

- Attachment 1: Shelter and Winter Respite Service Locations and Capacities
- Attachment 2: Shelter System Capacity 2008-2017
- Attachment 3: Shelter client profile (2017)
- Attachment 4: SSHA Homelessness and Housing First Solutions Budget, 2009 to 2018
- Attachment 5: Toronto Share of Total CHPI Funding
- Attachment 6: Funding for GTA Service Managers
- Attachment 7: Shelter beds per capita
- Attachment 8: Winter Respite Services increase over time
- Attachment 9: Planned new and replacement shelter beds
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- Attachment 11: Supportive and Transitional Housing in Toronto
- Attachment 12: Health care in emergency shelters, respite centres and warming centres
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ATTACHMENT 1:

Shelter and Winter Respite Service Locations and Capacities

Table: Total Capacity by Sector as of January 31, 2018

Program Type	Capacity (# beds/spaces)
Men's	1852
Women's	743
Mixed Adult	475
Youth	523
Family	835
Motels	1682
Shelter System total	6110
Winter Respite Services	660
24-Hour Women Drop-Ins	112
Out of the Cold program (average spaces per night)	96
Allied Services Total	868

DOS= Directly Operated Service (City)

POS= Purchase of Service, Community Operated

Shelter	Type	Shelter Type	Sector	Address	Capacity (# of Beds)
Men's Sector					
Fort York Emergency Beds	DOS	Emergency	Men	38 Bathurst St.	21
Seaton House - Extended Hostel Program	DOS	Emergency	Men	339 George St.	64
Seaton House Hostel Program	DOS	Emergency	Men	339 George St.	282
Christie Ossington Neighbourhood Centre (CONC)	POS	Emergency	Men	973 Lansdowne Ave	81
Christie-Ossington Neighbourhood Centre (CONC) South	POS	Emergency	Men	850 Bloor St. W.	30
Cornerstone Place	POS	Emergency	Men	616 Vaughan Rd.	56
Dixon Hall Schoolhouse	POS	Emergency	Men	349 George St.	47
Good Shepherd Centre	POS	Emergency	Men	412 Queen St. E.	70
Native Men's Residence (NaMeRes)	POS	Emergency	Men	14 Vaughan Rd.	71
Salvation Army - Gateway	POS	Emergency	Men	107 Jarvis St.	120

Shelter	Type	Shelter Type	Sector	Address	Capacity (# of Beds)
Salvation Army - Maxwell Meighen	POS	Emergency	Men	135 Sherbourne St.	288
Salvation Army Hope	POS	Emergency	Men	29 Leslie St	60
Scott Mission	POS	Emergency	Men	502 Spadina Ave.	72
St. Simon's Shelter	POS	Emergency	Men	525 Bloor St. E.	62
Emergency Men's Subtotal					1324
Birchmount Residence	DOS	Transitional	Men	1673 Kingston Rd.	60
Downsview Dells	DOS	Transitional	Men	1651 Sheppard Ave.W.	28
Fort York Residence	DOS	Transitional	Men	38 Bathurst St.	98
Seaton House Annex/Infirmary	DOS	Transitional	Men	339 George St.	80
Seaton House Long Term Program	DOS	Transitional	Men	339 George St.	100
Seaton House O'Neill Program	DOS	Transitional	Men	339 George St.	55
COTA Bailey House	POS	Transitional	Men	1330 King Street West	2
Good Shepherd Barrett House	POS	Transitional	Men	35 Sydenham St.	5
Good Shepherd Centre - D.A.R.E.	POS	Transitional	Men	412 Queen St. E.	25
Sagatay (NaMeRes)	POS	Transitional	Men	26 Vaughan Rd.	20
Salvation Army - Maxwell Meighen Primary Support Unit	POS	Transitional	Men	135 Sherbourne St.	10
Salvation Army Maxwell Meighen Transition to Housing	POS	Transitional	Men	135 Sherbourne St.	45
Transitional Men's Shelters Subtotal					528
Men's Sector Total					1852
Women's Sector					
Women's Residence	DOS	Emergency	Women	674 Dundas St. W.	121
Fred Victor Centre Women's Hostel	POS	Emergency	Women	86 Lombard St.	46
Homes First Society - Savard's	POS	Emergency	Women	1322 Bloor St. W.	30

Shelter	Type	Shelter Type	Sector	Address	Capacity (# of Beds)
Homes First Society-Kennedy	POS	Emergency	Women	702 Kennedy Road	90
Nellie's Women Shelter	POS	Emergency	Women	Confidential	10
Salvation Army - Florence Booth	POS	Emergency	Women	723 Queen St. W.	64
Salvation Army Evangeline Residence	POS	Emergency	Women	2808 Dundas St. W.	99
St. Vincent de Paul Elisa House	POS	Emergency	Women	60 Newcastle St.	40
St. Vincent de Paul Mary's Home	POS	Emergency	Women	70 Gerrard St. E.	38
Street Haven - Emergency Hostel	POS	Emergency	Women	87 Pembroke St.	50
YWCA - Adult Women Shelter	POS	Emergency	Women	80 Woodlawn Ave. E.	28
Emergency Women's Subtotal					616
Women's Residence Bellwoods House	DOS	Transitional	Women	63 Bellwoods Ave.	10
Covenant House - Transitional Safe Beds	POS	Transitional	Women	20 Gerrard St. E.	2
Fred Victor Centre Transition to Housing Church St. Site	POS	Transitional	Women	Formerly 389 Church St.(moved to temporary hotel site)	26
Fred Victor Centre Transition to Housing Dundas St.	POS	Transitional	Women	386 Dundas St. E.	37
St. Vincent de Paul Amelie House	POS	Transitional	Women	126 Pape Ave.	22
St. Vincent de Paul St. Clare's Residence	POS	Transitional	Women	3410 Bayview Ave.	30
Transitional Women's Subtotal					127
Women's Sector Total					743
Mixed Adult Sector					
COSTI Reception Ctr CityProgram	POS	Emergency	Mixed Adult	100 Lippincott St.	16
Dixon Hall Heyworth House	POS	Emergency	Mixed Adult	2714 Danforth Ave.	80
Fred Victor Centre Bethlehem United	POS	Emergency	Mixed Adult	1161 Caledonia Rd.	70

Shelter	Type	Shelter Type	Sector	Address	Capacity (# of Beds)
Homes First Society - Flex Program	POS	Emergency	Mixed Adult	805A Wellington St. W.	5
Homes First Society - Scarborough Shelter	POS	Emergency	Mixed Adult	3576 St. Clair Ave. E.	67
Toronto Community Hostel -Singles	POS	Emergency	Mixed Adult	191 Spadina Ave.	13
University Settlement – Part-time	POS	Emergency	Mixed Adult	22 Grange Rd.	85
Emergency Mixed Adult Subtotal					336
SHARC Transitional Program	DOS	Transitional	Mixed Adult	129 Peter Street	40
Fife House Denison Program	POS	Transitional	Mixed Adult	70 Denison Ave.	5
Fife-Sherbourne Transitional Program	POS	Transitional	Mixed Adult	490 Sherbourne St.	11
Homes First Society - Strachan House	POS	Transitional	Mixed Adult	805A Wellington St. W.	83
Transitional Mixed Adult Subtotal					139
Mixed Adult Sector Total					475
Youth Sector					
Covenant House Residence	POS	Emergency	Youth	20 Gerrard St. E.	94
Eva's Place	POS	Emergency	Youth	360 Lesmill Rd.	40
Eva's Satellite	POS	Emergency	Youth	25 Canterbury Pl.	33
Horizons for Youth	POS	Emergency	Youth	422 Gilbert Ave.	45
Kennedy House Youth Shelter	POS	Emergency	Youth	1076 Pape Ave.	40
Turning Point Youth Services Shelter	POS	Emergency	Youth	95 Wellesley St. E.	35
YMCA House - Vanauley St.	POS	Emergency	Youth	7 Vanauley St.	40
Youth without Shelter	POS	Emergency	Youth	6 Warrendale Crt.	33
YWCA - Youth Shelter	POS	Emergency	Youth	80 Woodlawn Ave. E.	28
Emergency Youth Subtotal					388
Covenant House Rights of Passage	POS	Transitional	Youth	21 McGill St.	28

Shelter	Type	Shelter Type	Sector	Address	Capacity (# of Beds)
Eva's Phoenix	POS	Transitional	Youth	60 Brant Street	50
Native Child and Family Services (Eagle's Nest)	POS	Transitional	Youth	558 Bathurst St	12
YMCA Sprott House	POS	Transitional	Youth	21 Walmer Rd.	25
Youth without Shelter Stay In School Program	POS	Transitional	Youth	6 Warrendale Crt.	20
Transitional Youth Subtotal					135
Youth Sector Subtotal					523
Family Sector					
Red Door Family Shelter	POS	Emergency	Family	1430 Gerrard St E	98
Birkdale Residence	DOS	Emergency	Family	1229 Ellesmere Rd.	177
Family Residence	DOS	Emergency	Family	4222 Kingston Rd.	179
Robertson House	DOS	Emergency	Family	291 Sherbourne St.	108
Christie Refugee Welcome Ctr - Settlement and Support	POS	Emergency	Family	43 Christie St.	76
Sojourn House	POS	Emergency	Family	101 Ontario St.	89
Toronto Community Hostel	POS	Emergency	Family	191 Spadina Ave.	14
Emergency Family Shelters Subtotal					741
Sojourn House Transitional Program	POS	Transitional	Family	101 Ontario St.	94
Transitional Family Shelter Subtotal					94
Family Sector Total					835
Motels					
Fort York Motel Program	DOS	Motel	Mens		21
Birkdale Residence - Single Male Refugee Program	DOS	Motel	Mens		36
Women's Residence Motel Program	DOS	Motel	Womens		46
Birkdale Residence Co-Ed Program	DOS	Motel	Mixed Adult		2
COSTI - Singles Refugee Program	POS	Motel	Mixed Adult		14
Family Residence – Motel Programs	DOS	Motel	Family		475

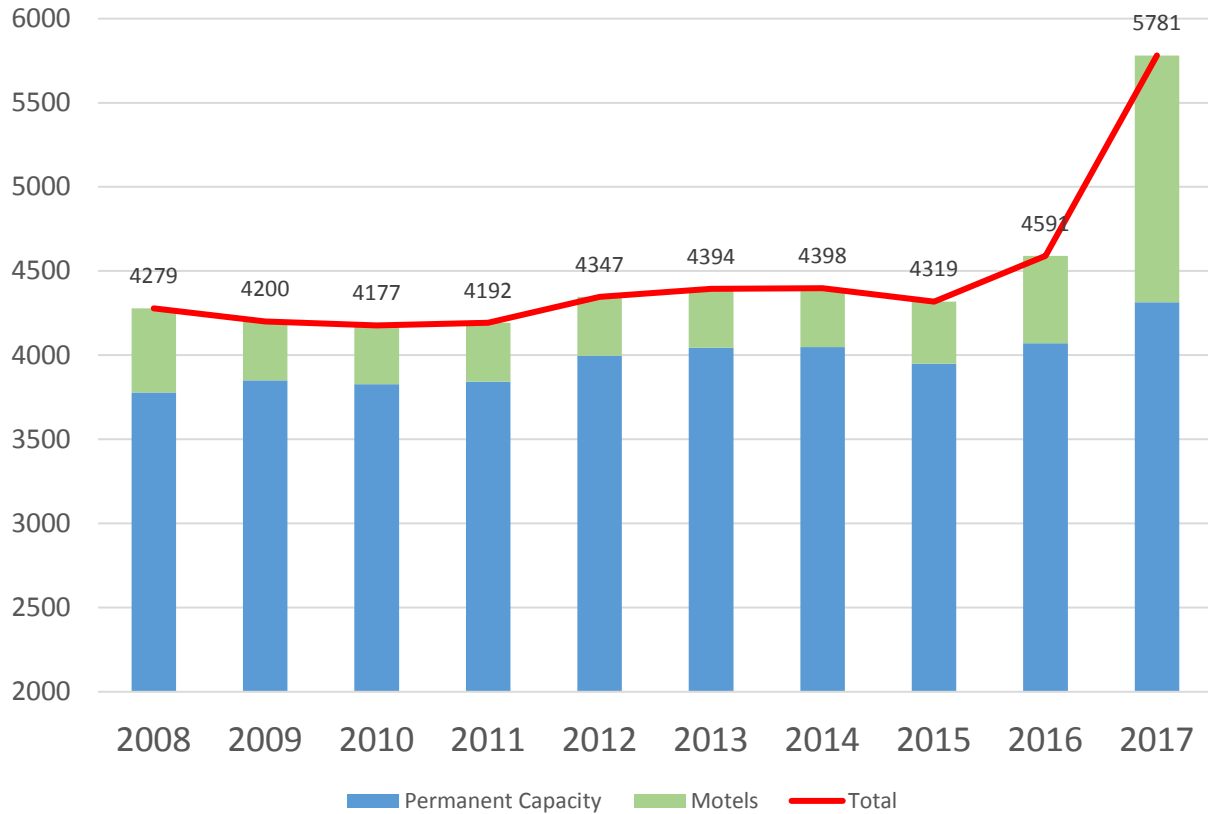
Shelter	Type	Shelter Type	Sector	Address	Capacity (# of Beds)
Birkdale Residence - Motel Program	DOS	Motel	Family		280
COSTI – Family Motel Programs	POS	Motel	Family		808
Motels Subtotal					1682
				Shelter System TOTAL	6110

Program	Type	Program Type	Sector	Address	Capacity # of Spaces
Winter Respite Services					
Margaret's Housing and Community Support Services - Bloor	POS	WRS	Mixed Adult	21 Park Road	30
Margaret's Housing and Community Support Services - Dundas	POS	WRS	Mixed Adult	323 Dundas St E	110
St. Felix Centre	POS	WRS	Mixed Adult	25 Augusta Ave	50
Salvation Army - Church of the Epiphany and St. Mark's	POS	WRS	Women	201 Cowan Ave	21
Fred Victor - Better Living Centre	POS	WRS	Mixed Adult	195 Princes' Blvd	200
Warden Woods	POS	WRS	Mixed Adult	705 Progress Ave, Unit 29	49
Homes First Society	POS	WRS	Mixed Adult	354 George St.	100
City of Toronto	DOS	WRS	Mixed Adult	348 Davenport Rd.	100
Winter Respite Services subtotal					660
Women's 24Hr Drop-ins					
Fred Victor Centre 24-hr Women's Drop-in	POS	24-Hour DI	Women	67 Adelaide St. E.	62
Sistering 24-hr Women's Drop-in	POS	24-Hour DI	Women	962 Bloor St. W	50
Women's 24Hr Drop-ins subtotal				TOTAL	112
Out of the Cold (OOTC)					
OOTC Program (16 sites) (average per night)	OOTC	OOTC	Men/ Mixed Adult	Various across the city	96

Out of the Cold Service Locations

Weekday	Locations				Total Spaces
Monday	Lakeshore @ St. Margaret's Church 156 6th St. (Islington/ Birmingham) 25 Guests (Men Only) Nov 21 – Mar 27 2pm – 8am	St. Brigid's Annex 1099 Danforth (Donlands/ Danforth) 70 Guests Nov 14 – Apr 17 4pm – 8am	Beth Emeth 100 Elder St. (Wilmington/ Sheppard) 30 Guests Jan 9 – Feb 27 6:00pm – 7:00am	St. Aidan's 70 Silverbirch Ave. (Queen St. E./ Silverbirch) 25 Guests Nov 7 – Apr 24 4:00pm – 8:00am	150
Tuesday	Evangel Hall 552 Adelaide St. (E. of Bathurst) 30 Guests Nov 1 – Mar 28 4:45pm – 7:00am		Beth Sholom 1445 Eglinton W (Allen Expressway) 70 Guests Jan 3 – Mar 21 5:15pm – 7:00am		100
Wednesday	Yorkminster Park Baptist 1585 Yonge St. (N. of St. Clair) 60 Guests Nov 2 – Apr 5 7:00pm – 8:00am				60
Thursday	Holy Blossom Temple 1950 Bathurst St. (S. of Eglinton) 45 Guests Nov 3 – Mar 30 6:30pm – 7:00am	First Interfaith @ St. Matthew's 729 St. Clair Ave. W (West of Christie) 60 Guests Nov 3 – Mar 30 4:00pm – 8:00am	Chinese Gospel 450 Dundas St. W. 15 Guests (Men only) Jan 5 – Mar 30 6:00pm – 7:30am	120	
Friday	Eastminster United 310 Danforth Ave. (W. of Chester) 45 Guests Nov 4 – Mar 31 5:00pm – 8:00am	All Saints Kingsway Anglican 2850 Bloor W (Royal York) 20 Guests (Men only) Nov 25 – Apr 7 6pm – 8am	Knox United 2575 Midland Ave (Midland/Sheppard) 20 Guests Nov 11 – Mar 31 6:30pm – 8:00am	85	
Saturday	Blythwood Rd Baptist 80 Blythwood Rd. (N. of Yonge/Eglinton) 65 Guests Nov 5 – Apr 1 6:00pm – 8:00am				65
Sunday	St Patrick's 139 McCaul St. (Dundas/McCaul) 80 Guests Nov 20 – Apr 2 4:00pm – 7:00am		St Mathew Our Lady Peace 3962 Bloor St W/Shaver 27 Guests (Men only) Nov 13 – Mar 26 5:00pm – 8:00am		107

**ATTACHMENT 2:
Shelter System Capacity 2008-2017**



*All capacity numbers as of year end

Over the past ten years, the number of permanent shelter beds has remained relatively consistent, with a more substantial growth in the past year and a half.

To respond to increase demand for services, the City has added more than 1400 shelter beds to the system, a more than 30% increase.

ATTACHMENT 3:
Shelter client profile (2017)

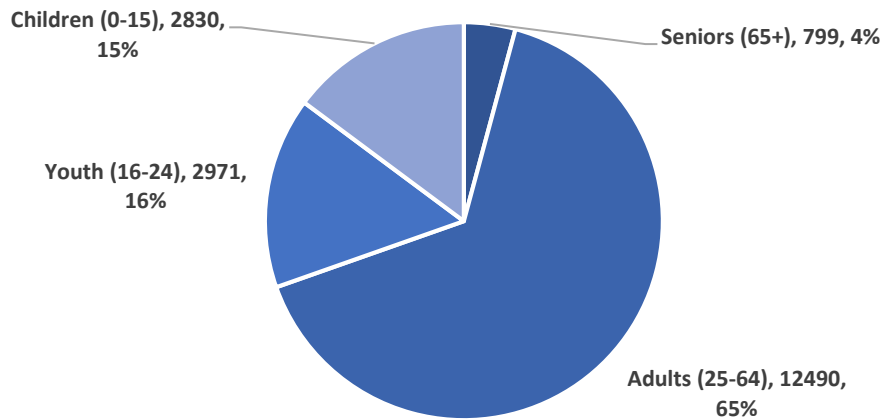
Demographic Profile

In 2017, over 19,000 unique individuals accessed the shelter system.

Overall, 63% of shelter clients were male, 36% female, and 1% identified as transgender.

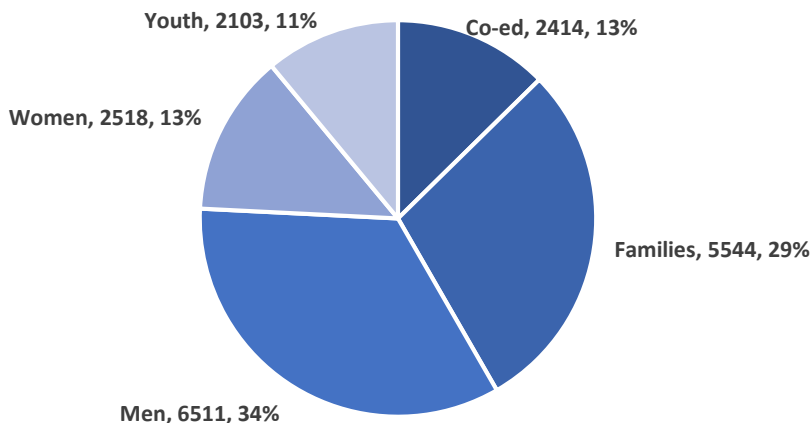
In total, 65% of those using the shelter system were adults, 16% were youth (aged 16 to 24), 15% were children, and 4% were seniors. The average age of all shelter users was 35 and the average age of adult shelter users (those 25 and older) was 44. A majority of shelter users (78%) are under the age of 50, with 18% aged 50 to 64, and 4% seniors 65 and over.

Shelter Use by Age Category 2017



One third of shelter users accessed Family sector shelters, one third were in Adult Men's sector, and the remaining third were split evenly between Adult Women, Co-ed and Youth sector shelters.

Shelter Use by Sector 2017



Specific populations

While people of all backgrounds experience homelessness, some populations are disproportionately impacted. Understanding the distinct pathways into homelessness, experiences and needs of these different populations is important to developing appropriate responses.

Refugees and asylum seekers, Indigenous people and veterans are three populations disproportionately impacted by homelessness for which the Government of Canada has particular responsibility.

Refugee Claimants

Over the past two decades, Toronto has experienced distinct spikes in refugee claimant arrivals, with associated increases in demand for emergency shelter in 2001, 2007 and 2009.

Over the past 18 months, SSHA has been experiencing a significant increase in demand for shelter services from refugee claimant families and singles. The average nightly occupancy by refugee claimants rose from 459 in January 2016 to 1,779 in January 2018, with the total percentage of refugee bed night consumption increasing from 11% to 31%. SSHA continues to work with other City divisions to respond to this increased demand. A report will be made to Council in June with a proposed Refugee Capacity Plan.

Indigenous people

The 2006, 2009, and 2013 Street Needs Assessments have consistently shown the overrepresentation of Indigenous people in Toronto's homeless population – making up at least 16% of the homeless population and one-third of the outdoor homeless population in Toronto. Indigenous homelessness and its risk factors are the direct impact of colonialization, structural and institutional racism, government policies and practices, and intergenerational trauma. It is a significant issue in Toronto and a critical priority for the housing and homelessness sector.

Veterans

Veterans make up about 2% of the Canadian population overall. In Toronto, Street Needs Assessment respondents were asked about military service for the first time in 2013. 7% of the overall homeless population indicated that they had some experience in the Canadian Forces. This proportion is consistent with the findings of recent point-in-time counts in Vancouver and Alberta's 7 Cities. Federal data from 2016 found that 2.2% of shelter users in Canada were veterans. SSHA staff currently liaise with Veterans Canada and the Royal Canadian Legion to access appropriate supports for clients experiencing homelessness who are veterans. Staff will explore options to increase referrals to Veterans Canada and The Royal Canadian Legion and their program Operation: Leave the Streets Behind.

Health needs

Toronto shelters are increasingly serving clients with complex health care needs. Common basic client health support needs include wound care, foot care, and activities of daily living (bathing, medications, incontinence, transferring to and from surfaces).

However, many shelter clients have additional chronic or complex care needs. Clients may use substances, have significant mental health conditions and concurrent disorders, along with untreated chronic illnesses such as diabetes, respiratory illness, heart disease and chronic high blood pressure.

Some clients may display behavioural challenges which may or may not be related to dual diagnosis (mental health and developmental disabilities), acquired brain injuries and/or dementia and capacity issues surrounding finances, health and personal care.

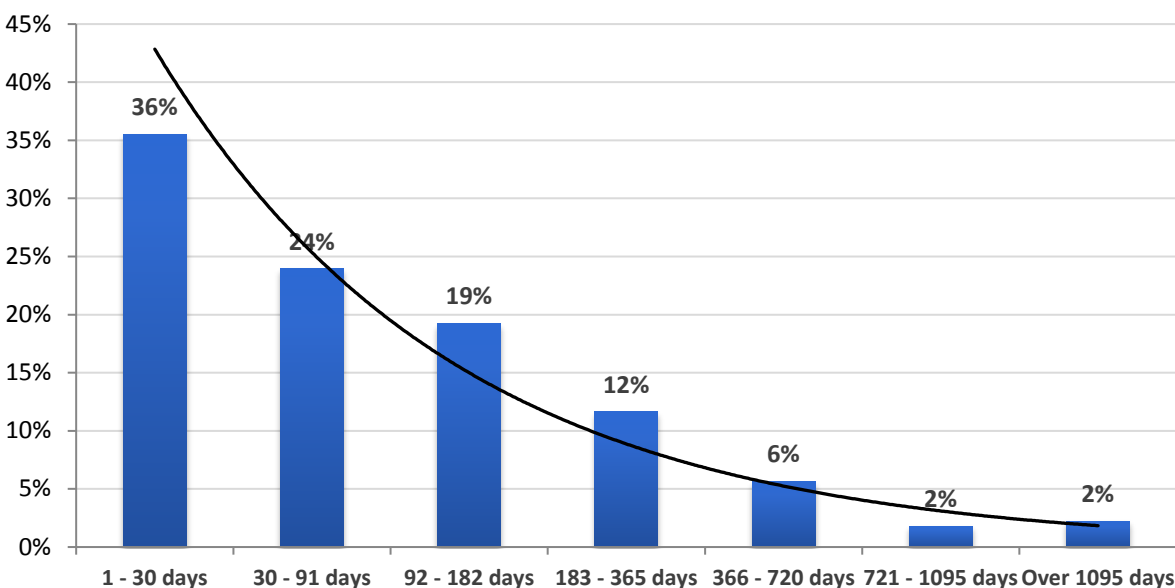
Clients who need post-operative recovery care and/or 24-hour monitoring for their health conditions are sometimes discharged from hospitals into shelters. Many older shelter clients have chronic aging-related health issues that need ongoing management.

Shelter use patterns

Length of stay

The majority of shelter clients exited the shelter system within two months. A small portion of clients stay for much longer periods. In 2017, 21% of clients had been homeless for 6 months or more, meeting the federal definition of chronic homelessness. Of those, 10% of shelter clients had been homeless for more than a year, and an even smaller subset – 2% - had been homeless for more than 3 years.

Shelter users' length of homelessness in 2017



Movement between jurisdictions

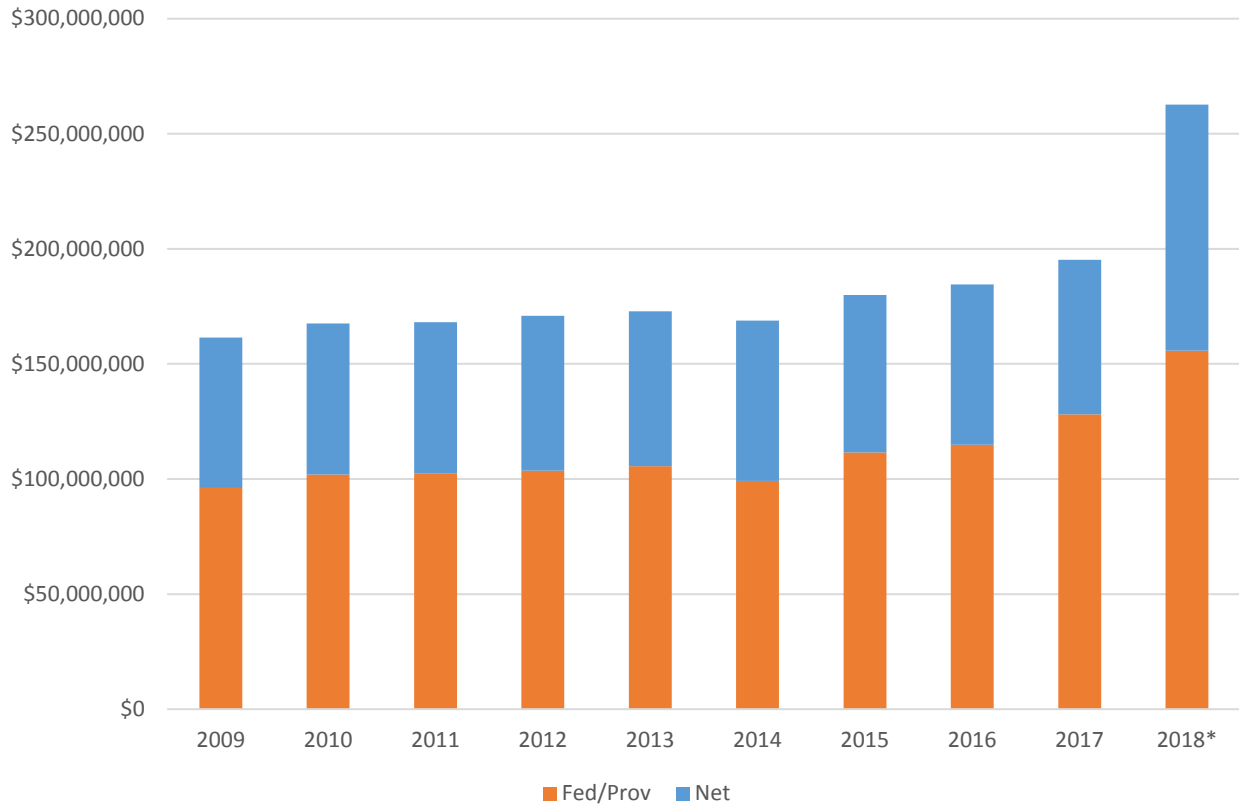
Some people accessing shelters and other homelessness services in Toronto moved to the city in recent years. In a survey of Winter Service users last year, 15% indicated that they have been in Toronto less than 5 years. This includes 5% who came from another country, 6% who came from another community in Ontario, and 3% who came from another province (1% unknown location).

The 2013 Street Needs Assessment findings are similar where 81% of respondents indicated that they had lived in Toronto for at least one year prior to the survey.

The City has also begun to explore other relevant data opportunities, including discussions with the federal government regarding the Homeless Individuals & Families Information System (HIFIS), to explore how this national shelter use data may assist in a more comprehensive understanding of mobility patterns of people experiencing homelessness into and outside of Toronto.

ATTACHMENT 4:

SSHA Homelessness and Housing First Solutions Operating Budget, 2009 to 2018



	Gross	Fed/Prov	Net
2009	161,488,689	96,089,331	65,399,358
2010	167,519,894	102,030,160	65,489,734
2011	168,083,176	102,467,771	65,615,405
2012	170,923,906	103,562,076	67,361,830
2013	172,928,935	105,533,191	67,395,744
2014	168,903,163	99,118,785	69,784,378
2015	179,968,538	111,525,200	68,443,337
2016	184,499,575	114,923,214	69,576,361
2017	195,317,921	128,084,682	67,233,239
2018*	262,700,004	155,722,655	106,977,349

←
10
years
←

*approved budget

The City is also investing \$178.6 million in capital funding over the next three years to acquire and renovate sites to accommodate 1,000 new shelter beds.

ATTACHMENT 5:

Toronto Share of Total CHPI Funding

Toronto will receive an allocation of \$115.6 million in Community Homelessness Prevention Initiative funding by 2019/20. This represents 35% of the total provincial funding available (\$338.7 million).

At the same time as our demand for shelter service has increased, Toronto has experienced a reduced share of provincial funding from 38% to 35% of the total provincial funding available, a gap of \$11.1 million in potential funding.

While the Province has increased the provincial funding available by \$45 million, Toronto will receive only 13% of this new funding (\$6 mil) due to a revised funding formula. If the City had received its 38% share this would have been a share of \$17.1 million by 2019/20.

The new funding formula is calculated based on indicators related to the relative amount of people experiencing homelessness and those at risk of homelessness in each Service Manager area. The indicator to capture people experiencing homelessness is based on historical program spending under the five former programs that were consolidated into CHPI. The two indicators to capture people at risk of homelessness are Statistics Canada data on deep core housing need and a provincial priorities indicator that is based on low income levels and share of unemployed population (to reflect the risk of chronic homelessness), youth population and Indigenous population.

In addition, the creation of CHPI eliminated previous funding mechanisms that were responsive to sudden increases in demand for shelter space

Prior to 2013, the emergency shelter system was funded through a provincial-municipal cost shared per diem arrangement under the Emergency Hostels Program. At that time, when a bed was added to the system the Province paid for 80% of the bed's per diem rate up to a maximum set per diem price. As the system expanded in volume, the provincial contribution also expanded, mitigating some cost pressures.

In 2013, the Province consolidated a number of provincial funding streams including the Hostels Per Diem into one fixed funding envelope while providing Service Managers flexibility to decide what service areas to invest their funding to better meet local needs.

The greater flexibility through this consolidated funding was welcomed by the City. However, this system means there is no additional provincial funding should there be a surge in demand for shelter services.

Over the past 18 months, this placed increasing pressure on City budgets due to the expanded shelter programs resulting from increased refugee and refugee claimant usage of the shelter system. This pressure totalled over \$10 million in 2017 and will likely be more than \$18 million on an annualized basis.

As a result, Toronto is having to rely more on the City tax base to fund the growing demand in the shelter system. The City's contribution to shelter costs has already increased by 1/3, or \$14.3 million (an increase from \$43.8 million in 2013/2014 to \$58.1 mil in 2016/2017), and will continue to grow in 2018 as the City responds to unprecedented need for services.

ATTACHMENT 6:

Funding for GTA Service Managers

Council requested a comparison of provincial funding investments in shelters for GTA municipalities relative to the number of homeless individuals

CHPI provides a block funding envelope that can be allocated for emergency shelter, housing support and prevention services. No comparable information is available on the amount specifically invested in emergency shelters in different Service Manager areas.

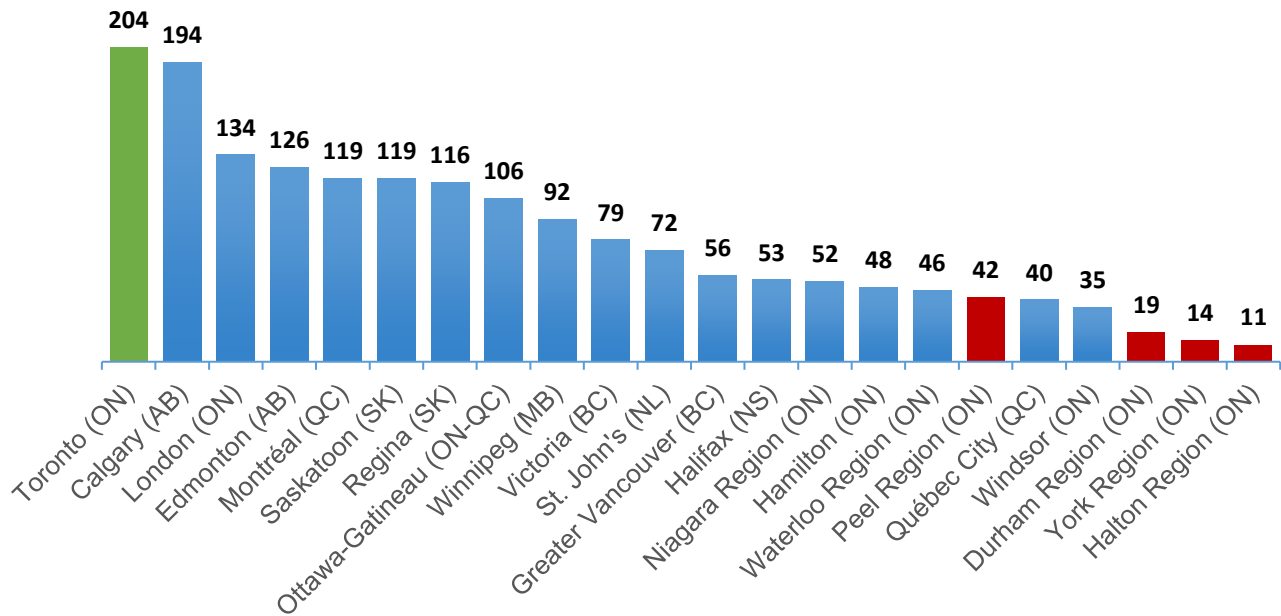
There is currently no comparable data on the total number of homeless individuals between all municipalities. Some data is available on the number of reported shelter beds, and some communities have conducted point in time counts previously. This data is provided in the table below, however comparisons should be made with caution due to the range of methodologies and dates for available data.

The first province-wide homeless enumeration being held this spring will provide more comparable data on both sheltered and unsheltered homeless populations across service manager areas.

Municipality	Population	2018/2019 total CHPI funding allocation (\$)	Number of shelter beds¹	Point in Time Count Estimated Number of people experiencing homelessness
Toronto	2.8m	115,588,955	6110	5,253 (2013)
Peel Region	1.3m	17,860,334	546	346 (2016)
York Region	1.16m	13,974,776	161	263 (2016)
Durham Region	661,190	8,010,644	128	271 (2017)
Halton Region	543,557	5,800,061	60	264 (2016)
Hamilton	772,600	19,455,174	373	504 (2016)
Waterloo	575,000	10,225,029	266	316 (2014)

¹ Shelter data obtained from the 2016 Shelter Capacity Report, Employment and Social Development Canada, and City of Toronto, SSHA Division 2018.

**ATTACHMENT 7:
Shelter Beds Per Capita**



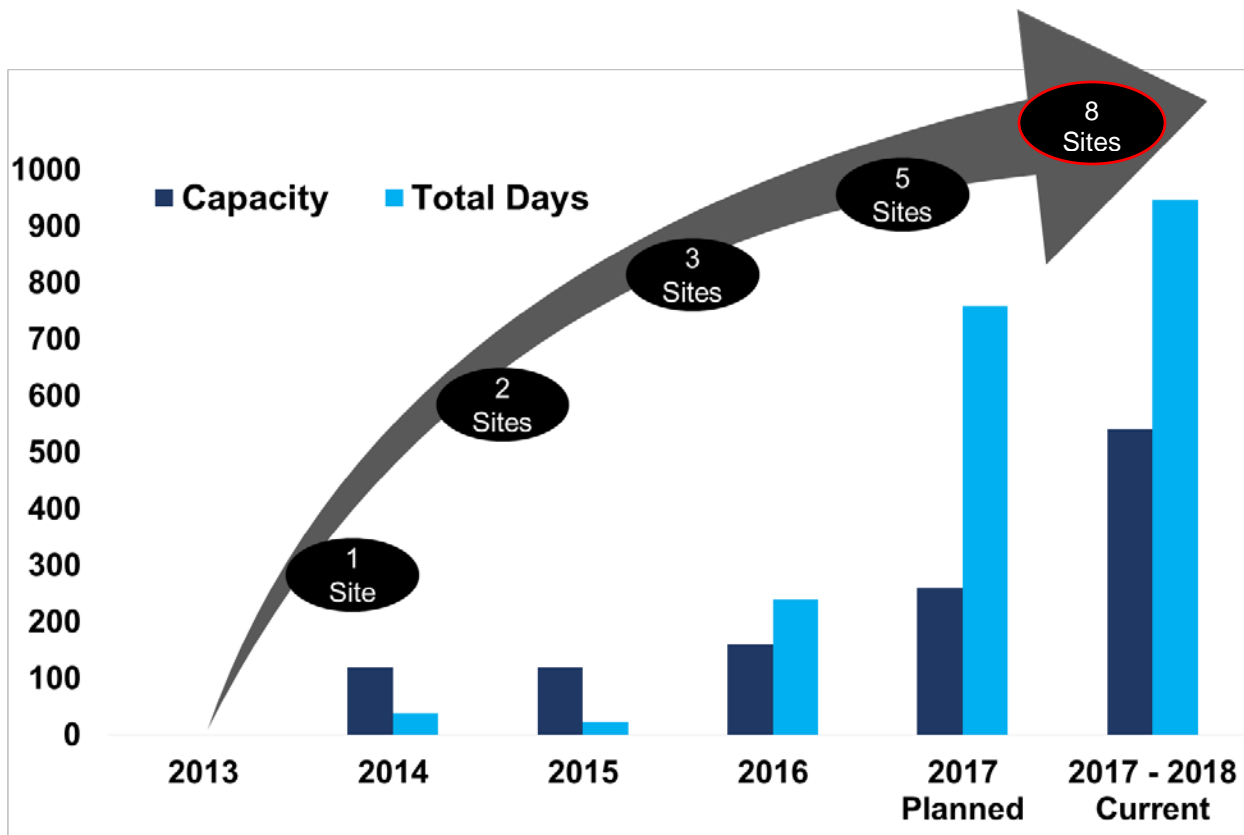
Toronto has more shelter beds per capita than any other Canadian municipality, three times more than Vancouver.

Our shelter system is comparable in size to other large North American cities such as Chicago and Philadelphia

*Toronto data as of end of 2017. Other municipal data obtained from the 2016 Shelter Capacity Report, Employment and Social Development Canada

ATTACHMENT 8:

Winter Respite Services (WRS) Increase Over Time



For the 2018/18 winter season, the City expanded its winter services to increase the number of sites, total capacity and days of 24-hour service. This includes:

- Increasing the number of winter respite services from 3 to 8
- Having the WRS operate continuously from November 15 to April 15.
- Opening additional warming centres when Extreme Cold Weather Alerts are called by the Medical Officer of Health

24 hour Winter Respite Drop-in Services provide a client centred, pet friendly, low barrier/low threshold service in a less formalized and structured, but safe, environment.

The services offered include:

- Providing services that meet basic needs, including washrooms and offering nutritious meals and snacks
- Creating referrals to shelters for those who are willing to access a shelter bed
- Providing on-site services and/or linking individuals to community services, including physical and mental health, addiction, legal, immigration services.
- Supporting people to connect to housing supports (in partnership with Streets to Homes). This includes housing case planning using assertive engagement and trauma informed approaches tailored to clients with more complex needs
- Decreasing social isolation by supporting the development of social support networks, provision of optional social support programs and services

ATTACHMENT 9:

Planned new and replacement shelter beds

The 2018 Shelter Infrastructure Plan approved by Council on December 5, 6, 7 and 8, 2017 included plans for opening five permanent shelters in 2018 (a total of 291 beds):

- Hope Shelter, 29 Leslie St, now open (60 replacement beds for men)
- Youth Link, 747 Warden Avenue, in Q2 of 2018 (51 new beds for youth);
- Birchmount Residence, 3306 Kingston Road, in Q2 of 2018 (100 beds for senior men, 60 replacement and 40 new)
- Temporary shelter for George Street Replacement, 731 Runnymede Road, in Q3 of 2018 (50 beds for men)
- Egale Canada, 257 Dundas Street East, in Q3 of 2018 (30 new beds for LGBTQ2S youth);

This includes the opening of 121 new shelter beds and 170 replacement beds.

To achieve the goal of opening 1,000 permanent shelter beds another 880 shelter beds are required.

As part of the 2018 Shelter Infrastructure Plan, Council directed staff to open an additional 3 shelters in 2018 (240 beds).

The Table below details a three year plan to add an additional total 880 beds at 11 sites (assuming an average bed capacity of 80) approved by Council as part of the 2018 Budget process.

The shelters will open at various times within their year of construction completion

Facilities and SSHA have partnered to identify shelter sites and thus far have listed 5 potential sites that could be used as permanent shelters. Negotiations for the 5 sites are preliminary and on-going. Of the sites identified, three would be purchased and two would be leased long-term.

An additional 6 sites would need to be identified by Facilities to reach the goal of 1,000 shelter beds

There will be significant workload challenges in keeping with the proposed timeline of opening 880 beds in 3 years. Facilities and SSHA are already working collaboratively to advance the GSR transition plan. A plan in which over 400 beds will be worked on over the same timeline and must be opened before March 2021.

Additionally, if the respite sites are to remain open after the winter months, both divisions would need to focus efforts on extending the current respite agreements or finding new ones.

	2018		2019	2020	Total
	Original Plan	Additional			
New Permanent Shelters	3 sites for 121 beds				121 beds
		3 sites for 240 beds	4 sites for 320 beds	4 sites for 320 beds	880 beds
Total New	121 beds	240 beds	320 beds	320 beds	1,001 beds
New Permanent Replacement	2 sites for 120 beds				120 beds
George Street Transition*	1 sites for 50 beds		3 sites for 274 beds	1 site for 88 beds	412 beds
Total Replacement	170 beds		274 beds	88 beds	532 beds
Total Beds	531		594	408	1,533
Respite Spaces	700*				
Total Beds/Spaces	1231		594	408	2,233

* agreements to extend current respite sites beyond April 15th, 2018 or identify alternative locations are underway

ATTACHMENT 10:

Number of beds required to meet 90% target

If demand remains exactly the same as it is currently, including providing permanent shelter spaces for those using Winter Respite Services, the City would need an estimated 1077 new shelter beds to meet the 90% occupancy target.

As outlined above, Council has just approved 1000 new permanent beds to meet this need, as well as ongoing funding for 700 respite spaces.

If demand goes down, fewer beds would be needed. If demand continues to rise, more beds would be needed.

Estimated Need, based on the assumption that demand remains consistent (figures based on Jan 31, 2018)

Shelter	Occupancy (Number of people)	5762
	Capacity (Number of available beds)	6025*
	Occupancy rate	95.6%
	Number of beds needed to reach 90% assuming the same number of people require emergency shelter	377
Approximate number of people using Allied Services nightly	Winter Respite and Warming Centres	500
	Out of the Cold	100
	24 Hr Women's Drop-ins	100
Estimated Total Needed		1077
Operational Response:		
Planned New Shelter Beds		1000
Respite Spaces		700
Outdoor Estimate (2013 Street Needs Assessment)		447**

*Capacity on Wednesday January 31 does not include 85 part-tem beds only available on the weekend

**There were an estimated 447 people sleeping outdoors during the 2013 Street Needs Assessment, which is conducted in April. Many people sleeping outdoors during the spring or summer may use Winter Respite and Out of the Cold services during the winter months.

The City is conducting a point in time count of people experiencing homelessness in April through the Street Needs Assessment, which will provide better data about the number of people living outdoors and demand for increased shelter services.

Demand for shelter services has been trending up since 2012 and remains above the Council-approved 90% occupancy threshold.

The City has added more than 1400 shelter beds to the system in the past two years, a more than 30% increase.

Current experience demonstrates that whenever a new program is brought online, the beds fill very quickly with no impact on the system's overall occupancy rate.

Much of the demand is driven by the decrease in housing affordability, loss of low-end of market rental stock to real estate development pressures, low incomes, changing job market and increasing precarious work and stagnant social assistance rates.

Lack of adequate supportive housing and the ability of the healthcare system to meet the needs of vulnerable people with mental health and addictions issues impacts demands on the shelter system.

Over the past year, an influx of refugee claimants into the shelter system has also increased demand for services.

Additionally, the City of Toronto's population continues to grow as the city remains an attractive place for people to live, work and play which is creating significant housing demand in an already constrained housing market.

ATTACHMENT 11:

Supportive and Transitional Housing in Toronto

The Provincial Supportive Housing Policy Framework defines supportive housing as a combination of housing assistance and supports that enable people to live as independently as possible in their community.

Supportive housing can include several forms of housing assistance (e.g., rent geared-to-income, rent supplements, housing allowances) and housing types (e.g., dedicated buildings, individual units). Supports also take a variety of forms and vary in intensity based on people’s unique needs.

Within Toronto there are a range of different housing with supports programs administered by the City of Toronto and funded by the federal, provincial and/or municipal government. However, there is no one clear definition or count of supportive housing in Toronto.

A range of different types of housing with supports are funded by different Ministries, programs and organizations that meet the needs of a range of populations and which may be suitable for people experiencing homelessness. Many programs involve shared funding and administration responsibility across different levels of government. The following provides an overview of information available, but is not an exhaustive list.

Supportive Housing Administered or Funded in Whole or Part by City of Toronto

Type	Number of units in City of Toronto
Alternative housing (permanent)	5229
Transitional housing	494
Mobile housing follow-up supports	1070
Other housing with supports	1753
Current Total	8546
Future Home for Good housing with supports (in addition to Home for Good funded mobile follow-up supports included above)	Up to 1300 additional housing with supports opportunities

Additionally, as of Jan 2017, MOHLTC funds and administers a total of approximately 6920 supportive housing units within the 5 LHIN regions that cover the City of Toronto, including supportive housing for people with mental health and/or addictions issues.

Other supportive housing programs, such as those for people with developmental disabilities and youth, are funded through other Ministries, for which data is not currently available on the number of units in Toronto.

Types of Supportive and Transitional Housing in Toronto

Mental Health and Addictions Supportive Housing: The system of supportive housing for mental health and addictions in Ontario is funded and administered by the Ministry of Health and Long-Term Care (MOHLTC) in partnership with the 14 Local Health Integration Networks (LHINs) across the province. In Toronto, MOHLTC-funded supportive housing and case management supports are coordinated through the Access Point which is a centralized waiting list for community based mental health services, including supportive housing. The current Access Point waiting list for supportive housing has more than 14,000 households, as of January 2018.

Alternative: Alternative housing is a type of social housing administered by the City of Toronto focused on providing permanent housing for people experiencing homelessness and other challenges who require support to live independently. Alternative housing may be permanent or transitional. Most alternative housing providers in Toronto manage their own waiting lists and require direct application, rather than application through Housing Connections or Access Point.

Transitional: Transitional housing is one component within alternative and other supportive housing programs, and is defined as housing without long-term security of tenure and with programming in place to assist tenants to move toward independent living. Transitional housing programs may range from 6-12 months to up to four years under new legislation. Transitional housing is distinct from transitional shelters, which are part of the shelter system.

Mobile housing follow-up supports: Housing Follow-Up Support Services provide individualized intensive case management supports to assist clients to stabilize in their housing. Follow-up supports range in intensity to meet varying client needs, and are mobile to meet clients where they are at in the community.

Home for Good housing with supports: Over 2018-2020, the City will create a variety of housing with support opportunities funded through Home for Good, including mobile follow-up supports, housing layered with supports, capital projects, supports for TCHC rooming houses and new innovative projects.

Other Provincial supportive housing: A range of other types of programs are funded by various ministries, including Developmental Services, youth group homes, correctional transitional housing, etc.

Supportive housing not funded by public programs: There are also supportive housing and private supported boarding homes funded through donations, legacies, private foundations or run as for-profit businesses without public funding.

ATTACHMENT 12:

Health care and harm reduction in emergency shelters, respite centres and warming centres

Table: Frontline health staff in shelters employed by the City and the Province

	City operated shelters	Community operated shelters
Staffing (FTEs) employed by City of Toronto	<p>Seaton House has 13 full-time equivalent (FTE) and 15 part-time equivalent (PTE) nursing staff in place, funded by the City</p> <p>Women's Residence has three PTE nursing staff, funded by the City</p>	None
Staffing (FTEs) funded by the Province	<p>Seaton House has 19 part-time and 11 full-time frontline health positions, including physicians, psychiatrists, nurses, and social workers via the ICFHT and ICHA</p> <p>Women's Residence has two nursing staff and two PSWs 4 hours daily Mon-Fri via HCC</p>	May receive funds directly from the Local Health Integration Networks (LHINs) or from the MOHLTC for health-care positions/services
Health Service Partnerships		
Toronto Public Health	Shelters also work with Toronto Public Health (TPH), who provide support for harm reduction training for shelter organizations across the city.	
Inner City Health Associates (ICHA)	Approximately 80 physicians are funded by MOHLTC through the Inner City Health Associates (ICHA), to provide services at shelters throughout the city	
Home and Community Care (HCC)	All shelters across the city also have access to healthcare services and supports for their clients through LHIN Home and Community Care (HCC) services	
Informal partnerships	All shelter programs work with local community health partners (local community health centres, local family medicine clinics etc.) to assist clients to access needed health services	

Healthcare services in Emergency Shelters

Emergency shelters across Toronto provide varying levels of healthcare services. Where health services are provided, SSHA largely relies on partnerships with health service providers funded by the province to deliver health services to clients in shelters.

All shelter programs work with local community health partners (local community health centres, local family medicine clinics etc.) to assist clients to access needed health services.

Approximately 80 physicians are funded by MOHLTC through the Inner City Health Associates (ICHA), to provide services at shelters throughout the city, including family medicine, psychiatry and addictions care, and access to ICHA's mobile palliative care program, PEACH.

The City of Toronto funds 53 homeless shelter sites operated by community-based agencies. These shelters may have partnerships in place with ICHA to deliver healthcare services on-site and/or may receive funds directly from the Local Health Integration Networks (LHINs) or from the MOHLTC for health-care positions/services at these sites.

All shelters across the city also have access to healthcare services and supports for their clients through LHIN Home and Community Care (HCC) services.

HCC provide various health services on an as-needed basis, including nursing care, personal support services, physiotherapy and social work services. Services are provided based on individual assessments, although some shelters may have agreements with LHINs in place to ensure cluster-care (services for a set number of hours per day/week).

Where client healthcare needs exceed community partner capacity at these sites, City staff work with clients to transfer them to Seaton House or Women's Residence where possible, or to connect them to local hospitals to address their immediate healthcare needs.

Enhanced health services at Seaton House and Women's Residence

Two of the directly operated shelters, Seaton House and Women's Residence, provide an enhanced level of healthcare services for clients.

The Inner City Family Health Team (ICFHT), funded by the Ontario Ministry of Health and Long Term Care (MOHLTC), is based in Seaton House, and provides healthcare services including primary care, chiropody, health promotion, neuropsychology, physiotherapy and social work/counselling.

Seaton House has 13 full-time equivalent (FTE) and 15 part-time equivalent (PTE) nursing staff in place, funded by the City. The MOHLTC funds an additional 19 part-time and 11 full-time frontline health positions, including physicians, psychiatrists, nurses, and social workers via the ICFHT and ICHA at Seaton House and at their off-site clinic

servicing homeless clients at 69 Queen Street East. The TC LHIN also provides additional personal support workers (PSWs) and nurses via HCC.

Women's Residence has three PTE nursing staff in place, funded by the City. The MOHLTC funds an additional two part-time staff (one doctor, one psychiatrist) via ICHA, who each hold clinics one half day per week. The TC LHIN also provides two nursing staff and two PSWs 4 hours daily Mon-Fri via HCC.

Healthcare in Winter Respite Services

Winter respite centres operate from mid-November to mid-April on a 24/7 basis, offering low-barrier services to clients.

Winter respite centres provide basic services to clients including meals, bedding and showering facilities. Staff provide referrals to services (including health services) on an as-needed basis.

All winter respite centres have staff on-site who are trained to respond to client overdose, and have access to naloxone supplies. SSHA has also connected winter respite sites to The Works partner agencies to arrange access to harm reduction supplies for their clients.

Winter respite sites may have partnerships in place with healthcare service providers to deliver services to clients on-site. This includes:

- St Felix has a partnership with the Health Bus, which visits once a week to address client health needs, and with Queen West Community Health Centre, who provide harm reduction supplies and collect filled sharps containers;
- Salvation Army have an informal relationship with Parkdale Community Health Services to address client health needs as they arise;
- Margaret's has a physician on-site for 6 hours per week to address client health needs;
- Warden Woods does not currently have any partnerships with healthcare providers to deliver on-site services;
- At Davenport the City has a partnership with COTA Health to have a case manager on site several days per week who will triage, assess, and provide direct links to other mental health supports needed;
- Homes First is operating the new winter respite services site at 354 George Street. SSHA and Homes First are currently working together to identify health care, mental health, addiction supports and harm reduction services to attach to the site and have requested assistance from the TC LHIN to ensure comprehensive supports are available.

Healthcare in Warming Centres

Warming centres operate 24/7 on an as-needed basis to provide immediate shelter for Toronto residents during extreme cold weather alerts. Depending on the facility, clients

may have access to food, cots and showering facilities. Paramedic staff come onsite to address any medical emergencies. Clients are given information and encouraged to move to shelters where more extensive supports exist, including healthcare supports

Healthcare in 24-hour Women's Drop-ins

Sistering and Fred Victor operate 24-hour drop-ins in Toronto to provide low barrier access to services to women. Both sites have partnerships in place that provide limited health services to clients.

Sistering partners with ICHA, Jean Tweed Centre, and St Elizabeth Health Care to provide limited primary health care services, counselling and trauma-informed support groups to clients on-site. A dental clinic is offered four times per year for ODSP recipients. Staff conduct referrals to clients for other off-site medical and dental services, including Queen West Community Health Centre and the University of Toronto Dental Clinic. Harm reduction services offered include naloxone kits and safer use supplies kits distribution as needed, rapid HIV testing, and harm reduction workshops. The organization has a team of Peer Outreach Workers, who advocate for and connect women with various barriers to accessing care to health and addictions services.

Fred Victor partners with Street Health and CAMH, who provide some nursing services to women on-site. A partnership with Toronto Western Hospital Women's Own Withdrawal Management Program provides some programming, individual addictions counselling and group counselling. The organization also has two caseworkers, who provide referrals for drop-in clients to off-site mental health, medical and dental services.

SSHA staff have engaged with 24-hour women's drop-in service providers and the TC LHIN to discuss health care service gaps at these sites and to identify immediate and longer-term actions that could address these issues. This includes a funding request currently being developed to the TC LHIN to provide enhanced health services at these sites.

Harm Reduction in OOTC programs

In planning for the 2017/18 winter season, SSHA worked with Dixon Hall, who coordinates the program and provides staff for sites, and Toronto Public Health (TPH) The Works to provide training in overdose prevention and response to Dixon Hall staff. SSHA issued naloxone supplies to Dixon Hall to distribute to OOTC sites as part of the division's overdose prevention work. All OOTC sites have sharps containers onsite.

Harm reduction and overdose prevention training opportunities were also offered to OOTC coordinators and volunteers, and continue to be available as needed.

ATTACHMENT 13:

Partnership with LHIN and new health services model for shelters

The City is working with the TC LHIN and community partners to develop a health service model for shelters, which will initially be piloted in five new shelter sites opening in 2018 at 731 Runnymede Road, 3306 Kingston Road, 702 Kennedy Road, 29 Leslie Street and 747 Warden Avenue.

In May 2017, SSHA and the TC LHIN hosted a workshop with stakeholders to identify key elements and inform the design of the health services model. Thirty-seven individuals representing 25 different organizations attended the workshop. This discussion resulted in the development of an inclusive sectoral Advisory Committee, representing shelter operators (starting with the five pilot shelter sites plus a few existing shelters), health services providers and other LHINs.

The Advisory Committee met in October 2017 and again in February 2018 to develop a standard service model and tools to support implementation in each of the five pilot shelter sites and to explore how the model could apply to all shelters across the city.

The new health services model will provide a consistent approach that can be tailored to the profile and health service needs of clients at different shelters, and to leverage the array of health services that are available in the community.

As part of the model, a lead health services provider will be identified by the Toronto Central LHIN for each of the pilot shelter locations, who will work an identified shelter staff lead to implement coordinated intake and health assessment processes, develop coordinated care plans, navigation to required health supports and facilitate transition of health supports once clients are in housing.

The lead health services provider will coordinate with other health service providers in their neighborhoods or elsewhere in the City to ensure that a comprehensive range of high quality health services are available for shelter clients. The TCLHIN is working with health sector partners for each of the five pilot sites to assess their capacity and identify resources that may be needed to lead the healthcare component of services for homeless clients.

As part of the new service model, an evaluation framework and outcome measures will be developed to assess the success of the pilots to better meeting client health needs.

ATTACHMENT 14:

Response to Recommendations by Health Providers Against Poverty

HPAP Recommendation	Response
<p>SHELTER OCCUPANCY</p> <p>Ensure the City meets the 90% occupancy target in every shelter sector (including men, women, coed, youth, and family). To do so, the City must open at least 1,500 new shelter beds in the women, men, co-ed, and youth sectors. These beds must be in new facilities across the city and within the downtown core and include beds that are low barrier, harm reduction-focused, are safe for Indigenous, racialized and LGBTQ people, and are able to accommodate couples and pets. The City must also address the crisis in the family shelter sector.</p>	<p>The City's 2018 Shelter Infrastructure Plan, adopted by Council in December 2017, originally identified 291 beds to open in 2018 with an additional three shelters to open in 2019. As per Council direction, staff are working to open an additional 11 sites over three years to add a total of 1000 new shelter beds to the system. Staff will continue to monitor shelter occupancy as new shelters are introduced to assess progress in meeting the 90% occupancy target and whether demand is increasing or decreasing.</p> <p>The City will pursue all viable shelter locations, with a priority on locating facilities in areas that are underserved while ensuring adequate services to support integration of shelters within the community.</p> <p>In March 2017, Council adopted the New Engagement and Service Planning Process for Emergency Shelters, which highlights the City's commitment to consider programming and spaces that meet the needs of specific groups including couples, people with pets, LGBTQ2S people and people with disabilities in developing a new shelter service model.</p>
<p>LOW BARRIER SHELTER AND DROP-INS</p> <p>In order to provide a continuum of emergency shelters that are accessible to people with a variety of needs, the City must open more low barrier shelters for men and women, as well as two 24-hour co-ed drop-ins on a permanent basis for all seasons. Low barrier drop-ins and shelters must be able to serve people who use drugs with a harm reduction model, as well as those with behavioural and mental health challenges.</p>	<p>The City currently funds a number of low-barrier services that provide both daytime support and overnight shelter to people experiencing or at risk of homelessness, including:</p> <ul style="list-style-type: none"> • Two 24-hour women's drop-ins, opened in 2014 • Eight 24-hour winter respite services (up from three last year) • Additional warming centres during cold-weather alerts <p>The City also funds a number of drop-ins providing low-barrier daytime services across the city.</p>

HPAP Recommendation	Response
	<p>Options to create more low-barrier shelter models that are accessible to people with a variety of needs, including harm reduction models, will be explored and implemented in the new shelter sites.</p>
<p>HARM REDUCTION</p> <p>To prevent overdose deaths, the City must train all shelter and drop-in staff in recognizing and treating drug overdoses; the City must create a harm reduction-friendly culture where shelter or drop-in users can report drug use to staff and be monitored without fear of service restriction. The City must also create supervised injection services and prescription hydromorphone programs within shelters and increase the number of detox and drug treatment programs.</p>	<p>In April 2017, SSHA released a Harm Reduction Framework for the housing and homeless service system in Toronto, and is currently working to implement key overdose response actions.</p> <p>This includes a plan to ensure all frontline staff are trained in overdose response. Over 180 SSHA frontline shelter staff have already been trained in overdose response via Toronto Public Health’s (TPH) The Works, and additional staff will continue to be trained on an ongoing basis.</p> <p>Overdose response policies and procedures are in place for all directly operated services.</p> <p>SSHA has also shared its policies and procedures and promoted The Works training to community-based shelters across Toronto.</p> <p>30 shelter and winter respite sites have received naloxone supplies provided by SSHA.</p> <p>All shelters and winter respite services are also encouraged to become naloxone 'distribution sites' through TPH, meaning they have access to free naloxone spray supplies to distribute to clients.</p>
<p>INTERIM ALL-SEASON EMERGENCY MEASURES</p> <p>The poor conditions in existing Winter Respite Centres must be addressed. A total of 1,000 beds in facilities like gymnasiums, community centres, and armouries must be available year-round until enough shelters are opened to bring occupancy to 90%. These facilities must adhere to shelter standards,</p>	<p>City staff are developing service standards for Winter Respite Services.</p> <p>The standards will cover physical space and facilities, health and safety, staffing and service provision.</p> <p>Winter Respite Services operate a low-barrier service model, distinct from a full emergency shelter, which is designed to engage and provide service to people with more complex needs who</p>

HPAP Recommendation	Response
<p>and offer showers, adequate bathrooms, proper sleep surfaces (beds or cots with mattresses), locked storage for personal items and medications, and at least 2.5 feet between sleep surfaces. Any interim and long-term locations must have well-trained staff, including with training in de-escalation, overdose prevention and naloxone, substance use, and mental health.</p>	<p>may otherwise not access traditional shelter beds. Any standards put in place will need to balance provision of high quality services while ensuring a low-barrier service model continues to be offered and facilities are available on an emergency basis that meet the standards.</p> <p>A set of interim service standards will be shared with service providers and community partners in the coming months, and SSHA staff will be conducting site visits at existing respite services.</p> <p>The standards will be reviewed and finalized through a consultative process over spring and summer in preparation for 2018-19 winter.</p>
<p>ROOMING HOUSES</p> <p>Protect rooming house stock and ensure proper management and living conditions. The City should purchase or expropriate existing rooming houses to increase the number of city- and agency-run affordable units, and prevent rooming houses from being converted into condominiums or Airbnbs.</p>	<p>The City's Official Plan supports housing diversity in all neighbourhoods across Toronto for all types of households. The Affordable Housing Action Plan 2010-2020 encourages an increase in multi-tenant houses. The City is preparing the Housing Opportunities Toronto (HOT) Action Plan 2020-2030, which will guide the City's directions in ensuring access to affordable housing in the coming decade.</p> <p>City Planning and Municipal Licensing and Standards are collaborating on a regulatory and licensing strategy for multi-tenant houses.</p>
<p>HOUSING</p> <p>Rapidly expand access to social rent-gear-to income housing and repair existing TCHC units, with the collaboration of the provincial and federal governments. The City should aim to exceed its target of 1,000 new affordable rental housing units a year. Ensure 20% of units in all new multi-unit residential developments are permanently rent-gear-to-income and affordable for people relying on social assistance and Old Age Security. Build more supportive and mental health housing units.</p>	<p>City staff have started preparing for the next Housing Opportunities Toronto (HOT) Affordable Housing Action Plan 2020-2030. The new plan will guide the City's housing and homelessness initiatives over the next decade and will include specific targets for affordable, transitional and supportive housing needed. A Toronto Housing Market Analysis has been initiated to inform the HOT Plan. A directions report outlining the vision for HOT 2020-2030 will be brought forward to Council this spring.</p> <p>The Province recently released a proposed regulation on Inclusionary Zoning. If proclaimed, the City will be seeking opportunities to advance securing new affordable housing as part of new development.</p>

HPAP Recommendation	Response
	<p>The City is also implementing Tenants First, a transformation process for Toronto Community Housing Corporation (TCHC). The revitalized TCHC will be able to focus on its core responsibilities as a social housing landlord, ensuring buildings are well maintained and tenants are connected to opportunities to thrive.</p> <p>Through Tenants First, the City is exploring the creation of a Seniors Housing and Services Entity which will allow the City to respond to the needs of a growing population of seniors in a co-ordinated way. The implementation of a seniors-centred housing service model will ensure that city-owned seniors housing is responsive to the needs of seniors and integrated with other available City service.</p>
<p>TAX REVENUE</p> <p>The funding needed to adequately fund shelters and housing must be generated by increasing tax revenue from wealthy residents and developers and should not be taken from the budgets of existing social programs. Revenue sources to explore include raising the property tax, instituting a vacant property tax, reducing tax incentives for developers and reinstating the vehicle registration tax.</p>	<p>City staff will continue to identify resources needed to address homelessness, and work with the Chief Financial Officer to secure the funding necessary through the Budget process.</p> <p>The City continues to advocate to the federal and provincial governments for sustained, flexible and adequate funding to respond to local housing and shelter needs.</p>
<p>HEALTHCARE</p> <p>Ensure all shelters have on-site healthcare, including nursing, personal support workers, and physician support. For shelters too small to support a clinic, access to healthcare services must be ensured.</p>	<p>The City is working closely with health sector partners, including the LHINs to develop a coordinated approach to health services delivery for shelter clients.</p> <p>Staff are also working with the Toronto Central LHIN and other partners to assess client health service needs and develop transition plans to ensure required health services will be maintained throughout the George Street Revitalization.</p>

HPAP Recommendation	Response
<p data-bbox="203 226 662 296">DEFINITION OF AFFORDABLE HOUSING</p> <p data-bbox="203 338 721 516">Change the definition of “affordable” from the average cost of market rent to the amount someone on social assistance or Old Age Security can afford.</p>	<p data-bbox="753 226 1425 485">The City's Official Plan defines affordable rental housing as having rents at or below Average Market Rent (AMR) by unit size as reported by CMHC. The maximum rent levels permitted for new homes receiving capital funding under the federal/provincial Investment in Affordable Housing (IAH) program is 80% of AMR.</p> <p data-bbox="753 520 1425 699">Wherever possible, the City provides additional financial resources to reduce housing costs for tenants. Examples include Open Door Program contributions, housing allowances and capital funding.</p> <p data-bbox="753 737 1433 957">The Housing Opportunities Toronto 2020-2030 Action Plan will be assessing needs and establishing targets across the full spectrum of the housing system, from rent-geared to income to affordable rental and affordable home ownership.</p>

ATTACHMENT 15: Shelter and Winter Respite Referral Protocols

Shelter Standards Section 8.2 Referrals

- (a) Shelter providers will
 - (i) Have a board-approved policy and management-approved procedures for referrals
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.

- (b) Shelter providers who are not able to admit a client to their bedded program or provide the requested support services will refer the client to another shelter with space in an appropriate bedded program or to more suitable support services.

- (c) If a client is provided a referral over the phone, shelter staff will relay clear directions to the client in order for him/her to reach his/her destination as easily as possible.

- (d) When referring clients to a bedded program at another shelter, the referring shelter will
 - (i) Review SMIS information regarding bed availability at the receiving shelter
 - (ii) Confirm by phone with the receiving shelter that a bed is available
 - (iii) Complete the referral in SMIS in real time.

- (e) If the referral is not to a bedded program, the disposition of the referral will be recorded in SMIS in real time and the referred client will be given the necessary information to contact the appropriate support services.

- (f) When referring a client to support services, shelter providers, Central Intake and the Streets to Homes Assessment and Referral Centre will take a client's preferences into account as much as possible.

- (g) When referring a client with health issues to another shelter, shelter staff will first communicate the health needs of the client to the receiving shelter, with consent from the client, to ensure that the receiving shelter is able to accommodate the client prior to executing the referral.

- (h) Shelter staff will offer transportation assistance to a referred client, taking into account any client limitations (e.g., mobility, visual impairment) and safety considerations.

- (i) When a shelter provider does not have a vacancy in their bedded program or other circumstances limit a shelter provider's ability to complete a referral, the referring shelter provider will
 - (i) Transfer phone requests to Central Intake or provide the client with Central Intake's contact information

(ii) Assist an in-person client to contact the Streets to Homes Assessment and Referral Centre, provide directions or transportation assistance and notify the Streets to Homes Assessment and Referral Centre of the client's pending arrival.

Capacity Management Protocol For 24-Hour Winter Respite Services Drop-Ins

1. Standard Protocol

- Accept walk-ins (these include informal referrals from shelters, from non-24 hour Drop-ins)
- Accept referrals from SHARC/Central Intake

2. Threshold for Referral Protocol Activation

When occupancy reaches threshold level (80%) of Standard Capacity, activate Referral Protocol

- Contact SHARC/CI and S2H Outreach and advise that threshold level is reached and no further referrals will be accepted
- Accept walk-ins until Standard Capacity (100%) is reached

When 100% of Standard Capacity is reached:

- Refer individuals to other services.
- Offer transportation assistance.

3. Maximum Capacity Protocol – Exceptional Circumstances

When Standard Capacity is reached and exceptional circumstances exist, activate Maximum Capacity Protocol:

- Assess risks, staff capacity to manage and client needs
- Monitor exceptional circumstances:
 - Severe weather conditions (i.e. ECWA, blizzard, freezing rain)
 - Limited/no referral options:
 - Client with multiple restrictions
 - Couples/clients with pets
 - Clients with assistive devices
 - Shelters/SHARC have no capacity
- Consult with SHARC and check SMIS to verify that no other referrals are available
- Provide email and phone notification to SHARC of the time that Maximum Capacity was reached
- Accept walk-in individuals/Police drop-offs until Maximum Capacity is reached, and within limits of staff and client safety

4. Return to Standard Protocol

- Monitor occupancy levels and advise SHARC when threshold level falls below 80% of Standard Capacity
- Revert to Standard Protocol