



## Interim Shelter Recovery and Infrastructure Implementation Plan

**Date:** September 28, 2020

**To:** Economic and Community Development Committee

**From:** General Manager, Shelter, Support and Housing Administration

**Wards:** All

### SUMMARY

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The purpose of this staff report is to bring forward an implementation action plan for the City's COVID-19 response for homelessness services for the next 12 months, as part of critical second wave planning efforts to ensure the shelter system is positioned to respond effectively if there is a resurgence of COVID-19 this fall. The shelter recovery strategy supports the City's broader COVID-19 resurgence plan, which includes supporting vulnerable populations as one of five key priority areas for ensuring preparedness for future resurgences of COVID-19.

The report also provides information on Shelter, Support and Housing Administration's 2021 Shelter Infrastructure Plan. This includes a progress update on Council's direction to add 1,000 new permanent shelter beds and updates on the impact of the COVID-19 pandemic on planned shelters and how current investments can be leveraged to support recommendations of the Task Force.

The implementation plan is based on learning and experience from the first six months of our pandemic response within the shelter system, and the advice of the Interim Shelter Recovery Task Force convened in partnership with the United Way. During the first wave of COVID-19, system partners have been learning and working together at an accelerated rate to address urgent need. This experience has highlighted that our continued success in effectively responding to COVID-19, and protecting vulnerable individuals in our community, is dependent on the collaboration across the homelessness service sector, strong partnership with the health sector and enhanced regional collaboration.

Through the experience of the past 6 months, it has become clear that the solutions to homelessness and the spread of COVID-19 are one and the same. Safe and adequate housing is the best defense against spread of the virus. It has also become clear that while COVID-19 has affected everyone, it has had a greater impact on those in our

community who face greater health inequities, including people experiencing homelessness and housing instability, women experiencing domestic violence, members of the LGBTQ2S+ community, and Black, Indigenous, and People of Colour (BIPOC) individuals. Going forward, our recovery strategy needs to consider these social determinates of health and include distinct approaches to confronting systemic barriers and discrimination that increases both the risks of homelessness and the risks to the virus.

## **RECOMMENDATIONS**

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The General Manager, Shelter, Support and Housing Administration recommends that:

1. City Council authorize the General Manager, Shelter, Support and Housing Administration, to receive funding and enter into new or amend existing agreements, subject to the approval of SSHA's 2021 Operating Budget, to continue to provide the City's response for the homelessness service system as outlined in the implementation plan in Attachment 1.
2. City Council approve the 2021 Shelter Infrastructure Plan in Attachment 2 and authorize the General Manager, Shelter, Support and Housing Administration, to enter into new or amend existing agreements, as required, to open and operate shelters outlined in the 2021 Shelter Infrastructure Plan.
3. City Council authorize the General Manager, Shelter, Support and Housing Administration, to enter into new or amend existing agreements, as required, to maintain or add required respite spaces and shelter beds and respond to urgent or unanticipated need to relocate shelters or 24-hour respite sites and 24-hour drop-ins.
4. City Council direct the General Manager, Shelter, Support and Housing Administration, in partnership with Corporate Real Estate Services and the Housing Secretariat, to conduct a portfolio review of the existing shelter system to identify existing shelter locations suitable for conversion to supportive housing and provide authority, subject to the approval of SSHA's 2021 Operating Budget, to use existing shelter operating funding for housing supports at those sites.
5. City Council authorize the General Manager, Shelter, Support and Housing Administration, and the Executive Director, Housing Secretariat, to convert existing and planned funding through the 1,000 beds initiative to create supportive housing units and report to the Planning and Housing Committee with additional details on a plan to activate and operate affordable and supportive rental housing at these sites, including any requests for Open Door incentives to support the development of the sites.
6. City Council request the Provincial Government to ensure appropriate primary health care, harm reduction, overdose prevention, and mental health services are available to support individuals who are homeless during the pandemic and beyond and to provide the resources required to implement the shelter health services framework developed in

partnership with the City in 2018 in order to provide a coordinated and consistent approach to health services across the shelter system.

7. City Council request the Federal and Provincial Governments:
  - a. work with the City prior to re-opening the border to develop a coordinated approach to new refugee claimant arrivals; and
  - b. continue to provide temporary accommodation for refugee claimant arrivals at the border or place of entry until they have a permanent housing plan in place.
8. City Council reiterate its request to the Federal and Provincial Governments to develop a regional response, in advance of the border re-opening, to place new refugee claimant arrivals in interim housing where there is capacity.
9. City Council request the Provincial Government to end the practice of discharging individuals directly from provincial health and corrections facilities into homelessness and ensure all individuals have a housing plan in place upon release, and to work with municipalities to coordinate discharge plans to address housing and community safety in advance of release.

## **FINANCIAL IMPACT**

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The report presents for Council consideration an implementation action plan for the City's COVID-19 response for homelessness services as part of the City's broader COVID-19 resurgence plan, as well as SSHA's annual shelter infrastructure plan.

The COVID-19 response within the homelessness service system, including expansion of the shelter system to achieve physical distancing, has cost the City \$83 million to the end of August. Total costs are projected to reach \$169.2 million by the end of 2020.

To date, \$64.1 million has been committed from the federal and provincial governments to offset these costs. The Ministry of Municipal Affairs and Housing on August 14, 2020 announced an additional allocation of \$118.77 million in funding for Toronto through the Social Services Relief Fund, and the Government of Canada announced an additional \$236.7 million in national funding through Reaching Home: Canada's Homelessness Strategy to help extend and expand the emergency response to the COVID-19 outbreak. A specific allocation for Toronto has not yet been received. Staff will be reporting through the budget process on how those funds will be used to offset current response costs.

The capital and operating costs associated with expanding the shelter system by 1,000 beds and revitalizing George Street are included in the 10-year capital plan and future year operating outlooks. All financial impacts resulting from the Infrastructure Plan are subject to Council's annual authorization of the capital and operating budgets.

The Chief Financial Officer and Treasurer has been advised of the financial impacts associated with the COVID-19 response for homelessness services to be considered along with other priorities during the 2021 Budget Process.

## DECISION HISTORY

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At its meeting of May 28, 2020, City Council directed the General Manager, Shelter, Support and Housing Administration, in consultation with the Medical Officer of Health, to conduct a review of measures needed to protect clients and to continue to provide shelter services safely while COVID-19 is a concern, including reviewing the existing Toronto Shelter Standards related to the separation of beds and the use of bunk beds, and to report on the implementation considerations for medium- and longer-term response strategies.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL16.2>

At its meeting of February 26, 2020, City Council approved the Plan to Create Supportive Housing Opportunities and requested the federal and provincial governments as part of their 2020 Budgets, to commit to capital and operating funding to support the creation of 1,800 new units of supportive housing annually, in order to reduce homelessness in Toronto.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.PH13.5>

At its meeting of June 11, 2019, The Economic and Community Development Committee received the report, 2020 Shelter Infrastructure Plan and System Update Report, from the General Manager, Shelter, Support and Housing Administration for information.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.EC6.9>

At its meeting of June 26, 27, 28 and 29, 2018, City Council adopted CD29.8 "2019 Shelter Infrastructure Plan and System Update", approving the 2019 Shelter Infrastructure Plan and 2018/19 Winter Plan.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.CD29.8>

On February 12, 2018, City Council adopted EX31.2 "2018 Capital and Operating Budgets" and requested the General Manager of SSHA to expand the number of permanent new shelter beds by 1,000 over three years.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.EX31.2>

At its meeting of December 5, 6, 7 and 8, 2017, City Council adopted CD24.7 "2018 Shelter Infrastructure Plan and Progress Report." Council approved the 2018 Shelter Infrastructure Plan and a new property development approach to siting shelters. Council authorized the Deputy City Manager, Cluster A, to approve specific sites for shelters, provided certain criteria are met.

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

## COMMENTS

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### Development of the Interim Shelter Recovery Strategy

SSHA partnered with the United Way of Greater Toronto Area to develop a [COVID-19 Interim Shelter Recovery Strategy](#) (see Attachment 4). The objective of this interim recovery strategy is to identify actions needed to equip the sector to continue to enhance the way we work together to minimize the spread of COVID-19 in the shelter system over the coming months, protect people experiencing homelessness and ensure coordination with the health system. In addition, the strategy identifies opportunities to leverage the response to strengthen the shelter system and further develop long-term solutions to end homelessness. The shelter recovery strategy supports the City's broader COVID-19 resurgence plan, which includes supporting vulnerable populations as one of five key priority areas for ensuring preparedness for future resurgences of COVID-19.

SSHA partnered with the United Way in developing this strategy because our continued success in effectively responding to COVID-19, and protecting vulnerable individuals in our community, is dependent on the collaboration across the community service sector, strong partnership with the health sector as well as enhanced regional collaboration. As the report highlights, during the first wave of COVID-19, system partners have been learning and working together at an accelerated rate to address urgent need. The pandemic has highlighted the interdependency of these systems, and the need for enhanced coordination and support to ensure mutual success.

A Task Force of sector stakeholders was formed to help guide the strategy development which includes representatives from the Toronto Shelter Network, Toronto Drop-In Network, Toronto Alliance to End Homelessness, Ontario Health Toronto Region, Community Health Centre Network, Toronto Public Health and the Housing Secretariat as well as a range of community partner organizations. The Task Force engagement process also included engagement with Black-serving organizations, as well as engagement of the Toronto Indigenous Community Advisory Board to co-develop an Indigenous specific shelter recovery strategy.

The Task Force report was developed by an external consultant, BGM Strategy Group, which provides advice to the City in implementing our action plan for the next 12 months. Priorities identified by the task force report included the following:

- Invest in housing and supports to decrease the volume and duration of the need for emergency shelter – including an acquisition strategy for hotels and a redevelopment plan for shelters into permanent housing
- Deepen the collaboration and coordination with health partners – including continuing and expanding Infection Prevention and Control (IPAC) measures and connecting shelter sites with primary care and other needed health services
- Shift the way we shelter people to provide COVID-safe, dignified options including by repurposing investments in services that are no longer viable during a pandemic
- Minimize the flow of people into homelessness due to evictions and discharges from other systems

See Attachment 4 for full details on the Task Force advice.

## **Action Plan for Next 12 Months**

Based on lessons learned from our response to date and the advice from the Recovery Task Force, staff have developed an interim shelter recovery strategy implementation plan which identifies the actions and specific measures needed over the next 12 months to continue to provide shelter services safety and protect vulnerable clients from COVID-19, and which takes into account the colder weather of the coming months. See Attachment 1 for full implementation plan.

The following provides an overview of the response to date and key actions for the next 12 months in five key areas:

1. Ensuring preparedness for resurgence
2. Adapt service models to the COVID-19 context
3. Leveraging opportunities for housing and the Shelter Infrastructure Plan
4. Minimize the flow of people into homelessness
5. Ensure recovery addresses inequitable outcomes

### **1. Ensuring preparedness for resurgence**

In response to the COVID-19 pandemic, SSHA implemented a three-tier response to protect people experiencing homelessness, consisting of prevention, mitigation and recovery strategies. The measures that were implemented as part of the first phase of our COVID-19 response that have been successful in minimizing the spread of COVID-19 in the shelter system will be continued and enhanced where needed to ensure we are prepared for a potential resurgence. The response over the past 6 months has been nimble to respond to new information and changing needs, and the response over the next 6 - 12 months will also continue to evolve and adapt as needed to changing circumstances.

#### *Maintain physical distancing measures*

Since March 2020, to date 40 new shelter locations have opened to create physical distancing in the shelter system and provide spaces for people to move indoor from encampments. Currently 25 new locations are active to provide close to 2300 spaces in new temporary shelters and hotel programs. This includes 19 hotels that are operational for physical distancing and a facility for isolation/recovery for the homeless population. In addition, the City has successfully housed more than 2,000 people who were homeless in shelters into permanent housing through a combination of housing allowances and rent-geared-to-income units. This represents a 50% increase compared to the same time last year.

Through creation of our new temporary response programs and moving people into permanent housing, physical distancing was achieved in all shelter locations. A Shelter Directive was issued in early June 2020 confirming that all sites are required to maintain physical distancing of at least 2 metres edge to edge spacing between all beds, to meet current public health guidance for shelter settings during the pandemic. Quality

assurance visits to validate that sites have achieved and maintain the guidelines for physical distancing are ongoing.

A key priority consideration for resurgence planning is maintaining physical distancing measures in shelters through extension of leases at existing temporary program locations, including hotels. The significant expansion of our network of shelter locations through the use of temporary sites and hotels was an unprecedented effort to save lives. Based on public health guidance, these expanded facilities provide our best protection for mitigating the spread of COVID-19 by ensuring 2 metres lateral spacing between all beds in our shelter system.

In addition to securing extension of leases to maintain the physical distancing in the shelter system, staff are also exploring design options to further reduce transmission of the virus such as ventilation systems and use of impermeable barriers between beds.

#### *Continue active screening and access to testing*

A specific screening tool for homelessness service settings based on Ontario Ministry of Health guidelines was developed and updated as screening guidance changed throughout the pandemic. Standard screening processes are in place at all points of entry to the shelter system by phone or in person, as well as active daily ongoing screening and monitoring of clients and staff.

SSHA developed a complex transportation system to provide clients who are experiencing homelessness with non-emergency transportation to a COVID-19 assessment centre and to the isolation/recovery program following assessment. Transportation is provided by the City of Toronto's Fleet Services and with support from TTC. Transportation is now available between 8 am and 8pm every day. To date, we have provided transportation for more than 685 clients for testing.

With leadership from Ontario Health Toronto Region, community health partners and TPH, on-site testing continues to be implemented in shelter locations across the city. Five mobile testing support teams have been established by the health system and coordinate on-site testing, both proactively and at sites with identified outbreaks. Over 4,900 individual tests have been administered through 98 mobile testing sessions. Testing at additional sites is currently ongoing, as recommended by Toronto Public Health.

#### *Maintain and enhance strong Infection Prevention and Control measures*

At the start of the pandemic, the City provided funding to shelters, 24-hour respites, and drop-ins community agencies to support increased infection control and prevention (IPAC) activities, and purchase specialized cleaning supplies. This included funding to extend operating hours at five shelter locations that were not previously open during the day, to ensure that clients had access to safe indoor space 24/7. In total, more than \$6 million has been distributed to support both increased IPAC measures and wage enhancements prior to the provincial pandemic pay program being announced.

Guidance, training and communication materials were provided throughout the pandemic to ensure increased capacity to implement these IPAC measures. SSHA's Quality Assurance team developed an IPAC checklist to verify measures were in place through site visits. Additional measures requiring further support and return visits to verify mitigation is now in place are underway.

Toronto Public Health (TPH) also provided a pre-exposure checklist and assigned dedicated staff to work with each provider to ensure preparedness, answer questions and provide individualized support to each site. TPH established a dedicated Shelter Intake line with 24/7 on call coverage to report potential cases of COVID-19 and answer shelter provider questions.

Through strong partnership with TPH, a range of dedicated supports were provided to shelters to ensure they were prepared to manage outbreaks and implement TPH recommendations in each situation. This included assisting TPH with comprehensive case and contact tracing for all clients and staff potentially exposed to COVID-19.

Through the experiences of the first wave, providers consistently shared that having access to in-person IPAC expertise was the most beneficial to increase the capacity of their staff to provide services in a way that maintains good IPAC approaches, and that could be customized to their particular facility needs from a physical infrastructure as well as service model and client population perspective. SSHA staff will continue to work with TPH, Ontario Health Toronto Region and community health providers to identify resources available to provide more proactive, in-person IPAC training.

Another measure underway is preparation for the coming flu season. Individuals with flu symptoms may be identified through COVID-19 screening as potentially requiring testing and isolation, and place additional pressures on pandemic response mechanisms. Flu vaccine clinics are traditionally offered in shelters through partnership with Toronto Public Health. SSHA is working with TPH and other community health partners to develop expanded plans for flu vaccine clinics in shelters this fall and winter.

#### *Direction on mandatory face coverings for clients and PPE for staff*

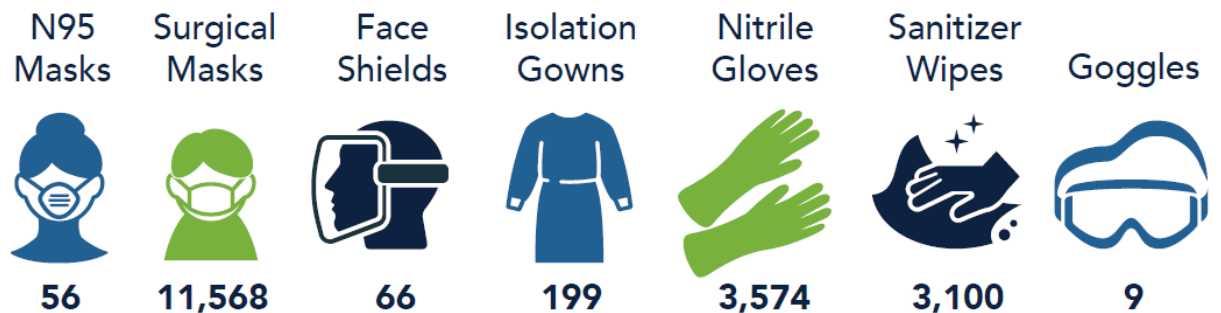
All shelter staff and essential visitors are required to wear medical masks in the workplace for the duration of their shifts or visits. In September, a Shelter Directive was issued also requiring clients to wear non-medical masks or face coverings in all indoor common areas of shelter and respite sites.

Personal Protective Equipment (PPE) has been made available to staff across the homelessness services system. These supplies are distributed to all City operated and community partner provider sites to support daily use of masks by all frontline shelter staff across the service system. This supply of masks is in addition to funding provided for enhanced IPAC measures to all agencies that can be used to purchase additional PPE. Shelter operators also provide a supply of masks or face coverings for client use in common areas.



Currently, the City is distributing more than 100,000 pieces of PPE to the homelessness sector for use by staff per week. Figure 1 below shows average daily distribution of PPE to the shelter and homelessness service system.

**Figure 1: Average daily PPE distribution to the homelessness service system**



*Continue and enhance strategies for outbreak management, isolation and recovery*

In collaboration with health care partners, SSHA established dedicated isolation and recovery programs with medical supports for Toronto's homeless population to isolate and recover from COVID-19 in a safe and dignified way, and to ensure the health care system was not overwhelmed.

The programs have evolved over time to be nimble in response to the pandemic. Programs have included an isolation program for those entering the country to isolate for 14 days at the start of the pandemic, an isolation program for awaiting test results, and a recovery program for people using the shelter system who received a positive diagnosis for COVID-19.

The current recovery and isolation program is a collaborative partnership between the City of Toronto, Inner City Health Associates, University Health Network, Parkdale Queen West Community Health Centre, and the Neighbourhood Group. The program offers an integrated model of care using a harm reduction and trauma-oriented approach. Services provided included medical care, nursing, substance use care and overdose prevention services, mental health support, and community, peer and personal support.

In total, 642 shelter clients were provided spaces for isolation with medical supports, and 440 clients who were COVID-19 positive have been provided spaces for recovery with medical supports. Other clients who have tested positive for COVID-19 and have more complex health needs have remained in hospital for isolation and recovery. In two cases SSHA worked with the shelter provider to isolate Covid-19 positive clients in situ at the shelter with additional visiting health care supports. Referral to the recovery program or hospital is based on medical assessment by Inner City Health Associates physicians.

The Task Force report identified that greater clarity is needed about the process to refer clients to testing and the pathway to the right program based on their test results. SSHA

staff will work with Toronto Public Health and the Inner City Health Associates to review and improve clarity of process for referral pathways to testing, isolation and recovery programs and develop clear communication materials for clients and staff.

*Ensure staffing capacity needed to maintain essential service delivery and expanded service locations*

In order to deliver services in the significantly expanded number of temporary response sites, more than 400 redeployed staff from other City divisions were trained and assigned to support frontline shelter service delivery. In addition, the community partner providers who deliver services in more than two-thirds of our existing service delivery system have stepped up and expanded the number of sites they operate significantly. Of the 25 sites currently activated, 5 are being delivered by City staff and 20 are delivered by community providers.

It is as a result of the tremendous dedication, professionalism and hard work of these frontline staff, both within SSHA, redeployed staff and our community partner providers, that the City was able to maintain services for vulnerable homeless individuals throughout the pandemic.

In order to continue to deliver this expanded service system and maintain essential service delivery through a potential second wave, ensuring adequate staffing capacity and supports for frontline staff are critical, including through the following actions:

- Expedite recruitment for essential new frontline staff positions
- Continue to redeploy non-essential City staff as needed
- Work with Toronto Shelter Network and Toronto Employment and Social Services on coordinated staffing recruitment and onboarding processes to meet needs of sector
- Enhance access to virtual training and onboarding of new staff, including virtual training for SMIS
- Ensure mental health and wellness supports are available to ensure staff feel safe and supported

## **2. Adapt service models to the COVID-19 context**

*Current shelter system occupancy and capacity*

Overall occupancy in the shelter system has decreased since the start of the pandemic, driven by a decline in the number of refugee claimants, primarily families, entering the shelter system as a result of the global pandemic and border closure (see Attachment 3 for more details). The number of refugee claimants in the shelter system has decreased by 1,350 people between March and mid-September.

As a result, average monthly occupancy overall in the shelter system has decreased from a peak of close of 7,500 people per night in January of 2020 to just over 6,100 people per night on average in August.

As demand for the temporary refugee programs had decreased, those programs have been reduced, and in some cases the hotel programs have now been converted for use in the COVID-19 response. The bed capacity of these programs has been reduced as a result, as they transitioned from family programs, where there were generally 3-4 people per room, and are now being used for single individuals or couples with a capacity of 1-2 beds per room. Total shelter system capacity has decreased by just over 1,000 spaces as a result of this reduction in family refugee programs.

This report recommends that the federal and provincial governments to work with the City prior to re-opening the border to develop a coordinated approach to new arrivals and continue to provide temporary accommodation for refugee claimant arrivals at the border or place of entry until they have a permanent housing plan in place. Should the federal and provincial governments decide to re-open the border without adequate plans in place to ensure all refugee claimant arrivals are provided temporary accommodation at their point of entry, this report further recommends that Council re-iterate its request that the federal and provincial governments develop a regional response to place new refugee claimant arrivals in interim housing where there is capacity. Given that the shelter system in Toronto is stretched to capacity in operating 25 new shelter locations to meet physical distancing requirements, the system would not be able to accommodate a sudden increase in shelter demand by new refugee claimant arrivals should the border re-open.

Despite these significant changes in the family shelter system, capacity in the singles shelter sector has been maintained throughout the pandemic. The decrease of just over 2,300 spaces in the base shelter system as a result of physical distancing measures since March has been offset by an increase in almost 2200 spaces in new temporary response sites.

In fact, system capacity in March included approximately 475 winter shelter spaces that were opened over the winter months and were intended to be closed in April, when shelter capacity levels for single adults were to return to usual season levels in the summer months. Due to the pandemic, approximately 200 of these spaces were maintained to respond to system pressures, and current system capacity is higher than at the same time last year.

### *Winter Service Plan*

Similar to previous years, SSHA will deliver enhanced services to protect people from colder weather over the coming months. Generally the winter services plan is released in early November, however given the circumstances this year, planning is underway earlier than usual. The current plan is based on the information available and current situation. As with any part of the COVID-19 response implemented to date, the winter services plan will continue to evolve and adapt to respond as required.

Each year over the past five years, the City has expanded the number of additional shelter spaces offered in the winter months, and will continue to do so this year. In addition, this year all of these services have been reviewed from the lens of providing safe services during the pandemic, and service models adjusted based on current

public health guidance to ensure the protection of vulnerable individuals experiencing homelessness from both COVID-19 and the risks posed by exposure to cold from being outdoors.

Components of the response for 2020/21 winter season include:

- Continuing to maintain the 2019/2020 winter season capacity that is still operating
- Additional winter shelter capacity from November to April to assist people to move indoors from encampments and other outdoor locations
- Prioritizing people to move from shelters to new supportive housing units on an expedited basis, including modular housing sites
- Providing replacement capacity for the Out of the Cold program that will operate 24/7 from a consistent service location
- Activating warming centre locations to operate during Extreme Cold Weather Alerts to provide additional space for people to come indoors and keep warm, and
- Providing additional 24/7 mobile street outreach services for Extreme Cold Weather Alerts to connect with people living outside encouraging them to come indoors.

#### *Continue and enhance approach to outreach and encampments*

As identified in the Task Force report, a human rights approach to serving individuals in encampments requires a focus on ensuring the safety of those in encampments, providing essential supports, access to safe shelter and housing, and working with community partners to continue to enhance the client-centred approach that focusses on health, wellbeing, and building trusting relationships to support the transition to indoor settings.

Since the start of the pandemic, there has been a noticeable increase in the number of visible encampments in City Parks. There are likely many contributing factors to this increase including people moving from ravines and more remote locations into more visible areas of the city, reduced options due to the pandemic for people to stay with friends or family or other temporary type accommodations, and also in part due to fears related to COVID-19 in the shelter system.

We also know there has been a significant number of people discharged from provincial correctional facilities, many of whom may not have had housing to return to. According to data from Statistics Canada, between February and April alone the number of adults in provincial custody declined by 29% in Ontario which is more than 2,300 people. This, as well as the closure of other provincial programs and services continues to increase pressure on the homelessness service system in Toronto.

While the City has moved more than 850 people from encampments into safe indoor spaces and cleared more than 60 encampments, there are an estimated 350 - 400 people still living outside in tents and encampments in City parks.

The City's pandemic response initially focused primarily on creating physical distancing in the shelter system. However, since late-April, in response to the growing numbers of safety concerns, focus has shifted to include providing safe indoor spaces for people

staying in outdoor encampments. The City and community partners took immediate steps to support those sleeping outdoors by mobilizing a COVID-19 response strategy for outreach and encampments that includes:

- Access to safe indoor space, shelter and housing;
- Education and infection prevention, including access to City-operated facilities with showers, washrooms, and drinking water; and
- Harm reduction and encampment health and safety

The City's encampment operations working group includes Shelter, Support and Housing Administration, Parks, Forestry and Recreation, Transportation Services, Toronto Fire Services, Toronto Paramedic Services, TTC, Corporate Security, Indigenous Affairs Office, Strategic Communications, Municipal Licensing and Standards, with support from Toronto Police Services when required. The encampment operations working group assesses risk to prioritize encampment response and works closely with front line community partners to better serve those in encampments.

In addition, an executive Steering Committee was established during the pandemic to provide strategic direction regarding the City's response to encampments. Composed of senior-level interdivisional leadership from Shelter, Support and Housing Administration, Parks, Forestry and Recreation, Transportation Services, Toronto Fire Services, City Legal, Municipal Licensing and Standards, Strategic Communications and Toronto Police Service. The Steering Committee provides executive leadership in the operationalization of housing as a human right principles with respect to encampment policy and planning.

SSHA's Streets to Homes does outreach year-round to individuals who sleep outdoors to offer them shelter and supports. Outreach workers are familiar with encampments and the individuals in them, offering services, including immediate access to shelter or other transitional opportunities, help with accessing income, accessing ID, access to health care including mental health and addictions supports, and in developing a case plan to move into housing. To date in 2020, close to 350 people have been housed by the Streets to Homes program directly from the street.

While there may be a mis-perception that living outdoors is a safer alternative to staying in a congregate setting such as a shelter during a pandemic, open flames, generators, propane tanks, risk of violence (particularly for women), and lack of access to water and sanitation significantly increases health and safety risks for individuals living in encampments. As a result, there has been growing concerns about the safety and well-being of people living outdoors, and the impact on the local community. The City and community partners have mobilized a COVID-19 response strategy for outreach and encampments that prioritizes health and safety. Our collective ability to connect people to services that enhance health and well-being, and to housing, are more complex when people are living outside. Access to safe indoor space in shelters and 24-hour respite sites help improve health and housing outcomes for many who are experiencing homelessness.

During the pandemic, outreach workers continue to proactively connect with people to provide support, referrals to shelter and housing, provide COVID-19 education,

screening for COVID-19, referral to testing at a provincial COVID-19 Assessment Centre, and to assess safety. Streets to Homes and Toronto Paramedic Services conduct ongoing wellness checks of individuals in encampments and recently Toronto Paramedic Services has partnered with the Inner City Health Associates and nursing supports from community health partners to ensure that there is increased access to health services. The City has provided clinic space for this partnership so clients can discuss and have their health needs responded to in a confidential setting.

From March 13 to September 15, 2020, Toronto Fire Services responded to reports of 79 encampment fires, demonstrating the significant risk that encampments can pose to individuals living outdoors as well as the broader community. In response Toronto Fire Service has increased fire safety education and prevention measures in encampments.

The City has also increased garbage collection, litter and needle picking to remove waste and debris from encampments. Park washrooms are now open to the public and in addition, the City has installed portable toilets and opened a number of facilities with showers, washrooms and drinking water for all individuals in need of these services. Supplies at these stations are replenished regularly. The locations and hours of these facilities can be found on the City's webpage ([Washroom and Sanitation Services](#)).

Streets to Homes outreach teams provide water to individuals in encampments and as well as health and harm reduction supplies. Outreach teams do not directly distribute food, but will assist clients to access nearby meal programs or food banks. During the winter season, blankets and sleeping bags are provided to people sleeping outdoors as needed.

Before an encampment is cleared by a City Division responsible for enforcement, outreach workers attend the site to offer options of interim or permanent housing, motels or hotels, shelter or respite spaces to individuals to access shelter and support. If an encampment is vacated by individuals choosing to access shelter or housing or to relocate, the site is cleaned by City staff.

The City remains focused on the safety of those in encampments and on moving clients sleeping outdoors into safe indoor spaces through shelter programs, hotel spaces and housing options with supports.

As one of the key actions identified by the Task Force, SSHA will continue to work with interdivisional and community partners to review and enhance the City's approach and protocols to encampments using both human rights and public health approaches grounded in evidence-based practices that promote client and community safety.

### *Strengthening the service delivery model at new temporary shelter sites*

The rapid movement of individuals from encampments into new shelter programs has highlighted the complexity of support needs for these individuals, and the significant health, mental health and harm reduction supports that are needed to provide safe and stable shelter and housing that meets their needs. The City is working to balance community concerns related to increased street homelessness with community

concerns related to new shelter sites. It is clear that homelessness is impacting almost every community in Toronto one way or another and when people are sheltered or housed, the City and community health partners are better positioned to support them and to mitigate community concerns.

The City and our community health partners have acted quickly to provide enhanced mental health case management and harm reduction services in new shelter locations where they are urgently needed as an interim measure. While these services are generally provided through the provincial health funded system, the City has recently provided interim funding to increase access to services in the absence of adequate availability of these services in the community.

The Multi-Disciplinary Outreach Team (M-DOT) is a specialized team that delivers services to the most vulnerable individuals on the street and in shelters. The mobile team is made up of Outreach Workers, Case Managers, a Registered Nurse, a Housing Worker and part-time Psychiatrists who connect with people on the streets and in the ravines. The expertise of this team is working with individuals with significant mental health concerns, requiring intervention beyond that of typical shelter services. The MDOT program has been provided enhanced funding through a partnership with LOFT Community Services and Toronto North Support Services to deliver services in new temporary shelters and provide access to Mental Health Intensive Case Managers, a Service Navigator and Peer Workers to support shelter residents in stabilizing in their mental health and in exiting homelessness.

The impact of the opioid crisis continues to be magnified by the pandemic. Toronto Public Health reported 27 suspected opioid overdose related deaths in the month of July 2020, the highest in number of deaths since it began collecting data. Nine of these suspected overdose deaths occurred in Toronto's shelter system. There have been 17 suspected overdose deaths of shelter residents in 2020 to date. While action of the City and its community partners has provided protection against COVID-19, the impact of the opioid epidemic continues to be a significant concern.

Given the significant change in the type of shelter space available as a result of COVID-19 and the increased focus on isolation for the purposes of infection prevention, additional harm reduction and overdose prevention measures are urgently needed across the shelter sector. Recently announced safe supply pilot projects are urgently needed to save lives and support people who use drugs within a health framework.

SSHA is working closely with Toronto Public Health and community harm reduction providers to enhance the harm reduction supports including overdose prevention strategies in new and existing shelters to mitigate impacts of the opioid crisis during the pandemic, including providing funding to Toronto Public Health and Parkdale Queen West Community Health Centre to rapidly increase a team of harm reduction workers and peers to enhance supports available in shelters, particularly the temporary hotel programs opened as part of the COVID-19 response.

In addition to these urgent, interim measures, a health and harm reduction working group led by Community Health Centres and Inner City Health Associates is working to

match available resources within the health sector to new shelter sites to provide enhanced supports for primary care, mental health case management and harm reduction. Efforts are also underway to further scale up this approach to all existing shelter locations, and build out a new shelter health services model based on the previous framework developed in partnership with the TC LHIN in 2018, as recommended by the Task Force.

Greater funding and partnership from other orders government is needed to make additional longer-term mental health and addictions resources available to address the scale of the need across the city. The provincial and federal Governments have been requested to urgently allocate funding for additional mental health care, and a continuum of substance use treatment and overdose prevention supports delivered by health and community partners, as part of an integrated enhanced service model to meet the increasingly complex needs of individuals that are currently experiencing homelessness to help transition them into permanent housing.

#### *Community engagement for new shelter sites*

The City has rapidly opened more than 40 programs in locations across the City to urgently respond to the pandemic and save lives. Currently 25 of these sites are active and provide close to 2,300 spaces in new temporary shelters and hotel programs. While an engagement process for the community in advance of a shelter opening is preferred, due to the rapid nature of the response and critical need to protect people experiencing homelessness advanced engagement was not possible.

In April 2017, City Council approved a new approach to engage the public around new or relocated municipal shelters through CD19.6 "Proposed New Engagement and Planning Process for Emergency Shelters Report". The new process was developed in response to a number of challenging shelter siting processes, and in recognition that the existing process was not working well for communities, service providers or service users. An external expert review of community engagement best practices identified that new shelter sites that comply with zoning by-laws did not require approval or consultation with local communities and could be developed as-of-right, in fact applying additional layers of approval could be interpreted as discriminatory.

The review recommended that Shelter, Support and Housing Administration's community engagement and planning process for emergency shelters be refocused away from the specific location of sites, to how communities can support and improve the success of the new service. The process instead emphasizes communicating project information clearly and encouraging solution-focused discussion in smaller meeting formats once locations had been secured. In December of 2017, City Council authorized the Deputy City Manager to approve specific shelter sites for new services, provided that certain criteria are met, which served to expedite and depoliticize the shelter development process. This approach is consistent with a human rights based approach to housing and related services for vulnerable residents.

Over the last three years, this new community engagement process has occurred at or is currently underway at more than 22 new emergency shelter and 24-hour respite site



service locations. Overall, the process has been successful in providing less confrontational and more meaningful engagement with the surrounding community. Particularly highly regarded components of the new engagement process included the use of a professional third-party facilitator, the use of a shelter operator as a partner in engagement, and the ongoing convening of a Community Liaison Committee. Based on learning and evaluation of the initial experience, the process has been updated to include an increased focus on early information sharing to key stakeholders and community members upon the purchase or lease of the property, a dedicated web page with key project details and contact information, and the development of an issue-response protocol to triage and respond to public and media inquiries about the potential site.

Additional authority was delegated to City staff in City of Toronto Municipal Code Chapter 59, Emergency Management. Under this authority the City entered into negotiations to open over 30 sites, to create physical distancing in the shelter system.

Due to the pandemic, the resulting state of emergency (including the emergency powers granted to enact needed programming to save lives) and the guidance from Ministry of Health to create physical distancing in our shelter system, the normal engagement process of notifying and working with the community before a shelter opens was not possible. In large part, this was due to the speed at which the City had to move to open up over 40 new temporary shelter sites to avert potential outbreaks in shelters to save lives and minimize the spread of COVID in shelters and the community more broadly. The City remains committed to ongoing engagement with communities to mitigate any issues that arise and to ensure the programs successfully integrate into the community while they are open.

Opening new COVID-19 response sites highlighted again how contentious and divisive opening new shelters can be and that there continues to be room for improvement in the community engagement process. To that end, Shelter, Support and Housing Administration has commenced a third party review and update of the current community engagement approach and tools in order to support the successful siting of future shelters and other related services across the city.

### **3. Leveraging opportunities for housing and the Shelter Infrastructure Plan**

Through the Task Force and engagement process to develop the interim shelter recovery strategy, stakeholders consistently shared the critical importance of continuing and expanding the focus on permanent housing solutions to homelessness through the recovery and rebuild phases of the pandemic. While many of these recommendations are longer-term in nature until the impact of new development will be realized, there a number of actions that can be taken in the next 12 months to expedite progress in reducing chronic homelessness and creating housing opportunities for people to exit homelessness.

*Continue to increase efforts to move people from shelter into housing*

The City's focus on permanent housing solutions was not only maintained throughout the pandemic response, but also increased to ensure people who are at high risk from COVID-19-related harms were able to access permanent housing as quickly as possible. In total, more than 2000 people have been moved to permanent housing through the Rapid Housing Initiative, rent-geared-to-income units, and the housing allowance program since March. This represents a 50% increase in housing outcomes compared to the same time period last year.

The Rapid Housing Initiative, delivered in partnership with Toronto Community Housing (TCHC), prioritized immediate access to vacant TCHC rent-geared-to-income (RGI) units for shelter clients. More than 300 people have been housed through this initiative to date. Access to units is managed through SSHA's Coordinated Access approach, using the By-Name List and prioritized for clients on the Centralized Waiting List and assessed as having high acuity and lower support needs. Follow-up housing supports are provided tailored to the unique needs of households. The Rapid Housing Initiative has produced positive outcomes very quickly and demonstrated that it is possible for people to move from shelter quickly, be successfully stabilized, and improve their health and quality of life. The project was supported with a partnership with Furniture Bank as well as donations from dozens of corporations to provide furniture to set up the units and provide fully furnished housing.

The Toronto Housing Allowance Program (THAP) is another key program to help people find and maintain permanent housing that has been maintained as an essential service as part of SSHA's COVID-19 response. Delivered in partnership by the City of Toronto and administered by the Ontario Ministry of Finance, the housing allowance program provides housing allowances ranging from \$250 to \$600 per month to assist eligible households offset the cost of rent in Toronto. Since the on-set of COVID-19, access to housing allowances continues to be prioritized to individuals and families experiencing chronic homelessness who meet all provincial criteria including household income limits. As of September 2020, more than 1,600 individuals have moved to housing with a housing allowance.

These efforts will be continued over the next year, along with ongoing implementation of the expanded Coordinated Access approach to prioritize and match people experiencing homelessness with available housing with supports opportunities.

*Support implementation of the Housing and Homelessness Recovery Response Plan to create 3,000 new affordable and supportive homes*

The HousingTO 2020-2030 Action Plan was approved by Toronto City Council in December 2019. HousingTO committed to a target of 18,000 units of supportive housing, or 1,800 new units per year over the next ten years. The changing housing and real estate markets in the context of the pandemic present new opportunities to advance these goals. The pandemic has also highlighted more than ever that prioritizing permanent housing solutions is the best way to both protect people's health and reduce homelessness.

SSHA is working with the Housing Secretariat and other City Divisions to expedite HousingTO actions in the context of the pandemic to create supportive and affordable housing for people who are homeless. The City's Housing and Homelessness Recovery Response Plan outlines a 24-month housing plan to create 3,000 affordable rental and supportive housing units, with support from the federal and provincial governments. This accelerates the City's previous requests to federal and provincial governments to partner on the City's HousingTO 2020-2030 Action Plan. Further details on activation of these plans, and implementation of the new federal Rapid Housing Initiative funding will be brought forward to Planning and Housing Committee in October.

Both the Shelter Recovery Task Force and the Mayor's Housing and People Action Plan demonstrated consistently that the overwhelming advice from community stakeholders is that permanent housing solutions to homelessness are the highest priority. Solutions to homelessness and virus spread are one and the same – safe, affordable and adequate housing with supports.

### *Shelter Infrastructure Plan*

The 2018 Shelter Infrastructure Plan was approved by City Council in December 2017, and established a new process for approving shelter locations. An annual Shelter Infrastructure Plan is now presented to Council each year to provide a progress update and plans for the following year. The plan includes an update on City Council's goal to expand the number of permanent beds in the shelter system by 1,000 as approved through the budget process. The annual plan also provides a progress update on identifying new shelter sites as part of the George Street Revitalization Project, and identifying replacement properties for existing shelters that need to relocate.

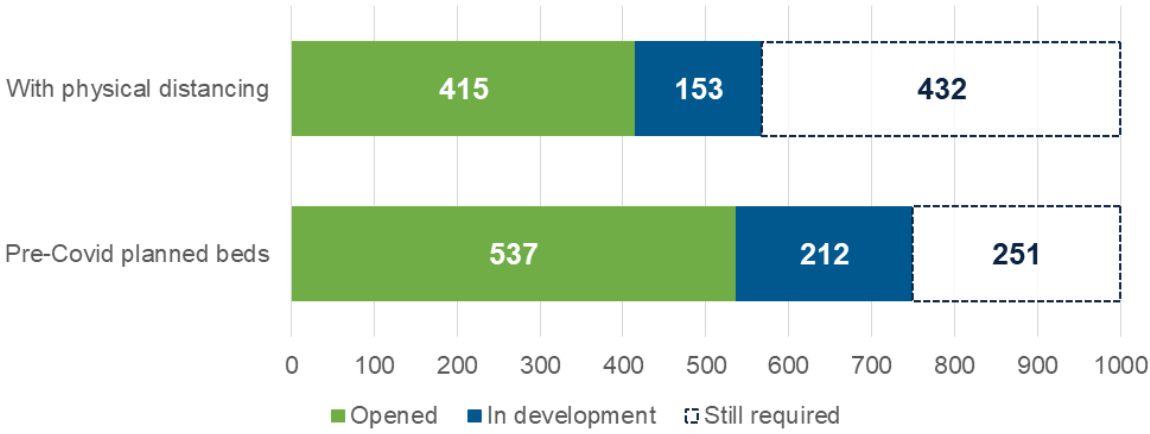
By the end of 2020, six sites will be in operation with a planned 537 beds of the 1,000 new beds project and 212 beds are confirmed and in development at 3 sites. Some sites already operational will have additional beds added in multiple phases and will reach full capacity by 2021. An additional 3 sites (251 beds) are not yet in development or unsecured. The City also opened 200 temporary beds at one leased site to increase capacity in the shelter system while new permanent sites are being added. The project is expected to extend until December 2023 as a result of complexities experienced in both the acquisition and construction phases of the project life cycle and as a result of COVID-19.

By the end of the year, 200 of the 400 beds required as part of the George Street Revitalization project will be operational at three new shelters. The remaining 200 beds of George Street Revitalization beds are confirmed, however negotiations continue on one site in order to ensure it will be available for the required duration. Attachment 3 Table 1 & Table 2, provide details of shelter development progress to date. Table 3 provides an overview of the 2021 Shelter infrastructure plan including the impact of the COVID-19 pandemic on sites.

### *Impact of the COVID-19 pandemic on the Shelter Infrastructure Plan*

The interim changes to Toronto Shelter Standards and the 24-Hour Respite Site Standards requiring at least 2 metres lateral distance between beds to maintain physical distancing impacts all current and planned shelter sites, and will remain in effect until public health guidance changes. As a result of these changes all shelter locations are operating at reduced capacity, and all planned shelter locations opening in 2021 are being assessed and readjusted to comply with the interim shelter standards. If currently planned shelter sites are opened with the lateral separation required to meet COVID-19 related health guidelines they will have a 40-70% reduction in capacity. Sites in the early design stage are being redesigned to incorporate COVID-19 standards or being considered for conversion to supportive housing.

**Figure 2: Impact of physical distancing on 1,000 beds initiative status**



The City's COVID-19 response has also postponed or delayed the construction of several planned shelters. This includes delayed delivery of supplies to construction sites, and additional precautions being taken by construction staff to avoid COVID-19. Some sites are awaiting approval from the Toronto Local Appeal Body, which has been postponed. Physical distancing requirements at new sites also have a significant impact on cost and speed of new site construction. The impact of the COVID-19 pandemic on the development of new shelters is highlighted in Attachment 3: 2021 Shelter Infrastructure Plan.

*Creating a redevelopment plan to repurpose shelter space into permanent housing infrastructure*

Shelters are an emergency option for people experiencing homelessness. The goal is that homelessness is prevented whenever possible and when it does occur, the experience is rare, brief and non-recurring. The HousingTO Plan previously identified that staff would explore opportunities to leverage existing shelter properties for development of supportive housing. In the context of the pandemic, where physical distancing measures have resulted in reductions to the capacity of some shelter sites by more than 50% and the costs to provide shelter as a result of expanded facilities has almost doubled, the case for this approach is even stronger.

A small number of clients within the shelter system stay for very long periods of time, sometimes ten years or more, and effectively use the shelter system in lieu of housing. For some of these individuals, the services provided in shelter provide a form of de facto supportive housing that meets some of their immediate needs. However, emergency shelter facilities are more expensive to administer than supportive housing, and do not require payment of rent through the social assistance shelter benefit to offset costs.

Since March, approximately 2,300 spaces have been moved out of existing shelter programs to achieve physical distancing. Some of these shelters operating at reduced capacity may not be financially viable in the long-term. This creates an opportunity to repurpose shelters that are no longer viable into transitional or permanent supportive housing.

Through a portfolio review of existing shelter facilities, staff will identify two to three pilot projects to be implemented in the next 6-12 months to convert shelter sites to supportive housing for long-term shelter stayers, and identify the cost-benefit of an alternative service model through use of existing shelter operating funding plus the use of rent payment and housing allowances to assist in covering costs.

As identified above, there are three additional sites (251 beds) that are not yet in development or unsecured as part of the 1,000 beds initiative. This report recommends that Council direct staff to seek opportunities to convert the remaining unsecured new shelter sites through the 1000 beds initiative to supportive housing for long-term shelter stayers and report back through the budget process on impacts.

If the recommendation to pivot from investment in 1,000 new shelter beds to supportive housing is approved through this report, the proposed shelter at 2950-2970 Lake Shore Boulevard West could be considered for affordable, supportive housing. The City has begun preliminary investigations into the feasibility of locating permanent affordable supportive housing at the site. The review is being conducted by third party Consultant, Hilditch Architect Inc. If deemed feasible, Shelter, Support and Housing Administration will work with the Housing Secretariat to develop a proposal and report back to Planning and Housing Committee at the appropriate time with further details on implementation.

#### **4. Minimize the flow of people into homelessness**

While focusing on creating housing opportunities to assist people to exit from the shelter system is a key part of the recovery strategy, without also focusing on preventing people from becoming homeless, the pressures on the shelter system will continue to grow and correlating reductions in shelter capacity will not be possible. Focusing only on housing without also addressing prevention is equivalent to bailing water out of a boat that is sinking without trying to plug the leak. Through the Task Force and engagement process we heard very clearly there are concerns about the potential of COVID-19's economic impacts to increase the number of people becoming homeless in the coming months.

In an effort to respond to an anticipated increase in demand for Rent Bank loans for rental arrears during COVID-19, the City has expanded the Rent Bank program, which provides one-time no-interest repayable loans to eligible low-income households. An additional investment of \$2 million has been provided that along with changes to program rules (i.e. increased maximum loans, deferred loan repayment, etc.), will support approximately 750 households in rental arrears with no-interest loans of up to \$4,000 to remain in their homes.

In anticipation of an increase in call volumes, SSHA, Toronto Employment and Social Services (TESS), and Neighbourhood Information Post have partnered to implement a temporary Rent Bank Pre-Screening Call Centre. To date, demand for Rent Bank assistance has been lower than anticipated due to the extension of CERB payments, with an average of 25 calls per day. The program and relaxed rules will continue to be promoted widely to low-income residents as it is anticipated that demand will increase as the economic uncertainty related to the pandemic continues and the provincial moratorium on evictions was lifted. A report on feasibility of expanding the Toronto Rent Bank program and the Eviction Prevention in the Community program will be brought to Planning and Housing Committee in December.

There have also been significant impacts as a result of discharges from other provincial systems, particularly corrections, where policies have been implemented to reduce the inmate population to reduce the risk of COVID-19 infections, through early release and use of temporary absence permits. Rapid release of people from corrections without adequate community re-entry and housing plans in place transfers risk of COVID-19 infections from correctional facilities to the municipal shelter systems,

Developing a regional approach to coordinated and consistent approaches to referrals and escalation of discharges to shelter system without appropriate supports or housing plans in place is a key action that can be taken immediately. Initial discussions with GTA municipal service managers indicate a strong interest in working together on a shared solution. The City is also initiating an intergovernmental working group that includes duty of care objectives and approaches to prevent homelessness.

## **5. Ensure recovery addresses inequitable outcomes**

Recognizing that the impacts of COVID-19 have disproportionately impacted racialized groups due to system racism and discrimination, addressing inequitable outcomes among people experiencing and at risk of homelessness is critical to recovery planning.

### *Implement an Indigenous-specific recovery strategy*

Incorporating Indigenous reconciliation is critical to recovery planning. The engagement process undertaken by the Task Force to develop the Interim COVID-19 Shelter Recovery Strategy included a distinct, parallel engagement process with the Toronto Indigenous Community Advisory Board (TICAB). The actions identified in the report, detailed in Attachment 2, highlight the need to support and empower Indigenous

organizations to develop and implement solutions and implement an Indigenous-specific recovery strategy.

SSHA is committed to reconciliation and advancing commitments in the [Meeting in the Middle Engagement Strategy and Action Plan](#). SSHA commits to working with the Toronto Indigenous Community Advisory Board (TICAB) to develop an implementation plan for Indigenous specific recovery strategy, aligned with the Meeting in the Middle strategy, to contribute to increased positive outcomes for Indigenous people experiencing homelessness.

### *Confronting Anti-Black Racism in recovery*

The engagement process undertaken by the Task Force to develop the Interim COVID-19 Shelter Recovery Strategy including engagement with Black-led and Black-serving organizations. The actions identified in the report, detailed in Attachment 2, highlight the need to collect and act on race based data, centre the voices of Black people experiencing and at risk of homelessness, and to support and empower Indigenous and Black-led organizations to develop and implement solutions.

Confronting anti-Black racism is a key priority for SSHA, as staff work to translate recent calls for action into meaningful policy and cultural change across the division including in the shelter system. With an overrepresentation of Black people experiencing homelessness, SSHA has an important role to play in the City's efforts to challenge the status quo and address anti-Black racism that may appear normal or invisible to the larger society. SSHA is committed to implementing Task Force recommendations as part of the City's Year 3 [Toronto Action Plan to Confront Anti-Black Racism](#) (CABR).

## **Conclusion**

The COVID-19 Interim Shelter Recovery implementation plan is developed based upon the learnings and experience gained from the first six months of pandemic response within the shelter system as well as the advice put forward in the Task Force report created in partnership with the United Way.

Throughout the pandemic, strong partnership, collaboration and open lines of communication for feedback and information sharing have been critical to the success of the response thus far. Continuing and enhancing this approach through a commitment to creating ongoing mechanisms for regular meetings with a broad cross section of stakeholders to discuss operational issues related to the response and develop collaborative solutions will be critical to the success of the next phase of the response as well.

The implementation plan also identifies outcomes that describe what success looks like for the interim recovery strategy and how we will measure progress. Continuing to improve data and regular reporting of indicators is an important part of the implementation plan and key to success of the interim recovery strategy. This work is aligned with the commitment in the HousingTO implementation plan to improve data

collection and sharing through regular reporting of performance indicators. SSHA has also partnered with Toronto Public Health, MAP Centre for Urban Health Solutions, Making the Shift, and other community partners on research and evaluation projects that will help to better understand the impacts of COVID-19 on people experiencing homelessness and an evidence informed approach to our response and recovery.

While the interim shelter recovery strategy presents immediate priorities in the context of the pandemic, it also lays a foundation to build on longer term planning on the actions needed to make progress towards ending chronic homelessness through SSHA's upcoming five-year service plan. The service plan will build on the strategic actions identified in the HousingTO plan related to reducing homelessness, and is a requirement of federal Reaching Home program funding, to have a community-wide plan for reducing homelessness. The service plan, originally planned for 2020, will be finalized by Q4 2021.

The service plan will include specific actions related to further work that will be undertaken to design and implement our coordinated access approach, an investment plan based on identification of priority areas and a common set of indicators and targets with regular reporting on outcomes related to reductions in chronic homelessness.

The pandemic has magnified the issue of homelessness and the urgent need for permanent housing solutions to protect the health and well-being of this vulnerable population. Given the increased costs to providing shelters with physical distancing measures in place, it is now more economical than ever to provide permanent housing rather than emergency shelter, in addition to delivering better health and quality of life outcomes. The experience of the last 6 months has also shown that we can move quickly to implement solutions that didn't seem possible prior to the pandemic.

Ending chronic homelessness is possible, and is a key part of the vision of the HousingTO plan to achieve a well-functioning housing system where homelessness is prevented whenever possible and when it does occur, the experience is rare, brief and non-recurring. However, solving homelessness cannot be done by any one organization alone. In the same way that the pandemic highlighted the urgent need for enhanced coordination across systems to work together to protect people's lives from the virus, longer term solutions to ending homelessness will also require leadership and collaboration across all orders of government, sectors and community stakeholders.

The work of the Task Force in bringing together stakeholders from a broad range of sectors and service areas is foundational our ongoing success in implementing the interim shelter recovery strategy implementation plan and point to the importance of continuing to work collectively to identify issues, provide feedback, develop collaborative solutions and work together to achieve our shared objectives of both protecting vulnerable residents from the pandemic and ending homelessness.

## **CONTACT**

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## **SIGNATURE**

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Mary-Anne Bédard  
General Manager, Shelter, Support and Housing Administration

## **ATTACHMENTS**

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- Attachment 1: Interim Shelter Recovery Strategy Implementation Plan
- Attachment 2: Annual Shelter Infrastructure Plan
- Attachment 3: Shelter System Occupancy and Capacity Trends
- Attachment 4: COVID-19 Interim Shelter Recovery Strategy Task Force report

## Attachment 1 Interim Shelter Recovery Strategy Implementation Plan

Priority	Issue	Implementation actions	Outcome	Measure
<i>Ensure shelter system is prepared for potential resurgence of the pandemic</i>	Maintain physical distancing measures	<ul style="list-style-type: none"> <li>Maintain physical distancing in the shelter system through use of expanded facilities, including extending leases wherever possible for existing hotel programs</li> <li>Continue Quality Assurance site visits underway to validate physical distancing standards</li> <li>Explore design options to further reduce transmission of the virus such as ventilation systems and impermeable barriers</li> </ul>	All sites maintain physical distancing	#, % of sites maintaining physical distancing
	Continue active screening and access to testing	<ul style="list-style-type: none"> <li>Active screening and monitoring of clients and staff</li> <li>Providing transportation for homeless clients to assessment centres</li> <li>Continue proactive mobile testing in partnership with TPH and health sector partners</li> </ul>	Streamlined access to testing and increased proactive testing	# of tests administered
	Maintain and enhance strong IPAC measures	<ul style="list-style-type: none"> <li>Maintain mandatory masking for staff and provision of PPE supplies</li> <li>Implement mandatory masking for clients in common areas</li> <li>Continue Quality Assurance visits to verify IPAC checklist implementations</li> <li>Work with TPH, Ontario Health and community health providers to identify resources available to provide more proactive, in-person IPAC training and supports at all homeless service locations</li> </ul>	<p>All staff and clients have access to needed PPE</p> <p>All sites connected to in-person IPAC expertise</p>	<p># of PPE distributed</p> <p>#, % of sites receiving in-person IPAC support</p>
	Continue and enhance strategies for outbreak management, isolation and recovery	<ul style="list-style-type: none"> <li>Maintain and enhance outbreak management and support contact tracing strategies led by TPH</li> <li>Continue operation of the isolation and recovery programs through collaborative service model partnership with UHN, ICHA and community health partners</li> <li>Review and improve clarity of process for referral pathways to testing, isolation and recovery programs in partnership with Toronto Public Health and the Inner City Health Associates (ICHA), and develop clear communication materials for clients and staff</li> </ul>	<p>Reduce spread of virus during shelter outbreaks</p> <p>Clear understanding of referral pathway to recovery and isolation</p>	<p># of new cases related to outbreaks in shelters</p> <p>Satisfaction with referral process to recovery program</p>

Priority	Issue	Implementation actions	Outcome	Measure
	Ensure staffing capacity needed to maintain essential service delivery and expanded service locations	<ul style="list-style-type: none"> <li>• Expedite recruitment for essential new frontline staff positions</li> <li>• Continue to redeploy non-essential City staff as needed</li> <li>• Work with Toronto Shelter Network on coordinated staffing recruitment and onboarding processes to meet needs of sector</li> <li>• Enhance access to virtual training and onboarding of new staff, including virtual training for SMIS</li> <li>• Ensure mental health and wellness supports are available to ensure staff feel safe and supported</li> </ul>	All shelter programs are adequately supported by well-trained staff	<p># of new staff recruited and trained</p> <p>% of sites that report adequate staffing levels</p>
<i>Adapt service models to the COVID-19 context and ensure sufficient shelter capacity</i>	Redesign non-viable service models	<ul style="list-style-type: none"> <li>• Develop an alternative service delivery model to replace the overnight OOTC program</li> <li>• Identify options for warming centre services during extreme cold weather alerts</li> <li>• Ensure winter response provides safe indoor space for people experiencing homelessness, while also taking the pandemic risk into consideration</li> <li>• Strengthen telephone based referral pathways to shelter access through Central Intake to replace the walk-in referral program at 129 Peter St.</li> <li>• Review viability of programs whose capacity has been significantly reduced.</li> </ul>	Essential services maintained in a safe way during the pandemic	# spaces in total system
	Strengthen service delivery model at new temporary shelter sites	<ul style="list-style-type: none"> <li>• Work with health partners to ensure all new temporary shelters are connected with a primary care provider and that mental health case management supports are accessible</li> <li>• Enhance harm reduction approaches and supports including overdose prevention strategies in new and existing shelters to mitigate impacts of opioid crisis during the pandemic</li> <li>• Establish community engagement processes for new sites that will be operational in the longer term to ensure successful integration with local neighborhoods</li> </ul>	<p>New temporary shelter programs have supports needed for clients</p> <p>New temporary shelter programs are well integrated into their neighbourhoods</p>	<p>#, % of sites connected with primary care provider</p> <p># of fatal overdoses prevented</p> <p># of sites with an established community engagement process</p>
	Deepen collaboration with health partners	<ul style="list-style-type: none"> <li>• Review, update and implement shelter health services framework</li> <li>• Work with Ontario Health Toronto Region to designate lead health sector partners to rapidly pilot implementation of the framework</li> <li>• Coordinate with lead health service providers identified to coordinate a broad range of needed</li> </ul>	All shelters are part of a well-coordinated and consistent approach to integrated health and homelessness services	#, % of sites with shelter health services framework implemented

Priority	Issue	Implementation actions	Outcome	Measure
		health services, including harm reduction, mental health care management, and geriatric care		
	Continue and enhance approach to outreach and encampments	<ul style="list-style-type: none"> <li>Continue to provide access to shelter and housing for people to move indoors from encampments</li> <li>Work with interdivisional and community partners to review and enhance approach to encampments using a human right-based approach and that protects client and community safety</li> <li>Continue quality assurance process to ensure consistent application of IPAC and physical distancing measures in shelter and share data publicly to dispel misperceptions about safety of shelters during the pandemic</li> </ul>	People living outdoors are provided supports needed to access safe indoor space	<p># of clients referred to shelter or housing</p> <p>Reduced # of encampments and clients living outdoors [check w S2H on viability of reporting this regularly]</p>
<b>Expedite efforts to move people from shelter into housing</b>	Continue to scale up rapid housing efforts	<ul style="list-style-type: none"> <li>Continue the Rapid Housing Initiative to provide access to housing allowances and rent geared to income units to move people out of shelter</li> <li>Continue expanding implementation of the Coordinated Access System, including enhancing the Shelter Management Information System, to ensure that units are prioritized for people experiencing chronic homelessness and who are particularly vulnerable individuals</li> <li>Ensure everyone in COVID hotel programs has a housing plan</li> </ul>	Homelessness is rare, brief and non-recurring	<p># of clients housed from shelter</p> <p>Reduced length of homelessness</p>
	Create a redevelopment plan to repurpose shelter space into permanent housing infrastructure	<ul style="list-style-type: none"> <li>Conduct portfolio review of all shelter facilities to identify those no longer viable due to COVID-19 measures and those that are well-positioned to convert to housing</li> <li>Work with the Housing Secretariat to identify 2-3 pilot sites for conversion from shelter to housing</li> <li>Identify how existing funding for non-viable programs under COVID-19 can be repurposed for supportive housing</li> <li>Develop a service model and funding framework for transitioning shelters to supportive housing</li> <li>Establish measures for client flow indicators, estimate shelter capacity needs, use data to determine when to close/convert shelter beds and how to prioritize clients for converted supportive housing units</li> </ul>	Chronically homeless individuals are provided supportive housing that better meets their needs	# of shelter sites/beds converted to housing
	Implement the Housing and Homelessness Recovery Response Plan to create 3,000	<ul style="list-style-type: none"> <li>Support the Housing Secretariat to implement the Housing and Homelessness Recovery Response Plan, including:</li> <li>Develop and act on an acquisition strategy for hotels, rooming houses, and other buildings</li> </ul>	Increased supportive housing available for people exiting	<p># of buildings/units acquired</p> <p># of modular supportive</p>

Priority	Issue	Implementation actions	Outcome	Measure
	new affordable and supportive homes	<ul style="list-style-type: none"> <li>• Expedite development of modular housing units</li> <li>• Advocate to other Governments to accelerate funding under the HousingTO plan</li> <li>• Advocate for an increase to the Canada Ontario Housing Benefit (COHB) to assist more people to exit shelter</li> <li>• Work with Concept to Keys Project to expedite affordable housing projects through approvals</li> <li>• Link housing benefits to new affordable homes to ensure they are affordable enough for those in shelters and on the wait-list</li> </ul>	the shelter system	housing units operational
	Explore an integrated approach to funding supports in shelter and in housing	<ul style="list-style-type: none"> <li>• Work with the Housing Secretariat to develop a standardized and coordinated funding framework for supportive housing operating funding to support increased capital initiatives</li> <li>• Work with United Way, Ontario Health Toronto Region and other orders of government to re-examine the system of funding and programs for supports needed for people in shelter and as they move into housing</li> <li>• Review across programs with an aim to improve shared effectiveness, eliminate duplication, improve integration and adapt for changes to need or service organization as a result of the pandemic.</li> </ul>	<p>More coordinated and effective system of supportive housing</p> <p>More clients supported to maintain housing</p>	# of clients supported to maintain housing through new approaches
<i>Minimize flow of people into homelessness</i>	Prevent entries into the shelter system due to discharges from other systems	<ul style="list-style-type: none"> <li>• Enhance data collection systems for measuring and mitigating increases from other systems and returns from housing</li> <li>• Convene a regional table with GTHA service managers focused on collaborative discharge planning and developing a shared referral and escalation process</li> <li>• Advocate for changes to discharges from provincial systems, particularly corrections including:</li> <li>• Implementing community re-entry planning and housing plans well before release date</li> <li>• Establishing specialized program supports that target inmates who are more likely to be homeless upon release and who have a history of homelessness, mental illness and/or addictions</li> <li>• Joint development of discharge plans with municipal service managers where homelessness is likely</li> <li>• Establishing pre-release programs, including in hotels or motels, where people can search for housing and work</li> </ul>	Reduce the number of people becoming homeless from provincial systems	# of people entering shelter as a result of discharge from health or corrections

Priority	Issue	Implementation actions	Outcome	Measure
	Expand supports for households at risk of eviction	<ul style="list-style-type: none"> <li>Implement enhanced eviction prevention measures, including EPIC program expansion and continue to increased Rent Bank funding with flexible program rules</li> <li>Work with United Way to redesign the drop-in model for the pandemic to support eviction prevention</li> <li>Advocate to other orders of government for legislative changes to extend eviction prevention measures and enhance residential rental assistance programs</li> </ul>	Prevent people from becoming homeless due to eviction.	# of people becoming homeless due to eviction
<i>Ensure recovery planning is rooted in Indigenous Reconciliation and Confronting Anti-Blank Racism</i>	Collect and act on race-based data	<ul style="list-style-type: none"> <li>Enhance data systems to enable better collection of equity based data to ensure people who are housed are representative of the shelter population, including enhancing data collected through the Shelter Management Information System and Centralized Waiting List</li> </ul>	Data is available to track and measure equity based outcomes	% of active client intakes where race and Indigenous data has been collected
	Confronting Anti-Blank Racism	<ul style="list-style-type: none"> <li>Implement Task Force recommendations as part of the City's Year 3 Confronting Anti-Black Racism Action Plan including:</li> <li>Center the voices of Black individuals:</li> <li>Promote Black leadership:</li> <li>Recognize the importance of shared experience in support:</li> <li>Increase participation of Black-led organizations in responding to Requests for Proposals (RFPs)</li> </ul>	Confronting Anti-Black Racism lens is incorporated in recovery planning for shelter system	To be developed in collaboration with CABR leads
	Implement Indigenous specific recovery strategy	<ul style="list-style-type: none"> <li>Work with Toronto Indigenous Community Advisory Board (TICAB) to develop implementation plan for Indigenous specific recovery strategy, aligned with the Meeting in the Middle strategy, including:</li> <li>Prioritize Indigenous-specific housing</li> <li>Expand Indigenous-led outreach and supports</li> <li>Establish protocol to ensure Indigenous individuals who have been moved into new housing are connected with an Indigenous provider</li> <li>Support Indigenous providers to act quickly and lead solutions</li> </ul>	Indigenous specific recovery strategy contributes to increased positive outcomes for Indigenous people experiencing homelessness	To be developed in collaboration with TICAB

**Attachment 2**  
**2021 Shelter Infrastructure Plan**

Table 1 and Table 2 below provide details of shelter development progress to date including the number of shelter beds and sites that have been opened and those that are confirmed, still in development, and have yet to be confirmed.

Table 1: Forecast of Permanent Shelter Bed Openings by Year: 2018-2023

Type of Beds	New Beds	Replacement Beds	GSR Beds	Total by Year
<b>2018</b>	45	84	0	<b>129</b>
<b>2019</b>	396	53	106	<b>555</b>
<b>2020</b>	33	153	94	<b>280</b>
<b>2021</b>	200	0	120	<b>320</b>
<b>2022</b>	0	35	80	<b>115</b>
<b>2023</b>	75	0	0	<b>75</b>
<b>Unconfirmed</b>	251	0	0	<b>150</b>
<b>Total by Category</b>	<b>1000</b>	<b>325</b>	<b>400</b>	<b>1624</b>

Table 2: Forecast of Permanent Shelter Site Openings by Year, 2018-2023

Type of Sites	New Sites	Replacement Sites	GSR Sites	Total by Year
<b>2018</b>	1	2	0	<b>3</b>
<b>2019</b>	4*	0**	2	<b>6</b>
<b>2020</b>	1	2	1	<b>4</b>
<b>2021</b>	2***	0	1	<b>3</b>
<b>2022</b>	0	1	1	<b>2</b>
<b>2023</b>	1	0	0	<b>1</b>
<b>Unconfirmed</b>	3	0	0	<b>3</b>
<b>Total by Category</b>	<b>12</b>	<b>5</b>	<b>5</b>	<b>22</b>

\*545 Lakeshore Blvd W. is not included in the bed or site counts as it is temporary site

\*\*3306 Kingston Rd. is counted as a GSR site but has some replacement beds

\*\*\*4117 Lawrence is counted as New (1000 bed) Site but has some GSR beds



**Table 3: 2021 Shelter Infrastructure Plan:** The table presents an overview of the planned growth in the shelter system over the next 2 years. The table also highlights the impact of the COVID-19 pandemic on planned shelter sites.

Year	Address	Project	Inf	GSR	Rep	COVID-19 Impact*	Program	Lease/ Own	Opening Date	Council Decision
Locations Opened										
2018	29 Leslie Street	Rep.			60	Capacity reduced to 34 beds	Men	POS, agency owned	January, 2018	CD 9.1, CD24.7
2018	512 Jarvis St.	Rep.			24	Capacity remained at 24 beds	Senior Women	POS, Leased	August, 2018	EX 8.10, CD29.8
2018	2671 Islington Ave.	Infra. Dev.	90****			Current Capacity reduced to 30 beds (from 45 open beds). Capacity of 43 with physical distancing when complete.	Seniors	POS, City owned	December, 2018	CD24.7, EX31.2
2019	348 Davenport Rd.	Infra. Dev.	73****			Closed for Renovations. Capacity of 37 with physical distancing when open.	Women	POS, City owned	January, 2019	CD24.7, EX31.2
2019	3306 Kingston Rd.	GSR/ Rep.	40**	40	53	Capacity reduced to 66 beds	Senior Men	COT, City owned	April, 2019	EX9.6, EX10.12, CD24.7
2019	747 Warden Ave.	Infra. Dev.	51			Capacity reduced to 39 beds	Youth	POS, agency owned	April, 2019	CD21.14, CD24.7
2019	545 Lake Shore Blvd. W.	Infra. Dev.	200***			Capacity reduced to 150 beds	Women and Couples	POS, City leased	April, 2019	CD24.7, EX31.2
2019	731 Runnymede Rd.	GSR/ Rep.		66		Capacity reduced to 37 beds	Men	COT, City owned	November, 2019	EX9.6, CD14.9, CD24.7
2019	165 Grange Ave	Infra. Dev.	250			Family rooms are not impacted	Families	POS, City Leased	December, 2019	CD24.7, EX31.2
2020	1684 Queen St	348 Davenport Relocation			47	Capacity Reduced to 39 beds	Women	POS, City Leased	April, 2020	CD24.7, EX31.2



Year	Address	Project	Inf	GSR	Rep	COVID-19 Impact	Program	Lease/ Own	Opening Date	Council Decision
Locations Secured										
2020	875 Queen St. E.	Rep.			106	Family rooms are not impacted	Family	POS, City owned	Q4 2020	EX5.12, CD15.9
2020	257 Dundas St E.	Infra. Dev.	33			Capacity remained at 33 beds	LGBTQ2S Youth	POS, City owned	Q4 2020	CD5.8, CD24.7
2020	705 Progress Ave	GSR		94		Capacity of 64 with physical distancing	Men	COT, City owned	Q4 2020	EX9.6, CD24.7
2021	4117 Lawrence Ave E	Infra. Dev./ GSR	50	39		Capacity of 33 with physical distancing	Mixed Adults	POS, City owned	2021	CD24.7, EX31.2
2021	101 Placer Crt	Infra. Dev.	87			Capacity of 58 with physical distancing	Mixed Adults	POS, City owned	2021	CD24.7, EX31.2
2021	354 George St.	GSR		81		Postponed – currently in use as physical distancing site.	Men	COT, City leased	2021	EX9.6, EX31.2, CD24.7
2022	2299 Dundas St W	GSR		80		Impact will be assessed closer to opening	Men	POS, City owned	2022	EX9.6, CD24.7
2022	233 Carlton St	Rep.			35	TLAB hearing delayed. Impact will be assessed closer to opening	Women	POS, City Leased	2022	CD24.7; CD29.08
2023	67 Adelaide St. E.	Infra. Dev.	75			Capacity of 62 with physical distancing. Impact will be re-assessed closer to opening	Indigenou s	POS, City owned	2023	CD29.8
Locations Conditionally Secured (purchase and/or lease agreements are being negotiated) and Unsecured Locations										
TBD	2950-2970 Lake Shore Blvd West	Infra. Dev.	100				TBD	POS, City owned	TBD	CD24.7, EX31.2
TBD	New Site #11	Infra. Dev.	50				TBD	POS, City owned	TBD	CD24.7, EX31.2
TBD	New Site #12	Infra. Dev.	101				TBD	POS, City owned	TBD	CD24.7, EX31.2
<b>Total</b>			<b>1000</b>	<b>400</b>	<b>325</b>					

\*All COVID-19 Impacts are high level estimate and are subject to change as sites are developed

\*\* 3306 Kingston Rd: There are 40 beds that are assigned to GSR on a temporary basis but will be added as infrastructure development beds when the GSR project concludes

\*\*\* 545 Lakeshore Blvd W: This is a temporary site that will be closed by the end of 2020

\*\*\*\* Beds at 348 Davenport Rd. and 2671 Islington Ave. are being added in multiple phases and will reach full capacity by 2021

**Infra. Dev.:** Infrastructure Development includes all new beds intended to count toward the 1,000 bed objective.

**GSR:** counts sites opening as part of the 400-bed George Street Revitalization transition plan.

**Rep.:** counts all replacement beds for shelters that are relocating. In some cases, relocating shelters include both replacement beds and new or GSR beds.

**POS:** refers to community agencies funded by the City of Toronto through purchase-of-service agreements.

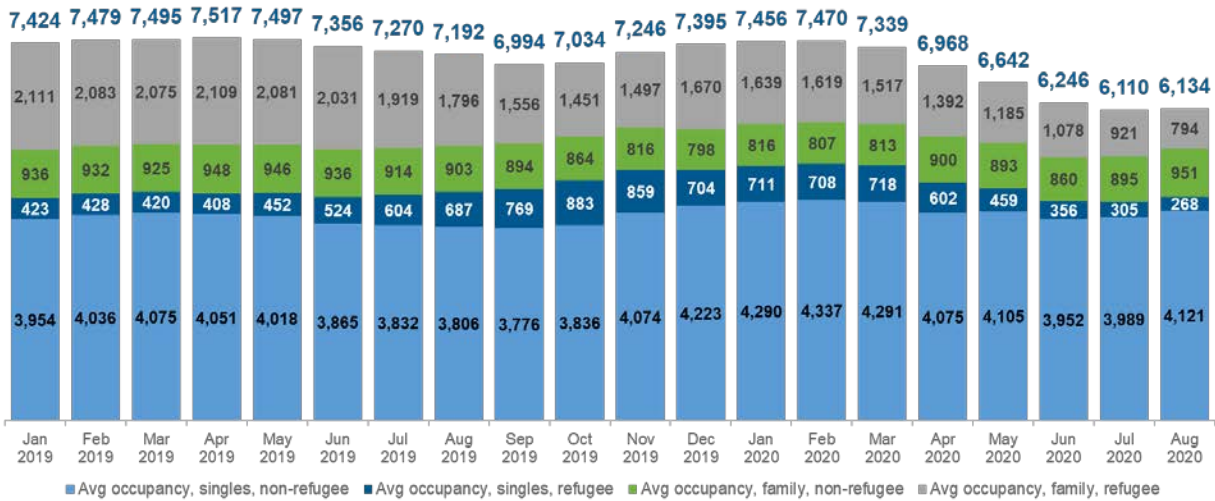
**COT:** Sites owned and operator by the city of Toronto

### Attachment 3 Shelter System Occupancy and Capacity Trends

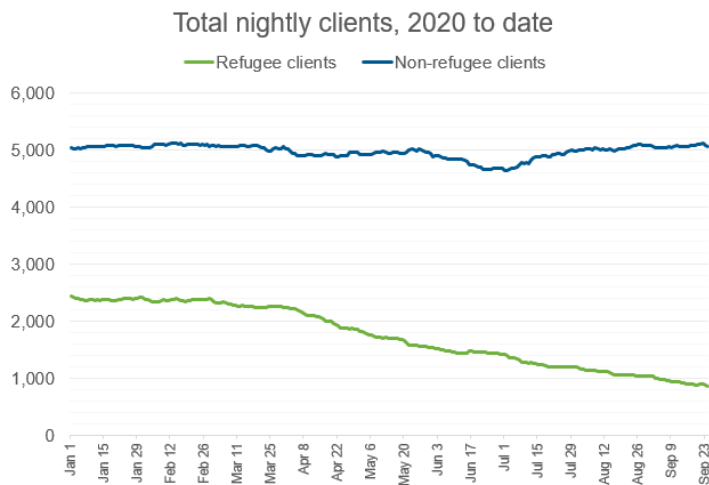
Overall occupancy in the shelter system has decreased since the start of the pandemic, driven by a decline in the number of refugee claimants, primarily families, entering the shelter system as a result of the border closure. The number of refugees in the shelter system has decreased by 1,350 people between March and mid-September.

As a result, average monthly occupancy overall in the shelter system has decreased from a peak of close of 7,500 people per night in January of 2020 to just over 6,100 people per night on average in August.

**Figure 1: Average monthly occupancy**



**Figure 2: Refugee and Non-refugee clients in shelter**

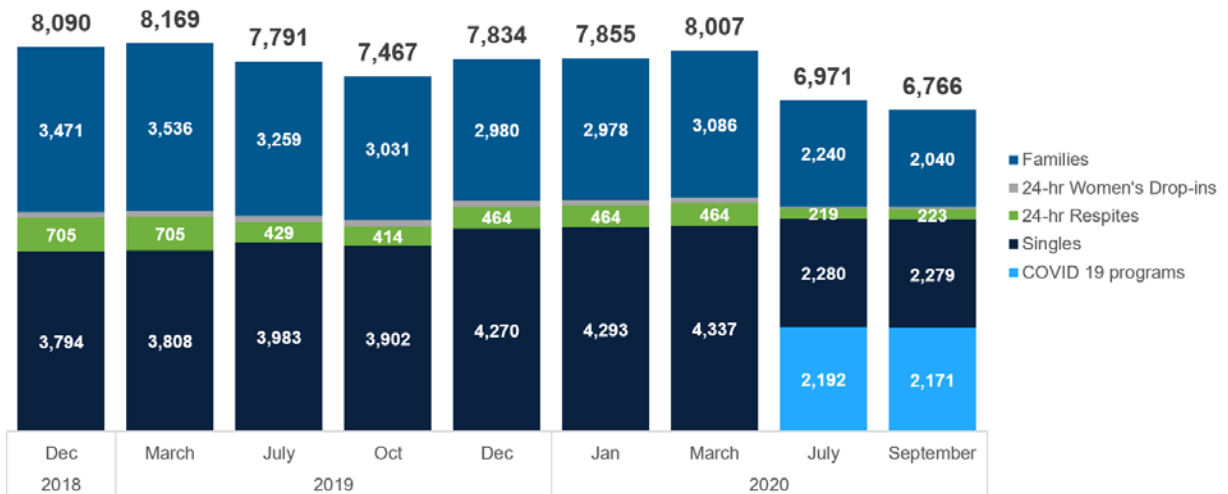


Date in 2020	Non-refugee clients	Refugee/ asylum claimant clients
March 15	5,076	2,266
April 1	5,019	2,245
April 15	4,902	2,067
May 1	4,932	1,824
May 15	4,960	1,703
June 1	4,894	1,537
June 15	4,809	1,442
July 1	4,650	1,420
July 15	4,891	1,245
August 1	5,001	1,173
August 15	5,001	1,084
September 1	5,057	1,033
September 15	5,068	910

As demand for the temporary refugee programs had decreased, those programs have been reduced, and in some cases the hotel programs have now been converted for use in the COVID-19 response. The bed capacity of these programs has been reduced as a result, as they transitioned from family programs, where there were generally 3-4 people per room, and are now being used for single individuals or couples with a capacity of 1-2 beds per room. Total shelter system capacity has decreased by just over 1,000 spaces as a result of this reduction in family refugee programs.

Despite these significant changes in the family shelter system, capacity in the singles shelter sector has been maintained throughout the pandemic. The decrease of just over 2,300 spaces in the base shelter system as a result of physical distancing measures since March has been offset by an increase in almost 2,200 spaces in new temporary response sites.

**Figure 3: Total Shelter System Capacity Snapshots**



**Figure 4: Singles Sector Shelter System Capacity**

