



Central Intake Shelter Access Data Indicators and Trends - Update

Date: November 20, 2020

To: Economic and Community Development Committee

From: General Manager, Shelter, Support and Housing Administration

Wards: All

SUMMARY

The purpose of this staff report is to provide an update on Central Intake shelter access data indicators and trends. This includes a description of recent enhancements to Central Intake; an update on shelter system capacity and changes related to COVID-19; a report on Central Intake call volumes, key performance indicators, and its referral process; and an update on available data describing the current demand for shelter spaces.

This report finds that while Central Intake continues to meet its customer service targets despite unprecedented increases in call volume, demand continues to be hard to predict and there may be individuals who are not able to access a shelter space through Central Intake within a 24-hour period. A number of immediate service improvements are underway to increase access to shelter spaces and continue to enhance data processes in order to improve customer service and referral efficiency, and to better understand these trends to increase services that respond to specific needs.

These improvements include additional capacity being added to the system through the winter services plan, continued roll out of Wrap-up Code data, further analysis of the service queue, improvements to the accuracy of capacity reporting in the Shelter Management Information System, and continuing to work with shelter providers to ensure the quick turnover of spaces while maintaining COVID-19 cleaning protocols. The goal of these improvements is to ensure that all spaces in the system are used, and to be as efficient as possible with available spaces.

SSHA is committed to continuing to enhance the use of data in planning services for people experiencing homelessness by enhancing our data collection and reporting capabilities. Indicators related to shelter access, number of people experiencing homelessness, length of homelessness and returns to the shelter system are all under development and will be reported publicly to track and report on our progress at achieving these outcomes.

RECOMMENDATIONS

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

1. The Economic and Community Development Committee receive this report for information.

FINANCIAL IMPACT

There are no financial impacts expected based on the recommendation in this report.

Funding for the Central Intake Call Centre is included in SSHA's 2021 Operating Budget Submission with funding in 2021 and future years subject to the Budget process.

The Chief Financial Officer and Treasurer has reviewed this report and agrees with the Financial Impact section.

DECISION HISTORY

At its meeting of October 27, 2020, City Council adopted EC16.1 "Interim Shelter Recovery and Infrastructure Implementation Plan" and directed the General Manager, Shelter, Support and Housing Administration to report to the Economic and Community Development Committee meeting on December 7, 2020 on available indicators about the number of people seeking shelter or respite beds through Central Intake and the number of people referred to a space to ensure that adequate capacity is maintained in the shelter system.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.EC16.1>

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 March 26 and 27, 2018, City Council adopted CC38.3 "Ombudsman Toronto Report - Enquiry into City of Toronto Winter Respite Services 2017-18 Season" and received the report (March 19, 2018) from the Ombudsman for information.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.CC38.3>

COMMENTS

1. Background

(a) Central Intake

Central Intake (CI) provides a 24/7 telephone based service that offers referrals to emergency shelter and other overnight accommodation, as well as information about other housing stability services. The program mandate is to ensure people experiencing homelessness who request emergency accommodation over the phone have access to timely, accurate information about available services.

All inbound telephone calls received by Central Intake are managed in a way that allows callers to be referred to available temporary emergency accommodation, receive information about housing stability services, and connections to services that provide homelessness prevention and shelter diversion.

The specific activities and services provided by CI include:

- Referring callers experiencing homelessness to available temporary emergency accommodation
 - a. Completing an intake of caller needs; and
 - b. Providing callers with referral to available City-operated or partner-operated shelter and respite services.
- Providing information to callers about housing stability services
 - a. Providing callers with information about housing stability services such as the Rent Bank, Housing Help Centres, Office of the Commissioner of Housing Equity, Landlord and Tenant Board; and
 - b. Responding to requests for other information such as information about detox programs, safe beds, law enforcement requests, inquiries about shelter programs, refugee services, and services available for homeless youth.
- Offering callers information and connections to services that provide homelessness prevention and diversion
 - a. Providing callers with connection to homelessness prevention and shelter diversion services; and
 - b. Providing callers with information to maintain current housing and prevent eviction.

Central Intake Modernization in 2018

In the winter of 2017-2018, SSHA heard from clients, advocates, public, staff, the Ombudsman Toronto Office, and City Council that the information in place to guide access to immediate emergency shelter was inadequate. Concerns raised included a lack of clear, consistent and up-to-date information, and that the system was unable to keep up with the growing demand.

During the 2017-2018 winter, the Ombudsman Toronto conducted an Enquiry into City of Toronto winter respite services. On March 19, 2018, the findings were published in a report: [Enquiry into City of Toronto Winter Respite Services 2017-18 Season](#) and was adopted by [City Council](#) on March 26 and 27, 2018.

Implementation of the nine Ombudsman recommendations resulted in the following improvements:

- New [glossary of housing and homelessness service terms](#),
- New 24/7 system oversight function,
- Improved [Homeless Help information website](#),
- New [24-Hour Respite Site Standards](#),
- Key Performance Indicators (KPIs) and reporting tools,
- Clear documentation of service mandates and responsibilities across the division,

Concurrent to the Ombudsman Enquiry, in 2018 a review of SSHA's internal and external communication practices was conducted, with a focus on processes surrounding access to emergency shelter and associated services through the Central Intake call centre.

Recommendations from this review corroborated those from the Enquiry, which included calls for clarification of the Central Intake model and mandate; enhancement of staffing to meet demands and growth; and technical, training, quality assurance and process improvements. Recommendations were also made for better use and representation of call data as well as data that reflects shelter demand to ensure the system continues to perform as intended.

Since 2018, SSHA has implemented an enhanced Central Intake service focused on improving the client experience through: enhanced technology, revitalized training, development of key performance indicators, an expanded workforce and improved customer service processes.

- New modernized location
- Invested in call centre management technologies
- Increased staff complement
- Clearly defined Central Intake's roles and responsibilities
- Improved customer service processes
- Enhanced employee engagement and improved training and coaching
- Development of metrics and KPIs to guide operational decisions

These enhancements have enabled Central Intake to achieve significantly lower call wait times and dramatically improve the call answer rate, both of which are improvements that are sustained to date (Attachment 1, Figure 1). The result has improved customer service for people looking for shelter.

(b) Shelter System Capacity and Changes Related to COVID-19

Through the first phase of the pandemic, SSHA's priority was to ensure the safety of the people staying in the shelter system by meeting physical distancing requirements in shelters as rapidly as possible. Over the past six months more than 40 temporary shelter programs were opened, of which 23 are currently operating with approximately 2,300 spaces, as well as a recovery and isolation program. The significant expansion of the shelter system 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 two metres lateral spacing between all beds in our shelter system.

Since the start of the pandemic, while overall shelter occupancy has decreased due to the significant decline in refugee/asylum claimant families accessing shelter as a result of the border closure, shelter system capacity has been maintained in the non-family (singles) sector. The City continues to provide shelter and respite spaces to more than 4600 individuals in the singles sector per night, compared to 4400 individuals in the singles sector at the same time last year.

In addition, at the beginning of November, SSHA began implementing its [Winter Services Plan](#), which will add more than 560 spaces for people experiencing homelessness through a combination of shelter capacity and supportive housing. These additional spaces will help to increase the capacity of the shelter system during the winter months and support others currently in the shelter system to move into permanent housing making the space they were using available to new admissions.

At the start of the pandemic, daily online reporting of shelter and overnight services system occupancy and capacity was suspended as only emergency COVID-19 response related web updates were being made to the City's website. The daily online reporting of service usage has now resumed on the [City's website](#). As of November 17, the occupancy rate for the families sector was 92% and the occupancy rate for the singles sector was 95% in emergency shelter programs and 88% in transitional shelter programs. Transitional programs are not available for direct referral by Central Intake and require a different admission program based on program criteria.

The occupancy data reported on the website includes a count of all individuals and, where capacity is measured at the room level, the number of rooms occupied. Capacity is measured in rooms for family programs and hotel and interim housing COVID-19 response programs. For all other programs, it is reported at the bed or space level. The data reported represents all spaces, whether occupied or vacant, that are recorded in the [Shelter Management Information System](#) as vacant in the system at 4:00 a.m.

If a shelter or overnight service has been advised to suspend new admissions due to a confirmed or suspected outbreak, the site is instructed to deactivate vacant beds in the City's Shelter Management Information System until admissions resume. The bed may also show as vacant but is not available for immediate admission until required COVID-19 cleaning protocols are completed. Staff will continue to update and improve these data and reporting processes on an ongoing basis, and based on further feedback, in

an effort to continuously improve the efficiency of the system and enhance customer service.

Streets to Homes Assessment and Referral Centre

The Streets to Homes Assessment and Referral Centre (SHARC) walk-in referral/respite and intake service at 129 Peter Street continues to be suspended during COVID-19. Since March people seeking a shelter space have been directed to call Central Intake as the primary means to access an available shelter space.

SHARC has continued to provide a bedded program for individuals experiencing homelessness who are working on a housing plan with Streets to Homes. The capacity of the bedded program was reduced from 40 to 29 to accommodate physical distancing requirements.

While the walk-in referral/respite program is formally closed, staff on-site continue to connect to people who arrive at 129 Peter St and provide support at the front door such as, providing TTC fare, snacks and assist with connecting to Central Intake for a shelter bed referral. On average 50 people per day are assisted.

Over the winter, SHARC will function as a centrally located part of our response during Extreme Cold Weather Alerts, by functioning as a warming centre location. This is the first year that more than one warming centre location has been offered as part of the Winter Services Plan, with four sites available throughout the city to improve access to safe indoor space during extreme cold weather.

There are currently no plans to return to pre-COVID-19 services with the walk-in shelter referral and respite program until such time as public health guidance related to physical distancing changes. The previous service model, is not feasible under current public health restrictions. In addition, people travelling, in many cases on public transit, in order to access a walk-in referral and then potentially travel again to access a shelter bed, increases the risk of virus spread, compared to calling Central Intake phone service for a referral to the closest available shelter space.

2. Central Intake call volumes and referral process

Central Intake Key Performance Measures

As part of its 2018 modernization, Key Performance Indicators (KPIs) were established for Central Intake to monitor call volume trends. They include:

- Total calls (answered and abandoned),
- Average speed of answer,
- Average handle time, and
- Calls answered under 2 minutes

As previously mentioned, due to the enhancements in 2018 Central Intake has made significant and sustained improvements in its call answer rate as well as a reduction in the time to answer calls (Attachment 1, Figure 1).

KPI trends also indicate an increase in daily call volumes since the start of the pandemic (Attachment 1, Figure 2). In the month prior to the pandemic (March 2020), CI received an average of 252 calls per day (includes abandoned calls), whereas the number of calls per day in October 2020 reached 453. This demonstrates an 80% increase in call volume. The increase in call volume over the course of the pandemic is due in part to the absorption of requests for shelter or respite referrals that would normally be sought through SHARC. Staff will continue to monitor KPI trends and assign additional staff as needed to maintain performance targets for call answer time and call handle times.

Central Intake Callback Process

A caller to Central Intake may not always be offered or accept a referral to a shelter bed on a first call. Many people have specific needs or preferences that limit the beds that are available to them based on gender, couple-specific programs, pet-friendly programs, or active service restrictions. Some people call to request very specific and limited types of shelter spaces, such as a hotel program, which are not always available. The shelter system is complex and dynamic and space availability changes constantly as people move in and out of the system.

If a referral is not offered and/or accepted at the time of their call, caseworkers request that the individual call back later. Staff are also instructed through the current protocol to take the caller's phone number so they can be called back if space becomes available.

3. Available data on current demand for shelter spaces

Implementation of Wrap-up Codes

The Central Intake modernization project includes the implementation of Wrap-up Codes, which allow each caseworkers to assign a code to a call file before closing it. This data will be used to help improve reporting on shelter access and capacity by providing specific and detailed outcomes for each individual call. Implementation of Wrap-up Codes was delayed as staffing resources were prioritized for redeployment to maintain essential front line services early in the pandemic, but are now currently being rolled out and new indicators are in development based on refinement to the data as it is collected.

Any time a call is received by a caseworker at Central Intake, the caseworker attributes the call to a wrap-up codes that allows for analysis of call trends. The categories of wrap-up codes include Referrals, Shelter Space Unavailable, Information & Resources, and No Connection (i.e. dead air or disconnected call)

Preliminary analysis of wrap-up code data from November 3 to 17 (15-day period) indicates that on average 377 calls were handled by Central Intake on a daily basis. Of calls with wrap up codes assigned, 57% were requests for shelter spaces (of which 22% were categorized as Referrals and 35% as Shelter Space Unavailable at the time of the call), 31% were requests for Information & Resources, and 12% were categorized as No Connection.

Please note that while the wrap codes provides valuable information related to the volume and type of calls received and responded to by Central Intake, the data is limited in its ability to track requests made by unique individuals and outcomes of service referrals. Therefore, additional processes to track these outcomes through SMIS are currently under development through use of the service queue, as outlined below.

(b) Daily Shelter Management Information System Service Queue Data

Due to the limitations described above, to supplement the information available from wrap codes data, the SMIS service queue for Central Intake is also being used to record when a bed is requested for callers who are seeking shelter or resting space. Those who are unable to be referred at the time of their call due to availability of space that suits their needs/preferences remain in the queue until the end of the night (i.e. 4:00 a.m.).

SSHA began collecting data at the beginning of November on how many people remain in the service queue over a 24 hour period and what their possible outcomes may be.

Preliminary data from the Daily Service Queue from November 3 to 17 demonstrates that over a 15-day period, on average approximately 38 individuals were not offered shelter due to availability at the time of their call. Of these individuals, 25 (65%) had called once, and 13 (35%) called two or more times.

As these data collection and daily queue process are new developments, we will continue to refine these processes and data collection methods to track demand and monitor service needs as the additional winter spaces are opened over the coming weeks.

4. Next Steps

Preliminary data available from the implementation of wrap codes and a daily service queue for Central Intake indicate, at the time of writing this report, indicate that there are currently some individuals who are not able to access a shelter space within a 24 hour period.

It is important to note that late October and early November are historically a period where there is increased pressure on shelter system occupancy as the weather gets colder and people decided to move indoors, and as winter capacity ramps up.

A number of immediate service improvements are currently underway to increase access to shelter spaces and continue to enhance data processes to improve customer service, referral efficiency, and to better understand these trends in order to respond to specific needs.

- Additional spaces are currently being added to the system with the implementation of the winter service plan. This is anticipated to reduce some of the system pressure for requests for service. SSHA will continue to monitor these indicators as new winter spaces are added to the system.

- Wrap-up Codes will continue to be rolled out with a focus on staff training and refining administrative processes. We will also continue working to improve the clarity of the Wrap-up Code data to better understand client outcomes and to identify ways to prioritize those most in need. Indicators are currently being developed to help monitor and set targets on Wrap-up Code outcomes.
- Further analysis of those remaining on the service queue to determine which client groups are most frequently represented in the service queue (i.e. are unable to access a space), possible vulnerabilities, what service needs they may have and if there are any observable trends. This information will aid in identifying the types of spaces needed (e.g. accessible, couples, pet friendly, etc.).
- SSHA is also working to improve the real-time accuracy of capacity reporting in SMIS. For example, a bed shown as available in SMIS could be on hold for cleaning at the site. Improvements will be made in SMIS to help capture these circumstances (e.g. indicator of beds on hold for cleaning) in order to enhance customer service.
- Continue to work with shelter providers to ensure the quick turn over of spaces while maintaining COVID-19 cleaning protocols. The goal of these improvements is to ensure that all spaces in the system are used, and to be as efficient as possible with available spaces.

These improvements will help to ensure that Central Intake is able to accurately track and report on an ongoing basis the number of people seeking shelter or respite beds and the number of people referred to a space, and to confirm adequate capacity is maintained in the shelter system.

SSHA is committed to continuing to enhance the use of data in planning services for people experiencing homelessness by enhancing our data collection and reporting capabilities, and reporting publicly on these indicators. Through the Results Based Accountability processes being undertaken as a corporate priority, a number of outcome measures have been identified to track and report publicly on two of our key outcome statements:

- People experiencing homelessness in Toronto have access to safe, high quality emergency shelter
- People are provided housing-focussed supports that ensure homelessness is rare, brief and non-recurring

Indicators related to shelter access, number of people experiencing homelessness, length of homelessness and returns to the shelter system are all under development and will be reported publicly to track and report on our progress at achieving these outcomes.

CONTACT

Laural Raine, Director, Service Planning and Integrity, Shelter, Support and Housing Administration, 416-392-0546, Laural.Raine@toronto.ca

Gordon Tanner, Director, Homelessness Initiatives and Prevention Services, Shelter, Support and Housing Administration, 416-392-5417, Gordon.Tanner@toronto.ca

SIGNATURE

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

ATTACHMENTS

Attachment 1 - Central Intake Key Performance Indicators

Attachment 1: Central Intake Key Performance Indicators

Figure 1. Central Intake Call Answer Rate and Avg. Speed of Answer, April 2018 to October 2020

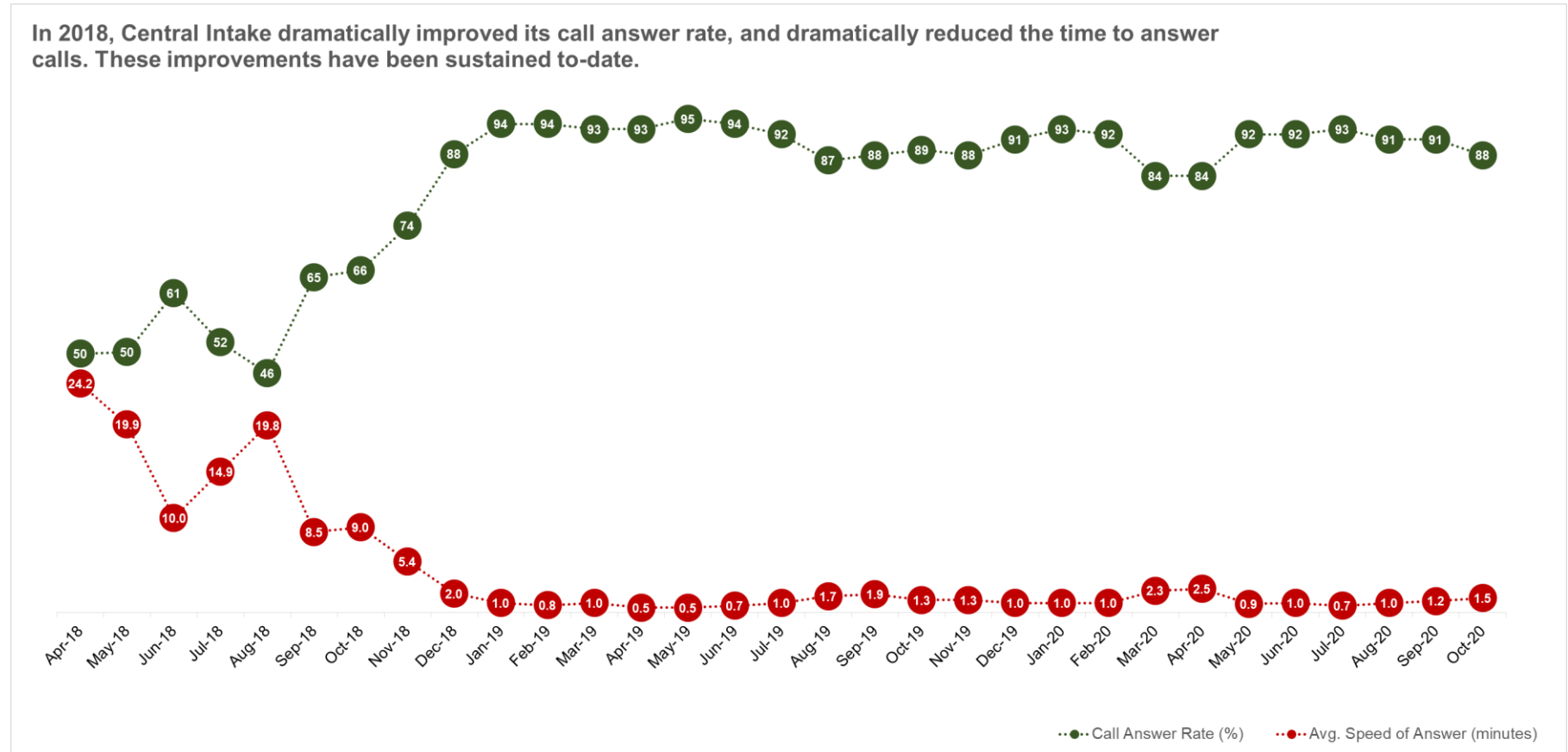


Figure 2: Daily Calls to Central Intake by Month, July 2019 to November 2020

