



Part 1 of the Audit of Emergency Shelters: A Focus on Case Management

***Improving Outcomes – A Roadmap for Shelter, Support and
Housing Administration to More Effectively Guide Each
Client on Their Journey Towards Stable Housing***

May 20, 2022

Beverly Romeo-Beehler, FCPA, FCMA, CFF, ICD.D, JD, B.B.A.
Auditor General

**AUDITOR
GENERAL**

TORONTO

Table of Contents

Executive Summary	1
Background	9
Audit Results	13
A. Increasing the Focus on Case Management to Support Improved Outcomes.....	13
A. 1. Effectiveness of Case Management Varies from Client to Client	15
A. 2. Post-discharge Supports and Actions are Not Captured in SMIS	37
A. 3. Strengthen SSHA Support for Program Operators by Enhancing Case Management Tools and Clarifying Expectations	41
A. 4. Increase SSHA Oversight of Case Management Performance and Outcomes.....	46
B. Improving the Homelessness and Housing Information System	55
B. 1. SMIS is Not Designed to Support Effective Case Management	55
B. 2. Limited Information Sharing Impacts Client Outcomes	57
B. 3. Improve Quality and Reliability of Data Recorded in SMIS	59
C. Focusing on Housing is an Efficient and Cost-Effective Use of Resources.....	61
Conclusion	69
Audit Objectives, Scope and Methodology	70
Exhibit 1 – Example of Case Plan Approaches for Different Goal Areas.....	72
Exhibit 2 – Overview of SSHA’s STARS Common Assessment Tool.....	73
Exhibit 3 – Homelessness Solutions Service Plan Implementation Priorities and Actions and Intended Outcomes	74
Appendix 1: Management's Response to the Auditor General's Report Entitled: <i>“Part 1 of the Audit of Emergency Shelters: A Focus on Case Management”</i>	76

Executive Summary

Auditor General has conducted a series of audits in areas along the housing continuum

In 2017, the Auditor General began the first of a planned series of audits in areas that fall along the housing continuum. This series of ongoing and upcoming audits, included in the Auditor General’s Work Plan, is timely as the City continues to move forward with the delivery of its priority actions identified in both the 2021 Homelessness Solutions Service Plan and the HousingTO 2020-2030 Action Plan.

Figure 1 shows the areas that have been included in past audits and the current focus of this audit – emergency shelter operations overseen by City’s the Shelter, Support and Housing Administration (SSHA) Division.

Figure 1: Housing Continuum



Audit of emergency shelters was conducted in several parts

Our audit of emergency shelter operations was conducted in several parts. While we began our audit in early 2020, prior to the pandemic, this audit was paused several times in recognition of the significant impacts of the COVID-19 on emergency shelter operations during the different waves of the pandemic.

This report addresses Part 1: A Focus on Case Management

This report addresses the City’s delivery of housing case management supports at emergency shelters. Our audit work in this area was started just before the onset of the Omicron variant, and we paused work to ensure shelter staff could focus on their first line responsibility to serve their clients.

A separate report addresses Part 2: Lesson Learned from Hotel Operations

A second separate report addresses the City’s use of hotels to provide emergency shelter.

46,300 people stayed in a shelter between January 2019 and February 2022

Between January 1, 2019 and February 28, 2022 around 46,300 people stayed in a shelter for at least one night, including nearly 3,750 families comprised of two or more individuals.

Housing is a social determinant of health

According to the Canadian Mental Health Association and other research, housing is a social determinant of health¹. People who are chronically homeless face substantially higher rates of illness in terms of both physical and mental health and shorter lifespans.

Ensuring a strong emergency response that meets the needs of those in housing crisis is a key City priority

Consistent with direction in the HousingTO Action Plan 2020-2030, over time, the City's goal is to shift away from temporary, emergency responses to homelessness while increasing permanent housing solutions. Ensuring a strong emergency response that meets the needs of those in housing crisis is also a key City priority. A high quality shelter system is critical to creating a housing focused homelessness system that enables people to transition to housing more quickly and with better outcomes.

SSHA is responsible for managing a coordinated and effective system of shelter and homelessness services

In 2022, the City began a strategic shift in how it delivers housing and homelessness services. In order to support City Council's priorities and improve upon service delivery, the Housing Secretariat will have consolidated responsibility as the City's housing lead and lead for the HousingTO Action Plan 2020-2030, including accountability for social housing; market and affordable rental housing; supportive housing; and affordable home ownership. With these changes, some of the functions within SSHA related to housing moved under the leadership of the Housing Secretariat.

SSHA remains responsible for managing a coordinated and effective system of shelter and homelessness services, working from Housing First and human rights approaches and with a focus on the people they serve.

Toronto's homelessness service system provides immediate, housing-focused, person-centred services

Toronto's homelessness service system aims to provide immediate, housing-focused, person-centred services for people experiencing homelessness, and consists of emergency shelters, 24-hour respite sites, 24-hour drop-ins, temporary COVID-19 response programs, street outreach services, and daytime drop-ins.

¹ "Housing And Health: An Overview Of The Literature," Health Affairs Health Policy Brief, June 7, 2018. DOI: 10.1377/ hpb20180313.396577 [HPB_2018_RWJF_01_W.pdf \(healthaffairs.org\)](https://www.healthaffairs.org/doi/pdf/10.1377/hpb20180313.396577)

Support for people experiencing homelessness to develop a housing plan and to access housing and stabilization supports

The primary roles of the homelessness service system within the broader approach to community and social services for vulnerable residents are to provide:

- Safe and welcoming emergency shelter and overnight services for those in housing crisis
- Street outreach services for people staying outdoors, with a focus on establishing supportive relationships to address immediate health and safety needs and provide supports to move into shelter and housing
- Case management supports for people experiencing homelessness to develop a housing plan and to access housing and stabilization supports
- Navigation and referrals to appropriate community and health services

SSHA works closely with community partners

SSHA works closely with more than 200 community service providers and sector partners to deliver this range of services.

Homelessness is a complex issue that cannot be solved by any one organization or sector. Key to addressing homelessness are upstream interventions to prevent people from becoming homeless, and an adequate supply of affordable housing with support opportunities to assist people to quickly exit homelessness.

Close collaboration between SSHA and the Housing Secretariat

Effective delivery of the housing and homelessness system will require continued close collaboration and partnership between SSHA and the Housing Secretariat.

Audit Objective

The objectives of this phase of the audit were to assess whether case management activities in shelters support the City's desired outcome to move people into stable housing effectively and whether shelter operations move people along the housing continuum in an economical way based on client needs. Our audit considered how SSHA:

- Provides population-specific supports, as appropriate, to address client needs
- Connects the shelter client with housing options
- Coordinates with its shelter providers to provide system-level support for homelessness and housing services
- Uses data to detect trends, identify frequent users, and monitor housing success and other performance measures

What we found and recommend

Consistency and infrastructure needed to help improve outcomes for shelter clients

This report provides a roadmap that will support SSHA to keep moving forward with the direction it is heading, as set out in its September 2021 Homelessness Solutions Service Plan. Our report highlights the needed consistency and infrastructure to help improve outcomes for shelter clients, so that individuals and families experiencing homelessness move towards stable, permanent housing more efficiently and effectively.

Provide clearer guidance, tools and templates to better support shelter providers

The nature of the services provided by emergency shelter providers and homeless outreach workers may vary because of the diverse client groups they serve. The way shelter providers approach case planning may also differ. Still, we found that the Toronto Shelter Standards (the Standards) that govern homelessness services could provide clearer guidance, tools and templates to better support shelter providers. Accordingly, we have made recommendations to improve how SSHA, its shelter providers and its partner agencies operate.

Address information system and information barriers

The information system that underpins the emergency shelters and respites was not originally designed to support case management. Inconsistent use of the system by shelter providers for case management purposes limits SSHA's ability to monitor and track performance and outcomes. Data reliability is also a challenge. While SSHA appears to be committed to best efforts, it is working with an inadequate information system and facing information barriers that impede them from designing effective pathways for vulnerable people to break the cycle of homelessness. This report identifies some of these challenges and makes recommendations for ways to support SSHA to support its shelter clients.

Analyze costs and benefits of the "pivot to housing"

Finally, more focus is needed to analyze the costs and benefits to providing permanent housing and wraparound supports needed for the City's "pivot to housing"² which shifts from a focus on emergency responses to homelessness towards longer term housing solutions.

Audit Results-in-Brief

Three main areas for continuous improvement

There are three main areas for continuous improvement:

- A. Increasing the focus on case management
- B. Improving the homelessness and housing information system
- C. Focusing on housing is an efficient and cost-effective use of resources

² According to the [2020 Annual Report for Shelter, Support and Housing Administration \(toronto.ca\)](https://www.toronto.ca/2020-annual-report-for-shelter-support-and-housing-administration) the "pivot to housing" is a commitment to shift from a focus on emergency responses to homelessness to a focus on permanent housing solutions

A. Increasing the Focus on Case Management

Case management activities can be more consistent and better coordinated

Case management is a collaborative process of assessment, planning, care coordination, re-assessment, referral, advocacy, and evaluation to meet the needs of clients, including housing access. The Toronto Shelter Standards require that every person entering the emergency shelter system has an individualized service plan which, consistent with a Housing First approach, must include at a minimum a housing plan and a financial plan. Still, the minimum expectations for case management activities can be further clarified in the Standards.

Varying level of detail or completeness of service plans

We found that the level of detail or completeness of service plans varied amongst different shelter providers and from client to client.

- For some clients, we did not observe a clearly documented housing plan and/or financial plan
- Files often did not indicate whether a client was on the Centralized Waiting List
- Case notes were not detailed enough to demonstrate progress

Without a well-documented service plan, fulsome case notes, or targeted approaches, it is difficult to determine the progress or actions needed to move clients forward to more stable housing in alignment with a “Housing First” approach.

Housing First approach has been challenging for some clients - targeted approaches need to be developed

Case notes indicate, for some, a Housing First approach has been challenging. Targeted approaches need to be developed to achieve better outcomes for:

- Clients who may require long-term support including seniors and chronic shelter clients who may require significant mental and/or physical healthcare supports
- Clients who are not engaged or not willing to participate in case management
- Clients who primarily stay in respites or frequently move between shelter locations

Post-housing supports are essential for Housing First

We also found that post-housing supports are essential for Housing First. However, we were unable to determine the extent of post-discharge supports provided because this information was not recorded in SSHA’s Shelter Management Information System.

Strengthen support and tools for shelter providers

There are opportunities for SSHA to strengthen support for shelter providers by enhancing case management tools and clarifying expectations. Historically, the degree of case management to be provided to clients was left to the discretion of program staff. Additional support or tools being developed and implemented by SSHA can assist its shelter providers and shelter staff in consistently delivering effective case management and high quality service. SSHA staff are in the process of launching a new common assessment tool that may help to clarify expectations for case management activities, housing plans and financial plans.

Improve program monitoring and accountability

Program monitoring and accountability also should be improved. SSHA staff currently does not monitor how efficiently and effectively shelter providers are delivering case management services to clients or whether shelter providers fully comply with the Toronto Shelter Standards. SSHA staff have acknowledged that case management oversight at shelters has not been a priority for several years due mainly to quality assurance activities being largely focused on monitoring respite sites and then IPAC (Infection Prevention and Control) implementation during the pandemic. Going forward, SSHA management advised that staff are in the process of developing a plan for assessing shelter standards, with the work expected to begin later this year.

Define outcomes, set targets, and collect high quality, reliable data to assess effectiveness of case management activities

SSHA has not defined what it means by “best possible outcomes for each client” in the Toronto Shelter Standards and it has not set service performance targets for case management. Once outcomes have been defined, SSHA needs to work towards improving how it collects data to be able to assess and report more robustly on these outcomes. For example, currently, SSHA does not collect, and does not have the system capability to collect, system- and program-level data on factors that impact the effectiveness of case management. Collecting and analyzing program- and system-level data is key to improving the effectiveness case management and developing target approaches to support better outcomes for shelter clients. Having key data can also help better inform decision-making about prioritization, funding and infrastructure requirements.

We have made nine recommendations to SSHA to support its shelter providers and shelter clients in providing consistent, high quality case management.

B. Improving the Homelessness and Housing Information System

Clarify expected use of SMIS for case management

The Shelter Management Information System (SMIS) is a bed management tool and was not designed to store or collect robust case management related information. The use of SMIS for case management varied from shelter provider to shelter provider. Some shelter providers do not use SMIS at all for case management.

Enhance system functionality for tracking case management information

The existing functionality of SMIS does not easily facilitate the telling of a client's "story". Data and information collected is not easily searched, is difficult to extract, and is time-consuming to analyze to assess client progress. SSHA needs better system functionality for tracking client data, progress and case management workflow.

Address information sharing barriers

Further, the system does not support information sharing about a client between different shelter providers. This leads to administrative inefficiencies and limits the effectiveness of holistic case management because case management processes need to be re-started when a client accesses a different shelter. The lack of information sharing is a significant barrier to better outcomes particularly for clients who stay at multiple shelter locations or programs. While we recognize there are privacy challenges, it is our view that the City can move forward in this area.

We have made two recommendations to SSHA to improve the information system, as well as information sharing, to help clients move towards housing.

C. Focusing on Housing is an Efficient and Cost-Effective Use of Resources

Housing is an efficient and cost-effective use of resources

A "pivot to housing" requires a shift from an overreliance on emergency responses towards longer term housing solutions. An emphasis on permanent housing solutions recognizes that housing is an efficient and cost-effective use of resources.

Shelter beds are more expensive to operate than permanent housing

Information reported by the City shows that the cost of emergency shelters is over three times more expensive than providing supportive housing, and around seven to ten times more expensive than providing subsidized housing, rental subsidies or housing allowances, before any Federal or Provincial funding offset³.

³ The calculation is based on the cost of emergency shelters during the pandemic, which has doubled when compared to pre-pandemic costs

Efficiencies and cost avoidance can be used to better support Housing First, provide enhanced wraparound supports and increase permanent housing solutions

Shifting from a focus on emergency responses to homelessness to a focus on permanent housing solutions supports a Housing First approach and achieves better outcomes for people experiencing homelessness. This report recommends a detailed analysis of how any funding from efficiencies and cost avoidance from a “pivot to housing” can be best redirected to better supporting Housing First, providing enhanced wraparound and post-discharge supports and increasing permanent housing solutions.

Continue to explore ways to increase supply of permanent housing

As Service Manager for housing and homelessness-related services, the City should continue to explore different ways to increase the supply of permanent housing.

We have made one recommendation to assist SSHA in managing the cost of providing homelessness services and having a more focused approach for the “pivot to housing”.

Conclusion

12 recommendations

The audit helps to support SSHA in more effectively guiding each client on their journey towards stable housing. Our 12 recommendations provide a roadmap for a consistent approach to case management and improved data and systems infrastructure to better inform and support SSHA as it helps individuals and families experiencing homelessness to move towards permanent, stable housing more efficiently and effectively.

Thank you

We would like to express our appreciation for the co-operation and assistance we received from management and staff of the Shelter, Support and Housing Administration Division, as well as Medical Officer of Health, Dr. Eileen de Villa and her team at Toronto Public Health.

We would also like to express our appreciation to the community agencies for their cooperation during this audit. Lastly, we want to acknowledge the ongoing commitment and dedication of the staff of both SSHA and external agencies in continuing to deliver emergency shelter services in Toronto during the pandemic.

Background

Housing and homelessness is a municipal responsibility

The provincial *Housing Services Act, 2011*⁴ (Act) designates Ontario municipalities to be responsible for developing plans to address housing and homelessness in their area, and to establish, administer and fund homelessness programs and services.

Housing Secretariat is responsible for the delivery of housing services

In 2022, the City began a strategic shift in how it delivers housing and homelessness services. In order to support City Council’s priorities and improve upon service delivery, the Housing Secretariat will have consolidated responsibility as the City’s housing lead and lead for the HousingTO Action Plan 2020-2030, including accountability for social housing; market and affordable rental housing; supportive housing; and affordable home ownership. With these changes, some of the functions within the Shelter, Support & Housing Administration (SSHA) Division related to housing moved under the leadership of the Housing Secretariat.

SSHA is responsible for the delivery homelessness services

SSHA remains responsible for managing a coordinated and effective system of shelter and homelessness services, working from Housing First and human rights approaches and with a focus on the people they serve. Effective delivery of the housing and homelessness system will require continued close collaboration and partnership between SSHA and the Housing Secretariat.

SSHA oversees shelters, respites, drop-ins, temporary COVID-19 response programs, and street outreach services

Toronto’s homelessness service system provides immediate, housing-focused, person-centred services for people experiencing homelessness, and consists of emergency shelters, 24-hour respite sites, 24-hour drop-ins, temporary COVID-19 response programs, street outreach services, and daytime drop-ins.

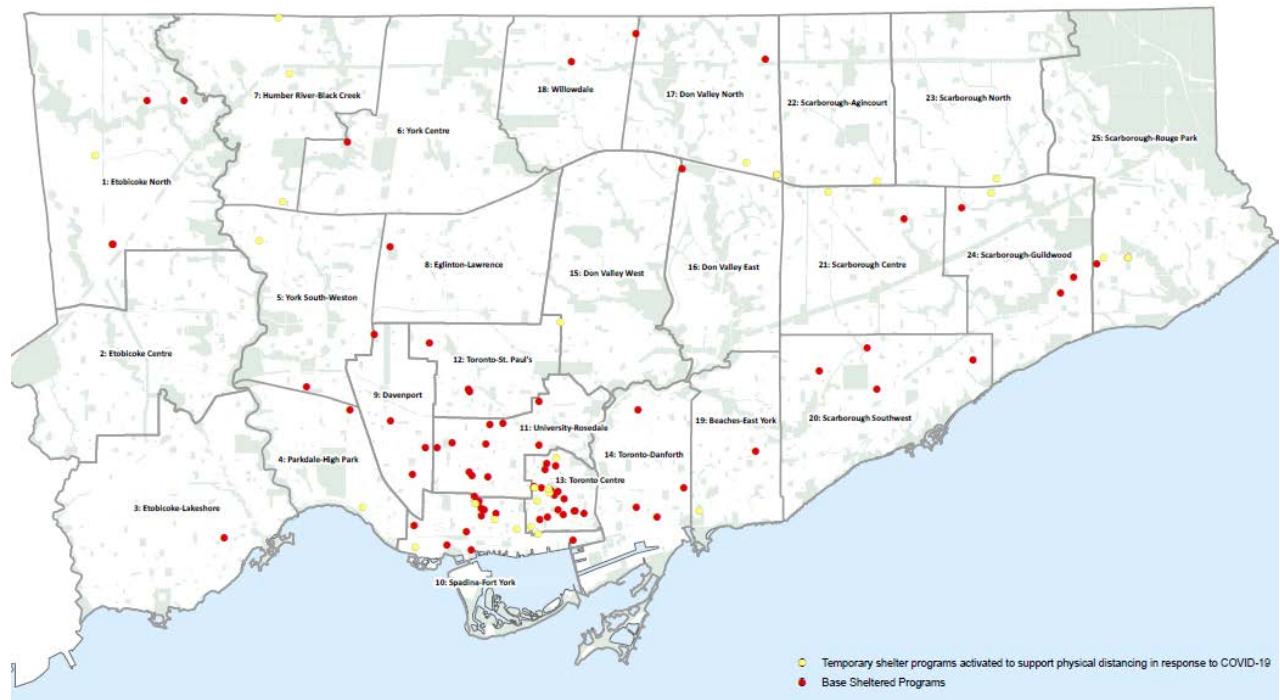
According to the 2021 Homelessness Solutions Service Plan, SSHA works closely with more than 200 community service providers and sector partners to deliver this range of services. The homelessness service system includes 75 emergency shelter and overnight services located throughout the city, in addition to more than 25 temporary COVID-19 response locations currently operating.

⁴ [Housing Services Act, 2011, S.O. 2011, c. 6, Sched. 1 \(ontario.ca\)](https://www.ontario.ca/laws/statute/2106)

Shelters provide temporary accommodation and related support services that assist people to move into housing

Shelters provide temporary accommodation and related support services that assist people to move into housing. Shelters require commitments from clients, such as working with a case worker on a housing plan or employment strategy. In comparison, the City’s respite sites have lower barriers to service, making them more accessible to people who may not otherwise access conventional shelter services. 24-Hour respite sites provide essential services to individuals experiencing homelessness in an environment that prioritizes ease of access to safe indoor space. Services provided at respite sites include resting spaces, meals and service referrals.

Figure 2: Map of 2022 Base and Temporary Shelter Programs



Source: [COVID-19 Shelter Transition and Relocation Plan Update \(toronto.ca\)](https://www.toronto.ca/covid-19-shelter-transition-and-relocation-plan-update/)

A core principle of the 2014-2019 Housing Stability Service Planning Framework was Housing First

In 2013, Council unanimously adopted SSHA’s first service plan, the [2014-2019 Housing Stability Service Planning Framework \(toronto.ca\)](https://www.toronto.ca/2014-2019-housing-stability-service-planning-framework/). The Framework included seven strategic directions and numerous key actions to guide SSHA and its partners in the delivery of a full range of housing and homelessness services. A core principle of this plan was “Housing First”.

2021 Homelessness Solutions Service Plan includes priorities for advancing towards the goal of ending chronic homelessness

SSHA's 2021 Homelessness Solutions Service Plan, its second service plan, was adopted by City Council in November 2021⁵ and includes two outcomes statements:

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

SSHA has identified six implementation priorities for advancing towards the goal of ending chronic homelessness⁶ in Toronto:

1. Advancing reconciliation
2. Focusing on equity
3. Delivering high-quality services
4. Reducing chronic homelessness
5. Developing an integrated systems response
6. Strengthening and modernizing the sector

SSHA is accountable to oversee both directly operated and contracted emergency shelter operations

SSHA has been delegated the authority and responsibility as Service Manager to implement homelessness services consistent with the City's Housing and Homelessness Plan. SSHA is ultimately accountable and responsible for overseeing all emergency shelter operations including those provided by contracted community agencies. SSHA is also responsible to have appropriate processes for monitoring contracted services to ensure they are provided in accordance with Toronto Shelter Standards⁷ (the Standards) and the operating agreements.

Toronto Shelter Standards set requirements for shelter services

The Standards provide expectations, guidelines and minimum requirements for operators and clients of Toronto shelters. All emergency and transitional shelters funded or directly operated by the City of Toronto are required to comply with the Standards.

\$690M Operating Budget

SSHA's 2022 operating budget includes approximately \$690 million in gross expenditures for the Homelessness and Housing First Solutions service line. SSHA's 10-year (2022-2031) capital budget includes gross expenditures of \$2.34 billion, which mainly includes \$1.6 billion for Toronto Community Housing capital repairs and replacement, \$592 million for the George Street Revitalization, \$89 million for capital repairs and replacement, and close to \$33 million for housing and shelter infrastructure development.

⁵ [Agenda Item History - 2021.EC25.5 \(toronto.ca\)](#)

⁶ The Federal Government of Canada's definition of chronic homeless refers to individuals who are currently experiencing homelessness AND who meet at least one of the following criteria: they have a total of at least six months (180 days) of homelessness over the past year; or they have recurrent experiences of homelessness over the past three years, with a cumulative duration of at least 18 months (546 days)

⁷ [Toronto Shelter Standards – City of Toronto](#)

More new users of shelters and more people experiencing chronic homelessness in 2021

SSHA reported to the Economic and Community Development Committee⁸ that, in 2021:

- Approximately 19,600 people used the shelter system
- On average, about 6,400 individuals stayed in the shelter system each night
- On average, each bed was used by four people through the course of the year
- About 3,400 people were recorded as exiting the shelter system to housing, an average of about 285 per month. At the same time, close to 8,300 new people entered the shelter system for the first time, an average of approximately 690 per month
- Of those moving to housing, on average 160 per month were people experiencing chronic homelessness. At the same time, 310 people per month on average passed the threshold to become chronically homeless

Provincial funding towards homelessness programs

The City receives funding from the Province to use towards delivering its Homelessness and Housing First programs. For 2020/2021, SSHA reported that the City used \$77.6 million of the Provincial funding received under the Community Homelessness Prevention Initiative (CHPI) towards emergency shelter services⁹.

Program objectives for provincial funding towards homelessness initiatives

According to the 2017 CHPI program guidelines, the program objectives for CHPI funding are to:

- Support the province’s goal to end chronic homelessness by 2025
- Reduce reliance on emergency shelters and services and increase efforts in homelessness prevention programs
- Facilitate the development of seamless services and programs that connect people to community resources and assist households to obtain and retain affordable housing that is linked to supports appropriate to their needs

Shelter Management Information System

Data and information for shelter system clients are accessed through SSHA’s Shelter Management Information System (SMIS)¹⁰. SMIS was developed internally by the City. Since its launch in 2009, SMIS has undergone system enhancements on a regular basis to meet the needs of user groups. SMIS is used by SSHA staff and shelter providers to collect, store and retrieve client information and to facilitate access to shelter services by identifying available beds in real time, case management and service planning¹¹.

⁸ [COVID-19 Shelter Transition and Relocation Plan Update \(toronto.ca\)](#), page 24 and 25

⁹ On April 1, 2022, the Province launched the new Homelessness Prevention Program which combines CHPI, and two other programs (Home for Good and the Strong Communities Rent Supplement Program) ([Ontario Investing in Additional Supports for People Experiencing Homelessness | Ontario Newsroom](#)). SSHA advised that the Province has not yet provided any new guidelines and associated resource ratios for the new program.

¹⁰ [Shelter Management Information System \(SMIS\) – City of Toronto](#)

¹¹ As defined in the [Toronto Shelter Standards](#)

Audit Results

This section of the report contains the findings from our audit work followed by specific recommendations.

A. Increasing the Focus on Case Management to Support Improved Outcomes

Housing is inherent to a person's dignity and well-being

An emphasis on permanent housing solutions to homelessness recognizes that housing is inherent to the dignity and well-being of a person, that housing is a determinant of health, and that housing is an efficient and cost-effective use of resources¹².

City has embraced the Housing First approach since 2005

As stated in SSHA's 2021 Homelessness Solutions Service Plan,

*"Housing First focuses on helping people to find permanent housing as quickly as possible, with the supports they need to live as independently as possible, without any preconditions such as accepting treatment or abstinence. The underlying philosophy of Housing First is that **people are more successful in moving forward with their lives if they first have housing**. The Housing First approach includes providing individualized, person-centred supports that are strengths-based, trauma informed, grounded in a harm reduction philosophy and promote self-sufficiency."*

Toronto has embraced a Housing First approach to ending homelessness since 2005.

Benefits of Housing First

According to a six-year study by scientists at the Centre for Addiction and Mental Health (CAMH) and St. Michael's Hospital, **the Housing First model significantly reduces homelessness over the long term compared to treatment as usual, especially for those with high needs for mental health support services**. Researchers noted that *"While a cost-benefit analysis has not been completed for the six-year study, the preliminary results after the first two years indicated that **every 10 dollars invested in Housing First for the high needs group resulted in average savings of \$9.60 because participants spent less time in shelters and hospitals**"*¹³.

¹² [Annual Report 2020 for Shelter, Support and Housing Administration \(toronto.ca\)](#)

¹³ [Study shows Housing First program significantly reduces homelessness over long term | CAMH](#)

Housing First is limited by supply of affordable housing and inconsistent support services

SSHA recognized that various barriers exist to implementing Housing First approaches for populations experiencing or at risk of homelessness. Barriers include lack of affordable housing in the city and a persistently low vacancy rate of rental inventory across Toronto, which can limit access to housing. In addition, insufficient and inconsistent support services for people experiencing homelessness with complex needs can further impede access to and retention of permanent housing.

Shelter staff work to support client needs

All eight shelter providers that we interviewed told us that their staff and case workers try their best to help and support their clients. They respect their clients' diversity and experiences. Shelter staff have advised that they aim to:

- Engage clients in a case management process that focuses on Housing First
- Give clients a comfortable experience, including performing wellness check-ins and meal services
- Provide support services and referrals for clients, such as harm reduction, additional support and mental health support, both during the shelter stay as well as transition to housing for as long as they need
- Develop relationships with the clients via daily interactions with both case workers and shelter staff
- Encourage clients to develop life skills and explore employment opportunities through workshops and job fairs

Goal is to help people achieve housing stability

The goal of case management *"is to empower people, draw on their own strengths and capabilities, and promote an improved quality of life by facilitating timely access to the necessary supports and thus reduce the risk of homelessness and/or help them achieve housing stability."*¹⁴

Case management processes support shelter users in achieving their goals

Case management supports service users in achieving their goals. This may include:

- Housing access
- Obtaining employment
- Legal supports
- Reintegration
- Family Re-unification
- Immigration
- Financial Support
- Health access
- Counselling
- Monitoring
- Access to Education
- Second Career Coaching

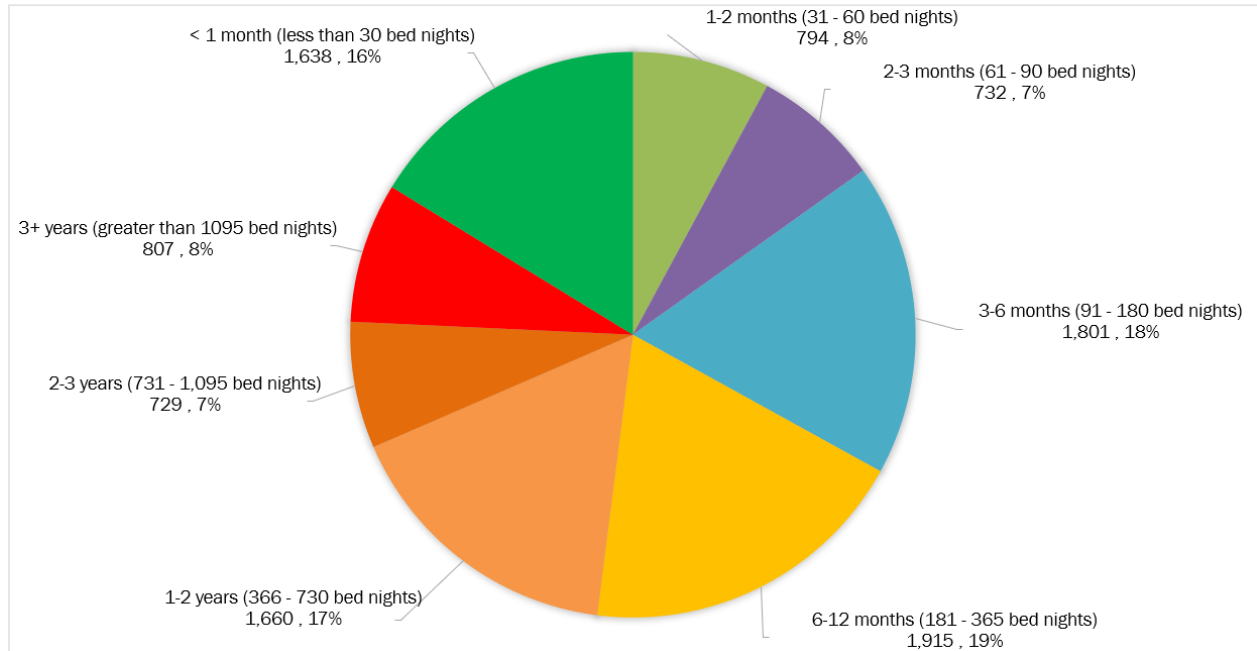
¹⁴ <https://www.homelesshub.ca/solutions/supports/case-management>

A. 1. Effectiveness of Case Management Varies from Client to Client

Over 30% of active clients have been staying in shelters for more than 365 bed nights

As of February 28, 2022, there were over 10,000 active clients of emergency and transitional shelters¹⁵. As shown in Figure 3, the majority of active shelter clients have been staying in the shelter system for less than 365 bed nights cumulatively. However, over 30 per cent of active shelter clients have been staying in shelters for more than 365 bed nights cumulatively.

Figure 3: Cumulative Length for Recent Stays* of 10,076 Active Clients as of February 28, 2022



* The “Cumulative Length of Recent Stays” is the total number of bed nights a client has stayed in shelters since their most recent return to the shelter system, after being discharged to permanent housing. If a client has never been discharged to permanent housing, it is the total cumulative nights stayed in shelters

Source: Shelter Management Information System

¹⁵ The number of people actively experiencing homelessness includes anyone who has used the shelter system for at least one night in the past three months (i.e. December 1, 2021 – February 28, 2022) and who have not moved into housing [Attachment 2 - Homelessness Solutions Service Plan \(September 2021\) \(toronto.ca\)](#) (page 58). On February 28, 2022 there were nearly 7,600 sleeping in a shelter.

Service Planning is an Approach to Providing Service that Identifies Needs, Sets Goals and Determines the Priority Actions that are to be Taken by a Client and the Case Worker

Each shelter client should have a service plan, which includes a housing plan and a financial plan

The Toronto Shelter Standards (the “Standards”) set out the expectations for case management services in all City-funded shelters. As part of case management and service planning, shelter staff are required to work with each client to document a service plan, which is defined as:

*“A formally documented, individualized plan for a client that sets out the client’s objectives, responsibilities and the course(s) of action necessary to help the client to achieve their goals. Service plans may include sub-components (or sub-plans) depending on the needs of a client... **Consistent with a Housing First approach, a client’s service plan must, at a minimum, include a housing plan and a financial plan**”.*

Examples of sub-plans include, but are not limited to an employment plan, an education plan, a family reunification plan, an immigration plan, a substance treatment plan or an elderly client support plan.

Service plans are goal-oriented

The personalized case plan or service plan is a tool to facilitate the client’s progress toward greater independence and reintegration into the community. Exhibit 1 includes an example of case plan goals and planned actions.

Housing plan and financial plan requirements are not well defined in the Standards

We found that the minimum expectations for documenting case management activities, particularly in terms of the “service plan”, the “financial plan”, and the “housing plan”, are not clear in the Standards. Based on interviews with SSHA and shelter providers, we understand that these plans generally should include:

Examples of what housing plans and financial plans should include

Housing Plan	Financial Plan
<ul style="list-style-type: none"> • an assessment of the client’s housing history and preferences • confirmation of housing-related information (such as income source, eligibility for priority access for social housing) • required documentation being available to apply for housing (such as identification) • housing applications and/or placement in the housing waitlist, if desired 	<ul style="list-style-type: none"> • provision of support around basic financial needs (such as understanding or obtaining sources of income, tax completion, referral to a trusteeship program and, if appropriate, establishment of bank accounts) • other goals determined by the client (such as having personal savings, paying off rent arrears, family support or reunification, purchasing furniture, etc.)

2014-2019 Service Planning Framework raised the importance of individualized service plans

One of the strategic directions from the 2014-2019 Housing Stability Service Planning Framework¹⁶ was “supporting the transition to housing”. A key action for this direction included developing a service delivery model that “*Ensures every person entering the emergency shelter system has an individualized service plan in place and supports to move out of the shelter and into housing within a defined timeframe.*”

Actual extent of service plans varies from client to client and from shelter provider to shelter provider

In client files we reviewed, we found that the level of detail or completeness of service plans varied among different shelter providers and from client to client. The level of variance we observed may be because:

- Some shelter providers use their own systems (or even manual, paper-based notes) to record case management activities instead of SMIS
- Some shelter staff document client meetings and interactions in attachments rather than as SMIS case notes
- Not all the detailed notes are kept on file and/or are uploaded to SMIS

Housing plans and financial plans were not clearly documented

For some clients, we did not observe a clearly documented housing plan and/or financial plan (or, notes on steps being taken to pursue stable housing and/or to gather the financial information and money needed to obtain housing) in SMIS or in agency information systems and records.

For example, for most clients we reviewed, shelter staff had not recorded in SMIS whether the client had the financial information and other documents they needed to access housing (e.g. Ontario Works (OW), Ontario Disability Support Program (ODSP), employment, identification, legal status, tax return, etc.)

Case notes we reviewed often did not include key information

We also expected there to be notes on each client’s financial status, documents needed to access housing assistance, housing applications, eligibility for population-based supports, eligibility to access Housing Stability Supports, client preferences for housing, client status on the Centralized Waiting List, etc. In the files we reviewed, this information was often not present.

¹⁶ [2014-2019 Housing Stability Service Planning Framework \(toronto.ca\)](https://www.toronto.ca/2014-2019-housing-stability-service-planning-framework), page 28

Files we reviewed often did not indicate whether client were on the Centralized Waiting List

For example, the files we reviewed often did not indicate whether clients were on the Centralized Waiting List. This is an important step in moving forward a client’s housing plan, especially since clients experiencing homelessness are designated a priority for access to subsidized housing.

Around 15% of active shelter client households are currently on the waiting list

We further noted that even though there were over 10,000 active clients of emergency shelters, as of February 28, 2022, SSHA advised us that only 1,310 active shelter client households are actually on the Centralized Social Housing Waiting List, and only a portion of them have priority status set up for access to housing.

This is notable, because in her 2019 report, [Opening Doors to Stable Housing: An Effective Waiting List and Reduced Vacancy Rates Will Help More People Access Housing \(torontoauditor.ca\)](https://www.torontoauditor.ca/en/2019-06-12-opening-doors-to-stable-housing), the Auditor General recommended that SSHA “ensure greater integration of services and supports is provided for vulnerable clients in the shelter system as they transition from homelessness to stable housing including confirming that those experiencing homelessness receive appropriate priority status on the centralized waiting list for rent-g geared-to-income.”

Lack of a clearly documented housing plan is inconsistent with a “Housing First” approach

We could not verify whether the lack of details on housing and financial plans was because the case workers did not collect key information from the clients, the case workers did not document their conversations, or the clients did not provide the information. We recognize that case management is a process for many clients. Some of the reasons why service plan details were not be present are discussed later in this section of the report. Still, we note that the lack of a clearly documented housing plan is inconsistent with a “Housing First” approach.

System enhancements to support service plan development to be launched in 2022

SSHA advised that a new Housing Checklist module has been developed and integrated into SMIS to better support shelter staff to assist clients in developing and progressing with their individualized service plans. The Housing Checklist is part of the new Service Triage, Assessment, and Referral Supports (STARS) common assessment tool being launched by SSHA in 2022, which is further discussed in Section A.3 of this report.

Case Notes Form an Important Part of Case Management

People experiencing homelessness often need a range of supports

People experiencing homelessness also often need a range of other supports and services such as employment training, job search assistance, education, life skills development, legal and immigration services to help them stabilize their lives and find or remain in permanent housing. As the Ontario Auditor General noted in her 2021 audit of homelessness, *“the only way to determine whether an individual had been referred to and received needed supports was in the individual’s case notes kept by shelter staff.”*¹⁷

Case notes are not detailed enough to determine progress made by clients

For most client files we reviewed, we observed that shelter staff generally documented some case management notes at least monthly. However, we found that case notes were often brief, repetitive or lacked enough details. This made it difficult to determine the progress and/or actions taken to move clients forward to more stable housing in alignment with a “Housing First” approach. This is particularly the case for chronic clients.

Case notes did not consistently address, document or identify action steps towards goals, referrals to other supports, challenges and solutions, progress towards goals, and timelines. It was therefore difficult to demonstrate if a client’s needs were addressed adequately or in a timely manner.

Also, the Standards requires shelter staff to summarize service plan notes every two months and upon significant events. We did not see this bi-monthly summary with enough details to understand status, progress, or next steps for the client files we reviewed.

Extent of case notes varies from client to client and shelter provider to shelter provider

We provide some examples below to illustrate the varying degrees of case management we observed in our reviews of client case notes recorded in SMIS and/or in agency information systems and records.

¹⁷ [Value for Money Audit: Homelessness \(auditor.on.ca\)](https://www.auditor.on.ca), page 26

For example, for some clients, we observed minimal evidence of case management:

Example of client with no service plan, housing plan, or financial plan in SMIS

- A client stayed at one shelter for 47 nights in April and May of 2019. We observed only three brief administrative case notes recorded in SMIS, one including “client was seen in the shelter”. There is no indication in SMIS that the client had met with a case worker to discuss his options and/or goals. The client was then transferred to another program (operated by the same agency) and stayed there from May 2019 to January 2020. There were no case notes recorded in SMIS during that 248-night stay¹⁸. The shelter operator also had no record of case notes outside of SMIS. As such, there was no indication of a service plan, housing plan, or financial plan.

Example of client with no case notes

- A client stayed at a shelter for 54 nights from February to May of 2020. There were no case notes recorded in SMIS during that time. The shelter operator also had no record of case notes outside of SMIS. Shelter agency staff explained that the absence of case notes was likely because the client did not want to engage with staff. In the absence of any case notes, we were unable to determine what, if anything, was done for this client.

Example where no progress or changes were noted in client’s file for five consecutive months

- A client started staying in a shelter in January 2021. The case notes do not show any apparent progress in working towards housing. Their “next step” list stayed the same every month from August to December 2021, indicating that the client needed to complete their tax return, provide proof of savings and update his counsellor on housing search efforts. Multiple case notes repeat the same “next step” and are not clear on progress to date, any barriers or challenges in achieving the next step, or response to solve the problem. It is unclear based on the notes what discussions occurred and whether there had been discussion regarding how to perform a housing search, how to start saving, what documents are needed to complete income tax filing, etc. We noted that just recently, in April 2022 (about 15 months after they started staying in the shelter), the client submitted their Rapid Rehousing application.

¹⁸ While we recognize that some clients may not want notes to be maintained, we cannot tell whether this was a case of not wanting to have notes maintained, or just not maintaining notes.

In contrast, for other clients, we observed significant notes recording the efforts by shelter staff to support case management. For example:

Example where robust case notes provide evidence of case management and supports

- A client had been permanently housed in July 2015 and then returned to the shelter system in October 2018 for approximately one year. The client was discharged on September 1, 2019 to private market housing. This is an example where the SMIS case notes regarding the client's situation were robust. This was a client who needed support mostly related to legal and mental health matters. Throughout the first few months, the case notes show discussion about legal supports being provided, health supports being provided, as well as the client being informed of programs at CAMH. Most of the case notes focused on the client's legal situation. Case notes also included some discussion related housing, and an updated case plan based on the planned September 1, 2019 discharge to permanent housing.

Difficult to readily identify or track clients not making progress and why from SMIS data

We also noted that for clients not making progress, there is no system trigger, flag, or other means in SMIS to identify the need for further or more intensive case management activity. The shelter providers we interviewed advised that individual client progress is discussed in regular staff meetings. Many shelter staff have developed their own methods of tracking client progress in spreadsheets.

Importance of documentation

Good documentation is used to communicate client information and is important for:

- Reflecting the client's perspective
- Ensuring continuity of approach or care
- Describing the services and the client approach used and its effect

Documentation also supports effective and consistent teamwork and demonstrates accountability. Documentation can also play an integral role in quality improvement, research and assessing value-for-money in achieving program outcomes. In short, good documentation:

- Facilitates accountability to the client and the funding agency
- Ensures there is a record for legal and administrative purposes
- Enables information sharing between staff and providers in working towards common homelessness and housing objectives (when there is client consent)

SSHA should make sure case notes show that client needs have been addressed

Without a well-documented service plan, shelter staff will have difficulty showing that they have identified and addressed a client's needs, assessed the effectiveness of their services and supported continuous improvement.

Chronic Users of the Shelter System

Chronic homelessness is defined as at least 180 days of homelessness over the past year or at least 546 days of recurrent experiences of homelessness in the past three years

People experiencing chronic homelessness refers to individuals who are currently experiencing homelessness and who meet at least one of the following criteria:

- they have a total of at least six months (180 days) of homelessness over the past year, or
- they have recurrent experiences of homelessness over the past three years, with a cumulative duration of at least 18 months (546 days)¹⁹.

Almost 4,500 active shelter clients experiencing chronic homelessness

As of February 28, 2022, almost 4,500 of the over 10,000 active shelter clients, or 45 per cent, were experiencing chronic homelessness. As shown in Table 1, 2,880 people have spent more than 365 bed nights (over one year) cumulatively in shelters since their most recent return to the shelter system after being discharged to permanent housing (where applicable)²⁰.

Over 770 people have slept more than 1,095 bed nights in shelters

Table 1: Cumulative Bed Nights in Shelters of Current Chronic Shelter Clients as of February 28, 2022

Cumulative Number of Bed Nights	# of Clients	%
Less than 180 bed nights (<6 months)	114	2%
181 – 365 bed nights (6 months to 1 year)	1,502	33%
366 – 1,095 bed nights (1 to 3 years)	2,108	47%
1,096 – 1,825 bed nights (3 to 5 years)	440	10%
1,826 – 3,650 bed nights (5 to 10 years)	252	6%
Greater than 3,650 bed nights (>10 years)	80	2%
Total	4,496	100%

Source: Shelter Management Information System

80 people have spent more than 10 years of their lives living in shelters

Also, 770 (17 per cent) of current chronic shelter clients had previously been discharged to permanent housing and subsequently returned to the shelter system. This highlights the need for effective and potentially ongoing post-housing supports, which we discuss in Section A.2 of this report.

17% of current chronic clients had previously been discharged to permanent housing

¹⁹ [Reaching Home: Canada's Homelessness Strategy Directives - Canada.ca](#)

²⁰ If a client has never been discharged to permanent housing, it is the total cumulative nights stayed in the shelters

2014-2019 Service Planning Framework raised the importance of addressing the complex needs of clients who stay in shelters longer than one year

One of the strategic directions from the 2014-2019 Housing Stability Service Planning Framework²¹ was “supporting the transition to housing”. A key action for this direction included developing a service delivery model that “*Addresses the complex needs of clients who stay in shelters longer than one year*”.

A continued focus on this vulnerable population is needed. Reducing chronic homelessness is a strategic priority area included in SSHA’s 2021 Homelessness Solutions Service Plan.

Develop targeted approaches and outcome-based targets to address chronic homelessness

While we recognize that case management is very much an individualized process, developing targeted approaches and outcome-based targets to address chronic homelessness provides consistency and structure that can potentially lead to a better understanding of the types and levels of supports and services chronic shelter clients need to achieve stable housing.

Some examples of client groups where targeted approaches need to be developed to achieve better outcomes are:

- Families experiencing chronic homelessness
- Seniors and clients with significant physical and mental health support requirements and/or long-term care needs experiencing chronic homelessness
- Clients who are not engaged or not willing to participate in case management
- Clients who primarily stay in respites or frequently move between shelter locations

Case management towards housing solutions for chronic clients staying in transitional shelters

We note that a relatively small proportion of individuals and families experiencing chronic homelessness were staying in a transitional shelter²², where the typical length of stay is intended to be longer to enable clients to address their particular housing and service needs. Regardless of whether clients are staying in emergency or transitional shelters, it is important to support their ability to move into permanent housing as quickly as possible.

²¹ [2014-2019 Housing Stability Service Planning Framework \(toronto.ca\)](#), page 28

²² According to the [Toronto Shelter Standards – City of Toronto](#), a “transitional shelter” is a shelter that is accessible, by referral only, to eligible individuals and families experiencing homelessness, with the intention of providing longer-term accommodation and specialized supports required to move clients into housing. Transitional shelter providers are designated as such in their Operating Agreement. The Toronto Shelter Standards requirements for case management, supports and services apply to all shelter providers

Families experiencing chronic homelessness

Over 280 children in families that are chronic shelter clients

There are 589 active shelter clients in 206 families (of two or more people) that are experiencing chronic homelessness. Notably, among the families that are chronic shelter clients, there are 280 children under the age of 16 and an additional 23 youth between 16 and 18 years old. Based on our reviews of client case notes recorded in SMIS and/or in agency information systems and records, we observed:

Example of family experiencing chronic homelessness whose main housing challenge was financial

- A family comprised of two adults and three dependents, aged 12, 18 and 20, experiencing homelessness. The family has been staying in three different shelters continuously since November 11, 2019. The family stayed a total of 841 bed nights by February 28, 2022. After staying at a family emergency shelter for 141 bed nights, the family has been mostly living at a transitional shelter since March 2020. According to SMIS, the family was still at the transitional shelter as of April 22, 2022. SMIS case notes indicate that their main challenge was financial. The client needs at least a three-bedroom unit but could not save up for first and last month's rent. As of February 28, 2022, the family was on the Centralized Waiting List for social housing based on data provided by SSHA.

Example of family experiencing chronic homelessness with minimal case notes on housing progress

- A family comprised of two adults and three children, aged 3, 4 and 11, experiencing homelessness. The family has been staying in two different shelters continuously since February 28, 2019. The family stayed a total of 1,096 bed nights by February 28, 2022. After staying at a family emergency shelter program for 588 bed nights, the family has been living at a transitional shelter since October 2020. According to SMIS, the family was still at the transitional shelter as of April 22, 2022. SMIS case notes indicate that the client was actively looking for housing from 2019 to 2020. Since then, however, discussions about progress on finding housing were minimal based on SMIS case notes. As of February 28, 2022, the family was on the Centralized Waiting List for social housing based on data provided by SSHA.

Several TCHC units large enough to house families are available

We note that there appears to be housing opportunities available in these cases. For example, according to information provided by Toronto Community Housing (TCHC), as of April 30, 2022, there were 80 vacant and available units in TCHC buildings. This includes 15 two-bedroom units and four units with three or more bedrooms. TCHC also expects another 387 units, including 86 two-bedroom units and 20 units with three or more bedrooms to become available shortly²³.

SSHA working with TCHC on Rapid Rehousing Initiative

SSHA advised that it continues to work with TCHC to match people in the shelter system to these vacant TCHC units, through efforts such as the Rapid Rehousing Initiative²⁴.

Some families experiencing chronic homelessness are not on the waiting list for subsidized housing

As shown in Table 2, among families experiencing chronic homelessness, over 80 families have been staying in the shelters for more than 365 bed nights cumulatively since their most recent return to the shelter system after being discharged to permanent housing (where applicable). Only 39 of these families are on the centralized waiting list for social housing as of February 28, 2022, based on data provided by SSHA.

Over 80 families have cumulative shelter stays of more than one year

Table 2: Cumulative Bed Nights in Shelters of 589 Chronic Shelter Clients from 206 families, as of February 28, 2022

Cumulative Number of Bed Nights	# of Clients	# of Families	%
Less than 180 bed nights (<6 months)	14	5	2%
181 – 365 bed nights (6 months to 1 year)	345	118	57%
366 – 730 bed nights (1 to 2 years)	178	65	32%
731 – 1,095 bed nights (2 to 3 years)	42	16	8%
Greater than 1,095 bed nights (i.e. >3 years)	10	2	1%
Total	589	206	100%

Source: Shelter Management Information System

²³ Based on scheduled completion dates for unit maintenance before July 2022 followed by inspections of the completion of such work

²⁴ [Rapid Rehousing Initiative – City of Toronto](#)

Children face significant challenges living in shelter settings

According to BC Housing²⁵, along with the challenges that families face living in shelters or in unstable housing, and in addition to stress from hunger, children experiencing homelessness:

- Are sick at twice the rate of other children. They suffer twice as many ear infections, have four times the rate of asthma, and have five times more diarrhea and stomach problems
- Have twice the rate of learning disabilities and three times the rate of emotional and behavioural problems than other children
- Are twice as likely to report failing a grade in school
- Who are of school age, experience anxiety, depression, or withdrawal at a rate of 50 per cent compared to 18 per cent for other children
- By the time they are eight years old, one in three has a major mental disorder

Individuals with significant physical and mental health support requirements and/or long-term care needs experiencing chronic homelessness

Over 450 chronic shelter clients are seniors

Over 450 current chronic shelter clients are senior citizens age 65 and older, of which 31 clients are 80 years old or older, as shown in Table 3.

- For example, in our reviews of client case notes recorded in SMIS and/or agency information systems and records, we observed a client admitted at a transitional shelter in 2010 at the age of 69. The client was receiving Old Age Security assistance at the time of admission. There were no case management activities noted in SMIS from 2011 and the case notes in the shelter agency system were mostly related to the client's health. The client passed away at the shelter in 2021. There was no indication that the client had a housing plan.

Several TCHC units in seniors housing are available

We note that there appears to be housing opportunities in this case. For example, TCHC advised that as of April 30, 2022, there were 19 vacant and available units for seniors in TCHC buildings. This includes 13 bachelor units and six one-bedroom units. TCHC also expects another 271 units for seniors, including 183 bachelor units and 88 one-bedroom units to become available shortly ²⁶.

²⁵ <https://www.bchousing.org/publications/Case-Planning-Guide.pdf>, page 36-37

²⁶ Based on scheduled completion dates for unit maintenance before July 2022 followed by inspections of the completion of such work

Table 3: Current Chronic Shelter Clients as of February 28, 2022, By Age

Age of Client	# of Clients	%
< 25 years old	671	15%
25-44 years old	1,607	36%
45-54 years old	893	20%
55-64 years old	873	19%
65-69 years old	211	5%
70-79 years old	210	4%
>=80 years old	31	1%
Total	4,496	100%

Source: Shelter Management Information System

Some chronic shelter clients appear to require significant mental and/or physical healthcare support needs

Some chronic shelter clients appear to require significant mental and/or physical healthcare support needs. While SSHA implemented a feature in SMIS that identifies whether a client is experiencing chronic homelessness, based on the way information and case notes are recorded in SMIS and/or separately in agency information systems and records, reliable data analysis and reporting of system-level or program-level information about the magnitude, nature and degree of supports needed and provided for mental and physical health conditions, and/or long-term care needs cannot currently be performed.

Certain shelter programs house chronic clients for longer time periods

We found that there are certain shelter programs that historically have housed chronic clients for long periods of time. Some of these are transitional shelter programs which are accessible by referral only. Eligible individuals experiencing homelessness are referred to these shelter programs, with the intention of providing longer-term accommodation and specialized supports required to move clients into housing.

- For example, in our interviews of shelter staff, we were advised that the Seaton House – Long Term Program was a transitional shelter program for seniors and clients needing medical supports. The program had personal support workers and a nursing team in addition to the staff team. Forty clients from the program were moved to the Scarborough Village Residence shelter program for seniors when the Seaton House program was closed as part of the George Street Revitalization project.

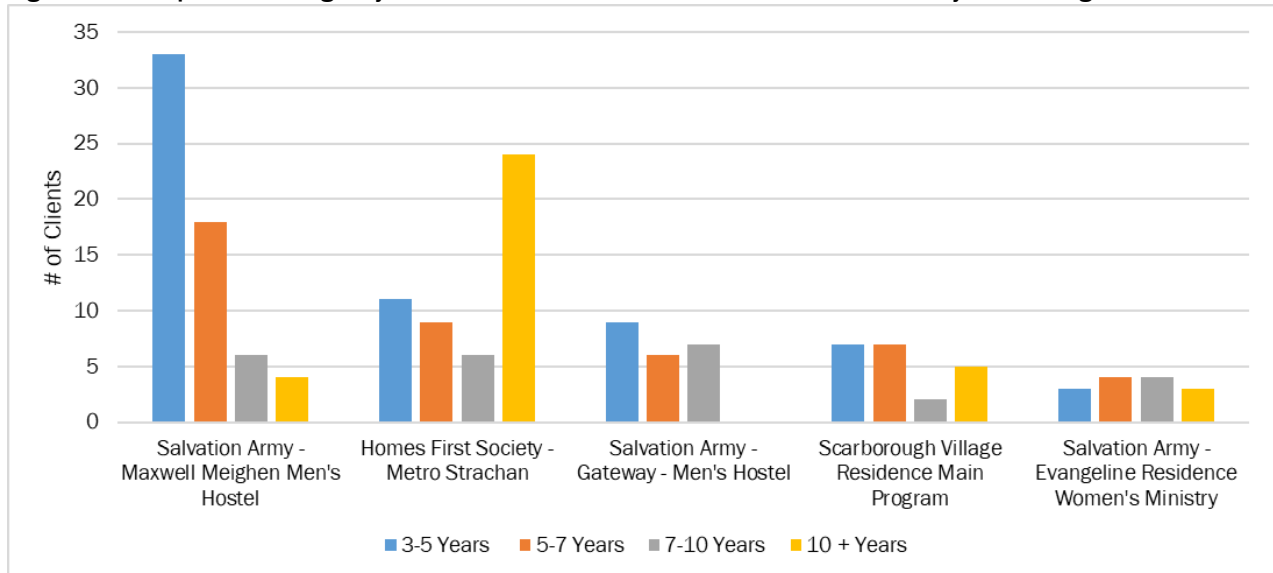
Some shelter programs have housed clients for over 10 years

Figure 4 shows a few more examples of shelter programs with over 165 clients that have been with the program for long periods of time (e.g. more than three years). Some of the clients have been housed with those programs for over 10 years.

Transitional shelters act as, in situ, temporary housing

SSHA advised that some transitional shelters act as, in situ, temporary housing. Therefore, clients will be in those locations for a longer period of time given the program model for those locations. Metro Strachan and Scarborough Village, in Figure 4, are two such locations with transitional shelter clients.

Figure 4: Examples of Emergency and Transitional Shelters Where Clients Have Stayed for Longer Periods



Source: Shelter Management Information System

Case notes indicate a Housing First approach has been challenging

The following are some examples that we observed in our file reviews of chronic clients presenting with indicators / behaviours that appear to require support. However, the records in SMIS (or agency information systems and records) indicate that taking a Housing First approach was challenging:

Example of a long-term transitional shelter client declining permanent housing, where the shelter acts as in situ housing

- A client, who is over 70 years old, has been experiencing chronic homelessness (cumulatively 2,580 bed nights by February 28, 2022). The client was admitted to a long-term program at a transitional shelter in February 2015 and was housed in the program until it closed in 2019.

Case notes indicate the client was experiencing alcoholism, mobility and hygiene issues. The notes indicate the case worker often had to focus on providing supports to the client to address immediate needs, such as the client's health and mental health concerns.

While the case notes indicate the client had received income support since July 2017 and there were ongoing conversations about housing options since then, the notes also indicate that the client declined several housing offers.

When the long-term program closed in June 2019, the client was transferred to another shelter. Since then, the case notes indicate the new case worker focused on assisting the client with his health and mental health conditions and that the client continues to show little interest in moving to permanent housing and declined any government subsidized housing.

Example of a long-term transitional shelter client describing significant mental health concerns

- A client, who is now 65 years old, has been experiencing chronic homelessness (cumulatively 4,350 bed nights as of February 28, 2022). The client was admitted to a long-term program at a transitional shelter in March 2010 and was housed in the program until the program closed in 2019. During this time, the client received consistent case management assistance during his stay. The case notes indicate that the client described significant mental health concerns and that the case workers consistently offered support and assistance. However, the client was not willing to accept any mental health treatment or support.

According to agency shelter staff, Canadian Mental Health Association (CMHA) provides supportive housing but applications cannot be made without consent. Shelter staff further explained that *"CMHA is particularly concerned with consent and will not accept referrals of clients that seem pushed or are uninterested in participating in their program and support"*.

The case workers tried to help the client to achieve housing by discussing his case with him regularly and encouraged him to apply for housing. However, case notes in SMIS indicate that the client was unwilling to follow case planning multiple times and that there was not much progress on case and/or actions to take to make progress.

Since the long-term program closed in June 2019, the client was transferred to another shelter. Case notes since that time indicate there has been limited progress with the client because he often was not willing to participate in case management.

Example of a long-term emergency shelter client describing significant health concerns

- A client had been experiencing chronic homelessness (cumulatively 3,274 bed nights). The client had been housed in the shelter system from 2010 at age 66, until 2019 when they passed away in the shelter. The client described significant health concerns and case workers consistently offered support and assistance. However, case notes indicate the client would at times be non-responsive to questions or case worker requests. The client also raised many limitations regarding the type of housing they were willing to accept.

Example of a long-term emergency shelter client with severe mental health conditions

- A client, who is now 64 years old, experiencing chronic homelessness, has been in and out of the shelter system since 2010 (cumulatively 2,655 bed nights as of February 28, 2022). The client was admitted to a shelter program in June 2015 and has remained since then. According to agency shelter staff, the client has severe mental health conditions. Shelter staff confirmed that the client had not engaged in any kind of case management for the seven years they have been housed with the program. The case notes on file are mostly administrative in nature; or, about their possessions, their behaviour, and COVID testing. There are no case notes or evidence about housing or financial goals. Based on case notes and records in SMIS, it is unclear if the client has any identification. It is also unclear whether the client was able to actively participate in case management due to their severe mental health conditions.

Shelter system not designed to serve as permanent long-term care

The shelter system was never designed to serve as permanent long-term care for seniors or other individuals with significant mental and/or physical health conditions. The Toronto Shelter Standards does not have specific guidance or examples on how to best help chronic shelter clients advance towards stable housing in these types of circumstances.

Some chronic shelter clients with more complex needs require longer term care but face barriers

Individuals with more complex, severe and persistent health, mental health and addictions challenges may require more intensive case management. For some clients, the required supports exceed what can be provided by shelter providers or clients may need longer term care, supports or approach. Shelter providers make referrals to other agencies that may be better suited to support the client's needs and often work together when needed.

Some of these needs may cause barriers for entry to long-term care facilities

For example, SSHA provided us with an internal briefing note on staff efforts to seek a pathway for eligible shelter clients to access long-term care facilities and the issues encountered for placement. Based on a sample of 16 shelter client rejection letters received between 2016 and 2018 from long-term care facilities in Toronto, staff highlighted the four main barriers that prevented the successful placement of people with histories of homelessness in long-term care homes across the City: substance use, behaviours, client care needs and facility limits.

Embedded housing and healthcare could be an effective and economical solution for long-term chronic clients

If seniors and others with complex conditions currently experiencing chronic homelessness are not able to move to social housing or private market housing due to the complexity of their needs, and if they cannot move to long-term care because there is no availability or they face other barriers, it may be more effective and economical to provide long-term care in an embedded housing and healthcare solution for long-term chronic shelter clients especially as their needs become more complex. This health and long-term care solution requires a "whole of government" approach and would likely require corresponding provincial funding.

We noted that the 452 seniors experiencing chronic homelessness (see Table 3) is a similar number of beds as some of the City's long-term care homes. For example, the City operates 10 long-term care homes, including the top three largest homes: 1) Castlevue Wychwood Towers with 456 beds, 2) Cummer Lodge with 391 beds, and 3) Kipling Acres with 337 beds.

These City-operated long-term care homes provide 24-hour resident-focused care and service including nursing and personal care, behavioral support programs, medical services and more. These homes are largely funded by the Province through the Ministries of Health and Long-Term Care. The City's Seniors Services and Long-Term Care (SSLTC) Division 2022 operating budget shows that provincial subsidies and user fees contribute 80 per cent of the Division's operating budget with a 20 per cent net City contribution.

Further analysis of alternative approaches to housing solutions is required

If the City were to convert a shelter to a long-term care facility, it may be able to request capital recovery, as well as significant operating funding (less user fees) for the long-term care facility from the Province. This way, the seniors experiencing chronic homelessness can maintain their community that they have built over time. More importantly, they would have a sense of dignity that comes with the stability of permanent housing, and receive healthcare supports they may need.

SSHA and SSLTC proposed a pilot project for specialized care of shelter clients who were eligible for long-term care

SSHA advised that in August 2019, SSHA, together with SSLTC, proposed a pilot project for specialized care of shelter clients who were eligible for long-term care, and also experienced complex physical health and/or behavioural challenges at one of SSLTC facilities. The pilot project aimed to provide transitional care and services to meet the changing and complex needs elderly individuals with histories of homelessness, who were eligible for admission to long-term care but experienced difficulties being placed. SSHA advised that although this pilot project was not approved at that time, SSHA and SSLTC plans to submit another proposal to the Ministry of Health and/or Ministry of Long Term Care in 2022.

Whole of government approach to addressing chronic homelessness is needed

Further analysis for this type of conversion is required by SSHA, in consultation with other City divisions, as well as the Province and local shelter agencies. This is an illustrative example of a different way to approach housing solutions for this population of chronic shelter users from a “whole of government” approach.

2021 Homelessness Solutions Service Plan includes priority actions to focus on seniors and other groups with the greatest needs

In its 2021 Homelessness Solutions Service Plan, SSHA indicates that going forward it will take action to “*continue to work with Seniors Services and Long-Term Care to develop and test models of service for formerly homeless seniors that better meets their care needs*”. SSHA has also committed to using “*data and an equity lens to regularly update prioritization of groups with the greatest needs and report on outcomes*”.

Transformation of Seaton House as part of George Street Revitalization project

SSHA advised that the City, in partnership with Infrastructure Ontario, launched the George Street Revitalization project in 2020. Seaton House men’s shelter and its adjacent properties are being transformed into a new shared facility, providing a range of housing, programs and services to meet the unique and complex needs of individuals experiencing homelessness, as well as vulnerable and elderly individuals in the community. The project is intended to result in a long-term care home, a transitional living facility, an emergency shelter, affordable housing, and a community hub serving residents of the site and the local neighbourhood.²⁷ This is an example of where the City and the Province plans to work together and share costs for infrastructure and operations, to provide a more seamless delivery of services to senior chronic shelter clients who may require significant health supports.

Case Management Requires a Willingness on the Part of the Individual to Participate

Some clients may not be willing to provide information that is needed to move forward with their service plans

We recognize that case management is a process for many clients as they work with their case workers. At times, a client may not be willing to provide information that is needed to move forward with their service plan. When this happens shelter staff should continue to work with the client within the shelter setting until the client is ready to participate and make progress on their case plans. A client’s reason for not providing information should be explored further to see if there are solutions that can be found.

While Toronto Shelter Standards allow for service restrictions, this may often not be a suitable option

While the Standards permit shelter providers to “*issue service restrictions from a bedded program as a last resort to address a client’s refusal to work with staff on their service plan*”, discharging the client, who may then end up sleeping outdoors, may often not be a suitable option. The Standards do not provide guidance on how and when services restrictions should be applied in practice. This is an area where we believe further guidance or clarification is required.

²⁷ [City of Toronto launches the George Street Revitalization project – City of Toronto](#)

Shelter staff continue to work with clients within the shelter setting until the client is ready to participate

For example, in our file reviews (based on case notes recorded in SMIS and/or in agency information systems and records), we observed:

- A client who is a mother of a refugee family with two young children. The family was admitted to a refugee hotel shelter program in December 2018 and stayed there for 620 consecutive bed nights before moving to permanent housing (private market housing) in August 2020. SMIS case notes indicate the case worker assisted the family with housing plan, application for housing support, other financial plan as well as other client needs such as childcare services, language program, employment training, etc.

Although the client met regularly with a housing counsellor, according to the case notes the client was hesitant or did not seem to be actively looking for housing. The housing counsellor reminded her multiple times to be more active.

SMIS case notes indicate that in June 2019, the agency issued a written notice informing the client that as per service plan, client needs to work with the housing counsellor actively. The written notice advised that *“refusing to follow the service plan is also a violation of the shelter/house rules and repeated violation of the Shelter rules can put you at risk of losing your spot in the program”*.

The client and her family stayed at the shelter program for another 14 months after she received the written notice. Case notes indicate that the housing counsellor continued to regularly meet with the client and kept encouraging her to put housing as a priority and to be more active in her housing search. Case notes make no mention of getting the client onto social housing waitlists. The case notes indicate that the client did not seem to be active searching sometimes; and at other times indicated the cost was too high or she did not like the units offered. In August 2020, case notes indicate that the client secured and was discharged to private market housing.

Processes are needed to support clients but also to ensure they are moving forward because shelters are meant to be a temporary measure

While this is an example where case management appears to have been occurring and was generally well documented, this example highlights the need for processes to support clients but also to ensure they are moving forward because emergency shelters are meant to be a temporary measure, not a permanent housing solution. Regardless, it is unclear whether or not the service restriction the agency was considering was appropriate to apply.

The Standards do not address what shelter staff are expected to do when clients are not advancing their housing plans

The Standards do not include defined criteria to guide a decision that “a client’s continued refusal to work with staff on their service plan” is sufficient to warrant a service restriction, the duration of the service restriction, and what is required for the service restriction to be removed.

Some shelter providers we interviewed advised that they have their own escalation procedures (including informal and formal notices), and most advised that service restrictions are rarely, if ever, issued in these circumstances.

Some clients are not willing to participate in case management or decline housing opportunities

In our review of client case files, we observed that some clients did not attend meetings with the case worker, did not take action to move forward with their service plan, or declined housing opportunities identified for them (e.g. rent-geared-to-income housing in a Toronto Community Housing building).

It is also not clear whether or when the lack of significant progress toward their housing goals would be considered a “refusal to work with staff on their service plan” under the Standards.

Data on clients not participating or not progressing in case management is not available

We were not able to determine how many clients in the shelter system were not willing to participate case management or who were not actively progressing in their housing goals because shelter staff capture this information in case notes or attachments. When this type of information is captured in free form or attachments rather than as system data points, data is not easily extracted and analyzed.

Without quality data it is difficult for SSHA to identify what to prioritize when developing targeted approaches and tools to address and improve outcomes

Without clear guidance on what to do and data to understand how many people are not participating in case management, it can be difficult to develop targeted approaches to addressing and improving outcomes for this population.

This data is also important for informing decisions about how much space should be added to the shelter system because existing clients are not progressing towards permanent housing.

Case Management for People Staying in Respite or Frequently Moving Between Shelter Locations

Over 2,800 people stayed exclusively in respites, winter programs and extreme weather sites

The City's respite sites (which includes extreme weather programs) follow the 24-hr Respite Site Standards²⁸. From January 1, 2019 to February 28, 2022, over 2,800 shelter clients stayed only in respites, winter programs and extreme weather sites.

Respites have a different set of standards – case management is not required

Shelters provide temporary accommodation and related support services that assist people to move into housing. Shelters require commitments from clients, such as working with a case worker on a housing plan or employment strategy. In comparison, respite sites have lower barriers to service, making them more accessible to people who may not otherwise access conventional shelter services. 24-Hour respite sites provide essential services to individuals experiencing homelessness in an environment that prioritizes ease of access to safe indoor space. Services provided at respite sites include resting spaces, meals and service referrals. Case management activities are not required at these sites but may be offered to interested clients.

- For example, in our file reviews (based on case notes recorded in SMIS and/or in agency information systems and records), we observed a client who used the shelter system very briefly in 2010 and 2011 but re-entered the shelter system in 2017. Since 2017, the client has been in and out of seven different programs (hostels, extreme weather, respites) for short periods of time for a total of 127 bed nights (during the period from February 2017 through March 2022). Since 2017, the client has received no case management.

About 1,340 clients who moved frequently from shelter to shelter who generally would not access ongoing case management

From January 1, 2019 to February 28, 2022, there were also approximately 1,340 clients who moved frequently from shelter to shelter (i.e. admitted to 10 or more different shelter programs). Of these, nearly 540 people (40 per cent) are considered to be experiencing chronic homelessness. Like respite clients, these clients would generally not access ongoing case management.

²⁸ [24-Hour Respite Site Standards \(toronto.ca\)](#), Section 8.2 Service Planning

- For example, in our file reviews (based on case notes recorded in SMIS and/or in agency information systems and records), we observed a client was actively staying in the shelter system since June 2018. During the period from June 2018 to February 2022, the client was admitted to 18 different programs through 230 admissions and spent a cumulative of 1,226 bed nights by February 28, 2022. There were only 110 notes in SMIS, mostly health-related or administrative in nature. Based on these case notes, we found that there were limited progress or updates being made to his file. Although the client had 230 admissions, there was only one intake assessment in SMIS. That assessment was completed in May 2019 and indicated that he was on housing waitlists. The client also identified his needs for supportive housing due to mental health and substance use issues. After 2019, there was no discussion or case notes related to the housing waitlists.

Sometimes shelters cannot access a client’s prior history in the shelter system and must recreate or duplicate what has previously been done

Shelter providers have no access to client’s history from previous shelter stays. As explained by one shelter provider,

“sometimes we are recreating the wheel with transient individuals as they have to share their story over and over, and we may be duplicating referrals to services without knowing what’s already been done”.

Our additional observations on continuity of approach or care and sharing of information to best support a client’s journey from homelessness to housing are detailed in Section B.2 of this report.

2021 Homelessness Solutions Service Plan includes priority actions to increase system coordination and planning

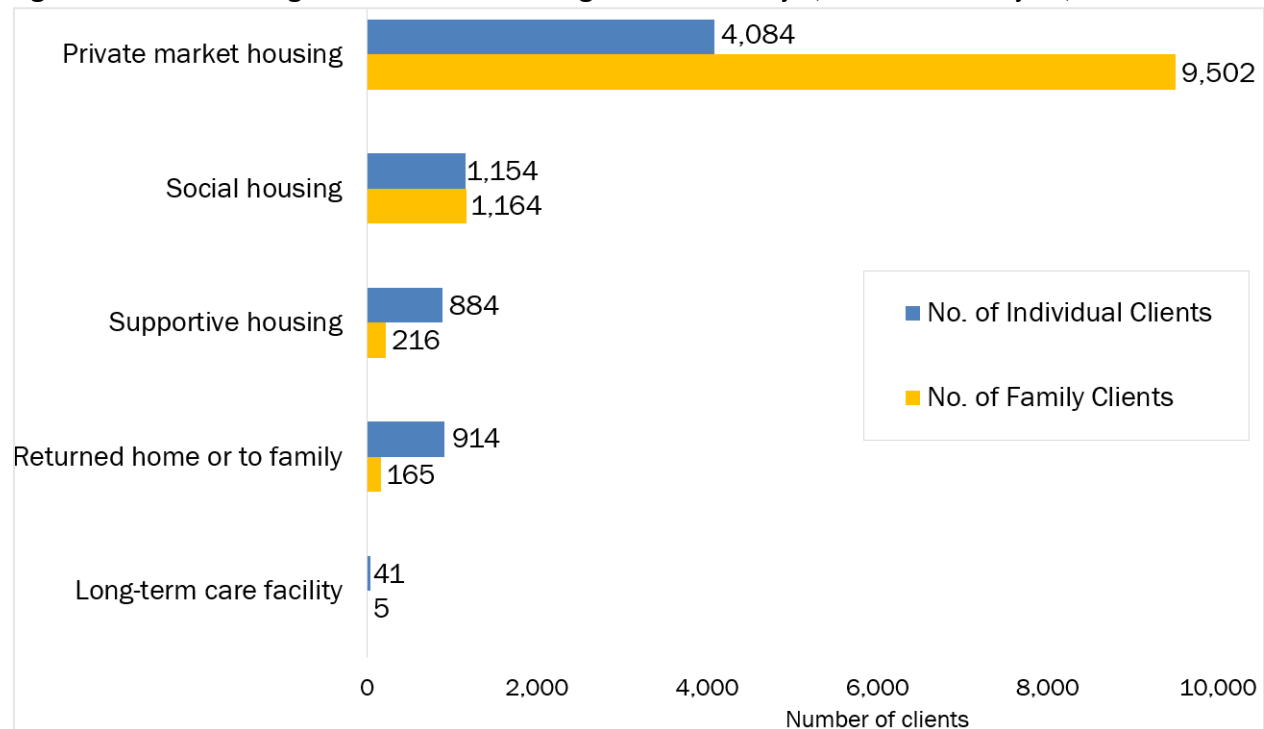
In its 2021 Homelessness Solutions Service Plan, SSHA indicates that going forward it will take action to *“expand the ways that information flows between programs in SMIS, to enhance the coordination of supports and person-centred program delivery across the system”.*

A. 2. Post-discharge Supports and Actions are Not Captured in SMIS

40% of shelter users between 2019 to 2022 were discharged to permanent housing

Between January 1, 2019 and February 28, 2022, over 18,100 people or nearly 40 per cent of shelter users during that period were discharged to permanent housing, including more than 3,200 families and 7,075 individuals. As shown in Figure 5, most people discharged to permanent housing moved into private market housing.

Figure 5: Clients Discharged to Permanent Housing between January 1, 2019 to February 28, 2022



Source: Shelter Management Information System

1,200 people returned to shelters after being housed

Approximately 1,200 people subsequently returned to the shelter system. About 46 families returned and approximately 1,075 individuals housed returned to the shelter system:

15% of individuals housed returned, but few families returned

- 10 per cent of individuals housed returned to the shelter system within six months
- An additional three per cent of clients housed returned to the shelter system before the end of one year
- A further two per cent of clients housed returned to the shelter system within two years

Post-discharge supports are essential for Housing First

There have been many research projects by various organizations and professionals on the importance of post-discharge supports in addressing recidivism. For example, the need for long-term support has been emphasized by the Homeless Hub in their “*Housing First in Canada*” key learnings report²⁹. They found a significant reduction of shelter usage due to the work done by intensive outreach workers and the community on housing loss prevention. The report also emphasized the importance of appropriate follow-up and the ability to shift and change the model of support based on an evolving understanding of individual needs after being housed.

²⁹ <https://www.homelesshub.ca/sites/default/files/HousingFirstInCanada.pdf>

The Standards require shelter staff to provide follow-up services, but no detailed guidance is provided

The Toronto Shelter Standards indicate that as part of a client's planned discharge and transition out of a shelter, shelter staff will, for up to 12 months following discharge from the shelter, and at the request of the client, provide follow-up services or referrals to help support the client's transition to housing, provide crisis support and/or provide eviction prevention activities. No additional guidance or requirements are reflected in either the Standards or the operating agreements.

Extent of follow-up services provided varies from shelter provider to shelter provider and client to client

While all shelter providers we spoke with advised that, on a case-by-case basis, they generally do some outreach support to help with stabilizing and maintaining tenancies for clients who are exiting homelessness (i.e. phone calls, check-ins, assess hoarding) for both shorter and longer than one-year, they also indicated there are some gaps. For example,

- One shelter provider indicated that the extent of post-discharge follow-up depended on the availability of resources.
- Another shelter provider highlighted the challenge that *“People need more support after they have been housed; however layered supports team and supports to daily leaving team are underfunded”*.
- Another shelter provider echoed that concern, saying that *“[Follow-up supports] is a broad gap across the system”*.

We were unable to determine the extent of post-discharge supports because this information is not in SMIS

While SSHA advises that people who request follow-up support services, are being referred to or are accessing support services once they are housed, this information is not being tracked in SMIS. In files we reviewed of clients who returned to shelters after being discharged to permanent housing, we were unable to determine the extent of post-discharge supports provided from information recorded in SMIS records.

- For example, in our file reviews (based on case notes recorded in SMIS and/or in agency information systems and records), we observed a client moved to supportive housing through the Rapid Housing Initiative in March 2021 (after spending a total of 860 bed nights sleeping in shelters since their first admission in 2018). In July 2021, the client returned to the shelter system after less than five months in housing. There was no indication in SMIS of any post-discharge supports. Also, case notes do not discuss why the client lost housing. Since returning to the shelter system in July 2021, the client has been admitted to five different shelter programs as of April 18, 2022 and is flagged as chronically homeless in SMIS.

SSHA advised that the Coordinated Access team provides support that is not recorded in SMIS

Several shelter providers said that referrals are made for those who need more intensive support services that may be better provided by outside agencies and supports may be needed beyond one year. Based on client case notes we reviewed, we cannot verify that this is occurring consistently in practice. More intensive needs (such as harm reduction, primary care, mental health supports and addiction management) are supported by the SSHA Coordinated Access team but are not recorded in SMIS.

Shelter providers agree more follow-up support is needed

While post-housing follow-up supports are not solely provided by shelter staff, the common sentiment of shelter providers was that more post-housing follow-up support is required and may be required for longer periods of time.

2021 Homelessness Solutions Service Plan includes priority actions to focus on follow-up supports

In the 2021 Homelessness Solutions Service Plan, SSHA indicates that going forward it will “*enhance and increase access to follow-up supports with mandate to ensure effective transitions between homelessness and housing stabilization*”. A service provider was quoted that “*Follow up supports are essential. People return to shelter after being housed because there haven’t been enough of the wraparound supports.*”³⁰ Such wraparound supports could include mental health and addictions supports.

Shelter provider no longer has access to the client’s profile in SMIS once the client is discharged

Once a client is discharged from a shelter, the shelter no longer has access to the SMIS client profile. As such, no additional case notes would be recorded.

- Where the discharging shelter provider is different than the one providing post-discharge supports, success may be impacted by a lack of information sharing in SMIS. (Information sharing is discussed in Section B.2 of this report)
- Some shelter providers indicated that there was a “warm-handoff” through which shelter staff introduce a client to staff at a new program or service; however, based on the samples we reviewed, we also did not see notes of “warm hand-offs” documented in SMIS
- Other providers would have to assess clients again post-housing because client notes in SMIS are not accessible across shelter providers

Follow-ups documented in multiple information systems other than SMIS

SSHA advised that service providers who provide post-housing follow-up services use multiple information systems other than SMIS, and that in order to review post-housing case management activities and outcomes, SSHA staff has to request the specific follow-up agencies to release their records.

³⁰ [Attachment 2 - Homelessness Solutions Service Plan \(September 2021\) \(toronto.ca\)](#), page 36

Sharing information leads to better outcomes for clients

SSHA and its service providers will be more efficient and effective in providing post-housing supports to a client when information is shared about the client’s circumstances, the client’s needs, and what measures and supports have been tried and were successful or unsuccessful. An integrated and coordinated homelessness and housing information system allows a client’s story to be tracked, leading to better outcomes. Our findings and recommendations related to the homelessness and housing information systems are detailed in Section B of this report.

A. 3. Strengthen SSHA Support for Shelter Providers by Enhancing Case Management Tools and Clarifying Expectations

Extent of required case management is not clear

According to the Standards, “*All shelter providers will offer some degree of case management and service planning to their clients.*” The degree of case management to be provided to clients is currently left to the discretion of program staff.

Consistently Adopting Good Practices for Case Management

Certain good practices for case management are not required

The Toronto Shelter Standards describe some good practices for case management that shelter staff are encouraged, but are not required, to perform. Where case management activities are left to the shelter staff’s discretion, these good practice for case management are not consistently implemented.

Case management activities could be improved to support better outcomes for shelter clients

Based on our review of case notes recorded in SMIS and/or in agency information systems and records, we found that the implementation of these case management activities could be improved or increased in order to support better outcomes for shelter clients. For example,

- Ensuring that initial assessment of client’s needs, strengths, challenges and preferences are done on a timely manner
- Ensuring that the client’s service plan clearly includes both a housing plan and a financial plan
- Updating service plan notes, at a minimum of once per week, even if there is no contact with a client
- Preparing bi-monthly summary of service plan notes that include the minimum information requirements and the status of service plan goals/actions
- Breaking down goals into manageable steps (immediate, medium- and long-term) and guiding the client in problem solving and skills development
- Reviewing progress and updating the service plan at the point of service transition (e.g. “warm hand-off”)

Each shelter provider uses their own approach and tools

Other than the Standards, SSHA advised that “*Templates are not provided to service providers to complete case notes and there are no expectations to upload/include them in SMIS. Documentation of case management activities are not specifically addressed in operating agreements*”.

SSHA should consider providing additional support or tools to assist shelter providers and shelter staff

Based on our interviews with shelter providers, each shelter provider uses their own approach and tools. Although shelter providers are experienced in providing case management, SSHA, as the Service Manager, should consider providing additional support or tools to assist shelter providers and shelter staff in delivering effective case management to clients and a consistently high quality of service.

Establishing Common Screening and Assessment Criteria

No consistent standard for the expected intensity of case management

We recognize that the degree of case management may vary from client to client depending on a number of factors. However, there is currently no consistent standard for the expected intensity (e.g. level, nature, and extent) of case management based on a common assessment scale or criteria for determining priority, eligibility, and allocation of supports and services, as well as housing opportunities for people experiencing homelessness.

Other jurisdictions have adopted screening and assessment tools help prioritize services

Other jurisdictions have adopted different screening and assessment tools to help prioritize which clients should receive what type of housing assistance intervention, and to assist in determining the intensity of case management services.

Some examples of what other jurisdictions use can be found at: <https://www.homelesshub.ca/sites/default/files/attachments/ScreeningforHF-Table-Nov17.pdf>

Benefits of having a consistent standard and common assessment

Having a consistent standard and common assessment criteria can guide shelter staff to gather information which can be used by staff to help determine client needs and prioritize supports and service delivery to better meet housing, health, mental health, addictions, life skills, employment and financial needs.

Consistent standards and common assessment criteria set a benchmark on prioritizing assistance for clients in need

In addition, having consistent standards and levels of service help to set the benchmark or baseline to:

- Help prioritize the time and resources of case workers and shelter staff and assist supervisors to support case workers, better match client needs to the strengths of specific case workers, and establish service priorities across their team
- Help prioritize which clients should receive what type of housing assistance intervention, assist in determining the intensity of case management services, and help prioritize the sequence of clients receiving those services
- Track the depth of need and service responses to clients over time

Shelter providers use their own forms and screening tools

Based on our interviews with different shelter providers, there is currently no expectation setting or common assessment for case management support at the point of intake. Some shelter providers use a paper-based “Housing Support Screening Tool” (HSST) to estimate the level of support required by a client to maintain housing stability. This tool was developed by SSHA as part of a pilot project around 2017 but was not rolled out to all shelter providers. Other shelter providers use their own forms or other screening and assessment tools that are publicly available.

SSHA will launch a new common assessment tool (STARS) to help determine needs of clients

Recognizing the benefits of having a consistent standard and common assessment, SSHA has developed and are in the process of launching a new Service Triage, Assessment, and Referral Supports (STARS) common assessment tool for use with shelter occupants.

The STARS tool includes three parts to determine the level of needs of the client: 1) Intake and Triage, 2) Housing Checklist, and 3) Comprehensive Needs Assessment. SSHA advised that it is rolling out the first two parts in Q2 2022. An overview for each part is included in Exhibit 2.

Shelter providers need guidance on implementing STARS

Requirements for implementing and using STARS need to be clarified for shelter providers. For example, one agency who uses a different case management system than SMIS said it *“will see what that transition looks like. We will not make that decision until we see how effective STARS is. We want to see how institutions think about STARS. We want to be part of more cross-jurisdictional/longitudinal studies and SMIS is only used in Toronto”*.

The STARS common assessment tool may help to clarify expectations for case management activities, housing plans and financial plans. This tool can guide shelter staff to gather information to help determine each client’s needs and prioritize supports and service delivery, which in turn help to support clients more holistically.

Collecting Data for Benchmarking

Data collected from standardized assessments can be used to analyze key program- and system-level service needs

Standardized assessment tools integrated and used in SMIS can facilitate collection of key data points in client assessments. This data can be used to analyze and report key program- and system-level service needs, which can then inform future homelessness policy and investment decisions.

Analyze data to benchmark the type of assistance and intensity of case management provided

By clarifying in the Standards the type of assistance, and intensity of case management SSHA expects its shelter providers to provide based on a pre-defined assessment scale, SSHA can develop more specific targets and collect data to be able to assess levels of service provided, performance, and outcomes based on clients needs.

Data on performance and outcomes can then be used to better benchmark across programs and shelter providers to identify where more attention, resources, monitoring and/or oversight may be warranted.

2021 Homelessness Solutions Service Plan includes priority actions to focus on standardizing approaches and expanding training and tools

Management has indicated in its 2021 Homelessness Solutions Service Plan that going forward it intends to take action to enhance housing-focused service delivery by:

- *Assessing levels of housing case management supports across the system and identify resources required to implement standardized approach to service levels consistent with the New Shelter Service Model approved by Council*
- *Expanding tools available to enhance and standardize housing case planning, including implementation of a housing module in SMIS*
- *Providing training and tools to support a consistent approach to delivering services from a Housing First lens*
- *Completing electronic implementation of the STARS Common Assessment tool to support a progressive engagement approach tailored to the needs of each individual or household*
- *Using available data to inform a system planning lens to assess needs and acuity of those experiencing homelessness and map this against available resources*

Setting Expectations for Staff to Client Service Ratio

Standards and operating agreements do not include expectations of case worker to client ratios

The Standards currently do not include specific expectations about case worker to client ratios based on expected intensity of case management and common assessment criteria. Operating agreements with shelter providers do not indicate the number of case workers need to effectively provide case management services and supports to shelter clients.

Based on our interviews with shelter providers, each have their own processes to determine the appropriate resourcing requirements for case management. All shelter providers we spoke to advised that regular staff meetings and formal/informal supervisory reviews are conducted to assess the level of support for each of the clients assigned to their case workers, to balance out portfolios and to ensure shelter staff have capacity to support clients.

Ratios of case worker to client vary between 1:10 and 1:50

Shelter providers we interviewed indicated the case worker to client ratios generally ranged between 1:10 and 1:30. However, we note that one shelter provider estimated that its current case worker to client ratio was 1:50. Shelter staff expressed that it had been especially challenging to keep the ratio low during the pandemic, with staff shortages combined with a high number of clients served.

Provincial funding guidelines use performance indicators based on specified “staff to participant ratio”

According to the 2017 Community Homelessness Prevention Initiative (CHPI) program guidelines³¹ that SSHA provided to us, one of the performance indicators that SSHA is required to report is the number of households that received services based on three case management levels with specified “staff to participant ratio” as follows:

	Description
Case Management Level 1	Households with low-moderate acuity of need; >1:20 staff to participant ratio
Case Management Level 2	Households with moderate-high acuity of need, such as people with serious and persistent mental illness; 1:20 staff to participant ratio
Case Management Level 3	Households with high acuity of need, such as people with serious and persistent mental illness and/or additions; 1:10 staff to participant ratio

Providers are not required to report their staffing ratios to SSHA, making it difficult to compare or benchmark service levels and outcomes

We noted that at shelters operating in hotels paid for by the City, on a location by location basis, the rate of funding per client varies significantly among providers, even for similar or comparable programs. There does not appear to be a consistent benchmark or baseline rate of funding per client which, in turn, we would expect translates to expected staff to client ratio for like programs. Regardless, SSHA’s operating agreements with shelter providers do not include any expected staff to participant ratio and providers are not required to report their staffing ratios to SSHA, making it difficult to compare or benchmark service levels and outcomes achieved through each shelter provider.

It should be noted that, SSHA should be collecting information (at least annually) to assess whether providers are following the CHPI guidelines.

While we understand the challenges and nuances of setting such ratios, it is important that SSHA monitor how shelter providers are using City funds to deliver case management services to clients, and that those funds are being used efficiently and effectively.

³¹ On April 1, 2022, the Province launched the new Homelessness Prevention Program which combines CHPI, and two other programs (Home for Good and the Strong Communities Rent Supplement Program) ([Ontario Investing in Additional Supports for People Experiencing Homelessness | Ontario Newsroom](#)). SSHA advised that the Province has not yet provided any new guidelines and associated resource ratios for the new program.

Program Monitoring and Accountability can be Improved

No regular monitoring of shelter providers' delivery of case management services

We noted that SSHA staff currently does not monitor how shelter providers are using City funds to deliver case management services to clients. SSHA does not regularly monitor the effectiveness of shelter providers' case management practices and outcomes, or whether shelter providers comply with the Toronto Shelter Standards.

SSHA has not reviewed case management practices at shelters

Each of the eight sampled shelter providers we interviewed said that SSHA has not conducted any reviews or audits with a focus on the efficiency and effectiveness of case management activities.

SSHA has been focused on monitoring respite sites and IPAC implementation during the pandemic

SSHA staff acknowledged that case management oversight for shelters has not been robust. It has not been a priority for several years due mainly to quality assurance activities being largely focused on monitoring respite sites and then IPAC (Infection Prevention and Control) implementation during the pandemic. Going forward, SSHA management advised us that staff are in the process of developing a plan for assessing shelter standards, with the work expected to begin later this year. Staff advised us that they *"do not currently have plans to carry out case file reviews"*.

Limited oversight of the effectiveness of case management in shelter programs

These gaps create a lack of oversight, transparency and accountability as to the effectiveness of case management in shelter programs, which also limits the ability of the City and the public to understand performance in this critical area.

More importantly, limited oversight of the effectiveness of case management means that SSHA has a limited perspective of whether some people who could have been housed may still be experiencing homelessness.

2021 Homelessness Solutions Service Plan includes priority actions to assess implementation of Shelter Standards

Management has indicated in its 2021 Homelessness Solutions Service Plan that going forward it intends to take action to enhance quality by *"conducting regular assessment of the effective implementation of Shelter Standards and develop transparent reporting mechanisms"*.

A. 4. Increase SSHA Oversight of Case Management Performance and Outcomes

"Best possible outcomes" is not defined

The Toronto Shelter Standards state that *"High-quality service delivery relies on clear, achievable and measurable outcomes. Shelter providers will ensure that services focus on achieving the best possible outcomes for each client"*.

In the Standards, SSHA has not defined what it means by "best possible outcomes for each client".

Standards do not set out outcome-focused targets

Furthermore, the Standards do not set out outcome-focused targets. Appropriate targets for different groups of people are needed to better support the Housing First approach against which progress can be tracked and measured.

Outcome-focused targets should reflect the diverse population of shelter clients

We asked the shelter providers what outcome-focused measures or targets should be included for shelter providers. Based on shelter provider comments, outcome-focused measures and targets need to be carefully developed and must be appropriate for the diverse population of people served and their needs.

In developing measures and targets, consideration should be given to what Housing First progress and “best possible outcomes” looks like for:

- People who may be able to live independently, including families
- People who need some supports or who cannot be housed on their own (e.g., youth who may be transient and ineligible for funding, seniors, clients with very complex mental and physical health needs or addictions, clients in need of long-term care supports)
- Chronic users of the shelter system
- Transient shelter users and respite users
- Clients who may not be receptive to case management support/outreach, or housing offers.

Shelter provider descriptions of best possible outcomes

Most of the shelter providers we interviewed agreed that it would help if the Standards included clarification on what “best possible outcomes for each client” means, but at the same time, it must have flexibility.

Some examples of shelter provider responses that demonstrate the challenge of determining “the best possible outcome for each client” include:

- *“The goal in shelters is housing, but sometimes best possible outcomes may even just mean being in the shelter system with the provided supports. It may also mean not case management specific engagement, but just social engagement.”*
- *“There is also a case to be made for ‘in situ’ housing available within congregate settings. We often see seniors who are anxious to move to independent housing because they fear the loss of community and the isolation so often associated with independent living.”*

- *“Each client is unique and drives their own plan. If we are too specific we are forcing [people] into a box as to what goals they need to achieve.”*
- *“The process of change also impacts how we house our residents. It is simply not a matter of supplying a unit. Most of our clients need considerable support. Many are not ready to change, both in practical terms (ID, finance etc.) but also in psychology.”*
- *“Due to the complexity of the needs of the different population groups that are being served, the [Standards] is a very good umbrella of case management; however it does not include case management or support guide to the harder to serve clients or the chronically homeless, or the difference when a client is part of a temporary winter response program... With some severe mental health and addiction or undiagnosed mental health it would be beneficial to identify what are the possible outcomes expected out of the case management plan.”*
- *“The outcomes could be spelled out with terms like, increased independence, housing or long-term care. Each individual's needs and goals are individual and becoming more specific could be problematic”.*

2021 Homelessness Solutions Service Plan defines “What success looks like” for key actions in the Plan

The 2021 Homelessness Solutions Service Plan indicates that SSHA is working to develop a set of system level indicators that quantifies progress towards the following two outcomes:

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

In addition, the Service Plan also has defined “What success looks like” for the priorities SSHA has defined in the plan, including some which have been identified throughout this report that are relevant to case management and improving outcomes for shelter clients. Exhibit 3 provides a summary of the priority areas and intended outcomes.

Other examples of outcome-based measures of the effectiveness of case management

Other outcomes that can be considered, specifically related to assessing the effectiveness of case management include, but are not limited to, the extent to which clients:

- Maintain and/or increase their income stability
- Maintain and/or improve their physical and mental well-being³²
 - Experience fewer acute mental and physical health occurrences
 - Maintain or improve management of addictions
- Maintain and/or improve their social and community connections
- Increase independence
- Are satisfied with the quality of the housing, case management and support services
 - Increase engagement through regular formal or informal interactions
 - Experience fewer instances of not meeting with the case/housing worker, not providing required documentation needed for subsidy eligibility or housing applications, and declining housing offers

Define outcomes and collect high quality, reliable data to be able to assess these outcomes

Once outcomes have been defined, SSHA needs to work towards improving how it collects data to be able to assess and report more robustly on these outcomes. The Toronto Shelter Standards do not explicitly address the collection of data, monitoring, reporting of case management activities or outcomes.

Address system capability to collect system- and program-level data

SSHA currently does not collect, and does not have the system capability to collect, system- and program-level data on factors that impact the effectiveness of case management as part of its performance monitoring.

No system-level data about number of clients actively pursuing housing opportunities

For example, SSHA does not collect data in a manner where they can easily identify and analyze the number of people in the shelter system who are actively pursuing housing opportunities and/or the number of people whose first priority may not be housing. SSHA does not have access to adequate data through SMIS to readily and reliably identify which or how many clients:

- Have documents ready
- Are on waitlists
- Have enough savings to pay first / last month's rent

³² Outcomes related to physical and mental well-being are dependent, in part, on the extent that services in the health system are available to refer people to. Case management alone cannot solve all of these issues

No system-level data about client referrals or access to supports

SSHA also does not collect data in a manner to analyze at a system-level whether all clients staying in shelters have been referred to and have been provided with needed supports and services (e.g., mental health and addiction supports, physical health and primary healthcare supports). The only information on whether an individual had been referred to and received needed supports is found in case notes kept by shelter staff.

Key data is critical for decision-making by management

Having key data can help better inform decision-making about prioritization, funding and infrastructure requirements. This can then be used to design targeted approaches to improving outcomes for people experiencing homelessness. For example, SSHA could benefit from knowing:

- How many clients do not participate in case management - this can help inform development of client engagement approaches or strategies to encourage participation, and decisions about additional funding and/or supporting programs
- How many clients are unlikely to be housed independently without significant support - this can help inform decision-making about shelter infrastructure planning, prioritizing, approaches and funding
- Which clients are frequent users of shelters and respites - this can help inform needs identification for more intensive follow-up or targeted interventions, like supportive housing
- Types of supports required for people staying in shelters - this can help inform where limited funds can be best spent to support clients
- If people referred for services attended the referral - this can help inform development of effective support strategies to make referrals more accessible
- The length of time it takes for an individual referred for support to receive those supports - this can help identify gaps and barriers that are preventing people from achieving outcomes

Including shelter providers in the development of outcome measures and targets will ensure these are meaningful and impactful

We recognize that capturing the data and information to be able to measure and analyze outcomes and to develop targeted approaches to improve client outcomes may require time and effort on the part of the shelter providers. Therefore, it is important for SSHA to engage its shelter providers in any efforts to identify the appropriate data to consistently capture system-wide and to develop outcome measures to ensure that what is reported is reliable, meaningful and impactful for the diverse population served.

2021 Homelessness Solutions Service Plan includes priority actions for enhancing system tools and data

Management has indicated in its 2021 Homelessness Solutions Service Plan that going forward it intends to take action to “develop reporting tools that enable efficient tracking of key indicators on homelessness at both a system and program level” and to “Use data and an equity lens to regularly update prioritization of groups with the greatest needs and report on outcomes”.

Recommendations:

- 1. City Council request the General Manager, Shelter, Support & Housing Administration, in consultation with key stakeholders including shelter providers, to review and update the Toronto Shelter Standards and shelter provider operating agreements, in order to clarify the City’s minimum expectations related to, but not limited to, the following areas:**
 - a. the extent to which shelter providers must use the City’s homelessness and housing information system to record case management activities**
 - b. case notes, documentation, or other records on the client’s “service plan”, “financial plan”, and “housing plan”, that shelter staff (case workers) are required to record in the City’s homelessness and housing information system to ensure there is a complete record of service provided to clients, and to facilitate information sharing in support of continuity of approach or care going forward**
 - c. standardized processes and tools that can be used to support consistent adoption of good practices for case management by all shelter providers to engage clients in developing individualized goals and making an ongoing commitment to work towards achieving those goals and housing outcomes.**

- 2. City Council request the General Manager, Shelter, Support & Housing Administration, to ensure the City's homelessness and housing information system is configured to be able to collect data, with a client's consent, that will then be analyzed at a system- and program-wide level, in order to develop targeted approaches to addressing and improving outcomes for people experiencing homelessness, and to inform decisions about how much space must be added to the shelter system to accommodate clients where staying in shelters is not a short-term, temporary measure. Such data could include:**

 - a. age, nature and degree of supports for mental and physical health conditions, and other factors, which may be determinants of chronicity**
 - b. system trigger, flag, or other means in the information system to identify if shelter clients are unwilling to participate in case management or are not making significant progress in their case management goals, the reason(s), and whether a service restriction has been implemented, to see if there are solutions that can be found**
 - c. system trigger, flag, or other means in the information system to identify shelter clients that move frequently between programs and/or shelter locations, and the reasons, to help ensure continuity of approach or care.**

 - 3. City Council request the General Manager, Shelter, Support & Housing Administration, to:**

 - a. conduct cost-benefit analysis on creating a permanent housing solution, potentially in situ, for seniors and others with significant physical and mental health support needs, including the potential for converting shelter programs for long-term shelter clients who require significant physical and mental health supports, into permanent supportive housing or long-term care facility**
 - b. seek to have any long-term shelter programs with characteristics of a long-term care home designated as such, with ongoing and sustainable funding requested from the Province to operate the facility as a long-term care home specializing in providing appropriate primary health care, harm reduction, overdose prevention and mental health case management services for people experiencing homelessness.**
-

- 4. City Council request the General Manager, Shelter, Support & Housing Administration to ensure all eligible shelter clients are added to the City's centralized social housing waiting list system and are designated priority status applicants for faster access to social housing and rent geared-to-income assistance.**
- 5. City Council request the General Manager, Shelter, Support & Housing Administration, to:**
 - a. review whether it would be more effective to centralize responsibility for case management of clients that move frequently within the shelter system to support continuity of approach or care and improve outcomes**
 - b. clarify in the Toronto Shelter Standards and shelter provider operating agreements the City's minimum expectations related to housing, case management and other support services to be provided to shelter clients who move frequently from shelter to shelter or only use respite and/or extreme weather programs, to ensure consistency, quality and completeness of case management activities in alignment with a Housing First approach.**
- 6. City Council request the General Manager, Shelter, Support & Housing Administration, to:**
 - a. establish expectations, targets and outcomes for post-housing follow-up support services**
 - b. clarify in the Toronto Shelter Standards and shelter and homelessness service provider operating agreements who is responsible for post-housing follow-up and the City's minimum expectations related to the nature, extent, and timing of follow-up activities, as well as documentation requirements of post-housing follow-up services within the City's homelessness and housing information system to support continuity of approach or care and improve outcomes**
 - c. determine the funding requirements and sources to adequately support shelter and homelessness service providers to deliver the necessary post-housing follow-up services.**

- 7. City Council request the General Manager, Shelter, Support & Housing Administration, to implement robust program accountability standards and monitoring of the quality, efficiency and effectiveness of case management by shelter providers. Such monitoring to include:**
 - a. reviewing of case files to assess whether shelter providers adequately comply with the Toronto Shelter Standards service requirements for case management**
 - b. benchmarking of actual staff to client service ratio for like programs, based on the level of support and intensity of case management required according to a common assessment of needs**
 - c. assessing outcomes achieved by shelter providers.**

- 8. City Council request the General Manager, Shelter, Support & Housing Administration, in consultation with key stakeholders including shelter providers, to:**
 - a. continue to develop and implement consistent criteria or method of assessment tool and approaches, which can be used by all shelter staff to determine client needs and prioritize supports and service delivery. Where all shelter providers will be required to use the Service Triage, Assessment, and Referral Support (STARS) common assessment tool, SSHA to develop and implement engagement and change management plans to support effective adoption of the tool**
 - b. review and update the Toronto Shelter Standards and shelter provider operating agreements, in order to clarify expectations related to the intensity of case management (level, nature, and extent) to be provided to each client by shelter staff to support better outcomes for clients and better align with a Housing First approach based on the common assessment criteria**
 - c. define expected outcomes from case planning, taking into consideration of needs and limitations of specific client groups (e.g. chronic, seniors, families, youth, transient, etc.)**

- d. develop targets and measures against which to assess outcomes based on the different needs and limitations of specific client groups (e.g. chronic, seniors, families, youth, transient, etc.), taking into consideration the assessment of client vulnerability and necessary intensity of case management
 - e. benchmark performance and outcomes across programs and shelter providers.
9. City Council request the General Manager, Shelter, Support & Housing Administration, to continue to define, implement, track, and improve the quality and reliability of key data points within the City’s homelessness and housing information system, and analyze such data to improve performance monitoring, evaluate program outcomes at a program- and system-wide level, and publicly report on results. Such data to also be used to make informed decisions on how to better support homelessness service delivery including, but not limited to, prioritization of funding, staffing and resourcing, as well as priorities for developing and implementing targeted approaches to improve outcomes.

B. Improving the Homelessness and Housing Information System

B. 1. SMIS is Not Designed to Support Effective Case Management

SMIS was not designed for case management

The SMIS system is a bed management tool and was not designed to store or collect robust case management related information.

Standards are not clear on the use of SMIS for case management

While the Toronto Shelter Standards indicate that the “*use of SMIS is mandatory at all City-funded shelters*”, the Standards do not mention the use of SMIS in the context of case management and SSHA told us that “*Purchase of Service shelter providers are not mandated to use SMIS for case notes*”.

Shelter providers use SMIS for intake and discharge but not always for case management

We found the use of SMIS for case management varied from shelter provider to shelter provider. Four of the eight shelter providers we interviewed used a separate system for case management purposes or use SMIS in tandem with another system. Additionally, one of those shelter providers advised it had only recently begun moving away from handwritten paper files.

Data and information collected in SMIS was not easily searched, was difficult to extract, and was time-consuming to analyze to assess client progress

Shelter staff who used SMIS to record case management activities, documented client interactions and activities as text-based narratives and/or attached electronic supporting documents to the client's SMIS account. The information included in those case notes and attachments was not easily searchable, was difficult to extract, and was time-consuming to analyze in order to assess a client's progress towards housing.

SMIS needs better functionality for tracking client data

The existing functionality of SMIS does not easily facilitate the telling of the client's "story". The key actions or milestones for a client to move towards housing should be easily identified and/or accessible in the client's SMIS profile. Right now, key information is found in narrative form in case notes or as attached documents. For example, only by reviewing case notes would shelter staff know whether a client had saved first and last month's rent, filed income taxes, or obtained any outstanding documents needed for subsidy or housing applications. SMIS currently has limited functionality for tracking client progress or case management workflow. There is currently no task or "to do" list of what steps have been taken to move clients towards housing and what steps still need to be worked.

SMIS has data fields that can be used to track discussions held, but this information is not consistently input

While SMIS has data fields that can be used to track the types of discussions held (such as assessment and case plan, housing, financial, education, legal, employment, etc.), this information is not consistently input or tracked. If captured properly, such data could be analyzed to provide targets, measures, and benchmarks on progress being made for clients and most common types of discussions clients are having with their case worker.

SSHA advised that the Housing Module built into the new STARS tool, discussed earlier in Section A.3 of this report, will include a supporting document checklist functionality which aims to ensure this information is more readily accessible on SMIS.

Limitations of SMIS

Other limitations of SMIS expressed by shelter staff are that:

- SMIS is not user-friendly or robust enough to easily identify and access available client information, such as income tax files, personal identification, and housing applications
- SMIS is hard to manage to make sure documents are current and up to date
- Access to client history or documents is restricted to current shelter provider (as discussed in the following section)

B. 2. Limited Information Sharing Impacts Client Outcomes

Client case notes input in SMIS is not accessible to different shelter providers

Currently, client information recorded in SMIS is not accessible between shelter providers and is even sometimes restricted on a program by program or staff by staff basis. This limits the effectiveness of holistic case management of clients regardless of which shelter they stay in. Where case notes are documented outside of SMIS, this is even more of an issue as no other shelter providers would be able to easily and securely access that information.

40% of shelter clients stayed at more than one shelter

The lack of information sharing is a significant barrier to better outcomes for a significant proportion of people experiencing homelessness. In particular, we noted that from January 1, 2019 and February 28, 2022, over 40 per cent of the 46,300 clients who used the shelter system stayed at two or more shelter locations or programs, which includes 4,910 people who stayed at five or more different shelter locations or programs.

Case management starts again at each different shelter

It may be possible for data collected under a common consent to be shared when it is collected and used for a consistent purpose, like helping people exit homelessness into permanent housing. However, client consent is currently obtained at the shelter location level for the individual shelter location, rather than collectively across the City's Shelter System for the single purpose of providing homelessness and housing supports. This means that when these clients move from one shelter location or program to another, shelter staff would likely have had to start the case management process anew.

For example, in our file reviews (based on case notes recorded in SMIS and/or in agency information systems and records), we observed:

- A client was admitted to more than 15 different programs from 2020 to 2021. The client is not new to the shelter system and has been using emergency shelters since 2010. We observed multiple occurrences of assessments and intake of information for this client by different agencies. Case notes from 2020 (January, March, August, September, and October) and 2021 (February and May), show that the client identified the same identification needs and desire for housing and employment each time.

If the client's information was shared between the agencies, the multiple assessments of the client's needs could have been avoided. Restarting the assessment processes with each new program potentially delayed the client from moving forward. By sharing past assessments, shelter staff could have started sooner to work with the client to obtain the identification needed for housing.

One shelter provider still uses handwritten notes that are not added to SMIS

- One shelter provider informed us that their client files still include handwritten notes from case workers, and this information was not logged in SMIS. Based on information provided from this shelter provider, staff provide case management services for more than 100 clients on a monthly basis. It would take a significant amount of time and effort to transfer the knowledge on the client's case to another shelter if the past case notes are only in physical paper files.

Project underway to find solutions to improve information sharing

Since 2021, SSHA has been working to address the information sharing across shelter providers. The SMIS Information Sharing Project aims to offer clients the option to have their personal information in SMIS move with them as they access new programs. This would serve to:

- Avoid requiring clients to tell their stories multiple times
- Reduce duplication of work for clients and users
- Enhance access to essential information for service providers
- Enhance data consistency and quality

Privacy and confidentiality considerations are being assessed

We recognize there are critical privacy and confidentiality considerations, requiring explicit client consents. As of the time of our audit, SSHA advised that a Privacy Impact Assessment is underway. SSHA, Legal Services, and other relevant City divisions should work together to expedite the solving of any remaining questions that keep SSHA and its community partners from helping shelter clients from effectively accessing and maintaining stable housing.

Other ways to exchange case management information are needed where SMIS is not used

We note that this project is specific to information sharing in SMIS. For shelter providers that use different systems for case management, electronic or paper-based, they will still need another way to exchange information to improve client outcomes.

Sharing information helps people find housing

We also note that people who are experiencing homelessness may also rely on other income-based support programs including access to rent-gear-to-income assistance and social housing. Information needed for case management and helping to move forward housing plans and financial plans may be the same information needed for income-based support programs including accessing the Centralized Waiting List. Sharing (or linking) such datasets may create efficiencies, avoid duplication of activities and improve the client experience. Shelter staff would be able to access key financial or housing information for a client in a way that protects individual privacy and without the need for a client to provide the information. Having this key information readily accessible informs the extent of case management support required to help the client to move towards housing.

SSHA should look not only to sharing information across shelter providers but also sharing of information used to support Human Services Integration³³.

Sharing of information is possible

We agree that a client’s personal health information needs to be protected. The City should explore ways to share relevant information on the type of supports needed for the purposes of accessing and successfully maintaining housing, while protecting, reducing or eliminating the need for health information. This requires SSHA to identify the information on specific supports needed and provided rather than health or medical information.

Before undertaking any data sharing, a review of relevant privacy considerations should be performed, and the necessary consent forms and information sharing protocols should be developed.

B. 3. Improve Quality and Reliability of Data Recorded in SMIS

Data is manually entered

The quality and reliability of data is impacted by manual entry of data points by shelter staff.

Analysis needs reliable data

While we recognize that it may be challenging for shelter staff to obtain accurate and complete information about individual clients, informative data analytics and effective case management depend on reliable data.

Examples where reliability of data could be improved

Based on our review of client records in SMIS, some key data points where we found that the reliability of data collected and input into SMIS could be improved are:

- Incorrect discharge reason
- Client information incorrectly recorded in another client’s file
- Duplicate client records
- Case notes that appear administrative in nature

³³ The City’s Human Services Integration (HSI) initiative aims to create efficiencies across various income-based subsidy and financial assistance programs. This includes rent-geared-to-income assistance, Ontario Works, and childcare subsidies administered by the SSHA, Toronto Employment and Social Services and Children’s Services divisions, respectively

Recommendations:

- 10. City Council request the General Manager, Shelter, Support & Housing Administration, to review the City's homelessness and housing information system to:**
 - a. expedite the introduction of necessary operational, policy, and technical enhancements in the information system to enable all City-funded shelter providers to more effectively provide collaborative case management and seamless supports to their clients, whether the shelter provider uses the City's information system or not**
 - b. determine whether the system can continue to effectively meet the Division's requirements for data-informed decision-making regarding homelessness and housing services and for developing and implementing data-informed and targeted approaches for improving outcomes for specific client groups experiencing chronic homelessness.**

- 11. City Council request the General Manager, Shelter, Support & Housing Administration, in consultation with the City Solicitor, and with guidance from the Information and Privacy Commissioner of Ontario, to:**
 - a. review how information collected for people experiencing homelessness, with their consent, can be shared by the City's shelter and homelessness service providers to support continuity of approach or care from intake, through case management at any shelter, and post-housing follow-up while housed**
 - b. develop a common consent to be used by all the City's shelter and homelessness service providers to enable sharing of information for the common purpose of providing homelessness and housing services including the appropriate information relevant to providing supports for mental and physical health conditions and to helping shelter clients navigate the health system**
 - c. review how to share common information needed or used to provide homelessness and housing services to people experiencing homelessness and information needed or used to provide other services addressed through the Human Services Integration initiative, so that this information only needs to be collected once, resulting in a better experience and greater efficiency in providing service for the client.**

C. Focusing on Housing is an Efficient and Cost-Effective Use of Resources

Helping people find permanent housing as quickly as possible

Housing First focuses on helping people find permanent housing as quickly as possible, with the supports they need to live as independently as they can.

“Pivot to housing” requires a shift from an overreliance on emergency responses towards longer term housing solutions

A “pivot to housing” requires a shift from an overreliance on emergency responses towards longer term housing solutions.

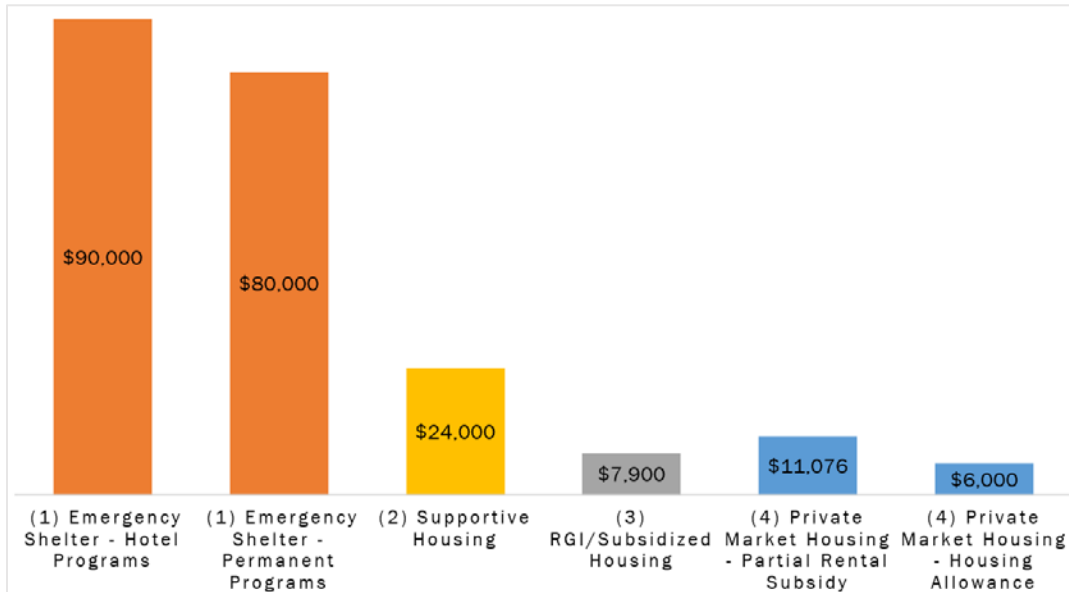
A focus on permanent housing solutions to homelessness and a “pivot to housing” was an underlying theme in SSHA’s development of the 2021 Homelessness Solutions Service Plan. An emphasis on permanent housing solutions to homelessness recognizes that housing is inherent to the dignity and well-being of a person, a determinant of health, and an efficient and cost-effective use of resources.

Cost of Housing

Current cost of emergency shelters is over three times more expensive than supportive housing and ten times more than subsidized housing

We compared the City’s average annual cost for a person to stay in an emergency shelter to other permanent housing options³⁴. Figure 6 shows that the current cost of emergency shelters, including the hotel (COVID) program, is over three times more expensive than providing supportive housing, and around seven to ten times more expensive than providing subsidized housing, rental subsidies or housing allowances, before any Federal or Provincial funding offset³⁵.

Figure 6: City's Average Annual Cost* by Housing Type



*before any Federal/Provincial funding

³⁴ To complete our analysis, we used cost data provided by management, information included in staff reports, and other available sources of information

³⁵ The calculation is based on cost of emergency shelters during the pandemic which has doubled when compared to pre-pandemic costs

(1) Emergency Shelters

Cost of shelters has doubled during the pandemic to between \$80,000 to \$90,000 per year

SSHA / Housing Secretariat have reported that the costs of providing emergency shelter has more than doubled in the past two years during the pandemic, from about \$40,000 per year (or \$3,333 per month) to more than \$90,000 per year (or \$7,500 per month) when using hotel rooms³⁶, and \$80,000 per year (or \$6,667 per month) for a traditional emergency shelter bed. The increase in costs were the result of the increased response and physical distancing requirements of the pandemic. These amounts include required supports, such as rooms, meals, laundry, staff, case management, and security³⁷.

(2) Supportive Housing

\$24,000 average annual cost of a supportive housing unit is less costly than operating a single shelter bed

SSHA / Housing Secretariat have reported that the cost of providing supportive housing (i.e. affordable housing with a range of support services) is estimated at \$18,000 to \$120,000 per year per person depending on the intensity of supports provided, with the average cost at \$24,000 per year per person (or \$2,000 per month)³⁸.

(3) Rent-geared-to-income (RGI) / Subsidized Housing

Average annual RGI assistance provided by the City is estimated to be \$7,900 per year

In 2019, the Auditor General reported that the average annual RGI assistance / subsidy provided by the City for an RGI household was \$7,200³⁹. We have adjusted this amount to a \$7,900 subsidy per year (or \$658 per month) to reflect an estimated inflation of 10 per cent from 2019 through to 2022.

³⁶ A March 2022 staff report indicated that “the costs of providing emergency shelter by using temporary hotels has more than doubled in the past two years, from \$110 per night on average to more than \$250 per night.” [Agenda Item History - 2022.EC28.9 \(toronto.ca\)](#)

³⁷ An October 2020 staff report indicated that “The average cost for a shelter bed pre-COVID-19 was \$110 per day per client (\$40,000 per year). This cost has now grown to approximately \$220 per day per client (\$80,000 per year)”. [Taking Action to Increase Affordable and Supportive Housing Opportunities \(toronto.ca\)](#)

³⁸ [Intergovernmental Partnerships and Advocacy Efforts to Advance the City's HousingTO 2020-2030 Action Plan \(toronto.ca\)](#), page 18

³⁹ [Attachment 1: Safeguarding Rent-Geared-to-Income Assistance: Ensuring Only Eligible People Benefit \(toronto.ca\)](#)

(4) Private Market Housing – Housing Allowance / Canada-Ontario Housing Benefit

City has offered housing allowances in the past

A housing allowance is a non-repayable subsidy to help eligible households pay rent, including people experiencing chronic homelessness. The allowance is a fixed-amount housing benefit paid directly to the individual. Housing allowances are different from RGI assistance. The allowance can be used in the private market and is portable within Toronto, so it moves where the individual moves. In the past, the City has offered housing allowances ranging from \$3,000 to \$6,000 per year (or \$250 to \$500 per month⁴⁰).

Management estimates that rental subsidies ranging from \$7,000 to \$11,000 annually for all active shelter households would cost the City between \$69M-\$186M annually

With the Canada-Ontario Housing Benefit (COHB)⁴¹, this amount may be even higher. SSHA / Housing Secretariat estimated that, if a one-year rental subsidy comparable to the COHB was provided for all people who use Toronto’s overnight shelters and respite sites, the anticipated annual cost would be between approximately \$69 million and \$186 million⁴². On a per household basis, this is approximately \$7,260 to \$11,076 per year (or \$605 to \$923 per month) depending on the size of the household⁴³. The City could afford to provide annual housing subsidies to seven households experiencing homelessness for the same cost of one emergency shelter bed for a year.

Cost of private market housing rent is partially covered by the subsidy

We note that a rental subsidy based on the COHB amount does not cover the full cost of private market housing. According to the City’s data, the 2022 Average Market Rent in Toronto is between \$14,800 to \$26,868 per year (or \$1,225 to \$1,961 per month) for a bachelor through three-bedroom apartment⁴⁴.

⁴⁰ A 2019 staff report indicated more than 5,400 households in Toronto receiving a housing allowance to assist them to maintain their housing. Approximately two-thirds of households received a \$500 benefit and one-third received a \$250 benefit. [Expanding the Housing Allowance Program \(toronto.ca\)](#)

⁴¹ The Canada-Ontario Housing Benefit (COHB) program provides households with a portable housing benefit to assist with rental costs in the private housing market. The COHB pays the difference between 30 per cent of the household’s income and the average market rent in the area. For recipients of social assistance, the COHB will pay the difference between the shelter allowance and the household’s rent and utilities costs. [Canada-Ontario Housing Benefit \(COHB\) – City of Toronto](#)

⁴² Attachment 1 of the staff report “Intergovernmental Partnerships and Advocacy Efforts to Advance the City’s HousingTO 2020-2030 Action Plan”, notes that the \$69 million is based on the 2020-2021 average COHB amount for a household of two on Ontario Disability Support Program (\$7,260/year) for 9,559 active users of the shelter system in February 2022; \$186 million is based on the 2020-2021 average COHB for a household of four on Ontario Works (\$11,076/year) for 16,845 active users of shelter system per flow data between 2018-2021. [Agenda Item History - 2022.EX32.6 \(toronto.ca\)](#)

⁴³ The estimated one-year subsidy does not include people experiencing homelessness who are not accessing overnight sheltered services (e.g. those sleeping outdoors)

⁴⁴ [Current City of Toronto Average Market Rents & Utility Allowances – City of Toronto](#)

Limited rental vacancies in private market housing is also a barrier

In addition to an affordability issue, limited rental vacancies in Toronto mean that there is not enough space to move people out of homelessness, even if every active client in the shelter system was provided a housing allowance. For example, City staff estimated that in October 2021, there were only 1,930 vacant studio apartment units within the private market rental stock⁴⁵. These vacancies represent less than 20 per cent of the number of active users of the shelter system as of February 28, 2022.

Savings and Avoided Costs from “Pivot to Housing” Reinvested into Providing Necessary Supports

A “pivot to housing” can potentially lead to a cost savings, or avoided costs, in the range of \$56,000 to \$74,000⁴⁶ per person per year.

Potential cost savings and avoided costs could be used to help support long-term outcomes

For some people experiencing homelessness, providing access to permanent housing is not sufficient to ensure housing stability and prevent a return to homelessness. In addition to an affordable place to live, they also need access to a range of ongoing health, well-being and social supports, tailored to their individual needs.

Savings can be redirected to provide the supports needed for better long-term outcomes

Any savings from transitioning people experiencing homelessness from shelters to permanent housing can be redirected to provide the supports needed for better long-term outcomes, such as

- post-housing follow-up supports, which help people to be more successful at staying in permanent housing
- mental health and physical health / primary care supports, which can help reduce acute health care incidents which also lead to greater savings that can be re-invested

Range of wraparound health and social services can vary significantly from person to person, with chronicity being an important factor

At the time of our audit, SSHA had not conducted a detailed analysis of the costs to provide wraparound supports to shelter clients, such as mental health and harm reduction supports. We recognize that that the costs of supports can vary significantly according to the specific needs of individuals, particularly for those experiencing chronic homelessness who also need access to a range of wraparound health and social services.

As discussed in Section A.1 of our report, there were nearly 4,500 active shelter clients experiencing chronic homelessness as of February 28, 2022 including seniors and other clients who appear to require significant mental and/or physical healthcare support and/or long-term care needs.

⁴⁵ [Intergovernmental Partnerships and Advocacy Efforts to Advance the City's HousingTO 2020-2030 Action Plan \(toronto.ca\)](#), page 10

⁴⁶ The range of cost savings was calculated as follows: Annual cost of a traditional shelter bed (\$80,000) less annual cost of supportive housing unit (\$24,000) is \$56,000. Annual cost of a traditional shelter bed (\$80,000) less annual cost of housing allowance (\$6,000) is \$74,000

Over 770 people have spent more than 1,095 bed nights, and of those, 80 people have spent more than 10 years of their lives living in an emergency shelter. Anecdotally, the longer someone experiences homelessness, the more supports they need to address various challenges. For example, chronic shelter clients may experience trauma or develop health challenges that can escalate over time. A range of support services is necessary to help them achieve and maintain housing stability and improve their long-term health and well-being.

Detailed analysis of the cost of wraparound supports is needed to inform funding allocations

A detailed analysis of the ‘whole of government’ cost of wraparound supports is important when management makes decisions on how cost savings of providing permanent housing solutions can be redirected to better support Housing First. We note that some of these supports may not be provided or funded by the City. For example, primary health care is funded by the Province.

Funding for wraparound services aligns with Housing First

Shifting from a focus on emergency response to homelessness to a focus on moving along the housing continuum to more permanent solutions, and redirecting funding towards supportive services, supports a Housing First approach and achieving better outcomes for people experiencing homelessness.

Additional benefits from a “pivot to housing” by reducing use of other services

Additionally, providing both housing and the necessary supports where a client lives is a more sustainable and cost-effective solution than managing acute medical events. Though Housing First may be considered by some to be an expensive intervention, the costs are offset in other areas, especially for those who are high service users prior to being housed (those with complex mental health and addictions, for instance).

Examples indicate that providing permanent housing solutions can potentially result in additional cost savings and/or cost avoidance across other sectors

The 2012 Interim Report of the Canadian At-Home/Chez Soi⁴⁷ project, for example, found that housing stability resulted in fewer nights spent in emergency shelters, decreases in unnecessary emergency room visits and hospital stays and less mental health outpatient visits. For instance, the average annual savings due to a reduction in inpatient stays were \$2,184, and for high service users, the annualized savings were much greater, at \$25,899 per person. The authors of the study concluded that *“for every dollar that is spent on Housing First, 54 cents is saved through the reduction in other shelter and health care services. Once people are housed and unmet needs are addressed, there are potential longer-term gains that will make that investment even more fiscally worthwhile”*.

⁴⁷ [Housing At Home Interim Report ENG 0.pdf \(mentalhealthcommission.ca\)](#)

For example, a 2014 national study conducted by the Mental Health Commission of Canada found that “for the highest needs people, the cost of providing housing and required support services to people who are homeless... were also offset by an average reduction of \$42,500 in other services not utilized. The main cost offsets were psychiatric hospital stays, emergency room visits and general hospital stays, visits to community-based health providers, incarceration and police contact”⁴⁸.

Also, in the May 2022 staff report to Executive Committee, staff reported that “people experiencing homelessness are hospitalized up to five times more often than the general public, typically for much longer stays, with an average monthly cost of over \$12,000 per person”⁴⁹.

These examples indicate that providing permanent housing solutions can potentially result in additional cost savings and/or cost avoidance across other sectors while benefitting the individual and society as a whole.

Capital Investment to Increase the Supply of Permanent Affordable Housing Options

“Pivot to housing” requires capital investment to build or create supportive housing units
Current capital cost can range upwards of \$400,000 per unit plus land acquisition and other ongoing costs

Some of the cost savings would be needed to offset the capital investment to build or create supportive housing units⁵⁰, such as construction, land acquisition, legal and ongoing capital maintenance costs.

Based on the total Federal funding of almost \$440 million to create over 1,000 new affordable and supportive homes in Toronto through the Rapid Housing Initiative⁵¹, the average capital cost is approximately \$410,000 per unit.

For modular housing, the capital cost is less, at \$237,500 per unit, excluding land and City incentives.⁵²

⁴⁸ [mhcc at home report national cross-site eng 2 0.pdf \(mentalhealthcommission.ca\)](#)

⁴⁹ [Intergovernmental Partnerships and Advocacy Efforts to Advance the City's HousingTO 2020-2030 Action Plan \(toronto.ca\)](#), page 11

⁵⁰ At the May 4, 2022 Executive Committee meeting, the Province confirmed its commitment to provide \$27 million in additional operating funding requested by the City for the creation of new supportive housing units for the remainder of 2022. [Agenda Item History - 2022.EX32.6 \(toronto.ca\)](#)

⁵¹ In 2020, the City received over \$238 million in federal funding to create over 650 new affordable homes. In 2022, the Government of Canada has allocated \$201.5 million in funding to create over 420 new affordable homes for individuals and families in Toronto. <https://www.newswire.ca/news-releases/canada-creates-over-1-000-new-affordable-homes-in-toronto-852837220.html>

⁵² Modular housing is pre-fabricated housing that is transported to the site for assembly. The overall cost to deliver 250 modular supportive homes is estimated to be \$47.5 million (\$190,000 per home), excluding land

An illustrative example shows a payback period of seven years or less

Where the City can potentially save \$56,000 per bed from a “pivot to housing”, the City would recoup its initial investment in the seventh year for traditionally constructed affordable or supportive housing and in the fourth year for modular housing.

However, this does not include any costs related to land acquisition, or other ongoing costs, capital contributions from other levels of government, or net operating income to the City.

It is also worth noting that there are currently significant cost escalations across the construction industry⁵³, due to rising costs of labour, materials and fuel, which also should be considered when conducting a detailed analysis of capital costs.

City should continue to explore different ways to increase the supply of permanent housing

As service manager for housing and homelessness-related services, the City should continue to explore different ways to increase the supply of permanent housing. This may include considering the potential for converting existing shelter space and converting unused City buildings into permanent supportive housing.

SSHA has advised that it plans to conduct a pilot project on such a conversion but is still in the very initial stages of planning.

The City aims to deliver 4,000 new affordable rental and supportive homes by end of 2024 through its 2023-2024 Housing Recovery and Resilience Plan, contingent on financial support from other levels of government⁵⁴.

There will always be a need for emergency shelters

There will always be a need for emergency responses to homelessness, including shelters, 24-hour respite sites, 24-hour drop-ins, and street outreach services. These are essential services to respond to the immediate needs of people experiencing homelessness.

Therefore, while the City is focused on pivoting from emergency measures to permanent housing solutions for people experiencing homelessness, it continues to be important that the existing base shelter system be maintained for its intended purpose of short-term emergency use.

and City incentives <https://www.toronto.ca/legdocs/mmis/2020/cc/bgrd/backgroundfile-147170.pdf> page 3.

We adjusted this by 25 per cent for potential cost escalations

⁵³ The cost of construction for residential buildings in Quarter 1 2022 has increased 25 per cent compared to the same time last year. [The Daily – Building construction price indexes, first quarter 2022 \(statcan.gc.ca\)](https://www150.statcan.gc.ca/n1/pub/28-263-x/2022001/article/00001-eng.htm)

⁵⁴ [Agenda Item History - 2022.EX32.6 \(toronto.ca\)](#)

Operating efficiencies should be examined to reduce the operating cost of emergency shelters

With current annual emergency shelter costs of between \$80,000 and \$90,000 per person⁵⁵, SSHA should examine how it can operate more efficiently to reduce the cost of emergency shelters, where possible. This may require a deeper dive on the funding model and efficiency and effectiveness for shelter operations as noted in Section A.3 of this report. The Auditor General will consider whether a value-for-money audit of agency funding (which forms a large proportion of costs) should be included in a future work plan.

2021 Homelessness Solutions Service Plan includes priority actions to identify opportunities for permanent housing

Management has indicated in its 2021 Homelessness Solutions Service Plan that going forward it intends to take action to “*work with the Housing Secretariat to identify opportunities to leverage shelter sites into permanent housing infrastructure... to leverage existing assets and increase the inventory of housing opportunities available... [and] to use data to inform decisions about types and volume of supportive housing needed to end chronic homelessness in Toronto*”.

Recommendation:

- 12. City Council request the General Manager, Shelter, Support & Housing Administration, in consultation with the Executive Director, Housing Secretariat, to:**
- a. continue to look for ways to accelerate the "pivot to housing" and increase the stock of affordable permanent housing options**
 - b. work with shelter providers to develop service plans including housing plans, and financial plans that help to prioritize people experiencing chronic homelessness for permanent housing opportunities that arise from the "pivot to housing"**
 - c. complete a detailed analysis of cost savings from the "pivot to housing" and how funding from efficiencies and cost avoidance can be best redirected towards providing more wraparound supports which help people to be more successful at staying in permanent housing.**

⁵⁵ The cost of emergency shelters during the pandemic has doubled when compared to pre-pandemic costs

Conclusion

Going forward, increase focus on case management and improve information systems to align with Housing First and permanent housing solutions

The 12 recommendations in this report provides a roadmap for the SSHA to keep moving forward with the direction it is heading by providing recommendations for the consistency and infrastructure needed to help improve outcomes for shelter clients, so that people experiencing homelessness move towards stable, permanent housing more efficiently and effectively. The audit supports SSHA as it continues to move forward with a “pivot to housing”, and the priority actions identified in its Homelessness Solutions Service Plan and in the HousingTO 2020-2030 Action Plan.

Opportunities for SSHA to take action to maintain the base shelter system and to pivot to permanent housing solutions

With over 10,000 active clients of emergency shelters as of February 28, 2022, the City needs to ensure that the base shelter system is maintained for its intended purpose (i.e. for vulnerable people to access temporary accommodation when they need it). At the same time, the City also needs to ensure that permanent housing options for people experiencing homelessness are available, accessible and sustainable.

Audit Objectives, Scope and Methodology

Audit included in the 2022 work plan

The Auditor General's 2022 Work Plan included an audit of emergency shelters.

Audit Objective

The objectives of this phase of the audit were to assess whether case management activities in shelters support the City's desired outcome to move people into stable housing effectively and whether shelter operations move people along the housing continuum in an economical way based on client needs. Our audit considered how SSHA:

- Provides population-specific supports, as appropriate, to address client needs
- Connects the shelter client with housing options
- Coordinates with its shelter providers to provide system-level support for homelessness and housing services
- Uses data to detect trends, identify frequent users, and monitor housing success and other performance measures

Scope

This audit focused on activities related to the delivery of housing case management supports at emergency shelters and SSHA's oversight thereof during the period from January 1, 2019 and February 28, 2022.

Regardless of whether shelters are managed directly by the City staff or through contracted shelter providers, SSHA management is ultimately responsible for the services provided to the clients at the shelters.

Areas not covered within the scope of this audit

Streets to Homes program, post-housing support programs, and case management at respite sites were not included within the scope of this audit. The following areas were also excluded from the scope of our audit: the overall effectiveness of the information systems used to support housing and homelessness services; purchase of services / agency funding models.

Methodology

Our audit methodology included the following:

- Reviewing the Toronto Shelter Standards
- Reviewing the 2021 Homelessness Solutions Services Plan
- Reviewing SSHA's Housing Stability Service Planning Framework (2014-2019)
- Reviewing other relevant staff reports
- Reviewing CHPI funding program documents and reports
- Reviewing shelter provider operating agreements, policies and procedures, tools and templates for case management
- Analyzing SMIS data and reviewing case management notes and attachments in SMIS and in agency information systems and records, in a sample of over 60 client files from seven sampled shelter providers (including the City-operated and agency-operated)
- Interviewing staff from SSHA, Housing Secretariat, eight of SSHA's shelter providers (two City-operated and six agency-operated), and Medical Officer of Health Dr. Eileen de Villa
- Reviewing costing analysis information prepared by City staff
- Conducting research of other jurisdictions, including vulnerability assessment tools, homelessness outcomes, and the Ontario Auditor General's 2021 Homelessness audit report
- Conducting research of scientific studies and literature related to homelessness

Limitations

Our findings and conclusions were based on the information and data available at the time the audit was completed. In some cases, we were unable to obtain assurance on the reliability and accuracy of data in SMIS.

Compliance with generally accepted government auditing standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Exhibit 1 – Example of Case Plan Approaches for Different Goal Areas

The personalized case plan or service plan is a tool to facilitate the client’s progress toward greater independence and reintegration into the community. The following table is an example of case plan goals and planned actions.

	Goal Area	Description
1	Safety & Harm Reduction	Addressing ongoing safety issues where the client is potentially at-risk or there is the risk of possible harm to others.
2	Housing	Finding appropriate housing, addressing barriers and putting in place necessary supports to allow people to maintain their housing.
3	Health & Hygiene	How well clients look after themselves — taking care of physical health, dealing with acute and chronic health issues, dental care, medication management, keeping clean, dealing with stress, and knowing how to keep feeling well.
4	Mental Health Management	Managing symptoms, addressing medication issues and building a satisfying and meaningful life, which is not limited by the client’s mental health issues.
5	Addiction Issues	This is about managing and addressing addictive behaviours, such as drug or alcohol misuse, or other addictions, such as gambling.
6	Social, Spiritual & Cultural Connections	This is about developing or reconnecting to positive relationships in the client’s life.
7	Financial, Legal & Identification	Working to resolve issues related to a client’s source of income, obtaining identification and addressing other legal matters.
8	Life Skills	This is about the practical side of being able to live more independently, or look after dependents — access to food resources or clothing, shopping and cooking, parenting skills, housekeeping, and managing money.
9	Training & Employment	Considering opportunities for personal capacity building through education, training, employment or volunteer work.

Source: <https://www.bchousing.org/publications/Case-Planning-Guide.pdf>, page 6

Exhibit 2 – Overview of SSHA’s STARS Common Assessment Tool

The Service Triage, Assessment, and Referral Supports (STARS) common assessment tool includes three parts to determine the level of needs of the client: 1) Intake and Triage, 2) Housing Checklist, and 3) Comprehensive Needs Assessment. An overview for each part is included below.

1) Intake and Triage	<ul style="list-style-type: none">• Integrated into SMIS• Captures standard personal and demographic information• Identifies supports required while in shelter to meet immediate needs• Provides initial recommendation of the level of support required for someone to secure and remain housed
2) Housing Checklist	<ul style="list-style-type: none">• Integrated into SMIS• Captures necessary information and documents to obtain housing (e.g. income, identification, housing applications, supporting documentation, housing preferences)
3) Comprehensive Needs Assessment	<ul style="list-style-type: none">• In depth assessment of support needs including the intensity, frequency and type of support someone will need to stay housed, identification of client strengths, identification of what supports might already be in place to avoid duplication

Exhibit 3 – Homelessness Solutions Service Plan Implementation Priorities, Actions and Intended Outcomes

The 2021 Homelessness Solutions Service Plan has defined “What success looks like” for the key actions in the plan, some of which have been identified throughout this report. This Exhibit provides a summary of the priority areas and intended outcomes.

Implementation Priorities / Actions	What Success Looks Like
1.1 Meaningfully address Indigenous homelessness	<ul style="list-style-type: none"> • Sustain a strong and respectful relationship between SSHA and Indigenous partners • Increased number of Indigenous people experiencing homelessness assisted to find housing • Homelessness is reduced among Indigenous people in Toronto
2.1 Address Anti-Black Racism	<ul style="list-style-type: none"> • Homelessness services are delivered with an approach that recognizes and addresses the reality of Anti-Black racism • Homelessness is reduced among Black people in Toronto
2.2 Incorporate an intersectional and inclusive approach	<ul style="list-style-type: none"> • An intersectional approach is used for all system planning whereby the unique experiences and backgrounds of diverse service users (families, 2SLGBTQ+, refugees, youth, women, people with disabilities, etc.) are considered • Services are informed by and recognize inequities for diverse socio-demographic groups that experience intersecting barriers
3.1 Improve access to homelessness services	<ul style="list-style-type: none"> • People experiencing homelessness are able to access timely services that are responsive to their needs • Homelessness services provide a safe, accessible and welcoming environment and work toward eliminating barriers that prevent or inhibit access to service
3.2 Enhance safety and quality	<ul style="list-style-type: none"> • Homelessness services are person-centred and respect service users’ resilience, dignity, and privacy • All shelters provide adequate services and facilities essential for the health, safety, comfort, and nutrition of service users
3.3 Provide a range of person-centred supports	<ul style="list-style-type: none"> • All shelters provide person-centred, wrap-around services that are tailored to each individual’s unique needs and goals • People experiencing homelessness are able to access primary health care, mental health and harm reduction services and are supported to transition to housing with a sustained attachment to these services
4.1 Enhance housing-focused service delivery	<ul style="list-style-type: none"> • People are assisted to develop a housing plan and find housing as quickly as possible • People experiencing chronic homelessness have a comprehensive assessment of housing and support needs
4.2. Prioritize available housing resources for maximum impact	<ul style="list-style-type: none"> • Chronic homelessness is reduced • Homelessness for populations with the greatest needs is reduced

Implementation Priorities / Actions	What Success Looks Like
5.1 Implement shelter diversion approaches	<ul style="list-style-type: none"> • New inflows into homelessness are reduced • Returns to homelessness are reduced
5.2 Increase system coordination and planning	<ul style="list-style-type: none"> • Expanded implementation of the By Name List of people experiencing homelessness • Increased use of data and standardized approaches to improve outcomes for service users
5.3 Enhance collaboration and engagement	<ul style="list-style-type: none"> • Community partners, key stakeholders, the public, and frontline staff are engaged in developing collaborative solutions to shared challenges • Service users and people with lived experience are meaningfully engaged in developing and improving programs and services
6.1 Enhancing system tools and data	<ul style="list-style-type: none"> • Community partners, frontline staff, service users and the public are supported and informed through availability and transparency of data and reporting • Use of innovative solutions and technology to support best practices in the homelessness sector and enhance system coordination • Users understand and consistently use system tools, as a result of effective training and development of tools that reflect people’s needs
6.2 Invest in staff and sector capacity	<ul style="list-style-type: none"> • The collective capacity of diverse homelessness service providers is strengthened and enhanced • Mental wellness among frontline staff is increased

Source: [Attachment 2 - Homelessness Solutions Service Plan \(September 2021\) \(toronto.ca\)](#) (pages 28-41)

Appendix 1: Management's Response to the Auditor General's Report Entitled: “Part 1 of the Audit of Emergency Shelters: A Focus on Case Management”

Recommendation 1: City Council request the General Manager, Shelter, Support & Housing Administration, in consultation with key stakeholders including shelter providers, to review and update the Toronto Shelter Standards and shelter provider operating agreements, in order to clarify the City’s minimum expectations related to, but not limited to, the following areas:

- a. the extent to which shelter providers must use the City’s homelessness and housing information system to record case management activities
- b. case notes, documentation, or other records on the client’s “service plan”, “financial plan”, and “housing plan”, that shelter staff (case workers) are required to record in the City’s homelessness and housing information system to ensure there is a complete record of service provided to clients, and to facilitate information sharing in support of continuity of approach or care going forward
- c. standardized processes and tools that can be used to support consistent adoption of good practices for case management by all shelter providers to engage clients in developing individualized goals and making an ongoing commitment to work towards achieving those goals and housing outcomes.

<p>Management Response: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
<p>Comments/Action Plan/Time Frame:</p> <p>Management agrees with this recommendation.</p> <p>A key priority identified in the Homelessness Solutions Service Plan (EC25.5 was adopted in November 2021 by Council), is to enhance system tools and data by rolling out new enhancements to transition from a Shelter Management Information System to a broader outcome focused Homelessness Management Information System and expanding tools available to enhance and standardize housing case planning.</p> <p>Also, as identified in the Homelessness Solutions Service Plan as a priority action related to enhancing housing-focused service delivery, SSHA will assess levels of case management supports across the shelter system and implement a standardized approach to service levels consistent with the New Shelter Service Model (CD19.6 was adopted in April 2017 by Council).</p> <p>As noted in SSHA's response to Recommendations #5, #6, #8, #9, #10 and, #12 below, SSHA has made changes and continues to update the city's homelessness and housing information system (SMIS) and is implementing the STARS client assessment tool to better assess and prioritize clients based on their level of acuity and depth of needs and to better support service providers to record case management activities. These updates currently being implemented include integration of a housing module that provides tools to standardize information collection and documents related to a client's 'service plan', 'financial plan' and 'housing plan'.</p>

In consultation with key stakeholders and service providers, expectations regarding these components of documenting a housing plan and case management activities will be clarified and integrated into the Toronto Shelter Standards and reflected in service provider operating agreements by Q4 2023.

Recommendation 2: City Council request the General Manager, Shelter, Support & Housing Administration, to ensure the City's homelessness and housing information system is configured to be able to collect data, with a client's consent, that will then be analyzed at a system- and program-wide level, in order to develop targeted approaches to addressing and improving outcomes for people experiencing homelessness, and to inform decisions about how much space must be added to the shelter system to accommodate clients where staying in shelters is not a short-term, temporary measure. Such data could include:

- a. age, nature and degree of supports for mental and physical health conditions, and other factors, which may be determinants of chronicity
- b. system trigger, flag, or other means in the information system to identify if shelter clients are unwilling to participate in case management or are not making significant progress in their case management goals, the reason(s), and whether a service restriction has been implemented, to see if there are solutions that can be found
- c. system trigger, flag, or other means in the information system to identify shelter clients that move frequently between programs and/or shelter locations, and the reasons, to help ensure continuity of approach or care.

Management Response: Agree Disagree

Comments/Action Plan/Time Frame:

Management agrees with this recommendation.

One of the key priorities to the Homelessness Solutions Service Plan ([EC25.5 was adopted in November 2021 by Council](#)) is to increase system coordination and planning, by using available data to inform a system planning lens to assess needs and acuity of those experiencing homelessness and map this against available resources.

A chronicity flag has already been added and data is currently being collected and analyzed to inform service delivery and decisions about how shelter space requirements. Annually, SSHA submits for Council approval a [Shelter Infrastructure Plan](#), which includes a data-informed and city-wide assessment of shelter need, is aligned with SSHA's Capital Infrastructure Strategy and with anticipated financial impacts approved through the budget process.

With data from Toronto's [2021 Street Needs Assessment](#) as well as the development of [Shelter System Flow Data](#) and the integration of an enhanced support assessment tool into SMIS, SSHA's ability to access and put data to use has increased significantly and will continue to enhance our ability to inform decisions about both shelter capacity and the types and volume of supportive housing needed to end chronic homelessness in Toronto, in collaboration with the Housing Secretariat.

As noted in SSHA's Management Response to Recommendation #4, as implementation of the STARS assessment tool is implemented, additional data will be used to enhance this analysis and system planning.

As noted in SSHA's response to Recommendation #5 and #11 below, work is currently underway to review privacy and consent requirements that would enable greater information and identifiers to be shared across programs, particularly for those individuals who move frequently between programs and a Privacy Impact Assessment is expected to be completed by Q2 2023. The data collection and information sharing work will be conducted within the parameters of the Municipal Freedom of Information and Privacy Protection Act (MFIPPA), the Personal Health Information and Privacy Action and other relevant provincial and municipal privacy and information sharing legislation. Based on the outcomes of that process, opportunities to implement further indicators for clients not making progress in their case management goals, and for those who frequently move between programs, will be explored.

Recommendation 3: City Council request the General Manager, Shelter, Support & Housing Administration, to:

- a. **conduct cost-benefit analysis on creating a permanent housing solution, potentially in situ, for seniors and others with significant physical and mental health support needs, including the potential for converting shelter programs for long-term shelter clients who require significant physical and mental health supports, into permanent supportive housing or long-term care facility**
- b. **seek to have any long-term shelter programs with characteristics of a long-term care home designated as such, with ongoing and sustainable funding requested from the Province to operate the facility as a long-term care home specializing in providing appropriate primary health care, harm reduction, overdose prevention and mental health case management services for people experiencing homelessness.**

Management Response: **Agree** **Disagree**

Comments/Action Plan/Time Frame:

Management agrees with this recommendation.

One of the key priorities to the Homelessness Solutions Service Plan ([EC25.5](#)) is to work with the Housing Secretariat to identify opportunities to leverage shelter sites into permanent housing infrastructure.

The City of Toronto's approach to addressing homelessness is grounded in a human rights, Housing First, and person-centred approach to housing which recognizes that housing is essential to the inherent dignity and well-being of a person and to building healthy, inclusive and sustainable communities.

Emergency responses to homelessness, including shelters, 24-hour respite sites, 24-hour drop-ins, temporary COVID-19 response programs and street outreach services, are essential services to respond to the immediate needs of people experiencing homelessness. However, the real solution to homelessness is permanent housing. While for most people, homelessness is a relatively brief experience caused mainly by economic circumstances, those experiencing longer term homelessness frequently face more complex challenges.

As also noted in SSHA's Management Response to Recommendation #12 below, SSHA, in partnership with CREM and the Housing Secretariat, continue to work together to identify potential properties for conversion to supportive housing and conduct cost-benefit analysis scenarios – including for seniors and people experiencing chronic homelessness, because permanent affordable and supportive housing not only result in improved housing, health, and socio-economic

outcomes for people, these investments also result in significant cost savings and avoided costs for all orders of government through reduced use of hospitals, emergency services, and the justice system.

The City has purchased one hotel previously used as a temporary COVID-19 shelter, for conversion into approximately 84 housing units with supports at 222 Spadina Avenue and one motel for conversion into approximately 83 housing units with supports at 4626 Kingston Road.

In addition, one of the key priorities to the Homelessness Solutions Service Plan ([EC25.5](#)) is to continue to work with Seniors Services and Long-Term Care to develop and test models of service for formerly homeless seniors that better meets their care needs

SSHA, in collaboration with Seniors Services & Long Term Care (SSLTC), has sought provincial funding on numerous occasions to pilot a specialized program that facilitates greater access to long-term care services for eligible shelter clients. SSHA and SSLTC will be re-submitting a proposal to the Ministry of Health and Long-Term Care which, if approved, would allow for the outcomes of the pilot project to inform a cost benefit analysis.

As also noted in SSHA's Management Response to Recommendation #12 below, homelessness is a complex systemic problem that cannot be solved by any one organization or sector, and therefore, requires integrated system responses. Building on previous efforts, SSHA, in collaboration with CREM (Corporate Real Estate Management), Housing Secretariat, CreateTO, all orders of government and agency stakeholders, will, by Q3 2023, develop a financial analysis tool that will help determine whether there are viable opportunities to pivot from shelter services to supportive housing services.

Recommendation 4: City Council request the General Manager, Shelter, Support & Housing Administration to ensure all eligible shelter clients are added to the City's centralized social housing waiting list system and are designated priority status applicants for faster access to social housing and rent geared-to-income assistance.

Management Response: Agree Disagree

Comments/Action Plan/Time Frame:

Management agrees with this recommendation.

As part of the Auditor General's Report, [Opening Doors to Stable Housing: An Effective Waiting List and Reduced Vacancy Rates Will Help More People Access Housing](#) (adopted in July 2019 by Council), recommendation #14 was made to confirm that those experiencing homelessness receive appropriate priority status.

This recommendation has been addressed in 2020 and as reported in [2020 Fourth Quarter Status Report on Audit Recommendations: Open Doors to Stable Housing](#), to date, reviews have resulted in 2,580 applications being updated to priority status.

The following directive was also issued by SSHA to the shelter system and, though the COVID pandemic shifted much of the focus to emergency response, SSHA will continue to prioritize this work going forward:

<https://www.toronto.ca/community-people/community-partners/emergency-shelter-operators/bulletins-directives-funding-submissions-and-shelter-standards/directive-2019-01-shelter-clients-on-housing-access-waitlists/>

Further, SSHA will continue to collaborate with the Housing Secretariat to train shelter staff on [MyAccessHousingTO](#), on Access to Housing registration clinics in shelters (two have already been completed, with three more scheduled in the coming months), when reviewing a new application for a Rent-Geared-Income subsidy, caseworkers scan SMIS for a client match in the shelter system or having a shelter as current address and, if there is a match (and the Disadvantage Code is not already applied), apply the appropriate code.

With the current implementation of the Housing Module of the STARS tool in SMIS, enhanced tracking of the status of waiting list applications to continue to ensure that all eligible shelter clients are added to the centralized social housing waiting list system.

Recommendation 5: City Council request the General Manager, Shelter, Support & Housing Administration, to:

- a. review whether it would be more effective to centralize responsibility for case management of clients that move frequently within the shelter system to support continuity of approach or care and improve outcomes
- b. clarify in the Toronto Shelter Standards and shelter provider operating agreements the City's minimum expectations related to housing, case management and other support services to be provided to shelter clients who move frequently from shelter to shelter or only use respite and/or extreme weather programs, to ensure consistency, quality and completeness of case management activities in alignment with a Housing First approach.

Management Response: Agree Disagree

Comments/Action Plan/Time Frame:

Management agrees with this recommendation.

As part of the Homelessness Solutions Service Plan ([EC25.5](#)), SSHA will assess levels of case management supports across the shelter system and implement a standardized approach to service levels consistent with the New Shelter Service Model ([CD19.6 was adopted in April 2017 by Council](#)).

SSHA will complete a review to analyze whether centralizing responsibility for certain types of client scenarios provides more effective case management, resulting in improved outcomes.

Also noted in SSHA's response to Recommendation #2 above and, #11 below, work is currently underway to review privacy and consent requirements that would enable greater information and identifiers to be shared across programs, particularly for those individuals who move frequently between programs and a Privacy Impact Assessment has been initiated with the CISO. The data collection and information sharing work will be conducted within the parameters of the Municipal Freedom of Information and Privacy Protection Act (MFIPPA), the Personal Health Information and Privacy Action and other relevant provincial and municipal privacy and information sharing legislation. Based on the outcomes of this review, additional options to enhance or centralize case management supports for individuals who move frequently between programs.

As part of the action identified in Recommendation #1, in consultation with key stakeholders and service providers, expectations regarding **the City's minimum expectations related to housing, case management and other support services to be provided to shelter clients**, particularly for those who move frequently between programs, will be clarified and integrated into the Toronto Shelter Standards and reflected in service provider operating agreements by Q4 2023.

Recommendation 6: City Council request the General Manager, Shelter, Support & Housing Administration, to:

- a. establish expectations, targets and outcomes for post-housing follow-up support services
- b. clarify in the Toronto Shelter Standards and shelter and homelessness service provider operating agreements who is responsible for post-housing follow-up and the City's minimum expectations related to the nature, extent, and timing of follow-up activities, as well as documentation requirements of post-housing follow-up services within the City's homelessness and housing information system to support continuity of approach or care and improve outcomes
- c. determine the funding requirements and sources to adequately support shelter and homelessness service providers to deliver the necessary post-housing follow-up services.

Management Response: Agree Disagree

Comments/Action Plan/Time Frame:

Management agrees with this recommendation.

One of the key priorities to the Homelessness Solutions Service Plan ([EC25.5](#)) is to enhance and increase access to follow-up supports with mandate to ensure effective transitions between homelessness and housing stabilization, as part of a comprehensive Housing First program approach.

With some guidance from staff and a clear Housing Plan, many people are able to resolve their housing situation. However, some people benefit from more intensive case management to resolve their housing challenges and/or additional supports once they are housed to help ensure they remain successfully housed.

As noted in SSHA's response to Recommendations #1 and #5 above and #8, #9, #10 and #12 below, SSHA is implementing the STARS client assessment tool to better assess and prioritize clients based on their level of acuity and depth of needs and to better match people to the required level of supports needed to maintain their housing. In collaboration with clients, shelter providers, and existing Follow-Up Supports providers, SSHA will review and clarify in the Toronto Shelter Standards the post-housing responsibilities and provide guidance on expectations, targets and outcomes which will be reflected in service provider operating agreements and will update existing processes to monitor and evaluate results by Q4 2023.

To ensure that continuity of care and service can be provided, SSHA will work with the Housing Secretariat to investigate how to best integrate post-housing supports outcomes into the housing and homelessness information systems used by each division.

SSHA will do an analysis on the funding requirements and sources available (including identifying potential additional financial requirements to be considered as part of future budget processes) to support the delivery of post-housing follow-up services. This work will be done by Q4 2023 and in collaboration with the Housing Secretariat, who are responsible for supporting the needs of people experiencing homelessness once they move into housing, and those in housing who are at-risk of homelessness.

Recommendation 7: City Council request the General Manager, Shelter, Support & Housing Administration, to implement robust program accountability standards and monitoring of the quality, efficiency and effectiveness of case management by shelter providers. Such monitoring to include:

- a. reviewing of case files to assess whether shelter providers adequately comply with the Toronto Shelter Standards service requirements for case management
- b. benchmarking of actual staff to client service ratio for like programs, based on the level of support and intensity of case management required according to a common assessment of needs
- c. assessing outcomes achieved by shelter providers.

Management Response: Agree Disagree

Comments/Action Plan/Time Frame:

Management agrees with this recommendation.

One of the key priorities to the Homelessness Solutions Service Plan ([EC25.5](#)) is to complete electronic implementation of the STARS Common Assessment tool to support a progressive engagement approach tailored to the needs of each individual or household.

As noted above, through implementation of the Service Triage, Assessment, and Referral Support (STARS) common assessment tool, additional information will be available to benchmark actual staff to client ratios based of the level of support and intensity of case management required and assess outcomes achieved by shelter providers.

Based on implementation of the Intake and Triage and Housing Modules this year, an initial assessment of level of supports will be examined to inform the assessment of staffing levels required.

This assessment will also be informed by learning from the pilot sites for the new shelter service model adopted by Council in April 2017.

The model has been initially implemented in new shelter sites, and based on learning and feedback from those pilot sites, opportunities to scale these approaches across the shelter system are being explored. Key aspects to this model include: consistent staffing roles and service levels (Supervisor/team lead, housing workers/case managers 1:20 staff/service user ratio, Community Engagement Lead); outcomes focused and data-informed approach to service delivery.

SSHA will continue to review and strengthen existing processes for oversight of case management, including review of case files, and update accordingly the necessary training, tools and resources required to support consistent approaches across shelter sites.

This will include additional tools, training and resources to support consistent implementation of the intake and triage and housing modules currently underway in SMIS, as well as oversight processes and tools to monitor completion of those components.

This work will be completed by Q3 2024.

Recommendation 8: City Council request the General Manager, Shelter, Support & Housing Administration, in consultation with key stakeholders including shelter service providers, to:

- a. continue to develop and implement consistent criteria or method of assessment tool and approaches, which can be used by all shelter staff to determine client needs and prioritize supports and service delivery. Where all shelter providers will be required to use the Service Triage, Assessment, and Referral Support (STARS) common assessment tool, SSHA to develop and implement engagement and change management plans to support effective adoption of the tool
- b. review and update the Toronto Shelter Standards and shelter provider operating agreements, in order to clarify expectations related to the intensity of case management (level, nature, and extent) to be provided to each client by shelter staff to support better outcomes for clients and better align with a Housing First approach based on the common assessment criteria
- c. define expected outcomes from case planning, taking into consideration of needs and limitations of specific client groups (e.g. chronic, seniors, families, youth, transient, etc.)
- d. develop targets and measures against which to assess outcomes based on the different needs and limitations of specific client groups (e.g. chronic, seniors, families, youth, transient, etc.), taking into consideration the assessment of client vulnerability and necessary intensity of case management
- e. benchmark performance and outcomes across programs and shelter providers.

Management Response: Agree Disagree

Comments/Action Plan/Time Frame:

Management agrees with this recommendation.

"See SSHA's responses to Recommendations #1, 2, 5, 6 and 7 above and #12 below. As identified in those responses, SSHA will implement the STARS common assessment tool, review and clarify expectations in the Toronto Shelter Standards and operating agreements related to case management, define expected outcomes and develop targets and measures."

Recommendation 9: City Council request the General Manager, Shelter, Support & Housing Administration, to continue to define, implement, track, and improve the quality and reliability of key data points within the City's homelessness and housing information system, and analyze such data to improve performance monitoring, evaluate program outcomes at a program- and system-wide level, and publicly report on results. Such data to also be used to make informed decisions on

how to better support homelessness service delivery including, but not limited to, prioritization of funding, staffing and resourcing, as well as priorities for developing and implementing targeted approaches to improve outcomes.

Management Response: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Comments/Action Plan/Time Frame: Management agrees with this recommendation. One of the key priorities to the Homelessness Solutions Service Plan (EC25.5) is to develop reporting tools that enable efficient tracking of key indicators on homelessness at both a system and program level and to continue to improve transparency of data and reporting through use of Open Data and engaging external stakeholders in analysis and recommendations regarding data improvements. SSHA recognizes the importance of high quality data for continuous improvement of its service delivery. In the past few years, SSHA has invested significantly in improving the quality of its data, implemented and continues to develop system-level Key Performance Indicators to guide divisional decision making. SSHA is including performance measurement as a key element of its service planning and its work to develop a coordinated homelessness services system. With data from Toronto's 2021 Street Needs Assessment as well as the development of Shelter System Flow Data , SSHA's ability to access and put data to use has increased significantly As noted in SSHA's response to Recommendations #1, #2, #5, #6 and #8 above and #10 and #12 below, SSHA has made changes and continues to update the city's homelessness and housing information system (SMIS) and is implementing the STARS client assessment tool to better assess and prioritize clients based on their level of acuity and depth of needs and use that information to make informed decisions on how to better support homelessness service delivery. SSHA is working to improve use of program-level data by developing new reporting tools to make program and client level data easier to access, with data visualization support to improve insight generation and enhance understanding of an individual program's performance within the context of the service system. SMIS system-wide data enhancements to intake and housing status modules will be completed in Q2 2022. These new data elements will be adopted into future iterations of client, program and site reports in Q4 2022 and onward. This will support data quality and early insights into these enhancements to SMIS data collection.

Recommendation 10: City Council request the General Manager, Shelter, Support & Housing Administration, to review the City’s homelessness and housing information system to:

- a. expedite the introduction of necessary operational, policy, and technical enhancements in the information system to enable all City-funded shelter providers to more effectively provide collaborative case management and seamless supports to their clients, whether the shelter provider uses the City's information system or not
- b. determine whether the system can continue to effectively meet the Division’s requirements for data-informed decision-making regarding homelessness and housing services and for developing and implementing data-informed and targeted approaches for improving outcomes for specific client groups experiencing chronic homelessness.

Management Response: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Comments/Action Plan/Time Frame: Management agrees with this recommendation. As noted in SSHA's response to Recommendations #1, #5, #6, #8, and #9 above, #12 below, SSHA has made changes and continues to update the city's homelessness and housing information system (SMIS) and is implementing the STARS client assessment tool to better assess and prioritize clients based on their level of acuity and depth of needs and to better support service providers to record case management activities. Moving forward, work is underway to introduce further case management functioning via the third component of the STARS assessment tool that will be integrated by Q3 2023, dependent on progress to enable information sharing identified in Recommendation #11. Further, in March 2021, SSHA conducted a comprehensive functionality assessment of SMIS which confirmed that the system has the capacity to effectively meet the Division's requirements for data informed decision-making. Since this time, a Steering Committee that oversees planning for SMIS has maintained a queue of emergent change requirements, all of which can likewise be addressed in SMIS, given the time and resources to develop. Since the completion of the functionality assessment, SSHA has made regular enhancements to SMIS to improve reporting capabilities (e.g., enhancing the by-name list, developing a client report for case managers, developing numerous ad-hoc reports), and will continue to do so on an ongoing basis while continuing to assess the need for potential replacement of SMIS. SSHA continues to rely on corporate TSD partners to further develop SMIS and review its current functionality. In order to continue this progress will need further dedicated support from its corporate TSD partners and other application development resources.

Recommendation 11: City Council request the General Manager, Shelter, Support & Housing Administration, in consultation with the City Solicitor, and with guidance from the Information and Privacy Commissioner of Ontario, to:

- a. review how information collected for people experiencing homelessness, with their consent, can be shared by the City’s shelter and homelessness service providers to support continuity of approach or care from intake, through case management at any shelter, and post-housing follow-up while housed

- b. develop a common consent to be used by all the City's shelter and homelessness service providers to enable sharing of information for the common purpose of providing homelessness and housing services including the appropriate information relevant to providing supports for mental and physical health conditions and to helping shelter clients navigate the health system
- c. review how to share common information needed or used to provide homelessness and housing services to people experiencing homelessness and information needed or used to provide other services addressed through the Human Services Integration initiative, so that this information only needs to be collected once, resulting in a better experience and greater efficiency in providing service for the client.

Management Response: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Comments/Action Plan/Time Frame: Management agrees with this recommendation. One of the key priorities to the Homelessness Solutions Service Plan (EC25.5) is to expand the ways that information flows between programs in SMIS, to enhance the coordination of supports and person-centred program delivery across the system. Also noted in SSHA;s response to Recommendation #1, 2, and #5 above work is currently underway to review privacy and consent requirements that would enable greater information and identifiers to be shared across the City's bedded and service programs, particularly for those individuals who move frequently between programs, and a Privacy Impact Assessment is expected to be completed by Q2 2023 The data collection and information sharing work will be conducted within the parameters of the Municipal Freedom of Information and Privacy Protection Act (MFIPPA), the Personal Health Information and Privacy Act and other relevant provincial and municipal privacy and information sharing legislation. SSHA is working to develop an updated consent form to be reviewed by Legal Services including collaboratively completed a review of applicable authorities for SMIS – to be included in the consent form – and developed methods for collecting client consent. SSHA has also engaged with health partners who provide health services to shelter clients to explore options to access client health information while ensuring compliance with the Personal Health Information and Privacy Act (PHIPA) and relevant provincial and municipal privacy or information sharing legislation. SSHA will engage with the City Solicitor and the Human Services Integration Office (HSIO) to consider client file sharing capabilities between SMIS and the HSIO system architecture. Based on the outcome of the Privacy Impact Assessment, a workplan will be developed to implement client information file sharing capabilities in SMIS across the City's shelter system, as well as the development of a consent form, to be completed by Q4 2023 and is a requirement for the full implementation of a client centred, trauma information STARS common assessment tool.

Recommendation 12: City Council request the General Manager, Shelter, Support & Housing Administration, in consultation with the Executive Director, Housing Secretariat, to:

- a. continue to look for ways to accelerate the "pivot to housing" and increase the stock of affordable permanent housing options
- b. work with shelter providers to develop service plans including housing plans, and financial plans that help to prioritize people experiencing chronic homelessness for permanent housing opportunities that arise from the "pivot to housing"
- c. complete a detailed analysis of cost savings from the "pivot to housing" and how funding from efficiencies and cost avoidance can be best redirected towards providing more wraparound supports which help people to be more successful at staying in permanent housing.

Management Response: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Comments/Action Plan/Time Frame: Management agrees with this recommendation. In 2022, SSHA will work closely with the Housing Secretariat to shift how the City of Toronto delivers housing and homelessness programs and services. SSHA has already shifted over \$60M over the next 2 years to Housing Secretariat to support the pivot to housing solutions. As noted in Recommendation 3, opportunities to convert shelter properties to permanent supportive housing are being actively explored, in partnership with CREM and Housing Secretariat. The City has purchased one hotel previously used as a temporary COVID-19 shelter, for conversion into approximately 84 housing units with supports at 222 Spadina Avenue and one motel for conversion into approximately 83 housing units with supports at 4626 Kingston Road. While the City is focused on pivoting from emergency measures to permanent housing solutions for people experiencing homelessness, it is critical that the base shelter system be maintained for its intended purpose (i.e. for short-term emergency use). As noted in SSHA's response to Recommendations #1, #5, #6, #8, #9 and #10 above, SSHA has made changes and continues to update the city's homelessness and housing information system (SMIS) and is implementing the STARS client assessment tool to better assess and prioritize clients based on their level of acuity and depth of needs and to better support service providers to record case management activities. These updates currently being implemented include integration of a housing module that provides tools to standardize information collection and documents related to a client's 'service plan', 'financial plan' and 'housing plan'. These components will be integrated into the Toronto Shelter Standards and service provider operating agreements. This will also help ensure housing is being developed to match those needs. Homelessness is a complex systemic problem that cannot be solved by any one organization or sector, and therefore, requires integrated system responses. Building on previous efforts, SSHA, in collaboration with CREM (Corporate Real Estate Management), Housing Secretariat, CreateTO, all orders of government and agency stakeholders, will, by Q3 2023, develop a financial analysis tool that will help determine whether there are viable opportunities to pivot from shelter services to supportive housing services.

**AUDITOR
GENERAL**

TORONTO