Homelessness Solutions Service Plan
Land Acknowledgment for Toronto

We acknowledge that our work takes place on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaty signed with multiple Mississaugas and Chippewa bands.

General Manager’s Welcome

I am excited to share Shelter, Support and Housing Administration’s (SSHA) second service plan, designed to guide our division and the homelessness service system in Toronto towards achieving our collective goals over the next three years. The Service Plan builds on Toronto’s strong leadership in delivering innovative, Housing First focused services that are data-informed and tailored to the needs of people experiencing homelessness. This plan reflects our renewed focus on strengthening the homelessness service delivery system and providing high quality emergency services that assist people to move into permanent housing as quickly as possible.

We launch this service plan during a time of great change and complexity. We are responding to and recovering from a global pandemic and planning for new models of service delivery. We are planning in the context of the opioid overdose crisis, which continues to have a tragic impact. We have learned a tremendous amount over the past 18 months, as our entire homelessness service sector stepped up to deliver a response that would have seemed impossible before. Partnerships across different sectors have been forged and strengthened and innovative service models have been developed. The pandemic challenged us, but also demonstrated our collective resilience and capacity to solve complex problems when we work together with a common goal.

At the same time, the structure of our division is changing to ensure the City can deliver an efficient and effective homelessness and housing service system. Developing a service plan in the midst of change reflects a reality that we have all been faced with recently - that change can come unexpectedly and we must be able to adapt. This service plan reflects what we heard through the engagement process and outlines the actions that will be taken over the next three years to advance those priorities, while remaining nimble, flexible and responsive in our planning and service delivery.

I offer my deep gratitude and respect to all the people who work in this sector and all our community partners. You are all individually and collectively critical to the delivery of an integrated service system. Together, we are taking steps towards reaching our collective goal of ending chronic homelessness.

With respect and appreciation,

Mary-Anne Bédard
Contents

Land Acknowledgment for Toronto ................................................................. ii
General Manager’s Welcome ........................................................................ iii

Service Plan in Brief 6
Purpose 8
Context 11

Links to Strategic Corporate and Divisional Initiatives ........................................ 11
Alignment with HousingTO .............................................................................. 12
The Homelessness Service System ...................................................................... 14
Homelessness in Toronto .................................................................................. 20

Approaches 26

Housing First ..................................................................................................... 26
Human Rights ...................................................................................................... 26
Person-Centred .................................................................................................. 26
Equity-Based ...................................................................................................... 27

Implementation Priorities 28

1. Advancing reconciliation .............................................................................. 28
2. Focusing on equity ....................................................................................... 30
3. Delivering high quality services ................................................................. 32
4. Reducing chronic homelessness ................................................................. 35
5. Developing an integrated systems response ............................................... 37
6. Strengthening and modernizing the sector ................................................ 40

Funding Priorities 42

Prioritization Framework 46

Principles for Prioritization .............................................................................. 48

Measuring Progress 50

Conclusion 56

Acknowledgements 57

Appendix: Overview of Our Services 58

How Many People Experience Homelessness ................................................ 58
Central Intake .................................................................................................... 60
Street Outreach Services ................................................................................. 62
Harm Reduction Services ............................................................................... 64
Shelter Health Services Framework ............................................................... 65
Housing Focused Service Model ..................................................................... 66
A Housing First Approach ............................................................................... 67
Implementing a Homelessness Management Information System ................. 71
A Data-Informed Service System .................................................................... 72
Shelter System Flow Data and By-Name List ................................................. 74
Common Assessment Tool and Progressive Engagement .............................. 76
Best Practice Shelter Design Guidelines ......................................................... 78
Shelter System Safety ...................................................................................... 79
Shelter Standards and Quality Assurance ....................................................... 80

Appendix: ........................................................................................................ 81

Summary of Engagement Findings ................................................................... 81
Service Plan in Brief

Purpose:
The Service Plan identifies our priorities for the next three years, as we continue to build and strengthen a responsive homelessness service system which uses an integrated and person-centred approach to address homelessness. These priorities will advance our shared goal of ending chronic homelessness in Toronto.

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

Approaches:
- Housing First
- Human Rights
- Person-Centred
- Equity-Based

Priorities:
1. Advancing reconciliation
   - Meaningfully address Indigenous homelessness
2. Focusing on equity
   - Address Anti-Black racism
   - Incorporate an intersectional and inclusive approach
3. Delivering high quality services
   - Improve access to homelessness services
   - Enhance safety and quality
   - Provide a range of person-centred supports
4. Reducing chronic homelessness
   - Enhance housing focused service delivery
   - Prioritize available housing resources for maximum impact
5. Developing an integrated systems response
   - Implement shelter diversion approaches
   - Increase system coordination and planning
   - Enhance collaboration and engagement
6. Strengthening and modernizing the sector
   - Enhance system tools and data
   - Invest in staff and sector capacity
Purpose

The Need for a Homelessness Solutions Service Plan

SSHA’s first Service Plan, the Housing Stability Services Planning Framework, was approved in December 2013, and set out a series of actions to guide SSHA and our partners in the delivery of SSHA’s full range of housing and homelessness services. Development of SSHA’s next Service Plan was initiated in 2019, but was postponed due to the pandemic.

Prior to the pandemic, Toronto was facing significant demand for homeless services due to various factors, including a lack of affordable housing options. The COVID-19 pandemic, combined with the opioid overdose crisis, has further magnified the issue of homelessness and the urgent need to work together for permanent housing solutions to protect the health and well-being of this vulnerable population.

As the City moves towards recovery and rebuilding from an unprecedented pandemic and at the same time is undergoing a strategic shift in how housing and homelessness services are being delivered, this Service Plan will guide SSHA and our partners during this transition phase over the next three years.

Engaging Community Partners and People with Lived Experience

To develop this Service Plan, we engaged with frontline staff, service providers, sector partners and people with lived experience of homelessness. The input from over 500 people, gathered through an online survey, virtual engagement sessions and self-consultation kits in Spring 2021, was analyzed and compiled into an engagement summary report.

This input is complemented by the recent engagement of people experiencing homelessness through the 2021 Street Needs Assessment (SNA). Through the 2021 SNA, we heard directly from more than 2,500 people experiencing homelessness, including people staying outdoors, in City-administered shelters and overnight services, and in provincially administered Violence Against Women shelters.

Putting Data to Use

Today, we have a better understanding than ever before of the scope and complexity of homelessness in Toronto, and how to address it. With data from Toronto’s 2021 SNA, as well as the development of shelter system flow indicators and a By-Name List, our ability to access and put data to use in decision making has increased dramatically since our last service plan was developed in 2013.

Overview

This Service Plan sets out implementation priorities to guide the collective efforts of the homelessness service system over the next three years, while also defining outcome statements that will guide longer term planning towards our shared goal of ending chronic homelessness in Toronto. The Service Plan also provides further context on what we do in terms of service delivery, who our service users are and how the homelessness service sector operates within the broader housing system.

The Service Plan meets our requirements under the federal Reaching Home program to develop a community homelessness plan, in partnership with our community advisory boards, that identifies funding priorities, work required to implement coordinated access approaches to address homelessness and performance indicators that will be used to track progress toward achieving community-wide outcomes.

Ongoing evaluation, community engagement, and input and feedback from service providers, service users and people with lived experience of homelessness, as well as regular reporting on progress, will continue to shape our implementation of the plan over the next three years.
Context

Links to Strategic Corporate and Divisional Initiatives

- The City’s Corporate Strategic Plan identifies ‘Maintaining and creating housing that’s affordable’ as one of its strategic priorities. The City is committed to a city where families and individuals live in safe, stable and affordable housing with respect and dignity. One of the ways that will be achieved is to ensure that those without housing have access to a full range of shelter and housing options.

- City Council has adopted a number of City strategies that align with and support SSHA’s Service Plan, including the Poverty Reduction Strategy; SafeTO: Toronto’s Ten-Year Community Safety and Well-Being Plan; Toronto Action Plan to Confront Anti-Black Racism; and Downtown East Action Plan.

- The HousingTO 2020-2030 Action Plan flows from the Corporate Strategic Plan and provides a blueprint for action across the full housing spectrum – from homelessness to rental and ownership housing to long-term care for seniors.

- The Interim Shelter Recovery Strategy, developed in partnership with the United Way, identified a number of short-term actions needed to continue minimize the spread of COVID-19 in the shelter system over the past 12 months, as well as opportunities to leverage the pandemic response to strengthen the shelter system and further develop long-term solutions to end homelessness.

- An Annual Shelter Infrastructure Plan, which includes an annual data-informed and city-wide assessment of shelter need, will be aligned with SSHA’s Capital Infrastructure Strategy, which is still in development, and the priorities of the Service Plan. The Shelter Infrastructure Plan will continue to be submitted for Council approval each year with anticipated financial impacts approved through the budget process.
Alignment with HousingTO

In 2019, after extensive public and community consultation, City Council adopted the HousingTO 2020-2030 Action Plan to provide a blueprint for action across the full housing spectrum to create a city where housing opportunities are available for all.

The HousingTO Plan includes as a key strategic action to Prevent Homelessness and Improve Pathways to Housing Stability. SSHA is responsible for implementing the components of the HousingTO 2020-2030 Action Plan that relate to the homelessness service system. Components of the HousingTO 2020-2030 Action Plan that relate to housing are led by the Housing Secretariat and are supported by ten other City divisions. This Service Plan outlines in more detail the implementation actions that SSHA and our partners will take over the next three years to achieve those strategic directions related to the homelessness service system.

In 2022, the City will undergo a strategic shift in how housing and homelessness services are being delivered. 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. These changes are designed to ensure that the City is better positioned to successfully deliver the HousingTO plan.

With these changes some of the functions currently within SSHA related to housing will be moving under the leadership of the Housing Secretariat. However, effective delivery of the housing and homelessness system will require continued close collaboration and partnership between SSHA and the Housing Secretariat.

While these changes are being phased, this current Service Plan reflects the transition state of these roles. A review of SSHA’s name and mission and vision statements will be considered as part of this process. The revised three-year timeline for this Service Plan also reflects this transition process, and is intended to align the next Service Plan with the five-year review of the HousingTO plan.

Homelessness is a complex issue that cannot be solved by any one organization or sector. Key to addressing homelessness are also upstream interventions to prevent people from becoming homeless, and adequate supply of affordable housing with support opportunities to assist people to quickly exit homelessness. The Strategic Actions related to these broader housing system priorities are addressed through the City’s HousingTO plan and progress will be reported to Council through the Planning and Housing Committee.

Ending chronic homelessness is possible only through both a strong and housing focused homelessness service delivery system and a robust housing system that provides housing opportunities for all.

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**Strategic Direction 3: Prevent Homelessness and Improve Pathways to Housing Stability**

**Actions:**
- Focus on upstream interventions that prevent people from becoming homeless
- Ensure an effective and housing-focused emergency response to homelessness
- Better connect people experiencing homelessness to housing and supports
- Develop strategies and programs that meet the needs of specific populations
- Increase availability of supportive housing
The Homelessness Service System

SSHA is 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 we serve.

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 day-time drop-ins. 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
- 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

PARTNERSHIPS AND ENGAGEMENT

SSHA works closely with more than 200 community service providers and sector partners to deliver this range of services. We regularly engage community partners and seek advice and guidance on program development and collaborative service planning through our advisory bodies such as the Toronto Alliance to End Homelessness (TAEH), Toronto Indigenous Community Advisory Board (TICAB) and Toronto Shelter Network.

In addition, we regularly engage people with lived experience of homelessness and services users for feedback and input into program and service delivery through surveys, user testing and feedback, consultation processes, as well as formal engagement through groups like the Toronto Alliance to End Homelessness People With Lived Experience (PWLE) Caucus. We are committed to building on and expanding these approaches to collaboration and coordination with sector partners and people with lived experience. We also engage with the public and broader community, particularly related to opening of new homelessness services. This engagement is intended to facilitate information sharing, address concerns and increase public awareness about the causes and solutions to homelessness.

SHELTER AND OVERNIGHT SERVICE LOCATIONS

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.
Housing-focused Services

Over the past several years, SSHA has been working closely with the Toronto Alliance to End Homelessness and the Toronto Indigenous Community Advisory Board to implement an integrated, systems approach to addressing homelessness that is housing-focused. This includes implementing the core components of a Coordinated Access approach, which are now requirements of both federal and provincial homelessness funding.

Coordinated Access is a best-practice, community-wide approach to transforming the homelessness service delivery system into a seamless, efficient, and equitable system that supports people experiencing homelessness to move to permanent housing as quickly as possible with supports appropriate for their needs.

Toronto’s Coordinated Access approach includes the implementation of:

- a **Homelessness Management Information System (HMIS)** that enables each individual’s data to follow them through the system, with appropriate consents in place;
- a **By-Name List** of people experiencing homelessness, with the goal of increasing the comprehensiveness of people experiencing homelessness represented on the list over time;
- a **common assessment tool**, called ST ARS, to understand the needs of people experiencing homelessness at a system and an individual level;
- a community-wide prioritization framework to identify people experiencing homelessness for housing and support opportunities both equitably and to achieve greatest impact with the resources available
- established matching and referral processes to connect people experiencing homelessness to appropriate housing and support opportunities; and
- a **comprehensive inventory of housing and support opportunities** suitable for the full spectrum of needs and experiences of people experiencing homelessness.

Housing-focused service delivery also includes ensuring wrap-around supports are available that include access to health services (harm reduction, primary care and mental health supports/case management) regardless of where they are being sheltered. The implementation of this housing-focused approach is data informed, responsive to changes in homelessness in our city, and powered by community connection, choice, and relationships.
STARS
Common Assessment tool

Toronto’s common assessment tool, the Service Triage, Assessment, and Referral Support (STARS) tool, has been developed through extensive, collaborative user generated input with frontline staff, service providers and service users. The tool incorporates learning and best practices from other jurisdictions, and supports a trauma-informed, person centred approach to progressive engagement. As people build relationships and work with staff to resolve their housing challenges, they are asked to provide the information needed at the right time in their service journey through three distinct phases of assessment - triage, housing planning and comprehensive needs assessment.

Integrated approach and alignment with other systems

The homelessness service system and the City cannot end chronic homelessness on its own. It requires a whole-of-community approach, including recognizing and leveraging intersections with other systems that impact homelessness.

An integrated systems approach to addressing homelessness will require collaboration and partnership with interdivisional City partners including the Housing Secretariat, Toronto Employment and Social Services, Toronto Public Health, and other divisions, as well as enhanced coordination across a range of external sectors.

Moving forward, we will continue to work with inter-Divisional, system and community partners across the housing, health, income security, justice, youth, immigration and poverty reduction sectors to foster an integrated approach to addressing the needs of vulnerable Torontonians experiencing homelessness.

PATHS

The Priority Access to Housing and Supports (PATHS) direct matching process works closely with housing providers and homelessness service providers to effectively and efficiently identify, prioritize, locate, match, and refer people on the By Name List with City-funded housing and support opportunities. Using standardized processes, PATHS works with housing providers to understand the opportunity available, including the type and intensity of supports and any eligibility criteria. Using the By Name List, prioritized households from across the homelessness service system are identified and an assessment of the type and intensity of supports is conducted by the homelessness service provider to ensure the opportunity is a good fit. Once a household is matched, PATHS makes the connection to the housing provider.
Homelessness in Toronto: STREET NEEDS ASSESSMENT 2021

The City talked to thousands of people experiencing homelessness in Toronto in April 2021.

Estimated number of people experiencing homelessness in Toronto on April 21, 2021:
Total: 7,347
Indoor: 6,605
Outdoor: 742

Here is what we learned:
The profile of those experiencing homelessness changed during the COVID-19 pandemic

Overall decrease in homelessness is due to fewer refugee claimants in the shelter system.

People move between staying indoors and outside:
- 2% Stayed outside only
- 37% Stayed inside and outdoors
- 61% Stayed inside only

Specific groups are overrepresented in Toronto:
- Indigenous people experiencing homelessness
- Racialized individuals
- Black individuals

26% of youth who are homeless identify as 2SLGBTQ
18% of people who are homeless have foster care experience
32% of people who are homeless first experienced homelessness as a child or youth

Share of Toronto population
Share of people experiencing homelessness

<table>
<thead>
<tr>
<th>Share of Toronto population</th>
<th>Share of people experiencing homelessness</th>
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<tbody>
<tr>
<td>Indigenous people</td>
<td>23%</td>
</tr>
<tr>
<td>Racialized individuals</td>
<td>59%</td>
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<tr>
<td>Black individuals</td>
<td>31%</td>
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Gaps in other service systems are key contributors to homelessness

76% of respondents identified having one or more type of health challenges:
• 50% mental health issue
• 42% substance use issue

33% of people who are not currently in treatment for a substance use issue are interested in accessing treatment

77% of respondents reported experiencing chronic homelessness
People who are chronically homeless are 6x more likely to have multiple health challenges

Most people experiencing homelessness are Toronto residents

86% have lived in Toronto for more than one year
4.5% moved to Toronto from another community in Ontario in the past year

The key solutions to homelessness are increasing income and access to affordable and supportive housing

People want permanent housing

Top cause of homelessness:
Not enough income for housing

Top requests to help find housing:
• More affordable housing
• Subsidized housing or housing allowance
• Increase income supports
People experiencing chronic homelessness

There were 3,915 people experiencing chronic homelessness in Toronto at the end of August 2021, based on shelter system flow data. This number has increased steadily from 3,721 in January of 2020. This data includes only shelter system flow data – we know from the SNA that people living outdoors are more likely to experience chronic homelessness, and incorporating this group into the system flow data is a key priority.

Based on the current HousingTO target to create 1,800 units of supportive housing a year, this would be sufficient to provide supportive housing pathways out of homelessness for everyone currently experiencing chronic homelessness in our system within 2-3 years.

To continue to reduce the length of time people experience homelessness and achieve what is called ‘functional zero’ for chronic homelessness, we would need to continue to create as many supportive housing opportunities as we have people passing the threshold to become chronically homeless each month. Based on shelter system flow data, we know that over the past 12 months, on average close to 200 people experiencing chronic homelessness are housed each month. At the same time, each month, just over 300 people pass the threshold to become chronically homeless in the shelter system. This does not include those living outdoors or in other provincially administered systems like Violence Against Women shelters, so is not yet a comprehensive total of the overall need for supportive housing.

In terms of who is experiencing chronic homelessness, as of the end of August, 87% were single adults and youth, while 13% were families, 66% identified as male, while 33% identified as female and 2% identified as transgender, non-binary or two-spirit. The majority (75%) were adults between the ages of 25 and 64, 10% were seniors (65 and older), 9% were youth (age 16-24), and 6% were children (under age 16). Most (65%) had been homeless for more than one year.

Chronic homelessness

Refers to individuals who are currently experiencing homelessness AND who meet at least one of the following criteria:

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

Based on the available data, achieving the ongoing target of 1,800 units per year after those initial three years would functionally end chronic homelessness in Toronto and achieve our outcome of ensuring homelessness is brief.
Approaches

Housing First

The City’s approach to addressing homelessness is grounded in a Housing First approach. 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.

Human Rights

The City adopted a human rights-based approach to housing when City Council approved the HousingTO plan in 2019. The progressive realization of the right to housing includes considering how City policies and programs affect residents’ access to adequate housing and meaningfully engaging with people experiencing homelessness in identifying their needs and alternative places to live. SSHA will continue to apply a human rights lens in the development and implementation of City policies, directives and actions that impact people experiencing homelessness, including continuing to work with inter-Divisional partners and external partners to apply this human-rights base approach to working with those in encampments.

Person-Centred

Taking a person-centred approach to our work means placing the individual at the core of our services and ensuring that each person is treated as a person first, regardless of their life circumstances. It means that the individuals we work with play an integral role in identifying their goals, preferences, values and needs, and developing a housing plan. The approach allows people to leverage their own strengths and independence, and empowers people to share in the accountability for implementing their plans. It centres each person’s autonomy, choice, and control in their process of identifying what they want to work towards. A person-centred approach is a core foundation of both a Housing First and human rights approach to homelessness.

Equity-Based

Working with Indigenous communities

Indigenous people are overrepresented in homelessness due to the ongoing effects of colonialism, inter-generational trauma and racism. The Meeting in the Middle Engagement Strategy and Action Plan was co-developed to foster better relationships between SSHA and Indigenous organizations. The strategy includes a set of collective commitments that both partners have agreed upon as well as joint accountability processes to measure its success. Since the launch of Meeting in the Middle in 2017, SSHA has strengthened divisional capacity to meaningfully engage with Indigenous organizations, provided Indigenous cultural learning and development for staff, increased financial investments in Indigenous housing and homelessness services, and improved relationships and accountability to Indigenous partners in the housing and homelessness sector. Through this work, SSHA is committed to honouring and working within the context of the Calls to Action outlined by the Truth and Reconciliation Commission of Canada.

Confronting Anti-Black Racism

Recognizing the impacts of systemic racism, SSHA is dedicated to confronting Anti-Black racism and ensuring that Black staff and Black people accessing homelessness services feel respected and valued. We know that Black people are the largest racial demographic group in the shelter system, making up 31% of those experiencing homelessness. As highlighted in the Interim Shelter Recovery Strategy, a distinct approach to serve Black people experiencing homelessness, which recognizes and addresses the reality of Anti-Black racism, is required.

SSHA has established an internal Confronting Anti-Black Racism (CABR) Unit and Steering Committee, which is focusing its efforts on building staff capacity by providing training, guidance and resources for management and staff and placing a deliberate emphasis on cultivating organizational culture change through ongoing dialogue about Anti-Black racism and how to create meaningful and sustainable change. SSHA will also continue supporting Black service users and staff by advancing SSHA’s actions in the Toronto Action Plan for Confronting Anti-Black Racism, and developing partnerships with City divisions, community agencies, boards, and commissions to impact long-term change.
Implementation Priorities

1. Advancing reconciliation

1.1 Meaningfully address Indigenous homelessness

**WHAT YOU WILL SEE**

- Implement an Indigenous funding stream with a 20% allocation of grant program funding, in collaboration with the Indigenous community entity and TICAB
- Prioritize the creation of culturally appropriate shelter spaces for Indigenous people, including women and children; and people who use substances, as identified in the Toronto Indigenous Overdose Strategy
- Continue to implement the recommendations of the Meeting in the Middle strategy and the COVID-19 Interim Shelter Recovery Strategy, which calls for a distinct approach to serve Indigenous people experiencing homelessness
  - Expand Indigenous-led outreach and supports for Indigenous individuals during the pandemic
  - Establish protocol to ensure Indigenous individuals who have been moved into new housing are connected with an Indigenous support provider as part of the transition from homelessness to housing
  - Support Indigenous providers to act quickly and lead solutions
- Ensure the development and implementation of Coordinated Access tools and resources is responsive to Indigenous organizations and Indigenous people experiencing homelessness, through continued collaboration with the Coordinated Access subcommittee of TICAB
- Enhance ongoing engagement and communication between TICAB and SSHA, particularly during emergency response situations

**What success looks like**

- 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

"We need to look at housing in a holistic way, then we can better match the supports needed. Spiritually, physically, emotionally, mentally."

– Indigenous service provider
Implementation Priorities

2. Focusing on equity

2.1 Address Anti-Black Racism

**WHAT YOU WILL SEE**
- Apply an Anti-Black racism analysis to program and service delivery, including Toronto’s Shelter Standards
- Ensure shelter staff across the sector are provided training and resources to build capacity related to confronting Anti-Black racism
- Implement SSHA’s actions in the City’s Confronting Anti-Black Racism strategy
- Develop mechanisms for enhanced and consistent engagement with Black service organizations, staff and service users
- Collect, report and use race-based data on homelessness to inform service planning, prioritization and equitable housing outcomes for Black people

*What success looks like*

“Partnerships with Black community leadership and service providers help to address systemic issues and improve housing outcomes in the Black community.”
– Staff member

2.2 Incorporate an intersectional and inclusive approach

**WHAT YOU WILL SEE**
- Use data and an equity lens to regularly update prioritization of groups with the greatest needs and report on outcomes
- Develop a curriculum for gender inclusion and anti-racism training for the sector that can be adapted for different knowledge levels and different service contexts
- Work with youth-serving homeless providers to develop and test distinct approaches to serving youth experiencing homelessness
- Implement approaches to increase safety and accessibility of shelters for 2SLGBTQ+ people, particularly people who are non-binary and trans
- 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

*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*

“When youth feel safe, their mental health improves, stability improves. Safety is key.”
– Youth service provider
Implementation Priorities

3. Delivering high quality services

3.1 Improve access to homelessness services

WHAT YOU WILL SEE

- Enhance reporting processes, access to real-time information on bed availability and Central Intake data technology systems to support timely service provision to people seeking shelter space
- Increase and enhance outreach services to meet the unique needs of people sleeping outdoors, based on a human-rights approach, meaningful engagement and choice
- Increase services that address barriers to access and respond to identified gaps, such as pet friendly and accessible services located in neighbourhoods throughout the city
- Monitor shelter system flow data and related indicators, and report to Council through the Budget process and the Annual Shelter Infrastructure Plan on the need for additional shelter and housing capacity to meet demand
- Develop an operational plan to transition out of hotel response sites, based on available data on shelter demand, supportive housing opportunities, and any future changes to public health guidance

What success looks like

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.

"Many clients in Scarborough are not willing to go downtown. Having access to spaces across the city is the way to improve quality." - Service provider

3.2 Enhance safety and quality

WHAT YOU WILL SEE

- Conduct regular assessment of the effective implementation of Shelter and Respite Standards and develop transparent reporting mechanisms
- Review current approaches to service restrictions and explore approaches to transformative justice that balance providing access to low-barrier services while protecting safety of service users and staff
- Develop a Capital Strategy for shelters to ensure state of good repair and implement the Best Practice Shelter Design Guidelines
- Maintain and enhance Infection Prevention and Control (IPAC) practices, through implementing a dedicated IPAC team and leads at each shelter
- Regularly update the Toronto Shelter Standards and Toronto 24-Hour Respite Site Standards to strengthen health and safety provisions with a focus on equity and inclusion

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

"The way a shelter is designed and set up makes a huge difference. Living space, outdoor space makes healing and wellness happen.” – Person with lived experience of homelessness
Implementation Priorities

3. Delivering high quality services

3.3 Provide a range of person-centred supports

WHAT YOU WILL SEE
- Implement the Shelter Health Services Framework, in partnership with Ontario Health, Inner City Health Associates, Ontario Health Teams and community health providers
- Implement additional harm reduction and overdose prevention measures, including additional Urgent Public Health Need Sites and supervised consumption, at shelter sites across the city
- Work in partnership with the health system to increase the availability of mental health supports for people experiencing homelessness and access to support for people with developmental disabilities
- Expand the use of peer supports and provide paid work opportunities for people with lived experience of homelessness and substance use throughout the shelter system

What success looks like

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

“Shelters that employ their clients or have them actively involved tend to be more positive places.”
- Person with lived experience of homelessness

4. Reducing chronic homelessness

4.1 Enhance housing-focused service delivery

WHAT YOU WILL SEE
- Complete electronic implementation of the STARS Common Assessment tool to support a progressive engagement approach tailored to the needs of each individual or household
- Assess 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
- Expand tools available to enhance and standardize housing case planning, including implementation of a housing module in SMIS
- Provide training and tools to support a consistent approach to delivering services from a Housing First lens
- Work with the Housing Secretariat to identify opportunities to leverage shelter sites into permanent housing infrastructure

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

“Shelters are more than a bed and meal. The supports and networks are crucial.”
- Service provider
Implementation Priorities

4. Reducing chronic homelessness

4.2 Prioritize available housing resources for maximum impact

WHAT YOU WILL SEE

- Implement the prioritization policy for the Priority Access to Housing and Supports (PATHS) process to match people experiencing chronic homelessness to new housing with support opportunities
- Review the City’s local priority rules for prioritizing people experiencing homelessness from the waiting list for Rent-Geared-to-Income housing to align with Coordinated Access processes and the prioritization framework
- Work with the Housing Secretariat to leverage existing assets and increase the inventory of housing opportunities available to assist people to exit homelessness through the PATHS prioritization process
- Identify best practices, and develop a toolkit and training to support landlord engagement that increases access to private market units for people who are experiencing homelessness.
- As part of a comprehensive Housing First program approach, enhance and increase access to follow-up supports with mandate to ensure effective transitions between homelessness and housing stabilization

What success looks like

Chronic homelessness is reduced

Homelessness for populations with the greatest needs is reduced

“Follow up supports are essential. People return to shelter after being housed because there haven’t been enough of the wraparound supports.” — Service provider

5. Developing an integrated systems response

5.1 Implement shelter diversion approaches

WHAT YOU WILL SEE

- Implement shelter diversion approaches targeted at people requesting shelter who are newly homeless for the first time and evaluate effectiveness
- Improve data on where people are entering the homeless service system through changes to our intake data collection tools and collaboration with other service systems
- Develop protocols with regional partners and provincial systems (i.e. health and corrections) to reduce transitions from those systems into homelessness wherever possible and improve coordination of transitions

New inflows into homelessness are reduced

Returns to homelessness are reduced

“Coordination with the health care system is the key. We need to support people in maintaining their housing. Whether it’s addiction-related or other supports.” — Person with lived experience of homelessness
Implementation Priorities

5. Developing an integrated systems response

5.2 Increase system coordination and planning

WHAT YOU WILL SEE

- Expand the comprehensiveness of the By-Name List approach across the homelessness sector, including street outreach and outdoor homelessness
- Expand the ways that information flows between programs in SMIS, to enhance the coordination of supports and person-centred program delivery across the system
- Implement a community-wide prioritization framework to guide program or process-specific decision making for people experiencing homelessness through related housing sectors and increase transparency and impact
- Use available data to inform a system planning lens to assess needs and acuity of those experiencing homelessness and map this against available resources
- Work with the Housing Secretariat to use data to inform decisions about types and volume of supportive housing needed to end chronic homelessness in Toronto

What success looks like

- 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

WHAT YOU WILL SEE

- Develop ongoing mechanisms for meaningful engagement of people with lived experience of homelessness and service users, including expanding advisory groups, service user satisfaction surveys and user feedback
- Enhance stakeholder engagement with community partners such as TAEH, TICAB and TSN to work collectively toward the common goal of ending chronic homelessness
- Increase collaboration across sectors, including the health sector, to increase service pathways for people to receive equitable access to the services that they require and that lead to successful housing outcomes
- Coordinate across sectors to adopt shared definitions and harmonize assessment and access processes to understand and respond to the needs of people who interact or move between different service sectors
- Increase public education and awareness of homelessness, including through sharing the experiences of people with lived experience of homelessness and service users, and opportunities for community members to be engaged in solutions-oriented approaches to addressing homelessness.

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

“The sector is working collaboratively to obtain housing that all of their clients can access...more of this collaborative work is beneficial to break down silos and better serve clients.” – Sector partner
Implementation Priorities

6. Strengthening and modernizing the sector

6.1 Enhancing system tools and data

**WHAT YOU WILL SEE**
- Develop reporting tools that enable efficient tracking of key indicators on homelessness at both a system and program level
- Continue to improve transparency of data and reporting through use of Open Data and engaging external stakeholders in analysis and recommendations regarding data improvements
- Roll out new enhancements to transition from a Shelter Management Information System to a broader outcome focused Homelessness Management Information System
- Enhance data tools and identify electronic platforms to better connect people experiencing homelessness to available supportive housing and other services
- Integrate user centred design and usability testing in improving technology
- Train staff on the effective use of new system tools

“What data should we collect and how can we ensure that we’re using this data to make better decisions? If we don’t learn from history, we’re destined to repeat it.” – Staff member

What **success** looks like

- 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

**WHAT YOU WILL SEE**
- Strengthen shelter workforce development approaches to recruit and retain skilled staff across the sector
- Provide increased training and professional development that enhances skills to ensure all staff have the knowledge and skills to deliver inclusive, Housing First, harm reduction and trauma informed services
- Review the shelter funding model and identify resources needed through future Budget processes to address wage disparities between City operated and community providers, to reduce precarious employment, increase the retention of staff working in shelter and build organizational capacity among community shelter providers
- Provide tools and supports to create workplaces that prevent burnout and compassion fatigue and foster mental wellness and workplace safety for frontline staff
- Seek feedback from frontline staff and community partner providers on where improvements are needed to strengthen the workforce and report on outcomes

The collective capacity of diverse homelessness service providers is strengthened and enhanced

Mental wellness among frontline staff is increased

“We need to support staff who are doing excellent work.” – Service provider
Funding Priorities

The homelessness service system is a mixed service delivery model, in which the City directly delivers services and provides funding for service delivery to non-profit community partners. This approach provides significant benefit to the City and ensures the strongest possible system by balancing stability, diversity, efficiency and responsiveness. Funding is provided through a range of different mechanisms, including operating agreements and grant funding. Approximately $141 million is delivered to non-profit community providers for emergency shelter and overnight services, in addition to funding allocated through grants.

Long-term funding priorities

- Increase prevention approaches
- Increase permanent housing solutions to homelessness
- Reduce emergency shelter use
- Stabilize and increase quality in the shelter system

Consistent with direction in the HousingTO plan, 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.

Short- and medium-term funding approaches

The transformation to more preventative and permanent solutions will take place over the longer-term using a data informed approach that ensures service system stability and effective change management. In the short-medium term, a number of additional priorities have been identified to guide funding decisions, including an open call for proposals for grant based funding to community partners for 2022.

The City will provide approximately $28 million in existing grant funding to community partners through the open call, of which 20% will be allocated through a dedicated Indigenous funding stream. Grant funding priorities will include Housing Access, Street Outreach, Drop-in Services, Eviction Prevention and Shelter Diversion, Housing-Focused Supports, and System Supports that address issues faced by people who are homeless or at risk of homelessness. Existing funding that is designated for ongoing housing with supports will be allocated through a closed call that provides ongoing housing support to formerly homeless tenants. These agreements will be issued for three years, with a further process for renewal in 2025.

Funding priorities will be informed by strategic investment planning to allocate resources to most effectively meet people’s needs and achieve an outcome and housing focused approach. Strategic investment planning is informed by data, evidence and outcomes to identify and responsively address service gaps in Toronto’s homelessness service system. This will incorporate federal and provincial funding program goals and eligibility criteria, as well as the priorities identified in the Service Plan based on engagement and input from stakeholders and service users.

Principles for funding decisions will include accountability, responsiveness, equity, sustainability, alignment and impact. Without additional investment from other levels of government, realigning funding to new priorities may mean diverting funding from currently delivered services or identifying where other City divisions or levels of government may be better suited to fund certain programs.
Principles for funding decision making

ALIGNMENT AND IMPACT:
- Service investments are aligned with divisional service plans and corporate strategic plans to maximize the effectiveness and efficiency of divisional financial resources. This ensures that investments are strategic and support the City to achieve its goals of helping people to access housing and maintain their housing stability.

We will:
- Use an outcome and housing focused approach to guide funding decisions
- Prioritize funding for programs that demonstrate a Housing First, harm reduction, and trauma informed approach to service delivery

EQUITABLE AND ACCOUNTABLE DISTRIBUTION OF RESOURCES:
- Investments are informed by research and other indicators and measures to identify and responsively address service gaps in Toronto’s housing and homelessness service system.

We will:
- Use an equity lens when investment planning and prioritize funding to address the needs of groups overrepresented in the homelessness population as a result of systemic barriers, discrimination, and geography.

RESPONSIVENESS:
- Investing in innovation and encouraging the development of new service responses is a critical component of nurturing a responsive service system and requires a progressive approach to risk management that values learning as an outcome.

We will:
- Provide funding for services that are responsive to needs identified through data, best practices and collaborative service planning
- Provide funding to foster new and innovative approaches.

SUSTAINABILITY:
- Strengthening community-based service providers will result in a stronger homelessness service system as a whole. Predictable, stable funding to community organizations will help them focus on being responsive to people’s needs.

We will:
- Balance the need for stable growth within the community sector with flexibility to shift funding over time to address additional service pressures and new solutions
- Provide funding to fewer programs/agencies to deliver core services, to enhance the stability and sustainability of services and organizational capacity within the sector
- Provide cost of living increases based on standard City practice and address wage disparities through a multi-year approach, to strengthen capacity and reduce employment precarity.
Prioritization Framework

Prioritizing People Experiencing Homelessness for Housing and Supports

A prioritization approach helps to establish transparent processes for decision making about access to housing and supports for people experiencing homelessness. This ensures housing and support opportunities are targeted to achieve shared system goals, ensures that all resources aren’t targeted on one specific population group while leaving others with no options, and addresses the systemic barriers to housing that are often felt by those disproportionately represented in Toronto’s homeless population.

Prioritization is a core element of adopting a Coordinated Access approach to ending homelessness, and is a requirement of federal funding under Reaching Home. Prioritization ensures that those who often face the most barriers to housing, and are most in need of supports, have access to those resources.

Prioritization is especially necessary in a system where demand outweighs supply. It is important to acknowledge that while these processes have an important role to play, the impact of prioritization is limited by the availability of appropriate resources. Increasing the number and range of housing and support opportunities dedicated to people experiencing homelessness, with particular focus on increasing access for those who might otherwise face barriers to accessing housing opportunities, is required to reduce homelessness in our City.

Process of Engagement and Development

SSHA has been working collaboratively on development of SSHA’s prioritization approach with our community partners through regular engagement with members of the TICAB, TAEH, and SSHA’s CABR Steering Committee, including a full day Prioritization Planning Day in December 2020 facilitated by the Canadian Alliance to End Homelessness.

Building on this, a dedicated session was held as part of the Service Plan engagement process specifically on identifying shared principles to guide decision-making on who and how people experiencing homelessness are identified for access to housing and supports.

This framework will continue to be refined and updated based on ongoing feedback, engagement and data.

Implementation

The Prioritization Framework will be applied to:

- Priority Access to Housing and Supports (PATHS) direct matching process used to identify households for city-funded housing and supports resources dedicated to people experiencing homelessness, including the Rapid Rehousing Initiative in partnership with Toronto Community Housing
- Eligibility and referral processes for Housing First programs including follow-up supports and housing benefits dedicated to people experiencing homelessness
- Assignment of a Disadvantage Code (DA) for people experiencing homelessness who are applying for rent-geared-to-income housing.

The principles in this framework will be used to determine the prioritization criteria for each of the processes and programs above with a focus on system-level impacts. Based on these principles, program specific criteria that incorporate additional eligibility considerations, levels of support and program guidelines will be determined on a program-by-program basis.
Principles for Prioritization

LENGTH OF HOMELESSNESS
People experiencing chronic homelessness make up 77% of all people experiencing homelessness in Toronto based on Street Needs Assessment data. Chronic homelessness is a priority population group of both the federal and provincial governments.

All housing and support programs dedicated to people experiencing homelessness will allocate a minimum of 75% of housing and support resources to people experiencing chronic homelessness, with the exception of programs dedicated to youth who do not need to meet the length of homelessness criteria.

INDIGENOUS HOMELESSNESS
Indigenous people disproportionately experience homelessness as a result of impacts of colonialism, residential schools and systemic racism. In keeping with our commitments in the Meeting in the Middle Strategy, SSHA will continue to work with the TICAB to develop distinct approaches to prioritization for Indigenous people experiencing homelessness.

EQUITY IMPACT
People from equity-deserving groups will be actively prioritized for access to housing and support opportunities. Regular monitoring and evaluation of the impact of prioritization on equity-deserving groups must be included in all policies and processes. This includes people of colour, women, transgender people, people with developmental disabilities, 2SLGBTQIA community members, and others, in addition to the following groups who SSHA is committed to prioritizing for housing and support resources.

- Black people: Anti-Black racism can also be traced back to Canada’s colonial history and is embedded into the systems, structures and policies that govern access to education, employment and housing. SSHA will work with internal and external partners to develop solutions that address the structural barriers faced by Black people experiencing homelessness and implement processes to ensure equitable access to housing and support opportunities.

- Youth: Youth homelessness is distinct from adult homelessness, both in terms of its causes and solutions. Prioritizing youth homelessness and increasing housing stability for youth can be an impactful intervention to avoid homelessness and the likelihood of higher rates of chronic homelessness later in adult life.

USER EXPERIENCE
The experience of prioritization must be considered when developing and implementing policies and processes, including maintaining personal choice in resource allocation processes. This includes consideration of the intersectionality of those experiencing homelessness, and will take a person-centred, trauma informed, harm reduction, Housing First and human rights approach to connecting people with housing and support services, informed by meaningful engagement with service users about their needs.

RESPONSIVE
Prioritization policies and processes will be responsive to the changing needs of people experiencing homelessness, and the changing landscape of housing and support services in Toronto. Reviews of existing policies and processes connecting people experiencing homelessness with housing and support resources will occur at least every two years, and in urgent situations where emerging needs appear rapidly.

DATA-SUPPORTED
Decisions around prioritization will be supported by up-to-date and accurate data about people experiencing homelessness in Toronto. This includes data from the most recent Street Needs Assessment, monthly shelter system flow data, and any additional relevant and recent research and evidence around experiences of homelessness in Toronto. An equity-lens will be applied to the collection, analysis, and management of data, including taking steps towards data-sovereignty for Indigenous communities.

TRANS transparent
Shared, community-wide goals are a critical component of implementing a Coordinated Access approach. In turn, those goals can only be achieved by taking a whole of community approach and ensuring that housing and homelessness service providers are working together. Having transparent information available around how prioritization helps achieve these shared goals is critical. All prioritization criteria will be made available publically.

COLLABORATIVE DESIGN
The operationalization of prioritization policies and procedures is critical to ensuring their success. In all reviews, changes will be reviewed by operational staff from both housing and homelessness service providers. A collaborative and solutions-oriented approach will be used to solve any identified issues with the proposed changes, and all those implementing the policies will be supported with clearly documented policies and procedures which are reviewed on an annual basis (minimum), or as needed.

IMPACT
Considerations will be given to the immediate and long-term impacts of prioritization decisions. While in the immediate term, prioritizing some groups over others may result in more people moving to housing more quickly, the long-term implication may be that those who are not prioritized remain homeless longer. Prioritization comes with a commitment to continuous improvement and long-term system sustainability.
A transparent, community-wide approach to data and measuring our progress allows all system partners to understand their contribution to achieving our shared goals, and enables us to adjust our response as needed. In 2019, the City of Toronto adopted Results Based Accountability (RBA) as a City-wide performance management and accountability framework. The RBA framework is a useful system planning tool because it addresses measures at various scales of a service system.

To ensure a shared understanding across the service system, consistent, plain language is critical. For the Service Plan, an outcome statement is used to articulate what success looks like, and indicators are used to quantify progress towards that outcome. These represent the goal of the service system, or what we want to achieve for the population we serve. To articulate the means (or the how) of a program working to achieve that purpose, we use performance measures.

The Service Plan is focused on two outcome statements:

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

We are now working to develop a set of system level indicators that quantify the progress towards these outcome statements.

Some example indicators

**Outcome:** Rare. **Indicator:** People who newly enter homelessness. **Based on shelter flow data:** In August 2021, there were 685 newly identified individuals. **Rolling three month average:** 714 newly identified individuals. **Trend since January 2020:**

**Outcome:** Brief. **Indicator:** Number of people experiencing chronic homelessness. **Based on shelter flow data:** In August 2021, there were 3,915 individuals actively experiencing chronic homelessness. **Rolling three month average:** 3,886 people actively experiencing chronic homelessness. **Trend since January 2020:**

**Outcome:** Non-recurring. **Indicator:** Number of people who have returned to homelessness from permanent housing. **Based on shelter flow data:** In August 2021, there were 104 individuals returning to homelessness from permanent housing. **Rolling three month average:** 96 individuals returning to homelessness from permanent housing. **Trend since January 2020:**

These indicators also align to the reporting we are required to provide to both federal and provincial funding partners to measure the targets established by other orders of government to ending chronic homelessness, and which are included in the annual Community Homelessness Report under the Reaching Home program.
Performance Measures

RBA supports a collective impact approach in which the many programs in a service system can work toward the same outcome, and also account for how their work contributes to that outcome through performance measures. Performance measures can be established at a variety of scales – for the whole service system, for an organization, or for a specific program. The key is that at whatever level, performance measures are aligned to the outcome that homelessness in Toronto is rare, brief, and non-recurring.

In the RBA framework, performance measures are grouped by the three type of things they measure:

- How much did we do?
- How well did we do it?
- Is anyone better off?

So for example, for emergency shelter services, performance measures could include:

- How many people are provided emergency shelter services? (How much did we do?)
- What proportion of people staying in emergency shelter programs are assisted to develop a housing plan? (How well did we do it?)
- What proportion of people staying in emergency shelter programs are discharged to permanent housing? (Is anyone better off?)

Using this approach, we will continue to use the RBA framework to develop performance measures and reporting tools at a system and program level that enable regular reporting on progress towards achieving the outcomes identified in the Service Plan.

Equity and measuring outcomes

This service plan also includes a focus on equity, including Indigenous and Black people’s experiences of homelessness and homelessness services. This requires bringing an equity lens to all of our indicators and performance measures to understand how equity-deserving groups are experiencing these outcomes.
### Example of collective impact nesting of RBA measures: Homelessness is brief

<table>
<thead>
<tr>
<th>Accountability Type</th>
<th>Measure Type</th>
<th>Measure</th>
<th>How the measure aligns with the service plan outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td><strong>Outcome</strong></td>
<td>Homelessness in Toronto is rare, brief, and non-recurring</td>
<td>Homelessness is brief</td>
</tr>
<tr>
<td></td>
<td><strong>Indicator</strong></td>
<td>Number of people who are experiencing chronic homelessness in Toronto</td>
<td>Homelessness is not brief if more people are experiencing longer periods of homelessness, resulting in more people entering chronic homelessness.</td>
</tr>
<tr>
<td><strong>Performance</strong></td>
<td><strong>Performance Measure</strong> (how well did we do it)</td>
<td>% of service users across the service system who are provided housing-focused supports</td>
<td>Housing-focused supports help people to access permanent housing more quickly, therefore service users experience shorter periods of homelessness.</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td><strong>Performance Measure</strong> (is anyone better off)</td>
<td>Number (and %) of service users across the service system discharged to permanent housing</td>
<td>Shelter flow data tells us how many shelter service users are discharged to permanent housing each month.</td>
</tr>
<tr>
<td><strong>(Service system)</strong></td>
<td><strong>Performance Measure</strong> (how well did we do it)</td>
<td>% of service users in the program who are provided housing-focused supports</td>
<td>Housing-focused supports at the program level help people to access permanent housing more quickly, therefore service users experience shorter periods of homelessness.</td>
</tr>
<tr>
<td></td>
<td><strong>Performance Measure</strong> (is anyone better off)</td>
<td>Number (and %) of service users in the program discharged to permanent housing</td>
<td>Individual shelters record permanent housing outcomes upon discharge.</td>
</tr>
</tbody>
</table>

Collective impact achieved by aligning performance measures to the outcome.
Conclusion

SSHA’s Service Plan is built upon the contribution of many frontline staff, service users, service providers, sector partners, and people with lived experience of homelessness, who contributed their experience and expertise to shape the priorities for the next three years. A big thank you to all who contributed their time, energy and voices to the Service Plan! It is our hope – and our commitment – that this document will guide how we will work collaboratively as a sector over the coming months and years. Through ongoing engagement, sharing information and data, and reporting on progress, together we will implement the priorities outlined in the Service Plan and advance our shared goal of ending chronic homelessness in Toronto.

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- Alexandra Vamos, Infrastructure Planning and Development, SSHA
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- Melissa Doyle, Homelessness Initiatives and Prevention Services, SSHA
- Stephanie Bell, Service Planning and Integrity, SSHA
- Tommica Givans, General Manager’s Office, SSHA
Appendix: Overview of Our Services

How Many People Experience Homelessness

Data from Toronto’s 2021 Street Needs Assessment (SNA), the shelter system flow data and the By-Name List provide us with a better understanding of the scope and complexity of homelessness in Toronto.

On April 21, 2021, there were an estimated 7,347 people experiencing homelessness in Toronto. This estimate is based on the 2021 SNA, a point-in-time count and survey that provides a detailed picture of the state of homelessness in Toronto. This is a count of people experiencing homelessness on that night, and includes those staying in City-administered shelter and overnight services, an estimate of those staying outdoors, and those with no fixed address staying in provincially administered systems.

At the end of August 2021, the shelter system flow data showed there were 8,479 people actively experiencing homelessness. This data comes from the Shelter Management Information System, used by all shelter and overnight services administered by the City. 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 and has not moved into housing.

Both point-in-time data and shelter system flow data provide valuable, yet different, information about who is experiencing homelessness. As people enter and exit the homelessness system every day, the number of people included in the shelter system flow dashboard over time will be greater than those experiencing homelessness at any given point in time. For example, while the average nightly occupancy in 2020 was 6,517, more than 20,000 different people used the shelter system in 2020.

On average, 438 people experiencing homelessness are assisted to find housing each month in our shelter system. However, an additional 623 new people enter the shelter system each month on average. Many communities have adopted a goal of ‘functional zero’ homelessness, which is a dynamic measure of a well-functioning homelessness service system. As an analogy, a well-functioning health care system will not necessarily prevent people from getting sick. But it will ensure that people who fall ill are triaged appropriately and receive the services they need so their illness does not become a crisis. Similarly, reaching and sustaining functional zero homelessness is in service of building a future where homelessness is rare overall, and brief when it occurs because people are assisted quickly to find housing.
Central Intake

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

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

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

The KPIs measured include:

- Average speed of answer (the length of time a call has waited in queue to be answered)
- Average handle time (the length of time a caseworker spends on each call)
- Abandoned rate (percent of total calls that were not answered)

Enhancements have enabled Central Intake to achieve significantly lower call wait times and dramatically improve the call answer rate, both of which are improvements that have been sustained to date. The result has improved customer service overall for people looking for shelter.
Street Outreach Services

Streets to Homes and partners provide street outreach and housing-related follow-up supports to assist people who are experiencing homelessness and sleeping outdoors in finding and keeping housing. The City funds a number of partners to work with Streets to Homes to provide street outreach and follow-up supports, including three community partner agencies that provide geographic coverage to specific areas across the city; a community partner outreach team that focuses on youth; NaMeRes Outreach Team which focuses on outreach to Indigenous people living outside; and the Multi-disciplinary Outreach Team (M-Dot) which provides mental health and other services to people living outside.

Streets to Homes staff reach out to people who are sleeping outdoors and experiencing homelessness across the city. Available 24 hours per day, seven days a week, year-round, outreach staff focus on establishing supportive relationships as a first step in addressing an individual’s immediate health and safety needs. They also provide supports to move into housing.

The following services are available to people living outside:

- water and referrals to food programs
- identification documents (ID) and income supports
- supports to develop a housing plan, for those who are not already working with other housing workers or agencies
- wellness checks
- clothing and supplies
- harm reduction supplies and harm reduction services
- mental health supports through the Multi-Disciplinary Outreach Team (M-Dot)
- blankets and sleeping bags in the winter
- referrals to the shelter system through Central Intake
- additional wellness checks and referrals to warming/cooling centres during extreme weather alerts

In 2020, Streets to Homes and partner agencies supported over 300 people who were sleeping outside to move into permanent housing.
Harm Reduction Services

Toronto has seen a substantial rise in non-fatal and fatal opioid overdoses within the overall community, as well as within the shelter system, during the COVID-19 pandemic. This is because of:

- Increasing toxicity of the unregulated drug supply;
- More people are consuming drugs alone as a result of physical distancing requirements and the shift from congregate settings to single occupancy rooms in hotel settings;
- People who are staying in shelters in new locations may be purchasing from drug sellers that they do not know;
- Reduced capacity in addiction treatment and withdrawal management, and access to harm reduction support for people who use drugs may be more limited.

In response, SSHA launched iPHARE (Integrated Prevention and Harm Reduction initiative). iPHARE is a multi-pronged effort by the City and community agencies to address opioid-related deaths in Toronto’s shelter system.

To date, some of the actions taken through the iPHARE initiative include:

- Expanding funding for harm reduction and mental health case management supports to community partner agencies to provide services within shelters.
- Embedding Urgent Public Health Needs Sites (UPHNS) into selected shelters across the city, allowing residents at the location to consume drugs under trained supervision to reduce the risk of overdose fatalities. These sites will not be open to the public.
- Supporting implementation of the Shelter-Hotel Overdose Prevention Program, or SHOPP, a peer witnessing program, at a number of shelter locations on a pilot basis, while opportunities to expand are explored.

To complement iPHARE and expand harm reduction preparedness and supports more broadly across all shelter and hotel program providers, The Works at Toronto Public Health (TPH) and SSHA worked together to produce an updated shelter directive, which provides expanded direction on overdose prevention in City administered shelters and hotel sites. The updated harm reduction directive aligns with a 10 point plan developed by TPH and the learnings and recommendations emerging from the Toronto Shelter-Hotel Overdose Preparedness Assessment Project, a project led by the Toronto Shelter-Hotel Overdose Action Task Force. A harm reduction package accompanied the directive and included the launch of shelter system overdose data and a Harm Reduction Implementation Toolkit intended to support partners and providers to implement the directive. The updated directive and harm reduction package were launched in June 2021.

Shelter Health Services Framework

As highlighted in the Interim Shelter Recovery Strategy, COVID-19 has accelerated collaborative problem solving between the health and shelter systems and shown that partners in both systems have the ability to work together to develop quick, creative responses to meet need. The collaboration that has taken place during the pandemic has also highlighted existing areas for improvement in how people experiencing homelessness receive care within the health and shelter systems.

In 2018, SSHA, the Central East Local Health Integration Network (LHIN), and the Toronto Central LHIN developed a collaborative framework for delivering a coordinated health service delivery model in shelters. SSHA has been collaborating with health partners on updated implementation of this shelter health services framework, to ensure a coordinated and consistent approach to health services across the homelessness system and incorporate learning and partnerships that have expanded during the pandemic.

SSHA co-chairs a Steering Committee along with Ontario Health Toronto Region (formerly the Toronto Central LHIN) and Parkdale Queen West Community Health Centre, with representation from a range of health service providers, homelessness services and shelter operators. The work relates to three streams of health services: primary care; mental health supports (including psychiatry) and case management; and harm reduction (overdose prevention, safe supply and peer support).

The Steering Committee has identified two key deliverables:

1. Ensure people who are homeless have access to health services (harm reduction, primary care and mental health supports/case management) regardless of where they are being sheltered
2. Develop an implementation plan for the sustainable model of the framework, including articulation of any resources required to operationalize.

The objective of this approach is to ensure all people accessing shelter supports are part of a well-coordinated and integrated system of health and homelessness services – both within the shelter, and as they transition to permanent housing. The three work streams have completed a system-wide service analysis to identify the components required for a coordinated and integrated service model. Critical to this work is the improved relationships between the homelessness services system and health partners, which build on the partnerships formed during the pandemic, and will be essential to scale up this approach to all existing shelter locations and improve health and housing outcomes for service users.
Housing Focused Service Model

In 2015, the City updated the Toronto Shelter Standards to ensure a consistent Housing First and harm reduction-focused approach to service delivery. In April 2017, City Council adopted a New Engagement and Planning Process for Emergency Shelters that provided directions to approach every aspect of sheltering in a new way, from siting, to purchasing, to design, to community engagement, to operations, to programming, to evaluation, to communications.

The goal of this approach is to improve people’s housing outcomes and housing stability through strengthened, comprehensive housing-focused services and programming and increased service partnerships. The approach takes an outcomes-focused approach with enhanced data collection and analysis. It builds capacity through identifying and developing the necessary training, tools and resources required to support consistent implementation across shelter sites.

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 of this approach include:

- Housing-focused case management tools and practices, including common assessment of needs and navigation to a range of housing supports;
- Outcomes focused and data-informed approach to service delivery;
- Consistent staffing roles and service levels (Supervisor/team lead, housing workers/case managers 1:20 staff/service user ratio, Community Engagement Lead);
- Enhanced wrap-around supports for health and harm reduction;
- Peer support programming and employment opportunities for people with lived experience of homelessness;
- Pet-friendly operations;
- Service partnerships with key systems (e.g., social assistance, health care);
- Shelter facilities that are based on best practice design guidelines;
- Community relations and neighbourhood integration; and
- Shared community programming (e.g., recreation).

A Housing First Approach

In a Housing First approach, access to housing is not dependent on ‘readiness’ or on the person accepting treatment for any physical health, mental health or substance use issues, although those supports are offered. Research has shown that someone is more likely to have success in overcoming these challenges once they have access to permanent, stable housing.

A Housing First approach can be applied at multiple levels across the service system, as:

1. a philosophy and set of core principles underlying the work of all programs and service areas
2. a system approach which guides planning, coordination and delivery across the service system
3. specific operational program models for service delivery.

Each program and sector has a role to play in operationalizing a Housing First approach, and each is part of a larger outcomes-focused housing stability service system that works collectively towards shared goals.

Having a range of housing and support types available to meet people’s varied needs and choices is important to a successful Housing First service system. Housing First is an outcomes-focused approach that works in a variety of different housing types, from scattered site housing in the private rental market to dedicated permanent supportive housing.

The Housing First approach and core principles outlined here are the foundation for all services and programs to address homelessness and housing stability in the City of Toronto.

Five Core Housing First Principles

- Direct access to permanent housing as quickly as possible, with the supports needed to maintain it
- No housing readiness requirements or programmatic preconditions to accessing housing services
- People are offered choice in both housing options and supports provided
- Individualized, person-centred supports are strengths-based, trauma informed, grounded in a harm reduction philosophy and promote self-sufficiency
- Social and community integration is encouraged through opportunities for participation in meaningful activities
Housing First Principles:

**Rapid access to housing**

**Individual choice**

**Community integration**

**No housing readiness requirement**

**Strengths-based, person-centred supports**

**PRINCIPLE: Rapid access to housing**

<table>
<thead>
<tr>
<th>Traditional approach</th>
<th>Housing First approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting for people to initiate interest in housing</td>
<td>Building trust through assertive engagement</td>
</tr>
<tr>
<td>Viewing eviction or a return to homelessness as a failure for the people and the worker</td>
<td>Re-housing is a learning opportunity for the client and the housing worker</td>
</tr>
<tr>
<td>Receiving services is dependent on achieving certain goals and staying in housing</td>
<td>Services follow the people and are provided even if they leave the current locations (e.g. are evicted)</td>
</tr>
</tbody>
</table>

**PRINCIPLE: No housing readiness requirement**

<table>
<thead>
<tr>
<th>Traditional approach</th>
<th>Housing First approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life skills development prior to housing</td>
<td>No housing readiness requirement – all skills development happens once people are in stable housing</td>
</tr>
<tr>
<td>Requiring treatment compliance or sobriety in order to receive access to services or housing</td>
<td>Harm reduction focused</td>
</tr>
<tr>
<td>Viewing the challenges people face as their fault and describing people as ‘hard to house’</td>
<td>It is not personal failure that causes people to remain homeless, it is a failure of the system to provide the right supports to meet the needs of people with complex issues</td>
</tr>
</tbody>
</table>

**PRINCIPLE: Individual choice**

<table>
<thead>
<tr>
<th>Traditional approach</th>
<th>Housing First approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing placement</td>
<td>Housing choice</td>
</tr>
<tr>
<td>Requiring participation in programming to keep housing</td>
<td>Separating housing tenancy and supports, and supporting people’s choice in both</td>
</tr>
</tbody>
</table>

**PRINCIPLE: Strengths-based, person-centred**

<table>
<thead>
<tr>
<th>Traditional approach</th>
<th>Housing First approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking care of things for the person, without their involvement</td>
<td>Supporting self-sufficiency and independence wherever possible</td>
</tr>
<tr>
<td>Making assumptions about what a person is capable of doing or learning or believing that they will never change</td>
<td>Motivational interviewing and using a strengths based approach</td>
</tr>
<tr>
<td>Focussing on illnecess and deficits</td>
<td>Using a recovery oriented approach that focuses on strengths and helps the client identify solutions</td>
</tr>
<tr>
<td>Trying to ‘fix’ what’s wrong with a person</td>
<td>Using a trauma informed, harm reduction approach and understanding how coping strategies can impact behaviour</td>
</tr>
</tbody>
</table>

**PRINCIPLE: Community integration supports**

<table>
<thead>
<tr>
<th>Traditional approach</th>
<th>Housing First approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who move to housing lose access to shelter-based supports or returns to visit the shelter for health care, bagged lunches, etc.</td>
<td>Connect people to supports and services in their new community</td>
</tr>
<tr>
<td>Once someone has moved to housing, the work is done</td>
<td>Connect people to formal and informal community supports to help with food security, social isolation, and other challenges to housing stability</td>
</tr>
</tbody>
</table>
Implementing a Homelessness Management Information System

Toronto’s homelessness service delivery system has been supported and enabled by the use of the Shelter Management Information System (SMIS) since 2010. SMIS facilitates bed management for all City-administered shelter programs, centralized referral processes to shelters and other programs, and tracking and reporting on program occupancy and system trends for all City-operated and City-funded programs.

Additionally, SMIS directly supports the implementation of mandatory Coordinated Access requirements, including needs assessments, prioritization for housing resources, and maintaining the By Name List. SSHA is continuing to enhance SMIS as part of modernization and the implementation of the City’s Coordinated Access approach. This involves transitioning SMIS into a Homelessness Management Information System (HMIS), which will allow it to support a broader range of programs and improve the flow of information between programs.

These changes aim to:
- Prevent people from having to tell their stories multiple times if they consent to sharing information among homelessness service system providers;
- Improve people’s experiences, coordination of supports, and access to housing opportunities through the use of the STARS common assessment tool;
- Reduce duplication of work for staff;
- Ensure staff have access to essential information when they need it; and,
- Ensure quality system-level data for use in planning and measuring service outcomes.

Transforming SMIS into a HMIS is a complex process. To ensure a smooth transition, SSHA will:
- Work with the City’s privacy and legal experts to ensure that people’s individual data is protected and secure;
- Develop an enhanced approach to notice of collection and consent, where people can choose how broadly their information is shared within the homelessness service system;
- Develop and enhance the information system to more closely align with staff work flow and better support the collection of and access to information; and,
- Expand the functionality and usability of the information system to meet the needs of a broader range of programs, including street outreach programs.
A Data-Informed Service System

A central component of our approach to a housing focused and integrated service system is the use of data at a variety of levels to support system planning and drive outcomes for people by collecting system-wide data in a single Homelessness Management Information System.

This includes:

- Informing system planning by providing consistent and up-to-date information about how many people are experiencing homelessness, as well as entering and exiting the system each month;
- Providing up-to-date information about how well Toronto is achieving progress on community-wide goals, allowing opportunity to make adjustments as needed;
- Demonstrating the need for a broad variety of housing and supports resources, required to secure the necessary funding for housing development and related services; and
- Supporting the efficient identification, prioritization and matching of individuals to appropriate housing and supports resources that meet their needs, resulting directly in housing outcomes for people experiencing homelessness.

SSHA continues to work towards the full development and implementation of a Coordinated Access approach to ensure that every person experiencing homelessness is empowered and supported to resolve their housing situation. This system-wide approach leverages shared infrastructure and data so that clients are able to move more seamlessly through the homelessness service system to get the supports they want and need.

This approach enables staff to build on work that has already been done, so that clients’ housing outcomes can remain the focus, instead of asking the same questions repeatedly. The collection of this information also helps to provide a deeper understanding of the housing and supports required to reduce the number of people experiencing homelessness, and especially to reduce chronic homelessness.
Shelter System Flow Data and By-Name List

System Flow Data uses real-time, aggregate data to provide a high level understanding of the number of people interacting with the homelessness service delivery system, including any month-to-month changes.

The data currently includes all people who have stayed overnight in a bed in the shelter system on a three month rolling basis. Work is underway to expand the program and services contributing data to the HMIS, including outreach services, so that the system flow data becomes increasingly representative of the homelessness population in Toronto. Work is also underway to expand the type of data that is included in the dashboard about people experiencing homelessness, including Indigenous identity, racial identity, and level of support need.

Shelter System Flow Data as of August 31, 2021

People who spent at least one night in shelter in the last 3 months: 8,479
People who are chronically experiencing homelessness based on night spent in shelter: 3,915
Total inflow to bedded programs: 1,241
Total outflow from bedded programs: 1,034
Newly identified: 685
Returned to shelter from inactive: 452
Returned from permanent housing: 104
Moved to permanent housing: 306
No recent shelter use: 728

The By-Name List is a real-time list of people known to be experiencing homelessness in a community. In addition to the information included in the System Flow Data, this data includes an additional layer of information which supports system-wide identification, prioritization, location and matching processes, required to effectively and efficiently connect someone with housing and supports resources that meet their needs. This includes initial information about the level of support someone needs to find and keep housing.

Everyone experiencing homelessness in Toronto

The full set of people experiencing homelessness is unknowable because it includes people dispersed throughout the city staying with friends or family, couch surfing, or otherwise living in a state of ‘hidden homelessness’.

System Flow Data
Aggregate data representing everyone experiencing homelessness who interacts with the homelessness response system

By-Name List
All people experiencing homelessness and interacting with homelessness response system who consent to having their information shared amongst service providers

Prioritized Groups
A subset of people on the By-Name List who have been identified as high-priority for access to various housing and support resources
Common Assessment Tool and Progressive Engagement

Toronto’s implementation of Coordinated Access balances service user experience and the need for data for system-level decision making by using a Common Assessment Tool that supports a progressive engagement approach to providing people with services based on their needs. The Service Triage, Assessment, and Referral Support (STARS) tool has been developed through extensive, collaborative user generated input with frontline staff, service providers and service users, and supports a trauma-informed, person centred approach to service delivery.

When entering the shelter system people are only asked for enough information to complete a high level Triage assessment. This helps to right-size the case management and supports people receive while working with the homelessness service system: people are empowered to self-resolve their housing challenges, while those who face greater barriers are provided with more intensive support. Further, this allows people who are in a crisis situation to focus on meeting their immediate basic needs and getting stabilized so they can more effectively turn their attention to resolving their housing challenges. The triage function has been built into SMIS and tested with pilot sites. With appropriate training, it will be expanded to all service sites.

While people are being encouraged and supported to resolve their housing challenges, they also build rapport with staff, who can use the opportunity to develop a better understanding of the person’s particular situation and barriers to housing. Staff use this time to complete a Housing Plan, which provides a clearer understanding of a person’s housing needs and preferences, and identifies the necessary steps for them to secure housing. This component is currently being developed and is expected to launch in SMIS by the end of the year.

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. In these cases, staff complete a Comprehensive Needs Assessment, which provides nuanced information about the person’s specific support needs so that they can be matched to housing and support opportunities that are appropriate for them. The information required for these assessments can be quite personal, and helps to form deeper trusting relationships to successfully carry out this work. The Comprehensive Needs Assessment will also be integrated into SMIS in 2022 to support effective and efficient connections with housing and support opportunities.
Best Practice Shelter Design Guidelines

In March 2020, the Shelter Design and Technical Guidelines were launched to reflect the evolving state of best practice in the design of shelters for people experiencing homelessness within Toronto. The Shelter Design Guidelines are intended to enhance positive outcomes and experiences for the community, shelter users, staff, and visitors in new and renovated shelters. They are also meant to facilitate designs that promote dignity, comfort, and choice to support shelter users in moving to permanent housing.

The methodology used to develop the Shelter Design Guidelines was based on a collaborative, human-centred engagement process with a diverse group of stakeholders including especially vulnerable groups of people who are over-represented in the shelter system. The Shelter Design Guidelines also try to acknowledge and convey the complex array of structural, cultural and perceptual obstacles faced by Indigenous people, Black people, people of colour, 2SLGBTQ+ people and youth who experience homelessness, and to assist the designer in responding to these needs.

The Shelter Design Guidelines outline recommendations for the design of shelters in Toronto and provide recommendations from minimum to best practice in shelter design.

This includes (but is not limited to):
- Smaller groupings for sleeping rooms
- More amenity space
- Accommodation of pets both indoors and outdoors
- Employing Crime Prevention Through Environmental Design (CPTED) methodology as appropriate for shelters
- Where possible include shared community space
- 20% of space in new shelters are being designed to be accessible

These recommendations include performance-based and prescriptive criteria spanning a broad range of areas, from design approaches and, to specific consideration for sites, functional components of the building, building services, environmental design, materials and finishes. The Shelter Design Guidelines are not intended to retroactively apply to existing shelters. They are of greatest value in the development of new shelters but may also influence design decisions in the renovation of existing shelters.

Shelter System Safety

Maintaining and promoting safety in emergency shelters, for service users and staff, is a critically important priority. Emergency shelters provide services to a broad range of individuals, some of whom have complex mental health and other cognitive disabilities that may contribute to presenting with challenging behaviours. We know that perception of shelter system safety are often one of the most frequent concerns raised about the shelter system, and there are valid concerns to address regarding health, wellbeing and safety, particularly for shelter users who are most at risk.

The City has taken a number of actions to increase the safety of service users and staff, including:
- Increasing required training for shelter staff, including on de-escalation, trauma informed care, mental health;
- Working closely with health care partners and providing additional funding to bring additional supports into the shelter system, including mental health and harm reduction supports through iPHARE (Integrated Prevention and Harm Reduction initiative);
- Establishing a workplace violence program for City-run shelters to increase supports for staff;
- Implementing a safety alert feature in SMIS related to individuals involved in issues of workplace violence;
- Developing a safety alert program and feature in SMIS related to individuals involved in issues of workplace violence;
- Adding two health and safety officers to the operational staff complement;
- Developing guidelines for confronting anti-Black racism in our front facing services;
- Enhancing security on-site at many locations to respond to critical incidents;
- Working with the Ontario Health on the Access to Health Services Framework to identify existing gaps in health services and support further investment across the shelter system; and
- With the Toronto Shelter Network, participating in a research proposal from CAMH to further study safety in the shelter system.

SSHA also addresses safety and violence in the Toronto Shelter and 24-Hour Respite Standards. The Standards require policies on safety and workplace violence and outline mandatory training requirements, which include:
- Crisis prevention & verbal de-escalation
- Conflict resolution
- Mental Health in the workplace (staff)
- Psychological First Aid (staff)
- Mental Health
- Trauma-informed care
Shelter Standards and Quality Assurance

Unlike other human services (e.g. childcare services, long-term care services) there is no dedicated legislation or regulations on how shelter services are delivered in Ontario. In the absence of provincial standards, the City of Toronto developed its own shelter standards to provide City-funded shelter providers and service users with a clear set of expectations and guidelines for service with the aim of ensuring that people who seek shelter services in the city are provided with a consistent and standard level of service regardless of how they access or request the service.

SSHA uses the [Toronto Shelter Standards](#) and the [24-Hour Respite Site Standards](#) to monitor service quality at City-funded respites and shelters to support positive outcomes for people experiencing homelessness. With a focus on capacity-building on-site visits and service user engagement, SSHA identifies and responds to issues in a manner that promotes stakeholder engagement, continuous improvement and system-wide accountability. Additional dedicated staff have been added in 2021 to expand our focus on improving and maintaining Infection Prevention and Control standards throughout the shelter system.

SSHA’s Quality Assurance staff have maintained regular visits to respite sites and shelters since 2019, conducting over 150 site visits every year, even throughout the pandemic. The purpose of these visits is to determine how well providers are interpreting and implementing service standards and support them with ongoing quality improvements. Data collection and reporting is a critical component of the assessment process as a means for SSHA and service providers to measure changes in performance over time.

Service user voices inform service standards and quality assurance through various engagement opportunities. Consultations in the development of standards and satisfaction surveys have provided valuable insight into the people’s lived experience when staying in a shelter, highlighting what is working well and where further emphasis needs to be placed to improve services.

Interpretation and application of service standards requires ongoing support provided through the development of guidance and tools, and regular information and training that reach frontline staff and leaders, with the goal of improving quality and consistency of services provided across the homelessness system.

Appendix:
Summary of Engagement Findings

This summarizes the feedback and key findings from the Service Plan engagement conducted between February and May 2021.

Input was gathered from more than 500 people over the course of the engagement for the service plan. Over 90 hours of active engagement were logged through an online survey, virtual engagement sessions and self-consultation kits between February and May 2021. Inputs from key partners and stakeholders (listed below) builds on the extensive public engagement conducted in the development of the [HousingTO Plan](#), the City’s 10-year housing and homelessness plan.

SSHA engaged partners from the following areas of the housing and homelessness service system:
- Affordable housing providers
- Social housing providers
- Supportive, transitional and alternative housing providers
- 24-hour service providers (shelters, respites and 24-hour drop-ins)
- Drop-in providers
- Housing access and supports service organizations
- Housing advocacy organizations
- Health and harm reduction service providers
- Street outreach providers
- People with lived experience of homelessness
- People staying in shelters
- Indigenous homelessness and housing providers
- Violence against women sector
- Youth-serving organizations
- Black-serving organizations
- SSHA staff

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- Violence against women sector
- Youth-serving organizations
- Black-serving organizations
- SSHA staff
Dedicated engagement sessions were hosted with the following populations/groups:

- People with lived experience of homelessness
- Indigenous homelessness and housing providers
- Black-serving organizations
- Youth-serving organizations
- Violence against women sector

The Service Plan engagement is also complemented by the recent engagement of people experiencing homelessness through the 2021 Street Needs Assessment (SNA). Through the 2021 SNA, SSHA heard from more than 2,500 people experiencing homelessness, including people staying outdoors (including encampments), in City-administered shelters and motel/hotels (including COVID-19 response sites and the recovery site), in City-administered 24-hour respite sites (including 24-hour women’s drop-ins and winter services in operation), and in provincially administered Violence Against Women shelters.

Engagement input was analyzed and summarized into themes that informed the Service Plan priorities. A number of strategic-level themes arose throughout engagement with participants:

1. Housing affordability and supports
2. Housing opportunities for people experiencing homelessness
3. Pivot to housing
4. Prevention
5. Maintaining strong shelters
6. Focus on data, system tools and infrastructure
7. Better collaboration and partnerships
8. Supports for the sector
9. Engagement
10. Equity-based approach

Participants also shared input on which actions from the HousingTO Plan should be prioritized to help us work towards SSHA’s divisional outcome statements. The input emphasized the importance of shifting investments toward developing permanent housing and housing programs; increasing supportive housing, and developing new prevention and shelter diversion approaches; providing person-centred, high quality and safe indoor space to people experiencing homelessness; and increasing partnerships with health service providers, including harm reduction and mental health service providers.

Lastly, respondents reviewed SSHA’s 2021 budget breakdown and indicated the programs and funding areas that they would increase or decrease funding in order to meet the priorities identified in the next service plan. Most participants agreed that funding could be increased towards community housing, housing with supports and housing benefits.