

# Application for Expression of Interest - Specialized Program to Support Clients with Complex Behavioural Needs

## Background

In December 2024, Toronto City Council adopted the **Shelter Safety Action Plan (SSAP)** to guide the homelessness sector's work in improving safety in the City of Toronto's shelter system. The SSAP provides a roadmap for prioritizing and continuously improving shelter safety for staff and clients across Toronto's shelter system.

To support with implementation of SSAP Action 2.4. *Develop enhanced interventions such as a specialized program/model to support people with extensive histories of violence and service restrictions*, the City is funding an initiative for a non-profit organization to operate a specialized program to support people with complex behavioral needs, including people with histories of violent behaviour in shelter who may be experiencing challenges with mental health, substance use and addictions, in addition to having a high number of admissions into shelter programs, critical incidents while residing in shelter, and service restrictions. These individuals may be currently staying within the shelter system or outdoors.

## Expression of Interest

The City's Toronto Shelter and Support Services (TSSS) division developed this Expression of Interest (EOI) to provide opportunities for non-profit organizations across the city to apply to operate a specialized program to support people experiencing homelessness with complex behavioural needs. The program funding term is until the end of 2026, dependent on City Council approval in the 2026 operating budget, and with possibility of extension at the City's discretion. The funding allocated for this specialized program is up to \$400,000 annualized.

To be considered for this EOI, please submit your completed Application before the deadline on 11:59 PM on June 20, 2025. Applications submitted after this time and date will not be considered as part of this EOI.

TSSS strongly encourages joint applications from non-profit organizations proposing to operate services in partnership in response to this EOI, where one organization is identified as the lead and responsible for executing all agreements with TSSS. In this case, a proposed governance and decision-making model must be provided to clarify the relationship, in addition to a breakdown of roles and responsibilities between the organizations that are submitting the joint Application. The lead organization will be responsible for managing and reporting outcomes required by the operating agreement.

The corresponding EOI Guidelines are available on **TSSS' EOI website** and are designed to ensure that Applications are received through an open process and that applying organizations ("Proponents") receive fair treatment in the solicitation, receipt, and evaluation of their Applications. Applications must address the EOI content requirements and should be well ordered, detailed, and comprehensive. Clarity of language, adherence to suggested structuring, and adequate levels of detail in your responses are essential to the Evaluation Committee's ability to conduct a thorough evaluation.

For more information on this EOI, please visit **TSSS' EOI website**.

## Business Information Notice

As stated in the Municipal Freedom of Information and Protection of Privacy Act, section 2(2.1) and 2(2.2), information collected on this form is considered business identity information. Business identity information could be publicly available and/or disclosed upon request unless an exception applies.

Please do not include any personal information. If you have questions about this form or would like accessibility supports, accommodation and/or a different format, please contact TSSS at 416-392-8741 or [tsssEOI@toronto.ca](mailto:tsssEOI@toronto.ca) using your business email. Thank you for your response to this Application.

**Form Number:** 23-0293 2025-05

## A) Statements of Understanding Related to Medallia Platform:

- \* 1. 1. This Application is hosted on the Medallia platform. TSSS strongly encourages that all Proponents **store a copy of their responses in a separate document**, in the event that there is a technical issue with the Medallia platform and/or your Application. TSSS maintains no responsibility or liability for resources required to re-enter lost information.

☐ I understand

- \* 2. 2. TSSS recommends that you **review the attached PDF** copy of the Application before you begin, to ensure that you have all necessary information.

**Application for Expression of Interest - Specialized Program to Support Clients with Complex Behavioural Needs.pdf**

***Note: You cannot submit your Application via PDF and you must submit via Medallia to be considered eligible.***

☐ I understand

- \* 3. 3. You will **not be able to change your responses** once you have completed your application. If, after completing the Application, you need to make changes to your responses, you will need to create a new Application.

If your organization submits multiple Applications, TSSS will only consider the most recent Application by default, unless you inform TSSS, using your business email and in writing to [TsssEOI@toronto.ca](mailto:TsssEOI@toronto.ca) to consider one of the other Applications instead of the most recent Application.

☐ I understand

- \* 4. 4. If you want to **leave this Medallia survey and continue later**, you must click the **"pause"** button located at the bottom of each page in this Application (for more information, visit here).

If you click the "pause" button, you will be directed to a page that provides you with a custom URL link that will allow you to continue the survey. Ensure to copy this URL link and save it in a separate document BEFORE closing your browser.

If you close your browser or the tab without copying this URL link **you will lose your progress in the survey and all information contained therein. There is no way to recover this information in this case.**

☐ I understand

- \* 5. 5. If you use **the "back" button** in this application, you will be redirected to the previous screen BUT you will lose all information that you entered on the current page and subsequent pages.

☐ I understand

## B) Statements about TGRIP

- \* 6. 6. As part of your application, you are required to create an Organization Profile in City of Toronto's Toronto Grants, Rebates and Incentives Portal (TGRIP).

☐ I understand

**\* 7. 7. TSSS will be evaluating the following components of your organization(s)' Organization Profile on TGRIP:**

- i. **Organization Info**
- ii. **Service Locations**
- iii. **Core Work**
- iv. **Demographics**
- v. **Governance**
- vi. **Documents**

☐ I understand

### **C) Questions About Your Organization**

Please provide the following information regarding your organization. As stated in the Municipal Freedom of Information and Protection of Privacy Act, section 2(2.1) and 2(2.2), information collected on this form/collection/application is considered business identity information. Business identity information could be publicly available and/or disclosed upon request unless an exception applies. Please do not include any personal information in your responses.

**\* 8. 8. Please enter the information for the business contact regarding this Application.**

<input type="text"/>	Name (First, Last)
<input type="text"/>	Position Title:
<input type="text"/>	Business Telephone Number:
<input type="text"/>	Business Email:

**\* 9. 9. Please enter the following information for the organization(s).**

<input type="text"/>	Organization Name:
<input type="text"/>	Legal (Incorporated) Name:
<input type="text"/>	Street Number and Name:
<input type="text"/>	Suite/Unit Number:
<input type="text"/>	City/Town:
<input type="text"/>	Postal Code:

**\* 10. 10. Please enter the information for the lead organization's Executive Director, or equivalent. If joint application, please enter names of all Executive Directors, or equivalent.**

<input type="text"/>	Name (First, Last):
<input type="text"/>	Position Title:
<input type="text"/>	Business Telephone Number:
<input type="text"/>	Business Email:

- \* 11. 11. Confirmation that the lead organization's Executive Director or equivalent has approved the submission of this Application.

☐ Yes, they have approved submission of this Application.

- \* 12. 12. The authorized signing authority is the party or parties who will represent the Proponent in all contractual matters requiring a signature. Please enter the information for the organization's authorized signing authority. Please feel free to skip this section if they are the same individual as the Executive Director, as listed in the previous question.

Name (First, Last):

Position Title:

Business Telephone Number:

Business Email:

## D) Questions on Eligibility for EOI

The questions on this page will further clarify whether you are eligible for this Expression of Interest. Organizations that respond with "No" to any of the following questions will not be considered eligible for this Expression of Interest.

- \* 13. 13. Has your organization been incorporated as a non-profit organization with board approved Audited Financial Statements within the last 23 months?

☐ Yes

☐ No

- \* 14. 13.1 Do you have a trustee? If yes, please name the trustee. For-profit organizations are not eligible to apply or serve as a trustee.

☐ Yes

☐ No

15. If yes, please specify

16. 14. Have you reviewed the TSSS Expression of Interest Guidelines for the Operation of a Specialized Program to Support Clients with Complex Behavioural Needs in its entirety AND do you confirm that your organization can commit to and abide by the service delivery expectations outlined therein, where applicable?

☐ Yes

☐ No

- \* 17. 15. Have you completed an organizational profile in the City of Toronto's Toronto Grants Rebates and Incentives Portal (TGRIP)?

☐ Yes

☐ No

18. 16. In the case of a joint application, whereby more than one organization is submitting a joint Application, please upload: 1) proposed governance and decision-making model must be provided to clarify the relationship between

organizations, and 2) breakdown of roles and responsibilities between the organizations listed as part of the application.

Upload 1

Upload file...

Upload 2

Upload file...

- \* 19. 17. Is the organization listed in your application located in the Toronto conducting primary activities are in person and take place within official boundaries of the City of Toronto?
- ☐ Yes ☐ No
- \* 20. 18. Is your organization currently in good standing with the City of Toronto (e.g. not in substantial default of these terms and conditions of any current or previous agreements, in the opinion of the division head, with any division, organization, board, and/or commission of the City of Toronto)?
- ☐ Yes ☐ No
- \* 21. 19. Does your organization commit to abiding by the expectations outlined in these EOI Guidelines, TSSS Directives, and Toronto Shelter Standards, where applicable?
- ☐ Yes ☐ No
- \* 22. 20. Does your organization commit to a referral process for the intaking of clients that may be limited to City-defined referral pathways, including but not limited to the City's Central Intake, Streets to Homes, Encampment Office, and/or other urgent priorities as directed by TSSS?
- ☐ Yes ☐ No

## E) Questions on Service Experience

If your application consists of more than one organization, please answer all questions with reference to all organization listed in your application.

- \* 23. 21. Please describe your organization's Mission, Vision, and Values. Please include a link to your most recent Annual Report, if applicable.

- \* 24. 22. How many total years of experience does your organization(s) have in delivering any of the following programs/services:

Less than 1 year of experience or no experience	1-2 years of experience	3-4 years of experience	5+ years of experience
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Providing direct services to people experiencing homelessness that reside in shelter or outdoors (e.g. encampments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing direct services to people who live with complex mental health or substance use and addictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing direct services people who have lived experience of incarceration or institutionalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering mental health services, conducting assessments and diagnostics on state of mental health, disability, and/or addictions, providing therapeutic and/or psychiatric interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building organizational capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing training to frontline staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing crisis management, de-escalation practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- \* 25.23. Describe your experience in providing behavioural case management services. Please include information about case management approaches undertaken by your organization, key outcomes/success, targeted populations (e.g. youth, 2SLGBTQ+ people, seniors, etc.), where the case management services were run and which partners, if any, were involved.

- \* 26.24. Describe your experience providing direct service delivery to people experiencing homelessness with complex needs, inclusive of people with histories of violent behaviour in shelter or outdoors who may be experiencing challenges with mental health, substance use and addictions. Describe your organization's approach in supporting these individuals by describing the program(s) delivered, key outcomes/success, targeted populations (e.g. youth, 2SLGBTQ+ people, seniors, etc.).

- \* 27.25. Describe your experience in building capacity, by upskilling, coaching, and training frontline staff to in delivering any of the following: crisis intervention training, de-escalation training, restorative justice intervention model implementation. Please include an approximate number of trainings your organization has delivered, the modalities (e.g. in person, online, hybrid) that trainings were delivered in, the type of frontline staff that were trained (e.g. paramedic workers, shelter workers, etc.), and key outcomes/successes of training programs operated by your organization.

## F) Questions on Proposed Operational Plan

- \* 28.26. The Successful Proponent is expected to provide in person mobile behavioural case management for high support clients, with a recommended case load of 1:10, to assess the individual's clinical needs, work towards stabilization, set and achieve goals related to self-determined progress, and transitioning or maintaining stay in shelter or other care setting.

Please describe how your organization(s) plans to provide mobile behavioural case management approach(es) when working with this client group. Your response should include a proposed service delivery model, which details proposed operational hours, approach to working with clients (e.g. overview of case management planning), approach in working with partners and the shelter site to support the client.

- \* 29.27. The Successful Proponent is expected to provide build capacity of frontline shelter staff, at a select number of shelter sites to be determined by the City of Toronto, on implementing flexible restorative justice intervention models.

Please describe how your organization plans build capacity of frontline shelter staff to learn and implement principles and tools of restorative justice intervention models.

Your response should include details on the number of trainings your plan will deliver, an outline of training contents, the modality of training (e.g. in person, virtual, hybrid), number of training hours expected, how and if train-the-trainer models will be utilized.

- \* 30.28. The Successful Proponent is expected to provide ongoing implementation support to frontline shelter staff on implementing restorative justice intervention models. This means that the Proponent will provide ongoing coaching, and training to shelter staff to implement skills and tactics learned on an ongoing basis and as needed basis. The implementation support will aid shelter staff in applying knowledge learned as part of the training.

Your response should include your proposed plan to provide implementation support, including how you plan to stay accessible to select shelter sites, plan for conducting scheduled check-ins with staff, how you will support staff in debriefing incidents where they utilized restorative justice intervention models, and any other additional supports you propose.

- \* 31.29. The Successful Proponent is expected to onboard staff with specific skills and capacity to support with the successful implementation of the mobile behavioural case management of the program, as defined in the EOI Guidelines section 5.0 Service Delivery Requirements, sub-section c) Program Staff Skills and Capacity.

Please describe how you plan on hiring individuals that meet the aforementioned criteria to deliver the specialized program (e.g. hiring strategies), and your plan to ensure that staff are supported in working with this complex client group.

- \* 32. 30. The Successful Proponent will be required to ensure the accurate collection and maintenance of client records, including client progress, and report on key performance indicators to track outcomes, demonstrate impact, and inform program planning and decision making using the Shelter Management Information System (SMIS) and provide progress and outcome reports to TSSS, on a regular basis, or as requested by TSSS.

Please describe:

- The extent of your organization's experience with SMIS. Please include in your response if members of your organization have received SMIS training or have experience entering information into SMIS. If your organization does not have experience utilizing SMIS, please indicate if your organization is willing to utilize SMIS and undertake SMIS training.
- Any other information management software, or case management software, your organization utilizes in service delivery of other programs delivered by your organization.
- Your experience providing progress and outcome supports to funders.

- \* 33. 31. The Successful Proponent will be required to collaborate with the City of Toronto to implement the specialized program.

Please describe how your organization plans to work with the City in ensuring that the services are provided to clients that meet the eligibility criteria, how you plan on developing and reporting key performance indicators to measure the effectiveness of client's and shelter staff training outcomes and make recommendations to enhance the program model.

## G) Question on Proposed Budget

32. There is up to \$400,000 in funding available for the Specialized Program in 2025. Using the template provided, please provide us with a proposed budget.

[Budget Template.xlsx](#)

- \* 34. Upload your budget.

Upload file...

Thank you for completing your application for the Expression of Interest Specialized Program to



## Support Clients with Complex Behavioural Needs.

The evaluation process may take up to 6 weeks, depending on the volume of Applications, following the Application Deadline. Once the Evaluation Committee has completed their evaluation of all eligible and complete Applications, they will inform all Proponents with complete and eligible Applications of their outcome, regardless of whether they are the Successful Proponent or not. If you have any further questions, please contact [tsssEOI@toronto.ca](mailto:tsssEOI@toronto.ca) using your business email.