

To: Homes First Society Board of Directors
From: Patricia Mueller, HFS Chief Executive Officer
Subject: HFS Client Placement Update
Date: November 30, 2020

Recommendation:

That this report be received for information.

Background:

My past practice has been to provide an annual report on Homes First's client placement strategy and plan that appropriately matches delivery of housing with identified needs of residents.

Comments:

Homes First's client placement strategy was developed after an in-depth review of building features, neighbourhoods, and client needs. Since that time, our strategy has basically represented an evolution in response to changing trends, such as the increased placement of more complex-needs clients at Strachan House.

From time-to-time in the past, the placement strategy has changed in more significant ways. For example, a number of years ago, there was a Board decision for the client placement strategy of the Sheila Miller building to be changed from women who may be fleeing difficult domestic situations to include people, both male and female, who may have mobility issues.

Much of this report remains virtually unchanged from that of past years, as there have been few changes to our client placement strategy in our housing. However, this report reflects updated information regarding client placement throughout our portfolio.

SHELTERS

All Shelters who receive funding from the City of Toronto are required to accept walk-ins and City referrals. Strachan House is a niche shelter, and as such, has limited vacancies, most of which are filled through referrals. The other programs, including the new Covid response hotels, are "basic" shelters, typically serving individuals who become homeless and reside at the shelters until stabilized, and are often rehoused.

The City of Toronto has directed that all shelters must accept clients presenting with pets. We have complied with this directive and have provided training to our staff. We have had a few pets, as well as service animals, at all our shelter sites since implementing our pet policy.

4117 LAWRENCE AVENUE EAST SHELTER:

This is our newest, permanently-funded emergency shelter which opened in the Spring of 2021 near the intersection of Lawrence and Morningside in Scarborough. It serves both men and women who may be singles or in couples. Designed with a capacity of 89, the number of beds was reduced to 55 to increase the space between clients and to meet the City's Covid mandates for social distancing.

As at most traditional shelters, the bulk of the referrals are from the City of Toronto's Central Intake, although as at St. Clair we receive a significant number of walk-ins and self-referrals. In

addition, we receive referrals from police, courts, as well as from respite sites across the City of Toronto including Scarborough.

This program supports its residents through a team of Intensive Case Management Workers, with harm reduction services and primary medical care provided through partnerships.

BATHURST-LAKE SHORE SHELTER:

In April of 2019, Homes First opened a 100-bed co-ed shelter, occupying a floor at a building located at 545 Lake Shore Boulevard West that was also the site of a 200-bed respite run by Fred Victor. When Fred Victor relocated the following month, we took over operation of an additional floor, adding 100 beds, this time for couples. Many of the first clients were transferred from the George Street respite run by Homes First (as it closed in the Spring) or stayed behind when Fred Victor moved. The highest number of the new referrals are from Central Intake. Most residents have either addiction or mental health issues. Inner City Health Associates provides an on-site doctor once a week to address the physical and mental health concerns of the residents.

In December of 2019, the “Lower Level” was opened as a Winter Respite for men, eventually growing to 75 beds. At its peak, with an additional 10 emergency cots, the building had an overall capacity of 285. However, with the arrival of Covid and the subsequent need for bed removal, this has been lowered to just over 150, with approximately 50 per floor.

The three floors are staffed as separate entities, with Supervisors and Community Shelter Workers assigned to each program. With the significant reduction in clients, the two teams of Intensive Case Management Workers embedded in the Shelter as part of the City’s Enhanced Services Model now share responsibility for supporting all three programs. As at Kennedy, this model provides a structure for housing including focused case management and health service integration. In addition, there is a Community Engagement and Client Program Coordinator at this site, with the continuing objective of building relationships with the surrounding neighbourhood businesses, residents, community centres, etc., in addition to implementing programs – recreational, social, educational, and so on – for our clients.

In August 2021, the building’s owners asked that the lower level be cleared of residents to allow for some pre-development work to be completed (such as soil samples), with the goal of returning access in about a month. However, in September we were notified that more work is to come, and that floor will remain off-limits to clients indefinitely.

BETTER LIVING CENTRE RESPITE AND WARMING CENTRE:

In November 2020, the City invited Homes First to operate a Winter Respite out of the Better Living Centre located on the Exhibition Grounds, along with a 50-cot Warming Centre in the same building during Extreme Cold Weather Alerts. The Respite has a capacity of 124 and utilizes plexiglass “pods” which provide a semblance of privacy and are designed to reduce the spread of viruses. Although originally only a winter program, the necessary harm reduction and primary medical supports are provided through partnerships with outside supports, along with a team of Intensive Case Management Workers.

Although intended to run only during a called Extreme Cold Weather Alerts, we were asked on several occasions to keep the Warming Centre part of the building open for extended periods to reduce strain on the system. At no point were clients discharged on to the street; it always uses a “soft close” through referrals to other programs.

Given the ongoing need for beds, in March the City extended this program through to the end of the summer, and then eventually until (at least) March of 2022. And effective November 1st of this year, the Respite will activate an additional 50 pods, bringing capacity to 174. The Warming Centre will also once again operate out of its space for the season.

DELTA HOTEL PROGRAM:

In June of 2020, Homes First was approached by the City as part of their Emergency Covid Response to operate a shelter for single adults and couples at the Delta Hotel in Scarborough, located on Kennedy Road just north of the 401. The hotel is a large complex of meeting spaces, conference halls, and two towers of rooms. The smaller tower of three floors is the location for two youth programs (Kennedy House and Eva's) with both having 25 residents. Homes First was given the larger tower of nearly 280 rooms; with some set aside for offices, it resulted in a capacity of nearly 270.

The City coordinated the first occupants, who came from the encampments that have sprung up throughout the downtown core. The referrals since have come through the Streets to Homes program, mostly meaning individuals who are in tents or "sleeping rough" on the street, in ravines, etc. These clients usually present with significant addictions and or mental illnesses, and as such, wellness checks and harm reduction supports are crucial. Room checks are performed on a regular basis, and residents are encouraged to self-identify as "high risk" if they use opiates so staff are aware to be particularly vigilant.

A team of Intensive Case Management Workers build housing readiness, establish incomes, obtain identification, etc. Inner City Health Associates provides primary medical care through nurses and a Nurse Practitioner on site almost every day, and we have partnered with a local pharmacy to assist in the delivery and administration of medications. In addition, a new role was created specifically for this program – a Supervisor of Harm Reduction and Health Navigation. Their job is to help bridge the gap between outside services – detoxes, clinics, hospitals, and so on – and help establish ongoing supports for vulnerable clients, while building comprehensive case plans tailored to each individual. Mental Health supports are available through the Multi-Disciplinary Outreach Team, and specialized Harm Reduction programs with peers are in place as well.

THE ESPLANADE HOTEL PROGRAM:

In February of 2021, Homes First was approached by the City as part of their Emergency Covid Response to operate a shelter for single adults and couples at the Novotel Hotel, located downtown at 45 The Esplanade. The program has 241 rooms for residents, along with a "ballroom" on the second floor that is used for programming space.

As at the Delta, the City coordinated the first occupants, who came from the encampments that have sprung up throughout the downtown core. The referrals since have come through the Streets to Homes program, mostly individuals who are in tents or "sleeping rough" on the street, in ravines, etc. These clients usually present with significant addictions and or mental illnesses, and as such, wellness checks and harm reduction supports are crucial. Room checks are performed on a regular basis, and residents are encouraged to self-identify as "high risk" if they use opiates so staff are aware to be particularly vigilant.

The staffing and program model is nearly identical to that we developed at the Delta - a team of Intensive Case Management Workers focussing on building housing readiness, establishing incomes,

obtaining identification, etc. Inner City Health Associates provides primary medical care through nurses and a Nurse Practitioner on site almost every day, and we have partnered with a local pharmacy to assist in the delivery and administration of medications. Mental Health supports are available through the Multi-Disciplinary Outreach Team, and specialized Harm Reduction programs with peers are in place as well.

KENNEDY SHELTER:

The Kennedy Shelter opened in December 2016, as a sixty-bed women's emergency shelter. Within two weeks, the Shelter was at capacity and continues to operate at nearly 100% capacity every day. In late 2017, an additional thirty beds were added to the lower level of Kennedy Shelter and these beds were at capacity within a few days, indicating a great demand and need for a women's-only homeless shelter in the Scarborough area. However, as part of the reduction in capacity mandated by the new Covid rules around space and social distancing, the number of beds is currently 47. Almost all of those relocated were given a private room at the Strathcona Hotel.

Most of the women at Kennedy are from the east-end and prefer not to access shelters in the downtown area. Many of the residents at Kennedy Shelter are women who are fleeing domestic violence, abuse, have experienced complex trauma, are coping with addictions issues, and/or have undiagnosed or unrecognized mental health issues. As such, HFS implemented an Intensive Case Management Worker position dedicated to activities and programming which aids the women in their recovery through programs such as pet therapy, gardening, community excursions, and workshops on harm reduction and other life skills.

The majority of referrals come from the City of Toronto's Central Intake, as well as other emergency drop-ins, respites, and City shelters. The partnership with Inner City Health Associates continues, allowing us to provide an on-site doctor once a week to address the physical and mental health concerns of the residents.

As part of our placement strategy, we also have a referral partnership with aboriginal agencies such as Anishnawbe Health to provide shelter beds to homeless aboriginal women in the Scarborough area.

As one of five shelters chosen by the City of Toronto in 2018 to pilot a new service model, Kennedy now has a supervised team of Intensive Case Management Workers along with a Community Engagement and Client Program Coordinator. This new model provides a structure for housing including focused case management and health service integration, while also helping develop a new client assessment tool – "STARRS" – that will soon be used sector-wide.

ST. CLAIR SHELTER:

The St. Clair Shelter is an emergency shelter with a current capacity of 31, serving men and women who may be singles or in couples. The number of beds was reduced through a series of steps taken to increase the space between clients and to meet the new City Covid mandates for social distancing. The majority of the relocated clients went to either the Strathcona Hotel, or "Building B" on the campus of the Willowdale Welcome Centre at 5800 Yonge Street.

Before HFS began managing this shelter, it primarily served temporarily homeless working people and still includes many. HFS has broadened this shelter's mandate to ensure that it is in keeping with Toronto Shelter Standards, specifically, ensuring access for individuals who are lesbian, gay, bisexual, transsexual, and/or who have mental health issues and/or who are refugees.

Many of the St. Clair Shelter's population are employed or are actively seeking employment. Often, once the St. Clair Shelter's residents have stabilized, they move on. Consequently, the St. Clair Shelter has a higher turnover rate.

The bulk of the referrals for the St. Clair Shelter are from the City of Toronto's Central Intake, and we receive a significant number of walk-ins and self-referrals (people who know present residents, or who have stayed there in the past). In addition, we receive referrals from police, courts, as well as from respite sites across the City of Toronto including Scarborough.

STRACHAN HOUSE:

The population mix at Strachan House is adults who have a history of homelessness and are considered "the hardest to house" with severe mental health and/or addiction issues, and who have difficulty securing and maintaining housing and are very street-involved. In the past two years, the "hardest to house" at Strachan is often meaning people with very complex mental health and concurrent addiction issues, and their support needs are vastly greater than in previous years.

As a result of system necessity, Strachan House has undergone an evolution in its placement strategy as it is increasingly looked to by the City of Toronto, CAMH, and all major hospitals within the City, as the only program willing to, and capable of, housing clients with the most extreme complex issues and difficult needs.

Strachan House receives referrals for individuals with extensive histories of homelessness, institutionalization, or street-life that would benefit from a tolerant, congregate living environment. Strachan currently receives the bulk of its referrals from hospital outpatient support teams (i.e. ACT teams), including CAMH, University Health Network, St. Michael's Hospital, etc.

Strachan House continues to provide housing for residents of our other shelter sites who are identified as able to move on to housing, but still require 24-hour, intensive supports.

The partnership with Streets to Homes continues, where a designated unit is allocated to a high-needs client that has difficulty maintaining in the City shelter setting. Many of the individuals who are referred have physical health, mental health and/or substance use issues. The goal is to engage these clients and get them off the street and into a shelter room where we can begin working with them and connecting them to the supports they need and, eventually, moving them into a permanent unit within Strachan House.

The increased complexity of client issues have resulted in more complex case management involving many branches such as the criminal justice system, Canada Revenue Agency, Ontario Disability Support Program, Ontario Works Program, Residential Tenancy Act, Landlord & Tenant Board, physicians, psychiatrists, and external support agencies.

Because clients' needs have vastly increased, we have developed programs in response. Many Strachan House tenants have complex mental health issues or unresolved trauma which leads to hoarding issues. They also have fewer life skills regarding housekeeping. The development of internal holistic programs and increased internal supports work towards significantly reducing barriers to obtaining and maintaining housing at Strachan House. For example, the Food Program, the Housekeeping, Hoarding, & Pest Control Program, as well as the commercial laundry facilities, and in-house primary health care. Additionally, we have funding for an in house personal support worker and an Intensive Case Management Worker. The success of these programs has allowed us

to remove previously existing barriers resulting in the increased ability to house individuals with the most complex issues in the City.

STRATHCONA HOTEL (INCLUDING SAVARDS):

In April 2020, as a response to the need for social distancing and the immediate reduction in dorm capacity, the Savards program was relocated to the Strathcona Hotel Program at 60 York Street. The hotel is part of the City's Emergency Covid Response, and the approximately 200 bed site is divided between Homes First and Dixon Hall, with our capacity being 107.

The population mix at Savards was made up of 30 single adult women with an emphasis on those with histories of long-term homelessness and mental health issues. The residents of Savards were usually women with: extreme mental health issues; concurrent disorders (mental health and addiction issues); moderate developmental delays and addiction issues; moderate developmental delays and mental health issues; and/or undiagnosed/untreated mental health issues. Of the 29 Savards Shelter at the time the Strathcona Hotel Program began, 19 were relocated to the hotel, the 10 remaining were relocated to other shelters.

The other rooms of the hotel were initially filled by clients of the Kennedy and St. Clair Shelters when those Shelters' capacities were reduced. In those situations, a placement strategy was utilized as residents were selected based on their ability to thrive in a private space (with their own bathroom) and not be adversely affected by increase social isolation or be high-risk for overdose or self-harm.

Strathcona has in its first few months of operation been a very stable program with little turnover. The City has given us flexibility to change rooms from a "single" to a "double" to allow for couples, which in turn maximizes occupancy. The few rooms that come available are filled by existing Homes First clients from our other shelters, by identifying those that could benefit from their own room.

The Housing Help and Life Skills Workers that came to the hotel from Savards now work with all the clients within the program. There is still a focus on obtaining housing, although that process has been severely curtailed by the ongoing pandemic. However, building the foundations for housing readiness, such as obtaining identification, securing/maintaining an income, accessing medical supports, etc. is still a key part of their work.

Although visits from outside supports have also been cut back significantly, a nurse, funded through the LHINs, is on-site five days a week to meet with residents.

WILLOWDALE WELCOME CENTRE:

In November 2019, Homes First was asked by the City to operate a refugee/newcomer shelter for 200 single adults (120 women, 80 men) out of the former North York Hydro campus at 5800 Yonge Street. This was done to help alleviate the pressure on the "traditional" shelter system which has seen an influx of newcomers with much different needs. A team of Intensive Case Management Workers with specific knowledge and experience in this area were put in place, and several partnerships were arranged with organizations (such as Red Cross First Contact) that focus on settlement services. Primary health care is provided by Inner City Health Associates.

The referrals for this program were arranged through a process coordinated by the City, where homeless individuals who have applied or are preparing to apply for refugee status were relocated

to the Welcome Centre. This system was of course affected significantly by the pandemic and the shutting of the borders, eventually meaning the end to referrals from this population.

In April of 2020, the second building on the campus – “Building B” added beds in response to a request from the City to help support adult singles displaced from other shelters as part of their need to reduce beds because of Covid. Capacity eventually reached 79, with space for 47 men and 32 women. Most of these individuals came from respites, with a few from St. Clair, and a significant percentage have addiction and/or mental health issues. Referrals were originally coordinated through the City, with busses arriving at regular intervals over the first few days. Since then intakes come in through either Central Intake or other shelters.

With the ongoing border closure, the main “Building A” became a 125 bed (90 men, 35 women) program for traditional shelter users. In the Fall of 2021, “Building B” was utilized as a 50-bed Warming Centre. As at the Better Living Centre, although intended to run only during an Extreme Cold Weather Alert, we were asked on several occasions to keep the Warming Centre open for extended periods to reduce strain on the shelter system. At no point were clients discharged on to the street; it always used a “soft close” through referrals to other programs.

HOUSING

All individuals housed by HFS must meet basic eligibility criteria as noted in the HFS Decision Making Matrix:

1. Those who have demonstrated an inability to obtain/maintain housing elsewhere.
2. Must be 18 years or older.
3. Individuals able to live independently or with special supportive programs provided in partnership with Homes First.
4. Must have or be pursuing or be willing to pursue a source of income when moving into housing (i.e., social benefits).
5. Non-predatory.
6. Those with diagnosed/undiagnosed mental illness/addiction issues.
7. Individuals that may be isolated or marginalized or displaced or who have inadequate life skills.

Our general waiting list is made up of referrals from a variety of sources, including:

- Anishnawbe Health Toronto
- Toronto Western Hospital
- St. Joseph Hospital
- CAMH
- Church groups
- City of Toronto
- COTA Health
- Good Neighbours Club
- North Support Services Multi-Disciplinary Access to Care and Housing (MATCH)
- Other shelters
- Regent Park Community Health Centre
- St. Michael’s Hospital
- Sojourn House
- Streets to Homes
- Walk-ins (from word of mouth)

There are other agencies that refer individuals to specific housing options, which will be noted on a site-by-site basis.

HFS also has a mechanism for internal transfer which enables us to support residents with changing needs.

The Social Housing Reform Act mandates that our process prioritizes intake and internal transfers for any vacancy as follows: individuals fleeing violence, homelessness, and the over-housed (i.e., one person living in a two-bedroom unit). Of course, placement also takes into consideration site suitability.

HOUSING OWNED BY HFS

BELLEVUE:

Bellevue has 28 bachelor and one-bedroom units housing single men and women. Residents deal with issues of mental health, physical challenges, and addictions.

Traditionally, Bellevue has been a low-turnover building and we have used it primarily within our internal transfer process for people seeking to move from our shelters and those seeking to move away from shared accommodation.

Our placement strategy is to house people at Bellevue who have some mental health issues whose needs are met by accommodating them in a small, close-knit community.

Bellevue is located in the Kensington Market area, which is an eclectic neighbourhood. The location of Bellevue in Kensington Market continues to provide the opportunity to be involved in the Kensington Solstice Parade. An annual community celebration in December, the parade has music, costumes, performances, and a public parade of lanterns. Winter 2020 would be the seventh year of residents and staff from several Homes First sites creating lanterns, decorating the building, and participating in the parade; however, we do not yet know if the Solstice Parade will be taking place this year. Additionally, in the summer, the site usually plays host to a multi-site barbeque held in the old-fashioned lawn and garden, unfortunately due to Covid, this event was cancelled in 2020.

HURON:

Huron has shared accommodation for ten single men with histories of homelessness and dealing with issues of mental health and addictions.

Individuals from our general waiting list are interviewed, and then matched with Huron based on their ability and desire to live in a small-group setting.

MEEGWETCH:

Meegwetch is a complex consisting of townhouses and an apartment building. 14 families are housed in two-, three-, and four-bedroom townhouses. Fifty single adults and single parent families who have experienced the effects of poverty, addictions, and/or mental/physical health issues are housed in bachelor, one-, and two-bedroom apartments.

Meegwetch Apartment Building:

Traditionally, Meegwetch has been a low-turnover building and we have used it within our internal transfer process for people seeking to move primarily from Shuter and our shelters; our placement strategy for Meegwetch is to continue to do so in concert with the referrals from the CAMH program.

Through our funded partnership with CAMH, 15 individuals are supported in an integrated approach. These individuals were previously hospitalized in the CAMH Schizophrenia Program.

Meegwetch Townhouses:

The client placement strategy for the townhouses is contingent on the size of the townhouse.

The two-bedroom townhouses (and occasionally, three-bedroom townhouses) may be used for internal transfers for expanding families or family reunification who previously lived in a one-bedroom unit.

Vacancies within our three- and four-bedroom townhouses are primarily filled from our waiting list which, as described earlier, is filled from referrals from agencies across Toronto, as well as walk-ins. Additionally, the Children's Aid Society refers clients specifically to Meegwetch.

PLEASANT MANOR:

Pleasant Manor contains 16 self-contained bachelors and one-bedroom units for single men and women who have had significant histories of homelessness. Many of the residents of Pleasant Manor were previously residents of StreetCity. Individuals at this building deal with various issues such as addiction and/or mental health.

Pleasant Manor has a very low turnover rate, and as noted above, it originally housed people from StreetCity. We have, and will continue to, use Pleasant Manor for internal transfer for people who have an extensive history of living in shelters and/or living on the street.

SHEILA MILLER:

The Sheila Miller building is comprised of 22 bachelor and one-bedroom units. When HFS took over the Sheila Miller building, the population that the building was intended to serve was women fleeing domestic abuse. Over time, the nature of the population has changed in that the women currently living there are no longer in crisis and cannot be considered the hardest to house.

Early in 2011, the Board approved making a change to this building's client placement strategy through attrition. This building is well-suited to the needs of other populations which are truly the hardest to house, such as mobility challenged people with other issues (e.g. alcoholism, mental health, behavioural); through attrition, the approved placement strategy for Sheila Miller is to house men or women with such challenges, primarily through our internal waiting list.

SHUTER:

Shuter provides shared accommodation for 77 older, single men and women in 17 four- or five-bedroom apartments. Individuals deal with a variety of issues, including addiction, alcoholism, mental health, and aging. The majority are significantly street involved.

Shuter has a partnership with CAMH and Pilot Place for 18 units for individuals previously hospitalized with schizophrenia. This partnership works well for the clients; however, there are some challenges due to the differing measures of success for the partners.

Our client placement strategy for Shuter is to continue to receive referrals from agencies that often deal with middle-aged and older clients, such as: Seaton House, hospital discharge planners (most often St. Michael's Hospital), shelters, Streets-to-Homes, Street Haven, and Regent Park Community Health Centre.

The partnership with Inner City Health and St. Elizabeth's, the "Journey Home Hospice" has been a great success, operating at capacity serving individuals who are living on the streets or in shelters who require palliative care. The program hospice has been expanded to 14 units.

VAUGHAN:

Vaughan contains twenty-nine units, one- and two-bedroom apartments housing single adults, single-parent families, and couples. Some individuals have stabilized and, if other housing were available, would be better served by moving on. In fact, we have been successful with helping many individuals do so.

Vaughan vacancies are mainly filled by internal transfers and COTA Health, although they have also been filled through our waiting list.

Through attrition, Homes First continues to increase the diversity of the residents of this building, yet recognizing that the building is very suitable for small families.

WALES:

Wales is comprised of five units (one bachelor, three one-bedrooms, and a two-bedroom unit) housing single men and women who are considered victims of torture and are from foreign countries.

HFS client placement strategy for Wales is to continue to accept referrals from the Canadian Centre for Victims of Torture, Amnesty International, and other agencies that assist immigrants from troubled countries.

HOUSING MANAGED BY HFS

BRANDON & NORTHCOTE:

These sites are two houses with, collectively, eleven individual private rooms with shared kitchens/bathrooms, that houses single males.

As a result of an increase in need for males between 40 and 60 and inadequate funding for these two buildings our placement strategy is to accept older clients who are slightly higher functioning and ideally have other support workers that can work collaboratively with us to maintain housing.

JARVIS:

Jarvis House provides shared accommodation for 24 middle-aged and older men in six apartments, primarily referred by Seaton House. These individuals are generally not currently street involved, but have lengthy histories of homelessness as well as addictions and/or mental health issues.

SPADINA HOUSES:

140 Spadina accommodates seven single men, most of whom have addiction issues. 164 Spadina is comprised of six units that currently houses high-functioning single women.

Historically, HFS has always referred to the Spadina Houses (140 and 164 Spadina) as “managed properties”, when in fact we rent them from the City of Toronto Facilities and Real Estate Division and receive no property subsidy. Because HFS does not receive any Social Housing or other type of funding for these properties, it is not constrained by any funding requirements, which gives HFS flexibility in long-term planning for housing different/diverse population groups.

In the short- and mid-term, HFS will continue to place individuals at these sites who match the current population.

In the long-term, because of potential for flexibility for these sites, we may consider using these buildings for a different population. For example, early in 2011, these two buildings were considered by Toronto Central LHIN for dry-house/harm-reduction housing models.