Toronto Housing and Homelessness Service System Planning Forum
February 9, 2022

Regrets: Housing Secretariat, Mark Aston, Covenant House Toronto and Co-Chair

Date and time: Feb 9, 2022; 10:00am – 12:00pm
Join Zoom Meeting
https://us02web.zoom.us/j/81556361347

Change to the agenda:
- Item 2 (Shelter System Flow Data) and 4 (SSHA updates) were combined

1. Welcome and Land Acknowledgement
Ashleigh Dalton, co-Chair, welcomed everyone to the Forum
Mark Aston, co-Chair, sends regrets for today's meeting

Savhanna Joy from TAEH shared background and teachings of the Two Row Wampum and the Dish with One Spoon Wampum, and invited the participants at the forum to reflect on the roles we have in the work we do and challenge ourselves to act in alignment and keeping in mind the teachings of these wampum.

Ashleigh also shared information about some of the events taking place as a part of Black History Month to celebrate and honour Black excellence.

2. Toronto's Shelter System Flow Data – review of current data dashboard
Laural Raine, Directed, Service Planning and Integrity, SSHA
Stephanie Malcher, Manager, Coordinated Access, Service Planning and Integrity, SSHA

SSHA Data Updates
- Number of outbreaks in shelter have come down dramatically over the past few days
- Peak in mid-January at just over 50 sites in outbreak, now today down to 10
- Total shelter system capacity over the past 4-5 years to 2017
    - The number of families really dropped in refugee and newcomer shelters over the course of the pandemic
    - At the same time, the singles sector programs have increased capacity
    - Current capacity is up to over 6300 spaces which is the highest it's been

Shelter system flow data
- This data supports measurement of progress toward achieving vision of homelessness being rare, brief and non-recurring
- Provides better of understand of who is experiencing homelessness
- Included in the data
    - Those who have been experiencing homelessness in the shelter system in the last 3 months
    - Work is underway to include those sleeping exclusively outdoors
- 6 key data points
    - Inflow:

1. Actively experiencing homelessness (e.g. used the shelter system in the last 3 months
2. Those newly identified (never previously stayed in the shelter system)
3. Those returning form permanent housing
4. Those have returned to the shelter system

- Outflow:
  5. Those who moved to permanent housing
  6. Those with no recent shelter use (i.e. in past 3 months)

- To assess the concept of homelessness being "rare", look at the
  - number of people newly identified as homeless
- To assess the concept of homelessness being "brief", look at
  - number of people who moved to permanent housing
  - number of people experiencing chronic homelessness (ideally going down, but we do see it trending up)
  - number of people experiencing permanent homelessness who moved to permanent housing (ideally going up)
    - Note that this why it is critical that discharges to permanent housing are accurately recorded in SMIS
- To assess the concept of homelessness being "Non-recurring", look at
  - number of people returning from permanent housing (ideally going down)

- Steph provided a brief demo of the dashboard
  - Shows the monthly data
  - Can also examine historical trends
- Steph noted some key issues in the data up to the end of 2021
  - In Q4 of 2021, saw an increase of over 30% in those who are considered "newly identified" (accessing the shelter system for the first time)
  - Starting to see an increase again in the refugee population, since about August of 2021, as borders open and international movement resumes.
  - Saw a significant increase in the number of people experiencing chronic homelessness.

- Housing outcomes data from 2021
  - Rapid Rehousing initiative – moving into TCHC with low to moderate follow up support, prioritization based = 512 people
  - PATHS – supportive housing, prioritization based = 499 people
  - Housing Allowance – subsidy for private market rental, referral based = 877
  - Overall total 1888 (includes those not part of the above 3 programs)
  - Majority of those moved to permanent housing are considered to have been chronically homeless, small amount are not within certain priority groups (e.g. youth prioritized even if not considered chronically homeless)
  - Also shared demographic profile

Discussion

- How can people experiencing hidden homelessness or those in unsafe, substandard housing, be brought into the system to access these types of housing programs and supports described?

    - The experience of hidden homeless is not reflected in the data we have about homelessness and how to capture that information has been a challenge, which makes it harder to identify how to support this population
    - There is some work happening federally to look at how to include hidden homelessness in our understanding of homelessness
    - There are resources available such as housing help centre where people can access these resources

- Does the data have a way to identify those that have secured permanent housing but still move in and out of shelter for a variety of reasons, including issues related to safety and support needs
    - Have been able to flag individuals who were matched with a follow up worker when they moved into housing, so they can be reconnected with them and this has led to the follow-up support being able to identify issues causing their return to shelter and support to address the issues
    - Difficult to capture in the data, very nuanced issue

- Concern raised that rapid rehousing is not serving the population that really needs it – supposed to be helping those experiencing chronic homelessness but referrals need to be low to medium support, is that really serving the right people, i.e. those with the longest experience of chronic homelessness
    - Data for Rapid Rehousing does show very low number of people with less than 6 months, but also low for those with longer term homelessness
    - This program is showing to be better for those in the 6 months the 12-24 months experience of homelessness, while the PATHS program serves better those with longer term homelessness and higher support needs
    - Noted that the Rapid Rehousing should be built with the addition of more intensive follow-up supports in order to leverage the model and the spaces available in TCHC to truly serve those with the greatest need, they are the clients we're really targeting

- Is there a way to track the reason for not being able to maintain housing for those coming back from permanent housing?
    - People are asked at intake why they're seeking shelter
    - This is something that could be looked at with the data we have and some of the assessment tools that are being developed and the matching processes and tools that got people into certain programs and units
    - Noted that it is not always that something that went wrong, it may just take people a few times to really become stabilized in permanent housing

3. Understanding the hospital discharge process for people experiencing homelessness

Dr. Jesse Jenkinson, MAP Centre for Urban Health Solutions

Doctoral thesis looked at the issue of failed or inadequate hospital discharge of people experiencing homelessness

- Discharge occurs when people are considered to no longer need acute care
- Set out to explain and understand what was happening in the transition from hospital to community

- Qualitative study – interviewed hospital staff, shelter staff, key informants

Key issues emerging in findings

- Hospital experience:
    - pressured to meet provincial metrics and targets, forced to move people out when they didn't have appropriate place for discharge
    - no time to address social determinants of health to support discharge
    - limited knowledge and understanding of shelter spaces and options
- Shelter experience:
    - Receiving people needing a level of care and support that they can't provide;
    - Sometimes rejecting discharges because they can't provide level of care
    - Feeling there are often inappropriate expectations of the hospitals
- For patients
    - Concept of individual choice really buried, people have no choice or options for what they need
- Knowledge sharing between hospital and shelter
    - Shelter workers excluded from patient circle of care unless explicit consent is provided
    - Patient is expected to manage their information and discharge plan and details, despite not having secure and appropriate mechanism to store and handle health records, discharge plans and materials
    - Found that some relationships developed between hospitals and shelters that supported better discharge planning and care coordination, but only in some cases, no systematic way for this to be supported

- Overall
    - Barriers to public systems lead to:
        - Inadequate access to post-discharge care and social services
        - Barriers to accessing shelter space
    - Silos and gaps lead to:
        - Inadequate service integration between health care and social service sectors
        - Poor cross-sectoral knowledge and information sharing, lack of clarity of who is responsible for ensuring someone’s care and safety
    - The end result is a failed transition to community

Impact of the Covid-19 pandemic

- Has created new challenges
- Some coming to simply hospitals because they can't find shelter space and need a safe and warm space, warming centres at capacity
- Positive learning: the opening of shelter hotels means that people have private space where they can recover with privacy, room can be arranged to support people's needs; important opportunity to build on this learning

Program Example: St. Michael's Navigator Program

- Counsellors engage with patients in hospital who are identified as homeless to plan discharge and work with the post-discharge to support follow-up care

- Advantage: They are hospital employees, they have access to client health information, can follow-up, work with shelter staff
- Study underway to evaluate the program

Program Example: Good Shepherd, Hamilton

- 10 bed intensive supports program, can stay up to 6 weeks
- To get into the program, patients don't need to have a discharge destination for when the 6 weeks is done, that's actually the goal of the program
- Caveat: Lack of affordable housing has been a challenge to actually achieve the goal of getting people securely housed through program

Summary

- Hospital discharge for unhoused patients is complex
- Formalized and systematized relationships between hospital and shelters to improve continuity of care and communication are needed
- Also need to interim facilities and a focus on improving continuity of care
- Also need affordable housing!

Discussion

- Noted that this is such important research
- Could the research be expanded to look at the outcomes of people who were inappropriately discharge, for example it often is the case that people are discharged on the weekend or at night and the community providers don't even know, the outcome may be death, injury, rehospitalisation
    - Where relationships have been built between some hospitals and shelters this is one of the issues that has been addressed, e.g. agreement is made that they won't discharge on a Friday or after 4 pm
    - May need to look at developing clinical guidelines for this
- Important to underline the value of the shelter hotels as having potential to be part of the solution of this issue, we need to take the opportunity acknowledge what we can learn from this research and the shelter hotels
- The OHTs in the Downtown East is trying work on this within the emergency departments and the drop-ins – would be good to learn from this work too
    - 5 workgroups in the DTE OHT working on related issues
    - One group is focused on drop-ins, looking at how the OHT can build in support at some of the drop-ins based on what is needed

4. SSHA Items and Updates – Updates shared as part of item 1

5. Housing Secretariat Updates – Regrets sent by Housing Secretariat

6. TAEH Items and Updates

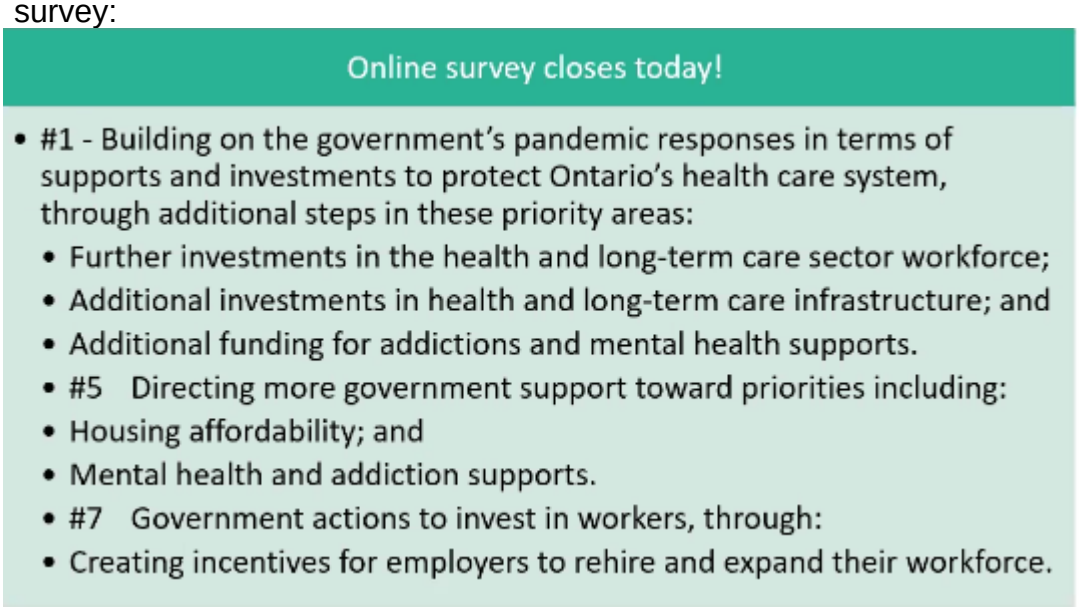
Kira Heineck, Executive Director, TAEH

- Shared key messages for pre-budget process in Ontario and Toronto

Key Messages: Ontario Budget

Survey the provide input is open until Feb 10th

- Funding support services and rent supplements in new affordable housing this now being developed
- Sustain existing supportive housing via increased rent supplement and a market-based formula
- Sustain mental health services, emergency shelters, VAW shelters and supportive housing through competitive salaries
- Provide portable rent subsidies to house people are homeless, people being discharged and to free up units in supportive housing
- Expand the MCCSS Youth in Transition Worker funding to help end youth homelessness
- Support and implement the Toronto Supportive Housing Growth Plan
- Additional key messages to respond to specific questions in the consultation survey:



Key Messages: City of Toronto

Send an email to your councillor before Friday February 11th, particularly if they're on the Executive Committee

- Fund support services and rent supplement in new affordable housing that is now being developed, and in private rental units for people experiencing homelessness
- Sustain emergency shelter and supportive housing providers through adequate salaries
- Support implementation of the Toronto Supportive Housing Growth Plan

7. Emerging Issues/Priorities

Kira Heineck, Executive Lead, TAEH

TAEH Conducted an environmental scan to get input on items for upcoming meetings

- Majority support how things have gone with meeting move to online
- Feedback on how the forum is meeting its mandate
    - Providing support during pandemic
    - Bringing people together, information sharing between presenters and attendants
    - Topics are good and helpful

    - Accessible in virtual format
- Missing the opportunity to network
- More time for cross sector understanding to be built following SSHA updates
- TAEH needs more capacity to convene projects and research
- Objectives of the forum not clear and how they align with or overlap with objectives of other groups
- Alignment with Principles
    - Being client centred – half indicated that is not being achieved
    - Foster trust and collaboration – half sitting around the middle, suggests we can do better
    - Champion collaborative discussions and multiple views – most indicated we're doing ok (7 to 8 on scale of one to 10)
- Feedback on the Scope of the Forum
    - Responses positive but indicate we can do better
    - The fact the meetings with the city are happening is a good thing
- Priorities for future meeting agendas
    - Deeper dive into anti-racism, anti-oppression, Truth and Reconciliation
    - Transitioning emergency housing funding to permanent housing
    - Build capacity for sector to build stock, partner on projects and truly invest in housing across the City
    - Safety and security in buildings
    - Data, decision making, shared experiences; Data strategy
    - Rent Café challenges
        - Hierarchy of disenfranchisement
        - First have a community discussion, then present the challenges to the city staff so they can come present to address and problem solve around the issues
    - Look at programs from elsewhere to explore options to create housing – Eg the Thrive Program in Calgary, converting vacant office buildings
    - Senior's housing
- Frequency of Meetings
    - 0% said they want to meet less
    - 83% want to continue with month meetings
- Returning to in person meetings
    - Most very or somewhat comfortable
- Participation
    - 2/3 indicate they attend almost every meeting
    - They other 1/3 attend about half of the meetings

8. Other business/close

Ashleigh closed the meeting at noon.