

**THE COMMUNITY - HOSPITAL HOMELESS HEALTH EDUCATION AND
LEARNING SERIES (C-HEAL) PRESENTS:**

Shelter Intake, Drop-In and 24 Hour Respite

Sharon Campbell
Manager, Central
Intake
City of Toronto

Milton Barrera
Manager, Women's
Residence Portfolio
City of Toronto

Jamie Facciolo
Director of Housing and
Shelters
Homes First

Sherry Hayes
Senior Manager
Women's 24 Hour
Drop-In,
Fred Victor Centre

Agenda

- **Intro to Homelessness in Toronto**, Jamie Facciolo & Sherry Hayes (15 mins.)
- **Central Intake**, Sharon Campbell (10 mins.)
- **Medical Intake**, Milton Barrera (15 mins.)
- **Homes First**, Jamie Facciolo (10 mins.)
- **Fred Victor Centre - Shelter, 24 Hour Respite and Drop-ins**, Sherry Hayes (10 mins.)
- **Q & A** (30 mins.)

Objective

- To build understanding of the shelter, drop-in and 24 hour respite system.
- To build knowledge on how to access and navigate shelter, drop-in and 24 hour respite services effectively for patients and clients.

Homelessness in Toronto

Jamie Facciolo & Sherry Hayes

Homelessness

- Homelessness is a complex, urgent and growing issue in Toronto. There are approximately 8,700 people in Toronto who are homeless, many more are experiencing “hidden homelessness”, and thousands of others are on the waitlist for supportive housing.
- The chronically homeless, those who are homeless for six months or more within the past year, are the hardest to help as they are often also dealing with other issues such as addiction and mental health. A person of no fixed address faces major barriers to finding a primary physician, social support, or keeping in touch with family.
- Toronto has a shortage of affordable and supportive housing. Many homeless rely on temporary shelters, emergency services, or a friend’s hospitality. Others live “rough” in the city’s parks, ravines, and alleys.

Definitions

- **Emergency Shelters:**

A homeless shelter program that can be accessed by any individual or family experiencing homelessness with or without a referral .

- **Transitional Shelters:**

A homeless shelter program that provides required specialized programming and can be accessed by eligible individuals and families experiencing homelessness by referral only.

Toronto Homeless Help Website (this site lists program locations)

<https://www.toronto.ca/community-people/housing-shelter/homeless-help/>

Definitions

- **Drop-In:**

Provide daytime locations which include a range of services which may include food, showers, laundry facilities, health services, information and referrals and social and recreational activities. Services are provided in a welcoming safe and non stigmatizing environment. Operate year round.

- **24 Hour Respite:**

Provides essential services to individuals experiencing homelessness in an environment that prioritizes ease of access to safe indoor space. Services provided include resting spaces meals and services referrals.

(Glossary 2019)

Definitions

- **Low barrier:**

(As per the 24-HR Respite Standards)

- Low barrier services include **24-HR Respite and Drop-Ins** which are “allied shelter services” where service users who are vulnerable and who may not access shelters can receive services in a less structured environment.
- The provision of essential services to individuals experiencing homelessness including cots, meals and service referrals in an environment that prioritizes ease of access to safe indoor space
- Low barrier services are less structured compared to shelters (i.e., people don’t have to register to receive services).

Common health issues amongst population using the Shelter, 24 Hour Respite, Drop-in system:

- Wounds, chronic illnesses, acute infections, rashes, lice, scabies
- Mobility and age related health issues (elderly)
- Mental health issues (diagnosed and undiagnosed)
- Substance-use issues
- Pregnancy (women who are using substances with no proper care)
- Neglected health care, people who are new to the country without status or people facing extreme poverty
- Multiple health conditions

Statistics

- On any given day, over 8,700 people in Toronto are experiencing homelessness. For every 10,000 people in Toronto, 30 are homeless.
- In 2018, nearly half of Toronto's homeless population reported being homeless for over 6 months, which makes them chronically homeless.
- Over half of Toronto's homeless population live with a mental health or physical illness. Over 30 percent of Toronto's homeless live with a mental health issue, and over 25 percent live with an addiction.
- 94 percent of those experiencing homelessness in Toronto want permanent housing, but face barriers in securing it. 80 percent said they need more affordable housing options.
- In the past 10 years, average market rent for a one-bedroom has increased by 33 percent. In that same time, Ontario Works shelter benefits have increased by only 10 percent.

Financial Cost of Homelessness

Cost of Homelessness:

\$87,000 - \$161,000

Estimated annual cost for one person experiencing homelessness (*Costs of services for homeless people with mental illness in 5 Canadian cities: a large prospective follow-up study, 2017*)

235,000

Estimated number of people who are homeless in Canada annually (*The State of Homelessness in Canada, 2016*)

8,715

Estimated homeless population in Toronto (*Toronto Street Needs Assessment, 2018*)

8%

Percentage of Canadians over 15 who have experienced hidden homelessness – defined as without homes of their own and relying on friends or family for shelter – in their lifetime (*Hidden Homelessness in Canada, 2016*)

Average Monthly Costs



Provincial Hospital Bed: **\$13,950**
The Globe and Mail, 2015



Provincial Jail Cell: **\$9,420**
Global News, 2018



Shelter Bed at Homes First's Strachan House: **\$2,129**



Social Housing Unit with Homes First: **\$1,545**

**"For the highest-need users, the housing-first model costs \$22,257, while the cost for those with more moderate needs is \$14,177 per year."
*(The Globe and Mail, 2017)***

Central Intake, Shelter, Support and Housing (SSHA), City of Toronto

Sharon Campbell

City of Toronto's Shelter, Support and Housing Administration Division

- SSHA helps low-income and vulnerable residents find and keep permanent housing by investing in, and coordinating, a range of housing and homelessness services and supports.

What We (SSHA) Do

- Provide more than 7,000 emergency and transitional shelter beds in 65 locations and through motel programs mostly used by families
- Oversee the operation of 55 shelters funded by community agencies and directly operate 10 shelter programs
- Directly provide street outreach through the Streets to Homes (S2H) Program
- Fund and oversee community agencies that support services such as employment support, winter 24 hour respite, and housing stability services
- Provide funding and oversight of social housing in Toronto which includes direct management of access to subsidized housing through the Centralized Waiting List

Why We Do It

- SSHA contributes to healthy communities by ensuring that people have a range of shelter and affordable housing options by providing temporary shelter and 24-hour respite services for individuals and families experiencing or at risk of homelessness, services that help people find and keep housing and permanent housing solutions.

2018 SSHA Outcomes

SHELTER, SUPPORT, HOUSING & ADMINISTRATION



25,800

people provided with a safe,
indoor, overnight space



8,300

people moved from
shelter to permanent
housing

Central Intake Program Mandate



Goal: Provides a **24/7 telephone based service** that offers **referrals to emergency shelter** and other overnight accommodation, as well as **information** about other housing stability services

Purpose: Ensures people experiencing homelessness who request emergency accommodation **over the phone** have access to **timely, accurate** information about available services, the **first time, every time**

Central Intake Role

Refers callers experiencing homelessness to **available temporary emergency accommodation**:

- Complete an assessment of caller needs
- Provide caller with referral to available City (managed/administered) shelter and 24 hour respite services
- Provide caller with connection to other appropriate temporary accommodation
- Providing information to callers about **housing stability services**
- Offering callers information and connections to services that provide homelessness prevention and diversion
- Provide callers with connection to homelessness prevention and shelter diversion services

Over the Phone Services provided by SSHA

- Shelter Referrals (Singles, Families, 24-Hour Drop-Ins, 24-Hour Respite)
- Telephone Intake
- Comprehensive Homelessness Prevention / Shelter Diversion
- Liaise & Advocate with Housing Providers, OW/ODSP, Health Care Providers, etc.
- Specialized Services for Women & Children Fleeing Abuse and Newcomers to Canada

Considerations when calling Central Intake

Callers being discharged from a Hospital must be able to perform the following:

- Activities of Daily Living (bathing, feeding, toileting, changing of clothes, etc.)
- Can Transfer to bed
- Can live independently in the shelter

Guidelines to Support Discharges from Hospital to Shelters

- Contact with the site where the person is being referred to
- Formal discharge plan/process to share information with sector agencies
- Not all shelters offer health services or are able to care for people who are ill
- Not all sites are fully accessible
- People share bedrooms in most shelters in Toronto. No privacy or the ability to heal properly
- No health services on weekends or after business hours

Medical Intake for Women's Residence at SSHA, City of Toronto

Milton Barrera

Purpose of Medical Intake Process

- Women's Residence is a City operated shelter with a 121 beds
- To determine the needs of the individual, their medical history, physical and mental state and any additional requirements.
- To ensure appropriate supports are put in place to meet the needs of the individual being admitted into the shelter environment from a health care facility.
- To determine: can the individual manage their health care needs?

History of Medical Intake at Women's Residence

- Need for smooth discharge to shelter
- Need for transition plans
- To ensure staff have capacity and skill to support follow-up
- To understand and plan around potential impact to operations
- To prevent the “ping pong” effect (ED, Shelter)
- To consider ability of client to manage their own health care vs. sole focus on “disabilities”

Shelter Standards and 24 Hour Respite Standards

- Toronto Shelter Standards and Toronto 24 Hour Respite Standards include components on providing services to clients with health needs. *These apply to all sites that are funded by the City of Toronto.*

Toronto Shelter Standards

- **Section 10.2 – Health and Mental Health Services**

Shelter providers will support clients who seek to address their health and mental health care needs. At a minimum, shelter providers will:

- Assist clients with finding appropriate support services and make referrals when a shelter cannot provide the requested health and mental health services.

Toronto Shelter & 24 Hour Respite Standards

- **Section 8.2 Referrals (Shelters)***

When referring a client with health issues to another shelter, shelter staff will first communicate the health needs of the client to the receiving shelter, with consent from the client, to ensure that the receiving shelter is able to accommodate the client prior to executing the referral.

- **Section 6.2 Referrals (24 Hour Respites)***

When referring a client with health issues to another program, program staff will first obtain client consent to communicate any health needs to the receiving 24-Hour Respite Site, shelter or program, and then will ensure that the receiving location is able to accommodate the client prior to executing the referral.

* Note that clients can be transferred within the shelter and 24 hour respite settings once discharged from hospital

Toronto Shelter Standards

- **Section 11.1 – Health Standards**

If a client appears ill or has an illness that presents a health risk to other clients, shelter providers will *encourage* the client to seek medical treatment and where possible to facilitate referrals to community medical resources in a manner that complies with the requirements of section 8.2 Referrals.

- **Section 9.1 Health Standards**

If a client or staff appear ill or has an illness that presents a health risk to other clients/staff, Providers will encourage the client/staff to seek medical treatment.

Pre-Assessment

Determine if 'medical intake' is required through initial conversation with referring source, for example:

- (i) Is the person being referred from a healthcare facility?
- (ii) How long has client been in health-care facility?
- (iii) Can individual manage on their activities of daily living (ADLs)?
- (iv) Can individual transfer on their own (i.e. mobility device to bed, washroom, etc...)?
- (v) Existence of a Mental Health Issue – client/referral sourced are asked if there is a MH history

Medical Assessment

Takes into consideration:

- Level of care needed
- Supports and services needed
- Need for appropriate and effective negotiation with shelters
- To set date and time of admission to align with operations
- To determine the best location for the person

- Note: Medical intake can take place in person or over the phone or in a case conference

Homes First Society

Jamie Facciolo



About Homes First Society

- Homes First has been providing supportive housing and shelter for over 35 years to all populations, with a focus on the chronically homeless, people with complex mental health and addictions issues, and seniors.
- Homes First Society's Mission: "To provide affordable, stable housing, and support services to break the cycle of homelessness for people with the fewest housing options."

About Homes First Society

- At present, Homes First operates 19 buildings – including 5 shelters serving over 400 men and women, as well as 14 buildings with varying levels of support – providing homes for more than 450 men, women, and children.
- In addition, we have operated seasonal 24 hour respite services which have included 345 George Street and the CNE grounds.
- We have inherently operated under what is now termed the “Housing First” model. We believe that housing is the keystone to stabilization.
- Our housing varies from shelters to shared accommodation to self-contained units to townhomes.
- Our shelters are accessed through Central Intake, walk-ins, self-referrals. Our Supportive Housing is done through direct application with Homes First. We manage our own Waitlists. We are not part of Housing Connections Central Waitlist.

Homes First Society Programs and Supports

- Rooming House Project – Dixon Hall and Ecuhome
- Journey Home Hospice – St. Elizabeth and ICHA
- Follow-Up Supports Program
- Case Management – Intensive Case Management Worker
- Hoarding Intervention
- Life Skills
- Harm Reduction Programs
- 24 hour Respite

Features of a successful transition from Hospital to Shelter

- Communication between hospital discharge planners and shelter staff (pre and post discharge)
- Collaboration various stakeholders
- Case conference, required services set-up prior to discharge
- Coordinated time for discharge

Fred Victor Centre

Sherry Hayes

Fred Victor Centre (FVC)

- Fred Victor is a not-for-profit, multi-service community-based organization committed to ending homelessness. We have been in existence for the past 125+ years.
- We operate 20 locations across Toronto; we support 2,000+ people every day; we serve 70,000+ meals every year; in 2018, we housed 497 people; provided mental health case management to 1,215; provided employment support for 1,000+ people.
- Our mission: To improve the **health, income and housing stability** of people experiencing poverty and homelessness. Our vision: Healthy and thriving communities where **every person has a home** and access to opportunity.

FVC Housing and Health Services

Housing

- Affordable Housing
- Family Housing
- Transitional Housing
- Transitional Shelters
- Emergency Shelters
- 24 Hour Respite Centre

Health

- Health Information and Community Services
- Community Mental Health and Outreach Services
- Specialized Support Programs
- Supervised Consumption Services

FVC Shelters, Drop-ins, 24 Hour Respite Services

- Access to one-on-one support/crisis management/counselling
- Housing First services (enhanced case management and housing access support, including follow up)
- Programming, meals, ID clinics, access to income supports
- Harm reduction services (supplies/counselling)
- Access to Street Health nursing clinics; CAMH (Shared Care)
- Assessment of mental and physical health, financial situation, housing goals, recreational and vocational needs
- Concurrent Disorders support services (FV is the lead agency for referral network)
- Geriatric case manager services (transitional shelter)

Key Contacts

Jamie Facciolo (pronouns: He/Him)
Director of Housing and Shelters
Homes First
Toronto, ON
416-395-0981

jamie.facciolo@homesfirst.on.ca

www.homesfirst.on.ca

Sylvia Braithwaite
Director, Shelters, Women's 24-HR DI
and Respite Services
416.482.4103 Ext 313

sbraithwaite@fredvictor.org

www.fredvictor.org

Sharon Campbell, Manager – Central
Intake
City of Toronto, Shelter, Support &
Housing Administration
Homelessness Initiatives & Prevention
Services Unit

416.397.7315

sharon.campbell@toronto.ca

www.toronto.ca/housing

Milton Barrera, CHRL
Manager, Women's Residence Portfolio
Homelessness Initiatives and
Prevention Services (HIPS)
Shelter Support and Housing
Administration, City of Toronto
416-392-8747

milton.barrera@toronto.ca

<http://insideto.toronto.ca/ssha>