Attachment 1

Emergency Shelter Services: More Than Just A Bed

December 2005
A Report of The Emergency Hostel Task Force

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When you feel you have no where to go
When you're on the streets and have no home
Pauline's Place will welcome you with a smile
They offer you help, a place to rest for a while.

A nice warm bed, with home cooked meals
You'll feel accepted, helped and safe.
They will help you get on your feet
You won't believe the friends you'll meet.

Without a doubt a great place to be,
Helping hand attached to the very one you meet.
Pauline's Place, a warm place to be
So come on in, and discover what I see.

Ashley, a former emergency shelter resident

Executive Summary

The delivery and funding of emergency shelter services has been the subject of much discussion in Ontario's communities in recent years as the demand for such services has increased in response to the scarcity of permanent, affordable housing and appropriate support services. At the same time, the needs of emergency shelter residents have become more complex in the wake of federal and provincial funding reductions and policy decisions.

The Ontario Municipal Social Services Association (OMSSA) established the Emergency Shelter Task Force to respond to these concerns and to address the fact that the current maximum per diem is inadequate to address the administrative, operating and capital costs incurred by shelters in the provision of a range of personal support services necessary to respond to the needs of emergency shelter residents.

The Task Force used a variety of methods to inform the development of a proposed service delivery model and proposed immediate and long-term funding models. A comprehensive survey was designed and distributed to the 47 Consolidated Municipal Service Managers (CMSMs), provincial and municipal research reports and studies were reviewed, and input was received from OMSSA and Ontario Association of Hostels delegates at the September 2005 Homelessness Learning Forum.

The service delivery model that is proposed is based on a vision and set of principles that would see emergency shelter services recognized as an integral part of the housing continuum and the broad spectrum of human services. The service delivery model would also make personal support services, consisting of basic services and access to case management services, routinely available to all emergency shelter residents across Ontario.

The Task Force found that the model presently used to fund emergency shelters is inherently problematic for a variety of reasons including:

- The current maximum per diem rate established by the Ministry of Community and Social Services (MCSS) for cost-sharing purposes is inadequate to fund the required services
- The per diem is based on occupancy and thus fails to take into account fixed operational costs
- Anecdotal evidence suggests that in some instances the occupancy-based per diem may serve as a disincentive to 'move' shelter residents to other accommodation in the community

This has meant that services to shelter residents have been constrained and/or that CMSMs have found it necessary to provide 100% municipal dollars and/or have had to utilize other revenue sources to sustain the emergency shelter system in their communities.

Seven funding principles are proposed to guide the development of a long-term funding model that would base fund 75% to 80% of eligible expenditures. Through the adoption of such a funding model, the fixed administrative, operating and capital costs of providing emergency shelter services would be acknowledged thus permitting shelter staff to focus their energies on ensuring that shelter residents receive the individual personal support services they require to achieve positive, measurable outcomes.

Until such time as a provincial/municipal working group is able to establish a long-term funding model, it is proposed that the maximum cost-shared per diem be immediately increased to $85.95 for shelters with fewer than twenty beds, to $68.80 for shelters with between 20 and 49 beds, and to $54.50 for shelters with 50 or more beds. It is further recommended that 100% of the cost of the increased per diem be borne by the Government of Ontario.

OMSSA therefore makes the following recommendations with respect to a proposed service delivery model and proposed immediate and long-term funding models:

Recommendation 1:

As a means of renewing the dialogue between all orders of government and providers of emergency shelter services, OMSSA recommends that the following definition, vision, and principles be adopted to guide the delivery of emergency shelter services.

Definition
Emergency shelter services provide people experiencing homelessness with personal support services consisting of basic services and access to case management services.

Vision Statement
Emergency shelter services, that are responsive to the local needs of individuals and families experiencing homelessness, are adequately funded and available in communities across Ontario.

Service Delivery Principles
1. Emergency shelter services are planned and delivered in collaboration with community stakeholders as a means of strengthening the service system
2. Emergency shelter residents are ensured access to a range of personal support services to enable them to achieve positive, measurable outcomes
3. The needs of emergency shelter residents and the community's priorities are responded to in a proactive, accountable fashion
4. Emergency shelter services are available as close to an individual's home community as possible
5. Emergency shelter services are accessible, inclusive and respectful of individual circumstances

Recommendation 2:

OMSSA recommends that a new service delivery model for emergency shelter services acknowledge that:
- Emergency shelters are an integral part of the continuum of housing services
- Emergency shelters are part of the broader spectrum of human services
- Personal support services, consisting of basic services and access to case management services, become routinely available at all emergency shelters

Recommendation 3:

As a mean of renewing the dialogue between all orders of government and providers of emergency shelter services, OMSSA recommends that a new emergency shelter funding framework incorporate the following principles and key elements:

Principle	Key Element
Principle 1: Recognizes the strategic value of investing in social infrastructure that builds and sustains healthy communities	- The funding of emergency shelter services is a shared responsibility between all orders of government and between local providers of emergency hostel services - Emergency shelters are a key component of the housing continuum
Principle 2: Ensures all shelter residents have access to necessary personal support services to achieve their desired, measurable outcomes	- Emergency shelters and the broader service system are appropriately funded to provide residents with necessary personal support services to achieve their desired, measurable outcomes
Principle 3: Reflects a sustainable municipal financial formula and ensures municipal contributions are negotiated with the Government of Ontario within the context of other municipal financial obligations	- On a province-wide basis, municipal contributions reflect the ability of the local tax base to fund the services necessary to support residents of emergency shelters
Principle 4: Adequately funds the costs associated with the CMSM service system management function	- CMSMs, as local service system managers, are effective in their ability to integrate emergency shelter services within the homelessness portfolio and within the continuum of housing programs and service
Principle 5: Recognizes fixed operating, administrative and capital costs	- Fixed operating and administrative costs (such as rent/mortgage, utilities, property taxes, contributions to capital reserves, repairs and renovations, minor capital) are funded independent of occupancy rates - Inflationary costs are recognized - Economies of scale issues are addressed - Capital costs are recognized as a legitimate cost of sustaining an emergency shelter
Principle 6: Effectively and efficiently supports service delivery expectations, requirements and standards	- Broad parameters are established by the Province and CMSMs are provided with the authority and flexibility to determine local expectations, requirements and standards - Appropriately funded local expectations, requirements and standards are in place for all emergency shelters
Principle 7: Recognizes that homelessness is not synonymous with social assistance eligibility	- All individuals and families who are residents of emergency shelters have access to accommodation, food and necessary personal support services regardless of their social assistance eligibility
Principle 8: Is easily administered	- The emergency shelter system has legislative and accountability processes in place - Adequate funding is available for the resources to support improved administrative processes and information and data management

Recommendation 4:

OMSSA recommends the establishment of a provincial/municipal working group to develop a funding model, based on the identified funding principles and service delivery model, which base funds 75% to 80% of eligible expenditures. As part of the development process, it is further recommended that consideration be given to defining eligible expenditures, discussing cost-sharing arrangements, identifying service outcomes and the proportion of funding to be based on such outcomes, and establishing the percentage of revenue to be contributed by emergency shelters.

Recommendation 5:

OMSSA recommends that the maximum cost-shared per diem be immediately increased to $85.95 for shelters with fewer than 20 beds, to $68.80 for shelters with between 20 and 49 beds, and to $54.50 for shelters with 50 or more beds and that 100% of the cost of the increased per diem be borne by the Government of Ontario.

1.0 The Emergency Shelter Task Force

The Ontario Municipal Social Services Association (OMSSA) is the collective voice of social and community services staff at the local level in Ontario. OMSSA's members are the Consolidated Municipal Services Managers (CMSMs)[1] – the arm of municipal governments in Ontario that plan, manage, fund and deliver a range of social and community services. As a not-for-profit organization, OMSSA works to enhance the capacity of its members to plan, manage and deliver quality human services in the areas of children's services, homelessness, social housing and social assistance.

In response to growing pressures in the emergency shelter system, the Board of Directors of OMSSA established the Emergency Shelter Task Force in November 2004 to develop one or more service delivery models and resultant funding models to ensure an adequate and safe emergency shelter system in response to community need. To this end, the Task Force was asked, among other things, to identify the range of emergency shelter services provided and the costs associated with the provision of such services.

The Task Force consisted of nineteen representatives from fourteen small, large, urban, rural and northern CMSMs as well as a representative from the Ontario Association of Hostels and from the Ministry of Community and Social Services (MCSS).

2.0 Context

Legislative Authority

Emergency hostel services are defined in the *Ontario Works Act* as a discretionary service which provides board, lodging and personal needs to homeless persons on a short-term or infrequent basis. The *Act* further states that those CMSMs who choose to make such services available may do so directly or may contract with operators (typically non-profit organizations, voluntary associations or faith groups) to provide such services.

The Ministry of Community and Social Services provides per diem funding to operate emergency shelters[2] in an 80/20 cost-sharing arrangement with CMSMs. The Ministry-established maximum per diem rate is uniform across the province. MCSS funding is provided for an unlimited number of beds, subject only to the cap on the per diem amount. Should a CMSM elect to pay a higher per diem amount, it may do so but must assume full financial responsibility for that cost which is in excess of the provincial maximum. Most recently, the maximum provincial per diem was raised from $38.00 to $39.15 effective July 1, 2004 although CMSMs were not required to share in the cost of this three-percent increase until January 1, 2005.

Because emergency shelter operators are required to provide the equivalent of $3.80 per day in personal needs items and/or money to each resident in addition to board and lodging, the *Act*

[1] For the purposes of this report, the term 'CMSM' will be assumed to include District Social Service Administration Boards. Appendix A includes the definition of these and other terms used throughout this report.
[2] For the purposes of this report, the term 'emergency shelter' should be assumed to be synonymous with the term 'emergency hostel'.

permits a Personal Needs Allowance of up to $3.80 per day to be issued in addition to the per diem.

Apart from outlining these funding mechanisms, no standards, guidelines, licensing criteria or performance expectations have been established by the Government of Ontario for CMSMs to follow in the operation of or purchase of emergency shelter services.

Historical Context

Since the 1980's the emergency shelter system has grown and the face of shelter residents has changed. The growth in the shelter system has been attributed to many factors – changes in the global economy and the nature of work, reductions to health and social services programs, policies related to de-institutionalization, and a lack of permanent affordable housing. As a result, women, children, youth, and families have now joined transient men as residents of emergency shelters.

A number of studies[3] have been conducted or commissioned by MCSS to inform provincial policy with respect to emergency shelters – the *Domiciliary and Emergency Hostel Review* (1992), the *Hostels Accountability Project* (1994), the *Provincial Task Force on Homelessness* (1998), and the *Homelessness Compliance Review* (2005).

As a result of the deliberations of the *Provincial Task Force on Homelessness*, the Government of Ontario designated CMSMs the local service system managers for homeless initiatives and introduced the Provincial Homelessness Initiative Fund (funded entirely by the Province). Shortly thereafter, the Emergency Hostel Redirection Program and the Off the Street Into Shelter Fund (both cost-shared by the Province and CMSMs on an 80/20 basis) were included in the homeless portfolio managed by CMSMs. In early 2001, two programs administered and funded 100% by the Province – the Community Partners Program and the Supports to Daily Living Program – were transferred to CMSMs.

Effective January 1, 2005 the five provincially funded initiatives named above were consolidated into one program administered by CMSMs. While CMSMs directly deliver some of the programs and services funded under these initiatives, the majority are provided by community-based organizations and agencies. The Provincial-Municipal Social Services Consultation Group, through its Consolidated Homelessness Task Force, continues to explore ways and means of further consolidating these homelessness programs. While at the present time, emergency shelters are outside of the consolidation initiative, it is hoped that they will be considered in future discussions.

In 1999, the Government of Canada became actively involved in addressing homelessness through the announcement of the National Homelessness Initiative – a three-year initiative designed "to help ensure community access to programs, services and support for alleviating homelessness in communities located in all provinces and territories". The initiative was renewed for an additional three years, and has recently been extended until March 31, 2007 to further support communities in implementing measures that assist homeless individuals and families in achieving and maintaining self-sufficiency. Under this initiative, a number of CMSMs

[3] Appendix B contains an annotated bibliography of several of these studies as well as several studies and research reports conducted by various CMSMs.

have been assigned the role of 'community entity' for the Supporting Communities Partnership Initiative (SCPI) and the role of 'community coordinator' for the Homeless Individual and Family Information System (HIFIS).

3.0 Methodology

To assist with fulfilling its mandate, the Emergency Shelter Task Force developed a comprehensive survey to solicit information from Ontario's 47 CMSMs on the provision of emergency shelter services[4] in their respective communities. Following the pre-testing of the survey in two communities, the survey[5] was revised and forwarded to the remaining CMSMs in April 2005. As indicated in Table 1, responses were received from 35 of the 47 CMSMs resulting in a response rate of 74 percent.

Table 1 – Profile of Survey Respondents

	Less than 50,000	50,001-100,000	100,001 – 200,000	200,001 – 500,000	500,001 – 1,000,000	More than 1,000,000	TOTAL
Central East		2 of 2	1 of 1	1 of 1	2 of 2		6 of 6
Central West	0 of 1		1 of 1	2 of 2	1 of 1		4 of 5
Hamilton-Niagara			2 of 2	2 of 2			4 of 4
South West		2 of 6	2 of 2	1 of 2			5 of 10
South East		2 of 3	2 of 2				4 of 5
Eastern		1 of 2	1 of 1		1 of 1		3 of 4
North East	1 of 3	1 of 2					2 of 5
Northern	3 of 4	1 of 1	2 of 2				6 of 7
Toronto						1 of 1	1 of 1
TOTAL	4 of 8	9 of 16	11 of 11	6 of 7	4 of 4	1 of 1	35 of 47

Note: **CMSMs were assigned to a population grouping based on their 2004 population as reported by the Association of Municipal Clerks and Treasurers of Ontario.**

In many instances CMSMs solicited the input of emergency shelter operators, and of other organizations and agencies involved in the provision of emergency shelter services, in the preparation of their responses to some or all of the questions contained in the survey.

CMSMs were asked to respond to the questions posed and information requested based on their 2004 calendar year experience. Where necessary, it was requested that statistical and financial information be extrapolated to ensure that the 2004 calendar year, as opposed to the fiscal year, was consistently used in the reporting of responses.

Limitations

Several limitations in the findings must be noted.

- Only 54 percent of those CMSMs with a population of less than 100,000 responded to the survey. It is not known whether this response rate is reflective of the limited

[4] For the purposes of the survey, emergency shelters were defined as those shelters directly operated and/or 'purchased' by the CMSM. Violence Against Women shelters and Out of the Cold shelters were only included if a per diem was payable by the CMSM under a purchase of service agreement.
[5] Appendix C contains the final version of the CMSM survey.

availability of emergency shelter services, the amount of effort required to respond to the survey or some other combination of factors. Regardless of the reasons, the comments made throughout this report pertaining to communities of this size may not be reflective of all those communities fitting this description.

- Detailed expenditure and revenue information was not provided for all emergency shelters. In some cases the level of financial detail requested in the survey is not routinely required by the CMSM as a condition of the purchase of service agreement it may hold with the emergency shelter. In other instances, emergency shelters may not differentiate between the expenditures and revenues associated with the provision of administration and management functions, basic services, case management and other services.

- Many emergency shelters operate as a program of a larger multi-service agency and as such, operating and capital budgets may not be prepared on the basis of functional allocations.

- In some instances, funding provided by a CMSM for per diems, Personal Needs Allowances and/or for the use of motels/hotels is combined within a municipal expenditure report and as such, is not readily distinguishable.

To account for these limitations, statistical information has for the most part, been presented in the form of averages, medians, and ranges. As the intent of the survey was to demonstrate similarities and differences, as opposed to compare costs across CMSMs, individual CMSMs have not been specifically identified except where warranted[6]. Instead, figures have been grouped either by the population of CMSMs, by the primary residents served by emergency shelters and/or by the size of emergency shelters.

Despite these statistical limitations, the knowledge gained through the survey responses has served to paint a current profile of emergency shelter services upon which to develop evidence-based recommendations.

4.0 Profile of Emergency Accommodation Options

While the focus of this report is on emergency shelter services, in many communities across the province, CMSMs also fund similar or comparable services for those individuals and families temporarily residing in motels/hotels, accessing seasonal programs, and/or for those who are living 'on the streets'. For this reason, profiles of these emergency accommodation options are also presented to provide a more complete picture of services available to individuals and families experiencing homelessness.

Emergency Shelters

Based on the survey responses, approximately 88% (139 shelters) of all emergency shelter services in Ontario are purchased from non-profit community agencies and organizations while the remaining 12% (19 shelter programs) are directly operated by four CMSMs. On any given

[6] Given the size of the emergency shelter system in the City of Toronto, information pertaining to those shelters situated in Toronto has been presented separately in many instances so as not to skew the findings.

day, some 6,965 emergency shelter beds are available throughout the province, 60% of which are located in the City of Toronto.
Each of these 158 shelters is unique in the type of residents it serves, the number of beds in the shelter, its occupancy rate, length of stay policy, and median[7] length of stay. While the *Compendium of Survey Results* found in Appendix D and contains more detailed descriptions of these characteristics, the following highlights are offered.

- 28% of emergency shelters target adult men; 22% specifically serve youth; 20% are targeted towards women with or without children; 16% shelter a mixed resident population; 10% are geared specifically for families; and 4% serve unique resident populations (newcomers, single men in recovery, women in conflict with the law, or individuals with mental health issues).

- The majority of emergency shelter beds (2,719) are targeted to adult men; 835 beds are available specifically for youth; 834 beds are earmarked for adult women with and without children; 1,128 beds serve a mixed resident population; 1,400 beds are dedicated to families; and 49 beds are dedicated to unique resident populations.

- The median size of shelters varies by the type of residents served. For instance, outside of the City of Toronto, shelters serving youth and those serving adult women with and without children have a median of 20 beds; those serving a mixed resident population have a median of 34 beds; those serving men have a median of 49 beds; and those serving families have a median of 80 beds.

- With the exception of those shelters specifically intended for families, shelters in the City of Toronto tend to be larger than those located in the remainder of the province.

- During 2004, the median occupancy rate of all shelters was approximately 80%. The median occupancy rate is highest for those shelters specifically serving adult men (96%), followed by those with a mixed resident population (91%), those serving adult women with and without children (90%), those serving families (87%) and those specifically serving youth (79%).

- Length of stay policies for shelters vary significantly throughout the province – from less than 14 days to policies based on individual circumstances. Shelters for adult men tend to have the shortest length of stay policies and also the shortest median length of stay.

- In approximately half of the CMSMs, the length of stay policy is consistent for all those shelters operating within a community. In the other half of CMSMs, length of stay policies vary by the type of shelter (i.e. a youth shelter may have a different length of stay policy than a shelter serving adult men).

[7] The 'median' is defined as the middle point in a frequency distribution as compared to the 'average' which is calculated by adding the numbers in a set and dividing by the total number of members in the set.

Those CMSMs participating in the Ontario Municipal CAO's Benchmarking Initiative (OMBI) have suggested that the following factors influence the length of stay of emergency shelter residents:

- *The availability of transitional and/or supported living or housing*
- *The availability of supplemental supports and services within the shelter and/or within the community to promote movement*
- *The severity and complexity of the resident's condition or situation*
- *The total number of beds available in the local emergency shelter system*
- *Political support and local ability to develop and fund shelter spaces*
- *The availability of provincial funding*
- *Seasonal variations*

In all instances, staff employed by the emergency shelter or by its host agency are responsible for the provision of services to meet basic needs (e.g. accommodation, meals/snacks, intake and basic supervision) of emergency shelter residents. Further, in over 75% of shelters, emergency shelter staff, alone or in combination with another service provider(s), ensure the provision of the following services:[8]

- Assistance to obtain financial benefits, identification and clothing
- Referrals to resources and services provided by other community agencies
- Advocacy on behalf of residents
- Access to showers and laundry facilities
- Resources to obtain housing
- Transportation assistance

The information provided by survey respondents reveals that a significant financial investment took place in 2004 towards the operation of emergency shelters.

- The cost-shared per diem paid to emergency shelters was in excess of $74.5 million (municipal 20% share of $14.9 million).

- Six CMSMs chose to top-up the cost-shared per diem with 100% municipal dollars – a figure that amounted to $44.2 million.

- Nine CMSMs reported that they also channeled $1.3 million in other dollars available to them to emergency shelters. This funding was made available through the Off the Street Into Shelter Fund, Ontario Works, Community Partners Program, Provincial Homelessness Initiative Fund, Community Placement Reinvestment Fund, Emergency Hostel Redirection Fund and through municipal in-kind contributions.

Motels and Hotels

With one exception, all of the respondents indicated that they utilized motels and hotels as emergency accommodation albeit to varying degrees. For eight[9] of the 35 CMSMs who

[8] The *Compendium of Survey Results* offers additional detail on the range of 'personal support services' provided and on the associated percentage of those who provide such services.

[9] Seven of these CMSMs had a population of 100,000 or less and one CMSM had a population between 100,001 to 200,000.

responded to the survey, motels and hotels were the only option available to individuals and families in need of emergency accommodation during 2004. The other 26 CMSMs used motels and hotels when existing shelters were unable to accommodate the individual or family. For instance, motels and hotels were said to be utilized when existing shelters were at their maximum capacity or when appropriate shelter accommodation was lacking (e.g. the absence of a family shelter, when an individual requiring shelter had a communicable disease or when parole stipulations prevented an individual from staying at an emergency shelter).

In many instances, CMSMs have delegated authority to community organizations, agencies or services such as the Salvation Army, Canadian Mental Health Association, emergency response personnel, service clubs, or to emergency shelters to place individuals and families in motels and hotels.

During 2004 in excess of 6,600 adults and children were housed in motels and hotels for a total of over 300,000 bed nights. These figures do not take into account 600 residents in one community who were sheltered in motels and hotels for 25,000 bed nights as a result of a large apartment building fire – a phenomenon that is becoming more common.

While the availability of motels and hotels has provided many communities with the flexibility to respond to the need for emergency accommodation, the nature and level of the services received by motel and hotel residents varies. In some communities, outreach workers, Ontario Works staff and/or emergency shelter staff assist those sheltered in motels and hotels to meet their basic needs (food, clothing, transportation, identification, financial resources), make referrals to community agencies and professionals, provide assistance in obtaining housing, and offer case management support. In many other communities, few services are provided to temporary motel and hotel residents apart from accommodation and food.

During 2004, CMSMs paid in excess of $2.5 million[10] on behalf of individuals and families temporarily residing in motels and hotels. Approximately 62% of CMSMs funded some or all of these payments through the Ontario Works program[11], 22% used the Provincial Homelessness Initiative Fund, nine percent contributed 100% municipal funding, and six percent used a portion of their Community Placement Enhancement Fund.

Seasonal Programs

The seasonal programs (e.g. Out of the Cold) that existed in eleven CMSMs in 2004 tended to be operated on a volunteer basis by faith-based groups who provide overnight accommodation and at least one hot meal per day. In some instances additional meals, outreach services and/or a drop-in centre were also available on-site. Programs typically operated between November and March and were open between three and seven nights per week.

During 2004, in excess of 32,000 bed nights were provided by seasonal programs located within the City of Toronto with an additional 32,000 bed nights being provided in the remaining ten

[10] This figure is a modest estimate as it does not include the City of Toronto nor does it include ten other CMSMs of varying sizes who were unable to extract this information from their financial databases.

[11] In some instances, CMSMs pay the motel or hotel the emergency shelter per diem rate while in other instances, motel and hotel residents directly receive Ontario Works based on their accommodation costs at the motel or hotel. Based on the information provided by the survey respondents, it is not possible to differentiate between these methods of payment.

CMSMs. The survey results suggest that seasonal programs are non-existent in CMSMs with a population of less than 100,000. In contrast, seasonal programs were operational in approximately half of the CMSMs with a population over 100,001.

Support services available for those individuals and families accessing seasonal programs tend to vary by program. In addition to the provision of a bed, hot meal, and fellowship, several programs were able to provide information and referral to community-based programs and services. Where the seasonal program was offered as an adjunct to an existing program[12], access to a wider range of support services (e.g. assistance in obtaining housing, job search, message boards, health-related clinics) was more broadly available.

All eleven CMSMs reported that they contributed to the operation of the seasonal programs located in their respective community – a contribution that collectively amounted to more than $1.5 million. The Provincial Homelessness Initiative Fund was used in six instances as the source of funding and Ontario Works dollars were used by two CMSMs. Three CMSMs indicated that they funded their contribution in whole or in part through the Community Placement Enhancement Fund, the Supporting Communities Partnership Fund or through 100% municipal dollars.

While seasonal programs are known to address service gaps in many communities, some CMSMs have expressed concern about the possible health and security risks that are apparent in many such programs. These risks tend to have arisen because of the primarily volunteer nature of 'staff' and as a result of the lack of standards or municipal by-laws in place to guide such programs.

On the Street

In excess of 70% of the survey respondents indicated that homeless persons who are not residing in shelters or motels/hotels have access to some level of emergency support services. For the most part, such services focus on addressing basic needs (e.g. food, clothing and shelter[13]), engaging in personal support and advocacy, and providing referrals to existing community resources. In a few instances, CMSMs fund 'outreach programs' through provincial and/or federal homelessness initiatives while in a greater number of instances, emergency shelters and some community agencies provide outreach programs as an extension of those services provided to temporarily or permanently housed community residents.

5.0 Profile of Emergency Shelter Residents

> *The faces of homeless people are individual but the factors that led to their situation are usually a combination of individual and societal failures. A common and compelling characteristic of homeless people is that they are unconnected to personal support services.*
>
> *Report of the Provincial Task Force on Homelessness (1998)*

[12] Examples of 'existing programs' that operate 'seasonal programs' include housing help centres, drop-in centres, and emergency shelters that use other space within their facility when 'extreme weather alerts' are issued.

[13] Individuals living on the street may be provided with a referral and/or transportation to an emergency shelter or should they choose to remain on the street, with a sleeping bag or blankets.

In some communities, emergency shelters have operated for up to 100 years. However, in other communities, emergency shelters have been established in response to the emerging inadequacies of other service systems. Firstly, funding reductions by senior levels of government have left many individuals and families with limited funds to secure and maintain safe, affordable housing. For example, the 1993 and 1995 withdrawal of federal and provincial funding respectively for new social housing, the 21.6% reduction in social assistance benefits in 1995, and the 1998 elimination of rent controls in vacant private rental units have all contributed to the inability of many individuals and families to secure and maintain permanent housing.

Other federal and provincial policy decisions have also had an adverse impact upon recent immigrants, those individuals who struggle with mental health and/or addiction challenges, and those individuals and families on limited or fixed incomes. For example, the lack of recognition of foreign credentials, the closure of psychiatric hospitals and facilities for the developmentally challenged, inadequate discharge planning from correctional facilities, waiting lists for community-based supports, and grossly inadequate social assistance rates have also contributed to the overall growth in emergency shelter use. In essence, therefore, "differences in the policies and funding approaches among and within [provincial] ministries have contributed to fragmented approaches at the local level."[14]

As a result, a typical homeless person is no longer a single, alcoholic, or transient adult male. Rather, children, youth, women, and families represent an ever-increasing proportion of the shelter population. More and more often, emergency shelter residents can be characterized as having a complex set of needs as described in Table 2. As evidenced in Table 2, regardless of the profile of shelter residents, several characteristics are common – mental health challenges; substance abuse; poor/limited social skills; and no, fixed or low income.

Table 2 – Most Frequently Cited Resident Characteristics By Shelter Type (in decreasing order of frequency)

Youth	Adult Men	Adult Women (with or without children)	Families	Mixed Resident Population
- No income - Poor/limited social skills - Mental health & substance abuse - Substance abuse - Discharged from correctional facility	- Mental health - Mental health & substance abuse - Transient - Poor/limited social skills - Substance abuse	- Mental health - Fixed income - Substance abuse - Mental health & substance abuse - Eviction	- Eviction - Newcomer to community - Poor/limited social skills - Refugee / recent immigrant - Mental health	- Fixed income - Mental health - Substance abuse - Poor/limited social skills - No income

Homelessness also knows no cultural boundaries. For example, refugees and recent immigrants were identified as frequent users of emergency shelter services in four large urban centres. In addition, three northern communities, one community in the Central East and three large urban centres also reported an increase in the number of First Nations people accessing emergency shelter services.

[14] Report of the Provincial Task Force on Homelessness. Ministry of Community and Social Services (October 1998).

The 1998 *Report of the Provincial Task Force on Homelessness* noted that the profile of homeless people in Ontario includes five key groups: single adults with drug and alcohol dependencies, post-release offenders, people suffering from mental illness, homeless families, and young people including street youth with children.
In the years since the *Report* was published, CMSMs and the emergency shelters, who responded to the survey have noted the following changes in their communities in the profile of emergency shelter residents[15]:

- 63% cited an increase in mental health issues
- 42% cited an increase in substance abuse and addictions
- 38% saw more residents with multiple barriers
- 38% reported more residents on fixed or low incomes (including the working poor and the marginally employed)
- 29% reported an increase in the number of youth, particularly youth aged 16 and 17
- 25% reported an increase in the number of residents who were unable to maintain housing
- 21% cited an increase in the number of families and children
- 21% noted an increase in the number of chronic or repeat users
- 17% saw an increase in the number of individuals who had been discharged from a correctional facility
- 17% experienced no change in the profile of residents

Many of these changes, and the factors that have contributed to them, are described in detail in the various municipal reports referenced in the Annotated Bibliography.

The Face of Emergency Shelter Residents:
- *A 40 year old male addict who has been in and out of treatment programs*
- *A young family who has exhausted its Employment Insurance and has no prospects of gainful employment*
- *A woman with a severe personality disorder not on medication evicted from a mental health hostel because she spread her feces on the walls*
- *A man who thinks he has an implant in his arm and cannot stay indoors because he will be tracked down by some people who are after him*
- *A young female with her three cats in a duffle bag and a taxi cab full of her belongings*
- *A woman with five children who was evicted from her unit*
- *A 19 year old woman working in the sex trade and actively using crack-cocaine*
- *A 19 year old bi-polar male released from jail with no plan in place, no clothing, no identification and no medication*

CMSM survey responses

The problems are similar to a few years ago but the intensity of the problems has increased.

CMSM survey response

[15] The percentages cited are not mutually exclusive i.e. more than one trend may be evident in a CMSM.

6.0 Proposed Service Delivery Model

> *Everyone agrees that shelters are not the answer to homelessness. But, in the absence of significant action to address the root causes of homelessness, including increasing the supply of affordable housing, the need for shelters continues.*
>
> *The Toronto Report Card on Housing & Homelessness 2003*

The Need for Reform

OMSSA acknowledges that there are many positive attributes of the current service delivery model. The funding of emergency shelter services under the *Ontario Works Act*, has meant that provincial cost-sharing of the program is 'open-ended' and subject only to the provincially established maximum per diem. In addition, a degree of flexibility is permitted in the manner in which cost-shared funding is flowed to emergency shelters. For instance, to provide emergency shelters with a measure of financial stability some CMSMs have chosen to 'cash advance' emergency shelters on a monthly or quarterly basis followed by a reconciliation of costs while others pay the per diem based on capacity rather than occupancy. Further, in the absence of provincial legislation, regulations and standards, the current service delivery model most closely reflects true local service system management.

The introduction of the 1999 Emergency Hostel Redirection Program has permitted CMSMs to redirect a portion of their funding from emergency shelters to prevention programs aimed at reducing the use of emergency shelters. The naming of CMSMs as service system managers for provincial homeless initiatives and as 'community entities' under the National Homelessness Initiative has provided CMSMs with the authority to assume a leadership role in planning, administering, funding and delivering homelessness prevention and intervention programs.

Despite these positive attributes, the need for reform continues. As mentioned previously, several research reports and studies conducted by or commissioned by the Ministry of Community and Social Services in the past decade have reinforced this need. Some progress has unquestionably been made. Many[16] would argue however that much more must be done – emergency shelter residents continue to have limited access to the personal support services they require, emergency shelters still do not possess the resources needed to contribute to positive resident outcomes, and CMSMs lack support in their service system management role. In the absence of a new service delivery model and a new funding model, the risks and liabilities faced by emergency shelter residents, shelter operators, CMSMs and the Government of Ontario will continue to escalate.

Definition, Vision and Service Delivery Principles

Recommendation 1:

As a means of renewing the dialogue between all orders of government and providers of emergency shelter services, OMSSA recommends that the following definition, vision, and principles be adopted to guide the delivery of emergency shelter services.

[16] Several Coroner's Inquests, including those examining the deaths of Drina Joubert, Gillian Hadley, and Jordan Heikamp, have also made recommendations that speak to the delivery and funding of emergency shelter services.

Definition

Emergency shelter services provide people experiencing homelessness with personal support services consisting of basic services and access to case management services.

Vision Statement

Emergency shelter services, that are responsive to the local needs of individuals and families experiencing homelessness, are adequately funded and available in communities across Ontario.

Service Delivery Principles

1. Emergency shelter services are planned and delivered in collaboration with community stakeholders as a means of strengthening the service system
2. Emergency shelter residents are ensured access to a range of personal support services to enable them to achieve positive, measurable outcomes
3. The needs of emergency shelter residents and the community's priorities are responded to in a proactive, accountable fashion
4. Emergency shelter services are available as close to an individual's home community as possible
5. Emergency shelter services are accessible, inclusive and respectful of individual circumstances

Description of Services

Currently three types of services are provided by emergency shelters – administrative and management functions, basic services, and case management services.

Administrative and management functions consist of financial management, human resources management, building management, and major and minor capital planning.

Basic services can be characterized as those that meet an individual's most immediate need for safety, food and shelter. In particular, basic services consist of accommodation; meals and snacks; intake and basic supervision; information and referral to community resources and services; and building and resident safety. The survey findings indicate that all emergency shelters are providing these services. While the per diem is intended to address the costs associated with these basic services, the survey findings reveal that the current cost-shared maximum of $39.15 is inadequate.

The majority of emergency shelter residents require much more than a place to sleep and one or more meals per day. For this reason, emergency shelters, to varying degrees, ensure that residents are able to access case management services consisting of case planning, monitoring and follow-up services based on each individual's needs. The current cost-shared maximum per diem does not currently fund these various components of case management services.

> *Personal support services (defined as basic services and access to case management services) are seen as essential to reduce recidivism, promote personal health and well-being, enhance self-esteem and self-respect, increase family and community attachment, improve financial and family stability, secure housing, and find employment.*
>
> *OMSSA Emergency Shelter Task Force*

Proposed Service Delivery Model

OMSSA believes that it is imperative that emergency shelters be seen as an integral part of the continuum of housing services that include homelessness prevention, transitional support, subsidized housing, rent supplements, supported and supportive housing, and outreach services. In light of the root causes of homelessness, emergency shelters must also be viewed as a part of the broader spectrum of human services. For instance, it has been acknowledged that "homelessness does not fit neatly or exclusively within the mandate of any one provincial ministry."[17]

> *Shelters are part of the big picture of housing and sustainability, often acting as the gateway for homeless individuals into transitional, supportive or permanent housing.*
>
> *CMSM Survey Response*

> *The Ministries of Community and Social Services, Children and Youth Services, Health and Long-Term Care, Municipal Affairs and Housing, Community Safety and Correctional Services, Attorney General, and Northern Development and Mines should be partners in financing solutions to homelessness as it is a symptom of gaps in service in many different systems.*
>
> *CMSM Survey Response*

OMSSA further believes that case management services have become a necessary feature of shelter operations given the complex characteristics of the individuals and families who are experiencing homelessness. Access to case planning, monitoring, follow-up and service coordination will ensure that positive, measurable personal outcomes are achieved and recidivism rates are reduced. While it is recognized that not all emergency shelters have the present capacity to directly provide these case management services, it is recommended that, at minimum, shelter residents be able to access such services through an emergency shelter. While some would argue that various human services programs are funded to provide a degree of case management services, survey respondents noted that these services are under-funded and are not necessarily focused on securing stable affordable housing.

Recommendation 2:

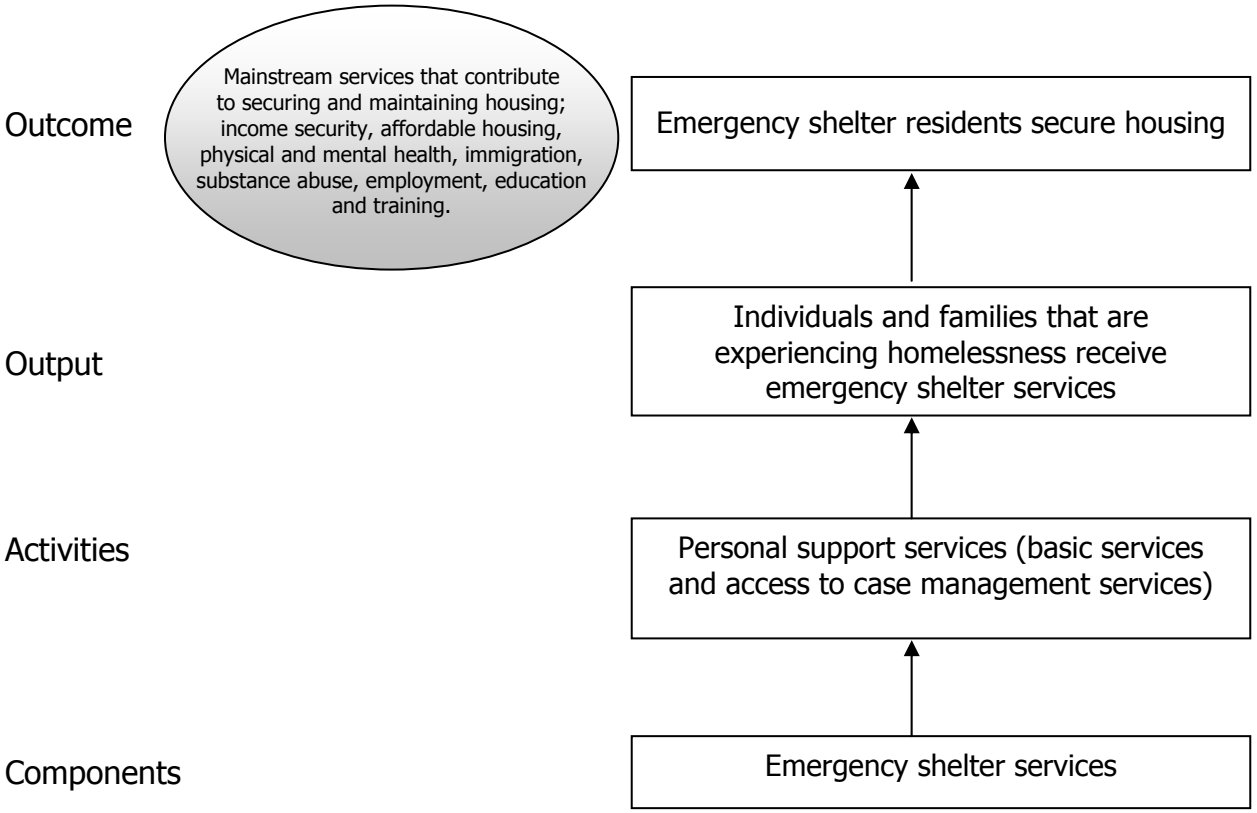
OMSSA therefore recommends that a new service delivery model for emergency shelter services acknowledge that:

- Emergency shelters are an integral part of the continuum of housing services
- Emergency shelters are part of the broader spectrum of human services
- Personal support services, consisting of basic services and access to case management services, become routinely available at all emergency shelters

[17] Report of the Provincial Task Force on Homelessness. Ministry of Community and Social Services (October 1998).

In support of this proposed service delivery model, the following program logic model is offered.

Emergency Shelter Program Logic Model



7.0 Proposed Funding Model

The Need for Reform

The CMSM survey responses and numerous provincial and municipal research reports and studies have identified several flaws in the current funding model. Firstly, the per diem based model ignores the fixed administrative and operating costs required to maintain emergency shelters – a factor that is exacerbated in small shelters. Capital development, renovation and repair costs are also ignored under the current per diem funding model[18]. In recent years, a number of CMSMs have elected to dedicate a portion of other municipal, provincial or federal funding available to them to contribute to the operating and capital deficits experienced by emergency shelters. In other instances, 100% municipal funding has been used, for among other things to address such deficits. More often than not, however, emergency shelters have

[18] Information pertaining to capital development, renovation and repair costs was not readily accessible to the majority of CMSMs who responded to the survey. Rather than remain silent on this issue, anecdotal information has been included in Appendix E to illustrate the importance of capital funding if the existing stock of emergency shelters is to be maintained or increased.

been forced to utilize scarce staff resources to augment their fundraising efforts in an attempt to balance their operating budgets and/or to address the cost of repairs or replacements of an urgent nature.
Secondly, the per diem funding model was introduced at a time when MCSS expected emergency shelters to provide little more than a bed and one or two meals per day. In the absence of regular inflationary increases to the cost-shared per diem, the costs associated with the provision of even these basic services quickly became grossly under-funded. The current funding model also fails to acknowledge the important provision of other basic services (e.g. information and referral to resources and services) and access to case management services to assist residents to secure more permanent types of accommodation and to overcome the personal challenges they face.

The current occupancy-based funding model also fosters a reliance on keeping emergency shelter beds occupied, an action that is counter-productive to the desired outcome of emergency shelter residents securing permanent housing.

Lastly, the requirement that CMSMs contribute 20% of the cost of the provincial per diem maximum and the Personal Needs Allowance has served as a financial deterrent for some CMSMs to make emergency shelter services available in their community and/or to enhance their existing emergency shelter system.

If these deficiencies in the current funding model are not addressed in a timely fashion, the emergency shelter system that exists in Ontario today will be seriously compromised to the detriment of all concerned.

An Historical Perspective

The limitations of the current funding model raised by survey respondents echo the conclusion arrived at in numerous provincial and municipal research reports and studies – the current per diem funding formula is too directly tied to occupancy rates. For instance, the emergency shelter operators canvassed as part of the 1992 *Domiciliary and Emergency Hostel Review* favoured a funding model that was based on the number of beds in a facility. In addition, operators were of the opinion that compensation must be available for the services provided and that the overall funding mechanism must be simplified. Many operators were of the opinion that block-funding was the preferred approach while others stated that the amount of per diem should vary based on the "level of care" and types of services provided to shelter residents.

The CMSMs who participated in the *Domiciliary and Emergency Hostel Review* expressed these same sentiments. In addition, CMSMs also identified the need to streamline the current system of funding in order to reduce the extensive administrative and clerical time required to manage the emergency shelter system.

The authors of the *Review*'s final report (Ernst and Young), stated that "the issue for policy makers is developing a new funding model that simplifies [the] process, provides incentives for achieving certain policy goals, and recognizes the cost of delivering service." Further, it was recommended that a two-tier funding approach be designed. The first tier would be a per diem based on the cost of delivering basic services – accommodation, meals, basic amenities such as toiletries and limited resources for public transportation, and adequate staffing for basic

supervision, information and referral. The second tier would be a purchase of service contract between the operator and the municipality for a specific package of services for residents, non-residents or former residents who are served by the emergency shelter. The contract would be based on resident needs and available government, charitable and private resources.

The results of the CMSM survey reveal that the opinions expressed by shelter operators and CMSMs have changed little since the *Review* was conducted almost fifteen years ago. If anything, the views expressed today have been more passionate given the complexity of the resident needs, the lack of permanent affordable housing and the continued deterioration of the current funding model.

> *Because of the financial limitations imposed by the per diem, most hostels can ensure only a relatively modest client outcome; that is providing a place of refuge from the street where clients are provided with a safe, warm bed, food and minimal personal needs.*
>
> *Domiciliary and Emergency Hostel Review – Final Report*

Funding Principles

Recommendation 3:

As a mean of renewing the dialogue between all orders of government and providers of emergency shelter services, OMSSA recommends that a new emergency shelter funding framework[19] incorporate the following principles and key elements:

Table 3 – Funding Principles and Key Elements

Principle	Key Element
Principle 1: Recognizes the strategic value of investing in social infrastructure that builds and sustains healthy communities	- The funding of emergency shelter services is a shared responsibility between all orders of government and between local providers of emergency hostel services - Emergency shelters are a key component of the housing continuum
Principle 2: Ensures all shelter residents have access to necessary personal support services to achieve their desired, measurable outcomes	- Emergency shelters and the broader service system are appropriately funded to provide residents with necessary personal support services to achieve their desired, measurable outcomes
Principle 3: Reflects a sustainable municipal financial formula and ensures municipal contributions are negotiated with the Government of Ontario within the context of other municipal financial obligations	- On a province-wide basis, municipal contributions reflect the ability of the local tax base to fund the services necessary to support residents of emergency shelters
Principle 4: Adequately funds the costs associated with the CMSM service system management function	- CMSMs, as local service system managers, are effective in their ability to integrate emergency shelter services within the homelessness portfolio and within the continuum of housing programs and service
Principle 5: Recognizes fixed operating, administrative and capital costs	- Fixed operating and administrative costs (such as rent/mortgage, utilities, property taxes, contributions to capital reserves, repairs and renovations, minor capital) are funded independent of occupancy rates - Inflationary costs are recognized - Economies of scale issues are addressed - Capital costs are recognized as a legitimate cost of sustaining an emergency shelter
Principle 6: Effectively and efficiently supports service delivery expectations, requirements and standards	- Broad parameters are established by the Province and CMSMs are provided with the authority and flexibility to determine local expectations, requirements and standards - Appropriately funded local expectations, requirements and standards are in place for all emergency shelters
Principle 7: Recognizes that homelessness is not synonymous with social assistance eligibility	- All individuals and families who are residents of emergency shelters have access to accommodation, food and necessary personal support services regardless of their social assistance eligibility
Principle 8: Is easily administered	- The emergency shelter system has legislative and accountability processes in place - Adequate funding is available for the resources to support improved administrative processes and information and data management

[19] Appendix F contains an overview of the current situation and the impact associated with each funding principle and key element.

Proposed Funding Models

The funding principles described in the earlier section of this Report and detailed in Appendix F have guided OMSSA's development of a proposed long-term and a proposed short-term funding model.

Recommendation 4:

OMSSA recommends the establishment of a provincial/municipal working group[20] to develop a funding model, based on the identified funding principles and service delivery model, which base funds 75% to 80% of eligible expenditures. As part of the development process, it is further recommended that consideration be given to defining eligible expenditures, discussing cost-sharing arrangements, identifying service outcomes and the proportion of funding to be based on such outcomes, and establishing the percentage of revenue to be contributed by emergency shelters.
Until such time as the afore-mentioned working group can be convened and can complete its mandate, an immediate solution to the emergency shelter funding crisis is proposed that would see the maximum cost-shared per diem increased to be more reflective of the actual costs incurred by emergency shelters. The analysis of the CMSM survey responses indicates that the daily actual operating costs vary according to the number of beds available in a shelter. For this reason, it is proposed that a maximum cost-shared per diem rate be established that varies depending upon the capacity of the shelter. Regardless of the size of the shelter and the occupancy rate experienced, fixed administrative, operational and capital costs are incurred. In accordance with the funding principles, the per diem rates that are proposed and that correspond to the median daily operating costs for various sizes of shelters, recognize these fixed costs.

Recommendation 5:

OMSSA recommends that the maximum occupancy-based cost-shared per diem be immediately increased to $85.95 for shelters with fewer than 20 beds, to $68.80 for shelters with between 20 and 49 beds, and to $54.50 for shelters with 50 or more beds; and that 100% of the cost of the increased per diem be borne by the Government of Ontario.

As is the practice today in many CMSMs, the establishment of each shelter's per diem rate would be the subject of negotiation between the CMSM and the shelter operator. Appendix G suggests a process that could be used in service system management under both proposed funding models.

8.0 Summary

While there are several positive attributes associated with the current emergency shelter service delivery model, the limitations posed by the per diem funding model that has been in place for decades, far outweighs the gains made in recent years. For this reason, OMSSA's Emergency Shelter Task Force has surveyed CMSMs and has reviewed a sampling of provincial and

[20] It is proposed that the Working Group consist of representatives from the Ministries of Community and Social Services, Children and Youth Services, Health and Long-Term Care, Municipal Affairs and Housing, Community Safety and Correctional Services in addition to representatives from OMSSA and OAH.

municipal studies and research reports with the intent of proposing a new service delivery model and funding model for emergency shelter services.

All partners must continue the dialogue that has begun through the preparation of this report and its recommendations. OMSSA, OAH and their respective memberships look forward to meeting with the Ministry of Community and Social Services and with other provincial ministries to discuss the implementation of the recommended models and the ongoing enhancement of emergency shelter services within the broader continuums of service for those individuals and families experiencing homelessness.

[Emergency shelter residents] need serious intervention and we need to stop band-aiding and shipping people from one community to the next. We need to meet the needs of those who present themselves for help. We need to take the time to listen, dialogue and respond on an individual basis. We need to look at the bigger picture to see why it is or what it is that keeps these people poor and homeless. We are the safety net and there seems to be more and more holes in the net every year.

CMSM survey response

Appendix A

Glossary of Terms

Affordable Housing – Housing which does not exceed 30% of household income is defined as 'affordable'.
In some instances, housing providers and advocacy groups use a broader definition of affordability.

Community Partners Program **(CPP)** – This program was initially operated as a provincial program providing funding to community-based agencies to assist individuals and families obtain and retain affordable housing. Administration of this 100% Ministry of Community and Social Services funding was transferred to CMSMs in January 2000 to connect low income and homeless people with private and public housing through the provision of landlord registries, counselling and follow-up supports.

Consolidated Municipal Service Managers **(CMSMs)** – Thirty-seven municipalities and 10 District Social Services Administration Boards designated by the Province to manage the delivery of Ontario Works, child care and social housing programs. Some CMSMs are also responsible for public health and land ambulance services.

Emergency Hostel Redirection Program – Introduced by the Ministry of Community and Social Services in 1999, this 80/20 cost-shared fund allows CMSMs to redirect a portion of their funding from emergency hostels to prevention programs aimed at reducing the use of emergency shelters. CMSMs with an emergency hostel program are eligible to redirect up to 15% of their 1998 emergency hostel budget.

Emergency Shelter – As defined by the Ministry of Community and Social Services, a facility providing board, lodging and personal needs to homeless individuals or families on a short term and infrequent basis. Residents of emergency shelters may or may not be in receipt of social assistance and represent individuals in crisis seeking temporary housing and supports pending resolution of the issues that give rise to the emergency. Emergency shelters tend to be operated by non-profit organizations, voluntary associations, religious groups or municipalities.

Homeless Individual and Family Information System **(HIFIS)** – A national database created to collect common information on homelessness across Canada. The software system was designed by and for emergency shelters to assist with daily operations such as booking in clients, maintaining bed lists, producing billings and collecting client data.

Homelessness – A situation in which an individual or family has no housing at all, is staying in an emergency shelter or is relying on family or friends for short-term accommodation.

National Homeless Initiative **(NHI)** – A time-limited initiative announced by the federal government in 1999 to help ensure community access to programs, services and support to alleviate homelessness in communities across Canada. One of the objectives of the initiative is to develop a comprehensive continuum of supports to help homeless Canadians move out of the cycle of homelessness and prevent those at risk from falling into homelessness by providing communities with the tools to develop a range of interventions to stabilize the living arrangements of homeless individuals and families and prevent those at risk from falling into homelessness. The second objective is to ensure sustainable capacity of communities to address homelessness by enhancing community leadership and broadening ownership by the public, non-profit and private sectors on the issue of homelessness in Canada.

Off the Street, Into Shelter Fund (OSIS) – A fund cost shared 80/20 with the Ministry of Community and Social Services to locate and encourage people living on the street to make use of places that are warm and safe and to develop a profile of the volume and needs of the "absolute" homeless population.

The dollars available in this fund are based on 5% of the 1999 approved cost-shared emergency shelter expenditures.

Out of the Cold Program – A network of churches and other faith groups that provide overnight shelter, drop-in services and meals for homeless and socially isolated people in the cold winter months.
Outreach Services – Services provided to assist individuals and families to survive on the streets or to get them off the streets. Outreach workers who facilitate access to basic supports and services typically provide such services.

Provincial Homelessness Initiatives Fund (PHIF) – A 100% funded initiative announced by the Ministry of Community and Social Services concurrent with the formation of the Provincial Task Force on Homelessness. CMSMs direct funds to programs and services that meet one or more of the following three objectives: moving people from the streets to emergency accommodation, moving people from emergency to permanent accommodation, and preventing homelessness by supporting the retention of permanent accommodation.

Service Delivery Model - A set of parameters designed to guide the delivery of services e.g. the requirements, constraints, service principles and participants. A description of the particular approach being taken in the delivery of a service or set of services. The model may identify the structures and processes that characterize the approach as well as the roles and responsibilities of positions within the structure.

Service System – An inter-organizational network that includes the organizations, groups and individuals involved in administering and delivering a set of integrated supports and services that meets the defined needs of people.

Service System Management – A coordinated approach to planning, resource allocation, quality assurance and governance intended to achieve a system of services that effectively meets the needs of client groups through partnership and collaboration among organizations within the network.

Supporting Community Partnerships Initiative (SCPI) – A time-limited component of the National Homeless Initiative, first announced in 1999 and recently extended until March 31, 2006 to reduce and prevent homelessness. Communities match federal funding to increase availability and accessibility to a range of services and facilities to move people from homelessness to self-sufficiency. The program represents the first time federal resources have been available to address and alleviate homelessness in Canadian cities.

Supported Housing – Support services provided from outside the home, often by a different agency than the housing provider. Services are portable in that they move with the client.

Supportive Housing – Support services that are provided and are tied to the facility where the individual or family resides.

Supports to Daily Living Program (SDL) – This program, funded 100% by the Ministry of Community and Social Services, was transferred to CMSMs in January 2000. SDL provides supportive services to people who are 'hard-to-house' thus allowing them to maintain their independent community accommodation. Clients served are generally prone to homelessness, are survivors of abuse, and/or have histories of mental illness or substance abuse. Examples of supportive services include life skills training, financial management and parenting skills.

Transitional Housing – Provides short or long term accommodation while assistance is obtained to address problems such as unemployment, addictions, mental health issues, physical and cognitive disabilities, or domestic violence. Transitional housing units typically provide access to a mix of support services that teach life skills and self-sufficiency.

Appendix B

Annotated Bibliography

This annotation is not intended to serve as a comprehensive overview of the plethora of provincial and municipal research reports and studies that have been conducted on homelessness and/or on emergency shelters. Instead, the annotations that follow have been prepared from those documents that have been utilized to inform the current report and its recommendations.

Provincial Reports

Domiciliary and Emergency Hostel Review – Final Report

This 1992 report was commissioned to provide information to assist the Ministry of Community and Social Services in its development of new program and policy directions for the domiciliary and emergency hostel program. The report was also intended to describe the concerns facing those involved in the provision of domiciliary and emergency beds and services.

Municipal and operator surveys were utilized to gather descriptive data and information on the utilization of hostel services, the characteristics of individuals utilizing hostel services and staffing patterns. Information pertaining to hostel expenditures and funding sources was also gathered and examined. Municipalities and hostel operators were also asked for suggestions on how to change the funding structure, accountability mechanisms and organization of the hostel program. Group interviews were also conducted with residents of fifteen hostels across Ontario.

The report states that "emergency hostels are in fact providing short-term residential care but the length of stay and scope of services in some cases exceeds considerably the notion of a few days of room and board and a temporary safe haven." The report recommends that "support should be based on the provision of an adequate quality of service, based on provincial guidelines and standards." In the absence of such guidelines and standards, the report concludes that "the alternative is a continued scramble for funds, inappropriate differences in additional funds attracted by hostels serving different clients and continued questions about whether the facilities are effective and efficient in meeting program goals."

Hostel Accountability Project

Established in June 1994, this project was tasked with the development and implementation of the following:

- Clear Ministry expectations of the hostel system, in terms of which services are to be provided, and to whom;
- Clear roles and responsibilities of key stakeholders including service providers, municipalities and the Ministry in meeting those expectations;
- Tools to support those expectations, including standards and guidelines; and
- Ongoing mechanisms, including data collection and approaches to monitoring and evaluation, to measure whether expectations are being met.

The project was to give consideration to generic system-wide and stream-specific issues in five different hostel 'streams' – domiciliary, emergency, transitional, recovery homes and youth shelters.

Report of the Provincial Task Force on Homelessness

This Task Force, chaired by Jack Carroll, then Parliamentary Assistant to the Minister of Community and Social Services and comprised of Parliamentary Assistants from four other provincial ministries, was appointed in January 1998 to make recommendations on coordinating efforts to help the homeless throughout Ontario. Through consultations held in ten municipalities and through written submissions, the Task Force heard from approximately 400 individuals representing over 150 organizations and from homeless people themselves.

The Task Force recommended that the following actions be taken:

- Creating an integrated network of accessible, community-based services and supports to reconnect homeless people to society and strengthen their ability to stay connected
- Providing support to municipalities as the local service system manager for homelessness services
- Ensuring a greater emphasis on early identification and prevention of homelessness and to support the retention of housing
- Relieving Ontario and its municipalities of the substantial social assistance costs that result directly from federal immigration policies
- Improving the climate for private investment in rental accommodation

As a direct result of these recommendations, CMSMs were designated the local service system managers for homelessness and the Provincial Homelessness Initiative Fund was introduced.

Municipal Reports

Emergency Shelter Gaps Analysis

This 2001 study estimates the number, size and mix of residential facilities and services which need to be added to the existing emergency hostel system to service the City of Hamilton's homeless population in the years ahead.

Taking Responsibility for Homelessness: An Action Plan for Toronto

The Toronto Homelessness Action Task Force was created in January 1998 to recommend solutions to the growth of homelessness and to respond to public concerns about its increasing visibility. The Task Force found that the face of homelessness had undergone significant changes in the previous decade and that homelessness had many causes. Six major barriers that had stood in the way of effective solutions were identified - governments not working together, dramatically increasing poverty, a decreasing supply of low cost rental housing, too much emphasis on emergency help, inadequate community programs and supports for people with serious mental illness and addiction problems, and a lack of coordination.

The 105 recommendations put forward to overcome these barriers were directed to all levels of government and to the community-based sector. Generally speaking, the recommendations can be categorized as those that simplify and coordinate the service system, strategies for high-risk sub-groups, prevention strategies, a comprehensive health strategy for homeless people, supportive housing, and affordable housing.

Describing the Homeless Population of Ottawa-Carleton

This study developed a profile of the characteristics of the different subgroups of homeless persons in the Ottawa-Carleton region, examined the experience of homelessness from a stress and coping perspective, and determined the health status of persons who were homeless in Ottawa-Carleton.
In-person interviews were conducted with 200 users of emergency shelters and 30 homeless persons who were non-users of shelters.

Six distinct groups of persons who were homeless were identified – adult men, adult women, male youth, female youth, adults residing in family shelters and persons who were not using shelters. Each group was found to present different characteristics in terms of reasons for homelessness, length of homelessness, mental health problems and substance abuse problems.

Panel Study on Persons Who Are Homeless in Ottawa: Phase I Results

Interviews were conducted with 416 residents of emergency shelters between October 2002 and October 2003 to gather descriptive data on demographic characteristics, housing history, health status, and health and social service utilization.

The results of these interviews suggest that ending homelessness will involve not only safe, affordable permanent housing but also a range of health and social service support embedded in appropriate delivery mechanisms. In particular, it was concluded that policy and program interventions should be targeted towards income support, housing, education, family violence, criminal justice, child welfare, mental health and addictions. The researchers suggested that key services be "bundled" for each group of homeless individuals and that service bundles should not only be available for individuals while they are residing in emergency shelters but also when they are housed.

Experiencing Homelessness – The First Report Card on Homelessness in Ottawa, 2005

Prepared by The Alliance to End Homelessness in Ottawa, the Report Card presents a profile of homelessness in the City and introduces the organizations that work to reduce the impact of homelessness in Ottawa. The Report Card presents a series of homelessness, housing and income indicators and will, over time, measure or rate the progress that has been made against the defined indicators.

Hostel Operations Review – Community and Neighbourhood Services

This 2001 report by the City of Toronto's Auditor General reviews hostel operations and the implementation status of recommendations of an earlier report on Hostel Vacancy and Bed Rates. Among its twenty-five recommendations that identified opportunities for operational efficiencies, improved controls, cost savings and increased revenues, the report called for a provincial funding model which has among its objectives;

- The need to provide incentives for shelter operators to transition the homeless to permanent long-term accommodation; and
- The need to provide a measure of financial stability to shelter operators.

Preventing Homelessness in York Region: Taking the Next Steps

Utilizing focus groups and key informant and agency interviews, over 200 stakeholders provided input into the impact of the efforts taken since 2000 to address the risks of homelessness, to the review of the current status of homelessness in York Region and to develop strategies for the future.

The overriding message that resulted from the evaluation was the need to focus on prevention and in particular an investment of time and resources directed to:

- Employment initiatives designed to address the root cause of homelessness – poverty
- Shelter and housing initiatives designed to increase the supply of stable housing
- Community supports and services designed to help people at risk of homelessness address underlying health and social needs
- Transportation initiatives to better overcome geographic barriers that people may face
- Health services that better meet the needs of people who are homeless or at risk

- Strategies designed to meet the needs of culturally diverse communities
- Public education designed to solicit broad public support for efforts to prevent homelessness
- Strategies designed to strengthen the general service system

The report concluded with a listing of public education, research and capacity building; outreach and prevention; support services; and shelter and housing service needs required to address the needs of people at risk of homelessness.

The Region of Waterloo's Role in Addressing Homelessness

This 2004 staff report serves to begin the process of clarifying the expectations, challenges, opportunities and approaches being taken by the Region in addressing homelessness. In particular, the report provides an overview of the roles attributed to the Region by the provincial and federal governments. The approach adopted by the Region to governance, service system management, resource allocation and service delivery is also presented. Details are also provided on the prevention, immediate need, transitional, and housing support programs that will be the focus of attention in the coming three years. The report concludes with a summary of the planning, policy development, program administration, and community development/capacity building activities that will be undertaken in support of the Region's role in addressing homelessness.

Survey of Management Practices in Transient Hostels of Selected CMSMs

This report, prepared for the Region of Waterloo, contains the responses of eleven CMSMs surveyed on a variety of issues related to the management of transient hostels. The report summarizes the various approaches taken by each CMSM with respect to purchase of service agreements, the payment of per diem, the administration of the Personal Needs Allowance, compliance requirements, expectations placed on residents and the provision of benefits.

The Toronto Report Card on Housing & Homelessness 2003

This report card provides updated information on the state of poverty, housing and homelessness in Toronto along with an overview of the government action taken since 2001. In particular, the report card provides an overview of housing and homelessness issues in Toronto with highlights of key policy and program responses. A selection of income, housing and service indicators is also presented. This document is the third such report card produced in response to a recommendation from the 1999 Mayor's Homelessness Action Task Force.

Needs Assessment for the Delivery of Emergency Shelter Beds for Homeless Persons in the City of Greater Sudbury

This report contains the findings of a needs assessment conducted in August 2003 for the City of Greater Sudbury. The objectives of the assessment were to identify available resources for homeless persons in the community, to identify gaps in service delivery, and to determine emergency shelter bed requirements and make recommendations specific to a new model for coordinated emergency shelter bed service delivery in the City of Greater Sudbury.

Report on Homelessness in Sudbury – Comparison of Findings July 2000 to July 2003

A three-year longitudinal study completed between July 2000 and July 2003 to identify homelessness trends in Sudbury. Each of the seven studies consisted of a 'count' of homeless people, neighbourhood surveys, and qualitative field research in settings occupied by homeless people. Each report contains, among other things, a detailed profile of the homeless population, a summary of resident attitudes and personal experiences with homelessness, and perspectives of service providers. The 46 recommendations generated by each report were reviewed and prioritized by the community following the release of each report.

Appendix C

OMSSA

Emergency Shelters Task Force

CMSM Survey

Emergency Shelters Task Force
CMSM Survey

Name of CMSM:
Population of CMSM:
Survey Completed By:
Telephone Number:
Fax Number:
E-mail Address:

INSTRUCTIONS: Please review the survey in its entirety and complete those questions that are applicable to the community served by your CMSM. In some instances you may find it helpful to consult your local providers of emergency shelter services to assist in the completion of selected parts of the survey. The Task Force would appreciate your response to as many questions as possible, even in the absence of emergency shelters within your community. Please utilize as much space as necessary to provide your response to each question.

1) DESCRIPTION OF EMERGENCY SHELTER SERVICES

1.1 Emergency Shelters (See Notes to Assist in the Completion of the Table that follow)

A	B	C	D	E	F	G	H	I	J
Shelter	**Directly Operated or Purchased Services**	**Client Group**	**Total Number of Beds Available Per Night**	**2004 Maximum Capacity (Bed Nights)**	**2004 Actual Number of Bed Nights Provided**	**2004 Actual Occupancy Rate**	**Average Length of Stay (Days)**	**Length of Stay Policy (e.g. maximum number of days)**	**2004 Per Diem Rate paid by CMSM (including any top-up)**
1.						%			
2.						%			
3.						%			
4.						%			
5.						%			
6.						%			
7.						%			

NOTES TO ASSIST IN THE COMPLETION OF THE TABLE

(A) It is not necessary to provide the name of each shelter. Please use the same number to refer to each shelter throughout the survey.

(B) Please indicate whether the emergency shelter is directly operated by the CMSM or whether emergency shelter services are made available under a purchase of service agreement. Violence Against Women shelters or Out of the Cold programs should only be included if a per diem is payable by the CMSM under a purchase of service agreement.

(C) Identify ALL applicable client groups using the following legend: adult men, adult women, families (adults and children), female led family with children, male led family with children, couples (no children), male youth, female youth, co-ed youth.

(D) The total number of beds available at the shelter. DO NOT include any mats or cots that may be utilized in overflow, emergency and/or extreme weather alert situations.

(E) The maximum number of bed nights available at the shelter during 2004. For example, if the shelter had eleven beds and was open 365 days in 2004, then the 2004 maximum capacity would be 4,015 bed nights.

(F) The actual number of bed nights provided in 2004 by the shelter. In some instances this figure may exceed the maximum capacity if mats or cots were used to respond to overflows, emergencies or extreme weather alerts.

(G) 2004 actual occupancy rate expressed as a percentage i.e. (Column F / Column E) x 100. In some instances this percentage may be less than 100% while in other instances, this percentage may be greater than 100%.

(H) The average length of stay experienced by each respective emergency shelter.

(I) The policy that exists with respect to the maximum number of days a resident may stay at each respective shelter.

(J) The 2004 per diem rate paid by the CMSM to the shelter, including any top-up paid by the CMSM. In other words, in some instances, this figure may exceed the ceiling established by the Ministry.

1.2 Motels/Hotels

1.2.1 Did your CMSM regularly use motels/hotels as emergency shelters in 2004?

1.2.2 Please describe the circumstances in which you would utilize a motel/hotel as an emergency shelter. Please be as specific as possible and provide examples where necessary.

1.2.3 Please describe the arrangements used for funding individuals in motels/hotels (e.g. payment direct to the motel/hotel, residents issued food money, etc.)

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1.2.4 Please indicate the total number of individuals (adults and children) who were housed in motel/hotel rooms in 2004.

1.2.5 Please indicate the total number of bed nights utilized in motels/hotels in 2004 (e.g. number of individuals x the number of nights of motel/hotel use).

1.3 Seasonal Programs (e.g. Out of the Cold Programs)

Please respond even if your CMSM does not have a purchase of service agreement with the program.

1.3.1 Did a seasonal program (e.g. Out of the Cold Program) operate within the community served by your CMSM during 2004? If yes, please name the program and briefly describe its operation.

1.3.2 What months of the year did the program operate during 2004?

1.3.3 How many bed nights were utilized in seasonal programs during the winter of 2003/2004 (e.g. number of individuals x the number of nights the program was used)?

2) EMERGENCY SHELTER RESIDENT PROFILE

2.1 Please rank order the five most frequent characteristics of residents who utilize those emergency shelter services described in Question 1.1 (with 1 being the most frequently seen characteristic, 2 being the second most frequent, etc.).

Characteristic	Shelter #1	Shelter #2	Shelter #3	Shelter #4	Shelter #5	Shelter #6	Shelter #7
Refugees and recent immigrants							
First Nations people							
Mental health issues							
Substance abuse issues							
Mental health & substance abuse issues							
Physical health issues							
Poor or limited social or life skills							
Newcomers to the community							
Transient persons							
Working poor							
Fixed income (e.g. OW, ODSP, CPP, OAS)							
No income							
Eviction							
Discharged from a correctional facility							
Discharged for a health care facility							
Other (please describe)							
Other (please describe)							
Other (please describe)							

2.2 Please briefly describe how the profile of emergency shelter residents in the community served by your CMSM has changed in the last few years.

3) PROFILE OF EMERGENCY SHELTER SERVICES

Please complete the following Table for <u>each</u> emergency shelter identified in Question 1.1 ensuring that the number used to identify each shelter is consistent e.g. shelter 1 in Question 1.1 corresponds to shelter 1 in Question 3. Notes to assist in the completion of the Table follow on the next page.

SHELTER # : _____

Type of Service (A)	Provided By (B)	2004 Actual Expenditures (C)	2004 Revenue (D)					2004 Actual Per Diem Cost (E)
			Provincial Per Diem	Municipal Top-Up	Municipal Grant	In-Kind	Other	
Basic Needs		$	$	$	$	$	$	$
Accommodation								
Meals/snacks								
Intake								
Basic supervision								
Personal Support Services		$	$	$	$	$	$	$
Resources to obtain housing								
Accompaniment to obtain housing								
Follow-up once housing secured								
Assistance in obtaining financial benefits								
Assistance in obtaining clothing								
Transportation assistance								
Assistance in obtaining ID								
Referrals to resources and services								
Advocacy								
Access to showers								
Access to laundry facilities								
Mental health services								
Physical health services								
Substance abuse/use services								
Counselling services								
Pastoral services								
Community outreach/street workers								
Transitional housing								
Employment assistance								
Life skills								
Trusteeship								
Child minding								
Parenting support								
Other (please describe)								
Other (please describe)								
Minor and Major Capital (including reserve fund contributions)		$	$	$	$	$	$	

NOTES TO ASSIST IN THE COMPLETION OF THE TABLE:

(A) Column A lists the *Basic Needs* and *Personal Support Services* that may be provided to emergency shelter residents.

(B) Please indicate the individuals who typically provide each of the *Basic Needs* and *Personal Support Services* using the following legend. Select all those that apply.

'Regular' shelter staff = 1
Shelter staff funded by 'hostel redirect' funds = 2
Other staff employed by the host agency (i.e. shelter is part of a multi-service agency) = 3
Ontario Works staff with case management responsibility for hostel residents = 4
Staff employed by an external agency (e.g. Public Health, CMHA) = 5
Not typically provided = 6

(C) Please do not complete the shaded cells of the Table.

Provide the actual annual operating expenditures for *Basic Needs* and *Personal Support Services* as of December 31, 2004. If the shelter uses a financial reporting period other than a calendar year, please convert to a calendar year. For example, if actual expenditures totaled $10,000 for nine months ending December 31, 2004, then the annual 2004 expenditures would be ($10,000 ÷ 9) x 12 = $13,333.

Please provide the actual annual minor and major capital expenditures as of December 31, 2004. If the shelter uses a financial reporting period other than a calendar year, please convert to a calendar year.

(D) Identify the 2004 sources and amounts of revenue that were utilized to meet the actual 2004 operating and capital expenditures. Please provide a total figure for *Basic Needs, Personal Support Services* and *Minor and Major Capital.* It is not necessary to complete the shaded cells of the Table.

(E) Identify the 2004 actual per diem cost for both Basic Needs and for Personal Support Services using the following calculation:

2004 actual expenditures ÷ (number of beds x 365 days x occupancy rate) = actual per diem cost

For example, if a shelter had an 85% occupancy rate in 2004, and spent $170,000 on Basic Needs, the calculation would be as follows:
$170,000 ÷ (8 beds x 365 days x .85 occupancy rate) = $68.50 actual per diem for Basic Needs

If the same shelter spent $20,000 on Personal Support Services, the calculation would be as follows:
$20,000 ÷ (8 beds x 365 days x .85 occupancy rate) = $8.05 actual per diem for Personal Support Services

Please note that the actual per diem cost may exceed the 2004 per diem rate paid by the CMSM.

(F) Please add any comments necessary to clarify how you completed the Table or to explain the figures that are included.

4) PERSONAL SUPPORT SERVICES (please see list of Personal Support Services identified in Question 3)

4.1 Please describe the personal support services you think should be available to emergency shelter residents and why you feel these services would be beneficial (i.e. what positive outcomes, such as decreased recidivism, increased family stability, improved personal health, decreased substance use/abuse, etc. would be achieved).

4.2 What personal support services are currently provided to homeless persons who are not residing in emergency shelters?

4.3 What personal support services are currently provided to individuals and families utilizing motels/hotels?

4.4 What personal support services are currently provided to individuals and families utilizing a seasonal program such as Out of the Cold?

5) SERVICE SYSYEM MANAGEMENT

5.1 Please indicate the total gross 2004 funding provided by your CMSM to emergency shelters

Cost Shared Per Diem $ _____

100% Municipal Per Diem (top-up) $ _____

Type	Amount	Purpose
CMSM Grant	$	
Other CMSM Contribution (Please identify source)	$	

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5.2 Please indicate the gross 2004 funding provided by your CMSM on behalf of motel/hotel residents (if available) and the source of the funding.

Amount	Source
$	

5.3 Please indicate the gross 2004 funding provided by your CMSM to seasonal programs such as Out of the Cold and the source of the funding.

Amount	Source
$	

5.4 Please indicate what services you think should be funded by the cost shared per diem and why.

5.5 Please indicate what services you think should be funded outside of the cost shared per diem and why.

5.6 Please provide us with your suggestions on how to enhance the current provincial emergency shelter service delivery system.

5.7 Please provide us with your suggestions on how to enhance the current provincial emergency shelter funding system.

6) SERVICE OUTCOMES

6.1 What positive outcomes have been achieved in recent years with respect to your CMSM's emergency shelter program (e.g. for the residents, for the CMSM, for the community in general)? Please be as specific as possible using dollar amounts or statistics where available.

6.2 Please attach any statistics, personal stories or anecdotal information that illustrate the positive outcomes that have been achieved.

6.3 What challenges are faced by your community's providers of emergency shelter services and how does the current cost-shared per diem affect these challenges?

6.4 In your role as service system manager for people who are homeless, have you identified outcomes to guide your local service system planning and funding decisions? If so, what are they?

7) OMSSA and the Ontario Association of Hostels would like to create a reference list of all emergency shelters in the province. Kindly complete the following table as it pertains to your CMSM catchment area.

Name of Emergency Shelter	Address	Telephone Number	Contact Name	E-Mail Address

8) OTHER GENERAL COMMENTS

Appendix D

Emergency Shelter Task Force

Compendium of Survey Responses

November 2005

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1. Profile of Survey Respondents

Table 1.1 – Profile of Survey Respondents by MCSS Region

	Less than 50,000	50,001-100,000	100,001 – 200,000	200,001 – 500,000	500,001 – 1,000,000	More than 1,000,000	TOTAL
Central East		2 of 2	1 of 1	1 of 1	2 of 2		6 of 6
Central West	0 of 1		1 of 1	2 of 2	1 of 1		4 of 5
Hamilton-Niagara			2 of 2	2 of 2			4 of 4
South West		2 of 6	2 of 2	1 of 2			5 of 10
South East		2 of 3	2 of 2				4 of 5
Eastern		1 of 2	1 of 1		1 of 1		3 of 4
North East	1 of 3	1 of 2					2 of 5
Northern	3 of 4	1 of 1	2 of 2				6 of 7
Toronto						1 of 1	1 of 1
TOTAL	4 of 8	9 of 16	11 of 11	6 of 7	4 of 4	1 of 1	35 of 47

NOTES:

(1) CMSMs were assigned to a population grouping based on their 2004 population as reported by the Association of Municipal Clerks and Treasurers of Ontario.

(2) Information pertaining to the South West and North East regions may be under-represented given their respective response rates.

(3) CMSMs with a population of less than 50,000 are under-represented given the response rate.

2. Number of Emergency Shelters

Table 2.1 – Emergency Shelters by CMSM Population

	Less than 50,000	50,001-100,000	100,001 – 200,000	200,001 – 500,000	500,001 – 1,000,000	More than 1,000,000	Total
Number of CMSM respondents	4	9	11	6	4	1	35
Total number of emergency shelters	1	7	29	30	19	72	158
Number of directly operated emergency shelter programs	0	0	0	1	4	14	19
Number of 'purchased' emergency shelters	1	7	29	29	15	58	139

NOTES:
(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) Figures presented for 'total number of emergency shelters' correspond to all those emergency shelters located in CMSMs of a particular size (e.g. of the 11 CMSMs with a population of between 100,001 – 200,000, a total of 29 shelters were in existence).
(3) All figures are as of December 31, 2004.

COMMENTS:
[A] Only 12% of emergency shelters are directly operated by a CMSM.
[B] Four CMSMs operated the 19 directly operated emergency shelter programs.
[C] Emergency shelters tend to be more prevalent in CMSMs with populations over 100,000.

Table 2.2 – Emergency Shelters by MCSS Region

	Number of CMSM Respondents	Total Number of Emergency Shelters	Number of Directly Operated Emergency Shelter Programs	Number of 'Purchased' Emergency Shelters
Central East	6	18	-	18
Central West	4	13	4	9
Hamilton-Niagara	4	19	-	19
South West	5	6	-	6
South East	4	7	-	7
Eastern	3	10	1	9
North East	2	2	-	2
Northern	6	11	-	11
Toronto	1	72	14	58
TOTAL	35	158	19	139

NOTES:
(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) The motels used in Toronto as family shelters are not included.
(3) All figures presented are as of December 31, 2004.

COMMENTS:
[A] The majority of emergency shelters are located in the City of Toronto.
[B] The City of Toronto has the largest number and greatest percentage of directly operated emergency shelter programs.
[C] The North East, South West, and South East MCSS regions have the fewest number of emergency shelters.

Table 2.3 – Profile of Emergency Shelters by Resident Group

	Youth	Adult Men	Adult Women (with or without children)	Families	Mixed Resident Population	Other Specific Resident Groups	Total
Number of emergency shelters	34 shelters	44 shelters	32 shelters	16 shelters	26 shelters	6 shelters	158 shelters
Number of directly operated emergency shelter programs	-	7 shelters	3 shelters	7 shelters	2 shelters	-	19 shelters
Number of 'purchased' emergency shelters	34 shelters	37 shelters	29 shelters	9 shelters	24 shelters	6 shelters	139 shelters

NOTES:

(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) Shelters have been assigned to the various groups based on the information submitted by CMSMs.
(3) The definition of 'youth' may vary slightly from one shelter to another.
(4) In some instances, 'adult men' may also include male youth.
(5) In some instances shelters serving 'adult women' may also serve female youth and women with young children.
(6) 'Families' typically refers to two adult families with or without children, and single parents with and without children.
(7) 'Mixed resident population' refers to the fact that the shelter is able to accommodate a variety of individuals and families, regardless of age and/or gender.
(8) 'Other specific resident groups' includes two emergency shelters specifically geared to newcomers; two specifically geared to individuals with mental health issues; one specifically targeted for single men in recovery; and one specifically targeted for women who are in conflict with the law.
(9) All figures presented are as of December 31, 2004.

COMMENTS:

[A] The majority of emergency shelters are operated by community agencies.
[B] The largest number of emergency shelters in Ontario are earmarked for adult men.

Table 2.4 – Emergency Shelters by Resident Group and by Size of CMSM

	Youth	Adult Men	Adult Women (with or without children)	Families	Mixed Resident Population	Other Specific Resident Groups	Total
Less than 50,000	-	1	-	-	-	-	1
50,001 – 100,000	1	2	2	-	2	-	7
100,001- 200,000	10	6	5	-	4	4	29
200,001 – 500,000	5	9	5	2	7	2	30
500,001 – 1,000,000	4	4	4	3	4	-	19
Over 1,000,000	14	22	16	11	9	-	72

NOTES:

(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) Adult women shelters in Toronto do not typically include children among their residents. In most cases, female-led families are housed in 'family' shelters.
(3) The motels used as family shelters in the City of Toronto are not included.
(4) All figures presented are as of December 31, 2004.

COMMENTS:

[A] CMSMs with a population of less than 50,000 have the least number of emergency shelters.
[B] Emergency shelters targeted specifically for youth and specifically for adult women (with and without children) are more likely to be found in CMSMs with a population of at least 100,000.
[C] Emergency shelters targeted specifically for adult men are apt to be found in CMSMs of all sizes.
[D] Emergency shelters specifically targeted to families tend to be more prevalent in CMSMs with a population over 200,000.
[E] Mixed resident shelters are more likely to be found in CMSMs with a population greater than 50,000.

3. Size of Emergency Shelters

Table 3.1 – Size of Emergency Shelters by CMSM Population Groupings

	Less than 50,000	50,001-100,000	100,001 – 200,000	200,001 – 500,000	500,001 – 1,000,000	More than 1,000,000	Total
Total number of emergency shelter beds	3 beds	116 beds	396 beds	858 beds	1,382 beds	4,210 beds	6,965 beds
Average number of beds per emergency shelter	3 beds	16 beds	14 beds	29 beds	73 beds	58 beds	44 beds
Median number of beds per emergency shelter	3 beds	19 beds	10 beds	20 beds	30 beds	50 beds	29 beds

NOTES:
(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) Figures presented for 'total number of emergency shelters' correspond to all those shelters located in CMSMs of a particular size e.g. in the 11 CMSMs with a population of between 100,001 – 200,000, a total of 396 shelters beds were in existence.
(3) Figures do not include those motels in the City of Toronto used as family shelters.
(4) All figures are as of December 31, 2004.

COMMENTS:
[A] The 'average number of beds per emergency shelter' and the 'median number of beds per emergency shelter' appear to increase as the size of the CMSM increases.

Table 3.2 – Size of Emergency Shelters by MCSS Region

	Total Number of Emergency Shelter Beds	Average number of Beds per Emergency Shelter	Median Number of Beds per Emergency Shelter	Population Density	# of Beds Per 100,000
Central East	454 Beds	27 Beds	25 Beds	105.4	24
Central West	464 Beds	39 Beds	20 Beds	1339.5	23
Hamilton-Niagara	492 Beds	26 Beds	15 Beds	161.3	44
South West	141 Beds	23 Beds	18 Beds	40.2	19
South East	69 Beds	10 Beds	8 Beds	110.0	16
Eastern	952 Beds	95 Beds	109 Beds	489.1	97
North East	20 Beds	10 Beds	10 Beds	4.0	17
Northern	160 Beds	16 Beds	13 Beds	1.3	30
Toronto	4,210 Beds	58 Beds	50 Beds	3939.4	170

NOTES:

(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) Figures do not include those motels in the City of Toronto used as family shelters.
(3) Figures to calculate 'Population Density' and '# of Beds per 100,000' are based upon CMSMs that responded to the survey. Therefore, the population and number of beds available are not necessarily reflective of full numbers within the region.
(4) Figures are as of December 31, 2004.

COMMENTS:

[A] The North East and South East MCSS regions appear to have the fewest number of emergency shelter beds.
[B] 60% of the emergency shelter beds are located in the City of Toronto.
[C] Emergency shelters located in the Eastern region have the highest 'average number of beds per emergency shelter' and the "highest median number of beds per emergency shelter".
[D] Emergency shelters in the South East and North East have the smallest 'average number of beds per emergency shelter' and the smallest 'median number of beds per emergency shelter'.

4. Profile of Emergency Shelters by Resident Population

Table 4.1 – Profile of Youth Shelters

	City of Toronto	Outside of the City of Toronto	Total
Number of emergency shelters	14	20	34
Total number of emergency beds	579 Beds	256 Beds	835 Beds
Average number of beds per emergency shelter	41 Beds	13 Beds	25 Beds
Median number of beds per emergency shelter	34 Beds	11 Beds	20 Beds
Range of number of beds in emergency shelters	12-94 Beds	2-30 Beds	2-94 Beds
Average occupancy rate	82%	74%	77%
Median occupancy rate	82%	78%	79%

NOTES:
(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) All figures presented are as of December 31, 2004.

COMMENTS:
[A] 69% of emergency shelter beds targeted specifically for youth are situated in the City of Toronto.
[B] Youth shelters situated outside of the City of Toronto tend to be significantly smaller than those shelters located in Toronto.
[C] The 'average' and 'median' occupancy rates for youth shelters are greater in Toronto than in the rest of the province.

Table 4.2 – Profile of Adult Men Shelters

	City of Toronto	Outside of the City of Toronto	Total
Number of emergency shelters	22	22	44
Total number of emergency beds	1,727 Beds	992 Beds	2,719 Beds
Average number of beds per emergency shelter	78 Beds	45 Beds	62 Beds
Median number of beds per emergency shelter	60 Beds	29 Beds	49 Beds
Range of number of beds in emergency shelters	5-260 Beds	3-187 Beds	3-260 Beds
Average occupancy rate	93%	70%	82%
Median occupancy rate	96%	82%	96%

NOTES:
(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) All figures presented are as of December 31, 2004.

COMMENTS:
[A] 64% of emergency shelter beds targeted to adult men are situated in the City of Toronto.
[B] On average, shelters specifically targeted to adult men located outside of the City of Toronto tend to be significantly smaller that those shelters located in Toronto.
[C] The 'average' and 'median' occupancy rates for shelters serving adult men tend to be higher in the City of Toronto than in the rest of the province.

Table 4.3 – Profile of Adult Women (with and without children) Shelters

	City of Toronto	Outside of the City of Toronto	Total
Number of emergency shelters	16	16	32
Total number of emergency beds	562 Beds	272 Beds	834 Beds
Average number of beds per emergency shelter	35 Beds	17 Beds	26 Beds
Median number of beds per emergency shelter	29 Beds	13 Beds	20 Beds
Range of number of beds in emergency shelters	6-103 Beds	7-49 Beds	6-103 Beds
Average occupancy rate	89%	81%	85%
Median occupancy rate	91%	89%	90%

NOTES:

(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) In some instances shelters serving 'adult women' may also serve female youth and women with young children.
(3) Adult women shelters in Toronto do not typically include children among their residents. In most cases, female-led families are housed in 'family' shelters.
(4) All figures presented are as of December 31, 2004.

COMMENTS:

[A] 67% of emergency shelter beds specifically targeted for adult women (with and without children) are situated in the City of Toronto.
[B] On average, shelters for adult women (with and without children) situated outside of the City of Toronto tend to be significantly smaller that those shelters located in Toronto.
[C] The 'median' occupancy rates for shelters serving adult women (with and without children) are fairly comparable throughout the province.

Table 4.4 – Profile of Family Shelters

	City of Toronto	Outside of the City of Toronto	Total
Number of emergency shelters	11	5	16
Total number of emergency beds	929 Beds	471 Beds	1,400 Beds
Average number of beds per emergency shelter	84 Beds	118 Beds	88 Beds
Median number of beds per emergency shelter	80 Beds	93 Beds	80 Beds
Range of number of beds in emergency shelters	24-160 Beds	25-260 Beds	24-260 Beds
Average occupancy rate	88%	75%	85%
Median occupancy rate	87%	76%	87%

NOTES:
(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) Figures do not include those motels in the City of Toronto used as family shelters.
(3) All figures presented are as of December 31, 2004.

COMMENTS:
[A] Over 66% of emergency shelter beds specifically targeted for families are situated in the City of Toronto.
[B] On average, shelters specifically targeted to families tend to be larger outside of the City of Toronto.
[C] The 'average' and 'median' occupancy rates for shelters targeted to families are greater in Toronto than in the rest of the province.

Table 4.5 – Profile of Mixed Resident Shelters

	City of Toronto	Outside of the City of Toronto	Total
Number of emergency shelters	9	17	26
Total number of emergency beds	413 Beds	715 Beds	1,128 Beds
Average number of beds per emergency shelter	46 Beds	42 Beds	43 Beds
Median number of beds per emergency shelter	60 Beds	24 Beds	34 Beds
Range of number of beds in emergency shelters	5-76 Beds	6-198 Beds	5-198 Beds
Average occupancy rate	96%	71%	79%
Median occupancy rate	98%	85%	91%

NOTES:
(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) All figures presented are as of December 31, 2004.

COMMENTS:
[A] 64% of the mixed resident shelter beds are located outside of the City of Toronto.
[B] The 'average' and 'median' occupancy rates for mixed resident shelters are greater in Toronto than in the rest of the province.

5. Length of Stay Policies

Table 5.1 – Length of Stay Policy by Shelter Type

	Youth	Adult Men	Adult Women (with or without children)	Families	Mixed Resident Population	Total
14 days or less	4 Shelters	6 Shelters	1 Shelters	-	2 Shelters	13 Shelters
15 days to 29 days	2 Shelters	3 Shelters	2 Shelters	-	1 Shelters	8 Shelters
30 days to 45 days	5 Shelters	6 Shelters	4 Shelters	1 Shelter	2 Shelters	18 Shelters
46 days to 90 days	4 Shelters	2 Shelters	1 Shelter	1 Shelter	4 Shelters	12 Shelters
Over 90 days	2 Shelters	1 Shelters	1 Shelter	-	-	4 Shelters
Based on individual circumstances	16 Shelters	26 Shelters	20 Shelters	14 Shelters	15 Shelters	91 Shelters
Average length of stay	20 days	11 days	35 days	75 days	13 days	
Median length of stay	14 days	9 days	17 days	42 days	8 days	

NOTES:
(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) In some instances shelters serving 'adult women' may also serve female youth and women with young children.
(3) Average length of stay figures were not available for emergency shelters located in the City of Toronto.
(4) Information on length of stay was not provided for all emergency shelters.
(5) All figures presented are as of December 31, 2004.

COMMENTS:
[A] Generally speaking shelters specifically targeted to adult men had the shortest length of stay policy.
[B] 33% of shelters have a 30-45 day length of stay policy.
[C] In addition to the 72 shelter programs located in the City of Toronto, 19 shelters outside of the City of Toronto indicated that they either had no length of stay policy or that their policy was based on individual circumstances.
[D] The average and median length of stay is likely to be influenced by the length of stay policy in place at each shelter.
[E] Of those CMSMs that had more than one shelter, an equal number of length of stay policies tended to be dictated by the type of shelter as opposed to being consistent throughout the CMSM regardless of the type of shelter.

6. Provision of Personal Support Services

Table 6.1 – Provision of Personal Support Services by Source

	Shelter Staff (regular, redirect, host agency) A	OW Staff only B	External Agency only C	Combination including shelter staff D	(A+D) E	Not typically provided F
Resources to obtain housing	40%	3%	16%	37%	77%	5%
Accompaniment to obtain housing	40%	-	13%	24%	64%	24%
Follow-up once housing secured	34%	4%	18%	25%	59%	20%
Assistance in obtaining financial benefits	48%	13%	4%	36%	84%	-
Assistance in obtaining clothing	61%	7%	-	32%	93%	-
Transportation assistance	52%	8%	5%	25%	77%	10%
Assistance in obtaining ID	49%	5%	11%	30%	79%	5%
Referrals to resources and services	70%	2%	-	28%	98%	-
Advocacy	64%	2%	4%	31%	95%	-
Access to showers	93%	-	-	7%	100%	-
Access to laundry facilities	85%	-	2%	7%	92%	5%
Mental health services	4%	2%	57%	22%	26%	15%
Physical health services	5%	2%	61%	16%	22%	16%
Substance abuse/use services	20%	2%	39%	24%	44%	15%
Counselling services	25%	-	36%	30%	55%	9%
Pastoral services	46%	2%	18%	11%	57%	22%
Community outreach/street workers	22%	-	35%	18%	40%	25%
Transitional housing	40%	-	12%	12%	52%	35%
Employment assistance	19%	10%	21%	29%	48%	21%
Life skills	42%	3%	10%	23%	65%	21%
Trusteeship	29%	-	14%	9%	38%	47%
Child minding	11%	2%	2%	6%	17%	80%
Parenting support	9%	4%	14%	10%	19%	62%

NOTES:
(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) Figures do not include shelters located in the City of Toronto.

COMMENTS:
[A] External agencies are the major providers of mental health services (57%) and of physical health services (61%).
[B] In over 75% of shelters, shelter staff either alone or in combination with another service provider:
- assist in obtaining financial benefits, identification and clothing
- make referrals to resources and services
- advocate on behalf of residents
- provide access to showers
- provide access to laundry facilities
- provider resources to obtain housing
- provide transportation assistance

[C] It is assumed that child minding and parenting support would only be available in those shelters where families are present.

7. Emergency Shelter Operating Costs and Revenues

Table 7.1 – Per Diem Levels by Resident Group

	Youth	Adult Men	Adult Women (with or without children)	Families	Mixed Resident Population	Other Specific Resident Groups	Total
Number of emergency shelters receiving less than the maximum cost-shared per diem	-	7	2	-	4	-	13
Number of emergency shelters receiving the maximum cost-shared per diem	19	16	11	3	13	4	66
Number of emergency shelters receiving a municipal top-up in addition to the cost-shared per diem	17	8	14	7	7	2	55
Total	36	31	27	10	24	6	134

NOTES:
(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) Does not include 'directly operated' emergency shelters.
(3) In some instances shelters serving 'adult women' may also serve female youth and women with young children.
(4) All figures presented are as of December 31, 2004.

COMMENTS:
[A] Almost half of the emergency shelters in Ontario targeted to youth received a municipal top-up to their per diem rate.
[B] 44 of the 58 'purchased emergency shelters' in the City of Toronto receive a municipal top-up.
[C] Six CMSMs pay a per diem rate in excess of the maximum per diem established by the Ministry.

Table 7.2 – Operating Costs by Resident Group

	Youth	Adult Men	Adult Women (with or without children)	Families (all costs are per family member)	Mixed Resident Population	Other Specific Resident Groups
Average daily operating costs	$105.30	$56.76	$78.90	$58.34	$56.12	$63.35
Median daily operating costs	$85.95	$48.99	$70.87	$61.03	$53.11	$45.80
Range of daily operating costs	$21.69 - $265.85	$28.56 - $133.70	$51.88 - $147.81	$22.55 - $87.02	$38.97 - $95.30	$29.65 - $88.80
Revenue from cost-shared per diem as a percentage of expenditures	52%	73%	63%	87%	68%	68%

NOTES:

(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.
(2) Does not include directly operated emergency shelters.
(3) In some instances shelters serving 'adult women' may also serve female youth and women with young children.
(4) The figures presented should be used for illustrative purposes only given the variability in expenditure and revenue reporting that appears to exist amongst emergency shelters.
(5) All figures presented are as of December 31, 2004.

COMMENTS:

[A] 'Average' and 'median' daily operating costs' are highest for shelters specifically targeted for youth.
[B] Figures pertaining to daily operating costs are influenced by the range of services provided, occupancy rates, and the amount of donations and in-kind contributions (e.g. volunteer staff, donated food, in-kind use of physical facilities).
[C] In several instances, emergency shelters for adult women (with and without children) also serve as Violence Against Women shelters and as such receive revenue from other government and non-governmental sources.
[D] Other sources of revenue received by shelters specifically targeting youth were not identified and as such conclusions cannot be reached.

Table 7.3 – Operating Costs by Size of Emergency Shelter

	Fewer than 20 Beds	20-49 Beds	50 or More Beds
Average daily operating costs	$102.07	$72.87	$58.55
Median daily operating costs	$85.95	$68.80	$54.50
Range of daily operating costs	$29.65 – $265.85	$21.69 – $200.34	$22.55 – $134.20
Revenue from cost-shared per diem as a percentage of expenditures	43%	65%	82%

NOTES:

(1) Figures derived from the information provided by the 35 CMSMs who responded to the survey.

(2) All figures presented are as of December 31, 2004.

COMMENTS:

[A] 'Average' and 'median' daily operating costs are greater for shelters with fewer than 20 beds.

[B] 'Average' and 'median' daily operating costs are less for shelters with 50 or more beds.

[C] Figures pertaining to daily operating costs are influenced by the range of services provided, occupancy rates, and the amount of donations and in-kind contributions (e.g. volunteer staff, donated food, in-kind use of physical facilities).

[D] Larger shelters appear more dependent on cost-shared per diem as a source of revenue than do smaller shelters.

Appendix E

Anecdotal Information on Capital Development, Renovation and Repair

Emergency shelters are housed in a variety of physical facilities, some of which are designated for more than one use. In the City of Toronto for example, approximately 85% of shelter facilities have been converted from other uses with the remaining 15% having been built specifically for emergency shelter purposes. As a result of their development history some shelters are in need of extensive renovation while others require only routine maintenance and repair. For instance, the 2005 capital provisions for the Region of Peel's three directly operated shelters ranged from $255 per bed to $884 per bed depending upon the age and original purpose of each facility.

In the fall of 2003, a Building Condition and Capital Cost Forecasting Study was commissioned by the City of Toronto on 55 of 65 shelter programs located in Toronto (both those directly operated by the City and those with whom the City maintained a purchase of service agreement). The Study concluded that there was approximately $4 million of "backlog" repairs and replacements that were immediately required in the coming year – an average of $72,725 per emergency shelter. While the Study also indicated that "the shelter portfolio [was] generally in good condition", it was estimated that in each of the coming thirty years, an average capital investment of $4 million was needed to address repair and replacement requirements. By comparison, an average of $52,000 per year has been set aside in the Region of Peel's ten year capital budget for each of its directly operated shelters.

The Toronto Study also found that only 40% of community-based emergency shelters maintained a capital reserve fund. The Study's authors recommended that all facilities should maintain such a fund and even where one did exist, that a much larger capital reserve contribution per bed was required if future repair and replacement costs were to be addressed.

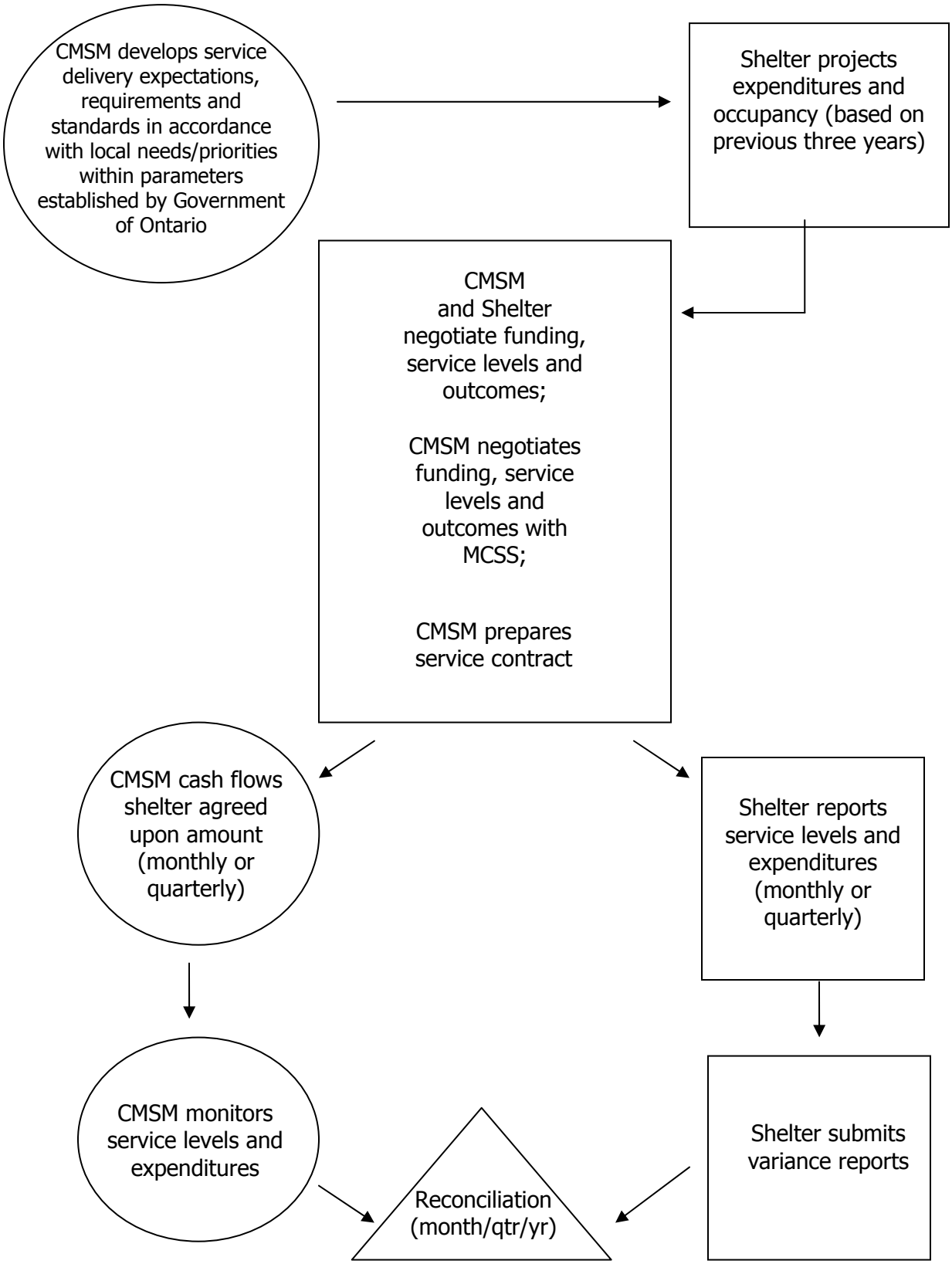
Appendix F

Proposed Funding Framework

Principle	Key Elements	Current Situation	Impact
1. Recognizes the strategic value of investing in social infrastructure that builds and sustains healthy communities	- The funding of emergency shelter services is a shared responsibility between all orders of government and between local providers of emergency hostel services - Emergency shelters are a key component of the housing continuum	- The increase and complexity of homelessness has been influenced by a variety of global, national, provincial and local factors - The current investment in emergency shelters is inadequate	- Emergency shelter residents have improved personal health and well-being, enhanced self-esteem and self-respect, increased attachment to family and the community, improved financial and family stability, secure housing, and employment as a result of the services provided
2. Ensures all shelter residents have access to necessary personal support services to achieve their desired, measurable outcomes	- Emergency shelters and the broader service system are appropriately funded to provide residents with necessary personal support services to achieve desired, measurable outcomes	- The needs of emergency shelter residents have become more complex in the past decade as a result of federal and provincial funding and policy decisions - All emergency shelter residents, regardless of their gender, gender identification, age or family composition, require access to necessary personal support services - Funding is currently based on occupancy and does not recognize the personal support services necessary to achieve desired, measurable outcomes	- Emergency shelter residents have increased access to necessary personal support services resulting in the achievement of positive, measurable outcomes - Effective intervention is provided so that length of stay and recidivism are reduced - Emergency shelter residents are assisted in improving their personal health and well-being, enhancing their self-esteem and self-respect, increasing their attachment to family and the community, improving their financial and family stability, in securing housing, and in finding employment
3. Reflects a sustainable municipal financial formula and ensures municipal contributions are negotiated with the Government of Ontario within the context of other municipal financial obligations	- On a province-wide basis, municipal contributions reflect the ability of the local tax base to fund the services necessary to support residents of emergency shelters	- Emergency shelter services are not available in all communities - Many CMSMs contribute 100% municipal dollars and/or utilize other funding sources (many of which are time-limited) to sustain or enhance emergency shelters - Service providers contribute funding from a variety of revenue sources	- Homeless individuals and families across Ontario have access to emergency shelter services as close to their home community as possible - Service contracts are negotiated annually, within a three year planning cycle, by CMSMs and MCSS to address the level of service to be provided and the associated cost of service provision
4. Adequately funds the costs associated with the CMSM service system management function	- CMSMs, as local service system managers, are effective in their ability to integrate emergency shelter services within the homelessness portfolio and with the continuum of housing programs and services	- Under the current funding model, CMSMs are expected to manage the service system within the constraints of their respective Ontario Works Cost of Administration budget – a budget that does not fully recognize the costs of administration nor the growth in the at-risk and homeless populations	- CMSMs are able to dedicate the necessary resources to effectively and efficiently manage the emergency shelter service system thus increasing their level of accountability - CMSMs are able to monitor and enforce service expectations, requirements and standards resulting in services being delivered in a safe manner and increasing positive outcomes for shelter residents
5. Recognizes fixed operating,	- Fixed operating and administrative	- The current per diem funding model is	- Funding shortfalls attributed to inflationary

Principle	Key Elements	Current Situation	Impact
administrative and capital costs	costs (such as rent/mortgage, utilities, property taxes, contributions to capital reserves, repairs and renovations, minor capital) are funded independent of occupancy rates - Inflationary costs are recognized - Economies of scale issues are addressed - Capital costs are recognized as a legitimate cost of sustaining an emergency shelter	based on occupancy - The current per diem ceiling is inadequate to fully fund even the core services of accommodation and meals - The per diem ceiling established by the Government of Ontario has not been routinely adjusted to reflect the cost of inflation - The size of an emergency shelter is dictated by a number of factors including the population of the community it serves - Major and minor capital costs are not routinely covered by the per diem	increases are decreased - Emergency shelters are better able to plan services and budget accordingly - The provision of 'quality' services is enhanced through the ability to recruit and compensate qualified staff - The emergency shelter system is sustainable and better able to respond to changing resident and community needs - The viability of smaller emergency shelters is enhanced - The provision of emergency shelter services is supported particularly in smaller communities
6. Effectively and efficiently supports service delivery expectations, requirements and standards	- Broad parameters are established by the Province and CMSMs are provided with the authority and flexibility to determine local expectations, requirements and standards - Appropriately funded local expectations, requirements and standards are in place for all emergency shelters	- In the absence of Government of Ontario expectations, requirements and standards, several CMSMs have developed administrative and program standards or guidelines	- The health and safety of residents is ensured contributing to the achievement of positive, measurable resident outcomes
7. Recognizes that homelessness is not synonymous with social assistance eligibility	- All individuals and families who are residents of emergency shelters have access to accommodation, food and necessary personal support services regardless of their social assistance eligibility	- The Ontario Works Act governs the ability of CMSMs to provide funding to emergency shelters on behalf of residents - Inequities exist between the Ontario Works Act and the Ontario Disability Support Program and as such social assistance beneficiaries are not treated equitably - Not all emergency shelter residents are 'persons in need' as defined by social assistance legislation and regulation - Many CMSMs have experienced an increase in shelter residents with low or fixed incomes (e.g. working poor, EI, CPP)	- All emergency shelter residents have access to necessary personal support services to assist them in improving their personal health and well-being, enhancing their self-esteem and self-respect, increasing their attachment to family and the community, improving their financial and family stability, in securing housing, and in finding employment - All people in need have access to emergency shelter services
8. Is easily administered	- The emergency shelter system has legislative and accountability processes in place - Adequate funding is available for the resources to support improved administrative processes and information and data management	- The administrative effort required by emergency shelters to administer the program (e.g. issuing Personal Needs Allowance) and to maintain and report on service levels is not recognized or compensated - The time spent by emergency shelters on administrative activities is not cost effective, is onerous and takes away from the provision of service to residents	- Administrative time and effort is reduced thus allowing emergency shelters to dedicate more resources to the provision of resident services

Appendix G
Service System Management Process Flow Chart



Appendix H

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