Chapter 1.5

Toronto's Streets to Homes Program

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This chapter evaluates the effectiveness of the Housing First model of providing permanent housing to long-term or chronically homeless singles, of which Toronto's Streets to Homes (S2H) program is arguably the most popular model today. The chapter begins by examining the "treatment first" approach to housing homeless persons, as well as the emergence of the Housing First model, followed by a case study of Toronto's Streets to Homes program. The program's origin, successes, and shortcomings are discussed and recommendations on how to improve the program are offered. While the general view of interview subjects – all of whom have been assured of anonymity – is that S2H has been effective, most believe there is room for improvement.

Method

Toronto, Ontario, was chosen as the study area for this research because (a) its homeless population is larger than that of any other Canadian municipality and (b) its Housing First model is by far the largest and most developed example of the approach of any Canadian municipality. Moreover, the study area is well known to the researcher as he has worked as a front-line community worker with Toronto's homeless population for more than a decade.

Semi-structured in-depth interviews were undertaken with 34 key informants from March 2008 until October 2008.[1] There were seven groups of informants. The first group consisted of four City of Toronto officials familiar with the S2H program. These interviews involved questions about the province's role in Toronto's emergency shelter system, S2H's main components and operations, and S2H's Street Outreach Steering Committee. The second group consisted of two individuals, one from the United States and one from Canada, who were asked for information on academic resources on the Housing First model. The third group, consisting of five individuals – four in the academic community and one in the activist community – were asked about criticism of the Housing First model. The fourth group consisted of six policy experts in Toronto who were asked about the pre-S2H environment in Toronto, specifically, what efforts had been made in Toronto prior to S2H to provide permanent housing to homeless persons. Members of a fifth group, consisting of six experts on poverty and health, were asked about the effects of low income on health – particularly disposable income after shelter costs. A sixth group, consisting of six executive directors of Toronto community agencies, was asked about the shortcomings of S2H. In particular, these executive directors were asked to what extent they felt that S2H was not meeting its program goals. Finally, a seventh group, consisting of three Canadian experts on affordable housing policy, was asked to what extent a Housing First program such as S2H can function in a context of relatively low vacancy rates.

All key informants were selected based on the researcher's previous knowledge gained both as a front-line community worker in Toronto for the past decade and as a researcher over the past six years. While all of the above interviews informed the policy recommendations suggested by the research, not all interview correspondence is cited here.

Time constraints precluded client interviews. However, the research drew on S2H's 2007 post-occupancy research study, which involved in-

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[1] The research focuses on S2H before the enhancements that were implemented in May 2008. Thus, it will not explore the recent decision by Toronto City Council to use the S2H approach to address panhandling in Toronto, though this enhancement will be touched on in the paper's conclusion.

terviews with 88 S2H clients. Data from the program's post-occupancy research are the only data available on S2H clients and therefore have to be considered in any assessment of the program. There were, however, clear limitations to the data, and they should be interpreted with caution. First, the preoccupancy data used were taken at the same time as the post-occupancy data. Indeed, tenants were asked at the time of the survey how their situation compared in many regards before and after tenancy, but they were asked this retrospectively. This raises the research methodology question of reliability. Second, many of the outcomes were self-reported rather than externally verified. Third, the survey was done "in-house" by City of Toronto staff, raising a methodological question of bias. (For more on epidemiological research methods, see Galea and Vlahov, 2005).

U.S. Models for Providing Housing to the Homeless

The standard model of providing housing to chronically homeless adults in the United States is the "treatment first" approach, also known as the "continuum of care" model. In this model, a provider – or team of providers – of homeless services determines when and if a homeless person is ready to be housed. The assessment process continues as the participant progresses from emergency shelter, then graduates to transitional housing and then moves on to the final stage of the continuum: permanent housing with few if any supports. To complete the process, a homeless person must generally abstain from drugs and alcohol, and may be required to take psychotropic medication as prescribed by a physician. In short, the "treatment first" approach requires one long "audition" of sorts. Non-compliance with any of the conditions can result in either a delay in the transition or expulsion altogether (Greenwood et al., 2005; Tsemberis and Eisenberg, 2000). The goal is to see that the client is "housing ready," and the continuum is seen as one lengthy preparation process for independent living.

For many homeless people – the chronically homeless in particular – the conditions involved in this process are onerous, if not completely unrealistic. Moreover, it is highly debatable as to whether the conditions required in such a process represent a good test for housing readiness.

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The new model of providing housing to the chronically homeless is the "Housing First"[2] approach. Housing First does not require homeless people to go through the steps described above. Instead, it provides them with almost immediate access to permanent housing. Though staff periodically visit the participants at their units, the housing does not feature 24-hour, on-site staffing (Padgett, et al., 2006: 75). The model is often believed to have developed first in New York City in 1992 with the founding of a non-profit agency called Pathways to Housing Inc., led by Dr. Sam Tsemberis, a clinical psychologist (Padgett, 2007: 1928). All of the Pathways participants are initially homeless and have a psychiatric diagnosis. Almost all also have problems with drugs and/or alcohol (McCarroll, 2002). Furthermore, the program will not refuse a client with a history of violence and/or incarceration (Padgett et al., 2006: 77).

The program has only two requirements of its participants:

1. They must agree to participate in a money management program with staff that takes 30 percent of their income and directs it toward rent (Greenwood et al., 2005: 225). The other 70 percent of each participant's rent comes from grants from city, state and federal governments, as well as from Section 8 vouchers (Tsemberis and Eisenberg, 2000: 489).[3]

2. They must agree to at least two visits to their apartment by staff per month.

The client has access to an Assertive Community Treatment (ACT) team. The ACT team in question provides multidisciplinary clinical support; its staff are led by a psychiatrist and include a social worker, a "vocational trainer," an addictions worker, a nurse practitioner and a housing worker. The team is available to clients 24 hours a day, seven days a week (Greenwood et al., 2005: 225; Padgett et al., 2006: 77). While abstinence is neither a program requirement nor an expectation, Pathways staff provide support from a "harm reduction" perspective. Counselling

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[2] This should not be confused with the City of Toronto's "Housing First Policy" whereby surplus municipal land has to be used for housing.
[3] With reference to these two requirements, Gulcur et al. (2003: 174) note: "These criteria are... applied flexibly such that prospective clients are not denied housing on the basis of their refusal to comply."

on substance use is provided; Pathways even has its own harm reduction support groups. Clients who wish to enrol in residential treatment programs are assisted by Pathways staff in doing so. Moreover, if the client chooses this option, a Pathways apartment unit is guaranteed upon her or his return from treatment (Padgett et al., 2006: 77).

In comparing the two models, the academic literature on Housing First is overwhelmingly positive. It indicates that between 85 percent and 90 percent of those who participate in the Pathways program are still housed when followed up five years later (Tsemberis and Eisenberg, 2000). Also, compared with their "treatment first" counterparts, Housing First participants remain housed longer, spend fewer days in hospital (Gulcur et al., 2003: 181), and are no more likely to use drugs or alcohol (Padgett et al., 2006: 74). Finally, it is cheaper to support a client through the Housing First model than through the "treatment first" approach, due largely to the reduced days required for psychiatric hospitalization (Gulcur et al., 2003: 182).[4]

Although the "treatment first" approach remains the dominant service delivery model in the United States (Padgett et al., 2006: 81), by 1996, Housing First programs had helped more than 100,000 participants (McCarroll, 2002). The Housing First approach is increasingly popular among policy-makers, politicians, business leaders, and the media.

Toronto Context

Toronto and most other Canadian cities have a smaller proportion of economically marginalized people than do most American cities (see Myles, 1996). Moreover, social housing provision has been considerably more significant in Canada than in the United States. In the 1965-1995 period, social housing (including both public housing and Section 8 housing) accounted for roughly 3 percent of housing stock in the United States. In Canada, the corresponding figure was 6 percent (but is now down to 5 percent).

In 1982, there were an estimated 3,440 homeless persons in Metropolitan Toronto, of whom 1,600 were in hostels and another 1,800 had no

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[4] It is considerably cheaper to provide individuals with government-assisted housing (supportive or not) than to supply them with a shelter bed every night.

fixed address (Metropolitan Toronto, 1983: ii)."[5] By 1983, individuals under 25 years old, families and single women represented subgroups on the rise within Toronto's homeless population (Metropolitan Toronto, 1983: vii). By 1988, roughly 20,000 people were using Toronto's emergency shelter system on an annual basis. Of those people, roughly 4,000 were single women, 6,000 came to the shelters in families and 10,000 were single men (Ontario, 1988: 36). As pointed out in 1999 in the final report of the Mayor's Homelessness Action Task Force:

> Average daily hostel occupancy [in Toronto] increased overall for single adults by 63 percent from September 1992 to September 1998. In the same six-year period, the increase in shelter use by population groups was 80 percent for youth, 78 percent for single women, 55 percent for single men, and a shocking 123 percent for families (Golden et al., 1999: 14).

In 1990, a total of 26,529 individuals used a Toronto emergency shelter at least once during the year. By 2002, this figure had risen 21 percent to roughly 31,985 (City of Toronto, 2003: 38).

Thirty-one percent of formerly homeless people recently surveyed stated that, prior to being housed, they never stayed in shelters, 11 usually electing to sleep outside. Another 40 percent said that they did so "rarely" (City of Toronto, 2007: 79).[6]

Toronto's homeless population has a smaller proportion of visible minorities than its general population, in contrast to the United States homeless population. Indeed, whereas 37 percent of homeless respondents in the 2007 Street Health survey identified themselves as "non-Caucasian," 44 percent of Toronto's general population consisted of visible minorities. However, the same survey also found that 15 percent of homeless people in Toronto identified themselves as Aboriginal, com-

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[5] "The figure of 3,440 persons is still a minimum estimate of the number of homeless in Metropolitan Toronto, as anyone who was not a client of the agencies surveyed or who did not stay at a hostel was excluded" (City of Toronto, 1983: 7).
[6] Respondents who said "rarely" meant that "they stayed in shelter less than a few days each month, or 'only when I had to,' or 'only when it was very cold'" (City of Toronto, 2007: 12). Of those who "never" used shelters, slightly more than half never even used Out of the Cold beds, while just under half did use Out of the Cold Beds (City of Toronto, 2007: 79).

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pared with 0.5 percent in the general population of Toronto (Khandor and Mason, 2007: 7-8). Thus, as is the case in the United States, Aboriginal individuals are overrepresented in Toronto's homeless population – in fact, considerably more so than in the United States.

The City of Toronto undertook a needs assessment of all those it identified as homeless on the night of April 19, 2006. The survey sample was "representative of the demographic composition of homeless people encountered outdoors during the Street Needs Assessment in April 2006" (City of Toronto, 2007: 8-11). The findings suggest that homeless persons sleeping outside are, by far, the most "chronically homeless" of all the groups surveyed. Table 1 outlines this situation clearly, showing that those sleeping outside on the night of the assessment reported having been homeless an average of six years.

Table 1: Length of Homelessness

Location	Average Number of Years Homeless
Outdoor	6.0
Family Shelters	0.6
Youth Shelters	1.2
Mixed Adult Shelters	3.8
Men's Shelters	4.1
Women's Shelters	2.1
All Shelters	3.0
Corrections	4.5
Health and Treatment	4.2
All Survey Respondents	3.4

Source: City of Toronto (2006: 14).

Furthermore, the outdoor homeless population is more inclined to have used a detox than those sleeping in shelters (23.5 percent vs. 16.0 percent) and less inclined to have participated in employment/job training (17.5 percent vs. 27.0 percent [City of Toronto, 2006: 15]).

In summary, Toronto's homeless population has increased by 400 percent between 1980 and 2000. Within the homeless population, the numbers of couples, children and single-parent households have grown the fastest. Toronto's current homeless population experiences chronic physical health conditions, as well as mental health conditions, at much

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higher rates than the general population. Moreover, Aboriginal persons are very much overrepresented in Toronto's homeless population. Finally, those living outside have been homeless considerably longer than those living in shelters.

Toronto's Policy Responses

Funding for homelessness relief programs in Toronto comes from all three levels of government, as well as the charitable sector, whose main players are the United Way of Greater Toronto, the Trillium Foundation, and churches (Dowling, 1998: 12). Some types of support serve many homeless people but are geared to a wider group that includes housed individuals. For example, the Ontario Ministry of Health funds mental health case management through agencies such as COTA Health and Street Health. It also funds drop-ins such as the Parkdale Activity-Recreation Centre (PARC), the Meeting Place (run by St. Christopher House) and Sistering (Dowling, 1998: 1-7).

Toronto has had a municipally managed shelter system from the 1960s onward. In the 1980s, it expanded significantly. By 1988, Toronto had roughly 2,100 shelter beds open each night, generally at or near capacity. That figure grew steadily and was roughly 3,500 by 1996 (Springer et al., 1998: 9). Metro Toronto's budget for "services to the homeless" grew from $38 million in 1992 to $56 million by 1997 (Main, 1997: 23). That said, the expansion of Toronto's shelter system was not as dramatic as that experienced in American cities. While the number of emergency shelter beds in the United States grew sixfold between 1984 and 1996, Toronto's capacity doubled.

Government-assisted housing, both in the United States and in Canada, traditionally was not directed primarily at those who were "homeless." Before 1986, homeless people in Canada were ineligible for social housing unless they were diagnosed with a disability (Dowling, 1998: 2-3). Beginning in the 1980s, a sizeable percentage of government-assisted housing units began to be directed at the homeless. In Ontario, eligibility for government-assisted (i.e. rent-geared-to income [RGI]) housing was originally for low-income families with children and low-income seniors. "Supportive housing" units were introduced in the 1980s as a provincial program, largely as a delayed response to the deinstitu-

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tionalization of individuals with mental health issues. Many of the recipients were homeless when they received the housing. From the mid-1980s until the mid 1990s, roughly 300 new supportive housing units per year were made available to homeless singles in Toronto, mostly from the shelter system. Roughly 10 percent of the 100,000 social housing units in Toronto are supportive housing units. And in the mid-1980s, the Habitat boarding homes (jointly funded by the Province and the City on an 80:20 basis) began operations.

The Toronto-based Homes First Society was especially innovative in pushing the envelope on providing housing to the homeless (both the sheltered homeless and rough sleepers) in the 1980s. In 1984, it opened its 90 Shuter Street complex, Toronto's first government-assisted housing dedicated to homeless single people (Dowling, 1998: 2-3).

In 1994, homeless people became designated as a priority target population for new vacancies arising in all non-profit housing units in Ontario (Dowling 1998: 3). In 2006, this meant that 825 homeless persons obtained housing in Toronto Community Housing Corporation (TCHC) units (Housing Connections, 2006: 13). For 2007, the figure was 941 (Housing Connections, 2007: 11).

In 2000, in response to nationwide advocacy, the federal government introduced the Supporting Communities Partnership Initiative (SCPI),[7] providing $135 million per year across Canada for homelessness services and support programs. In spite of the federal government's insistence that this was funding not be used for permanent housing, some communities succeeded in creating long-term "transitional housing" units for homeless persons. There are now roughly 2,500 such units nationally, roughly 750 of which are in Toronto.

Until recently, no level of government made a concerted effort to move rough sleepers (i.e. those living outside the shelter system most nights) directly into permanent housing. A major reason was a bureaucratic one: community agencies liked working with non-profit housing

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[7] In December 2006, the Harper government modified the SCPI program and renamed it the Homelessness Partnering Initiative (HPI). As of October 2008, the HPI was extended beyond March 2009, but details on this extension are not yet clear.

providers, largely because non-profit landlords charged rents that were geared to a tenant's income. There were always waiting lists for government-assisted housing. Establishing a connection with a rough sleeper was hard enough. But completing an application with one, and then locating the person months or years later after his or her application had made its way to the top of the waiting list was nearly impossible.

However, some agencies did help rough sleepers move directly into non-profit housing. For example, at the Corner Drop-In, run by St. Stephen's Community House, outreach workers helped some rough sleepers move directly into rooming houses. Moreover, as part of a pilot project in the late 1990s, staff at PARC, Community Resource Connections of Toronto and Sistering all helped rough sleepers access permanent housing at Houselink Community Homes (whose mandate was to house people with serious mental health problems).

As for the model used, some Toronto housing providers followed the "treatment first" approach, but many did not. For example, neither Houselink Community Homes nor Mainstay Housing insisted on medication compliance for tenants who had serious mental health problems. Nor did Houselink or Mainstay require that a tenant with addictions issues complete an abstinence-based treatment program before receiving the keys to a housing unit. Indeed, the harm reduction approach, which does not require abstinence, has been "commonly followed in supportive housing in Toronto" for many years.

One of the Ontario government's responses to the 1999 final report of the Mayor's Homelessness Action Task Force was to initiate a Toronto program called Off the Streets Into Shelters, a program that featured four or five outreach workers who encouraged rough sleepers to enter emergency shelters. Moreover, the 1999-2000 period saw a major expansion in homeless services in Toronto, in part due to the provincial government's response to the final report of the Mayor's Homelessness Action Task Force and in part due to the advent of the SCPI. Increased services from both of these initiatives came in the form of a rent bank, eviction prevention programs, more housing of workers in shelters and the province's Off the Streets Into Shelters street outreach program. This period also saw an increase in the number of all-day shelters and the revamping of Seaton House, Toronto's largest men's shelter.

In 2000, the provincial government expanded its supportive housing system. Over the next five years, the number of supportive housing units in the City of Toronto rose from 2,400 to 4,200 (including the expansion of Habitat boarding homes, whose stock grew from 600 to 1,000 during this time). Also in 2000, the Ontario Ministry of Municipal Affairs and Housing started a rent supplement program that, by 2005, had resulted in 3,000 rent supplements.

According to a 2003 City of Toronto report, Toronto's approach to serving rough sleepers changed in 2001:

> Previous to 2001 the majority of street outreach funding was for programs that provided survival support. While the survival work continues, since 2001 the main focus of street outreach has shifted to "high support street outreach." This approach uses a case management approach where outreach workers do comprehensive work with people to help them get off the street and into shelter, housing or other suitable programs and services... In many situations workers were successful in helping someone find shelter or housing (City of Toronto, 2003: 49-50).

Though the above shift in Toronto's approach to rough sleepers by no means meant a full shift to a Housing First approach, it did represent the continuation of the aforementioned shift to supportive housing.

In 2002, with funding from a City of Toronto grant program, the Fred Victor Centre began running a very effective program moving "long-term homeless persons" (i.e. people who had been homeless for over a year) from shelter into permanent housing, and then providing follow-up services. But since then, the City of Toronto stopped encouraging community agencies to develop new programs. Indeed, that was the last year the City put out a request for proposals (RFP) to community agencies to come up with new service delivery models.

Through many of these efforts, roughly 6,500 homeless persons per year were being moved from Toronto's emergency shelter system into permanent housing. This is not a well-known fact, but it ought to be. To be sure, and contrary to the general perception, the City of Toronto's shelter system and its many services has been very effective at moving its clients into permanent housing.

Unfortunately, funding has been tight. For example, annual funding for emergency shelters not directly run by the City of Toronto has en-

dured several years of flat-lined budgets. From the late 1990s until 2003, for instance, the per diems (e.g. the amount of money provided per filled shelter bed on a nightly basis) to non-City shelters did not increase (not even adjustments for inflation). And City "grants programs," which fund some drop-ins, help centres, food programs and housing support programs, have received virtually no funding increases since 2000.

And in spite of the Province's expansion of program initiatives, it has been shortchanging the City of Toronto with respect to the funding of shelter beds. Under the *Ontario Works Act*, the Province is supposed to pay 80 percent of the cost of each shelter bed in Toronto's emergency shelter system. The City is supposed to pay the remaining 20 percent. But the Province has capped the total dollar amount it will pay for each bed for each Ontario municipality. Assuming the City pays the additional 20 percent, this would bring the total "per diem" per shelter bed to a total of $42. While $42 per night per occupied shelter bed might be sufficient to run a shelter in a small Ontario municipality, it is grossly inadequate for Toronto. The actual cost involved in running an occupied shelter bed in Toronto is more like $57. Thus, in addition to paying the initial 20 percent required under the *Ontario Works Act*, the City of Toronto has been paying 100 percent of the difference between the actual cost of an occupied shelter bed and the Province's capped amount. Thus, the City of Toronto is now the majority funder of shelter beds in Toronto, paying 52 percent of the actual costs versus the Province's 48 percent. For the Province to honour the 80:20 split for Toronto alone, it would have to start paying an additional $20 to $30 million annually.

Not surprisingly, Toronto's current shelter system is far from adequate. The 2007 Street Health Report found that 55 percent of all homeless people surveyed reported that they were unable to get a shelter bed at least once in the previous year – 20 times on average.

The Streets to Homes Program (S2H)

Toronto's Streets to Homes (S2H) program originated in February 2005 with an annual budget of $4 million. Prior to the May 2008 enhancement, the program's annual budget stood at roughly $8.7 million. The program emerged out of a unique context. First, in 2003- 2004, Toronto City Council had a series of debates on homelessness, during which time concern

was raised about the fact that large sums of money were being spent on homelessness, yet the number of homeless people was continuing to grow. Second, almost 100 people a night had been sleeping rough at Nathan Phillips Square (Toronto City Hall). Third, beginning in 2002, the City of Toronto had undertaken a successful relocation of the Tent City squatters, whereby roughly 100 squatters had been given immediate access to private market housing, a deep rent supplement and staff support (see Gallant, Brown and Tremblay, 2004). Finally, in 2004, roughly 20 to 30 people had been evicted from underneath the Bathurst Street Bridge when a nearby building was being demolished. There was a great deal of media coverage of this event. Several squatters interviewed by the media said that they had not been offered housing when they were evicted (Falvo, 2008: 33).

S2H's goal is to "end street homelessness." The program's official mandate is to "serve homeless people who live outdoors, which includes individuals living in parks, ravines, under bridges, on sidewalks, laneways, alleys, stairwells, building alcoves, squats and living in vehicles" (City of Toronto, 2007: 61). The program finds permanent housing for these people.

For the program's first 18 months of operation, staff planned to work only with clients who were believed to have stayed outside for at least seven consecutive nights. These narrow criteria proved difficult to establish. Now, S2H staff[8] work with clients who appear to be spending most nights outside and are not already receiving the services of a housing worker (Falvo, 2008: 33).

Like Housing First, S2H strives to provide homeless people with immediate access to housing. Abstinence from drugs or alcohol is not a prerequisite, nor is compliance with psychiatric medication. Nor does a participant have to prove to be "housing ready" (Falvo, 2008: 33).

There are seven steps involved in a rough sleeper's acquiring housing through S2H. These are outlined in Table 2.

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[8] The term "S2H staff" is used broadly here to include staff directly employed by the City of Toronto and staff employed by S2H-funded partner agencies.

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**Table 2: Steps Involved in an Individual's
Acquiring Housing through S2H**

Step 1	S2H staff approach the rough sleeper and attempt to have a discussion about housing, explaining to the client that provision of permanent housing is the program's prime focus. Other matters important to the client's well-being (i.e. health care, ID replacement, social support, etc.) can be taken care of afterwards.
Step 2	If the client shows interest, an intake assessment is done, during which time the client is asked about basic demographic characteristics, how long he or she has been homeless, the last time he or she was housed, how he or she can be contacted, what kind of income support – if any – he or she is currently receiving, the part of the city where he or she wishes to be housed and the type of building he or she wishes prefers. The client is also told how to contact S2H staff.
Step 3	S2H staff develop housing options for the client.
Step 4	S2H staff help the client take care of issues such as income support arrangements and outstanding work orders on the housing unit.
Step 5	S2H staff accompany the client to see housing units.
Step 6	Once an appropriate housing unit is found that the client likes, the lease is signed.
Step 7	Finally, a joint meeting takes place involving the client, the "street outreach counsellor" who has been working with the client thus far and the new "follow-up support worker" who will be providing follow-up support to the client.

Source: Key informant interview with source close to the S2H program.

The above process happens very quickly. From the third contact with the client, it takes an average of only 16 days for that client to receive keys to the unit. When the S2H program acquires a new housing unit, there is a two-step process involved. First, if the unit has outstanding work orders identified in the Multiple Listing Service (MLS), staff immediately reject the unit. If there are no outstanding work orders identified by the MLS, staff assess the unit themselves, checking electricity, heating systems, and safety. Although a client can move into a unit that still has outstanding work orders identified during this process, S2H staff advocate with the landlord to address them as soon as possible.

If a problem develops after the client has been moved into his or her unit, S2H staff help the person move (Falvo, 2008: 33). Thirty-two percent of those interviewed in the program's post- occupancy survey reported

having moved at least once since being housed.[9] In fact, the rate is 50 percent for those who have been housed for longer than a year (City of Toronto, 2007: 33-34). The reasons for moves vary. Often the move occurs because a person has been initially housed in a non-subsidized unit, and then a (subsidized) TCHC unit has become available. Other times, it happens because S2H clients have become reunited with – and regained full custody of – their children after being housed. Other times, S2H clients obtain a job after being housed and then have to relocate to be closer to the job site. Other times, the client may not be getting along with the landlord. Or, the client changes his or her mind about the location. Still other times, the landlord wants to change the initially agreed-upon arrangement or is being difficult in other ways.

The four components of the S2H program are outlined in Table 3.

Table 3: Streets to Homes Program Components

Elizabeth Street Component	The Elizabeth Street component works primarily out of 112 Elizabeth Street. It consists of over 20 full-time staff, including over a dozen front-line workers, six management and administrative staff, two full-time research analysts and an in-house lawyer. This office serves as the central administration and coordination of the program. Most of the landlord recruitment, for example, happens out of this office.
Funded Partner Agencies	S2H funds 29 non-profit partner agencies to assist in the delivery of its services.[10] Many have had previously existing programs "realigned" in order to better meet S2H objectives. Programs run by funded partner agencies include, but are not limited to: **MDOT** – This program is run by Toronto North Support Services, in partnership with St. Michael's Hospital, the Centre for Addiction and Mental Health and the Fred Victor Centre. It features a multidisciplinary support team whose goal is to work with clients with "the most complex needs," usually of a mental health nature. **Post-Incarceration Housing** – Run by both the John Howard Society of Toronto and the Elizabeth Fry Society of Toronto, this program provides post-incarceration housing and support services

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[9] The post-occupancy survey being referred to in this paper interviewed 88 S2H clients between November 2006 and April 2007. The results of the survey can be found online at www.toronto.ca/housing/pdf/results07postocc.pdf.
[10] A full list of all partner agencies can be found at www.toronto.ca/housing/about-streets-homes-partners.htm.

	to people who have been street homeless and then become incarcerated. Housing assessments take place while the individual is incarcerated. This service is provided on a limited basis in all Toronto-area detention centres. **Rapid-Access Housing** – Ten "rapid access housing" units provided by the Fred Victor Centre are the only transitional housing units offered by S2H. Intended for clients with serious substance use problems, participants in this stream of the program receive at least three months of intensive case management. **Psycho-Vocational Assessments** – In partnership with Toronto Social Services, JVS Toronto conducts psycho-vocational assessments with roughly 75 S2H participants per year. Sometimes these result in identifying disabilities that result in successful ODSP applications. Other times, they result in the identification of literacy issues.
Non-Funded Partner Agencies	Eight partner agencies do not receive S2H funding but have signed formal service agreements. One such partner agency is the Toronto Community Housing Corporation.
Volunteer Component[11]	Volunteers (often from the faith community, many of whom used to volunteer with the Out of the Cold[12] program) provide "non-professional" assistance to both S2H and non-S2H clients, by engaging in community development. This includes such things as hosting bingo nights and spaghetti dinners. No formal service agreements are signed for this component of the program.

Source: Key informant interviews with source close to the program (I. 14 and).

S2H clients are housed in three types of housing. Sixty-two percent are in privately owned units, which include small and large residential units, secondary suites, privately owned rooming houses and entire houses (shared). Only one-quarter of the 62 percent of S2H clients in privately owned units receive a shelter allowance from an external funding program. This arrangement takes place through the Housing Allowance Program (HAP) and offers a shelter allowance of $350 per month per participant, for a total of five years. HAP participants represent 15 percent of all S2H clients.

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[11] This is a very small component of S2H. One person close to S2H interviewed for this paper had never even heard of the volunteer component of the program.
[12] "Out of the Cold is a faith-based volunteer program which provides meals and shelter at locations throughout the city during winter months" (City of Toronto, 2007: 12).

Another 20 percent of S2H clients are in social housing units owned and operated by a non-profit agency, which charge a rent calculated in line with 30 percent of a tenant's income (City of Toronto, 2007: 48).

Finally, 18 percent of S2H clients are in alternative or supportive housing units, meaning that the housing in question is owned and operated by a non-profit organization such as Ecuhome, CRC Self-Help, the Fred Victor Centre or St. Clare's Multifaith Housing (City of Toronto, 2007: 76). Alternative and supportive units usually have "some form of on-site staff support and were often rent-geared-to-income units (City of Toronto, 2007: 13)." Some providers charge rent calculated at 30 percent of the tenant's income. Others charge rent equivalent to the shelter portion of each tenant's social assistance cheque ($325 in the case of Ontario Works and $436 in the case of the ODSP) City of Toronto, 2007: 48).

Of the clients interviewed for the post-occupancy survey, 61 percent were living in independent housing. This includes a single person living in a bachelor apartment (30 percent) or a single in a one-bedroom apartment (24 percent) or a couple/family living in a two- bedroom apartment (8 percent) (City of Toronto, 2007: 82). The other 39 percent live in shared accommodation, which, in the context of S2H, includes individuals sharing a two- or three-bedroom private market apartment with non-related roommates (8 percent), shared accommodations in alternative/supportive housing (generally individual rooms with shared common areas such as kitchens and washrooms) (26 percent), or a rooming house (5 percent) (City of Toronto, 2007: 14). When the program began, most S2H participants doubled up with a roommate, due largely to a lack of program funding.

S2H clients are often given "housing incentives" of various types, especially in the first three months of tenancy. These include gift certificates from various grocery stores and retail outlets, which are especially helpful to clients who are ineligible for a community start-up allowance or those in deep arrears with a landlord.

Once a client has been given housing, follow-up support is offered by S2H staff, for up to one year. This includes informal counselling, as well as help with Ontario Works or the ODSP, finding furniture, connecting to resources in the community, dealing with the landlord, grocery shopping, transportation, accessing health services, and acquiring

clothing (City of Toronto, 2007: 84). According to the program's post-occupancy follow-up survey:

> Follow-up supports are for approximately a one year period, and through intensive goal setting the frequency of visits decreases over time. At the end of the year, the individual is expected to be able to live independently without ongoing support or are [sic] transitioned to more appropriate on-going case management services (City of Toronto, 2007: 62). That said, S2H staff sometimes do make exceptions and continue providing support to clients after 12 months.

S2H is run directly by the City. Relative to most programs for the homeless run by community agencies, it serves a large number of clients and has a large budget. This gives it clout, and it has used this to its advantage by creating special arrangements with key actors (Falvo, 2008: 33). Some examples follow.

ODSP — The Ontario Disability Support Program processes

ODSP applications by S2H clients are processed remarkably quickly. Whereas an ODSP application would normally take 6 to 12 months to be approved, in 2006 S2H clients began having their applications approved in as little as 48 hours, helping them to increase their monthly income much more quickly than non-S2H clients (Falvo, 2008: 33).[13]

As stated in the City's post-occupancy survey of S2H clients:

> Income assistance programs now offer fast-tracked access to benefits (usually on the same day), are willing to maximize discretion when issuing benefits, have meeting space within their offices for housing workers, and now send income assistance staff to Streets to Homes offices once per month (City of Toronto, 2007: 63).

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[13] Only 31 percent of S2H survey respondents reported being on ODSP. Another 64 percent reported receiving Ontario Works (City of Toronto, 2007: 89). With Ontario Works (i.e. welfare), intakes for S2H clients can now be arranged within 24 hours. Moreover, S2H clients receive faster approval and receive more discretionary benefits than non-S2H clients.

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Toronto Community Housing

Toronto Community Housing is an arm's-length, non-profit corporation accountable to – and owned by – the City of Toronto. It has made a few hundred of its subsidized housing units available to S2H clients without requiring that they spend the typical multi-year stint on its waiting list. In other words, some S2H clients have bypassed the social housing waiting list. The only units offered via this arrangement are ones that have already been turned down by at least three Toronto Community Housing applicants (or by current tenants seeking a transfer).

Private Landlords

Several large, private landlords give special concessions to the S2H program.[14] In addition to making some units available to the program, they may reduce the rent by modest amounts. (In exchange, the landlord knows that S2H staff do follow-up with the tenant, ensure that tenants initially agree to a pay-direct arrangement for their rent [Falvo, 2008: 33] and even have special S2H program money to fund some maintenance costs for the unit.)[15]

Non-Profit Housing Providers

Several non-profit housing providers – including Mainstay Housing, Ecuhome Corporation, Homes First Society and the Fred Victor Centre – allow S2H clients to bypass their waiting lists and then offer them high levels of support once housed. In exchange, the S2H program gives them funding over and above what the tenant pays them for rent (Falvo, 2008: 33). The non-profit housing providers apply for this via an RFP process.

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[14] Relationships with many of these landlords were developed in the years prior to S2H though some of the other efforts that resulted in 6,500 homeless persons per year being moved into permanent housing. Some of the shelter staff who had developed these relationships worked for S2H in the early days of the program and "brought their contacts with them."

[15] As one policy expert put it: "With incentives such as these, the perceived undesirable tenant all of a sudden becomes a desirable one."

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Newly Built Housing

S2H clients get priority access to 30 yet-to-be-completed housing units created through the City of Toronto's Affordable Housing Office.

S2H Successes

Roughly 600 people have been housed each year through the program since February 2005, and 87 percent of the tenants it has housed remain housed. Of the 13 percent of clients who are not still housed, 2 to 3 percent have since died and another 2 to 3 percent have moved to another city. In 2007, contacts were made with almost 3,900 potential clients.[16]

Judging from results of the program's post-occupancy survey, S2H appears to be doing a very good job of reaching its target group, namely rough sleepers. According to results of the survey, 31 percent of the people S2H housed had "never" used the shelter system prior to being housed through S2H, and another 40 percent of them had "rarely" used the shelter system (City of Toronto, 2007: 79).[17] Furthermore, according to a City of Toronto report, the sample of S2H clients interviewed in their post-occupancy survey was:

> representative of the demographic composition of homeless people encountered outdoors during the Street Needs Assessment in April 2006. This indicates that the clients being housed through Streets to Homes are reflective of the composition of the outdoor homeless population (City of Toronto, 2007: 8).

Post-occupancy survey results also show that, once housed, most S2H clients report improvements in their health, the amount of food they are eating, the quality of food they are eating, their stress levels, their sleep, their personal safety and their mental health (City of Toronto,

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[16] The exact number was 3,896. This is the total number of people that S2H "engaged." Not all of these people met S2H's criteria. However, one well-placed source told the author that this figure "is a roll-up of 10 organizations, and therefore contains a lot of duplication."

[17] Only 29 percent of respondents stated that, prior to being housed with S2H, they stayed in the shelter system "more often," meaning that "they stayed for several nights a week, or would stay for several months at a time off and on" (City of Toronto, 2007: 12, 79).

2007: 86-88). Roughly half of all S2H clients report reduced drinking, and roughly three-quarters report reduced drug use (City of Toronto, 2007: 86-88). In fact, 17 percent of respondents reported quitting drinking altogether (City of Toronto, 2007: 44), and one-third reported quitting drugs altogether (City of Toronto, 2007: 88).

S2H clients, once housed, reported making fewer calls to 911, getting arrested less often, spending less time in jail (City of Toronto, 2007: 89-91) and less use of hospital emergency rooms (City of Toronto, 2007: 50). For S2H clients who continued to use the above emergency services, they used them much less often (City of Toronto, 2007: 51).

Once housed through S2H, the number of people reporting income from panhandling dropped by 57 percent (City of Toronto, 2007: 49). S2H clients, once housed, also reported increased use of family doctors, optometrists, and specialists (City of Toronto, 2007: 50). Of those housed by S2H, roughly 60 percent more are now receiving ODSP benefits than before (City of Toronto, 2007: 46).

City officials claim that the overall numbers of homeless people in Toronto have decreased since the onset of S2H, and point to the fact that they have been able to close several shelters in the last year.[18]

S2H Shortcomings

Unlike New York City's Pathways program, there is no stipulation with S2H that participants pay no more than 30 percent of their income on rent.[19] In fact, S2H participants pay an average of 41 percent of their income on rent. Some S2H clients receiving ODSP benefits have as much as $600 per month to live on once rent is paid. But most have considerably

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[18] This information was provided to Toronto City Council on May 26, 2008, by Phil Brown, General Manager of Shelter, Support and Housing Administration. He also stated that the shelter closures had no serious impact on occupancy levels of the remaining shelters.

[19] New York's program is by no means the only Housing First program with strong affordability stipulations. Calgary's Housing First program has an identical stipulation: no participant pays more than 30 percent of his or her income on rent. Likewise, Ottawa's Housing First program (run by CMHA-Ottawa) stipulates that no participant pays more than the shelter portion of their monthly income support cheque.

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less than this. Some have as little as $100 per month to live on once rent is paid (Falvo, 2008: 34). With 64 percent of clients receiving Ontario Works benefits (i.e. basic welfare), perhaps it should come as no surprise that a similar percentage (68 percent) reported that, once rent was paid, they did not have enough money to live on (City of Toronto, 2007: 46-48).

The affordability problems experienced by S2H clients have important implications for their general well-being. For example, due largely to housing affordability problems, fewer than 10 percent of S2H participants have a telephone.[20] This may explain – at least in part – why only 40 percent of respondents to the post-occupancy survey reported that their social interaction had improved since being housed. In fact, 26 percent of respondents reported that their social interaction had "gotten worse" (City of Toronto, 2007: 88).

S2H post-occupancy research does not track the extent to which participants are meeting their nutritional needs. However, roughly two-thirds of respondents reported that they "regularly ran out of money to buy food" (City of Toronto, 2007: 47). And not surprisingly, S2H clients report that, of all the services they have used once housed, food banks are by far the ones that they use the most (City of Toronto, 2007: 90).

Research demonstrates a direct relationship between a household's income level and its purchase of foods from all groups, particularly fruit, vegetables and milk. This relationship is especially strong when a household's annual income is below $15,000 (Ricciuto et al., 2006). One recent study even shows an inverse relationship between the percentage of household income allocated to housing and the adequacy of food spending. Again, this relationship is especially strong among lower income households (Kirkpatrick and Tarasuk, 2007; Friendly, 2008).

When asked if they felt that they had a choice in the type of housing they were offered through the program, 29 percent of survey participants responded with an outright "no." Likewise, when asked if they felt that they had a choice in the location of their housing, 30 percent said "no" (City of Toronto, 2007: 81).

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[20] Not surprisingly, those receiving ODSP benefits are far more likely to have a telephone than those receiving Ontario Works benefits (Falvo, 2008: 34).

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The post-occupancy survey also identified problems with clients in shared accommodation, representing 39 percent of all S2H clients. According to the City's post-occupancy survey report:

> Those in shared accommodation are less likely to feel secure about their housing, are far more likely to move,[21] and need more help from their follow-up workers to relocate. People in shared accommodation frequently reported issues with roommates/housemates that made it difficult to keep their housing. Most quality of life indicators also showed less improvement for people in shared accommodation (City of Toronto, 2007: 2)... Those in shared accommodation were more likely to say that the amount of food they ate had stayed the same or gotten worse... This was most often attributed to a lack of secure food storage areas, as several people commented on the fact that they had problems with roommates stealing their food, or that they lacked adequate, secure food storage spaces (City of Toronto, 2007: 38)... Those in shared accommodations are less likely to have reductions in the use of emergency services, and are more likely to have been arrested since being housed (25% compared to 12%) and to have used an ambulance (28% compared to 14%) (City of Toronto, 2007: 52).[22]

Not surprisingly, most of the S2H clients who are not still housed with the program (and yet are still alive and in Toronto) were in shared accommodation. The program's reliance on shared accommodation for such a substantial percentage of its units is mostly due to a lack of funding and the lack of supply of affordable housing in Toronto. If the program had sufficient funding to provide shelter allowances (i.e. "portable

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[21] The survey revealed that "46% of those who were originally in shared accommodation had moved at least once, compared to 17% of those in independent units. Of those who moved while in shared accommodation, 38% said it was because of problems with their roommates" (City of Toronto, 2007: 34).

[22] Paradoxically, those in shared accommodation fared better in one category: they were more likely to report that they had reduced their drinking (58 percent compared with 44 percent). But not surprisingly, they were less likely to report that they had quit drinking (12 percent compared with 20 percent); less likely to report that they had decreased their use of other drugs (63 percent compared with 84 percent); and less likely to report that they had quit using other drugs altogether (12 percent compared with 44 percent) (City of Toronto, 2007: 45).

rent supplements") for all its tenants, few if any would live in shared accommodation arrangements.

Post-occupancy research also shows that Aboriginal program participants – who made up 26 percent of those surveyed – fared significantly worse in several areas, as illustrated in Table 4.[23]

Table 4: Aboriginal Clients

	Aboriginal	Non-Aboriginal
Improved health	61 %	74%
Improved food	43%	73%
Reduced stress	48%	65%
Improved sleeping	52%	75%
Improved personal safety	52%	80%

Source: City of Toronto (2007: 43).

Concern is also warranted about the long-term well-being of S2H clients, especially after their 12-month follow-up support period has expired. For example, the post-occupancy research study was done in the relatively early stages after each client's placement into permanent housing. Indeed, 100 percent of all S2H clients surveyed were still in contact with the S2H program staff at the time of the survey, and many were still receiving regular support. Since homeless people housed in supportive housing typically need many years of support after receiving their housing, it would be naive to believe that S2H clients need only 12 months of follow-up support.

Interagency Relations

Most of the representatives from community agencies interviewed for this paper told the writer that officials with the Shelter Support and Housing Administration Division of the City of Toronto have become less flexible and conciliatory with S2H than they have been with past programs. There is a sense that the input of community agencies is less fully accepted now than was the case with program planning prior to

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[23] The Aboriginal clients surveyed had been homeless longer and were more likely to have been in shared accommodation than the non-Aboriginal clients.

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S2H. Moreover, major changes are made to S2H without sufficient consultation with community agencies.

According to interviewees, the clearest manifestation of this new approach is with the Street Outreach Steering Committee. The committee's role is to provide advice to the General Manager of Shelter, Support and Housing Administration (who chairs all committee meetings) on the direction of the S2H program. Indeed, a wide range of community partners are full-fledged members of the committee. This typically means, among other things, that the Executive Directors of various S2H partner agencies attend meetings. To the City's credit, this includes strong voices who were known in advance as being blunt and not always agreeable. One interviewee who is well-informed on the workings of the committee noted that the General Manager has shared information with committee members that he might not have shared with other stakeholders. As a result, the interviewee noted that the committee has had important and frank discussions that have informed S2H's direction.

However, key interviewees for this paper consistently expressed concern about the committee's insufficient involvement of its members. One interviewee pointed out that minutes of committee meetings were not even kept for the first year.

The perceived lack of flexibility shown in this committee's operations has, according to some interviewees, alienated representatives of community agencies with long established track records in serving Toronto's homeless population. One interviewee went further, noting that:

> the City sets the agenda and poses specific questions of the group. [However,] input is not sought on the direction of the committee's work, and certainly not on the direction of S2H initiatives in general. I think there may be a point to be made that in other areas (Ottawa, York Region for sure) the municipality is at the planning table, but is not driving the process quite like Toronto. Toronto is headed for a situation in which they are doing all of the work themselves because they have alienated the community. And that would be very expensive for taxpayers…

Transferability

A useful – albeit unscientific – indicator of the amount of interest throughout Canada in the Housing First model is the dissemination

work of S2H staff. Between mid-2007 and mid-2008, S2H staff travelled to 23 different Canadian municipalities to discuss S2H with local officials. Moreover, Regina, Ottawa, Grand Prairie, Lethbridge, Calgary, and Edmonton have sent contingents of staff to Toronto to learn and train with S2H officials, usually for four days at a time. Interestingly, there is no Canadian equivalent of the United States Interagency Council on Homelessness, which, among other responsibilities, typically carries out this mentoring and training role for municipal officials in the United States. In Canada, S2H program officials have been playing this role by default. Lethbridge, Calgary, Sudbury, Ottawa and London, already have Housing First programs in place, and Edmonton and Victoria are planning their own programs.

But, as successful as S2H has been in Toronto, there are important considerations to bear in mind for other jurisdictions wanting to implement Housing First programs of their own. These considerations fall into four broad categories: leadership, market dynamics, institutional capacity and regulatory systems.

Leadership

Canadian municipalities that have successfully implemented Housing First programs typically have one key person each who has pushed the model forward − usually either a city councillor or a bureaucrat. Other Canadian municipalities ought to do the same when trying to implement the model.

Market Dynamics

One of the reasons for the program's success has been the fact that vacancy rates have been relatively high in Toronto since the program's inception. The February 2005 report to Toronto City Council that paved the way for S2H noted the following: "There are [now] increased opportunities in the private rental market. In 1999 the reported vacancy rate in private rental housing was a mere 0.9 percent, while today it has risen to 4.3 percent" (City of Toronto, 2005: 22).

Calgary, for instance, has lower vacancy rates than Toronto. Moreover, its rental housing stock is newer and more expensive than Toronto's.

Not surprisingly, officials with Calgary's Housing First program have not been able to find landlords as easily as the counterparts in Toronto. Though Calgary's program has recruited landlords, it has only done so by offering them very deep rent supplements in the order of $700 to $800 per unit per month. By comparison, when Toronto used rent supplements to recruit some of its landlords, the rent supplements in question were roughly half that amount.

Thus, municipalities should seek to implement or expand this model during times of relatively high vacancy rates.[24]

Institutional Capacity

Not all municipalities have the same institutional capacity to design and implement a program for homeless people. Toronto, with its large homeless population and years of programming in the area, is exceptional among Canadian municipalities. Toronto officials have many years of expertise and knowledge in designing and delivering homeless programs, which is a relatively new area for most municipalities. Thus, other municipalities should seek guidance from Toronto in implementing their programs.

Regulatory Systems

Throughout Canada, there has been a general tendency toward rental market deregulation in the past decade. Relative to several other Canadian provinces, Ontario has a significant degree of rent control, to which most landlords have grown accustomed. Alberta, by comparison, is a province with very basic tenant protection; it has much less regulation, meaning that landlords are not as used to co-operating and remaining at a given rent. Therefore, municipalities with less rental market regulation should be cautious in moving forward on an S2H-type framework and expect more challenges in finding landlords who will co-operate.

All of the above considerations need bearing in mind when officials contemplate transferring the Housing First model to other jurisdictions. Of course, the model can be replicated in any jurisdiction, but the ques-

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[24] For a consideration of which policy options are appropriate for which contexts, see Falvo (2007).

tion is one of scale. Will the replicated program in another jurisdiction house 600 new people per year (as is the case with Toronto), or will it house 20 people per year?

Conclusion

Canada's supply of affordable housing is limited, and a disturbing number of Canadian households are in core housing need. Thus, a well-funded national housing strategy aimed at the most destitute – in particular, the homeless – may be more important now than ever. Toronto's application of the Housing First model does not replace the need for a broader, national housing strategy. Rather, S2H is a program that helps a limited number of those in Toronto who experience housing affordability problems. Seen in that way, it appears to be an effective model of helping rough sleepers access Toronto's limited supply of low-cost rental housing. While the data on the program's clientele suffer from the methodological shortcomings outlined at the outset of this paper, these data do indicate that S2H has done a good job of moving its target population into permanent housing.

On the basis of both these data and key informant interviews, Toronto's S2H program should not only continue to operate but also be seen as a model for other Canadian municipalities to emulate. But several ingredients would improve Toronto's S2H program and facilitate the model's transferability to other municipalities. First, the federal government ought to make permanent the Homelessness Partnership Initiative (HPI). Second, provinces have to help municipalities both bridge the affordability gap for Housing First clients and ensure that long-term case management is available to those clients who need it. Third, municipalities need to both work effectively with their community partners and plan for solid research at the outset of Housing First program development. As S2H evolves – as it did in May 2008 to address the broader issue of panhandling in downtown Toronto – city officials have the opportunity to improve it. To be sure, it may be that some of the above recommendations have already begun to inform both S2H and comparable programs in other Canadian municipalities.

Policy Recommendations

The poor results for clients who have had to settle for shared accommodation – as well as the real possibility of a drop in vacancy rates – speaks to the ongoing need of senior levels of government to fund a long-term affordable housing strategy, complete with supply-side measures. In the interim, each level of government can help make S2H an even more effective program.

Government of Canada

Service Canada, Human Resources and Social Development Canada, and Canada Mortgage and Housing Corporation have all been actively engaged with S2H officials through discussions with city officials and funding for S2H. But the federal government should go further by making permanent the Homelessness Partnership Initiative (HPI), a program of Human Resources and Social Development Canada. The HPI provides a substantial amount of the S2H budget. Thus, not only could this make the budgets of S2H and similar programs in other municipalities more secure, but it would also allow municipal staff to engage in long-term planning.

Government of Ontario

In its final report of January 1999, the most exhaustive task force study undertaken on homelessness in Canadian history had the following to say about which level of government should pay for shelter allowances:

> Shelter allowances, because they are income transfers, should be a provincial responsibility. This is the case in the four Canadian provinces that have shelter allowances today. Shelter allowances fit with the declared priorities of the provincial government (Golden et al., 1999: 85).

It is therefore astonishing that the Province has not been more engaged with S2H. Though overtures have been made by city officials to discuss the program with the Ministries of Community and Social Services, Health and Long-Term Care, and Municipal Affairs and Housing, the Province has shown little interest. This ought to change, especially given the Province's responsibility for assisting low-income Ontario tenants with housing affordability. A good start would be for the Ministry

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of Health to involve S2H officials with the Local Health Integration Net-
work process. More importantly, however, the Ministry of Municipal
Affairs and Housing should provide sufficient funding so that each S2H
participant can have a portable shelter allowance (rent supplement) for
use in the private-sector units. The portability would be important be-
cause many S2H participants transfer at least once after being housed.
Likewise, the Province should provide similar rent supplement funding
to all municipalities in Ontario that fund Housing First programs.

If S2H clients each had a portable rent supplement, they would be
less likely to have affordability problems and less likely to have to settle
for shared accommodation. A deep rent supplement program providing
400 rent supplements per year in Toronto in the range of $400 per unit
per month would cost roughly $2 million annually.

Also, the Mental Health Branch of the Ontario Ministry of Health
and Long-Term Care should commit to addressing the long-term case
management needs of S2H clients beyond their first 12 months in the
program. At present, Ontario's mental health system consists of an ad
hoc, uncoordinated support system. Given this reality, S2H clients could
soon become homeless after their first 12 months if the Province does not
commit to assisting them after this point.

City of Toronto

The general manager of the Shelter, Support and Housing Administra-
tion (City of Toronto) could build greater trust and confidence among
community agencies by inviting a member of this sector to co-chair the
Street Outreach Steering Committee. If a new co-chair from the commu-
nity sector had a role in setting the committee's agenda on a regular ba-
sis, representatives of community agencies might feel less alienated.

Canadian Municipalities

Other Canadian municipalities wanting to transfer the Housing First
model into their jurisdiction should plan for solid evaluation from the
outset. This should involve the following three evaluation components:
1.   Plan for evaluation while developing the program, not after.

2. Collaborate with people who have expertise in evaluation and/or research.
3. Ensure that the evaluators have a reasonable degree of independence from those who have a vested interest in the findings.

This chapter is based on *Homelessness, Program Responses, and an Assessment of Toronto's Streets to Homes Program*, published in February 2009 by the Canadian Policy Research Networks.

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